

Hip Hemiarthroplasty Protocol

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Phase I (Post-op Days 0–14) Acute Recovery Phase

- Weight bearing as tolerated on operative extremity unless otherwise directed
- Use of assistive devices as needed
- Early mobilization with physical therapy beginning post-operative day 0–1
- Emphasis on safe bed mobility, transfers, and gait training
- **Posterior hip precautions**
- Active and active-assisted hip range of motion within precautions
- Quadriceps, gluteal, and ankle pump exercises
- Pain control, edema management, and DVT prophylaxis emphasized
- Fall-risk education and home safety planning

Phase II (Weeks 2–6) Protected Mobility Phase

- Continue weight bearing as tolerated with assistive device and wean as tolerated
- Maintain posterior hip precautions
- Progress gait mechanics and walking endurance
- Closed-chain strengthening within precautions: sit-to-stand (high surface), weight shifts, mini-squats
- Progress hip abductor and extensor strengthening while avoiding flexion beyond 90 degrees
- Balance and proprioceptive training in protected positions
- Continue cardiovascular conditioning with walking or recumbent bike

Phase III (Weeks 6–12) Strengthening and Functional Recovery Phase

- Progress to cane or no assistive device as gait normalizes if safe
- Advance hip range of motion
- Progress strengthening of hip abductors, extensors, and core musculature
- Functional strengthening including step-ups, stair training, and transfers
- Progress balance and neuromuscular control
- Increase walking distance and community ambulation

Phase IV (Weeks 12–20) Advanced Strengthening and Return to Activity

- Discontinue assistive device once strength and balance are adequate
- Advance strengthening, endurance, and balance training
- Initiate low-impact recreational activities as tolerated
- Focus on confidence, symmetry, and fall prevention



Phase V (Weeks 20+) Return to Function

- Return to baseline activities as tolerated
- Progress activity level based on comfort, strength, endurance, and confidence
- Continue long-term strengthening, balance, and conditioning program

****Special Considerations:****

- Posterior hip precautions are critical during the early postoperative period to reduce dislocation risk.
- Patients treated for fracture may require slower progression due to pain, bone quality, or medical comorbidities.
- Cognitive impairment or high fall risk may necessitate prolonged assistive device use.

****Progression Criteria:**** Advancement is criteria-based and dependent on pain control, gait stability, adherence to precautions, restoration of motion, strength, balance, and patient safety.