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POST-OPERATIVE REHABILITATION PROTOCOL

Total Hip Arthroplasty

Acute Phase (0–2 Weeks) EARLY RECOVERY

DAY 1 UNTIL HOSPITAL DISCHARGE

- Weight bearing as tolerated with walker or crutches; elevation for edema control.
- Ice 20 minutes of every hour for edema and pain control.
- Gait training: continue safe ambulation for 50 feet, instruct in transfers and stairs prior to discharge.
- Instruction in hip precautions. Avoid hip flexion beyond 90°, no internal rotation and no adduction.

HOME EXERCISES TO INCLUDE

- Ankle pumps with leg elevation; quad sets; gluteal sets; supine hip abduction.
- Outpatient physical therapy should be scheduled prior to surgery. Patients may do home PT or rehabilitation if medically necessary and physician ordered.

DAYS 3 TO 14

- Begin outpatient physical therapy at approximately 2 days post-op.
- Change bandage at 1 week post-op unless excessive drainage is evident within the bandage in which case it should be changed sooner.
- Staple/suture removal at 14 days post-op by PT or in office at which time shower normally without a bandage covering the incision. No submersion.
- Gait training with appropriate assistive device; continue elevation and ice for edema and pain control.
- Tubigrip stocking for edema control if needed; perform home exercise program (HEP) as issued by P.T.
- Instruct in all appropriate transfers for independence in home.

EXERCISES TO INCLUDE

- Ankle pumps with leg elevation; quad sets; gluteal sets.
- Flexibility: Groin, hip flexors, and hamstrings <90° with supervision of a therapist.
- PROM: into hip abduction, extension, and external rotation; supine hip abduction.
- Straight leg raises hip flexion, abduction, extension in standing; short arc quads, long arc quads, hamstring curls.
- Bridging; heel lifts; wall squats to 30° hip flexion; resisted terminal knee extension in standing.

GOALS Safe transfers & gait

Intermediate Phase (4–6 Weeks) PROGRESS FUNCTION

- Progress all previous exercises; step-ups forward and lateral.
- Begin single-leg balance. Balance board bilateral lower extremities.
- Gait training. Wean from assistive device as able with normal gait pattern; stationary bike.
- Knee extension machine (avoid >90° hip flexion); hamstring curl machine.
- Review functional activities (laundry, vacuuming, cooking, sweeping, lifting) for safety; final phase after 6 weeks
- Progress all previous exercises; advance balance and proprioception exercise.
- Begin recreational/sports related simulation activities (ex. practice golf swings). Goals: Return to prior level of function with normal strength, range of motion within precautions, flexibility, balance, endurance, and gait.

GOALS Independent ADLs

Discharge Criteria

- Independent ambulation without assistive device, including stairs
- Functional ROM for ADLs; independent home program
- Low-impact recreation per Dr. Kelly

Time frames are guidelines — progress when phase goals are met, per Dr. Kelly and the treating therapist.