

Rehabilitation Services Total Hip Arthroplasty Protocol

Interventions Progression	Exercises/Education
<p>POD 0: Hospital</p> <ul style="list-style-type: none"> • Edge of bed/ chair with nursing or therapist • Physical therapy (PT) evaluation to be initiated if patient is in room by 4 pm <p>POD 1: Hospital</p> <ul style="list-style-type: none"> • PT evaluation if not done POD 0 • Initiate bed mobility, transfer training, gait training. • Start THA exercise program and issue handouts. • Communicate with nursing if patient is safe to transfer/walk with nursing. • PT BID sessions. • Occupational Therapy will be consulted for adaptive equipment and activities of daily living training. <p>POD 2: Hospital</p> <ul style="list-style-type: none"> • Continue bed mobility, transfer training, gait training, and therapeutic exercises. • Fit assistive device • Start stair training (if applicable) • Hospital Discharge <p>POD 3 - 6: Outpatient Clinic</p> <ul style="list-style-type: none"> • 2 – 3 outpatient sessions • Progression of transfer training (car and/or floor) • Gait training on stairs, curbs and with a cane or without an assistive device.(if applicable) • Balance and coordination training. • Progression and review of home exercise program <p>Outcome Measures/ Score card (Hospital)</p> <ul style="list-style-type: none"> • AMPAC 6 clicks – Daily Activity (OT) • Barthel (OT) <p>Outcome Measures (Hospital and Clinic)</p> <ul style="list-style-type: none"> • Visual analog Scale • AMPAC 6 clicks score – Basic mobility (PT) • Gait Speed 	<p>Exercises/ Interventions</p> <ul style="list-style-type: none"> • Isometric quadriceps strengthening <ul style="list-style-type: none"> ○ Supine and sitting Quad sets ○ Standing terminal knee extension • Hip strengthening: <ul style="list-style-type: none"> ○ Standing and side lying hip abduction ○ Supine Hip flexion <p>* Abduction exercises for anterior and posterior approach only * NO hip abduction exercises for anterolateral approach</p> <ul style="list-style-type: none"> • Balance and coordination training if necessary • Lower extremity strengthening gradual progression with closed kinetic chain activities. • Gait training progression to cane, stairs/ curbs • Advanced transfer training (car, floor) • Advanced transfer training (car, bathroom, floor, etc) • Self-care/ Home management education/ training <p>Education</p> <p>Pain/ Edema management (ice packs, limb positioning and elevation, tolerance to pain medicine) Gait safety and progression to least restrictive device Home exercise and walking program Patient Education Materials:</p> <ul style="list-style-type: none"> • After your hip surgery: A guide to daily activities (AOTA) • Total Hip Surgery Home Instructions: Posterior or Anterolateral Approach • Total Hip Surgery Home Instructions: Posterior/ Anterior Approach • Rehab Following Hip Replacement Surgery MC2111-35 • Bathroom Safety Equipment MC0263 • Home Safety Suggestions MC0496 <p>Precautions</p> <ul style="list-style-type: none"> • Weight bearing as tolerated with assistive device unless otherwise directed by physician. • Use safe patient handling while transferring or ambulating patients. <p>Anterior approach:</p> <ul style="list-style-type: none"> • No restrictions for range of motion • May DO “abduction exercises” <p>Anterolateral approach:</p> <ul style="list-style-type: none"> • No flexion beyond 90 degrees or physician prescribed limits • No internal rotation beyond neutral • No adduction beyond neutral • No abduction exercises <p>Posterior approach:</p> <ul style="list-style-type: none"> • No flexion beyond 90 degrees or physician prescribed • No internal rotation beyond neutral • No adduction beyond neutral • May DO “abduction exercises”