



HIP

**(TOTAL HIP PROSTHESIS WITH
POSTEROLATERAL 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 45 minutes to 1 hour after completing the exercises.

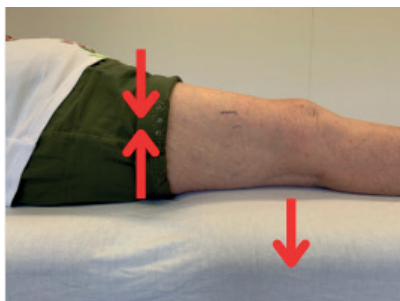
You may take pain medication 45 minutes to 1 hour before exercising to help you perform the exercises more comfortably. All exercises should be performed 2 to 3 times a day, starting the day after your surgery, and continued until you begin your physiotherapy follow-up.

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 that you walk several times a day, as tolerated, using a walking aid (e.g., cane, walker). Gradually increase the walking distance. Aim to walk without limping, taking steps of equal length.

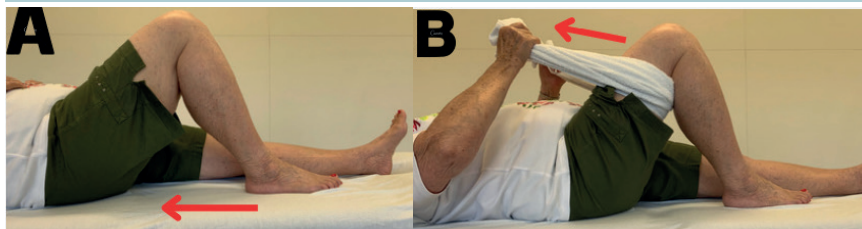
- Use a walker, crutches, or a cane as recommended by your therapist.
- Use the cane on the side opposite to the operated leg.
- Walking without an aid can begin only once you no longer have a limp. The pain will subside quickly, but the limp may persist for some time.

Exercise 1: Quadriceps (thigh) contraction



Lie on your back, legs straight

- Draw your toes toward you.
- Push the operated knee downward, as if to press down on the mattress. (Do not tighten your buttocks.)
- Hold for 5 to 10 seconds, then release.
- Repeat 10 times.

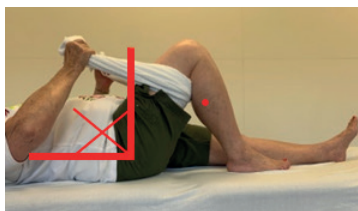
Exercise 2: Hip-knee flexion

Lie on your back.

- Bend your operated knee as much as possible, keeping it aligned with your shoulder and hip.
- Hold for 5 to 10 seconds, then release.
- Repeat 10 times.

Tip: You can use a towel if needed to perform the movement.

N.B. Do not exceed 90° (degrees) of hip flexion.

**Exercise 3: Hip abduction**

Lie on your back, legs straight.

- Gently slide the operated leg outward along the mattress.
- Then return to the starting position without bringing your knees together.
- Repeat 10 times.

IMPORTANT : Always point your toes toward the ceiling and keep your leg straight.

Tip: You can place a plastic bag under your leg if you find the movement difficult.

Exercise 4: Bridge

Lie on your back, legs bent and slightly parted.

- Raise your buttocks.
- Hold for 5 to 10 seconds.
- Repeat 10 times.
- To increase the level of difficulty, place your arms on your abdomen.

Exercise 5: Quadriceps (thigh) strengthening

Lie on your back.

- Place a rolled towel under the operated leg.
- Raise your heel above the mattress until your leg is fully extended, while drawing your toes toward you.
- Hold for 5 to 10 seconds, then lower slowly.
- Repeat 10 times.



IMPORTANT : Your knee must remain in contact with the towel.

Exercise 6: External hip rotation

Lie on your back, legs bent and feet close together.

- Spread your knees apart as far as possible.
- Return to the initial position **without bringing your knees together**.
- Hold for 5 to 10 seconds.
- Repeat 10 times.

Exercise 7: Knee extension

Sit on a straight-backed chair.

- Draw your toes toward you and lift your foot as high as possible.
- Hold for 5 to 10 seconds, then release.
- Repeat 10 times.

N.B. If this exercise causes pain under your patella (kneecap), stop and speak to your therapist.

**Exercise 8: Hip flexion, abduction, and extension**

Stand with your back straight, hands resting on the counter or on a walker: Move your operated leg:

- forward, 10 reps
- sideways, 10 reps
- backward, 10 reps

Exercise 9: Half-squats

Stand with your hands resting on a walker or the edge of a table.

- Lean your body forward and bend your knees slightly as if to sit down.
- Hold for 5 to 10 seconds.
- Return to starting position while tightening your buttocks.
- Repeat 10 times.

Make sure you have a chair, bed, or armchair behind you.

**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 1 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.

- If the wound is healed and there is no dressing or staples, place a damp towel between your skin and the ice to improve its effectiveness.
- 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.

ACTIVITY RESTRICTIONS AND MOBILITY

To prevent dislocating your prosthesis, here are the movements that are allowed and those that are not. These restrictions must be followed for up to **three months** after surgery, or as recommended by your orthopedist.

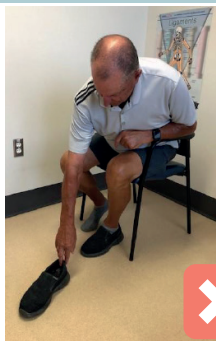


Available at: www.youtube.com/watch?v=v9r2XjbDLIM

Incorrect sitting positions



Trunk leaning more than 90°.



Hands beyond the knees.



Legs crossed.



Knees raised above the level of the buttocks.

Correct sitting positions: chair with armrests**To sit down:**

- Move as close as possible to the chair.
- Slide the operated leg forward while holding onto the armrests.
- Slowly sit down on the chair.

VIDEO

**Introduction
and movements
to avoid**

**To get up:**

- Slide your operated leg forward.
- Move your buttocks to the edge of the seat.
- Move your non-operated leg as close as possible to the armchair.
- Push up on non-operated leg while using the armrests for support.
- Keep your body straight and look straight ahead.

Available at :

www.youtube.com/watch?v=v9r2XjbDLIM

Getting out of bed

Always get out on the side of your operated hip. Move toward the side of the bed.

Sit down:

- By pushing down on the mattress with the arm on your operated side,
- And then sliding the operated leg off the bed.

Lower your other leg, keeping a good distance between your legs.

VIDEO

Getting in and out of bed

Available at: www.youtube.com/watch?v=ISI-aYB7cEg



Lying in bed



For the **next 3 weeks**:

Sleep on the **operated** side with a pillow between your knees and thighs.

OR

Lie on your back.

When changing position, always turn toward the operated side.

Dressing and personal hygiene



Start by sitting down.

When getting dressed, always start with the operated leg first. When getting undressed, do the opposite by starting with the non-operated leg first.

You will require assistance or technical aids to wash the operated leg and dress the lower body, such as:

- long-handled reacher (grabber)
- long-handled shoehorn
- long-handled brush or sponge

VIDEO

Getting dressed
after surgery



VIDEO

Hygiene



Available at:

www.youtube.com/watch?v=5F2NyBjFp-Q

Available at:

www.youtube.com/watch?v=ic0Eg4p1VmY

Putting on socks or stockings



Hands going past the knees cause excessive hip bending.



Use a sock aid.

If you wear compression socks or stockings, you will need help from another person to put them on and to remove them.

Bathroom



Grab bars are recommended.

Make sure you have a raised toilet seat suited to your height and compatible with your toilet. Keep your knees apart at all times.

Avoid twisting at all times. Make sure you always have enough toilet paper in front of you.

Bath and shower

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

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

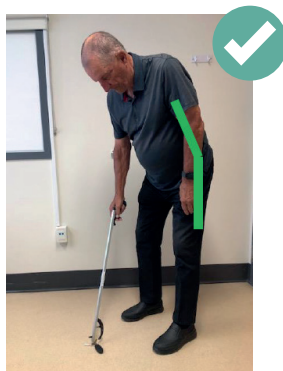
- Non-slip bathmats placed both inside and outside the bathtub or shower can help reduce the risk of falling.
- For bathing, a bath bench adapted to your environment may be recommended, depending on your condition.
- If you have a combination bathtub and shower, make sure you are able to step over the rim and have sufficient endurance to remain standing for the duration of your shower.



Bending forward: do not flex the hip more than 90°



Do not bend forward.
Do not squat.



Use the long-handled reacher (grabber).

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: Go up and down the stairs one step at a time, placing both feet on the same step before moving to the next one.

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, then bring your operated leg **onto the same step**. Repeat for each step.



Going down the stairs: Step down first with your operated leg, then bring your non-operated leg onto the same step. Repeat for each step.

VIDEO

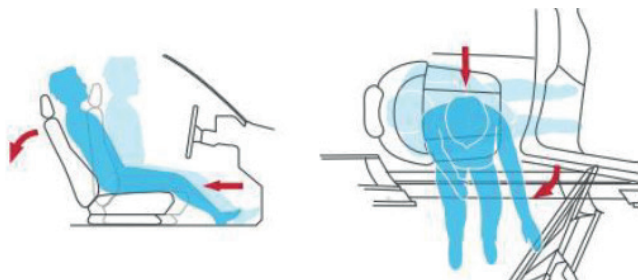
Going up and down the stairs

Available at: www.youtube.com/watch?v=3cS9jCMcTal



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 away farther away 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.

VIDEO

Automobile use

Available at: www.youtube.com/watch?v=2J5Pvfo9DJk



4-6-12864 (FR) | 4-6-12865 (ENG)

August 2026

© Centre intégré universitaire de santé et de services sociaux
de l'Estrie – Centre hospitalier universitaire de Sherbrooke, 2026

santeestrie.qc.ca

*Centre intégré
universitaire de santé
et de services sociaux
de l'Estrie – Centre
hospitalier universitaire
de Sherbrooke*

Québec

