CAPSTONE
ORTHOPEDICS & SPORTS MEDICINE

1818 E. 23rd Ave., Hutchinson, KS 67502
O: 620-259-2325 F: 620-682-8326

Total Hip SuperPATH
Therapy Guidelines

Restrictions:

- *No Hip Flexor strength, SLR, or supine hip Abduction.* (Irritates iliopsoas).
- Caution patients on being overly active too soon. Some feel quite well in the first week but still have a very tight joint capsule and weak abductors they tend to easily irritate.
- ROM as pain allows. No ROM restrictions like a typical hip arthroplasty.

Eval and treat 6 visits

Phase I: Early ROM and Open Chain Strengthening
Time Frame: 1-2 weeks

Goals:

- Increase ROM actively and passively to restore normal gait pattern and improve functional activities such as donning 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.

Manual Therapy:

- Adductor strumming soft tissue mobilization technique
- Lateral grade I-II mobilization of the femur, progress by adding hip ER to end range. Hip in most comfortable position of flexion from 60-90 degrees.
- Inferior Grade II-III mobilization of femur, progress by adding passive hip flexion to end rage.
- 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.
- Side lying quadratus lumborum stretch with contract/contract relax D1 and D2 pelvic patterns.

Therapeutic Exercise:

- Side lying Clamshell in 30 degree and 60 degree of hip flexion (try the most comfortable position of flexion).
- Active hip horizontal abduction with lateral mobilization of the femur.
- Side lying 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.

PHASE II: Initial closed chained strengthening and gait training
Time Frame: 3-4 weeks

Goals:

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

Manual Therapy:

- Continue and progress from phase I to focus on restoring hip extension and ER.
- Progress supine iliopsoas stretch to side lying.
- Add psoas release techniques if necessary.
- Seated erector spinae stretch with manual stabilization of pelvis (Prevent anterior tilt).

Therapeutic Exercise:

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

Phase III: Intermediate to advance closed chain strengthening and return to activity
Time Frame: 4-6 weeks.

Goals:

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

Manual Therapy:

- Patient should have functionality 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. Tis is often a restriction in the superior capsule which responds well to soft tissue mobilization (avoid foam rollers).

Therapeutic Exercise:

- Bridging with marching progression to single bridge.
- Single leg stance on unstable surface.

- Standing isometric hip abduction and ER at the wall with hip at 90 degrees of flexion.
- Plank with hip extension.
- Isometric squats with theraband around knees and unilateral hip ER with accompanying truck rotation in the same direction.