



## **Total Hip Replacement Protocol Direct Superior Approach**

### **General Precautions:**

- For one week, you will use a walker putting weight on the foot as tolerated (WBAT).
- For the second week, you may progress to using a cane on your nonsurgical side.
- At three weeks, you should be able to walk without an assistive device.
- A raised toilet seat is recommended for 8 weeks.
- Direct Superior Technique has a rapid early recovery with lower risk of dislocation. It is recommended for 2 months post-operative however to avoid low chairs/ furniture to minimize this risk.
- It is best to check with your physical therapist or physician before engaging in any activity you are unsure of.

### **Postop (After surgery at home and with your therapist)**

0-1 Weeks **Goals:** Safe and independent use of walker. Daily performance of home exercise program. All exercises to be repeated 25x, 2-3 x/day.

**Precautions:** No resisted hip external rotation for 4-6 weeks following surgery.

#### **Exercises:**

1. Quad sets - Tighten knee muscles of outstretched leg by pushing the back of the knee into the bed, hold 5 seconds.
2. Gluteal sets - Squeeze buttocks together, hold 5 seconds.
3. Heel slides - Lying on your back, bend knee sliding heel toward buttocks, reverse to straighten leg.
4. Hip abduction and adduction - Lie on back, slide straight leg out to side and back in.
5. Short-arc quadriceps - Put 6-inch towel roll under knee. Straighten lower leg until knee is fully straight and hold for 3 seconds.
6. Long-arc quadriceps - Seated, knees bent to 90, straighten lower leg until knee is fully extended. Hold for 3 seconds.
7. Scar tissue mobilization - When the wound is completely healed you should begin to mobilize the scar itself and surrounding tissue. Apply light-to-medium pressure along the sides of the scar for 2-3 minutes. Next, apply light-to-medium pressure perpendicular to the scar, crossing over the scar tissue for 2-3 minutes.

1-2 Weeks **Goals:** Utilize cane as soon as able and safe. Maintain general hip precautions.

#### **Exercises:**

1. Stationary bike (when approved by MD).
2. Prone hip extension.

3. Mini-squats.
4. Bridges.
5. Straight leg raises (flexion and abduction).
6. Hip rotation strength within pain limits, cautious with external rotation (no resistance).
7. Calf raises.
8. Standing hip abduction.
9. Standing hip extension as tolerated.
10. Marching.
11. Upper extremity strengthening: Biceps, triceps, interscapular strength, pull-downs, any functional upper extremity movements that relate to patient, ADLs, work or sport.
12. Core strengthening: Supine.

2-4 Weeks **Goals:** Ambulation without device. Ascend and descend stairs in a step-over-step fashion.

**Exercises:**

1. Single-leg balance, knee straight to knee bent. Eyes open to eyes closed.
2. Small range forward lunges.
3. Contra kicks weightbearing on nonsurgical leg, cautious with extension.
4. Contra kicks weightbearing on surgical leg.
5. Single-leg heel raises.
6. Step-up progression from 2-inch step to 8-inch.
7. Step-down/eccentric lowering from step; 2-inch to 8-inch progression.
8. Increase core strengthening: Lateral walk-outs.
9. Upper extremity progression for return-to-sports/recreational activities as cleared by the doctor.