

Dr. Sands Rehabilitation Protocol

Direct Anterior Total Hip Replacement

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Total Hip Arthroplasty

Direct Anterior Approach Rehab Protocol

Overall:

- No Hip Precautions.
- Progress Gait training with LRAD (least restrictive assistive device) to patient's tolerance.

Phase 1: Goals

- Decrease pain and inflammation with daily ice application
- Regain functional ROM (PROM/AAROM, AROM)
- Demonstrate good neuromuscular control for daily functional activities.
- Normalize gait with least restrictive assistive device (LRAD)

Weeks 0-2

- ROM Exercises (PROM, AAROM, AROM)
 - Emphasize full knee extension equal to contralateral knee
 - Hip and Knee flexion and extension without restriction.
- Flexibility exercises:
 - PROM, AAROM exercises with hip and knee flexion and extension
- Quadriceps Exercises:
 - Quadriceps sets and straight leg raises
 - Quadriceps recruitment techniques.
- Gait Training:
 - Weight bearing as tolerated (WBAT) unless otherwise noted
 - Progress gait pattern to step through with LRAD as tolerated
 - Maintain upright posture during gait
- Return to Golf:
 - Chipping and putting allowed as tolerated
 - FULL Swing restrictions in place until 6 weeks post-op
- Return to Driving Criteria:
 - Must remain off of prescribed pain medications during the daytime
 - Demonstrate the necessary AROM needed to operate a motor vehicle in addition to the reaction time required to act in an emergency situation

Weeks 3-6

- Scar Management:
 - Self daily Bio Oil Applications after first post op visit.
- ROM Considerations:
 - Ensure full extension (PROM, AAROM, AROM)

- Aggressively pursue full knee flexion (PROM, AAROM, AROM).
Hamstring Exercises:
 - Open chain kinetic strengthening.
- Quadriceps Exercises:
 - Progressive Open and Closed chain kinetic strengthening.
 - Proprioception Exercises

Phase 2: Goals

- Improve strength of affected to that of the contralateral side.
- Progress gait training to independent ambulation without assistive device or previous assistive device with step through pattern.
- Mastery of diverse functional activities.
- Return to Sport.

Weeks 7-9

- Strengthening Activities:
 - Increase intensity of open and closed kinetic chain quadriceps exercises.
 - Continue progression with hamstring exercises
 - Generalized lower extremities and trunk training
- Gait Training:
 - Aggressive correction of any remaining gait abnormalities.
- Criteria to begin golf/tennis:
 - Full knee extension
 - No knee effusion
 - Adequate quadriceps neuromuscular control
 - Institute easy controlled pivoting, plyometrics when appropriate neuromuscular control is demonstrated.

Weeks 10-12

- Strengthening Exercises:
 - Increase intensity for open chain kinetic quadriceps exercises.

Phase 3: Goals

- Approximate muscular strength of contralateral lower extremity.
- Normalize gait pattern.
- Mastery of sport specific activities in preparation for return to sports (if indicated)

Weeks 13-16

- Intense lower extremity weight training program.
- Institute aggressive sport specific training program (if indicated)