

Total Hip Arthroplasty – Anterior Approach

Dr Barton Branam

Pre-operative Rehabilitation

GOAL: The goal of preoperative physical therapy is to ensure that the patient's home environment is optimized such that the patient can properly recover from hip replacement as expeditiously as possible. The therapist will evaluate your home environment and make certain that you are comfortable with the activities of daily living (ADLs) that you will be required to do in the immediate postoperative period prior to surgery. It is imperative that the patient and the surgeon have colinear goals from for the surgery. This will set the patient up for success postoperatively.

Post-operative Rehabilitation

GOAL: The goal of postoperative physical therapy is to restore full range of motion and eliminate or diminish pain. This will allow the patient to keep their functional goals. It is important to achieve the incremental milestones in order to properly progress while allowing the implants to adhere to the bone. The patient will follow up with Dr Branam's office at post-operative week 2 for a wound check, week 6 for a ROM check and month 3 if needed. Outside of the regularly scheduled follow up appointments with Dr. Branam, he needs to know about outlier patients i.e. those that are well ahead or behind schedule.

PHASE I: Weeks 1-4

****By far the most important aspect of recovery in the first 2 weeks is wound healing. Therapy will progress slowly until the wound heals. The priorities in the immediate postoperative period are gentle range of motion, ADL's (these were practiced preoperatively), and swelling/edema control. You will use an assist device in the immediate postoperative period such as crutches or a walker.

- 1) Immediate post-operative PT visit: educate patients on precautions, check crutches for fit, review swelling and pain management, check wound
- 2) ROM: no hip precautions
- 3) Gait training: WBAT with assistive device as needed, restore normal gait mechanisms
 - a) Weight shifts
 - b) Cone walking
 - c) Heel toe gait
- 4) Exercises/therapy activities to include:
 - a) Hip Isometrics, core stability exercises
 - b) Gentle hip ROM/ Lower Chain Flexibility
 - c) Strength
 - d) CKC (as tolerated)
 - e) Balance/proprioception
- 5) GOALS: manage pain/swelling, normalize gait and ROM

PHASE II: Weeks 4-8

- 1) Continue to advance WB'ing – pain, limping and swelling are indicators of too much activity
- 2) Continue exercises with progressive strength and endurance training
 - a) Cardio: bike, elliptical, treadmill walking
 - b) CKC
 - c) Balance
- 3) GOALS: full ROM, minimal swelling/pain, normal gait

PHASE III: Weeks 8-12

- 1) Continue progressive strengthening and wean to indep with HEP

Return to sport/work: Return to sport or work after hip replacement is often the ultimate goal. This will be variable and determined by multiple factors including patient factors and the sport/job. It is important to make certain that the implants are adequately adhered to the bone and the patient has the necessary ROM and strength to appropriately function as an athlete or in the work environment. The main complications we are concerned about are early implant loosening, instability(dislocation), and fracture next to the implants(periprosthetic fractures). Thus, we want you to safely return to all the things that give you outstanding quality of life.

***Patient's frequently ask when "can I go out of town and miss physical therapy". Typically for at least the first month we strongly recommend you make rehabilitating your knee a priority. This requires appropriate commitment to exercises and the appropriate supervision. Traveling significant distances puts the patient at risk for blood clots. Thus, we discourage significant travel until the patient is highly mobile. Upon being cleared to travel, the patient must be well educated regarding a home exercise program(HEP). The patient should check back in with the physical therapist immediately upon return.