Northwest Ohio Orthopedics and Sports Medicine
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NWO Therapy Department

Rehabilitation Guidelines for Dr. Hecht THA

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to check with the surgeon/operative report regarding progression. The therapist needs to take into consideration multiple patient specific characteristics including preoperative function, home environment, comorbidities, age, goals, and expectations. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used to reference.

Notify the surgeon ***immediately* of any concerns for DVT, infection, excessive edema, or significant variation in expected progression/outcomes.

❖ Pre-Op (if available):

- Measure for and fit with ted hose
- Perform crutch/walker training and issue crutches/walker if needed
- Evaluation should be scheduled for 3-5 days after surgery unless patient planning to attend skilled nursing facility or receive home health therapy
- Post-op instructions and education from surgery date to initial physical therapy appointment including total hip precautions

❖ Phase I: 0-6 weeks

- Goals:
  - Maintain integrity of prosthesis
  - Minimize pain and inflammation
  - Incrementally increase range of motion within hip precautions
  - Improve lower extremity strength while maintaining precautions
  - Patient education of precautions and progressions
- Precautions:
  - No hip flexion beyond 90 degrees
  - No adduction beyond neutral (i.e. crossing legs)
  - No pivoting
  - Toe touch weightbearing (TTWB)
  - No resisted abduction
  - Keep incision dry and clean

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- Interventions:
  - 1st session assess incision
    - If covered with aquacell bandage, do NOT remove unless excessive drainage. MD will remove at 2 week followup appointment
  - Review hip precautions
  - AROM/PROM within precautions
    - Progression based upon clinical assessment
  - Strengthening within precautions (no resisted abduction)
    - Progression based upon clinical assessment
  - At MD 2 week post operative visit the MD will remove ½ of the incision staples, at beginning of 3rd post operative week, therapist will remove remainder of staples while utilizing universal precautions.
  - Continually assess for signs of DVT or infection

❖ Phase II: 6-12+ weeks

- Criteria to progress to phase II.
  - MD clearance to advance weightbearing
  - Good range of motion and adequate strength
  - Minimal pain/effusion
- Goals for Phase II
  - Protect prosthesis
  - Do not overstress healing structures
    - Maintain hip precautions
  - Initiate gradual return to functional activities and light work activities
    - **Note:** progression is time and criterion based and needs to progress per continuous assessment of patients impairments and functional limitation
- 6-12+ weeks
  - Initate weightbearing as tolerated gait training
    - Avoid trendelenberg compensations
    - Assess for cane if indicated to transition from walker/crutches
  - Initiate functional weightbearing exercises as tolerated
  - Initiate resisted abduction exercises
  - Initiate balance/proprioception exercises

* *Close communication with surgeon is always necessary