



Rehabilitation after hip replacement

Total hip replacement

This guide explains what to expect in the weeks after a total hip replacement. Everyone recovers at their own pace, and your physiotherapist will tailor the exercises to you.

At a glance

Weight bearing	Full weight bearing from the day of surgery, using crutches or sticks for balance and comfort
Walking aids	Usually reduced over 2-6 weeks, as your walking becomes steady
Leg wedge or pillow	Not routinely used after surgery
Movement precautions	Your team will tell you if any specific precautions apply to you
Driving	Usually around 6 weeks, once you can perform an emergency stop safely
Work	Desk-based work often 4-6 weeks; physical work often 8-12 weeks
Normal daily activities	Most by around 3 months; improvement continues for up to a year

Your recovery, stage by stage

In hospital **Day 0-3**

- You will usually get up and walk with the physiotherapists on the day of surgery or the next morning.
- You can put full weight through the leg unless you are told otherwise.
- Before going home you should be able to walk safely with your walking aids, manage stairs if needed, and get in and out of bed and a chair.

Early recovery **Weeks 0-2**

- Do your exercises 3-4 times a day, little and often.
- Walk short distances regularly through the day rather than one long walk.
- Use a firm chair with arms, and avoid very low seats while the hip is sore.
- Take pain relief regularly, especially before exercising.

Building strength **Weeks 2-6**

- Outpatient physiotherapy usually starts in this period.
- Gradually increase walking distance and reduce your walking aids as your balance and confidence allow.
- Progress to standing strengthening exercises, step-ups and an exercise bike when advised.
- Your wound will be reviewed and clips or stitches removed at around 10-14 days if needed.

Returning to activities **Weeks 6-12**

- Most people are walking without aids by this stage.
- Return to driving, work and low-impact exercise such as swimming, cycling and walking, as advised.

Longer term **3-12 months**

- Strength and stamina continue to improve for up to a year.
- Low-impact activities are encouraged. Discuss higher-impact sports at your follow-up.

Early exercises

Ankle pumps

Point your feet up and down briskly, 10-20 times every hour while awake.

Static quads

With the leg straight, tighten the thigh muscle to push the back of the knee down. Hold 5 seconds. Repeat 10 times.

Leg slides out to the side

Lying on your back with toes pointing up, slide the operated leg out to the side and back. Repeat 10 times.

Buttock squeezes

Squeeze your buttock muscles together, hold 5 seconds, relax. Repeat 10 times.

Heel slides

Lying on your back, slide the heel of the operated leg towards your bottom, then straighten. Repeat 10 times.

Standing exercises

Holding a firm support: march on the spot, take the leg out to the side, and take the leg backwards, keeping your body upright. 10 of each.

Looking after yourself

Wound care

Keep the dressing clean and dry. Stitches or clips are usually removed at around 10-14 days. Do not soak the wound in a bath, pool or hot tub until it has fully healed.

Pain relief

Take your pain relief regularly in the early weeks, as prescribed, particularly before exercising. Reduce it gradually as the pain settles.

Swelling

Rest with the leg raised, and use an ice pack wrapped in a towel for 15-20 minutes several times a day. Swelling can last for weeks or months and is common.

Blood clot prevention

Follow the hospital's advice on blood-thinning medicine and stockings. Keep moving, do your ankle exercises, and drink plenty of fluids.

Sources. This guide is based on Mr Umar's practice and is guided by NICE and British Orthopaedic Association (BOA) guidance: NICE NG157: Joint replacement (primary): hip, knee and shoulder; NICE NG89: Venous thromboembolism in over 16s - reducing the risk; British Orthopaedic Association (BOA) - guidance and patient information.

When to seek urgent help

Call 999 or go to A&E if you have chest pain, sudden breathlessness or cough up blood.

Contact the hospital where you had your operation straight away (or NHS 111 out of hours) if you have:

- Pain, swelling or tenderness in the calf
- The wound becomes red, hot or increasingly painful, or leaks fluid after the first few days
- A temperature above 38°C, shivering or feeling generally unwell
- A sudden increase in pain or swelling, or you cannot put weight on the leg as advised
- New numbness, tingling, coldness or weakness in the leg or foot



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Questions about your recovery?

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This is general guidance. Always follow the specific instructions from your own surgical and physiotherapy team, as your programme may differ.

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