

## **Direct Anterior Total Hip Arthroplasty Protocol**

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## **HIP REPLACEMENT SURGERY**

The recovery process after hip replacement surgery is straight-forward and this document is designed to help you and your physical therapist to get the best outcome!

Please visit Dr. Huang's website for post-operative care and early motion exercises. This page has many resources for you including training videos on crutch instruction and even range of motion exercises!

The website is: <https://www.huangortho.com/hip-surgery-patients>

General recommendations:

- Do not hesitate to contact Dr. Huang's team with any questions or concerns
- Less is more! Do not push too hard, rest is an important aspect to recovery
- Manual therapy is an important part of your recovery, make sure your therapist includes range of motion, soft tissue manipulation, and joint mobilizations throughout your recovery.
- Setbacks are normal, recovery is never a smooth and straight line. Try not to get frustrated if you hit a setback and aim to work through it with your therapist
- If it hurts, do not do it! No pain, no pinching is the name of the game after a hip surgery
- If you have access to a pool, request the aquatic protocol

## **AFTER SURGERY**

1. Medications: we give you a variety of medications to try to make the recovery go smoothly. Remember that most of these medications are AS NEEDED. So, if you do not need them, do not use them.
  - a. Pain medication (usually oxycodone or hydrocodone). This is the narcotic. It is to take the edge off of surgical pain. It will not eliminate the pain. These are addictive so please use sparingly.
  - b. Stool softener (Colace). While taking the narcotic, please take a stool softener to counteract the constipation caused by the pain medication.
  - c. Anti-nausea (ondansetron or phenergan). This is provided if you have nausea after surgery.
  - d. Muscle relaxant (cyclobenzaprine or other). This is provided to help with muscle spasms that can occur after surgery. This can be taken with the pain medication or all by itself. Please be aware that it makes most patients sleepy.
  - e. Blood thinner (Xarelto or other). All hip replacement patients are at risk for blood clots. Based on your personal risk, we will prescribe one. Duration of coverage is typically 5 weeks based on national guidelines.

2. Wound care: You will have a waterproof (clear) dressing on top of your incision. You may shower when you feel ready. Leave the dressing on and intact. You will have a 1 week post-operative appointment with Dr. Huang's team for a dressing change. At that visit you will receive a new and smaller dressing that is also waterproof for another week. You will see Dr. Huang's team again at the 2 week appointment and typically the dressing is completely removed and left uncovered. If you see any signs of infection (redness/warmth), please contact Dr. Huang's office immediately.
3. If you chose to have a N'Ice or GameReady machine, we will help you set this up ahead of time. Please give us advanced notice.
  - a. For either machine, you can leave the cold compression on for 30-45 minutes before giving it a break. **Please note that the N'Ice or GameReady may not be reimbursed by your insurance company and that the patient may incur the cost of these devices.**
  - b. Ice packs or frozen bag of peas can be a great way to provide cold therapy to the knee. We recommend keeping these on for 20 minutes at a time and then allowing the knee to warm back up for another 20 minutes. Always keep a wash cloth or other layer between the skin and the ice pack.

### **RETURN TO WORK**

1. As far as returning to work, if you have a desk type job you can return to work when your pain medication requirements decrease, and you can safely walk with your crutches. Typically, this is between 10-14 days after surgery.
2. Patients who have jobs where light duty is not permitted will be out of work for a minimum of 6 - 12 weeks. Please discuss this with us as soon as possible so we can help you get all the details right!

### **WHEN CAN I DRIVE A CAR?**

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**REMEMBER, IT IS ILLEGAL TO TAKE PRESCRIPTION PAIN MEDICATIONS AND OPERATE A MOTOR VEHICLE!**

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1. First, you must not be taking any prescription pain medications.
2. Patients who have had surgery on the left hip, and who have an automatic transmission may drive when they can comfortably get the leg in and out of the car.
3. Patients who have had surgery on the left hip and have standard transmissions, should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.
4. Patients who had surgery on the right hip should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.

## OUTPATIENT GUIDELINES FOR ANTERIOR TOTAL HIP ARTHROPLASY

### Phase 1 (Day of surgery – 2 weeks post-op)

Appointments	<ul style="list-style-type: none"> <li>• Rehabilitation usually begins 3-5 days after surgery</li> <li>• 1 visit per week for 2 weeks</li> <li>• MD appointment 10-14 days after surgery</li> </ul>	<p><b>Post-Operative Guidelines</b></p> <ul style="list-style-type: none"> <li>• Post-operative dressing for first two weeks</li> <li>• After 1 week, dressing will be changed and replaced by Dr. Huang's team</li> <li>• At 2 week appointment, dressing will be removed by Dr. Huang's team and then remain uncovered.</li> <li>• Incision care:             <ul style="list-style-type: none"> <li>○ Patient will have a dressing for total 2 weeks changed once by Dr. Huang's team at 1 week postop</li> <li>○ Patient may shower with surgical dressing immediately</li> <li>○ Uncovered shower after 2 weeks</li> <li>○ No swimming, soaking, submerging incision for 4 weeks</li> </ul> </li> <li>• Protect anterior hip capsule: no combination ER/ext</li> <li>• Limit repeated active hip flexion x3-4 weeks</li> </ul>
Rehab Goals and Priorities	<ul style="list-style-type: none"> <li>• Protect the hip and incision</li> <li>• Pain control and decrease swelling</li> <li>• Gentle, pain free range of motion</li> <li>• Walking with an assistive device</li> </ul>	
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Gentle AAROM/PROM in all planes</li> <li>• Supine heel slides/leg press</li> <li>• Quad set</li> <li>• Hook-lying core stabilization</li> <li>• Hook-lying hip flexion</li> <li>• Partial DL bridge</li> <li>• Standing hip AROM</li> <li>• Heel raise/mini squats</li> <li>• Gait training: weight shifts, forward/retro gait</li> <li>• Rhomberg and modified tandem balance</li> </ul>	
Treatment	<ul style="list-style-type: none"> <li>• Soft tissue mobilization</li> <li>• Ice/elevate leg above heart 3-4x/day for 10-20 minutes</li> </ul>	
Precautions	<ul style="list-style-type: none"> <li>• Weight bearing as tolerated</li> <li>• Do not stretch or move into extension beyond what is needed for normal gait</li> <li>• No combination movements (AVOID EXTERNAL ROTATION WITH EXTENSION)</li> </ul>	
Progression criteria	<ul style="list-style-type: none"> <li>• Full hip ROM within precautions</li> <li>• Normal gait</li> <li>• Sit to stand with equal weight bearing and no UE assistance</li> <li>• Reciprocal stair negotiation with use of railing</li> </ul>	

OUTPATIENT GUIDELINES FOR ANTERIOR TOTAL HIP ARTHROPLASY

Phase II (3-6 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>• 1-2 PT appointments for 4 weeks</li> <li>• MD appointment at 6 weeks</li> </ul>
Rehabilitation Goals and Priorities	<ul style="list-style-type: none"> <li>• Restore hip ROM within precautions</li> <li>• Pain control</li> <li>• Normalize gait. Discontinue AD when able to ambulate without limp</li> <li>• NMR and motor control of limb</li> <li>• Incision management</li> <li>• Sit to stand from a chair with no assistance and equal weightbearing</li> <li>• Reciprocal stair negotiation with railing</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Continue AROM</li> <li>• Swimming when incision is fully healed</li> <li>• Bridge progression</li> <li>• Clamshell</li> <li>• s/l hip abd/add</li> <li>• core stabilization</li> <li>• forward step up/down</li> <li>• balance progression</li> <li>• squat progression</li> <li>• sidestepping, tandem gait, low hurdles</li> <li>• cardiovascular training</li> <li>• mobility</li> </ul>
Treatment	<ul style="list-style-type: none"> <li>• STM/DTM/MFR as needed</li> <li>• Initiate scar massage</li> <li>• Avoid long axis distraction</li> <li>• ice and elevate leg above heart 3-4 times per day for 10-20 minutes</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• avoid end range extension and ER</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Improve ROM, muscle function and gait</li> </ul>

## OUTPATIENT GUIDELINES FOR ANTERIOR TOTAL HIP ARTHROPLASY

### Phase III (7+ weeks)

Appointments	<ul style="list-style-type: none"> <li>• As needed</li> <li>• MD visit at 3 months or 1 year as needed</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Pain-free Functional hip strength</li> <li>• SLS with proper control</li> <li>• Address Trendelenburg gait</li> <li>• Return to full work and daily activities</li> <li>• Continued HEP importance</li> </ul>
Suggested therapeutic exercise	<ul style="list-style-type: none"> <li>• Advanced balance training</li> <li>• Lateral step ups</li> <li>• Functional training</li> <li>• Scar massage as needed</li> <li>• Advanced OKC/CKC hip abduction strength</li> <li>• Return to work/school/sport activities</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Avoid aggressive/forceful stretching of anterior hip capsule</li> <li>• High impact exercises not recommended</li> </ul>

#### References:

Joint Replacement Surgeons at UW Health and UnityPoint Health - Meriter Rehabilitation.  
 “Rehabilitation Guidelines for Total Hip (Anterior) Arthroplasty”  
[https://www.uwhealth.org/files/uwhealth/docs/ortho/RE-310722-19\\_Online\\_Rehab\\_Guide\\_Total\\_Hip\\_Arthroplasty\\_Final.pdf](https://www.uwhealth.org/files/uwhealth/docs/ortho/RE-310722-19_Online_Rehab_Guide_Total_Hip_Arthroplasty_Final.pdf) accessed August 11, 2021