

Total Hip Arthroplasty (THA)

Physical Therapy and Recovery Protocol

Overview and Goals

This protocol is designed to minimize swelling, promote early low-impact mobility (especially via stationary biking), and accelerate safe recovery after hip replacement surgery. Patients are encouraged to allow for adequate rest after activity and follow consistent education to optimize outcomes.

Phase I: Weeks 1–2 – Early Recovery

Goals:

- Minimize swelling
- Protect the hip while initiating light movement
- Begin safe circulation-promoting activity

Key Components:

- 1. **Anti-Inflammatory Diet:** Low-sodium, whole-food based. See <u>DrTrevor.com/nutrition</u> for recommendations on diet.
- 2. **Supplements:** MPFF or other micronutrients if swelling persists. For your convenience, a list of commonly used supplements is available at DrTrevor.com/supplements.
- 3. **Compression:** Use Velcro-based edema sleeves as needed to reduce swelling. For your convenience, we have compiled a list of equipment recommended by prior patients at DrTrevor.com/equipment.
- 4. Ice: 30-40 minutes, 3-4×/day or after activity.
- 5. Assistive Device: Use walker or cane until walking is stable and confident.

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- 6. **Walking:** As tolerated; stand and take a few steps every hour while awake to promote circulation. Ensure adequate rest and elevation after activity.
- 7. Early Mobility Exercises:
 - a. Bed-to-chair transfers (3–4×/day)
 - b. Ankle pumps (10/hour)
 - c. Gentle seated hip marches (5–10/hour)
- 8. **Stairs:** Use as needed; minimize when possible until strength and comfort return.
- 9. Weightbearing: As tolerated, unless otherwise instructed by Dr. Stefanski.
- 10. **Stationary Bike:** May begin as early as Day 5–7 for 5 minutes daily. Gradually increase 1–2 minutes/day. Low-impact stationary cycling is strongly recommended and has been shown to support faster recovery of joint motion and function with minimal swelling.
- 11. Suggested Step Count Limits:
 - a. Weeks 1–2: 1,000–2,000 steps/day
 - b. Advance gradually as tolerated if no increase in swelling or pain.

Phase II: Weeks 3–6 – Active Recovery and Progression

Goals:

- Restore mobility
- Improve endurance and hip strength
- Continue to reduce inflammation.

Key Components:

- 1. Continue Diet & Supplements: As outlined above.
- 2. **Compression:** Use as needed for swelling management.
- 3. **Ice:** 20–30 minutes, 2–3×/day after activity.
- 4. Stationary Bike:
 - a. Week 3–4: 10–15 minutes/day at low resistance
 - b. Week 5-6: Progress to 20-25 minutes/day as tolerated
- 5. Mobility & Strengthening:
 - a. Continue ROM and isometric exercises (gluteal/quad sets) 3-4×/day

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- b. Avoid isotonic resistance until after 6 weeks
- 6. **Stairs:** Continue as needed with care. Use handrails; limit flights until pain-free.

7. Suggested Step Count Limits:

- a. Week 3: ~4,000 steps/day
- b. Week 4: ~6,000 steps/day
- c. Week 5: ~7,500 steps/day
- d. Week 6: ~9,000 steps/day
- e. These are suggested limits; patients may exceed based on tolerance provided no increase in swelling or pain is observed.

Phase III: Weeks 7–12 – Functional & Endurance Recovery

Goals:

- Regain strength and balance
- Normalize mobility and confidence with movement
- Prepare for full return to activity

Key Components:

- 1. Stationary Bike:
 - a. Progress to 30–45 minutes/day
 - b. Add light resistance or resume outdoor cycling as cleared after Week 8
- 2. Strength & Balance Training:
 - a. Begin isotonic exercises: mini-squats, step-ups, side lunges
 - b. Single-leg balance drills on flat surface
- 3. Walking:
 - a. Unlimited step count
 - b. Introduce hills or incline gradually as tolerated
- 4. Cross-Training:
 - a. Elliptical, hydrotherapy, or treadmill walking if pain-free and cleared
- 5. Swelling & Pain:
 - a. Monitor regularly; use ice and compression post-activity if needed.

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Final Reminders

- Prioritize rest and elevation following any strenuous activity.
- Let pain and swelling guide progression—do not advance if either worsens.
- Follow education guidelines to stay on track.
- Contact Dr. Stefanski or your physical therapist with any concerns during recovery.