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Patient: _____ Date of Surgery _____

Rx: Physical Therapy after Total Hip Replacement

Frequency: 2-3 times per week

Duration: The first 6 weeks after surgery

- **PRECAUTIONS:** None
- **EXTERNAL SUPPORT:** Cane or Crutches for 6 weeks. Use Walker only if necessary
- **WEIGHT BEARING:** Full weight bearing as tolerated using Cane, Crutches or Walker
- **No active abduction exercises of the gluteus minimus and medius**
- Active and passive range of motion exercises of the hip
- Isometric exercises of the quadriceps, hamstrings and gluteus maximus
- Return to normal activities of daily living as soon as comfortable including walking outdoors, riding in a car and returning to work if sedentary and comfortable doing so.
- The patient may drive and travel at 3 weeks if comfortable and capable.

Additional Instructions or Precautions for Special Situations or Revision Surgery:

A handwritten signature in black ink, appearing to read "S. Harwin".

Steven F. Harwin, MD, FACS (5-17)