TOTAL HIP ARTHROPLASTY THA, HHA, RESURFACING

Dr. James A. Shapiro, MD

WEEKS	PRECAUTIONS	ROM GOALS	STRENGTH GOALS	FUNCTION GOALS
0-1 week	 No flexion more than 90°. No adduction beyond 0° Avoid excessive rotation, internal 0° and external 30° Use abduction pillow in bed. Monitor swelling. Monitor for signs of infection. Monitor for signs of DVT. 	 Flexion - 90° Abduction - 30° Adduction - 0° Internal Rotation - 0° External Rotation - 30° 	 Hip abduction in bed. Able to do a SLR. Good quad set. Good ankle motion and pumps. 	 Discharge home in 2-3 days if the following are met: Transfers independently. Ambulate >150 feet using walker or crutches. Ambulate with cane as tolerated. Able to ascend/descend stairs safely. Safely get into and out of chair. Discharge to Rehab in 3 days if above goals not met.
1-3 weeks	• As for 0-1 week.	 As for 0-1 week. Review hip precautions Knee ROM should be equal to non- operative leg, address discrepancies prn Initiate hip flexor stretching as indicated 	 Improved dynamic balance. Able to hold pelvis level with one leg stance. Hip flexion standing. Hip abduction against gravity. May do closed kinetic chain exercises: Heel raises, step ups, mini squats. 	 Improved ambulation mechanics and endurance. Gait training working on mechanics and transition from walker/crutches to cane as tolerated. (If not already done). Improved ADL function.
3-6 weeks	• As for 0-1 week.	 As for 0-1 week. May do stretching as indicated. Knee ROM same other side. 	 Continue standing and CKC exercises, add weight as indicated Progress balance and proprioception exercises (trampoline, BAPS, foam roll). Improved overall strength. May add/encourage aquatic therapy. 	 Normal gait without assistive device Independent in all ADLs.



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