



HIP

**(TOTAL HIP PROSTHESIS WITH
ANTERIOR APPROACH)**

Exercise Program,
Activity Restrictions
and Mobility

The following exercises are recommended both before and after surgery. However, they should not increase your pain level above **4 or 5 out of 10 on the pain intensity scale** (i.e., moderate pain). The pain should decrease within 45 minutes to 1 hour after completing the exercises.

You may take pain medication 45 minutes to 1 hour before exercising to help you perform the exercises more comfortably. All exercises should be performed 2 to 3 times a day, starting the day after your surgery, and continued until you begin your physiotherapy follow-up.

WALKING IS THE ESSENTIAL EXERCISE AFTER SURGERY

Walking is essential to maintaining and improving your breathing capacity, gait, hip mobility, and digestive function. It is recommended to walk several times a day, as tolerated, with a cane or a rollator. Gradually increase the walking distance. Aim to walk without limping, taking steps of equal length.

- Walking is an excellent exercise.
- After surgery, your endurance will gradually improve.
- Take a few short-distance walks every day inside your home.
- Use your walker until your next physiotherapy appointment.

Exercise 1: Quadriceps (thigh) contraction

Lie on your back, legs straight, with a pillow under your knees.



- Draw your toes toward you.
- Push the operated knee downward, as if to press down on the mattress.
- Squeeze your buttocks.
- Hold for 5 seconds, then release.
- Repeat 10 times.

Exercise 2: Hip-knee flexion

Lie on your back, non-operated leg straight, **with a pillow under your knees**



- Bend the knee and operated hip by sliding your foot along the mattress.
- Keep your knee aligned with your shoulder.
- Hold for 5 seconds, then release.
- Repeat 10 times.
- Do not force your knee to bend for the first 6 weeks.

Exercise 3: Hip abduction

Lie on your back, legs extended, with a pillow under both knees.

- Spread the operated leg outward while keeping the foot aligned upward. Do not turn your foot outward.
- Bring the leg back without touching the other one.
- Repeat 10 times.

REMINDER

Your pain level must not exceed 4 to 5 out of 10 on the pain intensity scale and should decrease within 45 minutes to an hour after completing the exercises. If the pain persists, apply some ice and reduce the intensity of your exercises during your next session.

Ice application

If the exercises increase your pain, you may apply ice for 20 minutes to help reduce pain and inflammation. A bag of frozen peas, ice cubes in a plastic bag, or soft gel packs (Ice Packs) are highly recommended. Do not use rigid Ice Pack blocks.

To avoid frostbite, never apply ice directly to your skin.

Recommendations:

- If the wound is healed and there is no dressing, place a damp towel between your skin and the ice.
- Avoid using a towel that is too thick, so you can benefit from the cooling effect of the ice.
- Avoid moving around immediately after applying ice in order to prevent falls.

TO REDUCE SWELLING:

Keep your legs elevated as often as possible throughout the day during the first two weeks.

ACTIVITY RESTRICTIONS AND MOBILITY

To prevent dislocating your prosthesis, here are the movements that are permitted and those that are not.



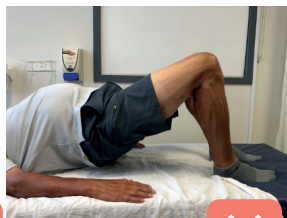
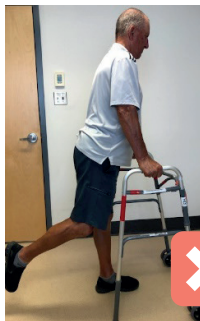
Do not cross your legs for 4 weeks.



Use a sturdy chair with armrests.



No external rotations or stretching beyond neutral for the first **4 weeks**.



No extension strengthening (bridge) for **12 weeks**.

SPORT

Sports involving running and jumping can be resumed gradually and according to your tolerance after 6 weeks.

Bath and shower

Before entering the bathtub or shower, wait for the nurse's approval.

For bathing, you must wait until the wound has healed AND you have had your first follow-up appointment with the orthopedist.

You will not be allowed to sit at the bottom of the bathtub.



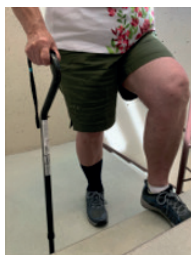
- A non-slip bathmat can help reduce the risk of falling.
- If you have a combined bathtub and shower,
- make sure you are able to step safely over the rim of the tub and that you have the endurance to remain standing for the duration of your shower.

CLIMBING STAIRS

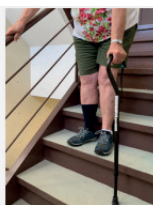
When using stairs, make sure to hold the handrail on one side and use your cane on the other. If there is no handrail, keep using your cane on the side opposite the operated hip as when walking.

IMPORTANT : Place both feet on the same step before continuing.

Tip to remember the technique:
“Good leg to heaven, bad leg to hell.”



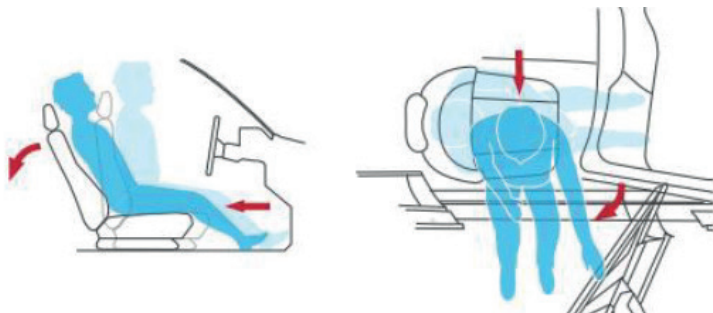
Going up the stairs: Step up first with your non-operated leg.



Going down the stairs: Step down first with your operated leg.

DRIVING AND TRAVELLING

When driving, stop every hour and walk to get the blood flowing in your legs. To get into or out of a car, place a cushion on your seat if it is too low. Ask the driver to park a little farther from the curb.



Getting into a car:

1. Make sure the car is parked at least 0.6 metres (2 feet) from the curb.
2. The seat should be pushed back as far as possible and reclined halfway to allow you to extend your leg.
3. Use both your hands and your non-operated leg to get seated.
4. Once seated, bring both legs into the car simultaneously while leaning back into the seat.

Getting out of a car: Reverse the steps.

NOTES

4-6-12860 (FR) | 4-6-12861 (ENG)

August 2026

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de l'Estrie – Centre hospitalier universitaire de Sherbrooke, 2026

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