

JOHN REDMOND PHYSICAL THERAPY PROTOCOL DIRECT ANTERIOR TOTAL HIP REPLACEMENT

Please instruct patients on safe methods of ambulation, sitting, reaching, bathing and personal care.

There are no dislocation precautions following anterior hip replacement

Avoid and educate patient upon risky extreme positions for dislocation:

- Combined hip extension and external rotation
- Combined hip flexion and internal rotation

Uncemented Hip Replacements take 6-12 weeks for bone ingrowth- during this timeframe it is important not to overload the hip replacement

Uncemented Femoral components are good at resisting axial loading (weight bearing), they are less supportive to rotational loads (cycling with resistance or squats)

Patients will all be weight bearing as tolerated unless otherwise instructed

Week 0-6:

Walking Goals:

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

Weight bearing as tolerated

Assess need for appropriate assistive device for discharge

Active/Active assisted/Passive HIP ROM

Active and Active assisted KNEE ROM

Transfer training

Gait Training; slowly wean assisted devices as gait normalizes to avoid the development of a persistent limp

Stair training

Quad sets and short arc quads

4-direction straight leg raises begin upright and progress to horizontal as appropriate

Avoid painful active hip flexion early

Hip abductor sets without weights

Weeks 7-12

Progress gluteus, hip abductor/adductor, quadriceps, hamstring strengthening

Advanced gait training

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Proprioceptive/Balance Training

Endurance exercises as appropriate: swimming, bicycle, elliptical – start with minimal resistance and gradually increase

At 12 weeks patients may return to all activities such as golf, tennis, cycling, weight training, surfing etc.