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Total Hip Replacement (THA) Post Operative Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

*** Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460****

Phase I: Immediate Post-operative to 2 weeks

	Average length of stay in hospital is 3 days
	Discharge home with family and/ or home health care assistance
	Generally a total hip patient receives formal physical therapy while in the hospital/rehab center. Formal supervised therapy may be prescribed following discharge.
	Abduction strengthening exercises are the most important home exercises and must be reinforced with the patient. If the hip abductors are weak, the patient will have abnormal (Trendelenburg) gait pattern. The patient is to continue doing abduction strengthening exercises at home for no less then 6 weeks following surgery.
	Patients currently receive Lovenox for anticoagulation for 2 weeks following surgery. We recommend taking 1 aspirin 325mg daily for an additional 4 weeks.
Phase II: 2 weeks to 4 months	
	No hip flexion past 90 degrees. No Adduction past the midline. (No leg crossing) This restriction is in place until 3 months post op
	First post-op visit with Physician's Assistant 10-14 days following surgery. At this appointment we will do a
	Wound Check and suture removal



	Patients generally use a walker or crutches for 3-4 weeks post-op followed by the optional use of a cane until 6 weeks post-op.
	I ask patients to do the abduction strengthening so that the Trendelenburg gait disturbance is resolved by 6 weeks. Use of a cane is recommended until the abduction strength has returned and the gait pattern is normal.
	6 weeks following total hip replacement, most patients feel as though they are about 75 percent improved, and I generally allow them to travel.
Phase III: 4 Months	
	Subsequent visits annually.
	Prophylactic antibiotic use for dental visits recommended for life.

Protocols are available on websites: www.tcomn.com or www.mosmi.org