MAURY REGIONAL HEALTH

Total Hip Protocol

Overall Guidelines

- Monitor & protect incision *(contact physician in case of signs of infection or blood clot)*
  - Any staple removal will be done in the surgeon's office, unless otherwise directed.
  - Occlusive waterproof dressing is to remain intact until patient's follow-up visit with their surgeon.
  - Contact surgeons for any excessive drainage outside the boarders of the surgical site dressing that compromise the adhesive seal.
- No positional restrictions nor movement precautions except:
  - *Dr. Wade patient's (posterior approach): No adduction, IR, and no flexion >90*
- Educate & encourage regular icing for early post-op pain management & edema control.
- No heat for first 10 days near incision or longer if swelling is not subsiding normally or infection suspected
- Tailor & carefully control speed of progression with individual responses to exercise to prevent excessive swelling, pain, or prolonged soreness following intervention.
- Develop an early mobility plan & teach patients the importance of appropriate progression of physical activity, based on safety, functional tolerance, and physiological response to optimize recovery & mitigate overdoing/exacerbation.
- Follow-up with surgeon is doctor specific (ranging 2-4wks post-op)

Week 1:

- Ankle pumps
- Quad sets
- Glute sets
- Heel slides
- Hip abduction
- SAQ/LAQ
- Standing hip extension and abduction

(continued on next page)

Week 2 (same as above plus):

- Straight leg raises
- Supine clamshells
- Side-lying hip abd/clamshells
- Lateral stepping
- Bridges
- Step ups
- Active flexion to 90*

Week 3 (same as above plus):

- Progress off rolling walker to can if needed
- Focus on posterior-lateral hip strengthening to limit aberrant gait pattern(s) (Trendelenburg)
- Patient should have full active ROM within precautions

Week 4 (same as above plus):

- Patient should have negligible if any compensatory gait pattern (Trendelenburg)
- Patient should progress to no assistive device
- Patient should ascend/descend steps with alternating gait

Discharge guidelines for discharge from therapy include but not limited to: Normalized gait pattern, no assistive device, ROM WFL, safe with control through functional activities (transfers, gait, ADL/IADL), independence with individualized HEP.