

# Comprehensive Orthopaedics, S.C.

## TOTAL HIP ARTHROPLASTY

*Dr. Jonathan Main, MD*

	<b>ROM GOALS</b>	<b>STRENGTH GOALS</b>	<b>FUNCTION GOALS</b>
0-1 week	<ul style="list-style-type: none"> <li>• Hip precautions are only ROM limitations:</li> <li>1. Avoid flexion hip beyond 90° angle.</li> <li>2. Do not cross legs or bring together.</li> <li>3. Avoid excessive rotation, internal and external.</li> </ul> <p><i>*Hip abduction pillow should be worn while in bed.</i></p>	<ul style="list-style-type: none"> <li>• NO active hip abduction is allowed</li> <li>• Distribute HEP of quad sets, glut sets, TKE in supine, modified bridging (towel under thighs), hip IR to neutral, heel slides, ankle pumps</li> <li>• Initiate strengthening exercises: sitting hip flexion, sitting knee flexion/extension</li> </ul>	<ul style="list-style-type: none"> <li>• For discharge home (usually 3-5 days): transfers independently; ambulate 50-150 feet using walker/crutches, WBAT; ascend/descend steps safely</li> <li>• For discharge to rehab: progress transfers, gait and stairs as able</li> </ul>
1-3 weeks	<ul style="list-style-type: none"> <li>• Review hip precautions</li> <li>• Knee ROM should be equal to non-operative leg, address discrepancies prn</li> <li>• Initiate hip flexor stretching as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Start closed kinetic chain exercises: heel raises, step ups, mini squats</li> <li>• Modify HEP to include standing hip flexion and extension, supine hip abduction/adduction; progress with weights as tolerated</li> <li>• Initiate dynamic balance exercises when indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor for swelling and infection</li> <li>• Gait training working on mechanics and transition from walker/crutches to cane to no device as mobility improves</li> </ul>
3-8 weeks		<ul style="list-style-type: none"> <li>• Continue standing and CKC exercises, add weight as indicated</li> <li>• Progress balance and proprioception exercises (trampoline, BAPS, foam roll)</li> <li>• Aquatic therapy may be initiated</li> </ul>	<ul style="list-style-type: none"> <li>• Normal gait without assistive device</li> <li>• Floor transfers</li> <li>• Independent with all daily activities</li> <li>• Heel lift may be indicated for leg length discrepancies</li> </ul>
2-4 months		<ul style="list-style-type: none"> <li>• Increase difficulty of resistance and balance/proprioception exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Pain-free functional activity</li> <li>• Education on activities to avoid (repetitive compression forces)</li> </ul>



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