

Chadwick B. Hampton, MD

THR Physical Therapy Protocol

Instructions:

See patient for three times per week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible. Below are recommendations; however, you will determine the protocol on an individual basis.

- ✓ Weight bear as tolerated, unless otherwise stated.
- ✓ Assess need for assistive devices. Patient may obtain a rolling walker, raised toilet seat and /or any other assistive device if needed.
- ✓ Use walker for first 14 days
- ✓ Instruct on hip precautions and on home safety.
- ✓ Hip precautions
- ✓ Increase mobility with gait training, transfers, and stair climbing.
- ✓ Active/Active assisted/Passive Hip Range of Motion
- ✓ Active/Active Assisted Knee Range of Motion
- ✓ Transfer training
- ✓ Gait training – slowly, wean assisted devices as gait normalizes to avoid development of persistent limp
- ✓ Stair training
- ✓ Quad sets and short arc quads
- ✓ Mini-squats
- ✓ Four-direction straight leg raises, begin supine and progress to seated as appropriate

Weeks 7 – 12

- ✓ Progress gluteus, hip abductor/adductor, quadriceps and hamstring strengthening
- ✓ Advanced gait training
- ✓ Proprioceptive/Balance Training
- ✓ Endurance exercises as appropriate: swimming, bicycle and elliptical

Walking Goals:

- ✓ 1 mile by 4 – 6 weeks
- ✓ 2 miles by 6 – 8 weeks

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Phase I: Immediate Post-Surgical Phase (Days 0-3)

- Goals: Perform bed mobility and transfers with least amount of assistance, ambulate with assistive device for 25-100 feet and ascend/descend stairs as appropriate, regain at least 80° of P/AROM knee flexion and less than or equal to -10° extension, independently perform SLR exercises
- Precautions: WBAT w/ assistive device, monitor wound healing and signs of DVT and PE, no resistive exercises, avoid twisting motions across knee
- Exercises: A/AAPROM exercises, isometric quadriceps, hamstring, and gluteal exercises, gait and transfer training, SLR exercises, soft tissue massage
- Criteria to move to Phase II: Ability to perform SLR, AROM -10°-80°, independent in transfers and ambulation of at least 100 feet with appropriate device, minimal inflammation

Phase II: Motion Phase (Day 3 - Week 6)

- Goals: Improve AROM to at least 0-110°, discontinue assistive device use, return to functional activities, improve strength, endurance, and proprioception, decrease inflammation and swelling
- Precautions: Monitor wound healing and signs of infection, WBAT w/ assistive device as appropriate
- Exercises:
 - Weeks 1-4: AA/A/PROM, stationary cycling, SLR in 4 planes, progress quad/hamstring/gluteal isometric exercises, patellar and tibial-femoral mobilizations, gait training to wean off of assistive device
 - Weeks 4-6: Progress above exercises, initiate front and lateral step ups, 1/4 front lunges
- Criteria to move to Phase III: AROM 0-110°, good voluntary quad control

Phase III: Intermediate Phase (Weeks 7 - 12)

- Goals: Improve AROM to least 0-115°, good strength in all LE musculature, return to most functional activities, good patella femoral mobility
- Exercises: Progress above exercises with resistance, begin endurance and balance/proprioception program, progress open/closed chain exercises as appropriate
- Criteria to move to Phase IV: Pain-free AROM, 4+/5 of all LE musculature, minimal to no pain and swelling

Phase IV: Advanced Strengthening and Higher Level Functioning (Weeks 12 - 16)

- Goals: Return to appropriate recreational activities, improve strength/balance/proprioception/endurance as needed for ADL's
- Exercises: Progress above exercises, initiate return to recreational activities
- Criteria for discharge: Independent, non-antalgic gait, pain-free AROM, at least 4+/5 strength in LE, normal balance/proprioception, independent step over step stair climbing, independent in HEP

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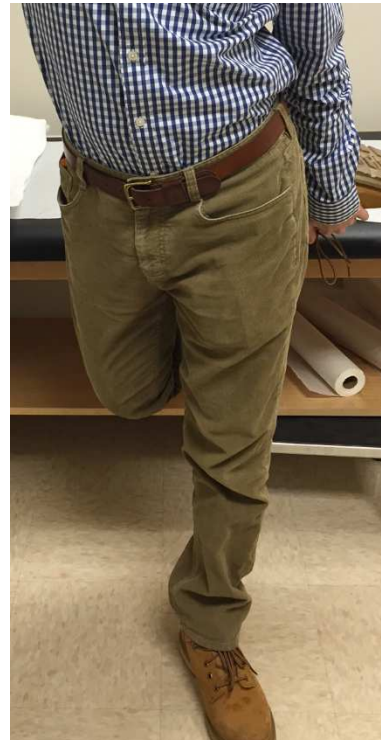
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Hip Precautions

Hip precautions are a list of identified movements that must be avoided after your surgery. Hip precautions are based on the surgical approach used. See below for instructions. These movements should be avoided for the first 6 weeks after surgery to allow for healing and prevent hip dislocation. Your team and physical therapist will review these precautions with you.

Anterior Approach:

- ✓ Avoid all hip extension for 6 weeks
- ✓ Avoid hip thrusts with straight legs and pushing up on heels
- ✓ Sleeping – see page Self-Management
- ✓ Please see pictures below for positions



to avoid

**Mini
Posterior
Approach:**

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Safe Poses after Surgery



OK sit in chair of comfortable height



OK to cross your ankle over your knee to put on sock/shoe

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OK to lean forward to pick up object keeping knees shoulder width apart and body between your legs

Avoid These Poses after Surgery



DO NOT rise from chair or commode with knees touching

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DO NOT reach back behind your leg to the outside of your ankle to shave leg or fix a sock/shoe

Note to physical therapist: Avoid combined internal rotation, hip flexion > 90 deg, and adduction

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