

Recovery After Your Hip Replacement Surgery

Patient Name: _____

Please bring this booklet with you for all clinic appointments and your hospital stay with us.

	Date/Time
Your Surgery	
Your Pre-Operative Assessment and Education Session	
Your Physiotherapy Initial Assessment	
Your Follow-up Appointment with your Surgeon	



**Lakeridge
Health**

THE TOTAL HIP REPLACEMENT PATIENT MANUAL

Table of Contents

INTRODUCTION.....	3
PROTECTING YOUR NEW HIP.....	5
PREPARING FOR SURGERY.....	6
SAFETY IN THE HOME.....	7
WHAT TO BRING TO THE HOSPITAL.....	8
WHAT TO DO BEFORE COMING TO THE HOSPITAL FOR YOUR SURGERY	9
THE DAY BEFORE SURGERY	9
THE DAY OF SURGERY.....	10
YOUR STAY IN ACUTE CARE.....	10
EXPECTATIONS BEFORE GOING HOME.....	12
EXPECTATIONS ONCE YOU ARE HOME	13
CARING FOR YOUR INCISION.....	13
ACTIVITY MANAGEMENT.....	14
Bed Transfers	14
Sitting and Standing.....	14
Toilet/Commode Use.....	16
Using a Walker	17
Stair Climbing.....	18
Tub/Shower Transfers.....	18
Getting Dressed.....	19
Car Transfers	21
Traveling Long Distances.....	22
YOUR REHABILITATION.....	22
SOME DO'S AND DON'TS.....	23
WARNING SIGNS.....	23
EXERCISING TIPS.....	24
IMMEDIATE POST-OPERATIVE EXERCISES:	24
POST OPERATIVE EXERCISES.....	Error! Bookmark not defined.

INTRODUCTION

This booklet has been designed to help you understand and learn about your hip replacement as well as the rehabilitation following your surgery. This manual contains information on all aspects of your upcoming care, including pre-operative care, admission, surgery, post-operative care, rehabilitation and follow-up care once discharged home. It is important to remember that everyone is unique so your recovery may be somewhat different from what is listed here.

The Hip Joint

The hip joint is a ball and socket type joint, providing free movement in all directions. The ball is the head of the thigh bone (femur) which fits into the socket (acetabulum). Both of the bone ends are normally covered with cartilage which allows for smooth and painless motion.

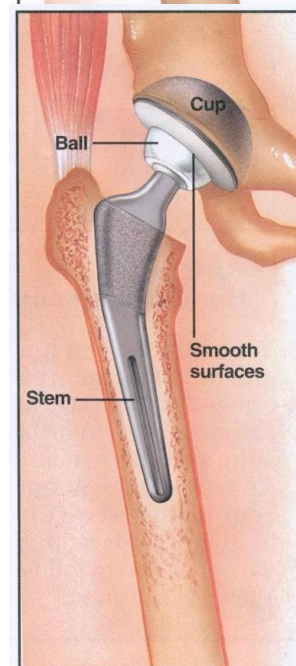
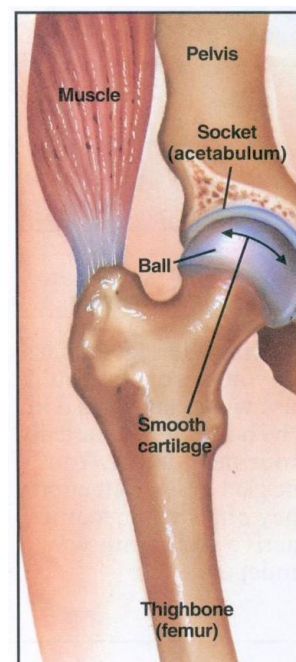
About the Artificial Hip Joint (called a Prosthesis)

Each prosthesis is made up of two parts:

1. The acetabular component, or socket portion, which replaces the acetabulum.
2. The femoral component, or stem portion, which replaces the femoral head.

The acetabular component is a metal shell with a plastic inner socket liner that acts like a bearing.

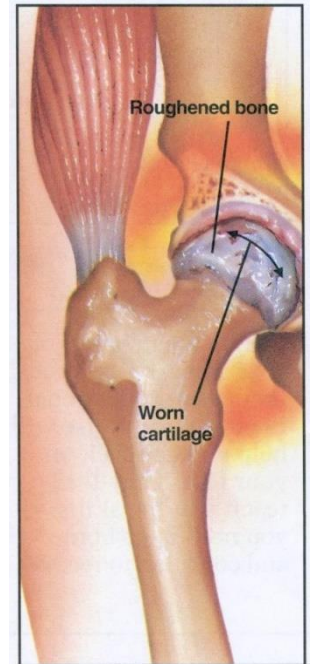
The femoral head component is made up of a metal stem with a metal ball on the end. Some prosthesis have a ceramic ball attached to the metal stem.



Causes for Hip Replacement:

There are many conditions that can result in degeneration of the hip. Some of the most common causes are:

- Osteoarthritis: this condition is referred to as “wear and tear arthritis.” Osteoarthritis can occur with no previous history of injury. The hip simply wears out. There may be a genetic tendency in some people that increases their chances of developing osteoarthritis.
- Avascular necrosis: in this condition, the femoral head (the ball) loses a portion of its blood supply. This leads to collapse of the femoral head and degeneration of the joint.
- Abnormalities resulting from fractures of the hip and some types of hip conditions that appear in childhood can also lead to degeneration many years after the injury.



- You have made the decision to undergo this elective surgery and have therefore met with an Orthopedic Surgeon.
- The **goals of total hip replacement surgery** are to relieve pain; improve joint mobility; and restore or improve your ability to safely perform functional activities like walking, standing, or stair climbing.
- It is important to note that surgery will have a short-term impact (e.g. increased pain, limited mobility etc.) on your life before the long-term benefits become apparent. Recovery times vary from person to person, depending on the procedure and the individual's general health. Full recovery can take up to 6-12 months, and your participation in your rehabilitation (e.g. physiotherapy) plays a large role in your full recovery.
- Your Surgeon has most likely informed you of the possible risks of this type of surgery including infection, dislocation, blood clots, nerve damage, wear and implant failure, bone fracture, adverse reactions to materials, limited pain relief and range of motion, anesthetic complications, leg length discrepancy etc. If you have any remaining questions regarding this procedure, please ask your Surgeon.

- This manual contains information on all aspects of your upcoming care, including pre-operative care, admission, surgery, post-operative care, rehabilitation and follow-up care once discharged home. Your stay in the hospital may be somewhat different from what is listed here.

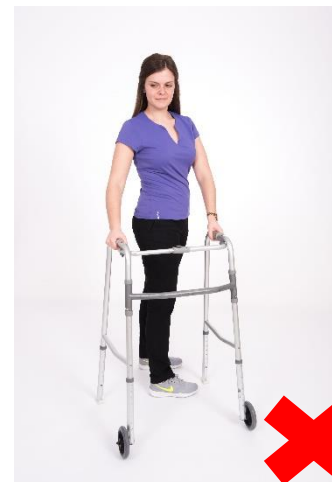
We ask that you read this manual in its entirety and bring it with you for your stay in the hospital and to all clinic visits related to your total joint replacement.

PROTECTING YOUR NEW HIP

After a total hip replacement, you must avoid certain movements to prevent dislocation of your new hip. This is especially important for the first 12 weeks (or as directed by your Surgeon) in order to allow the muscles and bones to heal.

It is very important that you respect the following:

- **No bending of your hip past 90 degrees.**
- **No crossing of your legs.**
- **No excessive toeing in or toeing out in lying, standing or walking.**
- **Your Surgeon or therapy team will let you know if you have any other precautions in addition to those listed above.**



PREPARING FOR SURGERY

Preparing Yourself for Surgery

- Please note that you may be discharged from the hospital 1-2 days after your surgery or even the same day as your surgery.
- It is important to consider what help you may need after you are discharged from the hospital (e.g. transportation, personal care). Community resources, such as respite care or home care, come at an additional cost and must be arranged prior to your surgery. For more information regarding respite care, call (905) 430-3308.
- It is important you follow any pre-operative instructions given by your Surgeon. For example, quit smoking, follow-up with other healthcare providers etc.
- Knowledge is power. Patients who are informed tend to have smoother recoveries and better outcomes. Spend some time learning about your surgery (e.g. speaking to friends or family members who have undergone similar surgery to learn what their recovery was like).
- Maintain or attain a healthy body weight as recommended by your Physician or Surgeon.
- Maintain or improve your fitness level. This may help your post-operative rehabilitation and recovery. Please start exercises 1-9 in the back of this book as soon as possible before your surgery.

SAFETY IN THE HOME

Equipment You Will Need at Home:

- Walker and cane.
- A raised toilet seat and/or commode chair.
- Equipment for showering (bathtub transfer bench/chair, clamp on grab bar, etc.).
- Hip Kit (includes reacher, sock aid, shoehorn, and long handled scrub brush).
- Carry cushion (or cushion from chair or couch to elevate seat height).



Additional Helpful Tips for Home Setup

If you have stairs at home, you will be taught by your Physiotherapist how to go up and down stairs before you return home. Many people are more comfortable living on the main level when they first go home. If possible, set up a temporary bedroom on the main floor. If you do not have a bathroom on the same level as your bed, a commode chair rental is useful.

Avoid low beds at home. If required, raise your bed height with blocks, an extra mattress, or by renting an adjustable hospital bed. It is much easier getting on and off a firm mattress than a soft one. If your mattress is soft, place a board underneath it. Prepare a bedside table that holds everything you will need (e.g. clock, lamp, telephone, medication, water, books etc.).

You may wish to arrange help for household tasks (e.g. housekeeping, grocery shopping) during your initial recovery phase to make it easier for you, especially if you live alone.

Suggestions for Preparing Your Home

- Change furniture layout to allow for walker use.
- Move frequently used items to waist height.

- Prepare meals and freeze them.
- Purchase or rent equipment.
- Install grab bars and railings for staircases.
- Arrange rides/transportation.
- Place skid proof mats in your washroom.
- Remove scatter rugs and clutter.
- Ensure there is adequate lighting throughout your home to avoid tripping and falling. Consider using nightlights in dark areas, like hallways and stairwells.
- Wear supportive shoes inside your home.
- Use a chair with a firm seat, backrest and arms. Avoid chairs that recline, rock, roll or glide.
- Use an extra cushion to raise the height of your seat as seats should be 2” above knees when standing.

WHAT TO BRING TO THE HOSPITAL

PLEASE ARRANGE FOR FAMILY/FRIENDS TO BRING THESE ITEMS TO YOU AFTER SURGERY:

- Your cane and current dressing aids you are comfortable using.
- A walker will be provided for you to use during your hospital stay. However, it is helpful to have someone bring your own walker on the day of discharge so that you can use it to transfer into your car.
- Loose, comfortable clothing.
- This manual which contains your exercise program.
- Flat, rubber soled shoes/slippers with support around the back of the ankle (allow for an increase in shoe size by 1 size to accommodate for swelling).



- Medication in original packaging and a list of what they are for.
- Personal care and hygiene items (e.g. deodorant, comb, shampoo, toothbrush, Kleenex, soap, extra pillow).
- If you wear dentures/glasses, please bring denture cup and glass case with you.

PLEASE NOTE: Leave valuables at home.

WHAT TO DO BEFORE COMING TO THE HOSPITAL FOR YOUR SURGERY

- Notify your Family Doctor of your operation date and expected discharge date so they will be prepared for your post-op visits (e.g. staple removal).
- Stop taking medications as directed by your Surgeon or the Nurse who reviewed your medications at the pre-operative assessment.
- If you are experiencing flu or cold like symptoms up to one week before surgery or if there is a change in your medical status, you should notify your Surgeon immediately by contacting their office.

THE DAY BEFORE SURGERY

- If you have not quit smoking, it is suggested that you do not smoke within 24 hours of your surgery.
- Do not drink alcohol for 24 hours prior to your surgery.
- **Please follow the guidelines regarding when to stop eating and drinking before surgery, as outlined at your pre-operative assessment.**
- Shower or bathe to reduce the risk of infection from bacteria on the skin. Do not apply creams or lotions.
- Do not shave over or around where the surgical incision will be.
- Remove all make-up, nail polish, and jewelry. If you have acrylic nails, you may leave these on, but the nail polish must be removed.

THE DAY OF SURGERY

- Only take the medications that your Surgeon, or the Nurse at the pre-operative assessment, has advised you to take.
- On arrival to the hospital, please go to admitting/registration desk at the time recommended by your Surgeon.
- A Nurse will call you to start to prepare you for your surgery.
- An intravenous line will be started and any medication that is needed prior to surgery will also be given to you at this time.
- The pre-determined anesthetic (e.g. general or spinal anesthetic) will be started and monitors will be attached to you in the operating room.
- Surgery is approximately 1 to 2 hours.

YOUR STAY IN ACUTE CARE

Day of Surgery – Post-Operative Day Zero

- **Early mobility is important for your recovery. You can expect this to start the day of your surgery unless specified by your Surgeon or healthcare team.**
- You will be expected to sit up in a chair for meals and ambulate to the bathroom.
- It is very important that you continue taking deep breaths and coughing about 5 times every hour.
- It is also very important to move your feet up and down (ankle pumps) about 10 times every hour to avoid blood clots.
- A pillow may be placed between your legs to avoid your legs from crossing.
- If at any time during your post-operative hospital stay you feel burning or discomfort in your heels or sharp calf pain, please inform your Nurse.

Post-Operative Day One/Two

Independence is vital to your recovery and you are encouraged to do as much as possible for yourself. A majority of patients go home on post-operative day one.

- Continue with hourly deep breathing and ankle/foot exercises.
- You will be started on a blood thinner. This will continue daily even when you are at home. On the day of discharge, you will be given instructions and a prescription if needed.
- You will be taught how to care for your incision. You will notice you have metal staples or dissolvable stitches along your incision line. If you have staples, they will remain in place for 10-14 days.
- You will be getting dressed daily and taught how to do so independently. Please bring comfortable clothing as well as your dressing equipment. Wide legged slacks or shorts are recommended.
- A Physiotherapist will start you on your exercises. They will review your hip precautions and check your ability to move your hip and knee. Your Physiotherapist will also teach you how to walk with a walker and do stairs if you have stairs at your home.
- Your Physiotherapist will tell you how much weight the Surgeon has deemed appropriate to put through your operated leg. In most cases, this will be as much as you are able to tolerate.
- An Occupational Therapist will discuss your living situation and current level of self-care. Adaptive devices, as well as car and shower transfers, will be reviewed with you. You are encouraged to use the devices to help you dress independently.
- You will be encouraged to wash at the sink and to eat your meals in a chair.
- Staff will assist you walking to and from the bathroom with the use of your walker until you are able to do so independently.
- Discharge plans will be finalized regarding follow-up physiotherapy.

EXPECTATIONS BEFORE GOING HOME

Discharge Goals:

Therapy Goals	Medical Goals
<ul style="list-style-type: none">○ Get in and out of bed by yourself○ Independently perform your exercises○ Independently walk short distances (e.g. to the bathroom) with a walker○ Be able to climb stairs if you have them at home○ Manage some of your own personal care (e.g. getting dressed)	<ul style="list-style-type: none">○ Bloodwork is stable○ Pain is well managed○ Incision is healing well○ Health status is at baseline (e.g. cardiovascular system)

Prior to leaving the hospital, it is important to:

- Understand your medications and their schedule.
- Know how to care for your incision.
- Have made an appointment with your Family Doctor to remove your staples. In some cases, your Surgeon will remove your staples. If this is the case an appointment date and time will be given to you.
- Have made arrangements for someone to assist you with grocery shopping, house cleaning, laundry, and transportation to/from follow-up appointments.
- Have made arrangements for transportation home.
- Have arrangements made for where you will be starting outpatient physiotherapy, and transportation to and from such appointments.

EXPECTATIONS ONCE YOU ARE HOME

- You are continuing your exercise program three times a day.
- You should gradually increase the distance you are able to walk with your gait aid.
- Consult with your Surgeon regarding when you may return to work or sport.
- No driving for 4-6 weeks, as directed by your Surgeon.
- You may resume sexual activity when you are comfortable (usually 6 weeks after surgery) and as long as you follow your hip precautions.

CARING FOR YOUR INCISION

It is important that you take proper care of your incision to avoid infection. Here are the things you need to know:

- **Only change your dressing as recommended by your Surgeon or Nurse.**
- Before touching your incision make sure you wash your hands with soap and water.
- Gently remove the old dressing and inspect it for odour and drainage (either clear or yellow/green). Report any yellow/green drainage and odour to your Surgeon or Family Physician.
- Place the new dressing over the incision, making sure to cover it completely. Be careful not to touch the underside of the clean dressing.

Ask your Surgeon whether you can shower with your dressing. Some dressings are waterproof and others cannot get wet. Ask your Surgeon which type you have.

ACTIVITY MANAGEMENT

Bed Transfers

Positioning in Bed

It is recommended that when you lie on your back you place a large pillow between your legs to maintain your hip precautions. When lying on your back do not allow your leg to roll inward.

When you lie on your sides it is crucial that your operated leg does not roll inward or cross over the midline. Therefore, when lying on either side place a pillow between your legs.

How to Get In and Out of Bed:

1. Slide your legs to the edge of the bed and shift your buttocks across the bed, while remaining on your back.
2. When your lower legs are over the edge, push your upper body upright using your hands.
3. When moving, try to move your body as a whole. Do not cross your legs.
4. When getting into bed, reverse the process.

You may get in or out of the bed on either side, although you may find it easiest to get out of bed with your non-operative leg leading and back into bed from the same side. Either way, you must be careful to follow your hip precautions when getting in or out of bed. Consider placing a pillow between your legs when getting out of bed in order to maintain your hip precautions.

Sitting and Standing

Sitting on a firm chair with armrests is best. If the chair is too low (seat is below the knee when standing), place a firm cushion on the seat to maintain your hip at a 90 degree or more position. Soft pillows or cushions may cause your hip to turn inward.

To Sit in a Chair:

1. Using your walker, back up to the chair until you feel the back of your non-operated leg touching it.
2. Move your operated leg forward and reach back for the armrests with one hand and lower yourself slowly into the chair. Once seated, you may scoot to the back of the chair, being careful to avoid bending forward past 90 degrees at your hips.
3. While sitting, maintain your hip at a right angle (90 degrees) or more. Leaning back in the chair may help you maintain good hip positioning. **DO NOT** lift your knee higher than your hip.
4. Be sure to keep your knees apart. **DO NOT** cross your legs or allow your knees to turn inward. Use your pillow to keep your legs separated if needed. **DO NOT** twist your body while sitting.



Correct



Incorrect



Correct



Incorrect



Incorrect



Incorrect

To Stand Up:

1. Slide to the edge of the chair or bed without bending forward at the hip. Then move your operated leg forward.
2. Push up with either both hands on the chair or with one hand on the chair and the other hand on the walker. Put most of your weight through your strong leg as you stand. **Do not pull up on the walker to stand as it may tip.**
3. Grasp the walker with both hands, straighten your back and stand tall.

Incorrect Positioning



Correct Positioning



Toilet/Commode Use

This procedure is the same as getting in and out of a chair. Your Occupational Therapist will recommend appropriate equipment for you to ensure that your hip does not bend past 90 degrees or rotate inward. A commode, raised toilet seat, and/or toilet rails may be needed.

To use a commode, raised toilet seat or toilet rails:

1. Using your walker, back up to the toilet until you feel it behind your legs. Reach back for the armrest or toilet seat as you slide your operated leg forward. Slowly lower yourself onto the toilet.
2. Do not lean forward on the seat to wipe yourself, as you may break your hip precautions. Lean back and towards the non-operated leg to stand or wipe.

3. Do not twist while seated (e.g. to flush the toilet).
4. Do not let your operated leg dangle or rotate inward.
5. Reverse the process for getting up. With your operated leg forward, push yourself up with the armrests, being careful not to bend forward. Do not pull up on the walker, as it may tip.

Using a Walker

To walk, place the walker forward first and take a short step with the operated leg. You should focus on using a heel toe pattern. Then, step an equal distance with the non-operated leg, placing weight through your hands on the walker as needed. Do not exceed your weight bearing limit.

Ensure you place your walker down on all 4 legs. If you are using a walker with wheels you do not need to pick it up – simply slide it along. When you turn, be sure the walker turns with you. It is best to turn towards your non-operated leg whenever possible to avoid turning the operated leg inward. Take small steps and keep your feet apart. **DO NOT PIVOT.**

You may progress to using crutches or a cane once you and your Physiotherapist feel you are ready. Your Physiotherapist will instruct you on the proper technique of walking with a cane or crutches. When walking with a cane, please remember that the cane is held on the non-operated side and moves ahead with the operated leg.



Correct



Incorrect



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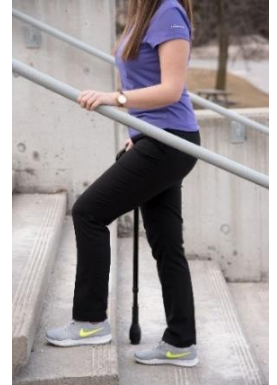


Incorrect

Stair Climbing

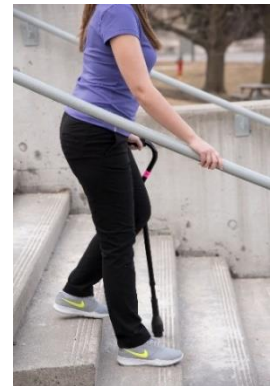
Ascending:

1. Step close to the base of the stairs and face forward.
2. If there is a railing, grasp it and hold a cane in the opposite hand. If you have crutches, place both crutches under your opposite shoulder. If you do not have a railing, then you may substitute another crutch or cane for it.
3. Step up with the non-operated leg first, then bring the crutches/cane and the operated leg up together to the same step.



Descending:

1. Grasp the railing, if available. Place your crutches or cane in your other hand.
2. Place the crutches or cane on the first step down.
3. Step down with the operated leg and then follow with the non-operated leg to the same step.



You may wish to remember this sequence by the saying “*Up with the good, down with the bad.*” *Your good leg leads up and your bad leg leads down.*

Tub/Shower Transfers

In order to maintain your hip precautions and weight bearing limitations, you will need a bath seat or bench. Be sure it is high enough to prevent you from bending past 90 degrees when you sit down. You will also need a shower hose and long-handled sponge to wash. If you have a shower stall instead of a bathtub you can still use a bath seat. Plan to have someone there to assist you when you attempt it the first few times.

1. Using the walker, back up to the side of the tub until you feel the tub behind your legs. Ensure you are lined up with the bath seat or bench.
2. Slide your operated leg forward. Then, reach back for the seat and lower yourself down. Be sure your operated leg does not rotate inward.
3. Lean back and lift your legs into the tub one at a time. Do not cross the midline of your body with the operated leg as you turn to sit facing the faucet.

4. Do not bend forward to turn on faucets. You may need assistance to avoid this.
5. Reverse the process to get out of the tub. Do not bend past 90 degrees or cross the midline of your body as you turn or come to the edge of the chair.
6. To stand up, put one hand on the back of the bench. Slide your operated foot forward. Put your other hand on the walker and stand up. Do not pull on the walker, as it may tip.

Other Showering Tips:

- **Remember to ask your Surgeon whether you can get your dressing wet prior to showering.**
- Wet tubs and showers can be risky. Dry yourself off before getting out of the tub. Turn on the water after getting into the tub or shower and let the water drain before getting out.
- Put all your bathroom accessories, such as shampoo and soap, in an area that is easy to reach.

Getting Dressed

When putting on pants, socks and shoes, you need to use the adaptive equipment recommended by your Occupational Therapist. Sit in a chair or at the edge of your bed. DO NOT stand to step in or out of your pants or shoes. When getting dressed, ensure you do not bend your hip past 90 degrees. Avoid twisting your body, turning your leg in, or letting your knees come together as you get dressed. DO NOT pick your foot up and place it on the opposite leg in order to reach your foot.

The following instructions are for underwear and pants:

1. Using your reacher, grab the front waistband of your underwear or pants. Lower the pants with your reacher, slipping it over your operated leg first then your non-operated leg.
2. After both feet are in, slide your pants up using your reacher to maintain your hip precautions. Keep your knees separated and do not bend forward. Pull your pants up above your knees with your reacher as high as possible.
3. Then use your walker to stand up to pull your clothes up to your waist and fasten them. Be sure you are well balanced in standing before pulling your clothes up.

4. When undressing, take the slacks and underwear off your waist while standing. Then sit down.
5. Remove your pants from your non-operated leg first using the reacher then do the same for your operated leg.

The following instructions are for socks:

1. Slide your sock over the sock aid as shown below.
2. Grasp both straps and place the sock aid in front of the operated foot. Slip your foot into the sock and pull the straps until the sock is on. Do not lift your knee above your hip while pulling the sock on. Once the sock is in place, drop the outside strap and pull the sock aid up towards you to remove it. You may use the sock aid for the non-operated leg as well.
3. To remove socks, use the hook on your shoehorn or your reacher to push the sock off over your heel. Always use the shoehorn on the inside of your operated leg to avoid rotating your leg inward.

The following instructions are for shoes:

1. Use your long-handled shoehorn to put on or take off your shoes. Use the shoehorn on the inside of your operated leg to prevent rotating your leg inward.
2. Lean back as you put on or take off your shoes or sit in a higher chair or bed to avoid bending past 90 degrees at the hip.
3. Consider wearing slip-on shoes with closed heels or using elastic shoelaces, as this type of footwear is easiest to put on.



Sock Aid



Shoehorn

It is alright to have someone help you dress, but it is important to know how to dress properly by yourself so that you can keep your hip safely positioned. If someone helps you, they must be aware of your hip precautions and keep your hip properly positioned. Be sure to watch carefully as they assist you.

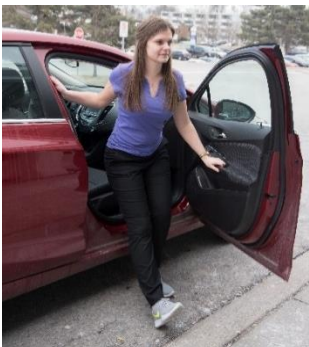
Car Transfers

Many hip dislocations occur when getting into and out of a car. Please follow these instructions closely for a minimum of 3 months after surgery or until advised by your Surgeon. Make sure that any vehicle which you will be riding in is not too low and has adequate leg room to allow you to get in safely while following your hip precautions.

To Get Into The *Front Passenger Seat*:

1. Make sure the seat is moved as far back as possible and slightly reclined. If it is too low, put a firm pillow on the seat to make it higher so you maintain your hip precautions.
2. Back up to the car with your walker until you feel the car behind your legs.
3. Sit down on the side of the seat as you would any chair. Do not lean forward.
4. Lean back onto the seat in a semi-reclined position with your hands behind you for support. Scoot yourself backward onto the seat until your legs will clear the doorway while keeping your hips less than 90 degrees of bending. DO NOT cross the midline of your body as you bring your legs into the car one at a time. Fasten your seatbelt.
5. Reverse the process to get out. Before you begin to turn ensure you have enough space to clear your legs (e.g. seat as far back as possible).

Note: To make sliding along the seat easier, you may want to try placing a plastic trash bag on the seat before you sit. Additionally, you can place the hook of your cane around your foot on the operated leg to help guide your leg in or out of the car.



Traveling Long Distances

If traveling by car, plane, or train for more than an hour, it is recommended that you frequently (approximately every half hour) get out of your seat and walk. This helps to avoid excessive stiffness, blood clots, and swelling in your legs and ankles.

Flying is not recommended for the first 3 months following your total joint replacement. If you have plans to travel, please speak with your Surgeon first.

YOUR REHABILITATION

You will need more Physiotherapy to help you regain full function in your hip once you are discharged home. You will qualify for OHIP-funded outpatient physiotherapy after your joint replacement surgery. Referrals for your outpatient physiotherapy will be made before you leave the hospital.

You can expect to have your first physiotherapy appointment 2-4 weeks after being discharged from the hospital.

The options available for you to receive outpatient physiotherapy are:

- Referral to outpatient physiotherapy at Lakeridge Health. This may be group or individual sessions, as appropriate.
- Referral for outpatient physiotherapy at another hospital or a private clinic closer to your home. You are responsible for making your own appointments in this case. A Physician referral will be given to you upon hospital discharge. Take this referral with you to your first appointment.

At your first outpatient physiotherapy appointment, the Physiotherapist will assess your needs and a new exercise program will be created for you. These exercises will build on those you have become familiar with. They will help you to build the strength, range of motion, and function of your new hip. You will progress from using a walker to using a cane, and ideally to walking independently without a gait aid.

Please bring this manual that contains recommended exercises and your health card with you to your first outpatient appointment. Please also wear loose fitting clothes.

SOME DO'S AND DON'TS

- Do change position regularly to avoid stiffness.
- Follow your hip precautions until advised by your Surgeon.
- Avoid kneeling.
- Don't jump.
- Avoid activities that involve pushing, pulling, or lifting heavy objects.
- Avoid sitting on low surfaces.
- Don't attempt too many stairs or hills.
- Avoid very vigorous sports like jogging, or racquet sports. For guidance on specific physical activities after hip surgery, ask your Physiotherapist or Surgeon.

WARNING SIGNS

If you notice any of the following, contact your Family Physician or Surgeon:

- Increased redness, swelling, odour or drainage from your incision.
- An unexplained fever (temperature >38C or 100F) or body chills that last more than a day.
- Severe hip pain that is not decreased by your pain medication and rest.
- Any numbness or tingling of your toes that is not relieved by elevating your legs.
- Sudden and severe increased swelling or pain in your thigh or calf.
- Either leg feels unusually cool to the touch.
- You suddenly have trouble walking.

Go to the Emergency Department if you experience trouble breathing or chest pain.

EXERCISING TIPS

- Gradually increase your exercises and work on them daily.
- Only attempt to do as many repetitions as you can without undue discomfort.
- It is a good idea to take pain medication about 30 minutes prior to physiotherapy as being at a comfortable pain level will increase your tolerance to exercise.
- If your hip becomes swollen or you have increased tenderness at any time, an ice pack placed over it for about 10-15 minutes may ease the discomfort. This should be done for no more than every 2 hours and not done again until the skin returns to room temperature. It is best to wrap ice in a damp towel to prevent skin burns and irritation. Be sure to check regularly for skin irritation when icing.
- Swelling may occur for about 6-12 months after your surgery. Using the RICE principle (Rest, Ice, Compression, Elevation) should help this. To elevate your leg, keep your foot of your operated leg higher than your heart while you are lying down. You should elevate your legs at least twice a day for 45 minutes to an hour.

IMMEDIATE POST-OPERATIVE EXERCISES

1. **Deep Breathing Exercises** - Take slow deep breaths, in through the nose and out through the mouth.
2. **Ankle Pumping** - Move your feet up, down, and in circles.



3. **Buttock Contractions** - Tighten your buttocks muscles and hold for a count of 5 seconds.



Begin the above exercises immediately after your surgery. They will help to increase circulation to your legs and feet, which is important for preventing blood clots. They will also help to prevent complications with your breathing.

You should do these three exercises 10 times every hour when you are awake.

Your home exercise program is very important as it helps you to improve your range of motion and strengthen the muscles around the hip.

We recommend that you practice exercises 1-9 before your surgery so you are familiar with them. Some of these exercises will be reviewed with you while you are in the hospital. Continue to do these exercises 3 times a day once you are discharged from the hospital.

Before your first outpatient physiotherapy appointment you should be comfortable doing exercises 1-9.

Do NOT progress to exercises 10-26 until you are instructed to do so by your Physiotherapist.

POST OPERATIVE EXERCISES

1. STRAIGHT LEG PUSH ON BACK

- Lie on your back with your legs straight.
- Push the back of your knee of your operated leg down firmly against the bed.
- **For how long?** Hold for 5 seconds.
- **How many times?** 10-20 times.



2. HIP AND KNEE BEND WITH TOWEL

- Position yourself in lying or long sitting. Use the strap from your robe or an old sheet and wrap it around your foot or behind your knee.
- Gently guide your knee and hip into a bent position. You must respect your hip precautions. **Do not allow your hip to bend beyond 90 degrees.**
- **For how long?** Hold for 5 seconds.
- **How many times?** 10-20 times.



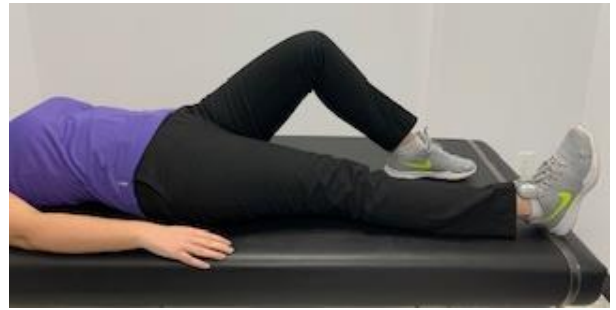
3. QUAD STRENGTHENING OVER ROLL

- Position yourself in lying or long sitting. Place a rolled towel under your knee.
- Push your knee down into the rolled towel, lifting your foot off the bed.
- **For how long?** Hold for 5 seconds.
- **How many times?** 10-20 times.



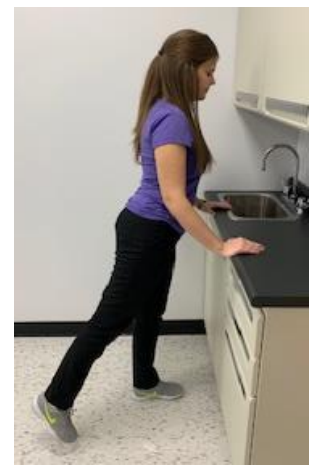
4. HIP FLEXOR STRETCH

- Lie on your back and bend the knee of your non-operated leg. The operated leg should remain extended flat on the bed.
- Allow your leg to rest in this position for as long as you can tolerate. It is important for the front of your hip to stretch out in a straight position.
- **For how long?** 1-10 minutes, or as tolerated.



5. STANDING HIP EXTENSION

- Hold on to a counter or rail for balance.
- Raise your operated leg back while keeping your knee straight.
- Make sure your upper body is not moving as you extend your leg.
- **How many times?** 10-20 times.



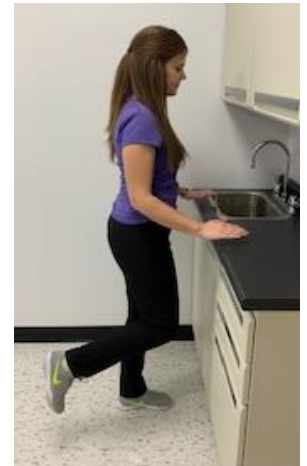
6. MARCHING

- Hold on to a counter or rail for balance.
- Bring your operated leg up by bending the knee and hip.
- Use your opposite hand to touch the knee.
- Repeat on the other side.
- **Do not bend your hip more than 90° and do not twist at the hip.**
- **How many times?** 10-20 times.



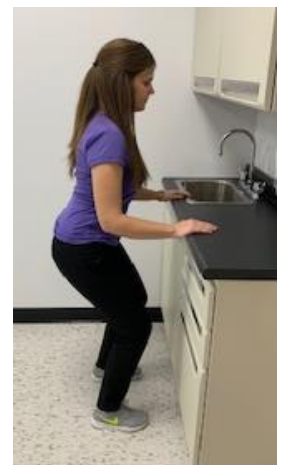
7. HEEL TO BOTTOM HAMSTRING CURLS

- Hold on to a counter or rail for balance.
- Bend your knee to raise your heel up towards your bottom.
- Try to keep your knees close to each other. Do not allow one knee to move in front of or behind the other.
- Alternate with left and right legs.
- **How many times?** 10-20 times.



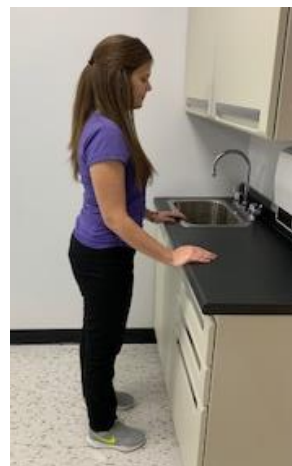
8. 1/4 SQUATS

- Hold on to a counter or rail. Keep your feet shoulder width apart.
- Bend your knees and squat down as if you were sitting in a chair. Your knees should remain in line with your second toe. Bring your hips back when you squat. Do not allow your knees to go past your toes.
- **Do not bend at the hip more than 90°.**
- **How many times?** 10-20 times.



9. HEEL RAISES

- Hold on to a counter or rail and place your feet shoulder width apart.
- Rise up and down onto your toes. Slowly let your heels back down.
- **How many times?** 10-20 times.



PROGRESSED EXERCISES – ONLY DONE WHEN INDICATED BY YOUR PHYSIOTHERAPIST

Please do not do exercises 10 and 11 if you have been instructed by your Surgeon or Physiotherapist to NOT DO HIP ABDUCTION (leg out to the side). If you are unsure, please ask before proceeding.

10. HIP ABDUCTION (on back)

- Lie on your back. Bring your operated leg out to the side and then back to midline.
- You can use a sliding surface (e.g. plastic bag) under your heel to assist the leg in sliding.
- **How many times?** 10-20 times.



11. STANDING HIP ABDUCTION

- Hold on to a counter or rail for balance.
- Raise your operated leg out to the side (sideways lift).
- Make sure your upper body is not moving as you raise your leg.
- Keep your toes pointing forward and your ankle flexed upward.
- **How many times?** 10-20 times.



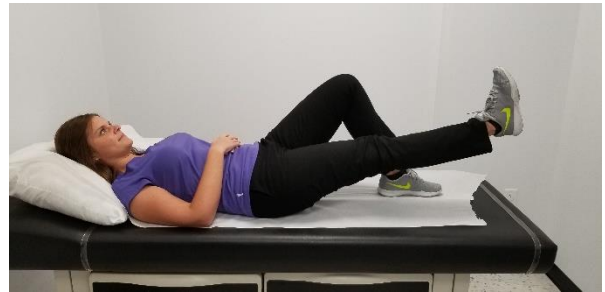
12. CLAM SHELL

- Lie on your non-operated side. Place a pillow in between your knees and bend your knees and hips. Keep your shoulder, hip and ankle in line.
- Keep your feet together while lifting your top knee (operated leg) toward the ceiling. Your hips should be in line on top of each other.
- **For how long?** Hold for 3 seconds.
- **How many times?** 10-20 times.



13. STRAIGHT LEG RAISE

- Lie on your back with your non-operated leg slightly bent.
- Bring your operated leg up maintaining a straight knee throughout.
- **For how long?** Hold for 3 seconds.
- **How many times?** 10-20 times.



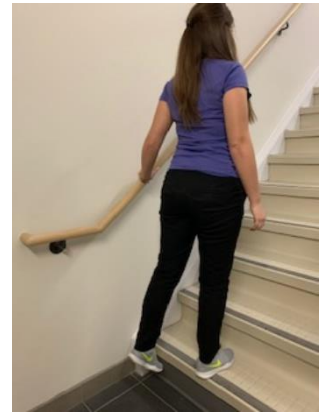
14. SIDE LEG LIFT

- Lie on your non-operated side with a pillow between your knees.
- The top leg (operated leg) stays straight. The bottom (non-operated leg) is bent.
- Squeeze your buttocks and raise your operated leg up.
- Keep your hips in line on top of each other. Keep your top leg toe pointed forward with a flexed foot.
- **For how long?** Hold for 3 seconds.
- **How many times?** 10-20 times.



15. STEP UPS (front)

- Hold on to the handrail of your stairs.
- Place the operated leg on the step.
- Bring the non-operated leg up to the same step.
- Step back down with the non-operated leg, then repeat.
- **How many times?** 10-20 times.



16. STEP UPS (sideways)

- Stand perpendicular to the step. Hold on to the handrail.
- Place the operated leg on the step
- Straighten the operated leg, lifting the non-operated leg.
- Slowly lower the non-operated leg back down to the floor.
- **How many times?** 10-20 times.



17. SINGLE LEG STANCE

- Stand near a stable counter or other surface.
- Squeeze buttocks together.
- Keeping the hips level, raise your non-operated leg off the floor.
- Then repeat on the other leg.
- **For how long?** Balance for as long as you can, up to 1 minute.



18. BRIDGING

- Lie on your back with your knees bent and feet flat on the bed.
- Squeeze your buttocks and lift your hips off of the bed.
- **For how long?** Hold for 5 seconds.
- **How many times?** 10-20 times.



19. HIP AND KNEE BEND WITH TOWEL (progressed)

- Lie on your back. Wrap a towel behind the thigh or around the foot of your operated leg and hold both ends.
- Bend your hip up towards the chest. Pull the towel to assist.
- **Only pass 90° if you no longer have hip precautions.**
- **For how long?** Hold for 5 seconds.
- **How many times?** 10-20 times.



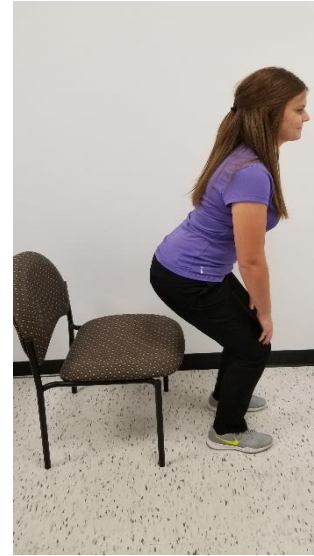
20. HIP FLEXOR STRECH (progressed)

- Lie on your back and bend the non-operated knee, placing your foot on the bed. The operated leg should remain extended flat on the bed (shown in the photo for exercise #4).
- For a more intense stretch, rest the foot of your operated leg on a chair or stool off the edge of the bed. The lower your leg rests, the more intense the stretch (refer to this photo).
- **For how long?** 30 seconds.
- **How many times?** 3 times.



21. SIT TO STAND

- Sit in a chair or on a bed. Make sure you are able to stand up from the height of the chair or bed without using your hands.
- Have your feet shoulder width apart, and toes facing forward.
- Lean forward to stand up without using your hands. **Do not bend past 90 degrees.**
- Bring the hips back (squat) to slowly sit.
- **How many times?** 10-20 times.



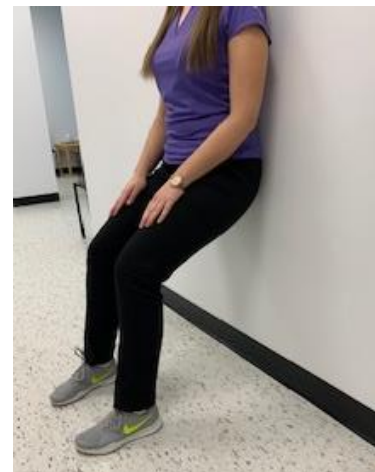
22. MONSTER WALK

- Hold on to a counter or rail if needed.
- Bend your hips down and back into a ¼ squat position.
- Keeping your feet shoulder width distance apart, take small sideways steps and slowly bring the other foot back to shoulder width.
- Avoid standing up after every step. Stay low while keeping your chest up facing forward.
- **For how long?** Repeat for 2-5 minutes in alternating directions.



23. WALL SQUAT

- Lean back against a wall with your feet shoulder width apart. Walk your feet away from wall.
- Keep your back against the wall and lower yourself into a squat position.
- Go as low as you are comfortable without your knees passing over your toes.
- Hold the squat position.
- **For how long?** Hold for 30 seconds.
- **How many times?** 3 times.



24. STEP DOWN

- Hold onto a rail and keep your operated leg on the step.
- Step down with the non-operated leg.
- As you step down slowly bend the operated leg.
- Bring your operated leg back down to meet the non-operated leg.
- **How many times?** 10-20 times.



25. STRETCH OVERHEAD STANDING

- Place one hand on your hip and reach over your head with the other hand.
- Hold the stretch. You should feel the stretch on your side and into your arm.
- **For how long?** Hold for 10-30 seconds.
- **How many times?** 3 times.



26. CALF STRETCH

- Hold on to a counter and place the ball of your foot of your operated leg on a rolled towel. Keep your heel on the ground. With the operated leg straight, take a step forward with your non-operated leg. You should feel a stretch in the back of your operated leg.
- Step forward and backward with the non-operated leg.
- **For how long?** Hold each stretch for 10-30 seconds.
- **How many times?** 10-20 times.

