



UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE

AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

Jacob B. Stirton, MD

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HIP ARTHROPLASTY PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Excessive warmth, redness, swelling, or pain lasting more than 2 days should necessitate a call to our office. Any excessive swelling should lead to slowing of PT. Any drainage from the wound after 7 days from surgery should necessitate a call to our office and no further PT until instructed.



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WEEKS 0-6 (Early POST-OP PHASE)

TREATMENT GOALS:

- Minimize swelling/pain
- Gait training with assistive device as needed
- Achieve quad activation and improve quad set
- Hip abductor strengthening

PRECAUTIONS:

- No impact.
- Gradually increase exercise ROM and weight as dictated by patient response including swelling and soreness response. Articular soreness should be less than 12 hours without medication needed to alleviate symptoms.
- POSTERIOR HIP
 - Do not bend your hip past a 90-degree angle. Do not cross your legs. Do not twist your hip inwards-keep knees and toes pointed upwards.
- ANTERIOR HIP
 - Do not step backwards with surgical leg. No hip extension. Do not allow surgical leg to externally rotate (turn outwards). Do not cross your legs. Use a pillow between legs when rolling. Sleep on your surgical side when side lying.

MANUAL THERAPY:

- Physiologic stretching flexion/extension.

SUGGESTED EXERCISES:

- Isometrics (quadriceps, gluteals, hamstrings).
- Ankle pumps-> heel raises.
- SLR's (supine with prop under heel as needed, advancing to standing next phase).
- Heel slides (seated or supine); can also do flexion over end of mat table.
- AROM knee extension.
- Prone hangs working up to 30 minutes/day (3x10 minutes extension stretching daily).
- Prone flexion ROM assisting with opposite LE if needed.
- Weight shifting with an active quad set.
- Side lying Abduction series (straight plane ABD, circles, swings) emphasizing neutral spine.
- Trunk stabilization exercises in supine/prone.

Note: High reps, low resistance with focus on proper muscle recruitment.

MODALITIES:

- NMES quadriceps until no lag sign with SLR, biofeedback with quadriceps exercise, cryotherapy, vasocompression.



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WEEKS 6-12 (STRENGTHENING PHASE)

TREATMENT GOALS:

- Normal gait and reciprocal stair management without compensation, assistive devices as needed.
- Progression of independent gym/home exercise program.

PRECAUTIONS:

- Gradually increase exercise ROM and weight as dictated by patient response including swelling and soreness response. Articular soreness should be less than 12 hours without medication needed to alleviate symptoms.

MANUAL THERAPY:

- Continue with mobilizations as needed to diminish soft tissue and joint restrictions to normal mobility.

SUGGESTED EXERCISES:

- **Frequency:** Alternate cardiovascular and leg strengthening days with goal of exercising 6 days/week.
- **Cardiovascular:** Start at 4 weeks when good ROM/muscular control: Bike, Stair stepper, Elliptical and Treadmill.
- **Strengthening:** Important to focus on quad, hip, and core strengthening. Increase as tolerated.
 - Squats.
 - Progressive step ups/downs (forward, side, back, 4-8" step).
 - Lunges and wall-sits in appropriate ROM not to aggravate patellofemoral joint.
 - Sport cord resisted walking forward/lateral/retro.
 - Swiss ball, planks, and trunk stabilization exercises.
 - Static balance exercises using balance cushions, BOSU ball, wobbleboard, half roller, etc.

FUNCTIONAL TRAINING (start at week 6)

- Intensify circuit training - Stepper, elliptical, treadmill.

MODALITIES: Cryotherapy, others PRN.