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Hip Joint Replacement Surgery Post-Operative Exercise Program

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Home Exercise Progression • Total Hip Joint Replacement Weeks 1 through 6

The goal of hip replacement surgery is to return you to normal functional activities as soon as possible.

Getting out of bed and taking the first few steps after hip joint replacement surgery are challenging, but do get easier. Patients with hip joint replacement recover remarkably well; most with only a little physical therapy needed after surgery.

With that said, however, if you've had years of degenerative arthritis in the hip joint with progressive weakness and difficulty with normal functional activities prior to surgery, a period of outpatient physical therapy may be indicated to help best restore function in your hip joint.

The most important activity in your recovery process is walking! In most cases you will be able to put as much weight as you desire on the operative leg while walking. You will be instructed in any weight-bearing restrictions before leaving the hospital.

Most patients leave the hospital using a front-wheeled walker. You should continue to use your walker until your strength returns. Progression to a cane held in the hand opposite to the replaced hip is indicated once you feel strong enough to walk without the assistance of the walker. See Total Hip Joint Replacement and Gait Instructions.

In most cases, you should continue to use a walker or a cane for the first six weeks after surgery. However, some patients may require longer cane use than others. Exercises should be performed every day. You should allow 15 minutes, two to three times a day to begin; progress to 30 minutes, two to three times a day by the end of six weeks.

As with knee replacement surgery, never place a pillow under your knees to rest or sleep. This position not only bends the knees, but also causes the hip joint to bend creating tightness of the muscles on the front of the thigh. This tightness can restrict normal walking and prolong rehabilitation needs after total hip joint replacement surgery.

Avoid sitting for longer than one hour before standing, stretching, and walking. Prolonged sitting tightens the muscles on the front of the hip and can lead to muscle contractures (severe muscle tightness). Instead, try lying flat on your bed (either on your stomach or your back) for 15-30 minutes daily to stretch the front part of your hip joint (or try the modified Thomas stretch outlined on page 3 of this document).

Quadriceps Setting Exercise

Tighten the quadriceps muscle on top of the thigh by pressing the knee straight down into your bed, holding for a count of 5 seconds. This exercise can be repeated throughout the day.

NOTE: You don't have to lie down in bed to do this exercise.

This exercise can be done seated and standing as well.

We recommend completing 10 repetitions every hour during the day for the first 2 weeks after surgery.



Supine Bridging Exercise

Lie on your back with both knees bent. Tighten your buttocks muscles and lift your pelvis off the bed as high as you can. This is a safe position for your hip. Hold the position at the top of the exercise for 5 seconds by squeezing the buttocks muscles tightly. Relax and slowly lower.

In some patients with diagnosed spinal stenosis, this exercise may irritate the low back. If you have diagnosed lumbar stenosis, do not complete this exercise. If you

experience low back pain after this exercise, focus on the standing hip extension exercise (not the stretch) listed on page 4, instead.



Repeat 2-3 sets of 10-20 repetitions. Repeat 3 times daily.

Supine (back-lying) Hip Abduction Exercise

Lie on your back. Slide the entire operative hip out to the side as far as you can. This is a safe position for the hip.

Early on, you may need help to slide your leg out to the side. Keep the toes pointing straight up; do not let them drop to the side. Keep your knee straight and both legs flat on the bed.

Repeat 2-3 sets of 10-20 repetitions. Repeat 3 times daily.







Standing Hip Extension Stretch

Stand holding on to an immovable object, such as a countertop or sink basin. Slowly stretch the operative-side pelvis forward with the shoulders back to stretch the muscles on the front of the groin.

Sustain this stretch for 30 seconds. Repeat 8 times.

NOTE: You can also place the non-operative leg forward for better balance in standing. If you experience pain in the back, try tightening your stomach muscles to stabilize your back. If pain continues, stop this exercise.



Supine Modified-Thomas Hip Extension Stretch

Lie on your back.

- Bend the non-operative knee up towards the chest.
- At the same time, PUSH THE HIP REPLACEMENT LEG DOWN INTO THE BED.
- Contract the stomach muscles by pulling your belly button towards your spine.



You may stop this exercise if the back of the operative hip's knee fully contacts the bed and you feel no pulling in the groin. NOTE: DO NOT pull the hip replacement leg towards the chest. This is a one-sided stretch only.

Repeat 1 set of 8 repetitions. Sustain this stretch for 30 seconds. Repeat 3 times daily

Standing Hip Abduction Exercise

This is one of the two MOST IMPORTANT exercises after total hip replacement.

Stand holding on to a solid object for support. Move the operative hip leg out to the side and slightly backwards. Hold for 3 seconds and slowly lower. NOTE: The movement should be to the side and BACK, not to the side and forward. It is normal for the toes to turn slightly outwards during this exercise.

Repeat 2-3 sets of 10-20 repetitions. Repeat 3 times daily.

Advanced Exercise: Add ankle weights to operative leg (2-5 lbs recommended - begin with light weight).







Standing Hip Extension Exercise

This is one of the two MOST IMPORTANT exercises after total hip replacement.

Stand holding on to a solid object for support. Move the operative hip leg straight backwards. Hold for 3 seconds and slowly lower. NOTE: It is common for the toes to turn out during this exercise. To prevent low back pain, tighten your stomach muscles as the hip moves backwards to prevent your low back from bending inwards (arching).

Repeat 2-3 sets of 10-20 repetitions. Repeat 3 times daily.

Advanced Exercise: Add ankle weights to operative leg (2-5 lbs recommended - begin with light weight).



Prone Hip Extension Stretch

Lie on your stomach and prop yourself up with pillows under your chest. Hold this position for 5-10 minutes, as able, to stretch the front of your hip.



Other Exercise

Stationary Biking: If you have a stationary bike at home, begin this activity at 2 weeks post-surgery. Raise the seat as high as possible. Most hip replacement patients find it easier to pedal backwards to stretch the knee and hip until they can make a full revolution on the bike.

RECOMMENDATION: Ride the bicycle with minimum tension for 5 minutes, 2-3 times per day. Gradually progress endurance on the bike to 20-35 minutes once daily, 3-5 times/week by 6 weeks. As tolerated, resistance to the pedals can be advanced. No outdoor road cycling or mountain biking until you are released by Dr. Scott to do so.





