

Total Hip Arthroplasty Protocol

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- A. Phase I (≈0-2 weeks post-op)
 - 1. Gait: WBAT using FWW or 2 crutches
 - 2. THA - ROM precautions: gentle PROM, AROM dependent on surgeon and type of approach
 - 3. Cryotherapy – frequent
 - 4. Exercise
 - a. P-AAROM within restrictions
 - b. Passive low-load, long-duration adductor stretch
 - c. Gentle AA or isometric hip abductor strength
 - d. Regain quad control
 - e. Low level balance/proprioceptive work
 - f. Begin scar massage/soft tissue mobilization at ≈ 2 weeks

- B. Phase II (≈2-4 weeks post-op)
 - 1. Gait: Wean to SPC as strength and proper gait mechanics indicate
 - 2. Maintain THA - ROM precautions
 - 3. Continue cryotherapy as needed
 - 4. Exercise
 - a. Start A-AA hip abductor strength work
 - b. Progressive CKC, balance/proprioceptive and gait stabilizing exercise
 - c. Continue passive low-load, long-duration adductor stretch
 - d. Stationary bike with seat reclined (respect hip precautions)

- C. Phase III (≈4-6 weeks post-op)
 - 1. Progressive OKC, CKC, balance/proprioceptive work
 - 2. Progressive non-impact cardio

- D. Phase IV (> 6 weeks post-op)
 - 1. Long term strength, proprioceptive/balance strength work
 - 2. Primarily monitored HEP at this point