



Formal Physical Therapy after Primary Total Hip Arthroplasty May Not Be Necessary

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Introduction: Many surgeons and patients believe that formal outpatient physical therapy (OPT) is necessary in order to optimize the functional outcome of patients undergoing total hip arthroplasty (THA). Limited evidence currently exists to support this belief. The purpose of this prospective, randomized study was to determine the effect of formal OPT on the functional outcome of THA.

Methods: We randomized 77 patients into two groups. In Group I, 39 patients received 2 months of formal OPT, with 2-3 sessions per week. In Group II, 38 patients received no formal OPT, but followed a prescribed exercise program on their own for a 2-month duration. Harris Hip Score (HHS), WOMAC, and SF-36 were recorded preoperatively and postoperatively at 1 month and 6 months. The results were analyzed using a linear mixed model with patients as a random effect, and treatment time and treatment group as independent variables.

Results: Preoperative functional scores and demographics between both groups were similar. There were no significant differences in any measured outcomes at 1 month or 6 months postoperatively. HHS for Group I were 67.67 ± 3.00 at 1 month and 80.19 ± 4.33 at 6 months. Group II had HHS scores of 71.26 ± 3.24 at 1 month and 84.68 ± 3.32 at 6 months (95% CI -12.44, 5.25 and -15.62, 6.63 respectively). Similarly, there were no significant differences in the WOMAC or SF-36 scores at either postoperative interval. Cost to the patient for OPT visits ranged from \$10-\$60 per session for non-Medicare patients.

Conclusions: These findings suggest that formal OPT is not superior to prescribed, patient-directed home exercises. The value of formal OPT for all patients undergoing primary THA needs to be examined. Based on the findings of this study, we have moved away from routinely prescribing formal OPT for all patients after THA.