

TOTAL HIP ARTHROPLASTY/BIPOLAR PROTOCOL**Anterior Approach****ANTERIOR APPROACH RESTRICTIONS:**

1. No external rotation past neutral.
2. No hip extension past neutral.
3. No hip adduction past neutral.

IF POSTERIOR/LATERAL APPROACH (BIPOLAR)

1. No hip flexion past 90 degrees.
2. No external rotation past neutral.
3. No hip extension past neutral.
4. No hip adduction past neutral.

POST-OP WEEK 1-2:**Home Expectations:**

1. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.
2. Surgical dressing:
 - a. Prevena - Follow directions from discharge and wear for 7 days, then replace with Aquacel/Tegaderm until follow up appointment.
 - b. Aquacel/Tegaderm - Cover entire incision until follow up appointment. Replace dressings as needed.
 - c. Pelvis incision (Dr. Johnson only)
 - i. Keep clean and dry.
 - ii. Follow post op instructions.
3. Anti-Coagulation
 - a. TED stockings worn on bilateral legs all day, but removed at night.
 - b. Xarelto 10 mg taken once daily.
 - i. Post op day 1 given in hospital.
 - ii. Post op day 2-15 given as an outpatient Rx picked up at your pharmacy.
 - c. Aspirin 325 mg taken twice daily.
 - i. Post op day 16-29.
4. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

Therapy Goals:

1. Strengthening: Gluteal sets, quadriceps setting, bicep femoris setting, ankle pumps, straight leg raises, heel slides, terminal knee extension, supine hip abduction/adduction, sitting knee flexion and extension.
2. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.

POST-OP WEEK 2-6:**Home Expectations:**

1. Surgical dressing:
 - a. Staples removed at 2 week appointment.
 - b. Further dressing will be determined at that appointment.
2. Anti-Coagulation:
 - a. TED stockings worn on surgical leg through 3 weeks post op.
 - b. Aspirin 325 mg twice daily X 14 days, Post op days 15-29 (Start when Xarelto has been completed).
3. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications: Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling.
4. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

Therapy Goals:

1. Strengthening: Knee extension/flexion, multi-hip, leg press, partial squats, stationary biking, balance/proprioceptive activities, stair stepping, aquatic exercise.
2. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.

POST-OP WEEKS 6-8:**Home Expectations:**

1. Follow up with your Orthopedic Surgeon at 6 weeks post op.
2. Resume normal recreation and functional activities as tolerated.

Therapy Goals:

1. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
2. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.

This protocol provides you with general guidelines for the rehabilitation of a Total Hip Arthroplasty. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's orders take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.