Proximal femoral replacement information and exercises

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 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 proximal (upper end) femoral replacement, part of the femur (thigh bone) is replaced with a metal component that is inserted into the lower part of the femur. The acetabulum is replaced with a plastic component.

Following your operation, you will be encouraged to mobilise as soon as possible so you should be receiving adequate pain relief to allow you to do this. Before your operation make sure you stock up so you have plenty of painkillers at home; while in hospital, speak to your nurse or doctor if you feel your pain isn't being controlled. Normally, you will sit out of bed the day after the operation with assistance and a walking aid.

You will only be allowed to partially weight bear through the affected leg initially. This means that you can take up to half your body weight through the leg but not all of it. After two weeks you will be allowed to progress to fully weight bearing through the affected leg.

Mobility will be progressed during your admission with the physiotherapist. He/she 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.)

It is also important that you carry out some exercises to strengthen the muscles around the hip as much as possible. 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 you should follow the precautions below for a period of at least three months:

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 or lean forwards (keep your shoulders behind your hips).
- Do not bend at the waist to pick items up from the floor.



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



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.



4. **Do not roll or lie on the un-operated side.**
- Most start up sleeping on their backs with a pillow under the knees.
- To reduce the risk of dislocation do not lie on your good side in case the operated side crosses in the night.
- You may lie on the operated side once it is comfortable to do, so this is usually when the wound has healed but maybe as long as 6 weeks.

Mobility / Walking

Standing from sitting

- Shuffle your bottom to the front of the chair.
- Tuck your feet back underneath you.
- Use the arms of the chair to push up from. If using crutches place them in one hand as shown in the picture and use the other hand to push up from the chair.
- If it is painful, move the operated leg forwards prior to standing so that more weight is taken on the non-operated leg.
- Once you have your balance reach for your frame or place crutches in both hands.
- **Do not pull up on your frame.**





Sitting down

- Your chair must be high enough so that your knee is lower than your hip.
- Stand close enough to feel the chair against the back of your legs.
- Let go of the frame or place crutches in one hand and reach back to the arms of the chair.
- Slide your operated leg forwards.
- Gently lower yourself in to the chair.

Walking with a frame

- Move the frame first.
- Then step the operated leg forward.
- Push down through the frame and step forward with your non-operated leg.

Walking with crutches.

- Place both crutches forward making sure they are level and at least hip width apart.
- Step forward with the operated leg first
- Take your weight through the crutches and step forward with the non-operated leg.

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



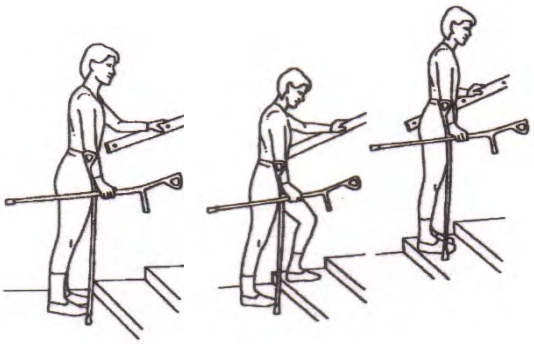
It is not necessary to get out of bed with the operated leg first but you need to be careful to observe the hip precautions shown earlier. In particular, do not allow your operated leg to cross the midline.

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.

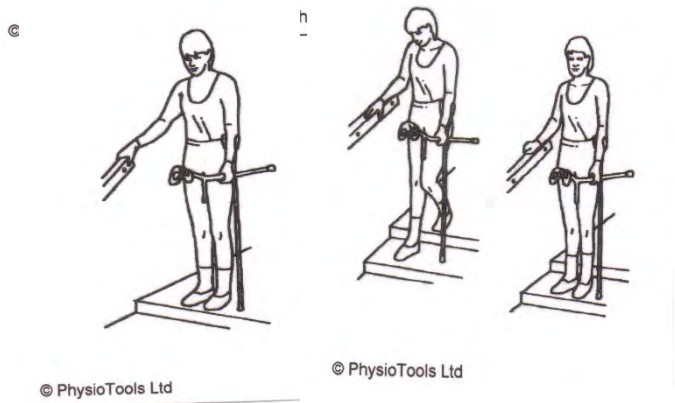
Ascending

- Hold on to your rail.
- Step up with your non-operated leg first, then your operated leg.
- Followed by your stick or crutches.



Descending

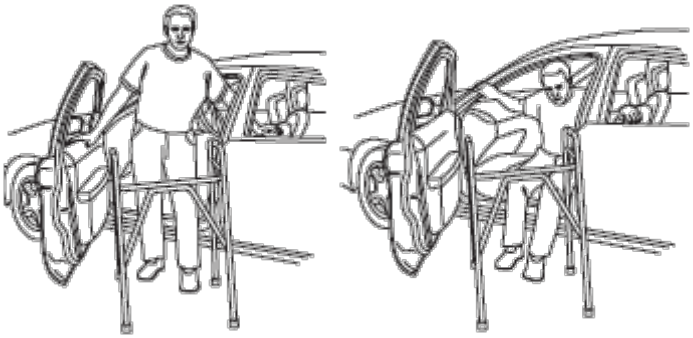
- Hold on to your rail.
- Place your crutches or stick down one step.
- Step down with the operated leg first, follow with the non-operated leg.



If you have two hand rails on the stairs and you therefore do not use any walking aids it is still non-operated leg first going up followed by the operated leg. Coming down stairs you put the operated leg first followed by the non-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.



Pain

After your operation 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 sharp pain, stop activity immediately. If symptoms persist, 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.

Swelling

The swelling in the leg may remain for as long as three months. Having a rest period on the bed with the legs elevated (raised up) for a few hours a day will help control the swelling.

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.
- Remember to have a “test drive” and practice an emergency stop with an experienced driver.
- You need to contact the DVLA and your insurance company if you are not driving after 3 months because of the replacement. Failure to do so can result in a fine and prosecution if you are involved in an accident.

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.

Exercises

The following exercises need to be done regularly throughout the day to reduce the risk of chest infection and blood clots in the calf. You should start these exercises as soon as possible after your operation.

1) Deep breathing

Breathe in through the nose.

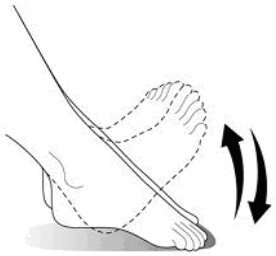
Hold for 2-3 seconds.

Breathe out through the mouth.

Do 3 or 4 deep breaths, then relax.

2) Circulatory exercises - ankle pumps

Point and bend your ankles, a minimum of 10 times.



The following exercises should be started the day after your surgery and should be done 10 times each, your physiotherapist will help explain how to do them. Start with a minimum of twice a day, if the pain is settling and completing the exercises twice a day doesn’t aggravate your symptoms you may increase them to 3-4 times a day if you wish. Continue with the exercises for up to 3 months or until back to your normal activities.

3) Static quads

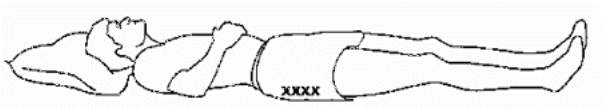
Lying with your legs out straight in front of you, tighten the muscles on the front of your thigh by squashing your knee down into the bed and pulling your toes up towards you.

Hold for a count of 5-10, relax completely.



3) Gluteal squeeze

Squeeze your buttock muscles together as tightly as possible for a count of 5-10, relax completely.



4) 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 10 times.



5) 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 10 times.



6) Long arc quadriceps

In your chair, kick your foot forward and straighten your operated leg slowly, hold for 5-10 seconds and slowly lower back down. Relax completely. Repeat 10 times.



Once you are mobile with a frame or crutches you can progress to the following exercises. Make sure you are holding onto a firm surface for all standing exercises. Again, you should be doing 10 of each exercise, 2-4 times a day



7) Hip flexion

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 10 times.

8) Hip extension

Keeping your body upright throughout the exercise, slowly move your operated leg as far back as possible, return to the starting position, relax completely.



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9) Hip abduction

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 10 times.

10) Hip hitching

Keeping your body upright, your feet together and your legs straight, shorten one leg to lift the foot. Repeat on the other side, relax completely. Repeat 10 times.



Contact us

RBFT Physiotherapy Department

0118 322 7811 or 7812

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

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

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