

## POSTERIOR TOTAL HIP ARTHROPLASTY

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

ACUTE CARE STAY	OUT-PATIENT THERAPY			NOTES:
<p><b>Week 0</b>                      Ankle Pumps, Quad Sets                      Gluteal Sets, Heel slides</p> <p>ROM restrictions:                      90° Flexion                      Avoid Internal Rotation with Flexion</p> <p>Bed mobility:                      May sleep on uninvolved side with pillow in between their knees.</p> <p>WBAT with assistive device.  <b>unless modified my MD.</b></p> <p>Stairs</p> <p>ADL Education: Use devices as needed for soft tissue discomfort needs.</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 isometric in hooklying</p> <p>Transverse abdominus isometric/Bridging</p> <p>Standing</p> <ul style="list-style-type: none"> <li>- Hip Abduction</li> <li>- Hip Extension</li> <li>- Hip Flexion</li> </ul> <p>Bike, high seat</p> <p>Heel raises</p> <p>Gait training: Pt to avoid limping. As they wean off assistive device, may start with short distances, no limping.</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 hooklying.</p> <p>Clamshell</p> <p>Balance-double leg to single leg</p> <p>Total Gym</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>Gait training-crutch or cane as needed</p> <p>Pool Therapy</p>	<p><b>7-12 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>Total gym with single leg</p> <p>Mini-squats</p> <p>Wall sits</p> <p>Step-ups forward and lateral</p> <p>Balance</p> <p>D/C device when walking without a limp</p> <p>Address work and recreational functional activity demands.</p>	<p>These patients may be in a bit less pain than the anterior approach THA.</p> <p>There is no need for mandatory walker use due to less risk for iatrogenic fracture compared to anterior THA.</p> <p>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 meant to allow tissue relaxation post-op for 4 weeks.</p> <p>Progress to functional program as tolerated. Prepare for back to work, and recreational activities.</p> <p>This protocol should be interpreted as a continuum. If a patient is progressing ahead of the time schedules, advance them as tolerated.</p>
<p>Any Questions? Please contact:  <b>Northwoods Therapy Associates</b>                      Altoona, WI    Chippewa Falls, WI                      (715) 839-9266    (715) 723-5060</p>				
<p>August 2017</p>				