

Robert A. Sciortino, M.D.

Kirsten Jansen, M.D.

*Orthopedic Surgery
Joint Replacement
Sports Medicine*

224 South Woods Mill Road
Suite 255 South
Chesterfield, Missouri 63017
314.983.0088
Fax 314.983.9650

SuperPATH THA Physical Therapy Guidelines

This protocol has been developed using a combination of the most current research and clinical expertise with SuperPATH hip replacements. This protocol was adapted from a protocol developed by Dr. Jimmy Chow and Chandrika Lotwala, PT, DPT.

Phase I: Early ROM and Open Chained Strengthening

Time frame: 1-2 weeks

Manual Therapy:

- Adductor strumming soft tissue mobilization technique.
- Lateral grade I-II mobilization of the femur, progress by adding passive hip ER to end range. Hip in most comfortable position of flexion from 60-90.
- Inferior grade II-III mobilization of the femur, progress by adding passive hip flexion to end range.
- PROM into hip abduction (supine adductor stretch) while stabilizing contralateral LE.
- Supine iliopsoas stretch; knee extended, apply manual force to posteriorly tilt pelvis at ASIS and have patient hold contralateral LE in hip flexion.
- S/L quadratus lumborum stretch with contract/relax D1 and D2 pelvic patterns.

Therapeutic Exercise:

- S/L clams in 30° and 60° of hip flexion. (Try the most comfortable position of flexion to start with this exercise)
- Active hip horizontal abduction with lateral mobilization of femur.
- S/L hip abduction with pillow between legs.
- Prone gluteus maximus press-ups with manual resistance.
- Active hip ER in sitting with contralateral UE reach to foot.
- Prone resisted hip IR and ER.
- Prone hip extension with and without knee flexion.
- Fire hydrants.
- Standing hip flexor and adductor stretch.

Goal for this phase:

- Increase ROM actively and passively to restore normal gait pattern and improve functional activities such as donning and doffing footwear.
- Strengthen gluteus medius and minimus, which are frequently deficient after SuperPATH hip replacements.
- Begin to recruit gluteus maximus as a majority of patients will demonstrate impaired Gluteal activation

Phase II: Initial Closed Chained Strengthening and Gait Training.

Time frame: 3-4 weeks

Manual Therapy:

- Same as phase I, focus on restoring hip extension and ER.
- Progress supine iliopsoas stretch to S/L.
- Add Psoas release techniques if necessary.
- Seated erector spinae stretch with manual stabilization of pelvis. (To prevent anterior tilt)

Therapeutic Exercise:

- Gait training (elevating ipsilateral arm or holding ~15lb dumbbell by side on ipsilateral side will improve abductor lurch gait commonly seen s/p superPATH hip replacement).
- Partial squats progressing to full squats.
- Single leg stance with UE support
- Bridging with TB for hip abduction.
- Supine marching with abdominal hollowing.

Goals for this Phase:

- Begin closed-chained hip strengthening cautiously to avoid greater trochanteric pain.
- Begin to normalize gait, emphasizing an efficient and symmetrical gait pattern.

Phase III: Intermediate to Advanced Closed Chained Strengthening and Return to Activity.

Time Frame: 4-6 weeks

Manual Therapy:

- Pt should have a functionally sufficient ROM at this time, emphasize home stretching program for any continued discrepancies in ROM with contralateral side.

- Some superPATH patients will complain of continued soft tissue restriction in the peri-incisional area. This is often a restriction in the superior capsule, which responds well to soft tissue mobilization (avoid foam rollers).

Therapeutic Exercise:

- Bridging with marching progressing to single Leg Bridge.
- Single leg stance on unstable surface.
- Standing isometric hip abduction and ER at wall with hip at 90° of flexion.
- Plank with hip extension.
- Single leg dead lift with dumbbell.
- Isometric squats with TB around knees and unilateral hip ER with accompanying trunk rotation in the same direction.

Goals for this Phase:

- Provide dynamic exercises that utilize multiple muscle groups and will help maintain hip strength and ROM.
- The more advanced exercises are often given as a HEP progression if appropriate (typically given to younger and more active patients).

Please feel free to call us with any questions at 314-434-3240