

TOTAL HIP REPLACEMENT ANTERIOR APPROACH

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Phase/ Or Weeks Week 0-2 HEP 2-3 x day	Independent transfers, bed mobility, stair training (up with good, down with bad) gait with AD 50-100 ft, good quad recruitment with quad sets	WBS: WBAT with assistive device Anterior precautions: avoid <u>excessive</u> hip extension exercises Elevate and Ice	EX: quad / glute / hamstring sets, LAQ, heel slides, SAQ, partial bridge, heel raises, mini squats, core stabilization.
Phase/ Or Weeks 3-6 HEP 2-3 x daily	Proper gait swing through and stance phase, Wean off AD use, reciprocal stair training, initiate balance / proprioceptive training.	WBS: WBAT with assistive device Anterior precautions: avoid <u>excessive</u> hip extension exercises Elevate and ice	EX: continue above exercises, NuStep/ recumbent bike, bridges, resisted: LAQ and hamstring curls, sideline abduction and clam shell, SLS training, steps ups, lateral ups, monster walks, proprioceptive activities (airex, dynadisc, BAPS, BOSU)
Phase/ Or Weeks 7+ HEP 2-3 daily	Return to most functional activities and light recreational activities Return to work tasks	Gait with no AD No extension limitation	Continue to address remaining strength, balance or gait deficits present

Medical Considerations

Reasons to contact physician's office prior to next scheduled appointment:

- Draining, erythema, excessive pain, swelling and calf pain

Typical Schedule of follow-up visits with physician after surgery:

Dr. Surma

- 4 weeks,
- 4 months
- 1.5 year

TED hose:

Dr. Surma

- Not mandated, can be used PRN