

Total Hip Replacement

Now that you have a new hip joint it is important to exercise regularly and follow certain precautions to help your hip recover fully and enable you to resume an active lifestyle.

Overview:

- Most of the soft tissue healing occurs in the first 12 weeks following surgery. For this reason, we ask that you do NOT attempt any exercises other than those prescribed by your physical therapist. Doing too much exercise or doing exercises that are too difficult before your tissue heals may cause an injury and increase the risk of dislocation.
- Always avoid extremes in range of motion as well as your given PRECAUTIONS ***see next page for precautions***
- Once you return home, exercise is still important to prevent complications and to build strength. This will help you to increase your activity level to what it was before surgery.
- Your leg muscles probably feel weak because you did not use them much with your hip problems. Surgery corrected these problems.
- A regular exercise program will strengthen your muscles. Your success with rehabilitation largely depends on your commitment to follow the exercise program developed by your therapists.
- Ideally, you should exercise 2-3 times per day after surgery for 10 repetitions and increase by 5 as tolerated up to 30 repetitions.

Physical Therapy Choices at discharge:




- **Outpatient Physical Therapy (Preferred)** – You will live at home and go to a therapy clinic 2-3 times per week, typically for 8-12 weeks, where care will consist of exercise, manual therapy (massage, tissue mobilization), and modalities (heat, cold). Home exercises will also be advanced regularly.
- **Home Health Physical Therapy (If specific criteria have been met)** – You will live at home and a PT will come to your house 2-3 times per week, typically for a few weeks, before you are discharged and begin outpatient therapy.

UR Medicine-Noyes Health Rehab Centers:

<p>Noyes Memorial Hospital 111 Clara Barton St. Dansville, NY 14437 (585) 335-4239</p>	<p>Noyes Health Services 50 E. South St Geneseo, NY (585) 991-6005</p>
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- **Short Term Rehab** (If specific criteria have been met) – You will live at a rehab facility, typically 2-3 weeks, until you are able to live at home and go to outpatient therapy.

Precautions following Total Hip Replacement

 <p>Do NOT turn your hip or knee in or out Do NOT twist your leg in or out Do NOT twist your trunk when standing <i>Move your feet to turn!</i></p>	 <p>Do NOT cross your legs while sitting Use a large pillow between your legs when lying on your side in bed, or while turning over to do your exercises</p>
 <p>Do NOT bend your hip past 90 degrees When sitting your hips should be higher than your knees Always sit on a high, firm chair at the level of your knees or higher Sit on a cushion in your car While sitting or standing - do not lean forward to reach for items or to put your shoes on Use a reacher or long handled shoe-horn instead</p>	

Walking with a Cane or Crutch:

A walker is often used for the first couple weeks to help you balance and avoid falls. A cane is then used for a few more weeks until good strength and balance skills have returned. The cane should be used in the hand opposite the operated knee. You are ready to use a cane when you can stand and balance without your walker, having your weight placed fully on both feet, and are no longer leaning on your hands while using the walker.



Stairs:

The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support and you will only be able to go one step at a time. For safety, the assistance of another person may be beneficial until you have regained strength and mobility. Stair climbing is an excellent strengthening and endurance activity. When going UP stairs, lead with the GOOD leg (non-surgical), and when going DOWN stairs, lead with the BAD leg (leg that was operated on). Remember:

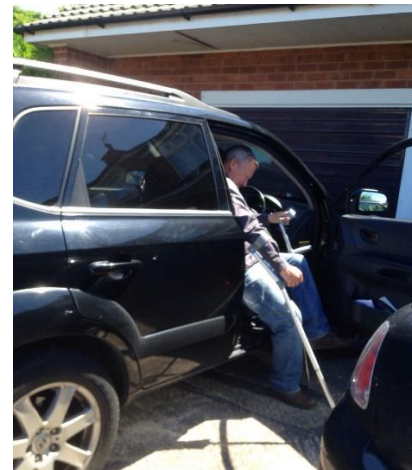


- Up with the good
- Down with the bad

Car Transfers:


The front seat is preferable because it typically has more leg room, can be adjusted for comfort, and can allow the rider to more easily wear a seat belt.

1. Make sure the seat is as far back as possible. Back up to the car with your walker or cane and place your operated leg out in front of you.
2. Slowly lower yourself to the seat. Having the window rolled down and using the car doorframe or headrest for support may be beneficial.
3. Scoot back in the seat as far as you can, then swing your legs into the car. If the seat is low, recline the seat back and/or sit on a pillow to raise the seat height.

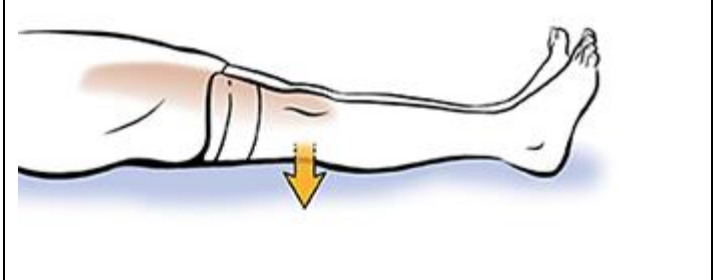


Exercise:

Exercise is critical to your recovery. Please follow the program below until modified by your Physical Therapist. Feel free to contact UR Medicine / Noyes Health Physical Therapy with any questions.



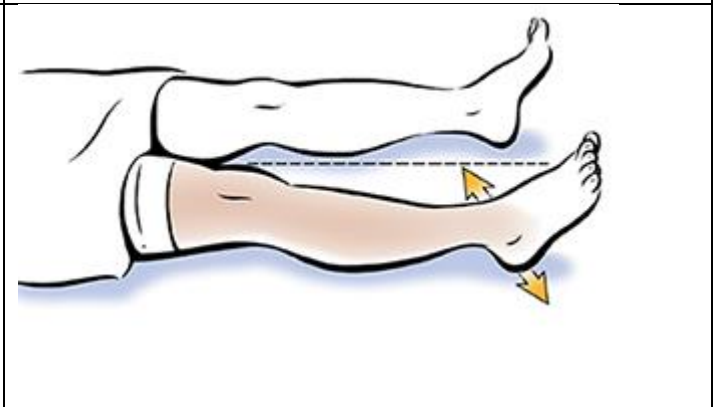
Ankle Pumps:
Bend both your ankles up and down.



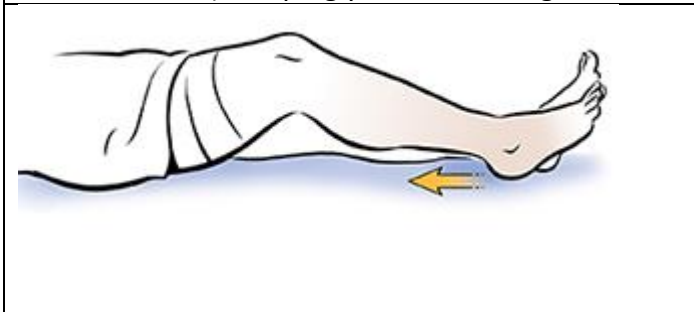
Quad Sets:
Tighten the muscles in the front of your thigh by pushing the back of your knee down into the bed. Hold for 5 sec.



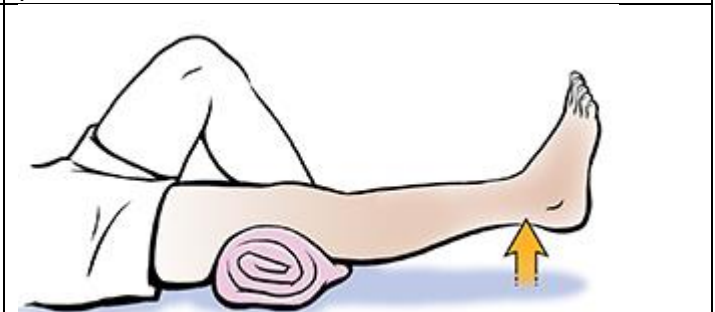
Straight Leg Raise:
Bend your uninvolved leg with your foot flat on the bed. Raise your involved leg up (until it's even with the other knee), keeping your knee straight.



Leg Slides:
Slide your involved leg out to the side (keeping your toes pointed up). Slide your leg back to the starting position.



Heel Slides:
Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed.



Short Arc Quad:
Lie on your back with a blanket rolled under your involved knee. Straighten your involved knee and then slowly lower down.



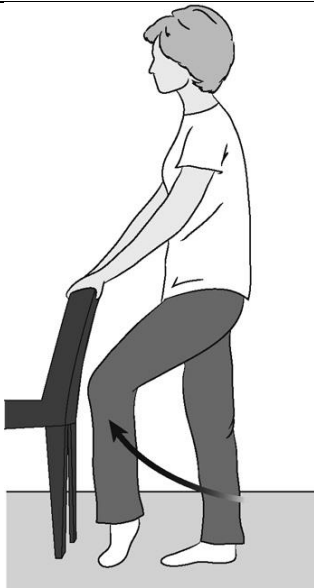
Seated Kicks:

Straighten your knee as much as possible and then slowly lower your leg down and relax.



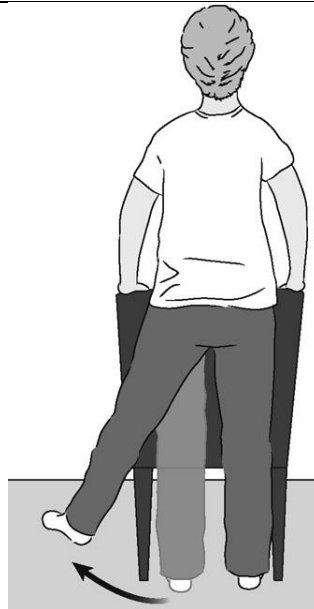
Gluteal Squeeze:

Squeeze your cheeks together for 10 seconds and then relax.



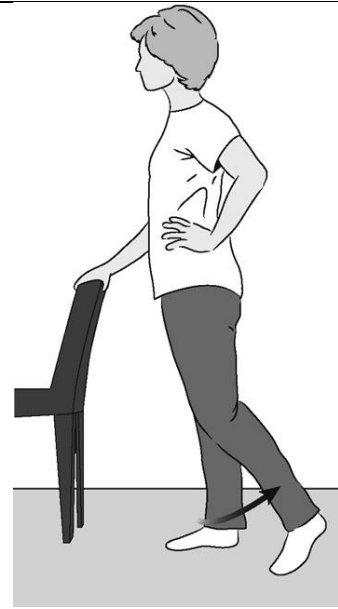
Standing Knee Raises:

Lift your operated leg toward your chest. Don not lift your knee higher than your waist.



Standing Hip Abduction:

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.



Standing Hip Extensions:

Lift your operated leg backward slowly. Return your foot to the floor. Try to keep your back straight.