DIRECT ANTERIOR (DA) TOTAL HIP ARTHROPLASTY

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Patient_____

DOS_____

ACUTE CARE STAY

Week 0

Ankle Pumps Quad Sets
Gluteal Sets Heel slides
SAQ's** LAQ's**
Abd/Add**
**Assist as needed

ROM PRECAUTIONS:
Hyperextension and external rotation, and those two motions combined could cause discomfort or stress to the repair site. Be aware of these positions and avoid pain in these planes.

Bed mobility
May sleep on either side with pillow in between their knees.
No prone sleeping for 3 months.

WBAT with assistive device.
unless modified my MD.

ADL's: May not be necessary. Use devices as needed for soft tissue discomfort needs.

OUT-PATIENT THERAPY

1-3 weeks post-operative
HEP 1-2x/day
Outpatient PT 1-2x/week

Continue post-op exercises

Stretches Hip adductor
- Hip Flexor (Thomas)
- Hip fall-out

Hip Adductor/Abductor an d Transverse Abdominus isometrics in hooklying

Standing Hip Abduction
- Hip Extension

Heel raises

Bike

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.

Pool Therapy with occlusive dressing or with well healed incsion

4-6 weeks post-operative
Frequency of HEP no more than 1x/day and out patient PT 1-2 x/week dependent on pain, flexibility, ability to progress.

Continue previous stretches

Continue previous strengthening

Progress to:
Hip Abduction with resistive tubing in hook-lying

Sub-max isotonics with 1-5 pounds

Hip Abduction side-lying Active-Isometric-Isotonic

Standing Hip Flexion

Bridge-double leg

Clamshell

Total Gym

Walking activation
- March
- Sidestep
- Backwards

Pool therapy

Gait training- 1 crutch or cane

7-12 weeks post-operative
Continue with HEP 1x/day and out patient PT 1-2x/week depending on timeframe for return to activity/work.

Progress ROM and strength to WNL or equal to opposite extremity

Progress strengthening of Quad and Hip groups

Balance-double leg to single leg

Total gym with single leg

Leg press

Mini-squats

Step-ups forward and lateral

Wall sits

Balance

Pool Therapy

D/C cane when walking without a limp

Address work, sport and recreational functional activity demands

NOTES:

These patients may have a bit less pain than the posterior approach THA.

Progress to functional program as tolerated. Prepare for back to work, back to sport activities.

Avoid stress to the anterior hip. As the patient is further out from surgery without complications there is some room to advance the patient a bit faster depending on ability, age, pain, prior function.

Any Questions? Please contact:

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