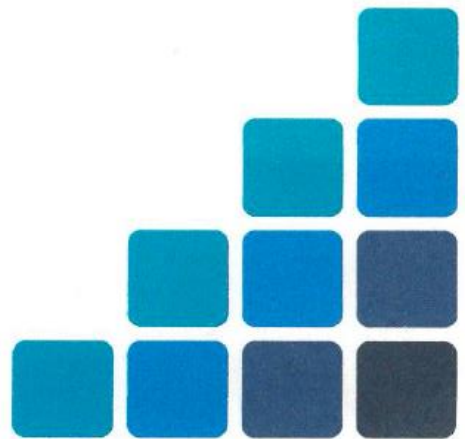
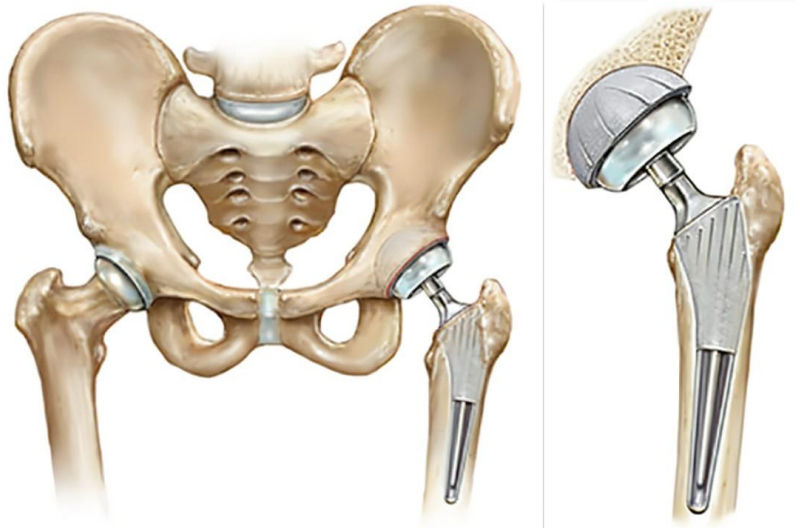




# **TOTAL HIP REPLACEMENT: ADVICE AND EXERCISE FOLLOWING YOUR OPERATION**

**Information for patients**





## **TOTAL HIP REPLACEMENT: Advice and Exercise following your surgery**

This booklet is designed to inform you what to expect following your Total Hip Replacement Surgery. The aim of this information is to guide you through your recovery, explain the physiotherapy and in turn help you to achieve the best outcome after your surgery.

### **Recovery**

Each individual will recover *at their own pace*. Many factors influence the speed at which you recover and achieve your goals. Examples of different factors which can affect your rehabilitation process include your age, your background exercise and fitness levels, your post-op exercise frequency, work and life factors and your own individual hip surgery and status.

Taking your pain medication regularly and following the exercises set out in this leaflet or advised by your physiotherapist will facilitate your recovery.

Recovering from a major operation can take some time. Most of the improvement is made in the first few weeks and months after your surgery but your hip can continue to improve for up to two years as the muscles get stronger and the tissues heal. Good motivation and regular exercise are very important factors in how quickly you recover and the success of your surgery.

### **Driving**

Driving can normally be resumed around the same time if you are walking normally. You should only return to driving once you have informed your insurers and you are happy you can perform an emergency stop without any restriction.

### **Work**

Any work without significant physical activity can be started after 4 weeks following surgery. If your job is more physical involving climbing, squatting or a lot of stairs you may require longer before returning to work.





## TOTAL HIP REPLACEMENT: THE PHASES AND GOALS OF PHYSIOTHERAPY AND RECOVERY



### 1. Recovery from surgery:

- Ensure pain is well controlled
- Minimise Swelling
- Regain good range of movement at your hip
- Walking distance and movement quality is improving



### 2. Basic strength and balance training:

- Increase the strength of both leg and core muscles to help support your hip.
- Improve your balance.
- Improve your general fitness.
- Wean off elbow crutches once you have a normal walking pattern with no limp.



### 3. Return to physical activities and independent exercise:

- This phase is patient specific and dependent upon your individual goals.



## PHASE 1: RECOVERY FROM SURGERY

(WEEKS 0-2)

### PAIN MANAGEMENT

It is important to make sure your pain is well controlled after the operation. On the ward you will be offered regular pain relief. If this is not enough your medications can be reviewed. Once home, you will still experience pain which should slowly improve over the next few weeks and months.

You can use an ice pack over the hip to help with your pain. Apply ice, wrapped in a damp tea towel to the painful area for 10-15 minutes at a time.

Please use pain as a guide when increasing your daily activities. Moderate discomfort which settles quickly is acceptable whereas more severe pain which takes hours to settle and interferes with exercise is not.

### SWELLING MANAGEMENT

Minimizing swelling as soon as possible is a **key factor** to your progress. As swelling and pain improves, so does your mobility, movement, pain and ability to strengthen your muscles. Ways to reduce swelling include:

1. Elevating your operated leg when resting
2. Applying ice, wrapped in a damp tea towel, for 10-15 minutes, 3-4 times per day
3. Performing your ankle pumps and static quadriceps contraction

### DRESSINGS AND WOUND MANAGEMENT

When you leave hospital you will have a dressing over your surgical scars. This will be removed in the orthopaedic clinic 2 weeks after your surgery. **Please keep these clean, dry and do not peel or disturb them.**

They tend to be splash-proof, but not fully waterproof. Showering is fine but take care to keep the region as dry as possible. Avoid submerging your hip in the bath or a pool.

If they do peel off then you should get them redressed at your GP surgery – this needs to be done in a sterile manner.

Following your dressings removal and only after your scar is fully healed, you should start some scar massage. This will help to loosen and soften the scar facilitating movement further. There may be some pain with this initially, but it is important to de-sensitise the scar to improve the pain.

Please contact David Evans ward if there is any ooze, discharge or redness at the wound site for support and advice



## OTHER ADVICE

Most patients are fully weight bearing post-operatively, but this might be reconsidered based on any findings during the operation.

Pain and discomfort is to be expected but we suggest you avoid any positions that cause real discomfort or do not 'feel right'.

It is recommended that you don't sit on any seats that are too low. We will discuss strategies to avoid this, such as when resting or toileting, on the ward. This is usually for the first 12 weeks.

We will also discuss strategies to avoid bending forwards too much, or excessive twisting at the hip. You might find it useful to purchase some long handled aids to assist with this (shoe horn, grabber, long handled sponge and sock aid). We can guide you through their use. This is usually for the first 12 weeks.

A blood clot in your leg or lung can be a rare complication of surgery. If you notice your calves are hot, red and swollen or you suddenly develop chest pain and breathlessness, please attend A&E immediately.

You will not routinely be referred to outpatient physiotherapy following your operation. However, if your consultant feels you require a physiotherapy referral at your follow-up appointments, they will refer for you.



## MOVING, TRANSFERRING AND MOBILISING AFTER YOUR SURGERY

### WALKING WITH ELBOW CRUTCHES AND NEGOTIATING STAIRS

Unless otherwise advised, you are allowed to fully weight bear on your operated leg. However, as previously mentioned, it will be sore. You will therefore likely use walking aids to help you to walk.

**The main aim when using elbow crutches or walking sticks is to allow you to walk with a normal gait (walking) pattern.** You should start to wean off your walking aids once you are able to walk comfortably without a limp.

Please use both elbow crutches until you can walk without a limp. Once you are able to comfortably walk without a limp, you can progress to walking unaided, if that was your pre-op baseline.



#### Walking with Elbow Crutches

Stand up straight with your crutches at your side. Place your elbow crutches forwards approximately 1 foot in front of you. Step your operated leg forwards in between your crutches. Step your other leg forwards to join in. Continue this sequence. As your knee feels less sore and you feel more confident you can gradually reduce the weight through your arms and crutches.



#### Negotiating the Stairs with Elbow Crutches

If you have a rail please use it with one elbow crutch, otherwise use two crutches.

**UP STAIRS:** Push through the rail and / or crutches. Step your unoperated leg up. Next bring your operated leg up to the same step and then your crutch(es). Repeat.

**DOWN STAIRS:** Move your crutch(es) down to the step below. Push through the rail and / or crutches and step your operated leg down to the same step. Then bring your non-operated leg down. Repeat.



## TYPICAL EXERCISES 1-4 WEEKS POST SURGERY

You can start these exercises after your surgery, it is important to strengthen your muscles and improve mobility post-surgery

### Deep Breathing Exercises

Every hour, take 3-4 deep breaths and cough strongly. This will help to prevent a Chest Infection.



### Ankle Pumps

When lying or sitting, perform ankle pumps by pointing your toes away from you and then pulling them up towards your body vigorously. **Repeat 20 times every hour.**



### Hip Abduction Static Contraction

Lie on your bed or on the floor, with your legs straight in front of you. Place a strong resistance band or belt around your thighs, just above your knees and push out into the band. **Hold for 10 seconds. Repeat 10 times.**



### Pelvic Tilting

Lie on your back with your knees bent and feet flat on the floor. Pull your bellybutton towards your spine and clench your buttock muscles to roll the tail bone up off the floor.

The majority of the effort should come from your abdominal and buttock muscles. Your lower back should press firmly into the floor. **Hold for 10 secs and repeat 10 times 3 times per day.**



### Hip Abduction

Lie on your back with your legs straight and your toes pointing upwards. Move your affected leg out to the side as far as you comfortably can and then bring it slowly back in to the start position.



### Heel Slides

Gently bend your operated knee by sliding your heel towards your bottom and then straighten again.  
**Repeat 10 times, 3 times per day.**



### Step up

Stand in front of a stair or step. Place one foot up onto the step and when you are stable bring up the other foot. Repeat, starting with the other leg.  
**Repeat 10 times, 3 times per day.**



### Sit to Stand

Sit in a chair with your feet flat on the floor. Cross your arms in front of your chest so you are not tempted to push off of your thighs for momentum. Stand up, then slowly sit back down and  
**repeat 10 times 3 times per day.**



### Heel Raises

Stand and hold onto a firm support. Keep your knees straight and lift up onto your toes.  
**Repeat 10 times, 3 times per day**



### Bridge

Lie on your back with your knees bent and your feet flat on the floor. Activate your core stability muscles, tilting your pelvis towards you so that your lower back flattens and your tail bone rolls off the floor. Now tighten your buttock muscles and continue to peel the rest of your spine off the floor until you are in a bridge position.  
**Repeat 10 times 3 times per day.**



### Single Leg Stand

Stand with your legs straight at shoulder width apart. Now lean slightly to the side and at the same time bend your opposite knee. You can make this more difficult by moving your arms or legs away from your body.  
**Hold for 30 seconds and repeat 3 times per day.**





## PHASE 2: BUILDING STRENGTH, AEROBIC FITNESS AND BALANCE

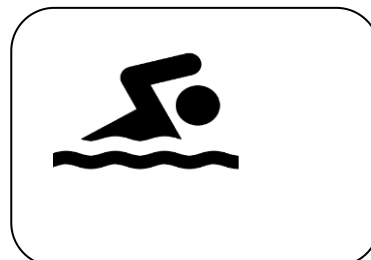
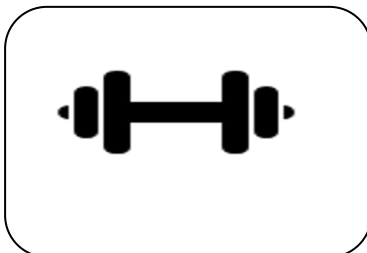


Once you have minimal swelling and pain around the hip and you have a normal gait (walking) pattern; the next phase of rehabilitation is to improve your lower limb strength.

You need to monitor your hip during this phase as you increase your walking, daily activities and exercise. Swelling and pain may be signs that the demands on your hip are too much ("overload"). If this happens you should adjust the intensity of your activity until it settles.

Typical exercises in this phase can be found on page 9. These can typically be undertaken from around weeks 3-4 post-op. Exercises during this phase are to be performed 3-4 times per week.

As well as building up your strength, it is important to regain and improve your general fitness in this phase. Once you have regained sufficient movement you may wish to start cycling on a static bike and if your wound is fully healed, you can restart gentle swimming (avoiding breaststroke).



### The main aims during this phase are to:

- Slowly build your walking tolerance and fitness
- Improve your balance
- Improve the strength of the muscles in your legs so you are "fit for purpose" and are strong enough to undertake your daily activities.
- Improve your confidence and work towards independent exercise.



### **TYPICAL EXERCISES 3 WEEKS+ POST SURGERY**

Typically start these exercises after 2-3 weeks post- surgery, if you feel ready to progress sooner, do so. Equally if you are not ready, continue with the previous exercises.



#### **Step up and through with other Leg**

Stand up straight facing a flight of stairs or two steps. Stand close to the first step. You may use a handrail for support if required. Step your affected leg up and onto the first step.

Step your unaffected leg up and onto the second step. Return your unaffected leg back to the floor whilst keeping your affected leg on the step. Add weights as this becomes easier. **Repeat 10 times 2-3 times per day.**



#### **Bridging in Split-stance and Single-leg**

Lie on your back with your legs bent and feet flat on the floor.

Your knees and feet should be hip-distance apart. Step one foot half a foot further away from your buttock. Place your hands on your hips, or across your chest.

Tighten your abdominal and buttock muscles, and roll your tail bone off the floor. Continue the movement, lifting your hips and then your lower then upper back away from the floor.



Drive the movement through your buttock muscles. Control the movement as you steadily lower back to the floor. Once this becomes easier progress to single leg as the bottom picture shows.

**Repeat 10 times 2-3 times per day.**



#### **Squat**

Stand with your feet shoulder-width apart.

Engage your core muscles and gently squat down, do not allow your knees to travel too far forwards and keep your weight on your heels, not your toes.

As you squat, bend from your hips and keep your back straight.

**Repeat 10 times, 2-3 times per day**

#### **Single Leg Heel Raise**



Stand on your symptomatic leg holding on to a supportive surface.

Maintaining your balance, rise up on to your toes so the heel comes off the floor, keeping your knee straight. Control the movement back to the start position, and repeat.

**Repeat 10 times, 2-3 times per day**



### **Band Walking**

Place a band around your ankles and gather some tension.  
Side-step keeping constant tension on the band.  
Make sure you do not bring your feet too close together and keep your toes and knees pointing forwards.  
**Repeat 15 times twice left and twice right.**



### **Hip Slider**

Stand up straight on a polished floor.  
Place a paper towel or slider under one foot.  
Use shoes with a good grip if required.  
Keep your posture up straight and your feet pointing forward.  
Tighten your abdominal muscles and slide your foot on the paper along the floor out to the side.  
Ensure you keep weight on this leg by taking your body with the movement.  
Focus as you slide the foot along the floor back in towards your stationary leg.  
**Repeat 10 times, 2-3 times per day**

## **PHASE 3: RETURN TO INDIVIDUAL ACTIVITIES AND INDEPENDENT EXERCISE**

This phase of your rehabilitation and recovery is highly individualized to your goals and therefore exercise varies from person to person.

It is very important to understand that improvements will continue for up to 24 months following your surgery with ongoing healing and exercise.

Going forwards we strongly encourage patients to continue with both their resistance exercises e.g. sit to stand / mini step ups and their low-impact aerobic exercise e.g. cycling, swimming, cross trainer for the long-term health of their hip but also for your general well-being.

### **The main aims during this phase are to:**

- Be independent in exercising and understand that improvements will continue for up to 24 months post-surgery.
- Return to your usual activities and sport if applicable or have a clear plan on how to return to these activities.





## APPROXIMATE GUIDANCE FOR RETURN TO ACTIVITIES

The timescales provided are for guidance purposes but require confirmation by your surgeon and/or physiotherapist.

Activity	Approximate Timescales
<b>Work</b>	Sedentary work: 4 weeks Manual jobs: 5-6 weeks **depends on job
<b>Static Cycling (with a raised seat)</b>	From 4 weeks
<b>Driving</b>	6-8 weeks as a rough guidance. You need to notify your insurance company of your operation.
<b>Swimming</b>	From 6 weeks (straight kick only)
<b>Cross trainer</b>	From 6 weeks
<b>Road cycling</b>	From 3 months
<b>Golf</b>	From 6 months (putting / pitching sooner)

### Orthopaedic Consultants:

Mr Emeka Oragui  
Mr Charles Gibbons  
Mr Simon Hislop  
Mr Anoop Prasad

### CONTACT US

**David Evans Ward: 0203 315 8521/2**

Queries relating to:

- 1) **Out-patient elective clinic appointments:** 0203 315 3234 (select the option for T&O)
- 2) **Scheduled elective surgery:** Arber Meta 02033152738