Physical Therapy Guidelines and Beginning Exercises

- **Be mindful of the following:**
  - Sit with your knees apart
  - Avoid squatting
  - Avoid low chairs
  - Avoid rotating foot to the outside or knee to the inside

- **Walking:**
  - Walking is one of the best exercises you can do to speed up your recovery
  - Walk for 3-5 minutes 2-3 times daily. Try to add a minute to your walk every couple of days until you can walk 20 minutes or longer if you desire
  - Use the assistive device recommended by your therapist to avoid falls

- **Ice and Elevation:**
  - Place an ice pack on your hip or thigh 20 minutes 3-4 times per day. Be sure to use a thin barrier between the ice and your skin
  - Lie flat on your back and elevate your leg higher than your heart 3-4 times per day
  - During times of inactivity, pump your foot up and down

- **When to Call Your Doctor:**
  - Increasing pain not relieved with pain medication or rest
  - Fever greater than 101 degrees or incisional drainage that lasts more than 7 days post-surgery

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**Post-Operative Hip Replacement Exercises:** 10 times each, 2-3 times daily as tolerated

**Buttocks Squeeze:** Lie on your back. Tighten the muscles of your buttocks and hold them tight for 5 seconds.
**Ankle Pumps:** Lie on your back. Pull your toes and feet up towards your head as far as you can, keeping your knees straight. Then, point your feet down away from you as far as you can.

**Heel Slide:** Lie on your back. Bend your operated leg toward your chest until a stretch is felt. Keep your heel in contact with the bed.

**Short Arc Quad:** Lie on your back and place a large rolled towel under your operated knee. Contract the muscles on top of your thigh, lifting your heel up until your leg is straight. Hold 5 seconds.

**Hip Abduction:** Stand holding onto a counter for balance. Tighten buttocks and move leg out to the side while keeping hips level. Do not lean to the side. Alternate legs if tolerated.

**Hip Flexion:** Stand holding onto a counter for balance. Lift operated leg up bringing knee towards the chest and slowly lower. Alternate legs if tolerated.