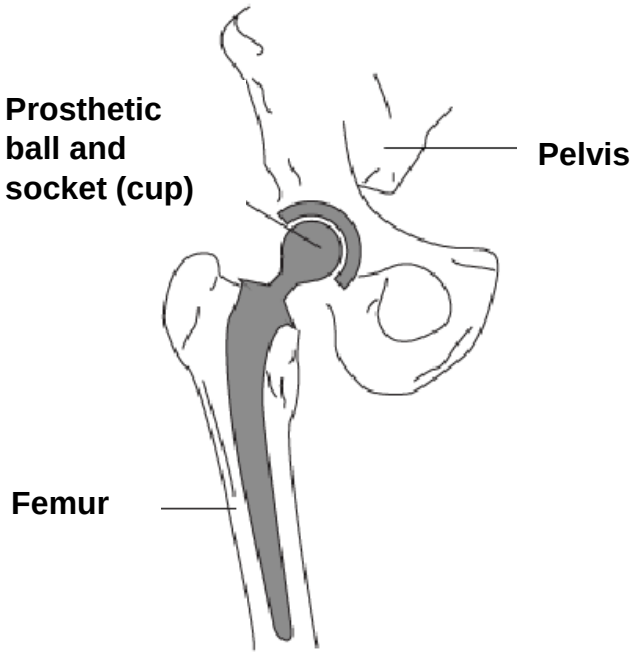
Total hip replacement (trauma) advice and exercises

This advice is for patients who have had total hip replacement following trauma. This information is designed to help you get back to full fitness as quickly as possible after your operation.

Before you leave hospital a physiotherapist will teach you all the exercises on this leaflet and make sure that you do not have any problems.

Introduction

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. In a total hip replacement, the acetabulum is replaced with a plastic and metal component and the head of the femur is replaced with a metal component which is inserted into the shaft of the femur.



Following your operation, you will be encouraged to mobilise as soon as possible and you must make sure that you are receiving adequate pain relief to allow you to do this. Normally, you will be sat out of bed the day after the operation with assistance and a walking aid. Unless told otherwise, you should be taking as much weight on your operated leg as you can tolerate.

Mobility will be progressed during your admission with the physiotherapist. They will advise you on how far you should be mobilising and what walking aids are appropriate for you (usually a walking frame initially and then progressing to crutches or sticks).

It is also important that you carry out some exercises to strengthen the muscles around the damaged hip. These are listed on the following pages. Your physiotherapist may advise you of additional exercises that may also benefit you.

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

The advice in this leaflet is designed to help reduce this risk and to help you to get the maximum benefit from your new hip.

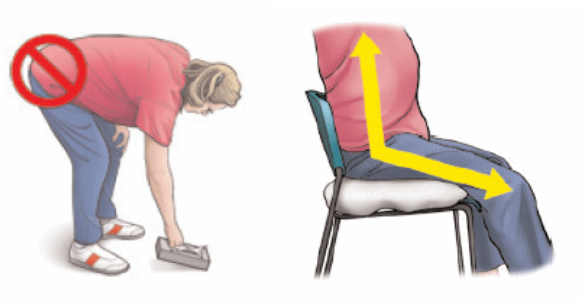
To reduce the risk of dislocation, follow the precautions below for a period of at least 6 weeks.

General advice

To reduce the risk of dislocation, follow the precautions below for a period of at least 6 weeks.

<table>
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1. **Do not bend the operated hip past 90° (a right angle).**
   - Avoid low chairs (your occupational therapist will advise you of your safe sitting height and should check the heights of your chairs at home).
   - Do not raise your knee higher than your hip in sitting, do not lean forwards in sitting (keep your shoulders behind your hips).
   - Do not bend at the waist to pick items up from the floor.
   - Always use the dressing aids provided by your occupational therapist.

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2. **Do not cross your legs.**

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3. **Do not turn your operated leg inward in a pigeon toe position.**
   - Do not swivel when you turn, always lift your feet.
   - Do not twist your torso while sitting, lying or standing.

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<td colspan="2">

4. **Do not roll or lie on the un-operated side**
   You may lie on your new hip once it is comfortable to do so; this is usually when the clips are out and the wound is healed.

</td>
</tr>
</table>

Pain

- Having a joint replacement will relieve the pain from the fracture 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 leaflet should help to minimise this.
- 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 which settles quickly is acceptable, severe pain which 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 10-20 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 and make the swelling worse. Leave at least 20-30 minutes between ice packs.

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 / walking



Sitting:

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





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.
- Gradually increase your walking distance and amount of activity that you do each day.

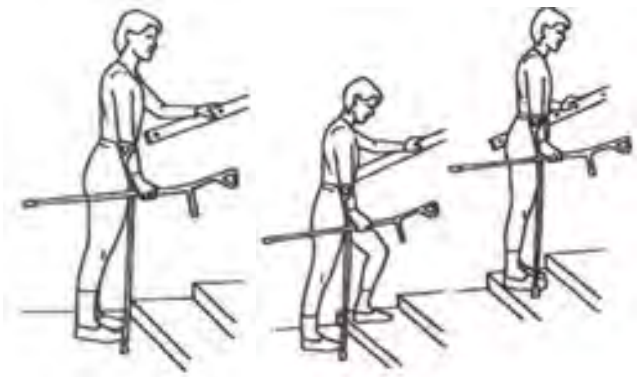
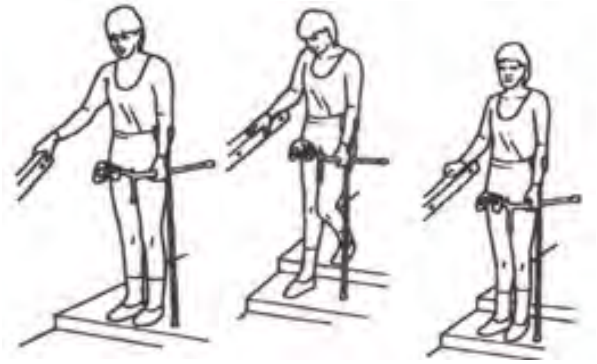
Getting out of bed



It is not necessary to get out of bed with the operated leg first but you need to be careful to observe the hip precautions shown earlier. In particular, do not let your operated leg cross the midline.

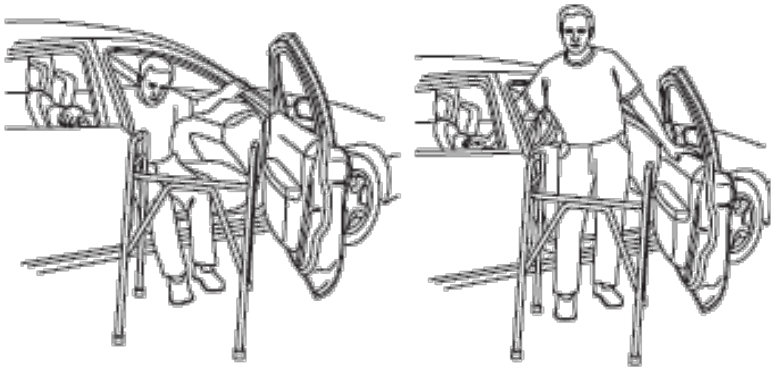
Stairs

Your physiotherapist will practice stairs/steps with you prior to discharge if necessary. You may need to use a stick or crutches on the stairs if you only have one or no rails. You may also need to have extra frame/ crutches/sticks to enable you to have something to walk with when you reach the top of the stairs.

Ascending • Hold on to your rail/rails. • Step up with your un-operated leg first, then your operated leg, followed by your stick or crutches	
Descending • Hold on to your rail/rails. • Place your crutches or stick down one step. • Step down with the operated leg first, follow with the un-operated leg.	

Getting in/out of the car

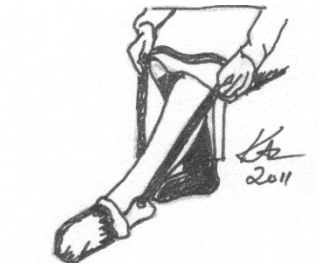
- Positioning the car: you should sit in the front passenger seat of the car after your operation as there is more leg room. Make sure the car is parked away from the kerb, so you can be on the same level as the car before you try to get in.
- Push the seat back as far as possible and slightly reclined. 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 that may be of benefit and these will be supplied by the occupational therapist (OT) i.e. a helping hand, sock aid or long handled shoehorn.

The helping hand can be useful 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 shoehorn can be useful to put your shoes on, and to push your socks, stockings or tights off until you are flexible enough to do it yourself.	

- If your toilet is particularly low a raised toilet seat or toilet frame will be provided by the OT.
- Use the armrests to get in and out of your chair, the OT will advise you on the best height to sit.
- Follow advice from your occupational therapist on how to manage in the kitchen and bathroom.
- **Washing:** for the first 6 weeks after your operation you cannot get into a bath as you would break your hip precautions. If your shower is in the bath you will not be able to have a shower for 6 weeks. Having a bath is more likely to take 8-12 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 will require help to wash and dry your feet for the first 6 weeks or you may manage with a combination of a helping hand and/or a long handled brush/sponge.
- **Dressing:** You will not be able to bend down for the first 6 weeks and will therefore need assistance to dress your lower half. The dressing aids recommended by the occupational therapist will make dressing easier. To get dressed: collect your clothes and your three dressing aids and sit somewhere comfortable before you start.

- **In the kitchen:** have someone 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 should be done by somebody else where possible for 6 to 12 weeks post op.
- **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. If you have an automatic car and have fractured your left hip you may be able to drive sooner.
  - 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:** Check with the surgeon when you can go back to work.
  - If you need a fit note 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.
- **Sports and hobbies:**
  - Recommended activities include walking, swimming, static bike, golf and dancing.
  - Sports which involve high impact such as running and jumping should be avoided i.e. jogging, singles tennis, basketball, football.
  - 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). Long haul flights should be avoided for 3 months.

Follow up on discharge

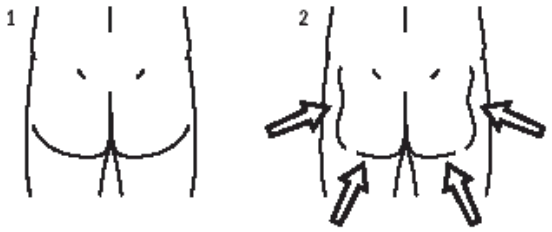
Physiotherapy follow-up is arranged at the discretion of the ward therapist. If they feel it is appropriate they will either send a referral to your local physiotherapy department and they will contact you with an appointment or they will arrange for the therapist to visit you at home.

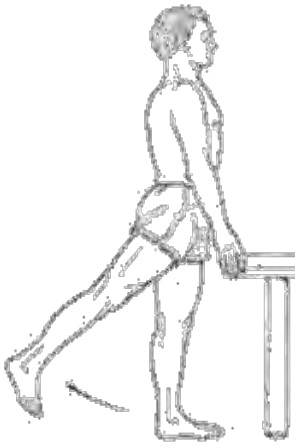
Discharge

When the ward team feel you are ready, you will be discharged, either home or to a further rehabilitation centre. Before leaving, your physiotherapist should discuss with you which exercises to continue at home and how to progress your mobility.

If you have any queries, please do not hesitate to contact us on the phone number at the back of this leaflet.

Exercises:

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.	
1) Static quads Lying with your legs out straight in front of you, tighten the muscles on the front of your thigh by squashing your knee down in to the bed and pulling your toes up towards you. Hold for a count of 5-10, relax completely. Repeat 5-10 times.	
2) Gluteal squeeze Squeeze your buttock muscles together as tightly as possible. Hold for a count of 5-10 and then relax. Repeat 5-10 times.	
3) Hip flexion/ Heel slide Lying with your legs out straight in front of you, slide the heel of your operated leg up towards your bottom, allowing your hip and knee to bend. Do not let your hip bend more than a right angle. Slide your heel back down again, relax completely. Repeat 5-10 times.	

4) Hip abduction Lying with your legs out straight in front of you, keeping both legs straight and your toes pointing towards the ceiling throughout, move your operated leg out to the side slowly. Return your leg to the start position, relax completely. Repeat 5-10 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.	
5) Long arc quadriceps In your chair, kick your foot forward and straighten your operated leg slowly, hold for 5 seconds and slowly lower back down. Relax completely. Repeat 5-10 times.	
6) Hold onto something solid such as a work surface or chair. Slowly lift the knee of your operated leg towards your chest. Do not bend your hip more than a right angle. Lower your foot back down, relax completely. Repeat 5-10 times.	
7) Hold onto a firm surface. Keeping your body upright throughout the exercise, slowly move your operated leg as far back as possible. Relax and return to starting position. Repeat 5-10 times.	

8) Hip abduction Hold onto a firm surface. Keeping your body upright throughout the exercise, slowly move your operated leg out to the side, keeping your toes pointing forwards. Return to the starting position, relax completely. Repeat 5-10 times.	

The following information and exercises are guidelines only. Everybody is an individual, some of you will find that you meet the targets documented easily and some of you will never achieve them. The same applies to the exercises; some of you will find them easy and others will not be able to manage them particularly the advanced ones. Only do those you feel comfortable with.

Discharge – 2 weeks

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).

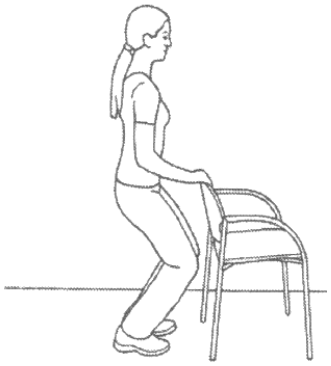
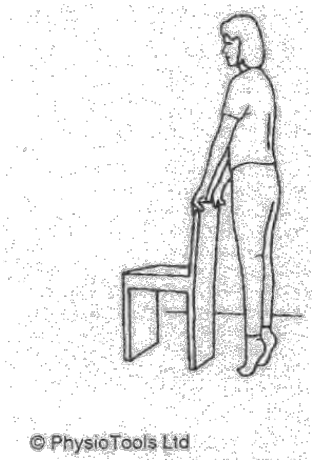
2-3-weeks post-op

At this point all total hips should continue to use to crutches outside but you may find that you can manage with 1 crutch around the house (held in the opposite hand to your hip replacement). Continue to increase the distance you walk each day.

Once the clips have been removed or the wound fully healed if it has been glued 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 to do so.	
Half squats Stand holding onto something solid. Bend both knees. Only go as far as 90 degrees 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 10 times.	

3-4-weeks post-op

Continue with the above exercises and continue to increase the distance that you walk outside, some patients by this time may be 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

Some patients if you have no limp, will be able to manage with no walking aids or 1 stick only at this point, some may still require two. You hopefully should be confident to mobilise outside on your own with or without walking aids. Around the house you may be able to manage without any walking aids.

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 try swimming but we do not recommend breast stroke until 6 weeks after your operation.

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.

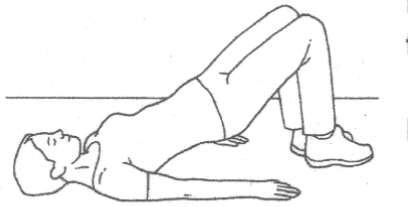
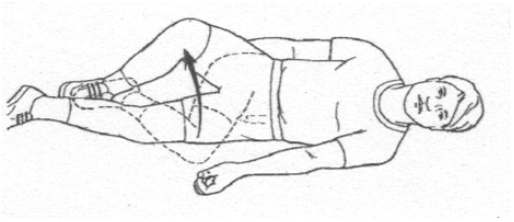
If not doing so already you should be able to drive a manual car if you meet the criteria detailed in the introduction.

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.

<table>
<tr><td colspan="2">The following exercises can now be tried, only do the ones you feel confident doing.</td></tr>
<tr><td>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.</td><td></td></tr>
<tr><td>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.</td><td></td></tr>
</table>

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 5-10 times.	
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 count of 5-10, relax and repeat 5-10 times.	

3-6 months

Continue with the exercises that you find of most benefit if you wish. If you have already returned to sports or work it may be that you don't need to continue with the exercises.

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

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, though some patients will feel that their stamina and fitness is not quite returned to their pre injury levels and this can take up to 18 months.

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust **Orthopaedic Physiotherapy Department** Royal Berkshire Hospital London Road, Reading RG1 5AN Tel: 0118 322 7812	Royal Berkshire NHS Foundation Trust **Orthopaedic Occupational Therapy Department** Royal Berkshire Hospital London Road, Reading RG1 5AN Tel: 0118 322 7560
Orthopaedic Clinical Admin Team (CAT 5) Tel: 0118 322 7415 Email: rbb-tr.cat5@nhs.net	**Elderly Care Physiotherapy and Occupational Therapy Department** Woodley Ward Royal Berkshire Hospital London Road, Reading RG1 5AN Tel: 0118 322 8272
Trauma Orthopaedic Unit (Hurley) Tel: 0118 322 7335/7336 **Emmer Green Hip Fracture Unit** Tel: 0118 322 6901	

Visit the Trust website at www.royalberkshire.nhs.uk

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

RBFT Orthopaedic and Elderly Care Physiotherapy Departments
Reviewed: November 2026. Next review due: November 2028.