# Total Hip Replacement Protocol

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| **Applicability:** Physician Practice | **Date Effective:** 12/2016 |
| **Department:** Rehabilitation Services | **Date Last Reviewed / or Date Last Revision:** 1/2021 |
| **Supersedes:**<br>Total Hip Replacement Standard of Care<br>Inpatient Physical Therapy Total Hip Replacement Standard of Care | |
| **Administration Approval: Deanna Orfanidis VP, Chief Nursing Officer** | |

**Purpose:** Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

**Policy Statement:** Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants. Individual circumstances may result in variations of the information below.

**Background:** N/A

**Definitions:** N/A

**Procedure:**

## PRECAUTIONS

1. **Do not** bend your hip greater than 90 degrees. **Do not** bend over at your waist to pick objects up off the floor
2. Keep your knees apart
3. **DO NOT** turn leg in, **NO** twisting
4. You have been given an abductor pillow. Use this between your legs when lying in bed (no straps needed) and place a pillow between your knees when sitting up in the chair.
5. If anterior approach- therapists should keep in mind to avoid end range extension with ER. If performing extension exercises incorporate slight abduction which will protect the joint.

Sitting:

- Sit with your hips higher than your knees
- **Don't cross your legs!**

- Don't lean forward when sitting; you may cross your ankles only!
- **Keep your knees apart when getting out of a chair/bed/toilet/car, etc.**
- Straighten your knee on the operated leg, use your arms and your other leg to stand up

Walking:

- You will initially walk with a walker or crutches, once balance and pain allows you will progress to using a cane.
- You may use a cane in your hand opposite your new hip
- You should go for short frequent walks in your home every hour while awake
- Continue to use the cane until you can walk comfortably and without a noticeable limp (You will recover your hip strength faster walking with a cane than limping without it!)

Sleeping:

- Make sure your bed is high enough so that the top of your mattress is slightly above the level of your knees when standing beside it
- Initially the most comfortable positions for sleeping are: lying on your back or your side Use a pillow between your knees if lying on your non-operated hip for the first 6 weeks.
- Plan on lying down in bed with your legs elevated for an hour or so after lunch and as needed to rest and to reduce leg and ankle swelling

Kneeling:

- Minimize kneeing for the first 6 weeks
- Bend your knee on your operated leg and lower yourself onto that knee (**Knees Apart!**)
- Raise yourself to stand using your non-operated leg

**Acute Care POD 0 – 3**

Acute Care Physical Therapy begins on day of surgery or Post op day #1 (dependent on anesthesia and patients motor control). Frequency 2x/day

*Goals*: Edema education
Safe bed mobility, transfers & ambulation for discharge
Patient education-HEP, frequent ambulation, total hip precautions

*Edema Control:*
Ice/Elevation

*Gait*:
Expectation that patients are in a chair for breakfast and lunch
Ambulation with walker, cane or appropriate assistive device
Stair training performed on POD#1 or POD#2

*Exercises*:

(see attached copy at end of document)

**Phase One (Post Op Day 5 to Post Op Week 4)**

Outpatient physical therapy will begin. Aquatic PT can be considered once the incision is fully healed. Average frequency 2x/wk variations pending objectives & functional status.
If anterior approach- therapists should keep in mind to avoid end range extension with ER. If performing extension exercises incorporate slight abduction which will protect the joint.

Home Compression Device: The home compression wraps should be used for the first 30 days after discharge. These will be worn for the 1st week as often as 18hrs a day. The more you start to move around the less you will use them. You should always be wearing them at night when going to bed and whenever you are resting and not walking.

*Goals:* Control edema
Full knee and ankle AROM

Independent SLR and hip abduction in supine
Independent with ADLs individualized to patient
Patient demonstrates compliance with THR precautions

*Edema Control (possible interventions may include):*

Ice/Elevation
Kinesiotaping
ESTIM
Aquatic Therapy

*Dressing change:*

Aquacell AG removed and re-applied at post op day 7-10. Leave in place an additional 7 days and then leave open to air. If incision is still draining re- apply Aquacell AG until no drainage. Patients may shower but should cover dressing with plastic wrap to keep it dry. Patients should not soak in bathtub, hot tub or pool until incision is healed, at least 2 weeks after surgery. If the therapist or patient note any wound problems such as progressive redness, pain, swelling, heat, and in particular drainage or fever, call the orthopedic office at (802) 524-8915

*Gait:*

Independent with ambulation without an antalgic gait with or without cane.
Independent negotiating stairs with or without an assistive device
Initial focus on household environment, progressed to community environment.

*Exercises:* Progression of ROM as tolerated (within total hip replacement precautions)
Bicycle and/or recumbent stepper
Progression of acute care home program (available at end of this document)
Progressive Resisted Exercises, open/closed chain activities as tolerated
Functional strengthening

**Phase Two Weeks 6+**

Frequency 1-2x/wk to 1x/every other week with tapered frequency until goals are met or patient plateaus. (Average time 4–12 weeks). Documentation to justify variations pending objectives & functional status. NMC Physical Therapy will recommend that patients utilize our 'open gym' for continuation of non-skilled exercises developed by the therapist. Total Hip precautions will be followed until 6 weeks unless otherwise indicated by surgeon.

*Goals:*

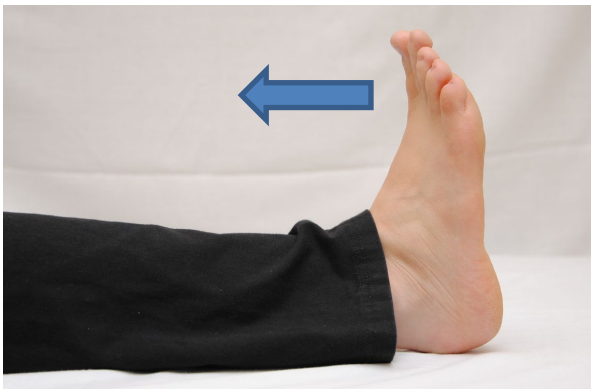
Maximize AROM to equal to uninvolved
MMT > or = 4+/5 LE strength with patient specific functional activities
Good proprioception with patient specific functional activities
Independent gait without an assistive device (if safety allows) on uneven surfaces
Independent negotiation of stairs, reciprocal gait pattern without rail/cane if safe
Independent driving if applicable

*Exercises:*

Progressive Resistive Exercises
Functional Strengthening
Proprioceptive Training/Neuromuscular Re-education/Balance exercises

**Acute Care Exercise Program that patient is discharged with:**

Ankle Pumps
Isometric Buttock Strengthening



Quadricep Sets

Groin Stretch

Supine hip abduction

Standing hip abduction

Straight Leg Raise

**Note Well:** Variances will be communicated by the surgeon directly to Rehabilitation Services.

**Monitoring Plan:** Rehab Chart Audit

**Related Policies:** N/A

**References:** N/A

**Reviewers**:

A. **Key Stakeholders:**
Dr.Andrew Myrtue– Medical Director, Orthopedic & Rehab Service Line
Karen Staniels – Director, Orthopedic & Rehab Service Line
B. **Committees: N/A**
C. **Key Process Owner (KPO):** Kristy Cushing – Manager, Rehab Services

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*Not part of policy:* **[ADD Key words for policy search if end user didn't know the name]**