

Physiotherapy following Total Hip Joint Replacement



ST VINCENT'S
PRIVATE HOSPITAL
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.
Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.
Please ask if there is anything you are unsure about.

Your physiotherapist: _____

Phone: 07 **3326 3000** Pager no. **0104**

Alternative contact: _____



Please contact your nurse
if you require an interpreter.

Physiotherapy following Total Hip Joint Replacement

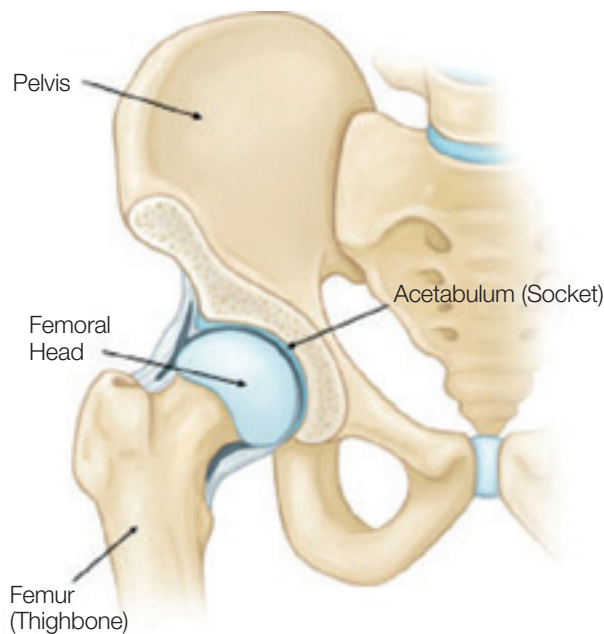
Welcome to St Vincent's Private Hospital Northside

Our Hospital's Orthopaedic Physiotherapy Team will work with you to regain normal function after your operation.

They will provide you with advice and a home exercise program to enable you to continue your rehabilitation at home.

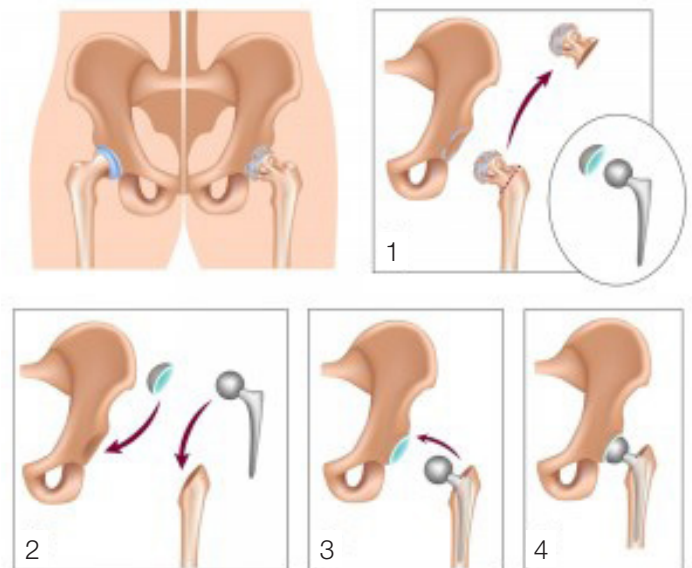
Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.



Normal Hip Anatomy

Total Hip Replacement



Note: components may be made of a variety of materials including metal, plastic and ceramic.

General post-operative advice: *for your safety and care*

For your safety and care after hip replacement surgery:

- Do not get up or walk without assistance from your nurse until you are informed that you are safe to do so.
- Wear your grip socks or a pair of closed-in shoes/slippers whenever you are walking.
- Follow hip precautions at all times.

Hip precautions

You are in most danger of dislocating your new hip in the first 12 weeks. However even after this initial period, it is still advisable to continue the precautions set out on the following page of this booklet.

General post-operative advice: *for your safety and care*

General rules



- Correct sitting position.
- Do not bend more than 90 degrees at your hip joint.
- Do not bend down to below your knees, especially when sitting. Be very aware when putting shoes and socks on – ask someone to help.
- Do not sit on low chairs or toilets.
- Do not sit with your knees crossed.
- Do not cross your ankles.



- Do not twist on or turn your foot inwards (i.e. pigeon-toe position), especially when changing direction during walking.



- When lying, do not cross your legs or bring your operated leg past the midline of your body.

Analgesia

Coordinating your pain relief medication (analgesia) with physiotherapy is optimal for allowing you to participate well in physiotherapy.

Your nurse can inform you of what pain relief options are available to you. If you are on Patient Controlled Analgesia (PCA or 'pain button') it is encouraged that you press your button before we arrive. If you are on tablets, they are more effective when taken at least 30 minutes prior to physiotherapy.

You may wish to record your pain relief medications below and how often you are allowed them:

Exercises: *immediate post-operative*

These exercises can be started on the day of your surgery and it is a good idea to practice them before.

● Relaxed deep breathing

- Relax your shoulders and take a slow, deep breath in.
- Hold for three (3) seconds, and then slowly breathe out.
- After five (5) deep breaths have a strong cough, using support if required to decrease the pain associated with coughing.
- Repeat hourly when awake for the first two (2) days after your surgery.



Circulation exercises: *for the prevention of blood clots*

You will have had the risk of Deep Vein Thrombosis (DVT) or blood clots explained to you by your surgeon prior to your operation.

There are a number of measures in place to reduce this risk while in hospital including:

- TED stockings on your legs
- Air pumps on your legs or feet if requested by your surgeon
- Anti-coagulation medication as prescribed by your surgeon
- Early mobilisation (Walking as soon as possible).

As well as these measures, we encourage you to perform the following circulation exercises hourly when you are awake.

● Foot and ankle pumps

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



● Thigh muscle (quadriceps) squeezes



- Straighten your knees and tighten your thigh muscles.
- Hold for five (5) seconds.
- Repeat ten (10) times every hour when awake.

● Bottom squeezes



- Squeeze your buttocks (gluteals) gently together.
- Hold for 3-5 seconds.
- Repeat ten (10) times every hour when awake.

Exercises: *bed-based*

● Bending your hip and knee

- Lying on your back, gently try to bend your knee. You must not bend your hip more than 90 degrees. If you feel too much pain when doing this exercise please let your nurse know. You may need more pain relief.
- Keep your knee pointing up to the ceiling – don't let the leg roll in or out.
- Repeat five (5) times, two (2) times a day.



● Hip abduction



- Lying on your back, squeeze your thigh muscles to keep your knee straight.
- Keep your toes pointing up to the ceiling (don't let the leg turn in or out).



- Slide your leg out to the side as far as comfortable.
- Slide your leg back into the middle, keeping a gap between both legs.
- Repeat five (5) times, two (2) times a day.

Exercises: *standing*

These exercises should be performed whilst you hold onto a firm support, such as a kitchen bench. Remember to keep your back straight. Aim to do these exercises two (2) times a day.

● Hip abduction

- Keep your knee straight and your toes pointed forwards, as you take your operated leg out to the side and back to midline. You may not be allowed to do this exercise until six (6) weeks after your surgery so check with your surgeon/physiotherapist.
- Repeat ten (10) times.



● Side stepping



- Keep your trunk upright.
- Alternatively step to your left and then to your right without twisting your trunk.
- Repeat ten (10) times in each direction.

Exercises: *standing* (continued)

● Forward knee lifts



- Bend your knee and lift your operated leg forward in front of you. Do not lift past 90 degrees.
- Repeat ten (10) times.

● Hip extension



- Keeping your knee straight, take your operated leg backwards.
- Don't arch your back during the movement.
- Repeat ten (10) times.

● Calf raises



- Keeping both feet on the floor, rise up on to the balls of your feet.
- Hold three (3) seconds then slowly lower your heels back to the floor.
- Repeat ten (10) times.

● Mini squat



- With weight evenly balanced between both legs, slowly squat down a quarter of the way.
- Hold this position momentarily, then slowly stand up again.
- Repeat ten (10) times.

Standing up and sitting down



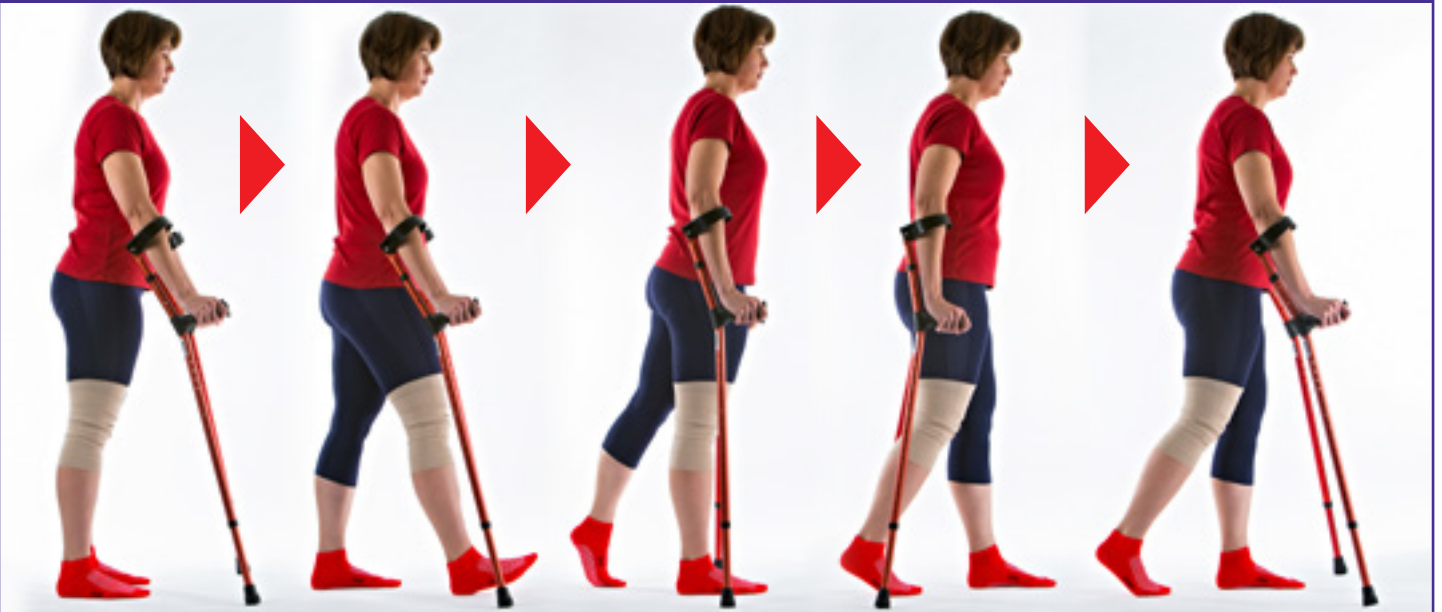
Standing up

- Place operated leg out in front of you.
- Move bottom to front of chair.
- Push up using your arms and non-operated leg to standing position.
- Once up, and balanced, slide operated leg back towards you so that you are standing evenly on both feet.

Sitting down

- Move operated leg out in front of you.
- Reach back with your hands for the arms of the chair.
- Slowly sit down keeping your shoulders back so that your hip doesn't bend beyond 90 degrees.

Walking



Unless otherwise instructed, you will be encouraged to walk normally and regularly on your leg after your operation.

Initially you will walk with your Physiotherapist or nurse and a mobility aid. Your physiotherapist will progress you through different mobility aids and advise you as to when you are safe to walk by yourself.

A normal walking pattern involves a **stance phase** (i.e. when you stand on and transfer your body over your leg) and a **swing phase** (i.e. when you swing your leg through).

Here are some key points to help facilitate a normal walking pattern.

1. Walk with a heel-toe pattern.
2. When your heel strikes the ground, tighten the quadriceps muscles at the front of your thigh to straighten your knee.
Hold the knee straight while you transfer your weight forward over your foot.
3. Lift your heel first, to help bend your knee in preparation for swing phase. Your toes should be the last part of your foot to leave the floor.
4. Bend your knee through keeping your trunk upright.

Repeat this cycle.

Daily progression

This is a general guide only – your specific needs may alter your daily routine.

Day 0 (Day of operation)

- Commence circulation exercises as soon as you are awake and alert enough to do so.
- Take five (5) big breaths in every hour to help your lungs recover from the anaesthetic.
- Depending on the time of your surgery, a physiotherapist will help you sit up and go for a short walk.

Day 1 (First day after operation)

- Mostly spent resting in bed, concentrating on circulation, hip flexion and abduction exercises.
- Ice can be applied to the hip to decrease pain and swelling.
- Start walking short distances.
- See physiotherapist twice.
- Sit up for lunch and dinner.

Day 2

- See the physiotherapist twice – upgrade your mobility aid eg crutches.
- Sit in chair for all meals.
- Increase your walking distance.
- Continue with ice and bed exercises.

Day 3

- Increase independence and distance with walking.
- Stairs assessment.
- Discharge assessment and review of home exercise program and advice.
- Discharge to home or rehabilitation facility.

Home or rehabilitation

Most people will be able to go directly home from hospital. In general, if you are well enough to be home, it is better to be at home rather than in a hospital or rehabilitation hospitals.

However some people have complex medical conditions, or are living in circumstances where they require a higher level of function to be safely discharged. If this applies to you, a period of inpatient rehabilitation may be recommended.

Helpful hints for the home

Sleeping

- Ensure your bed is at the correct height to get in and out easily.
- Remove any trip hazards around the bed, including coverings that may catch on your feet.
- Turn bedside light on prior to getting out of bed at night.
- Check with your surgeon for clearance before sleeping on your non-operated side with a big pillow between your legs.

Sitting

- Use a tall chair with arms.
- Keep knees apart and do not cross your legs or ankles.
- Use an over the toilet seat for three (3) months after your surgery.

Bathing/showering

- Use non slip mats to avoid trips or slips when showering.
- If you do not feel confident standing in the shower a stable shower chair or bath bench may be helpful.
- A long handled toe washer/dryer can assist in washing/drying.

Dressing and reaching

- A sock aid and long handled shoe horn can assist with shoes and socks.
- A handy reacher will allow you to pick up objects off the floor. It can also assist in washing, drying and dressing.

Rails

- Consider the need for installation of permanent rails to increase safety during showering or bathing.
- Suction rails can be an option for short-term use. It is recommended that you test the quality of the rail prior to purchase.
- Make sure that your staircase, handrails and stairs are in good order.

Kitchen

- Store items at waist height.
- Where appropriate leave commonly used items out on the bench.
- Slide items along the bench to avoid carrying.
- Use a kitchen trolley if necessary.

Domestic tasks

- Avoid vacuuming, making the bed, mowing the lawn for three (3) months after your surgery.
- Avoid reaching into low cupboards, ovens, bottom shelves of the pantry or fridge.
- Avoid working on low garden beds, be aware of trip hazards outdoors such as hoses and uneven surfaces.

Equipment for home

It is your responsibility to arrange equipment required at home prior to discharge.

Your physiotherapist will advise you on which mobility aid is best and can provide brochures with equipment options.

In addition to a mobility aid you may wish to consider the following.

Over toilet frame

Provides a raised toilet seat height as well as arm rests to help push up from. This makes it easier to get up and down and decreases the risk of prosthetic dislocation.

Handy reacher

Assists you to reach further and pick objects off the floor.

Transfer bench

Assists if you have a shower over bath set up. The bench enables you to get in and out of the bath with ease as well as a place to sit whilst showering.

Orthopaedic chair

Having a firm, tall, high backed chair with arms decreases the risk of prosthetic dislocation and makes it easier to get up and down. Often dining chairs or outdoor furniture can be used, as an alternative to recliners or low soft sofas in the 3 months following surgery.

Please be aware that the on-site pharmacy only stocks crutches.

You will need to arrange any additional equipment from an alternative pharmacy or equipment supplier.

Local suppliers

Super Pharmacy Plus

621 Stafford Rd
Stafford Q 4053

Phone: 07 **3355 3052**

Think Mobility

2037 Sandgate Rd
Virginia Q 4014

Phone: **1300 881 968**

Walk on Wheels

260 Leitchs Rd
Brendale Q 4500

Phone: **1300 766 266**

Frequently asked questions

How long do I stay on my crutches?

Continue to use the crutches until you can walk without a limp; normally about 4-6 weeks after your surgery, but everyone is different. Progress will be affected by how damaged your joint and the surrounding muscles were before the surgery. There are no 'bonus points' for rushing to get off the crutches and not losing your limp.

In addition, your surgeon may recommend a minimum of six weeks on crutches to allow for bone healing around the prosthesis. Check what the recommendations are FOR YOU before weaning off crutches.

Getting in and out of a car

To get into the car:

- Passenger seat as far back as possible to give you enough leg room.
- Passenger seat back wound back so that, once sitting, your hip is at less than 90 degrees bend.
- Reverse into the seat.
- Keeping your knees at least two fists apart, move the operated leg out in front.
- Keep your knees apart as you lower yourself to sit on the car seat.
- Once on the seat, lean backwards (to decrease the bend at your hip) and bring your legs into the car one at a time.

To get out of the car:

- Lean back and swivel as you bring one leg out at a time.
- Once your legs are out and before you sit more upright, ensure your feet and knees are well apart.
- Lean forward to stand up, with your operated leg straight out in front and stand up on your good leg.
- Once standing you can bring your feet back together.

Should I have further physiotherapy once I am home?

Your surgeon or physiotherapist will advise you regarding ongoing physiotherapy treatment.

How much should I walk and exercise at home?

Once you are home it is important that you GRADUALLY increase your walking. It is recommended that you do regular (3-4 times) short walks instead of 1-2 long walks each day. Any large jumps in your walking level can aggravate the pain and swelling. If your thigh is swelling or your pain increases you are probably doing too much. If you are tired and achy then listen to your body and rest. You will naturally tend to walk more once home so don't be surprised if you need to increase the amount of pain relief you are taking initially.

Driving

You will need to check with your surgeon regarding when he or she is happy for you to drive following total hip replacement. It is also a good idea to check if your car insurer requires any written authority for you to recommence driving following total hip replacement.

Safe use of crutches

Your physiotherapist will discuss crutch safety with you.

Weight-bearing status

○ FWB – Full weight-bearing

You can place all your weight normally through your operated leg.

○ WBAT – Weight-bearing as tolerated

You can place as much weight through your operated leg as pain allows. As the pain eases place more weight through your operated leg until you are fully weight-bearing.

○ PWB – Partial weight-bearing

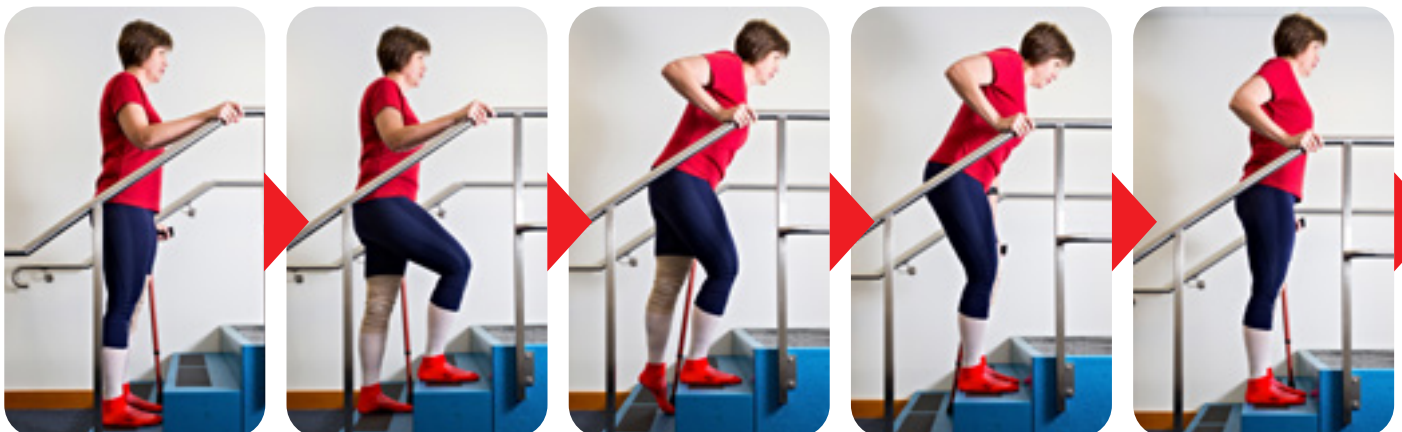
Place half your weight through your operated leg, and half your weight through your crutches as you walk.

○ TWB – Touch/Toe weight-bearing

You may place a very small amount of weight through your operated leg when walking. Imagine you are walking on an egg carton, but don't want to squash it. Usually this contact with the ground is enough to take the weight of your operated leg only (i.e. balance on the ground), but without placing any additional body weight through your operated leg.

○ NWB – Non weight-bearing

You are unable to place any weight through your operated leg at all.



Advice for placing weight through your operated leg

- Using crutches after the operation takes some pressure off the hip and helps to ensure you learn to walk without a limp. The idea is that you 'train' yourself to WALK NORMALLY using the crutches, so that you do not have a limp when you come off them.
- Often you can go onto using just one crutch (in the opposite hand to your operated leg) for short distances around the house. Continue to use the crutches for longer walks or if spending more time on your feet until you have no pain or limp or until your surgeon tells you.

Precautions when using crutches

- Ensure crutches are the correct height for you. Your physiotherapist can check this whilst you are in hospital.
- Use appropriate footwear (no loose footwear).
- Check the rubber stoppers at the bottom of the crutches are not worn away or damaged.
- If walking outside in wet conditions take extra care, and don't rush. Ensure rubber stoppers are dry when entering a building. They can potentially slip on hard floors.
- When turning, take little steps around keeping your legs apart, never pivot on one leg.

Advice for managing stairs when using crutches

When you are in hospital, your physiotherapist will demonstrate how to go up and down stairs using crutches and you will practice with the physiotherapist present. If you have a rail, use the rail instead of a crutch on that side.

- **Going up stairs:** Good leg first, sore leg next, crutches (*all onto the same step*).
- **Going down stairs:** Crutches first, sore leg next, good leg last (*all onto the same step*).



It may help to remember the phrase
“Good leg to heaven,
sore leg to hell.”

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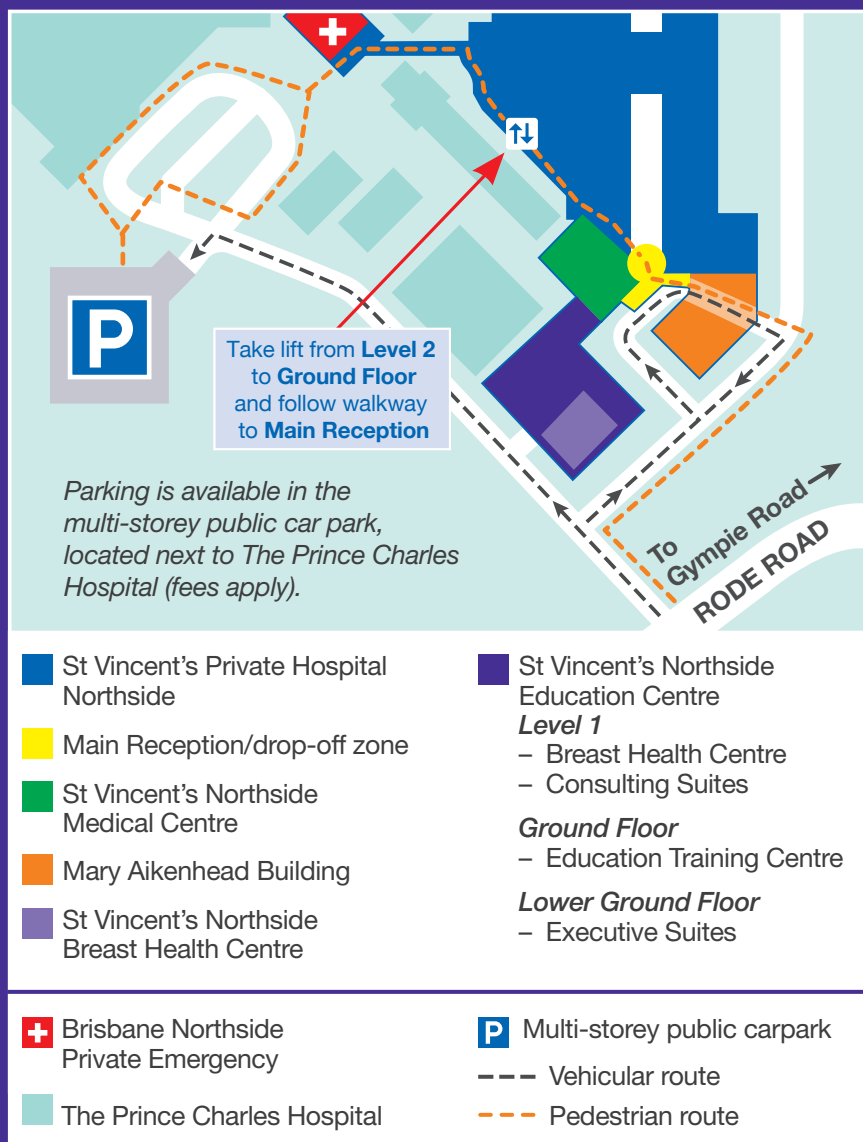
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Free WiFi available by connecting to **WiFiHotSpot**



Developed in consultation with our consumers (May 2017)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES