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Dr. Akhtar's Hip Replacement Protocol

1. General Principles

- a. Precautions should be followed for 3 months after the operation.
- b. Precautions may be POSTERIOR or ANTERIOR. Please review the discharge or transfer summary from the hospital to determine the correct precautions to follow.
- c. Raised toilet seat for 3 months after the operation
- d. Dependent leg edema and swelling is common. TED hose worn during the day can prevent this. Treatment is elevation, mobilization, and ankle pumps.
- e. It is common for patients to feel uneven in their gait. This is most likely due to spasms of the adductors and it will resolve with time.
- f. Home exercises should be performed 3 to 5 times per day.
- g. Patient is weightbearing as tolerated with a rolling walker, cane, or crutches.
- h. Patient can progress from a walker to a cane when s/he can demonstrate equal weight distribution, adequate balance, and limited limp.
- i. DVT prophylaxis: Lovenox 40mg SQ every 24 hours for 3 weeks.
- j. Driving: no driving for 6 weeks for right hip replacements; no driving for 4 weeks for left hip replacements.

2. Wound management

- a. The incision will have steri-strips and the incision does not need to be covered. In the rare situation where staples are used, the incision does not need to be covered.
- b. It is ok to get the knee wet in the shower 1 week after the operation. Until then, the incision should be kept dry. NO BATHS FOR 6 WEEKS.
- c. If there is any drainage, then Dr. Akhtar should be called immediately. If after-hours, then leave a message for him on the office number. He will return the call within 1 hour with instructions. DO NOT start antibiotics to treat the incision unless specifically approved by Dr. Akhtar.

3. Therapy

Phase I: Day of operation to 3 weeks

- Walking at home for about 5 minutes every hour
- Bike for approximately 10 minutes
- Quad sets
- Glut sets
- Heel slides
- Supine hip abduction
- Short arc quad
- Modified bridges
- Clamshells
- Straight leg raise
- Large arc quad
- Calf raises
- Heel raises
- HS curls
- Marching
- Mini squats
- Step ups – only if patient is pain free with weight bearing

Phase 2: Weeks 4-6

- In addition to previous, add:
- Progress ambulation from straight cane to no assistive device when patient can walk without a
- Tredelenburg gait/limp
- Sidelying abduction
- Standing 4 way hip with theraband resistance
- Forward step ups – increase step height
- Lateral step ups – increase step height
- Single leg stance
- Wall sits
- Sit to stand without UE assistance

- Single knee to chest (at 6 weeks)

Phase 3: Weeks 7 to 3 months

- Increase leg raise weight up to 5 pounds
- Sidestepping with theraband resistance
- Walking program – start with ¼ mile and gradually increase
- Upper body weight machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. NO
- treadmill walking due to compression on the new joint.

Phase 4: 3 months +

- Begin using lower extremity weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics,
- yoga, Tai Chi, Theraball exercises
- NOT recommended – running/jogging, high impact aerobics, jumping rope or plyometrics