YOUR RECOVERY GUIDE

A confident start to recovery

Five stages. Clear exercises. Progress at your own pace.

01	02	03	04	05
Protect	**Control**	**Restore**	**Strengthen**	**Stay active**
Days 1-14	Weeks 2-4	Weeks 4-6	Weeks 6-12	Week 12+

Your surgical instructions come first

This guide is for uncomplicated primary hip replacement. Your surgeon's weight-bearing and movement restrictions override it. Revision surgery, fracture, tendon repair or complications need an individual programme.

MY PERSONAL PRECAUTIONS

Surgery date: _____ Side: _____ Approach: _____

Weight-bearing: _____ Walking aid: _____

Movement restrictions and end date: _____

Know your hip precautions

Posterior precautions may limit bending beyond 90°, crossing legs and inward twisting.

Anterior precautions may restrict backward movement and outward rotation.

Lateral or abductor repairs may prohibit active sideways lifting. Confirm your exact restrictions.

Let symptoms guide you

Start at the lower dose. Mild muscle effort is expected. Stop for sharp pain, catching or giving way.

If pain, swelling or limping is worse later or next morning, reduce the next session. Contact your physiotherapist if it persists.

Rest 30-60 seconds between sets.

When to seek medical help

Call 911 for sudden breathlessness, chest pain or collapse.
Seek urgent assessment for new calf pain/swelling, fever, wound drainage or spreading redness.
Sudden severe hip pain, deformity or inability to bear weight needs emergency assessment.

Read this page before every stage. Weeks are approximate, not deadlines. Your physiotherapist should confirm readiness before progression.

CLINICAL REFERENCES

AAOS exercise guide
Mass General THA protocol
CUH advice & exercises
RNOH exercise pack
Alberta Phase 2 exercises

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STAGE 1 • DAYS 1-14

Protect & activate

Begin only after the hospital team has cleared you. Short, gentle sessions.

01



Ankle pumps

In supported lying or sitting, move ankles up and down. Keep breathing normally.

20 repetitions each waking hour

02



Thigh tightening

With your leg supported, tighten the front thigh and gently press the knee toward the bed.

1 set × 10; hold 5 sec; 2-3 times/day

03



Buttock squeeze

In a comfortable supported position, gently squeeze both buttocks, then relax fully.

1 set × 10; hold 5 sec; 2-3 times/day

04



Heel slide - if cleared

Slide your heel toward you and back. Stay within your bending limit; omit if early hip flexion is restricted.

1 set × 5-10; 1-2 times/day

05



Seated knee straightening

Sit in a firm, suitably high chair. Straighten the knee without lifting the thigh, then lower slowly.

1 set × 10; hold 3 sec; 1-2 times/day

Walk little and often

Start with 2-5 minutes, several times/day, using the prescribed aid and weight-bearing limit. Have help until safe. Ankle pumps do not replace prescribed clot-prevention medication.

Ready for Stage 2?

Transfers and short walks are safe with your aid; symptoms are settling; your team approves standing exercise.

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STAGE 2 • WEEKS 2-4

Build standing control

Use a fixed counter. Standing drills require clearance for the load on your hip.

01



Supported weight shifts

With both hands on the counter, shift gently from side to side. Stay within your allowed weight-bearing.

1 set × 10 each way; daily

02



Heel raises

Hold the counter and raise both heels. Lower slowly without rocking forward.

1-2 sets × 10; daily

03



Sit to stand

Use a high, firm chair with armrests. Push from the armrests, stand tall and sit slowly. Avoid excess hip bending.

1 set × 5-8; daily

04



Standing knee bend

Keep thighs beside each other. Bend the operated knee, bringing the heel backward, then lower.

1-2 sets × 10; daily

05



Sideways leg lift - if cleared

Move the operated leg a small distance sideways. Keep toes forward and trunk upright. Omit with abductor restrictions.

1 set × 8-10; daily

Walking practice

Build toward 5-10 minutes per walk as tolerated. Keep the aid if you limp. A cane, when approved, goes in the hand opposite the operated hip.

Ready for Stage 3?

You can stand from the prescribed chair and walk 5-10 minutes safely, without a lasting increase in symptoms.

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STAGE 3 • WEEKS 4-6

Restore everyday strength

Add these only when cleared. Continue helpful earlier exercises; avoid fatigue.

01

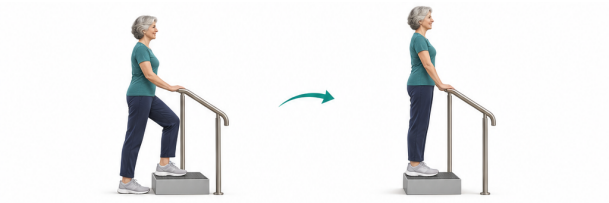


Mini squat

Hold a counter. Bend hips and knees a little, with heels down and knees over feet. Return upright.

2 sets × 8; 3 days/week

02



Low step-up

Use a rail and a 5-10 cm step. Step up with the operated leg, bring the other foot up, then lower with control.

1-2 sets × 6-8; 3 days/week

03

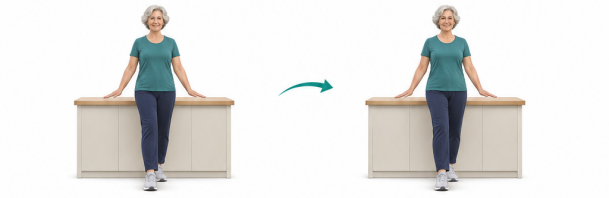


Small bridge - if cleared

On your back with knees bent, squeeze buttocks and lift hips slightly. Avoid arching or restricted hip extension.

1-2 sets × 8; 3 days/week

04

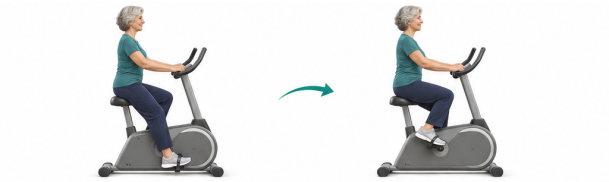


Supported balance

Stand with one foot slightly ahead of the other beside a counter. Keep hands close; change leading foot.

3 holds × 20 sec; daily

05



Stationary cycling - if cleared

Use a seat high enough to respect bending limits. Pedal smoothly without resistance; stop if the hip pinches.

Start 5 minutes; build to 10; most days

Walking and stairs

Gradually lengthen level walks. For stairs, use a rail: lead up with the non-operated leg; lead down with the aid and operated leg, as taught.

Ready for Stage 4?

Review precautions with your team. Walk comfortably with the appropriate aid and control a low step without hip collapse.

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STAGE 4 • WEEKS 6-12

Strengthen & steady

Begin resistance only after clearance. Keep movement slow and controlled.

01

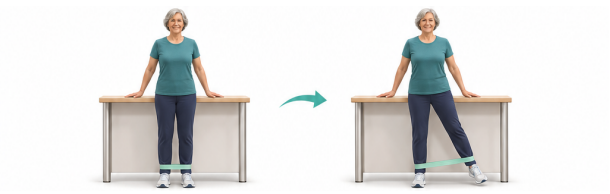


Chair squat

Stand up and sit down slowly. Gradually use less hand support while maintaining permitted hip angles.

2-3 sets × 8-12; 3 days/week

02

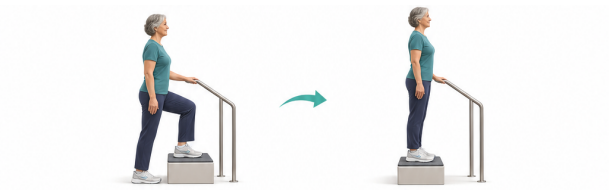


Resisted sideways lift

With a light band at the ankles, hold a counter and move one leg sideways. Keep the pelvis level.

2 sets × 10 each side; 3 days/week

03



Step-up progression

Use a rail. Increase step height only if you can rise and lower without pushing off excessively or dropping the hip.

2 sets × 8 each side; 3 days/week

04

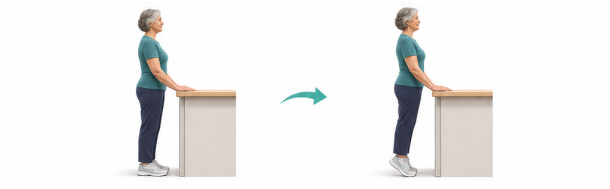


Single-leg balance

Beside a counter, lift one foot slightly. Keep hips level and use fingertips as needed. No unsupported wobble surfaces.

3 holds × 15-30 sec each side; daily

05



Heel raise progression

Rise on both feet, then lower slowly. Progress toward one-leg raises only with good control and therapist approval.

2 sets × 10-15; 3 days/week

Build endurance

Walk or cycle for 10-20 minutes, 4-5 days/week, increasing gradually. Pool exercise requires a fully healed wound and surgical clearance.

Ready for Stage 5?

Community walking and stairs are comfortable, balance is reliable, and exercise causes no next-day flare. Your therapist approves.

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STAGE 5 • WEEK 12 ONWARD

Return to active living

Keep strength training part of your routine. Progress by ability, not the calendar.

01



Loaded chair squat

After mastering body weight, hold a light weight close to your chest. Sit back to the chair and rise with control.

2-3 sets × 8-12; 2-3 days/week

02



Controlled step-down

From a low step, hold a rail and slowly lower the opposite heel toward the floor. Keep the supporting knee aligned.

2 sets × 6-10 each side; 2-3 days/week

03



Side steps with a band

Use a light band above the knees. Take small sideways steps near a counter. Keep toes forward; do not cross feet.

2 rounds × 8 steps each way; 2-3 days/week

04



Balance with gentle reach

Stand near a counter on one leg. Make small hand reaches while keeping your pelvis steady. Use support as needed.

3 rounds × 20-30 sec each side; daily

05



Low-impact conditioning

Choose walking, stationary cycling or swimming when cleared. Build time first, then pace, at a conversational effort.

Build toward 20-30 min; 4-5 days/week

Progress one thing at a time

Add a few repetitions, a little resistance or a few minutes. Keep at least a day between harder strength sessions. Running, jumping and pivoting sports need specific surgeon clearance.

Keep the gains

Agree on goals for work, hobbies and sport with your physiotherapist. Persistent limping, new groin pain or declining function needs review.

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