

YOUR TOTAL HIP REPLACEMENT

General Guide to getting you back to
function.

Topics to Cover

- Walking, step climbing, functional mobility, use of assistive devices
- Transfers in and out of bed, car, chairs
- Post op surgical precautions
- Using adaptive equipment
- Pain management and Sleep
- Pre-op Exercises
- Goals for therapy

What to Expect

- You are about to undergo a major operation.
- You will have lower stamina and energy as well as post-op stiffness and pain.
- You will not only be recovering from your surgery but from months/years of dysfunction in your hip.
- Going into surgery you likely have muscle weakness, stiffness, old habits of getting around (limping). You will need to re-learn much.
- The good news is that every day/week you will notice progress.

After Your Surgery

- Hospital Stay:
 - Typically 1-2 days: discharge to home
- Outpatient Physical Therapy
 - Will begin 1 day to 2 weeks after discharge from the hospital.
 - Therapy will focus on activities of daily living, gait and exercise
- You will be using adaptive equipment following surgery such as a walker to prevent limping.

After Your Surgery Continued:

- Therapy will last approximately 8-12 weeks (2-3x/week) from the time of your surgery.
- Your ROM, strength, overall function, and activities you wish to return to will all come into play when determining how much and how long you will need therapy.
- Your hip may take up to a year after surgery to “feel normal”.

Hip Precautions

Precautions in place for 6-12 weeks

Posterior Approach

- Avoid extreme bending at the hip and crossing your legs.
- Avoid sitting on low chairs or couches. Keep your hips higher than your knees.
- Avoid rotating your leg where your knee/foot point inward.
- Use an elevated toilet seat.
- Avoid flexing your hip past a right angle (90 degrees). This includes sitting and reaching forward.
- Avoid putting on shoes and socks by yourself. Use a long handled shoe horn or slip on shoes.
- Avoid pivoting on surgical leg.

Hip Precautions

Anterior Approach

- Avoid pivoting on the operative leg
- Avoid crossing the legs
- Avoid moving the operative leg backward beyond the plane of the body
- Do not take large steps forward or backward

Gait/Functional Mobility

- Weight Bearing As Tolerated
- Getting in/out of bed, chairs and car while maintaining hip precautions
- Progress from walker to cane, and when appropriate - no assistive device.
 - Use a walker for at least 2 weeks to avoid developing a limp
 - Cane: hold the cane in the OPPOSITE hand as your operated hip
 - Progression to a cane and then to no assistive device depends on pain, balance, and overall tolerance to full weight bearing.
- Remove tripping hazards in your home.
- A GOOD HEEL/TOE GAIT IS ESSENTIAL!

Steps

- Use hand rail, you will take one step at a time up and down
- Step up with the non operative leg, then bring the operative leg up to join it
- Step down with the operative leg, then bring the non operative leg down to join it
- Remember, if you can take one step, you can take ten steps!

Transfers (Sitting Up/Down)

If seats are too low you may need to use a cushion

Chairs/Elevated Commode:

- To sit, back up to the chair, move the operative leg forward
- Reach back for the armrests and lower yourself slowly to the seat
- Avoid leaning forward if you had a posterior surgical approach
- To stand, move to the front of the chair, move the operative leg forward
- Use the arms to help lift yourself up out of the chair to a standing position
- Avoid leaning forward if you had a posterior surgical approach

Car:

- Have the passenger seat moved all the way back, up high, and reclined slightly
- Back up to the seat, move the operative leg forward
- Reach back to the seat to use your arms to help lower yourself down
- Avoid crossing the legs as you move in/out of the car, or bending forward as you sit if you had a posterior surgical approach
- You may need help with the leg for the first few days

In/Out of Bed:

- Sit on the side of the bed by backing up to the bed and moving the operative leg forward
- Use your arms to help lower you to the bed
- As you turn to move onto the bed avoid bending forward and crossing the leg beyond the midline if you had a posterior surgical approach
- You can use a strap, cane handle, or leg lifter to help lift the operative leg.
- You may need help for the first few days moving the operative leg

Adaptive Equipment

- Elevated toilet seats
- Reacher
- Long Handled Shoe Horn/Sock Aide
- Shower chair/bench
- FIRM Seat cushions
- Car Cane
- Long handled bath brush

- **Adaptive equipment will be ordered through the hospital. Many items may be found at your local pharmacy or medical supply store.**

Pain Management

- Don't be afraid of your pain medication
 - Very important to your recovery
 - Medication 30 min to 1 hour prior to therapy sessions.
 - Typically pain meds are taken every 4 hours for the first 48-72 hours.
- Other forms of pain management
 - Rest, ice, elevation
 - Ice 20 minutes before bed
- Combating side effects of pain medication:
 - Take medication with food
 - Using an antacid
 - Request another medication
- **YOU ARE NOT JUST TREATING YOUR PAIN, YOU ARE TREATING YOUR FAMILY'S ANXIETY!**

Sleep

- Sleep with a pillow between knees when on your side to maintain precautions.
 - You may sleep on your operated side if comfortable with a pillow between legs.
 - Your ability to sleep on the operated side will depend on your doctor's preference.
- Avoid pillows under knees
- Poor sleep after hip replacement surgery is not uncommon.
- Take your pain medication and ice before bed.

Potential Complications

The background is a solid teal color. In the lower half, there is a faint, semi-transparent image of two hands shaking, rendered in a lighter shade of teal. The hands are positioned horizontally, with the left hand on the left and the right hand on the right, meeting in the center.

Blood Clots

- Important signs and symptoms
 - Legs: Severe pain in calf, redness, increased temperature and swelling
 - Lungs: extreme shortness of breath, racing heart
- Your doctor will address the potential use of routine post-op blood thinning medications
- IF ANY SYMPTOMS OCCUR SEEK MEDICAL ATTENTION IMMEDIATELY

Infections

- Occurs in less than 1% of patients
- Signs of infection
 - Increasing drainage from the incision
 - Incision becomes very red and hot (some redness and heat around a healing surgical incision is normal),
 - Fever: check with your medical team for specifics. Physicians have differing criteria for this.
- You may need an antibiotic prior to any dental or colonoscopy procedures.
- IF ANY SYMPTOMS OCCUR SEEK MEDICAL ATTENTION IMMEDIATELY

Therapy and Return to Function



Exercises to Expect/Practice

- Ankle Pumps
- Calf Stretch
- Quad Sets
- Heel slides
- Adductor squeezes
- Straight Leg Raise – Abduction
- Heel Raises
- Single Leg Stance
- Supine hip abduction

Return to Activity

- Shower: 2 days after surgery. Allow water to run over the wound.
 - Depending on your dressing you may be able to shower in the hospital.
 - Pat the wound dry with a clean towel.
 - Do not submerge wound underwater in a bathtub, pool, lake, or hot tub, until OK is given by MD.
- Driving:
 - No narcotic pain meds during the day
 - Good reflexes – you need to be able to hit the brakes quickly and firmly.
 - Your MD may want you to avoid driving until post-op precautions are lifted.
- Can expect to return to most activities 3-6 months after surgery.
- Consult MD regarding specific activities such as high impact exercise, golfing, sex, swimming etc.
- Functional testing: measures functional balance, strength, and motion. Will assist you and the therapist determine readiness for certain activity/job tasks.

Return to Work

- Depends on the type of work
 - Sedentary work: 3-6 weeks from surgery
 - Physically demanding work: 8-12 weeks
 - Therapy can help simulate work and home tasks such as pushing/pulling and lifting
- Factors that effect return to work
 - Pain
 - Balance
 - Mobility
 - Maintaining post-op hip precautions

Things To Consider: These can influence your recovery/progress after surgery

- How long have you been dealing with the pain in your hip?
- Do you have stiffness or lack of movement? And for how long?
- Do you feel weak or fatigue quickly?
- Do you limp or use an assistive device now?
- Have you fallen or feel off balance?
- Do you have any preexisting conditions/chronic conditions such as obesity, diabetes etc that affect your healing and overall health

Pre Op Home Check

- Before surgery practice:
- Getting in and out of chairs, car, bed, and on/off the elevated commode; while maintainig post op surgical precautions
- Steps

You'll Do Great!!

- The more prepared you are before surgery, the less anxious you will feel coming home from the hospital or surgical center
- Have ice packs ready and waiting
- Be sure to have an able bodied friend/family member who will be able to help you in and out of the car and into the house after your discharge from the hospital or surgery center