

HIP RESURFACING and ACCERATED TOTAL HIP ARTHROPLASTY PROTOCOL

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Patient _____
 DOS _____

ACUTE CARE STAY	OUT-PATIENT THERAPY				NOTES:
<p>Week 0 Ankle Pumps Quad Sets Gluteal Sets Heel slides SAQ's LAQ's Abd/Add** **Assist as needed</p> <p>ROM restrictions: Flexion 90° Avoid Internal Rotation with Flexion Adduction 10°</p> <p>Bed mobility May sleep on either side with pillow in between their knees. No prone sleeping for 3 months.</p> <p>WBAT with assistive device. unless modified my MD.</p> <p>ADL's: May not be necessary. Toilet seat riser, reacher, sock aid, long shoe horn. Use devices as needed for soft tissue discomfort needs or if ROM restrictions are in place.</p>	<p>1-3 weeks post-operative</p> <p>Continue post-op exercises</p> <p>Stretches Hip adductor - Hip Flexor (Thomas) - Hip fall-out</p> <p>Long Arc Quad</p> <p>Hip Adductor Ball squeeze</p> <p>Hip Abductor Isometric</p> <p>Bridge</p> <p>Standing Hip Abduction - Hip Extension - Hip Flexion</p> <p>Heel raises</p> <p>Bike</p> <p>Gait training: Crutches, or walker for 3 weeks to avoid risk of stress fracture. Pt to avoid limping. As they wean off, may start with short distance, bed to bath without device, no limping.</p>	<p>4-6 weeks post-operative</p> <p>Continue stretches</p> <p>Continue strengthening</p> <p>Progress to: Hip Abduction with resistive tubing in hook-lying</p> <p>Sub-max isotonics with 1-5 pounds</p> <p>Hip Abduction side-lying Active-Isometric-Isotonic</p> <p>Clamshell</p> <p>Balance-double leg to single leg</p> <p>Total Gym</p> <p>Walking activation - March - Sidestep - Backwards</p> <p>Gait training- 1 crutch or cane</p>	<p>7-12 weeks post-operative</p> <p>Progress ROM and strength to WNL or equal to opposite extremity</p> <p>Progress strengthening of Quad and Hip groups</p> <p>Total gym with single leg</p> <p>Leg press</p> <p>Mini-squats</p> <p>Step-ups forward and lateral</p> <p>Wall sits</p> <p>Balance</p> <p>Treadmill walking forward and backward</p> <p>Walking without a limp</p> <p>D/C cane when walking without a limp</p> <p>Address work, sport and recreational functional activity demands</p>	<p>Gluteus maximus to be protected for 6 weeks. Avoid repetitive deep squatting activities for this time.</p> <p>Progress to functional program as tolerated. Prepare for back to work, back to sport activities.</p> <p>This protocol should be interpreted as a continuum. If a patient is progress ahead of the time schedules, advance them as tolerated.</p>	
Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060 Reviewed September 2015					

