

Total Hip Replacement Rehab Protocol

PLEASE NOTE!

This protocol is designed as a guideline only; each patient is unique and should be constantly re-assessed to ascertain progression. Should you have any queries or concerns, please consult with your surgeon or family doctor.

The supervised rehabilitation program is supplemented with a *home self-management program* which the patient performs on a daily basis. The therapist must evaluate the patient thoroughly to implement the enclosed protocol and should see the patient in the clinic for therapeutic procedures and modality treatments which are required for rehabilitation. The majority of this protocol can be accomplished at home provided patient cooperation and follow through are present.

The **overall goals** of the operation and rehabilitation are to:

- Control joint pain, swelling, hemarthrosis (minimal or none)
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal proprioception, balance, and coordination for desired activities
- Achieve optimal functional outcome based on orthopaedic and patient goals
- Observe hip precautions for the first 6-12 weeks after surgery

Important postoperative signs to monitor include:

- Fever, malaise, lethargy or general feeling of being unwell
- Excessive swelling of the operated limb
- Abnormal pain response
- Weakness (strength/control) of the lower extremity, inability to weight bear
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Physician Notification

The physician will be notified if the patient

- fails to meet the expected goals
- develops a chronic pain syndrome
- has difficulty with ambulation
- develops other complications associated with surgery.

Discharge Criteria

- Able to full weight bear
- Pain and swelling controlled, no falls
- Dry wound

Return to Activities Warning

Return to strenuous activities after total hip arthroplasty carries the definite risk of failure of the prosthesis. These risks cannot always be scientifically assessed. Patients are warned to avoid running, twisting, turning, and jumping activities and to return to only light recreational or work activities. Patients are asked to avoid any activity in which symptoms of pain, swelling, or a feeling of instability are present.

PHASE 1: INITIAL PHASE

Day 1 post-surgery:

- Urinary catheter out, antibiotic course complete and repeat blood tests performed. If a blood transfusion is not required, then the cannula is taken out and the patient is now free from all “tubes”.
- Ice for 20 minutes every 1-2 hours, a minimum of x3/day.
- Sit at the edge of bed with necessary assistance.
- Start transfers and walking with frame for 5-10m, weight bearing as tolerated.
- In bed straight leg raises, hip abduction
- -observe hip precautions

Day 2:

- Continue as above with emphasis on performing proper gait pattern with assistant device, decreasing pain and swelling, and promoting independence with functional activities.
- Perform bed exercises independently 5 times per day.
- Perform bed mobility and transfers with minimum assistance.
- Ambulate to the bathroom and review toilet transfers.
- Sit in a chair for 30 minutes twice per day, in addition to all meals.
- Observe hip precautions

Day 3:

- Continue as above.
- Perform bed mobility and transfers with contact guarding.
- Ambulate with standard walker 50m with supervision.
- Sit in a chair for most of the day, including all meals. Limit sitting to 45 minutes in a single session.
- Use bathroom with assistance for all toileting needs.
- Observe hip precautions

Day 4

- Continue as above.
- Perform bed mobility and transfers independently.
- Ambulate with WBQC 100m with distant supervision.
- Negotiate 4-8 steps with necessary assistance.
- Perform HEP with assistance.
- Continue to sit in chair for all meals and most of the day. Be sure to stand and stretch your operated leg every 45 minutes.
- Discharge from the hospital to home if ambulating and negotiating stairs Independently, otherwise refer to rehab
- Observe hip precautions.

PHASE II: PROGRESSIVE FUNCTION (WEEKS 2-5)

Goals:

1. Progress from frame to straight cane.
2. Improve involved lower extremity strength and proprioception.
3. Improve static and dynamic balance to good-normal.
4. Maximize function in the home environment.

Weeks 2-3

- Monitor incision site and swelling. Visit your local doctor for a wound review. If any concerns contact your surgeon for review.
- Continue with home exercise program.
- Progress ambulation distance (increase 1/2 block to 1 block each day) with WBQC.
- Observe hip precautions

WEEKS 3-6

- Continue as above.
- Practice with straight cane indoors.
- Allow hydrotherapy and pool exercises at 4 weeks
- Observe hip precautions

PHASE III: ADVANCED FUNCTION (WEEKS 6-8)

Goals:

1. Progress to ambulating without an assistive device.
2. Improve static and dynamic balance to normal without assistive device.
3. Master functional tasks within the home environment.

WEEKS 6-7

- Visit your surgeon for review with a new x-ray
- Continue as above.
- Ambulate indoors WITHOUT device.
- Discuss hip precautions with your surgeon. These precautions usually need to be strictly adhered too for the first 6-12 weeks

3, 6 & 12 Month surgeon review with repeat x-rays and reassessment.