The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone a total hip arthroplasty. It is by no means a substitute for one’s clinical decision making regarding the progression of a patient’s post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

GENERAL GUIDELINES:
- Focus on protection of surgical site.
- Individualized gradual progression of therapy to promote optimal level of functional independence
- Supervised physical therapy takes place for 3-6 months.

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING (ADLs)
- No bathing/showering (sponge bath only) until after suture removal.
- Sleep on back using abduction pillow until surgical site heals
- Driving: Return within 12 weeks of surgery, average around 4 weeks
- Weight-bearing as tolerated immediately post-op if no complications
- Wean from walker/rollator/cane or return to prior level of function for ambulation as treatment progresses
- Return to normal daily activities/work as directed by PT/MD based on demands and goals.

Rehabilitation Progression

PHASE I: Week 0 - 6:

Goals:
- Protection of surgical site
- Improving safety with mobilization and transfers
- Decrease pain and inflammation
- Restore hip range of motion within precautions
- Prevent muscle atrophy
- Muscle re-education and motor control of post-op leg
- Educate patient on weight bearing status and hip precautions
- Normalize gait, gradual ween off of assistive device
- Gradual progression of exercises to improve strength
- Initiate home exercise program of aerobic and light resistance training

Precautions:
- No active range of motion (AROM)/Passive range of motion (PROM) hip flexion past 90 degrees
- No AROM/PROM hip internal rotation
- No AROM/PROM adduction past midline
• Avoid prolonged sitting
• Use abduction wedge when sleeping
• Transfer towards non-surgical side

Weight Bearing Status:
• Weight bearing as tolerated (WBAT) with walker or cane

Exercises:
• Gait training
• Low level static and dynamic balance exercises
• Ankle pumps
• Heel slides
• Straight leg raise
• Short arc quads
• Long arc quads
• Glute sets
• Bridges
• Weight shifts
• Mini-squats, up to 90 degrees hip flexion
• Forward, retro and lateral step downs
• Heel and toe raises
• Progressive hip abduction strength
• Core stabilization progression

Criteria to advance:
• No signs of infection
• No evidence of dislocation
• Demonstrate activation of surrounding hip muscles
• Tolerable pain if any with exercises

PHASE II: Weeks 6-9:

Goals:
• Protect surgical site
• Normal gait with no assistive device or prior assistive device
• Promote return of full hip range of motion
• Single leg balance with proper hip control
• Continue progressive home exercise program
• Restore functional hip strength
Precautions:
- Avoid high impact activities
- Hip range of motion precautions discontinued

Weight Bearing Status:
- Weight bearing as tolerated (WBAT)

Exercises:
- Continue prior exercises as needed with increased range of motion and intensity
- Progress static and dynamic balance activities

**Phase III: Week 9 to 12:**

Goals:
- Symmetrical hip ROM
- Able to tolerate 20 minute walk
- Up/down stairs without railing
- Hip strength at functional level
- Adequate range of motion for ADL’s, gait and recreational activities
- Able to resume normal lifestyle without limitations in pain or weakness
- Progress home exercise program

Exercises:
- Progression of prior phase
- Advanced static and dynamic balance activities
- Include individualized recreational/ADL/work specific exercises

**Phase IV: 3 to 6 Months:**

Goals:
- Resume normal lifestyle of work, ADL’s and recreation
- Patient independent with home exercise program for continued improvements of strength, balance and cardiovascular exercise
- Maintain cardiovascular stamina and hip strength
- Maintain balance to prevent falls and/or hip fractures

Exercises:
- Progression of previous phase
- Higher level recreation/ADL/work specific exercises