

# TOTAL HIP REPLACEMENT - EXERCISES

## Mobility

**The physiotherapist will:** assist you to become mobile again following your operation and teach you specific exercises.

Usually you will stand and begin walking either the day of surgery or the day after surgery. All the 'tubes' are removed by two days after surgery. A physiotherapist will assist you with your first stand and then see you daily for exercises and walking. The aim is to walk early and often. This minimises complications.

You will be able to sit for short periods in a high chair and use the toilet with a toilet 'raiser' seat. It is important that you do not sit in a chair, which is too low, as too much hip flexion may result in dislocation. Knees should be level or lower than your hips.

You may be able to have a soft pillow between your legs during the daytime and the triangular shaped pillow only at night. Once you are discharged you will need to continue to use the soft pillow for 6 weeks until review by your surgeon. Lying on your side is only allowed after the all clear from the surgeon.

The joint is stable immediately after the procedure, but the weakened muscles and soft tissue surrounding the joint require a longer-term program of physiotherapy and exercise to be restored to normal functioning. Your mobility will gradually increase and with it, your independence.

## Rehabilitation after surgery

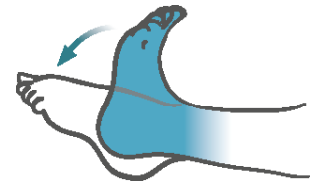
- Lie** on your stomach for ten minutes daily – this allows the front of your hip to stretch out (make sure you roll over with a pillow between your knees). Your physiotherapist will instruct you with this.
- Sitting** – always sit in a chair, preferably with arm rests, this ensures your knees are NOT higher than your hip. Especially beware of couches. If in doubt, sit on a dining room chair. Use a toilet seat raise and ALWAYS sit with your knees apart and DO NOT CROSS YOUR LEGS.
- Showering** – DO NOT SIT in the bath. Shower with your knees and feet 15-30 cms (6-12") apart (preferably on a non-slip mat) or you can use a high shower chair.
- Sleeping** – for the first six weeks sleeping on your back with a pillow between your legs is recommended to minimise the chance of dislocation.
- Bending** – DO NOT bend from your hips to pick up anything from the floor. DO use your pick up stick. Later when you bend, put your operated leg behind, keeping your hip extended.
- Dressing** – sit on the edge of the bed (provided it is not too low) or chair with your legs straight to dress. Be sure not to pull your operated leg up to put on socks and stockings. There are appliances available for hire to help with these. Try to avoid lace up shoes, use slip on shoes preferably with a shoehorn. Place operated leg into clothes first followed by un-operated leg. To take clothes off, remove un-operated leg first.
- Walking & exercises** –
  - DO keep up with your hospital exercises for at least three months.
  - You may attend hydrotherapy after discussion with your doctor/ physiotherapist and once the wound has healed (usually 4-6wks post-op and with your surgeon's approval).
  - The aim by discharge is to progress from using the frame full-time, to be on 1-2 walking sticks (providing you are safe and confident and the surgeon hasn't restricted your weight-bearing status).
  - Gradually increase the amount of walking. Do not discard your walking aids until instructed to do so by your doctor.
  - Allow time for resting – frequently. Swelling can indicate that you are over-doing it, so make sure that you get rest time back on your bed.
  - DO NOT pivot on your operated leg, whether sitting, standing or walking.
  - Driving – DO NOT drive your car for six weeks and until advised by your surgeon.
  - Outpatient physiotherapy may be recommended if there is a persistent limp/ reduced strength and/or confidence.
  - As a rule, your surgeon would like you to gradually increase the distance of your walking so that by 6 weeks you are walking approximately 1km twice a day. (However there is always some variation in the speed of recovery between patients).
  - Lie flat on your bed (a pillow under your head is acceptable) 1-2 times a day to help stretch the tissues at the front of your hip.

## Exercises

These exercises are recommended before surgery to help build up muscle tone and during rehabilitation after surgery. You may not be able to complete all exercises due to pain or stiffness. Your physiotherapist will advise which of the exercises are suitable for you after your operation.

**Do the following exercises 10 times each and at least 3 times per day.**

1. Gently bend your feet up and down to help circulation in your legs

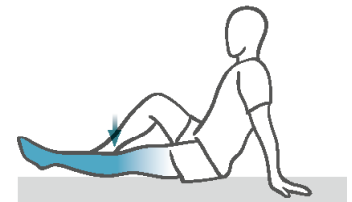


2. Gently bend your knee so that your foot moves along the bed towards your buttocks and mild stretching in your hip is normal. You may use your hands to help.



3. Tighten the muscles on the top of your thigh by pushing your knee down onto the bed. Keep your knee as flat on the bed as possible.

**Hold for 5 seconds then relax.**



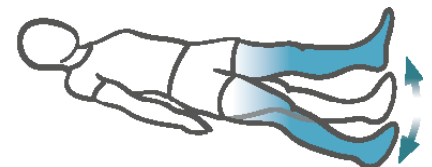
4. Squeeze your buttocks together and hold for 5 seconds.
5. With your knee over a bolster straighten your knee by tightening the muscles on the top of your thigh. Be sure to keep the bottom of your knee pressed onto the bolster.

**Hold for 5 seconds and then relax slowly.**

**DO NOT SLEEP OR REST WITH THE BOLSTER UNDER YOUR KNEE.**



6. Keeping your knee straight, gently slide your leg out to the side then back again. Try to keep your knee cap and toes pointing to the ceiling.



7. Bend both of your knees slightly. Dig your heels and elbows into the bed. Lift your bottom of the bed, squeezing your buttocks together.



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