# TOTAL HIP ARTHROPLASTY
## THA, HHA, RESURFACING

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## Precautions and Goals

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| 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.  
- Review hip precautions  
- Knee ROM should be equal to non-operative leg, address discrepancies prn  
- Initiate hip flexor stretching as indicated | - As for 0-1 week.  
- 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.  
- May do stretching as indicated.  
- Knee ROM same other side. | - As for 0-1 week.  
- 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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