THE ORTHOPEDIC CENTER OF ST. LOUIS
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JOINT RECONSTRUCTION & SPORTS MEDICINE

# Total Hip Replacement/Hemiarthroplasty Protocol

This protocol is to provide guidelines for the post-op patient following elective total hip replacement, or hip hemiarthroplasty after a fracture. This is for standard, uncomplicated posterior approach primary surgery, not revision which would require more gradual progression. Weight-bearing is **FWBAT**, unless otherwise instructed by Dr. Grimshaw.

## Precautions for first 8 weeks

- NO hip flexion >90°
- NO hip internal rotation
- Weight bearing as tolerated with assistive device
- NO sitting for long periods of time
- Use toilet with raised seat for 3 months
- Use abduction wedge/pillow while sleeping or resting, up to 12 hrs
- Transfer to sound side Hip rotation should be limited:

○ AVOID excessive IR and FLEX >90°

## Post op day 1 to day 7

## Goals of phase:

- Patient education on posterior hip precautions
- Gait training with appropriate device (walker)
- Edema control, wound healing
- Bed mobility, transfer and ADL safely
- Initiation of home exercise
- Monitor for signs of post op complication-wound redness or drainage, excessive leg swelling, shortness of breath, inability to weight bear, poor pain control

**1-4 weeks – Immediate Post-op/ Maximum Protection Phase**

**PT**

- Hip FLEX to 90°
- Gait training (WBAT with walker)
- Gradual increase hip ABD
- Strengthening hip extensors
- Isometric exercises in pain-free range (low intensity)
- Gentle massage

**Home Exercise Program (post-op)**

- Glut strength sets
- Hip abduction, lying on back
- Ankle dorsiflexion, ankle pumps
- Heel slides Quad sets
- Short arc quad sets
- Hamstring sets, digging heel in
- Straight leg raise
- Hip adduction with roll between legs, squeezing

**4-8 weeks – Moderate Protection Phase therapeutic exercise**

- Weight bearing restrictions as per Dr. Grimshaw
- AROM gradually and in protected range
  - NO hip FLEX >90°
  - ADD to neutral
- Open and closed chain exercises can begin
- Promote hip extension, by lying in prone if possible, to prevent a hip FLEX contracture
- 90° hip FLEX allowed
- May begin theraband strengthening

**8-12 Weeks – Minimum Protection Phase 3 therapeutic exercise**

**Goals of phase**

- Improve lower extremity strength
- Return to all functional activity and gradual resumption of recreational activity (pool, walk,bike)

**PT**

- Continue above exercise
- Increase hip EXT and ABD strength ambulation
- PRE with light weight and high repetitions, no stress ER
- Bicycling to increase muscular endurance and general conditioning
- Transition to cane, if necessary
- Begin stretching and strengthening the glutes
- AVOID high-impact exercises

**12-16 weeks-Advanced strengthening/return to activity Phase 4**

**Goals of phase:**

- Return to appropriate level of activityand patient stated goals
- Enhance strength and endurance for ADL and recreational activity
- Independent HEP
- Non-antalgic gait

**PT**

- Continue prior exercise with progression of strength, reps and tasks
- Initiate activity-specific training
- Carrying, pushing pulling
- Return to work tasks