The 6-Month Approach-First Protocol

Hip replacement rehabilitation, phase by phase

Used by Dr. Rob Letizia, PT, DPT, at Spectrum Therapeutics in Wayne, NJ. Reviewed October 2026.

Your surgeon's protocol overrides any general timeline, including this one. Two people can have "a hip replacement" the same week and be handed opposite instructions, so start by finding out which operation you had.

The three phases

When	Phase	The job
Weeks 0–6	Protect and move	Get upright early, walk often and short, respect whatever restrictions you were given, and stop the front of the hip from tightening. Nothing in this phase is supposed to feel like training.
Weeks 6–12	Normalise the walk	Off the aids, and the goal shifts from distance to quality: even step lengths, a level pelvis, no lurch. A limp that gets practised here is a limp that lasts.
Months 3–12	Build capacity	Strength, endurance and single-leg control. The phase most people leave unfinished, and the one that decides whether you get back to what you actually stopped doing.

The one rule: If you are unsure which phase you are in, you are usually in the one before the one you think.

Approach first: the two steps

- **Step 1, ask two questions and write the answers down.** Was my hip done from the front (anterior) or the back (posterior)? Posterior traditionally carries strict movement restrictions; anterior usually far fewer. And what exactly am I not allowed to do, and until when? Get the list from your own surgeon's office, not from a general article, including this one.
- **Step 2, the work that matters in every version:** walk often in short bouts; build glute and hip-abductor strength (a limp that persists after the pain settles is nearly always weakness, not the implant); break up sitting hourly while awake; and get full hip extension back, being able to bring the leg behind you when you walk.

The 6-Week / 6-Month Rule: when to check in

At 6 weeks	Is swelling settling, and are you walking further without a device? This is also when most precaution periods end: confirm with your surgeon rather than assuming.
At 3 months	Is the limp gone? If pain has settled but you are still limping, that is hip-abductor weakness, and it does not resolve by waiting. It is very fixable.
At 6 months	A leg-length sensation that hasn't settled should be measured properly. Groin pain still present at six months needs a diagnosis.
Any time	A red flag below. Dislocation and clots do not wait for a milestone.

Week by week at a glance

Timeframe	Walking aid	What most people can do
Days 1–3	Walker	First steps within hours of surgery; getting in and out of bed, transfers to chair or toilet, short distances
Week 1	Walker	Short distances around the house several times daily, sitting for meals, basic hygiene with help
Weeks 2–3	Walker → cane	Pain drops noticeably, walking gets easier, less help needed. Some desk jobs resume, especially from home
Weeks 4–6	Cane, possibly none	Walk 10–15 minutes continuously, stairs with confidence, shower independently, light household tasks, drive once your surgeon clears you
Months 2–3	None	Walk 20–30 minutes without significant fatigue, all routine daily activities, work including moderate physical demands
Months 4–6	None	With clearance: golf, swimming, cycling, dancing, moderate hiking, doubles tennis. Still avoiding running on hard surfaces, contact sports and heavy lifting
Months 6–12	None	Functional recovery around six months; by one year, minimal or no pain and strength approaching the non-surgical side

Red flags: don't wait for your next visit

- **Emergency department:** sudden severe pain with inability to bear weight, especially if the leg looks shorter or turned in or out (possible dislocation). Do not try to walk it off.
- **Possible blood clot:** calf pain or tenderness, sudden swelling clearly worse in one leg, hot skin, or red or purplish discolouration. **With shortness of breath or chest pain, call 911.**
- **Same-day call:** fever or shivering, or a wound that is increasingly red, hot or swollen, leaking fluid or pus, or with spreading redness (possible infection).
- Groin pain that persists beyond the early weeks or is getting worse.
- New pain after a period of doing well, particularly after a dental or other procedure.
- A fall onto the new hip, even if you feel able to walk afterwards.

Questions about your recovery? Spectrum Therapeutics offers one-on-one post-surgical rehabilitation: every visit is with Dr. Rob Letizia, PT, DPT. Call **973-689-7123**. New Jersey is a direct-access state, so you can be seen without a physician's referral; any Medicare plan requires a doctor's prescription for physical therapy.

The full week-by-week guide, with its research sources: https://spectrumtherapynj.com/blogs/news/hip-replacement-recovery-timeline-guide
Educational information only, not a substitute for your surgeon's instructions or an individual evaluation.