POSTERIOR TOTAL HIP ARTHROPLASTY

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ACUTE CARE STAY		OUT-PATIENT THERAPY		NOTES:
Week 0	1-3 weeks post-operative	4-6 weeks post-operative	7-12 weeks post-operative	
Ankle Pumps, Quad Sets Gluteal Sets, Heel slides	Continue post-op exercises	Continue stretches	Progress ROM within restrictions and strength to WNL or equal to	Gluteus maximus should be protected for 6 weeks. This
ROM restrictions: 90° Flexion	AROM-supine, sliding with assist to encourage ROM within	Continue strengthening	opposite extremity	muscle is detached and reattached during surgery.
Avoid Internal Rotation with Flexion	restrictions	Progress to: Hip Abduction strengthening:	Progress strengthening of Quad and Hip groups	Avoid repetitive deep squatting activities for this
10° Adduction Bed mobility:	Long Arc Quad Adductor and Abductor Isometric	active, isometric, isotonic, side lying	Total gym with single leg	time.
May sleep on uninvolved side with pillow in between their	Trunk stabilization/Bridging	Sub-max isotonics with 1-5 pounds	Mini-squats	Progress to functional program as tolerated.
knees. No prone sleeping for 3 months.	Standing	Clamshell	Wall sits	Prepare for back to work, and recreational activities.
WBAT with assistive device.	Hip AbductionHip Extension	Balance-double leg to single leg	Step-ups forward and lateral	
unless modified my MD.	- Hip Flexion	Total Gym	Balance	This protocol should be interpreted as a continuum.
Stairs	Bike, high seat	W. H	Treadmill walking forward and backward	If a patient is progressing ahead of the time
ADL's: toilet seat riser, reacher, sock aid, long shoe horn. Avoid low chairs or any other	Heel raises Gait training:	Walking activation - March - Sidestep	Walking without a limp	schedules, advance them as tolerated.
repetitive activity that would stress the gluteus.	Walker or crutches until safe and comfortable to go to cane	- Backwards	D/C cane when walking without a limp	torerated.
		Bike	Address work and recreational	
Any Questions? Please contact:		Gait training-cane	functional activity demands.	
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