TOTAL HIP REPLACEMENT/BIPOLAR HEMI-ARTROPLASTY
Hybrid Total Hip and Cemented Bipolar

General Principles:
Total hip replacement procedures will be divided into two categories based primarily on
the method of prosthesis fixation utilized. These categories will be designated as Hybrid
Total Hip Replacement and Cementless Total Hip Replacement protocols.

Due to extreme physical variances in the patient population undergoing a total hip
replacement surgery, the following protocols are designed to provide guidelines for the
clinician to progress patients during their rehabilitation. The clinician may alter patient
progress to accommodate these physical variations (i.e., age, medical problems,
cardiovascular conditioning, etc.).

The following routine Total Hip Activity Precautions should be observed at all times for
(How long would the doctors like precautions followed):

Posterior Approach:
1. No adduction past the midline.
2. No flexion past 100 degrees.
3. No internal rotation past 10 degrees.

AnteroLateral/Direct Lateral Approach
1. No active hip abduction
2. No active hip extension
3. Do not cross legs/No external rotation

Anterior Muscle Sparing
1. No Hip extension with adduction behind the contralateral leg

Hybrid Total Hip/Cemented Bi-Polar Protocol

PHASE I (Immediate Post-Op) DAY 1 - 7:
Weight Bearing
1. May progress weight bearing as tolerated.

Modalities
1. Ice pack 20 minutes; three times a day.
2. Moist heat and/or pulsed ultrasound after 48 hours as needed
Orthotics
1. Abduction pillow when sleeping.
2. T.E.D.™ hose at all times unless discharged by physician.
3. Walker or crutches until gait is acceptable.

Exercises
1. Gluteal sets.
2. Quad sets.
3. Ham sets.
4. Heel slides.
5. Supine hip abduction.
6. Straight leg raises.
7. Short-arc quad/hams.
8. Long arc quad.
9. Ankle pumps.
10. AAROM exercises as appropriate according to surgery and above precautions:
   a. External rotation, extension, flexion
   b. Prone stretches if needed.
11. Standing exercises as tolerated: i.e. standing heel/toe raises, standing knee flexion, standing rocks, standing partial squats.

PHASE II: (Immediate) Week 2 - 3

Weight Bearing
1. Progress weight bearing as tolerated. Goal is to progress to normal gait.

Modalities
1. Continue Phase I modalities as needed.

Orthotics
1. Use abduction pillow at night only.
2. T.E.D.™ hose at all times.

Exercises
1. Continue Phase I exercises.
2. Progress resistance, duration, frequency as tolerated.
3. Start full-arc quad / ham resistive exercises:
   a. Progress resistance as tolerated
5. Stationary recumbent bike or Nu-step within restrictions.
   a. Bilateral, progress to unilateral.
   b. Progress resistance.
7. When weight bearing is full, proprioceptive exercises as tolerated.
8. Weight shifts:
   a. Progress to single leg as tolerated
9. Aquatics may be started after wound is fully healed and surgical staples are removed if patient is not progressing with land exercises.
**PHASE III: (Advanced) Week 4 - 6:**

**Weight Bearing**
1. Should be full with normal gait. May use cane as needed.

**Manual**
1. Soft tissue mobilization with and without tool assist on the surrounding tissue to promote tissue release

**Modalities**
1. Continue only as needed.

**Orthotics**
1. May discontinue abduction pillow.

**Exercises**
1. Progress Phase II exercises as appropriate:
   a. Resistance.
   b. Endurance.
2. Advance proprioceptive exercises as appropriate:
   a. Unilateral.
   b. Eyes closed.
   c. Toe standing.
3. Referral for Fall Proof if difficulty with balance noted upon discharge.
4. Elliptical/ARC Trainer.
5. Consider dismissing from formal rehabilitation when strength and functional goals have been met, per physician approval.
6. Teach home exercise program and refer to fitness facility where appropriate.

*When is it more appropriate for work related activities to begin?*