

CORY D. SMITH, MD Orthopaedic Surgery and Sports Medicine Shoulder Reconstruction & Arthroplasty Hip, Shoulder, Knee, & Elbow Arthroscopy

POST-OPERATIVE REHABILITATION: HIP HEMIARTHROPLASTY

Therapy Plan: Daily in the hospital, 3 times per week for 3-6 weeks, then 1-2 times per week for 6-12 weeks

ROM Progression

Progress ROM as tolerated with the goal of symmetric full motion at 10-12 weeks. Posterior hip precautions: no combined flexion, adduction, internal rotation (to prevent dislocation)

Weight Bearing Progression

Progress weight bearing as tolerated with assistance and assistive devices (walker, cane)

- Ideally patients will be able to return to their prior ambulation status between 3-6 months after surgery
- Gait must be pain free and non-compensatory to transition to a cane or independence
- Fall precautions should be observed until the patient demonstrates independence

Phase 1 Physical Therapy (0-6 weeks): surgical healing

- NO open-chain exercises
- Stretching, soft tissue mobilization, isometric exercises, core strengthening
- Gradually progress strengthening as tolerated
- Tactile and verbal cueing to enable non-compensatory gait patterning

Phase 2 Physical Therapy (6-12 weeks): progressive strengthening

- Wean out of walker if strength and balance are appropriate
- Continue stretching, Soft tissue mobilization, isometric exercises, core strengthening
- Gradually progress strengthening as tolerated
- Tactile and verbal cueing to enable non-compensatory gait patterning

Phase 3 Physical Therapy (12-24 weeks): return to pre-injury level

- Focus on functional exercises in all planes, advance only when fully controlled
- Advance closed-chain and core strengthening
- Proprioceptive training
- Full return may take 4-6 months or more