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Rehabilitation Protocol

Total Hip Arthroplasty Anterior Protocol

Phase 1 (1–5 days post-op)

Incision care: Observe for signs of infection

Modalities: PRN for pain and inflammation (ice, IFC)

Edema: Cryotherapy, elevation, compression wrap with ACE™ bandages toes to thigh

Gait: Ambulation with walker or 2 crutches on flat surfaces only with WBAT unless specified by physician

ROM: AROM/AAROM/PROM for knee and hip with dislocation precautions listed above

Exercises: Quad, hamstring and glute sets: closed chain exercises with bilateral UE support (observing WB reactions if implemented by physician); heel slides, SAQ, supine hip abduction

Phase 2 (5 days–4 weeks post-op)

Incision care: Continue to monitor for signs of infection and begin scar management techniques when incision is closed

Modalities: Continue PRN

Edema: Cryotherapy, elevation, compression wrap with ACE™ bandages toes to thigh

Gait: Based on post-op WB status

- WBAT to FWB: may mean to SPC at one week
- Wean off assistive device by 2 weeks, if muscle performance is sufficient

Balance/Proprioception training: Weight-shifting activities

ROM: AROM/AAROM/PROM for knee and hip within dislocation precautions listed above

Exercises: Continue as Phase 1

- Stationary cycle or stepper, closed chain exercises
- At 3–4 weeks, progressive resistance exercises, step-ups, squats

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Phase 3 (4–8 weeks post-op)

Incision care: Continue to monitor for signs of infection and/or scar mobilizations

Modalities: Continue PRN

Edema: Cryotherapy, elevation, compression wrap with ACE™ bandages toes to thigh

Gait: Normalize gait pattern

- If no assistive device was used preoperatively and muscle performance is sufficient, progress to ambulation without an assistive device by 2–4 weeks post-op
- If assistive device was used preoperatively or muscle performance is insufficient, continue with appropriate assistive device

Balance/Proprioception training: Progress to single leg balance challenges

ROM: AROM/AAROM/PROM for knee and hip within dislocation precautions listed above; at 6 weeks, hip flexors may be stretched into extension

Exercises: Increase resistance of closed chain exercises

- Forward/lateral step up/down
- 3-way SLR (exclude prone extension)
- Quarter forward/lateral lunges
- Sit <-> chair exercises
- Side stepping and backwards ambulation
- Ambulation on uneven surfaces
- Lifting/carrying: up to 20 pounds from floor
- Pushing/pulling
- RTW tasks/RTW with physician's release and restrictions
- Aquatic program if incision is fully healed
- Progress HEP/fitness center routine

Phase 4 (8+ weeks post-op)

Progress exercise resistance, reps, and duration for specific RTW task and/or recreational sports

Activities to avoid for life: running, jumping, and high-impact activities