

Anterior Total Hip Arthroplasty Rehab Guidelines

In general, most patients that are undergoing total hip arthroplasty will have functional deficits and weakness and therefore will need a more patient specific comprehensive rehab. Therefore, below are just general guidelines and may not be applicable to all patients and please use your judgement to treat specific deficits you believe need to be addressed. I do have patients avoid prolonged hip flexion past 90 degrees and avoid any hip flexion strengthening or repeated hip flexion exercises for the first 6 weeks. This avoids or decreases incidence of anterior hip pain and inflammation following the anterior approach. Other than that, I simply instruct patients to move both legs together when getting in/out of bed or a car and avoid pivoting off the surgical leg (extension and external rotation).

Guidelines/Precautions:

- Avoid forceful hip extension or external rotation for first 6 weeks
- Generally WBAT
- Outpatient PT to start within a week from discharge

Patients are given instructions to begin below exercises at home

- Week 1
- Ankle pumps, quad set, glute sets, short-arc quad, hip and knee bending
- Can begin stationary bike w/o resistance
- Week 2
- Add standing hip and knee flexion

Weeks 1-6:

- Soft tissue modalities if incision well healed
- Continue home exercises as instructed for weeks 1-2 with guidance and correction
- Focus on glute activation and coordination; progress to side lying abduction and clam shells
- Prevent anterior hip aggravation
- Avoid excessive hip extension
- Core
- Gait training
- Can begin aquatic therapy when incision completely healed; caution against repetitive hip flexion

Weeks 6-12:

- Abductor strengthening with double and single leg exercises
- Increase resistance of stationary bike
- Progress static and dynamic proprioception/balance activities