

Total Hip Arthroplasty Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

Approach: ☐ Anterior ☐ Posterior ☐ Lateral	Weight bearing: ☐ As tolerated ☐ Other _____	Hip precautions: ☐ None ☐ Posterior ☐ Anterior, for _____ wks
Other Precautions:		

Weight bearing as tolerated, with no hip precautions unless checked above. Daily walking is the most important exercise. Supervised PT 1–2x/week, transitioning to a home program. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Safe independent transfers, gait, and stairs - Walk daily, increasing distance - Control pain and swelling; protect the incision - Quad and gluteal activation	Precautions - WBAT with a walker → cane as balance allows If posterior precautions: no flexion >90°, adduction past midline, or internal rotation If anterior precautions: no extension combined with external rotation; no bridging - Skip SLR if it provokes groin pain	Treatment Focus - Gait, transfer, and stair training - Ankle pumps, quad and glute sets, heel slides, seated knee extension - Supine abduction slides; standing weight shifts - Ice, elevation, edema control
► Advance to Phase 2 when: walking household distances safely with a device, pain controlled, incision healing.			
Phase 2 Weeks 2–6	Goals - Wean to a cane, then no device, once gait is level - Functional ROM for dressing, sitting, and stairs - Hip and quad strength	Precautions - Keep a cane while any limp or Trendelenburg persists - Precautions (if checked) continue until released by the surgeon - No forced end-range stretching; no impact	Treatment Focus - Stationary bike; walking program - Sit-to-stand, mini-squats, step-ups, bridges, standing hip abduction and extension - Balance and gait drills - Pool once the incision is fully healed (typically 4–6 wks)
► Advance to Phase 3 when: walking without a device and without a limp, reciprocal stairs with a rail, minimal pain.			
Phase 3 Weeks 6–12	Goals - Abductor strength and endurance - Return to work, driving, and recreation - Independent home program	Precautions - Low-impact activity encouraged (walking, cycling, swimming, golf, doubles tennis) - Discuss running and impact sport with the surgeon	Treatment Focus - Progressive resistance: leg press, hip abduction, step-downs - Single-leg balance - Bike, elliptical, incline walking
► Full Release (typically 6–12 wks): walking without a limp or device, reciprocal stairs, single-leg stance 10 s with a level pelvis, independent with home program, cleared by physician. Calf pain or swelling, wound drainage, fever, or sudden groin pain with a shortened or rotated leg — contact the surgeon immediately.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.