

Hip resurfacing

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. This joint is particularly prone to osteoarthritis as it is one of the main weight bearing joints of the body. Both surfaces of the cup and 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.



Birmingham hip resurfacing is so called as it replaces the surfaces of the acetabulum and the head of the femur with metal components.

After your operation

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 and doing your exercises will help minimize the pain.
- If you find that the painkillers provided are not sufficient to relieve your pain, please inform the nursing staff or your doctor and further pain relief will be provided.
- 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 sharp or severe pain, stop the activity immediately and if symptoms do not settle contact your GP for advice.

Swelling

- Your thigh may swell for up to three months or more after your operation and may extend as far as the foot.
- If this occurs resting on the bed in the afternoon with your feet up will help.
- If you wish to 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. Allow at least 20 minutes between applications.

Infection

If your wound leaks and your dressing need changing before your appointment to have your clips/sutures removed, please contact your GP surgery to arrange this.

If during the first four weeks after your surgery the wound becomes red, increasingly more painful and/or discharging pus, particularly if you feel unwell with a high temperature please call the Orthopaedic Outpatients Department on 0118 322 6938. We can arrange an appointment for the wound to be checked by one of our surgeons although be aware that it may not be with the surgeon who did the operation.

If infection is suspected/confirmed you must also contact your surgeon to organise an early review but it is likely that this will be arranged for you when you attend the Orthopaedic Outpatients Department.

Mobilising

- If you returned to the ward before lunch it may be possible for you to get out of bed on the same day as your surgery. If you do not get up on the same day you should get out of bed the next day and will initially be given a frame and will be progressed to crutches as soon as possible. Dependent on your surgeon you will either be fully weight bearing or you will be partial weight bearing for the first two weeks. This means that you must not put all of your weight through your operated leg.
- You must use your crutches both indoors and outdoors for the first two weeks if partial weight bearing. After this you may progress to one crutch (in the opposite hand) when confident enough to do so. Outdoors it is advisable to continue with both crutches until you can walk without a pronounced limp. You may walk without any walking aids when confident to do so and have no limp.
- If you are fully weight bearing you may progress to one crutch in the opposite hand as soon as you are confident to do so both indoors and outdoors. You may also progress to sticks or no walking aids once confident to do so. It is important not to progress to one or no walking aids if you have a pronounced limp.

Sitting

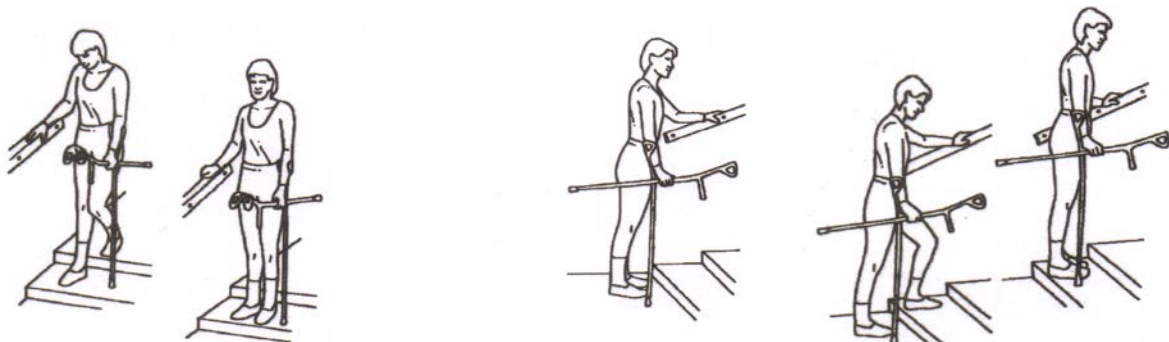
- To sit down, stand close enough to feel the chair against the back of your legs.
- Either let go of the walking frame and reach back to the arms of the chair with both hands or place both walking aids in the one hand and place the other on the arm of the chair.
- Step your operated leg forward and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



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.
- Going up you should place the un-operated leg on the step above first, followed by your operated leg and crutch/stick.
- Coming down stairs you should place your operated leg together with your crutch/stick onto the step below first, followed by your un-operated leg last.

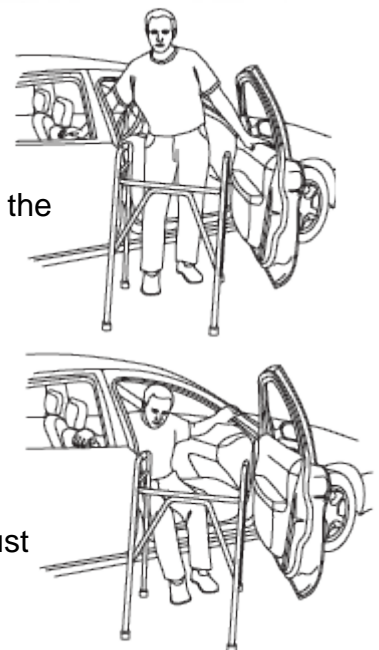


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Getting in and out of a car

- 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 4-8 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.

If you have purchased the dressing aids:

- 1) The helping hand can be useful initially for putting on underwear, trousers and skirts until you can bend far enough to do it yourself.
- 2) It is easier to put your operated leg in first when dressing and last when undressing.
- 3) The sock aid can be useful for putting on socks until you are flexible enough to do it yourself.
- 4) 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 should be done by somebody else.

Driving

This is normally six weeks after surgery. 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 should contact the DVLA and your insurance company if you have not returned to driving after 3 months.

Work

If you have a sedentary job you can usually return to work when you are comfortable to do so, this may be as little as 4 weeks.

If you have an active job it may be 3 months before you can return to work.

If you need a medical certificate for your employer, please ask the nurse before you leave the hospital. Further certificates can be obtained from your GP.

Sports/hobbies

- Low impact sports such as walking, swimming, cycling and golf are excellent activities.
- High impact sports: if you are familiar with the sport and have a high level of general fitness it may be possible to return to higher impact sports such as running, squash and athletics after 3-6 months but be aware this may mean that the replacement will wear out quicker.
- You can return to gardening but take care with heavier work such as digging. Start gradually and do not increase the amount of activity until you feel confident and have suffered no adverse symptoms.

Sex

You should remain the passive partner whilst recovering but you should be able to return to sexual activities at 6-8 weeks.

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 after 6 weeks i.e. up to 4 hours and long haul flights after 3 months.

Follow up on discharge

Your clinic appointment should be made by the nursing staff for 6-8 weeks after your operation, this is likely to be with a specialist physiotherapist rather than your surgeon. As discussed prior to your discharge to maximise the benefit gained from your joint replacement it is advisable to be reviewed by physiotherapy before your six week clinic appointment. Please do not ring them before two weeks after discharge as they are unlikely to have your paperwork, but these clinics quickly become fully booked so do not leave it to the last minute.

You may be seen at the following hospitals, this being dependent on where you live and your ease of access to these hospitals.

If you live in central Reading, Tilehurst, Lower Earley, Earley, Pangbourne, Theale, Burghfield, Mortimer, Wokingham and Winnersh you may wish to contact:

Physiotherapy Department
Royal Berkshire Hospital
London Road
Reading
RG1 5AN
Tel: 0118 322 7812

If you live in Wokingham, Winnersh, Earley, Lower Earley, Woodley, Wargrave, Twyford or Crowthorne you may wish to contact:

Physiotherapy Department
Wokingham Community Hospital
41 Barkham Road
Wokingham RG41 2RE
Tel: 0118 949 5109.

If you live in West Berkshire i.e. Newbury, Thatcham, Hungerford, and Highclere you may wish to contact:

Physiotherapy Department
West Berkshire Community Hospital
London Road
Benham Hill
Thatcham, RG18 2AS
Tel: 01635 273362

N.B. Clinics are closed for Public Holidays.

If you do not live in any of the above areas, your local physiotherapy department will contact you to arrange a physiotherapy outpatient appointment. If you have any queries please do not hesitate to contact us on the phone number at the back of this booklet.

Day 0/1

The following exercises need to be done regularly throughout the day to prevent blood clots in the calves or chest infections.

Deep breathing

Breathe in through the nose.

Hold for 2-3 seconds.

Breathe out through the mouth.

Do 3-4 deep breathes each set with a short rest between.

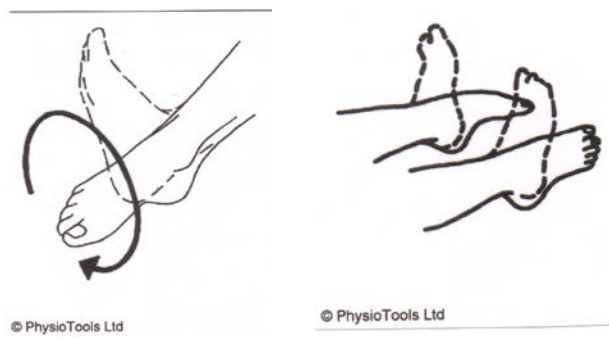
Do 10-12 deep breathes in total.

Circulatory exercises

Point and bend your ankles.

Circle your ankles in both directions.

Do a minimum of 20 of each exercise.



You should do the following exercises ten times each 4 or 5 times a day.

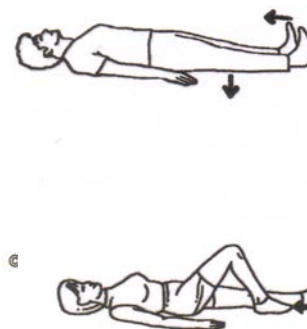
Static quads

Sit or lie with your leg straight out in front of you.

Tense your thigh muscles (quads) by pushing your knee down into the bed, pulling your toes towards you.

Hold for a slow count of ten.

Repeat 10 times.



Hip flexion

Sit or 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.

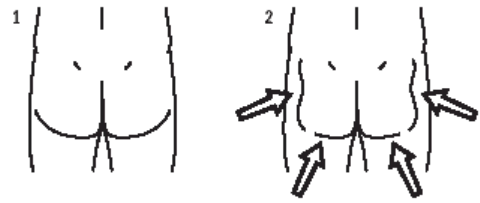
Return slowly to the start position.

Repeat 10 times.

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Static gluts

Squeeze your buttock muscles together.
Hold for 5 seconds, relax.
Repeat 10 times.



Hip abduction

Sit or lie with your legs out in front of you.
Keep both knees straight and your toes pointing towards the ceiling throughout the exercise.
Move your operated leg out to the side as far as possible.
Return to the starting position.
Repeat 10 times.



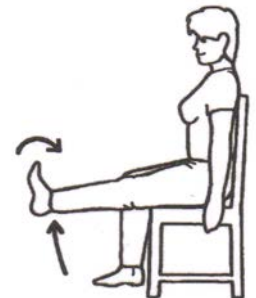
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Mobilising

You will be able to get up today and begin to mobilize with a frame partial or full weight bearing, depending on your surgeon's instructions.
You will be able to sit out in a chair for as long as you feel comfortable and can do the following exercises:

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 10 then relax.
Repeat 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, and then relax.
Repeat 10 times.



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Occasionally patients with Birmingham hip replacements are comfortable enough and mobile enough to be discharged home within 24 hours of their surgery but 48 hours is more common.

Day 2

You will continue to mobilize around the ward, when you are safe enough you will be progressed onto crutches. Once you have successfully managed a flight of stairs and are independent on your crutches you will be discharged home. This should be 2-3 days after your operation.

The following exercises can be started once you are confident enough to do so.

Bent knee fall outs

Lying on your back, bend both knees.

Gently allow the operated leg to fall outwards. Go as far as comfortable then return to the start position.

Repeat 10 times.

NB. This exercise must be done slowly and controlled at all times.



Inner range quads

Place tin wrapped in a rolled up towel under your knee, tighten your thigh muscles to lift your heel off the bed.

Hold for 10 seconds. Relax.

Repeat 10 times.



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.

Repeat 10 times.



Hip flexion in standing

Holding onto a support, bring your knee up towards your chest.

Relax.

Repeat 10 times.



Hip extension in standing

Holding onto a support, take your operated leg backwards as far as possible, do not allow your body to tilt forwards.

Hold for a few seconds.

Relax.

Repeat 10 times.



Once you get home

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 be slightly slower. The same applies to the exercises, only do those that 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 mobilizing around the house and should be able to begin mobilizing outside. Start with short distances and gradually increase the distance walked each day. You should keep two crutches or two sticks outdoors until you are walking without a limp and are confident enough to go without. 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/steps.)

2 weeks

You can now fully weight bear if you were partially weight bearing and wean yourself off your walking aids with advice from your physiotherapist.

Continue to increase the distance you walk each day.

Once the clips (if used) have been removed you may start to massage the scar if you wish, this will help loosen and soften the scar. If the wound has been glued or sutured you need to wait until it is healed before starting massage.

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, cocoa butter or bio-oil 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 if you wish to.

Half squats

Stand holding onto something solid.

Bend both knees.

Go as far as you can comfortably then return to the upright position.

Repeat 10 times.



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Heel raises in standing

Stand, holding onto something solid.
Rise up on your toes, lifting your heels off the ground.
Relax. Repeat 10 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 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 10 times.



Single leg balance

Hold onto something solid.
Put all of your weight onto the operated leg and lift your good leg off the ground.
Hold for 20-30 seconds or as long as possible.
Repeat 10 times.
Progress by gradually reducing your support.



Hip abduction in side lying

Lying on your good side, with the knee straight or only slightly bent; lift your leg towards the ceiling.
Do not allow your foot to turn up towards the ceiling.
Hold for a slow count of 10.
Relax and repeat 10 times.



Bridging

Lie on your back with your knees bent.
Lift your bottom off the bed as far as comfortable or until your hips are in a straight line with your knees and shoulders.
Hold for a slow count of 10.
Relax and repeat.



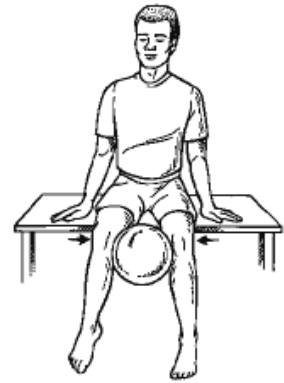
Static adduction (inner thigh strengthening)

Sitting in the chair or on the edge of the bed, place a ball or pillow between your knees.

Squeeze your knees together, and squash the ball or pillow as hard as you can.

Hold for 5-10 seconds.

Relax, repeat 10 times.



4 weeks

If you have a normal walking pattern and no limp you should now have no walking aids both indoors and outdoors. If you do still have a limp we suggest that you continue to use 1 stick or crutch in the opposite hand to your hip replacement. You should feel confident enough now to go around shops or supermarkets and social events though standing still for any length of time may make the hip feel stiff and uncomfortable.

You should also be able to return to most daily activities such as cooking and cleaning and if you have a sedentary job you may be able to return to work

If you have had your left hip replaced and you have an automatic car you may now drive if comfortable to do so. Obviously begin with short journeys and build your tolerance. It is advisable to have a 'test drive' with an experienced driver before trying to drive on your own.

You can now use a static bike if you have one, you may find initially that you may have to have the seat higher than you would normally. If you find that 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 you may like to do the following exercises in water, you can also try and swim but avoid breast-stroke until 6 weeks after your operation.

How long you exercise will be dependent on the temperature of the water and your exercise tolerance. The exercises should be done in water between waist and chest height; the deeper the water the harder the exercise. You may wish to start at waist height and gradually increase the depth of the water.

Marching on the spot

Stand holding onto the edge if necessary.

March on the spot.

Do this for a few minutes.



Half squats

Stand holding onto the edge if necessary.

Bend both knees.

Go as far as comfortable.

Repeat 10 times.

If you wish to make this exercise harder do it as a single leg squat.



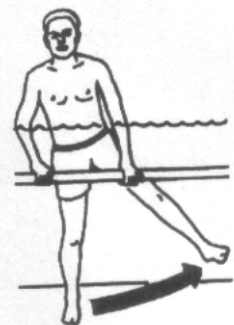
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Hip abduction in standing

Stand holding onto the edge if necessary.

Take the operated leg out to the side, hold for a few seconds, relax and return to the middle.

Repeat 10 times.



Hip extension in standing

Stand holding onto the edge if necessary.

Take the operated leg out behind you, hold for a few seconds, relax and repeat 10 times.



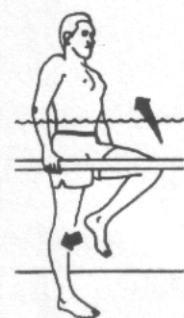
External rotation in standing

Stand holding onto the edge if necessary.

Bend your hip as far as possible.

Twist your knee outwards keeping your foot next to your other knee.

Return to the middle, repeat 10 times.



Walking exercises

- Walking forwards: concentrate on spending equal time on each foot.
- Walking backwards: good for strengthening the buttock muscles and the muscles at the back of the thigh.
- Walking sideways: take one leg out to the side, and then bring the other toward it. Practice leading with both the right and the left leg.

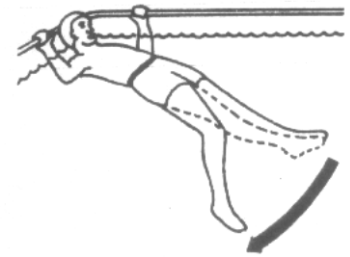
Floating exercises

If you are comfortable floating you can try the following exercises. Holding onto the side of the pool or placing a float around your waist will help keep you on the surface.

Floating on your back:

Hip extension: try and lower your operated leg towards the bottom of the pool, return to the surface.

Repeat 10 times.



Knees towards chest:

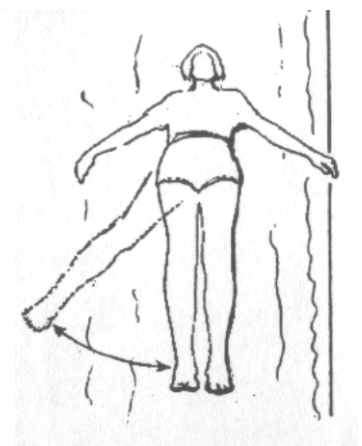
Bring your knee towards your chest. Gently straighten leg, repeat 10 times.



Hip abduction:

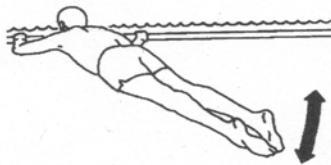
Take your leg out to the side as far as possible, return to the middle.

Repeat 10 times.



Floating on your front

Hold onto the side of the pool, pull your knees towards your chest then push your legs backwards as hard as you can. Repeat 10 times.



These exercises can be advanced by increasing the number of repetitions of each exercise or by increasing the speed at which you do them. It is also possible to make them harder by placing a float (i.e. a child's armband or small rubber ring) around your ankle or by wearing fins. Most public pools do not allow the use of fins so check with the pool first.

More advance pool exercises include:

- Jumping up and down in the pool
- Crunch jumps – jumping up and down, but bringing your knees towards your chest.
- Running on the spot.
- Hopping side to side on both legs.
- Hopping forwards and backwards on both legs.
- Star jumps.

The following exercises can also be tried, but they are quite difficult and you may not succeed initially but persevere.

Clam shell

Lie on your opposite side.

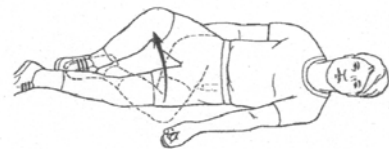
Bend both knees.

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 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 10 times.



Single leg bridge

When you can do the double leg bridge easily you can try this exercise. Raise your other leg till it is parallel with the floor.

Raise your bottom from the bed using your operated leg.

Hold for a few seconds, repeat 10 times.



6 weeks

- You should now be able to drive if you have a manual car.
- You can now try breast-stroke if you wish to.

Exercises

The following exercises can be attempted; they will help to increase the strength of the muscles around the hip and balance.

Resisted external rotation

Stand with your un-operated leg against a wall.

Bend your knee until the foot of your un-operated leg is resting against the knee of your operated leg.

Do not lean against the wall.

Push your bent knee into the wall by trying to twist the leg outwards.

You should feel your buttock muscles on both sides working quite hard.

Hold for a count of 5. Repeat 10 times.



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Hip extension in forward leaning

Lean forward over a work surface, rest on your elbows.

Bend your knee of your operated leg backwards.

Try and take your whole leg backwards, using your buttock muscles and not the muscles at the back of your thigh.

Relax, repeat 10 times.



Balance exercises

Stand on the operated leg and swing the other leg forward and backwards.



Stand with one foot in front of the other

Hold for 30 seconds.

Repeat 5 times.

Once you can manage this exercise easily try walking along a line, placing one foot in front of the other.



3-6 months

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

Continue with the exercises that you find most beneficial.

You should now be able to go back to work if you have a manual job.

You can now play golf, racquet and contact sports and cycle.

6 months

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

All swelling and stiffness should have resolved.

1 year

You should now be fully recovered and able to carry out all activities of daily living normally.

You may return to high impact/competitive sports at your surgeon's discretion.

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