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SUMMARY OF THE PRIMARY POST-THR REHABILITATION GUIDELINES DEVELOPED FROM THE CONSENSUS PROCESS

Post-operative positional hip precautions (0-6 weeks)	Post-operative functional activities	Leisure activity resumption recommendations
<p>No hip flexion beyond 90° (Note, once the patient’s hip flexion restrictions are removed, active hip flexion exercises can be used to improve range gradually, however forceful passive hip flexion exercises are not permitted).</p> <p>No hip adduction beyond neutral.</p>	<p>Ambulation: weight bearing to be determined by surgeon on a case by case basis.</p> <p>Reciprocal stair climbing and unrestricted rising from sitting.</p> <p>Uncemented: not permitted up to 6 weeks post-operatively. Cemented: or hybrid-permitted immediately.</p>	<p>May resume after 6 weeks:</p> <ul style="list-style-type: none"> ➤ Driving (confirm with orthopedic surgeon) ➤ Stationary bicycling ➤ Swimming (whip kick is never recommended). <p>Note: crossing legs in sitting is to be discussed with the treating surgeon at the 6 week visit.</p> <ul style="list-style-type: none"> ➤ Weeks 7-11: advance strengthening and mobility within limits of pain and weight bearing, movement and ROM precautions

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		<p>May resume after 12 weeks:</p> <ul style="list-style-type: none"> ➤ Gardening ➤ Bowling ➤ Golfing ➤ Unrestricted sexual activities ➤ Outdoor cycling ➤ Sitting in the bathtub <p>Note: Grab bars are required; also recommend bath seat.</p>
<p>No excessive internal or external rotation (exercises to increase internal or external rotation are not recommended post-operatively at any time. The only exception is patients who cannot achieve neutral rotation; they can be taught active exercises to correct their respective rotation deformity).</p>		<p>Activities to be discussed with surgeon on an individual basis beginning at 12 weeks:</p> <ul style="list-style-type: none"> ➤ Alpine skiing ➤ Cross country skiing ➤ Tennis (singles or doubles) ➤ Weight lifting involving the lower extremity (determined in relation to the patient's body weight)

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THERAPY REHABILITATION GUIDELINES

Precautions/ Restrictions

A. Posterior Surgical Approach

- No hip flexion > 90°
- No hip adduction beyond neutral
- No hip internal rotation beyond neutral

B. 2-Incision THA and Birmingham Hip Resurfacing

- **Avoid a single COMBINED movement of hip extension/abduction/ER for 6 weeks postoperatively; WBAT on the operative lower extremity.**

C. Anterior Surgical Approach

- No hip extension beyond neutral
- No hip external rotation beyond neutral
- No prone lying
- No bridging

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D. Low, soft, contour-type furniture should be avoided.

E. Patients may return to work at the discretion of their physician.

F. Patients are allowed to resume driving 6 weeks after surgery (confirm with your Orthopedic surgeon).

G. Ambulation guidelines:

➤ Cemented and Uncemented Prosthesis- WBAT (weight bearing as tolerated ambulation for primary THA. Some revision THA patients are TDWB (should be communicated to the therapist in the surgeon's post-op orders, if not call/ consult with the surgeon). Patients are required to initially use a walker/ crutches for a period of time, then are progressed to cane ambulation. The cane is discontinued when the patient is ambulating without a positive Trendelenburg test.

H. No running or involvement in sporting activities requiring and/ or jumping.

“Allowed Activities” following THA

- Golf
- Swimming double tennis
- Speed walking
- Hiking
- Stationary skiing
- Bowling
- Road cycling

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- Stationary bicycling
- Low impact aerobics
- Rowing
- Dancing (ballroom, jazz, square)
- Weight machines
- Stair climber
- Treadmill
- Elliptical

Activities “Allowed with Experience” following THA

- Downhill skiing
- Cross-country skiing
- Weightlifting
- Ice skating/ rollerblading
- Pilates

Activities “Not Allowed” Following THA

- Racquetball/ squash
- Jogging
- Contact sports (football, basketball, soccer)
- Baseball/ softball
- snowboarding

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This Total Hip Arthroplasty Protocol was peer reviewed and approved by the 2012 HTS orthopedic committee.

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