

ORTHOARIZONA

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Total Hip Protocols

Recommendations:

- No driving until cleared by MD, generally about 6 weeks post-op.
- Do not bend your hip more than 60°, for the first 6 weeks. After 6 weeks, do not bend your hip more than 90°. In sitting, your knee should not be raised above the level of your hip and you should not bend forward at the waist. Do not crouch or squat.
- Do not cross your legs at the ankles or knees. Your involved leg should not cross the midline of your body.
- Apply ice to your hip for 10-20 minutes, as needed to decrease pain and facilitate circulation.

0-2 Weeks Post-Operatively

- Instruct patient on importance of lower extremity circulation exercises such as toe curls, ankle circles, quad sets, heel slides, supine hip abduction, and gluteal squeezes. One of these should be performed hourly.
- Ambulation should first be done with the aid of your physical therapist or nurse in a controlled environment. P.T. will determine appropriate walking device.
- Exercises should be performed at least 2 times daily. Repeat each exercise 10-20 times. Pain and strength should be guidelines for exercise progression at all stages of rehabilitation.
- *If the patient is easily able to perform the below exercises, then may progress to the standing exercises in the next phase of the rehabilitation process.*

1. Quad Sets
2. Supine Hip Abduction
3. Heel Slides
4. Supine Terminal Knee Extensions
5. Straight Leg Raises
6. Heel Cord Stretch. Hold for at least 30 seconds. Do 3 times.
7. Establish proper gait biomechanics using the appropriate assistive device. Ensure heel strike with toes pointing forward.

2-4 Weeks Post-Operatively

- Exercises should be performed at least 2 times daily.
 - Progress number of repetitions as pain and strength permits.
1. Continue above stated exercises and increase repetitions as able.
 2. Standing Hip Flexion. Start unilaterally with involved leg and then bilaterally as strength permits. When performing these exercises, hold onto a sturdy table, a kitchen counter or your walker.
 3. Standing Hip Extension. Start unilaterally with involved leg and then bilaterally as strength permits. When performing these exercises, hold onto a sturdy table, a kitchen counter or your walker.
 4. Standing Hip Abduction. Start unilaterally with involved leg and then bilaterally as strength permits. When performing these exercises, hold onto a sturdy table, a kitchen counter or your walker.
 5. Standing Weight Shifts onto involved leg; forward, laterally, and posteriorly.
 6. Increase ambulation distance with appropriate device. Emphasize proper heel strike, keeping toes pointing forward.

4-6 Weeks Post-operatively

- Exercises should be performed at least 1 time daily.
 - Exercise progression should be done **only** as strength allows.
1. Sidelying Clams with 2 pillows between knees, progressing to sidelying hip abduction as able
 2. Double Leg Bridging.
 3. Start Tandem Stance for balance and advance to Single Leg Balance as able. Progress from eyes open to eyes closed.
 4. Standing Hip Flexion with Knee Flexion, marching, bilaterally and without use of assistive device.
 5. Standing Quadriceps Stretch. May use the seat or arm of a chair on which to rest lower leg.

6-8 Weeks Post-operatively

- Exercises should be performed at least 1 time daily.
 - Exercise progression should be done **only** as strength allows.
1. Sidelying Hip Abduction.
 2. Single Leg Balance. Progress to dynamic balance, such as reaching forward with opposite hand.
 3. Progress Bridging from double leg to single leg as able.

8 Weeks Post-Operatively

- Exercises should be performed at least 1 time daily.
- Exercise progression should be done **only** as strength allows.

1. Progress single leg dynamic balance as able, such as reaching forward with opposite hand in multiple directions
2. Single Leg Bridging
3. Isometric partial Squats.