Total Hip Post Op Protocol

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General orders

- Physical therapy frequency: 6 visits in the first 14 days. Call physician if more than 6 visits are required.
- Post-op appointment around 14 days of the surgery date.
- Assist with scheduling of out-patient physical therapy before discharging from home health Anticoagulant: ASA 81 mg BID, unless otherwise stated
- TED hose: thigh high, leave on until post-op visit.
- Dressing: Aquacel dressing. Surgeon will remove the dressing at the post-op appointment. IReplace if 50% soiled. Some patients will have a Provena wound vac. The battery pack lasts 10-14 days for this. If the battery dies or the suction seal fails, remove and replace with aquacel.
- Weight bearing precautions: WBAT. No hip or position restrictions. No abduction pillow.
- Assistive device: rolling walker.
- Shower / bathing: cover incision when showering — do not soak.
- Precautions: none.

Evaluation visit

- ADL and Home safety assessment
- Ambulation with walker and begin post-op therapeutic exercises as below.

Immediate post-op exercises (minimize, with goal of walking)

- Supine: ankle pumps, quad sets, glut sets.
- Seated: ankle pumps.

1 week post-op

- Progress ambulation to cane when able to complete without antalgic pattern / pain.
- Gait training geared towards increasing weight shift and weight bearing onto the THR lower extremity, decreasing circumduction with ambulation.
- Focus on maximizing distance and level of independence.
- Add the following exercises as the patient is able to complete without pain — standing: TKEs.
- ADL training

1–2 weeks post-op

- Continue all above therapeutic exercise and progress repetitions to at least 25.
- Begin transition to HEP or discharge (if appropriate).

Note: these are guidelines and not all patients are alike. Doctor orders take precedence over standard protocol. The therapist is to use their professional judgment and discretion when assigning new interventions and progressing treatment according to the individual patient's ability.