ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Hip Hemiarthroplasty (Partial Hip Replacement)

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- WBAT with device; posterior precautions ×6 wk if posterior approach (no flexion >90°, no adduction past midline, no IR).
- Fall-prevention emphasis — most patients are elderly with osteoporosis.
- Encourage osteoporosis follow-up with primary care.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–2 wk	WBAT, walker; precautions per approach	Transfers, gait, ankle pumps, glute sets, AROM within precautions, edema control	Household ambulation safe
2–6 wk	WBAT, wean to cane	Abductor strengthening, sit-to-stand progression, walking program	No limp with cane; precautions period completing
6–12 wk	Full WB, precautions lifted per surgeon	Balance, stairs, proprioception, endurance	Independent community ambulation
3 mo+	Full	Progressive conditioning; maintain fall-prevention program	Discharge to independent program

Timeframes are typical; radiographic healing and the operative note govern. DVT prophylaxis per surgeon (default aspirin 81 mg BID × 30 days). Report wound concerns, calf pain/swelling, fever, or neurovascular changes to the office same-day.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/pt-protocols/hip-hemiarthroplasty.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.