



Post-Operative Primary Total Hip Protocol

INSTRUCTIONS FOR HOME HEALTH

Anticoagulation:	Lovenox 40mg OR Xarelto 10mg OR Coumadin daily to maintain INR 1.8-2.5 for 3 weeks
PT/INR :	Only if on Coumadin
Suture/Staple Removal:	Taken out at 2 week post op at Doctor's Office. Please make appointment.
WB Status:	WBAT . Posterior Dislocation Precautions for posterior approach hip replacements.
PT to Assess:	Level of Strength, balance, ROM, coordination, transfers, mobility, and endurance. Patient's ability to perform ADL's, patient's home environment, and make recommendations for safety. Assess patient's pain level and understanding of pain relief measures.

PHYSICAL THERPIST TO INSTRUCT PATIENT/CAREGIVER:

Ted Hose:	Use if there is swelling/edema in the operative lower extremity
Showers:	Keep incision clean and dry
THA Precautions: (3 months)	Posterior Approach: Contra Indications: Standing hip adduction exercises. No combined flexion of greater than 90 degrees with internal rotation or adduction. Keep a pillow between legs for 6 weeks. May sleep sidelying on non-operative side until comfortable on operative side. Stand and ambulate after each ½ hour sitting.
Walker to Cane:	Progress to contralateral cane as soon as safely possible
Driving:	Allowed when patient able to transfer observing all precautions and no longer using narcotics. When able to move leg from gas to brake.
Dressing Changes:	Dry dressing with sterile gauze and Tegaderm/paper tape every 1-2 days
Pain control:	Per W-10 discharge orders.
PT to Perform:	Hip abductors and Extensors strengthening, gait training, ambulation and transfer training
RN to Assess:	patient, emphasizing post op status, vital signs, lung sounds, pain, incision, medications, nutrition, appetite
RN to Instruct:	Principles of anticoagulant therapy including medication dose, route, schedule, actions, side effects, contraindications, interactions and symptoms to report. Teach pain management, medication management, incision management and



	management of constipation per pt hospital D/C instructions.
RN to Perform:	Evaluation and education
RN frequency/duration:	PRN per assessment
Follow Up Visit:	Doctor will generally see you at 2 weeks, 6 weeks, 3 months, 6 months and 1 year after surgery and yearly afterwards
Communication:	Call if abnormal increased pain, edema, wound drainage, redness, positive Homan's sign, or temp > 101.5