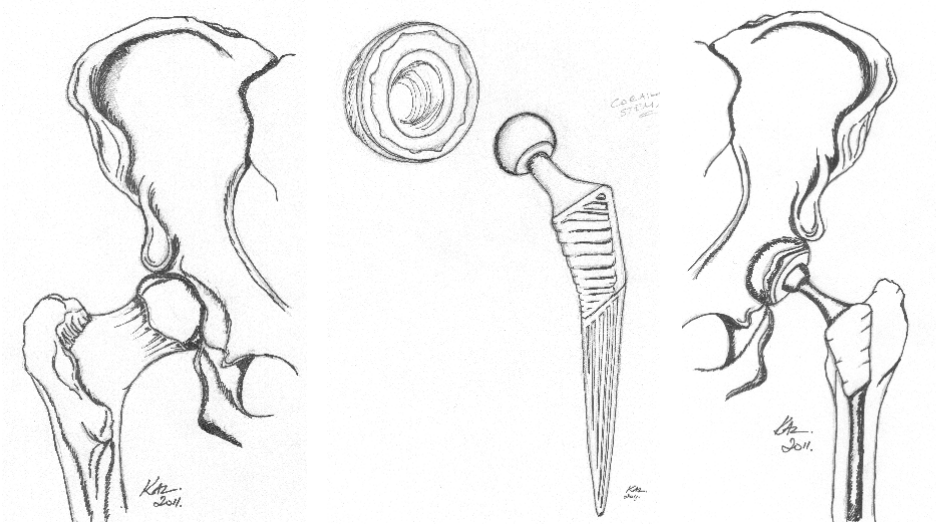
NHS
Royal Berkshire
NHS Foundation Trust

Advice and exercises after total hip replacement

This leaflet is for people who have a total hip replacement (THR). It gives general advice following surgery on how to reduce the risk of dislocation, staged exercises to help you regain strength and mobility, and information to help you to get the maximum benefit from your new hip. If you have any queries, please ask your physiotherapist.

About the hip joint



The hip joint is a type of joint known as a ball and socket joint. The cup side of the joint is known as the acetabulum and the ball side as the head of femur.

This joint is particularly prone to arthritis as it is one of the main weight bearing joints of the body. Both the surfaces of the cup and the head have a thin layer of cartilage covering them. In arthritis this erodes away and the bone surfaces begin to rub against each other causing pain and stiffness.

In a total hip replacement the acetabulum is replaced with a metal shell with a plastic insert. The head of the femur is replaced with a metal stem with either a metal or ceramic head which is inserted into the shaft of the femur.

Because of the position of the wound there is a minimal risk of the hip dislocating until the soft tissue around the new hip has healed.

To reduce the risk of dislocation we ask that you do not cross your legs in sitting for 6 weeks.

General advice



Because of the position of the wound there is a minimal risk of the hip dislocating until the soft tissue around the new hip has healed.

To reduce the risk of dislocation, we ask that you do not cross your legs when sitting for 6 weeks.

On discharge you do not need to sleep on your back for 6 weeks but can sleep on whichever is the most comfortable side to do so. If you prefer, when sleeping on the opposite side you can place a pillow between your knees.

Pain:

- Having a joint replacement will relieve the arthritic pain from the joint itself. However, because of the trauma to the soft tissues surrounding the joint during surgery you should expect some pain.
- Taking your medication regularly and following the guidelines in this booklet will help to make the pain more manageable.
- On discharge some pain may persist for a further few weeks and you should use this as a guide when increasing your daily activities.
- A moderate ache that settles quickly is acceptable, severe pain that takes hours to settle is not.
- If you experience a sharp pain, stop activity immediately.
- If symptoms persist, contact your GP for advice.

Swelling:

- The swelling in the leg may persist for three months or more.
- If the leg is very swollen resting on the bed for an hour or so in the afternoons will help.
- If you wish you may also ice your thigh to help the swelling. You may use crushed ice, a gel pack or a pack of frozen peas which must be wrapped in a damp towel or tea towel before being placed on your thigh.
- Do not keep the ice pack on any longer than 10 minutes. Any longer than this and the body will increase the blood flow to the area in an attempt to warm the tissues up again. This will make the swelling worse. You can have as little as 20 minutes between ice packs.
- If the swelling appears excessive or doesn’t go down overnight or when the leg is elevated contact your GP for advice.

Wound care:

- On discharge you must arrange an appointment with your practice nurse for a wound check 10-12 days post-op.
- If you have any concerns about your wound i.e. it is red, weeping or bleeding please call the **Orthopaedic Outpatients Department on 0118 322 6938.** Please note this is an answer service only. It is checked in the morning on working days only (not weekends or bank holidays). Please leave a message and you will be contacted with an appointment as soon as possible.
- If you feel the problem cannot wait please leave a message and then either contact 111 for advice or attend your local Emergency Department (A&E). If you feel unwell or feverish and particularly if the wound appears infected please attend your local A&E.

Mobilising:

- You can mobilise (start moving around) the same day as your surgery.
- You will initially be given a frame and will be progressed to crutches as soon as possible. How much weight you can put through your new hip is determined by your consultant. Most patients are allowed to fully weight bear but this will be confirmed by the ward staff post-op.
- Discharge – you will be discharged once you are independently mobile and can manage stairs if required. This can be the same day as your surgery.

- We recommend initially that you use two crutches both indoors and out until you are confident to mobilise around the house with only one (held in the opposite hand) or none. Outdoors it is advisable to keep two crutches until you can mobilise without a pronounced limp. You may then use one or none depending on confidence.
- At your physio follow-up, your physiotherapist will progress you as appropriate.

Points to aim for when walking:

- Make sure that both steps are equal in length.
- Try to spend the same amount of time on each leg.
- Always put the heel of each foot to the ground first.
- Short walks more frequently are better than one long walk – pain at night is an indicator that you have overdone things, therefore gradually increase your walking distance and amount of activity that you do each day.
- If you find that you are sore at the end of the day, do not increase the amount of activity the next day until things have settled down.

Sitting:

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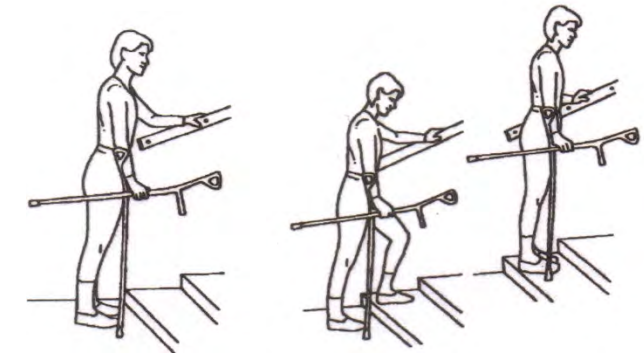
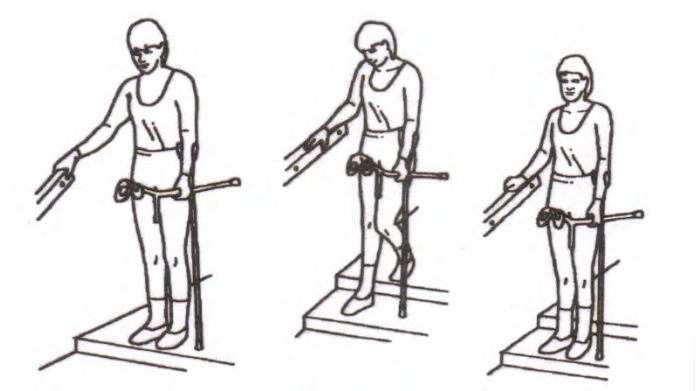
- To sit down, stand close enough to feel the chair against the back of your legs. Either let go of the walking frame and reach back to the arms of the chair with both hands or place both walking aids in one hand and place the other on the arm of the chair. Step your operated leg forward and gently lower yourself into the chair.
- To stand up place the operated leg out in front of you, push up with both hands on the arms of the chair, once balanced place hands on the frame or push up with one hand on the arm of the chair holding your walking aids in the other. Once balanced place crutches or sticks in both hands.

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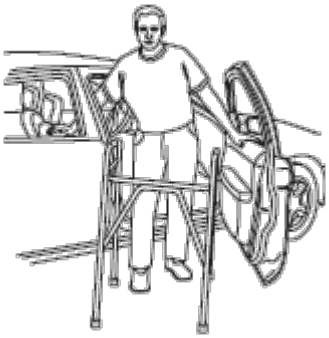
- Do not use the frame to pull yourself up or stand up or sit down with your hands still in the crutches.

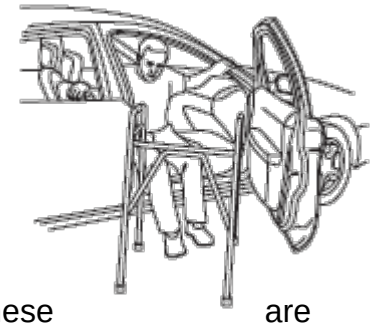
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Stairs:

To begin with, it is better to go up or down the stairs one step at a time. Place the crutches or sticks in one hand and hold onto the rail with the other.	
Coming down the stairs, you should place your operated leg together with your crutch/stick onto the step below first, followed by your un-operated leg last.	

Getting in and out of the car





- Positioning the car: you should sit in the front passenger seat of the car after your operation as there is more leg room. Make sure the car is parked away from the kerb, so you can be on the same level as the car before you try to get in.
- Push the seat back as far as possible and slightly reclined. Go bottom first into the car and lower yourself slowly to the edge of the seat. Use your arms and lift your bottom further across the seat towards the driver's side. Lift your legs into the car slowly.
- A plastic bag will help you swivel your legs in more slowly, but must be removed before you drive off.
- Reverse this procedure to get out.

Functional activities:

- When dressing there are several aids which may be of benefit but these are not essential i.e. a helping hand, sock aid or long handled shoe horn. The occupational therapist (OT) will give you information on where these aids can be obtained.
- If your toilet is particularly low you might like to purchase a raised toilet seat to use for the first week or so but again this is not essential.
- Use the armrests to get in and out of your chair.
- Follow the advice from your occupational therapist on how to manage in the kitchen and bathroom.

- **Washing:** for the first 6-8 weeks after your operation you may struggle to get in the bath. If your shower is in the bath, once you are comfortable enough to stand on the new hip to get into the bath you may have a shower. Having a bath is more likely to take 6-8 weeks as it is the standing up from sitting which is the problem. If you do not have a walk in shower or access to one, you will have to have a stand up strip wash until you can get in the bath. You may initially require help to wash and dry your feet or may manage with a combination of a helping hand and/or a long handled brush/sponge.
- **Dressing:** before you come into hospital arrange your clothes so that you can reach them easily for the first week or so till the hip becomes less painful and more flexible. The dressing aids recommended by the occupational therapist will make dressing easier initially. If you have bought these aids it is advisable to use them for the minimal amount of time possible, as you want to be able to regain your flexibility as soon as possible.
  To get dressed, collect your clothes and your three dressing aids (if using them) and sit somewhere comfortable before you start.

Using dressing aids:

The helping hand can be useful initially for putting on underwear, trousers and skirts until you can bend far enough to do it yourself. It is easier to put your operated leg in first when dressing and last when undressing.	
The sock aid can be useful for putting on socks until you are flexible enough to do it yourself	
The long handled shoe horn can be useful initially to put your shoes on, and to push your socks, stockings or tights off until you are flexible enough to do it yourself.	

- **In the kitchen:** rearrange the contents of your fridge and cupboards so you can reach the more essential items without bending down; stocking the freezer with pre-cooked meals that can be reheated is also useful. A high stool is useful to sit on, for example, when you are preparing vegetables or for eating meals if you are unable to carry it to the dining table.

- All heavy work i.e. vacuuming, making beds and cleaning where possible should be done by somebody else for around 6 weeks or until you feel that you can manage.

Driving:

- In order to drive you need to be nearly pain free, not be dependent on walking aids, have a good range of movement and have sufficient reflexes to manage an emergency stop this is usually around six weeks after your operation.
- Remember to have a “test drive” and practice an emergency stop with an experienced driver before driving on your own.
- You need to contact the DVLA and your insurance company if you are not driving after 3 months because of the hip replacement. Failure to do so can result in a fine and prosecution if you are involved in an accident.

Work:

- If you need a fit note (medical certificate) for your employer, please ask the nurses before you leave hospital. Further certificates can be obtained from your GP.
- If you have a desk job you will be able to return sooner than if you have a very active job, this will be about 4-8 weeks as compared to 3 months for a physical job.
- Returning to a job that involves some light labour is permitted but those that involve heavy labour are not recommended.

Sports and hobbies:

It is only recommended that you return to activities that you were doing prior to your surgery.

- Low impact activities such as walking, swimming, static bike, golf and dancing are recommended.
- Sports which involve high impact such as running and jumping should be avoided unless you have continued to participate in these sports prior to your surgery; most patients find returning to running uncomfortable and rarely persist.
- Activities such as roller skating, ice skating, horse riding, cycling on the road, downhill skiing maybe recommenced if you have participated in these activities before but they are considered high risk and should not be taken up as a new activity after a total hip replacement.
- Gardening is fine. Long handled tools may be useful when weeding etc. and the heavy work should be left for 3 months.

Travelling:

It is not advisable to fly within 6 weeks of having a joint replacement due to the increased risk of deep vein thrombosis (blood clot).

The guidelines recommend short haul flights up to 4 hours initially and then long haul flights after 3 months.

Follow-up on discharge

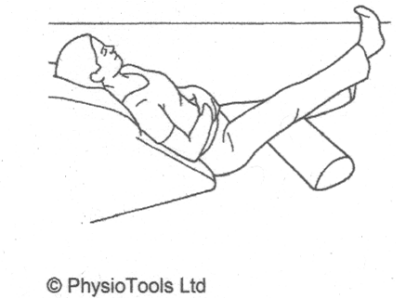
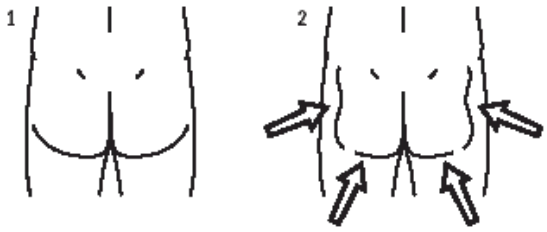
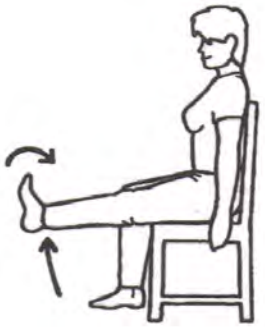
- Your clinic appointment should be made by ward staff for 6-8 weeks after your operation. **Please note this appointment will be with a specialist physiotherapist not a doctor.**
- Physiotherapy follow-up is also arranged dependent on circumstances and where you live; they will contact you with an appointment.
- If haven't heard from the physiotherapists within 2-4 weeks of your operation please ring the number at the end of the booklet.

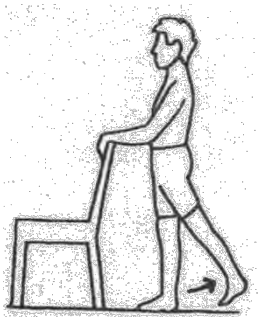
Day 0 (day of surgery)

Mobilising

- You can get up today.
- We will provide you with the most appropriate walking aid for you; this is likely to be a frame initially. Once you can mobilise round the ward independently with a frame, you will be progressed to crutches or sticks.
- Once you are safe on crutches / sticks and can use the stairs, you may go home.
- **Please note that you may reach these targets and be discharged home on the same day as the surgery.**

<table>
<tr><td colspan="2">Start the following exercises on the day after your surgery and do them a minimum of 5 times each, 1-2 times a day with each leg. Your physiotherapist will help explain how to do them. If this results in no increase in your pain and swelling, you can increase the exercises to 10 times each, 3-4 times a day.</td></tr>
<tr><td>Hip flexion on the bed
Lie with your legs stretched out in front of you.
Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend.
Slide your heel back down again. A plastic bag placed under your heel will make this exercise easier.
Relax completely, repeat 5-10 times</td><td></td></tr>
<tr><td>Hip abduction on the bed
Lie with your legs stretched out in front of you.
Keep both legs straight and your toes pointed towards the ceiling throughout the exercise.
Move your operated leg out to the side.
Return to the start position.
Relax completely, repeat 5-10 times.</td><td></td></tr>
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Static quads Lie with your legs stretched out in front of you. Tense your quadriceps muscles on the front of your thigh by pushing the back of your knee down into the bed and pulling your toes towards you. Hold for a count of 5-10 seconds. Relax completely. Repeat 5-10 times.	
Inner range quads Wrap a towel round tin and place under your knee. Tighten your thigh muscles to lift your heel off the bed. Hold for 5-10 seconds. Relax. Repeat 5-10 times.	
Static gluts Squeeze your buttock muscles together. Hold for 5-10 seconds, relax. Repeat 10 times.	
Once sat out in a chair you can also add in the following exercises. Again, start with a minimum of 5 of each 1-2 times a day and increase as able.	
Full range quads Sitting in the chair, pull the toes of the operated leg towards you. Tense the muscles at the front of the thigh and straighten the knee. Hold for a slow count of 5-10 then relax. Repeat 5-10 times.	
Knee flexion in sitting Sitting in the chair, with the foot on the floor bend the knee as far as possible. Hold for 2-3 seconds, then relax. Repeat 5-10 times.	

<table>
<tr><td colspan="2">The following exercises can be started once you are confident enough to do so.
Please ensure that you hold onto something secure for the following exercises.
NB: If you can do the exercises while standing it is no longer necessary to do the exercises on the bed as well.</td></tr>
<tr><td>Abduction in standing
Hold onto a support, stand on your good leg and lift the operated leg out to the side.
Then lower slowly and relax.
When doing this exercise keep your toes pointing forwards and do not lean over to the other side.
Repeat 5-10 times.</td><td>
</td></tr>
<tr><td>Hip flexion in standing
Hold onto a support.
Bend your knee up towards your chest as far as you can.
Relax. Repeat 5-10 times.</td><td></td></tr>
<tr><td>Hip extension in standing
Holding onto a support, take your operated leg backwards as far as possible.
Hold for a few seconds and then relax.
When doing this exercise keep your trunk upright and avoid leaning forward.
Hold for a few seconds, relax. Repeat 5-10 times.</td><td></td></tr>
</table>

The following information and exercises are guidelines only. Everybody is an individual, only do those you feel comfortable with.

Discharge – 2 weeks

Some patients may be discharged the same day as their surgery, or the next day.

Once home continue the exercises that you were shown in hospital. Be aware now that you are home you may feel more tired, this is normal and may take a few weeks to go away. You may still need to rest for part of the day.

You should be confident mobilising around the house and should be able to begin mobilising outside. Mobilise as far as you feel comfortable doing so, there is no minimal or maximal distance.

When negotiating a kerb place both crutches down first, then the operated leg followed by the non-operated leg. Going up the kerb, put the non-operated leg first followed by the operated leg and then the crutches (the same as you would for stairs).

2-3 weeks post-op

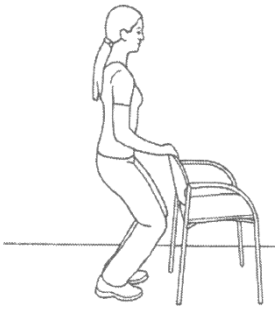
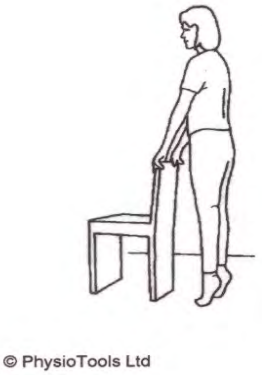
Continue to use whatever walking aids you feel confident with. Some people may be managing without walking aids at this point or only using crutches outside. Continue to increase the distance you walk each day.

Once the clips have been removed or the wound is fully healed you may start to massage the scar if you wish, this will help loosen and soften the scar.

Massage the scar with your thumb, making small circular movements along the incision. Change direction of the circles frequently. Do 10-15 circles in each area, then move about one inch along the scar and repeat.

Use of creams such as body lotion, vitamin E cream or E45 is purely one of personal choice; they will not harm the scar and will probably make the massage more comfortable.

You can now try the following exercises as well if you wish.

Half squats Stand holding onto something solid Bend both knees. Go as far as you can comfortably then return to the upright position. Repeat 5-10 times.	
Heel raises in standing Stand, holding onto something solid. Rise up and down on your toes, lifting your heels off the ground. Repeat 5-10 times.	

3-4 weeks post-op:

Hopefully you will have had your first physiotherapy appointment and they will guide you on which exercises to continue with or to add to your program.

Continue with your exercises and continue to increase the distance that you walk outside, some patients, dependent or previous level of fitness and mobility maybe comfortable walking as much as a mile a day.

Hopefully you may feel confident enough to go to the local shop or supermarket. A handy tip when shopping is to use a trolley as a walking frame.

If you have an automatic car and have had a left hip replacement and are comfortable to do so you may be able to drive.

4-6 weeks post-op

Continue to use walking aids if you are not confident to go without.

Travelling as a passenger in a car should now be more comfortable over short distances but longer distances may still be uncomfortable. You may be able to drive at this point if you have little or no pain and have sufficient reflexes to be able to do an emergency stop.

If you have a static bike you may be able to start using this now. It is advisable to have the seat slightly higher than you would normally for comfort. Start with no resistance initially and increase this as you become stronger. If at first you cannot make a full revolution of the pedals spend a few minutes rocking the pedals backwards and forwards as a warm up. If after the warm up you still cannot pedal correctly continue with the rocking motion pushing to end of range and holding for a few seconds; rock or pedal for 5-10 minutes three times a day and gradually increase the length of time as the hip becomes more comfortable.

If the wound has completely healed and you can get into a swimming pool safely you can swim but avoid breast stroke until 6 weeks after your op.

6-8 weeks

You should now be able to mobilise around the house and outside without walking aids if you are not doing so already.

If not doing so already you should be able to drive a manual car if you meet the criteria detailed in the introduction.

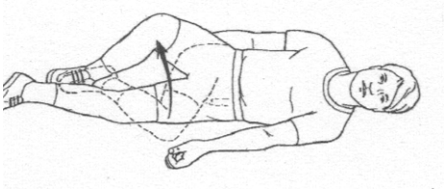
You may also return to a sedentary job, if you can get to work.

It is no longer necessary to avoid crossing your legs.

If you would like a bath please try it first with no water and fully dressed to make sure that you can get out easily.

The following exercises can now be tried. If some of the earlier exercises are now too easy, unless advised by your physiotherapist to continue, you can stop doing these and only persist with the exercises that you find slightly difficult.

Single leg balance Hold onto something solid. Put all of your weight onto the operated leg and lift your good leg backwards off the ground by bending your knee. To make this exercise harder, let go of your support. Aim to build up to holding this position for up to 30 seconds, repeat 5 times.	
Step ups Stand facing the stairs. Place operated leg on the bottom step. Hold onto the banister, and try and lift your weight up on the operated leg and place your other foot on the bottom step. Lower the good foot back down to the floor. Repeat 5-10 times.	

Step downs Stand on the bottom step facing down the stairs. Hold onto the rail. Try and lower your good leg to the floor. Straighten up and return foot to the bottom step. Repeat 5-10 times.	
Hip extension in prone Lying on your front try and lift the operated leg towards the ceiling. Hold for a few seconds, relax. Repeat 5-10 times.	
Bridging Lie on your back with your knees bent. Tuck your hips under and lift your bottom off the bed until your hips are in a straight line with your knees and shoulders. Hold for a slow count of 5-10. Relax and repeat.	
Clam shell Lie on your opposite side. Bend both knees. Twist your top leg until your knee is pointing towards the ceiling or as far as you can. Do not allow your hips to roll backwards. Hold for a few seconds, relax. Repeat 5-10 times.	
Hip abduction in side lying Lie on your good side, with the knee of your operated leg straight or only slightly bent. Lift your leg towards the ceiling taking care to not turn the toes towards the ceiling or to roll backwards. Hold for a slow count of 5-10, relax and repeat 5-10 times.	

3-6 months

Continue with the exercises that you find of most benefit.

Most of the swelling should now have resolved but some may remain.

It may also be possible to do the stairs normally if you are not already doing so.

You can now also return to golf, cycling on the road, doubles tennis, dancing, gardening including cutting the grass and light digging.

You may also return to light physical work.

6 months

You should now be back to full activities with the exception of high impact sports.

All swelling and stiffness should have resolved, but there may still be some weakness of the muscles of the hip.

1 year

You should now be fully recovered and able to carry out all activities of daily living without problems.

Contacting us

Royal Berkshire NHS Foundation Trust

Physiotherapy Department

Royal Berkshire Hospital, London Road, Reading RG1 5AN

Telephone Number: **0118 322 7812**

Occupational Therapy Department

Royal Berkshire Hospital, London Road, Reading RG1 5AN

Telephone No: 0118 322 7560

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy

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