

Total Hip replacement protocol

Phase pre- operative

- 1- Instruct patient on lower limb exercise included in pre-operative handout.
- 2- Assess level of muscle power for lower limb, especially hip abductor.
- 3- Assess level of muscle power for upper limb to ensure she has good MP for using walker.
- 4- Assess pre-operative baseline for ambulation transfers and bed mobility.

Phase :hospital stay post –opGoals:

- 1- Increased ROM
- 2- Improve muscle power.
- 3- Safe independent ambulation with walker or crutches as needed.

1- Precaution:-

- Pillow between legs for 4 weeks.
- Avoid hip adduction between midline for 8
- Avoid hip flex more than 90 degree for 8-12 weeks.
- Avoid sitting in low chair .
- Patient can lying on sound side with pillow between leg.
- Towel roll under lower calf for relief of heel pressure .
- Move the patient from the bed with same side of operation
- Avoid internal & external rotation.

1st week

1st day

- 1- Ankle pumps,quad.sets.
- 2- Short arc for quadriceps.
- 3- Hip flexion on sliding board up to 90
- 4- Hip abduction from supine with or without board
- 5- Knee extension from sitting.
- 6- Isometric exercise for hip muscles.
- 7- Stretching hip flexor by flex sound leg.
- 8- Weigh bearing by physician order. Initial ambulation using walker if patient tolerate

2nd day

- Continue exercise programme as day 1.
- Sitting on suitable chair.

3rd day

- Same protocol of second day .-
- Stairs if patient tolerate,going up with sound leg going down with operated leg.

4th & 5th day

Same as second day.

Discharge criteria

- Walking as tolerate .using walker with supervision of caregiver.

- Independent with transfers needed only supervision.
- 0-90 active hip flexion or expected to achieve this independently.
- Patient /watcher understand home exercise programmed.

After discharge

Long term goal

***Appointment as passable**

- 1- Active ROM for hip
- 2- Maintain ROM and precaution for hip flexion.
- 3- Enhance muscle strength, endurance.

(2-4week)

- 1- Progression resistance exercise gradually.
- 2- Active hip flexion up to 90 degree.
- 3- Active hip exercise from standing.
- 4- Walking with assistance device.
- 5- Stationary bicycle with high chair, start with sound leg.
- 6- Cryotherapy as needed.
- 7- Propositions exercise.

(4-8 week)

- 1- Progression resistance exercise gradually.
- 2- Walking on treadmill as tolerate.
- 3- Walking can increased according patient tolerated.

4- Walking independent without support for long distance .

Patient discharge from outpatient if he had:

No pain or mild pain.

ROM for hip flexion about 90–110

MP is normal.

Patient can walk without or with mild limbing unless it caused by reason rather than THR

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