

Total Joint Program

Expected range of Number of visits per episode of care 12- 24.

This represents the lower and upper number of PT treatments to achieve anticipated goals and expected outcomes. It is expected that 80% of patients will achieve the anticipated goals in this time. Frequency of visits should be determined by the Physical therapist to maximize effectiveness of care and efficiency of service delivery.

Total HIP Replacement- This protocol is designed to be used as a treatment guideline only. This protocol is subject to modifications based upon individual patient surgical procedure, post operative complications and the surgeon's preference.

Goals of Recovery (within 4-6 weeks of surgery)

- Early motion with progression to functional range and active hip flexion to 90 degrees.
- Increased muscle strength of operative hip to 3/5 flexors, 2/5 hip adductors (to neutral) and at least 3/5 quadriceps. Strength of abductors will depend on surgical approach and whether abduction exercises are allowed.
- Patient will demonstrate a thorough understanding of the postoperative program, including precautions, positioning and exercises.
- Patient will achieve independence in performing home exercise program
- Patient will walk with as normal gait pattern as possible with appropriate weight bearing on the operative extremity using a walker or 2 crutches unless otherwise directed by their surgeon.
- Patient will demonstrate understanding and independence in mount protection and maintain weight bearing status during activities of daily living and all mobility, with careful adherence to dislocation precautions at all times.

Phase 11 (Discharge to 4 weeks)

- Patient will progress with active hip range and strengthening exercises.
- NO exercises with resistance allowed
- Some surgeons' may allow side lying abduction with the operative hip during this phase with 2 pillows between legs
- Walking with walker or 2 crutches can be progressed to community ambulation when strength and balance are adequate.
- Patient may begin pool therapy 2 weeks postoperatively if the incision is completely closed and dry and the external stitches or staples have been removed.

Phase 111 (through 12 weeks)

- More advanced program may now include exercises in side lying, prone lying and quadruped within patient's dislocation precautions and at surgeons' discretion.
- Refine gait pattern and posture as patient advances to full weight bearing.
- Patient will usually progress from bilateral support to cane then to no devices as strength, balance and pain permit.
- Patient should not discontinue use of an assistive device if they have an antalgic gait or positive trendelenburg from weak hip abductors.
- Patient may begin using exercise bike without resistance.
- Patient may return to work or driving at the discretion of the surgeon