

## TOTAL HIP ARTHROPLASTY

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Patient \_\_\_\_\_  
 DOS \_\_\_\_\_

	OUT-PATIENT THERAPY			NOTES:
<p><b>Week 0</b>                      Ankle Pumps, Quad Sets                      Gluteal Sets, Heel slides</p> <p>ROM restrictions:                      No specific ROM restrictions with Dr. Carlson's protocol.</p> <p>Bed mobility:                      May sleep on uninvolved side. Pillow suggested between knees.</p> <p>WBAT with assistive device initially <b>unless modified by MD</b>. Progress gait as soon as able without limping.</p> <p>Stairs</p> <p>ADL Education: Use devices only as needed for soft tissue discomfort needs. Pt should be encouraged to walk regularly.</p>	<p><b>1-3 weeks post-operative</b></p> <p>Continue post-op exercises</p> <p>AROM-supine, sliding with assist to encourage ROM within restrictions</p> <p>Long Arc Quad</p> <p>Hip adductor and abductor isometrics in hook lying</p> <p>Transverse abdominus isometrics and bridging</p> <p>Standing Hip Abduction, Extension and Flexion</p> <p>Bike, high seat</p> <p>Heel raises</p>	<p><b>4-6 weeks post-operative</b></p> <p>Continue stretches</p> <p>Continue strengthening</p> <p>Progress to:                      Hip Abduction with resistive tubing in hook lying.</p> <p>Clamshell</p> <p>Balance-double leg to single leg</p> <p>Mini squats</p> <p>Total Gym double leg to single leg</p> <p>Sub-max isotonics for hip, 1-5 pounds</p> <p>Walking activation</p> <ul style="list-style-type: none"> <li>- March</li> <li>- Sidestep</li> <li>- Backwards</li> </ul> <p>Bike</p> <p>Pool Therapy</p>	<p><b>7-8 weeks post-operative</b></p> <p>Progress ROM within restrictions and strength to WNL or equal to opposite extremity</p> <p>Progress strengthening of Quad and Hip groups.</p> <p>Wall sits</p> <p>Step-ups forward and lateral</p> <p>Balance</p> <p>Address work and recreational functional activity demands.</p>	<p><b>These patients may be in a bit less pain than the anterior/or other posterior THA approaches.</b></p> <p><b>There is no need for mandatory walker use due to less risk for fracture compared to anterior THA.</b></p> <p><b>Dr. Carlson does not detach the gluteus maximus and he makes certain these patients are stable through hyperflexion of knee to chest and internal rotation past 80° intraoperatively so hip precautions are not typically given.</b></p> <p><b>Progress to functional program as tolerated. Prepare for back to work, and recreational activities.</b></p> <p><b>This protocol should be interpreted as a continuum. If a patient is progressing ahead of the time schedules, advance them as tolerated.</b></p>
<p>Any Questions? Please contact:  <b>Northwoods Therapy Associates</b>                      Altoona, WI Chippewa Falls, WI                      (715) 839-9266 (715) 723-5060</p>				
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