

Dr. Lincoln PT Protocol

Posterior Approach Total Hip Arthroplasty

Week 0-2: Maintain hip precautions: hip flexion to 90 degrees, do not cross knee past midline, no hip internal rotation past neutral, sleep with folded bed pillow between knees as instructed. Strengthen supine: quad sets, gluts sets, abduction, heel slides, and ankle pumps. Ambulate WBAT to FWB with walker. Treat lower extremity edema with rest and elevation.

Week 2-6: Advance strengthening to closed kinetic chain exercises as tolerated. Progress to acceptable hip ROM in flexion and external rotation. Ambulate without assistive device when gait compensations are minimal. Maintain hip precautions. With return to normal activities involving prolonged standing or walking, treat lower extremity with knee-high TED hose when out of bed.

Week 6-12: Progress to independent home exercise program to include lower extremity strengthening, flexibility, proprioception, and general conditioning. Monitor patients as they return to normal activities for overuse syndromes. Gait training to eliminate any residual limp. Return to sport-specific activities as per MD office after 12 weeks post-op.