

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 are the two motions that would cause discomfort or stress to the repair site. Be aware of how these positions effect movement occurs and avoid pain in these motions.</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>1-2 weeks post-operative</p> <p>Continue post-op exercises</p> <p>Stretches Hip adductor - Hip Flexor (Thomas) - Hip fall-out</p> <p>Hip Adductor Ball squeeze in hooklying</p> <p>Hip Abductor Isometric in hooklying</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>Pool Therapy with occlusive dressing.</p>	<p>3-5weeks post-operative</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>Bridge-double leg</p> <p>Clamshell</p> <p>Balance-double leg to single leg</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>6-10 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>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>This protocol should be interpreted as a continuum. If a patient is progress ahead of the time schedules, advance them as tolerated.</p>	
<p>Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060</p> <p>August 2017</p>					