DIRECT ANTERIOR (DA) TOTAL HIP ARTHROPLASTY

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Patient_____
DOS_____

ACUTE CARE STAY

Week 0
Ankle Pumps Quad Sets
Gluteal Sets Heel slides
SAQ's** LAQ's**
Abd/Add**
**Assist as needed

Weight Bearing
WBAT 50%

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.

Bed mobility
May sleep on either side with pillow in between their knees. No prone sleeping for 3 months.

ADL's: May not be necessary. Use devices as needed for soft tissue discomfort needs.

OUT-PATIENT THERAPY

1-3 weeks post-operative
HEP 1-2x/day
Outpatient PT 1-2x/week

Continue post-op exercises

Stretches Hip adductor
- Hip Flexor (Thomas)
- Hip fall-out

Hip Adductor/Abductor and Transverse Abdominus isometrics in hooklying

Standing Hip Abduction
- Hip Extension

Heel raises

Bike (add resistance over time)

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.

Pool Therapy with occlusive dressing or well healed incision

4-6 weeks post-operative
Frequency of HEP no more than 1x/day and out patient PT 1-2 x/week dependent on pain, flexibility, ability to progress.

Continue previous stretches
Continue previous strengthening
Hip Abduction with resistive tubing in hook-lying

Sub-max isotonics with 1-5 pounds

Hip Abduction side-lying
Active-Isometric-Isotonic
Bridge-double leg
Clamshell
Standing Hip Flexion-any pain, back off and rest
Exercises with weight bearing should be pushed back a week or 2 if initially 50% weight bearing

Step Downs

Total Gym

Walking activation
- March-any pain back off and rest
- Sidestep
- Backwards

Pool therapy

Gait training- 1 crutch or cane, modify if 50% WB initially

7-12 weeks post-operative
Continue with HEP 1x/day and out patient PT 1-2x/week depending on timeframe for return to activity/work.

Progress ROM and strength to WNL or equal to opposite extremity

Progress strengthening of Quad and Hip groups

Balance-double leg to single leg

Total gym with single leg

Leg press

Mini-squats

Step-ups forward and lateral

Wall sits

Balance

Pool Therapy

D/C cane when walking without a limp

Address work, sport and recreational functional activity demands

NOTES:

These patients may have a bit less pain than the posterior approach THA.

Progress to functional program as tolerated. Prepare for back to work, back to sport activities.

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. Exercises of note related to this: Clamshells with poor recruitment, march with lack of core support and stretching the anterior hip tissues beyond neutral.

Any Questions? Please contact:
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