# KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

## Total Hip Replacement

Total hip arthroplasty — posterior approach

Rehabilitation after hip replacement restores gait, motion, and strength with immediate weight bearing. Following the posterior approach, hip precautions are observed for about 6 weeks to protect against dislocation, then relaxed. Long-term activity is low-impact.

### General Precautions

- Weight bearing as tolerated with a walker or crutches, weaning as strength and balance allow.
- Posterior hip precautions for ~6 weeks: no hip flexion past 90°, no crossing the legs or adduction past midline, and no internal rotation of the operative hip.
- Use a raised toilet seat, wedge cushion, and reacher; avoid low chairs and bending forward past 90° at the hip.
- Low-impact activity only long term (avoid running and jumping).

## Phase I — Mobility & Precautions Weeks 0–2

**Goals**

- Safe independent gait and transfers with assistive device
- Activate hip musculature
- Follow posterior hip precautions

**Precautions / Restrictions**

- Posterior precautions: no flexion >90°, no adduction past midline, no internal rotation
- Assistive device for gait
- Use equipment (raised seat, wedge cushion, reacher)

**Exercises & Interventions**

- Ankle pumps, quad/glute sets
- Isometric and gentle hip strengthening within precautions
- Gait, transfer, and bed-mobility training
- Standing hip abduction/extension within precautions

**Criteria to Advance**

- Safe independent transfers/gait
- Precautions understood and followed

## Phase II — Strengthening & Gait Weeks 2–6

**Goals**

- Wean assistive device
- Normalize gait
- Progress strength within precautions

**Precautions / Restrictions**

- Continue posterior hip precautions

**Exercises & Interventions**

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- Progressive hip and lower-extremity strengthening (glutes, quads)
- Balance training
- Stationary bike (high seat, per precautions)
- Gait normalization
- Wean walker to cane then none as safe

### Criteria to Advance

- Normal gait without assistive device
- Improving strength

## Phase III — Strengthening Weeks 6–12

### Goals

- Restore strength, endurance, and function

### Precautions / Restrictions

- Posterior precautions typically lifted at ~6 weeks (confirm with surgeon)

### Exercises & Interventions

- Progressive resistive hip/core strengthening
- Single-leg balance and control
- Endurance conditioning
- Functional training

### Criteria to Advance

- Independent with daily activities
- Strength improving symmetrically

## Phase IV — Return to Activity Months 3–6

### Goals

- Return to low-impact recreation

### Exercises & Interventions

- Continue strengthening and conditioning
- Low-impact activity (walking, cycling, swimming, golf) as cleared

### Criteria to Advance

- Functional painless motion and strength

*This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.*