

DIRECT ANTERIOR (DA) TOTAL HIP ARTHROPLASTY

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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 PRECAUTIONS: Hyperextension and external rotation, and those two motions combined could cause discomfort or stress to the repair site. Be aware of these positions and avoid pain in these planes.</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. Use devices as needed for soft tissue discomfort needs.</p>	<p>1-3 weeks post-operative <i>HEP 1-2x/day</i> <i>Outpatient PT 1-2x/week</i></p> <p>Continue post-op exercises</p> <p>Stretches Hip adductor - Hip Flexor (Thomas) - Hip fall-out</p> <p>Hip Adductor/Abductor and Transverse Abdominus isometrics in hooklying</p> <p>Standing Hip Abduction - Hip Extension</p> <p>Heel raises</p> <p>Bike (add resistance over time)</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>Pool Therapy with occlusive dressing or well healed incision</p>	<p>4-6 weeks post-operative <i>Frequency of HEP</i> <i>no more than 1x/day and out patient PT 1-2 x/week dependent on pain, flexibility, ability to progress.</i></p> <p>Continue previous stretches</p> <p>Continue previous 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>Standing Hip Flexion</p> <p>Step Downs</p> <p>Bridge-double leg</p> <p>Clamshell</p> <p>Total Gym</p> <p>Walking activation - March - Sidestep - Backwards</p> <p>Pool therapy</p> <p>Gait training- 1 crutch or cane</p>	<p>7-12 weeks post-operative <i>Continue with HEP 1x/day and out patient PT 1-2x/week depending on timeframe for return to activity/work.</i></p> <p>Progress ROM and strength to WNL or equal to opposite extremity</p> <p>Progress strengthening of Quad and Hip groups</p> <p>Balance-double leg to single leg</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>Pool Therapy</p> <p>D/C cane when walking without a limp</p> <p>Address work, sport and recreational functional activity demands</p>	<p>These patients may have a bit less pain than the posterior approach THA.</p> <p>Progress to functional program as tolerated. Prepare for back to work, back to sport activities.</p> <p>Avoid stress to the anterior hip. As the patient is further out from surgery without complications there is some room to advance the patient a bit faster depending on ability, age, pain, prior function.</p>
<p>Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060</p>				
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