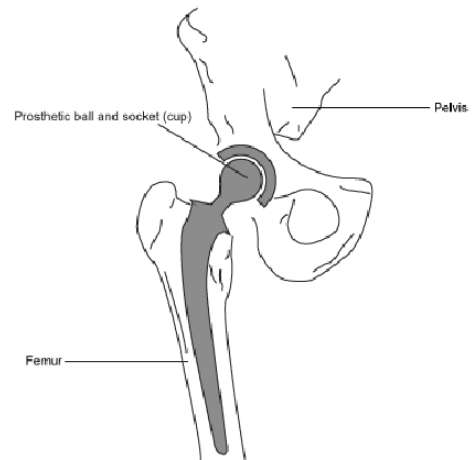


Information and exercises following a total hip replacement (trauma)

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. 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 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.

1. Do not bend the operated hip past 90° (a right angle).



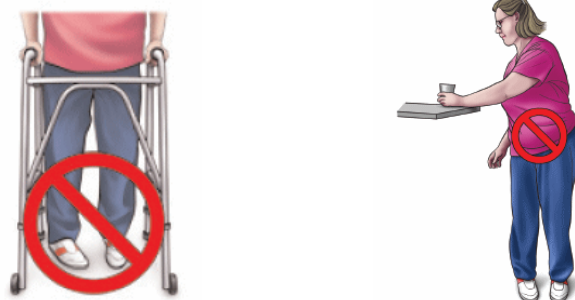
Avoid low chairs (your occupational therapist will advise you of your safe sitting height and should check the heights of your chairs at home). Do not raise your knee higher than your hip in sitting, do not lean forwards in sitting (keep your shoulders behind your hips).

Do not bend at the waist to pick items up from the floor.

2. Do not cross your legs.

Always use the dressing aids provided by your occupational therapist.

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 unoperated 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.

General advice

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 booklet 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 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 a little as 20 minutes between ice packs.

Infection

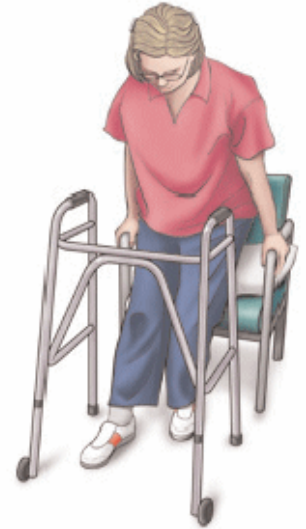
- Should your wound leak and your dressing need changing before your appointment to have your clips/sutures removed please contact your GP surgery to arrange this.
- If during the first four weeks after your surgery the wound becomes red, increasingly more painful and/or discharging pus, particularly if you feel unwell with a high temperature please call the Orthopaedic Outpatients Department on 0118 322 6938. This will 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.

Mobility/Walking

Standing to use your frame

- 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 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.



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 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.

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



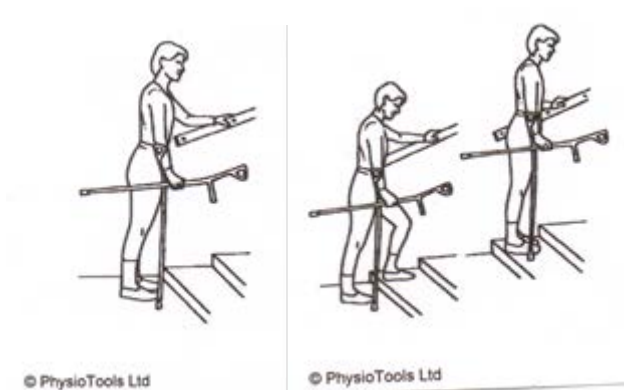
It is not necessary to get out of bed with the operated leg first but you need to be careful to observe the hip precautions shown earlier. In particular, do not let your operated leg cross the midline.

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.

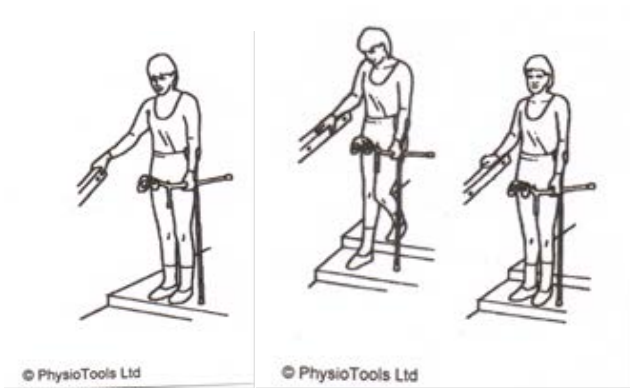
Ascending

- 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 which may be of benefit and these will be supplied by the occupational therapist (OT) i.e. a helping hand, sock aid or long handled shoe horn.
- If your toilet is particularly low a raised toilet seat or toilet frame will be provided by the O.T.
- Use the armrests to get in and out of your chair, the Occupational Therapist will advise you on the best height to sit.
- Follow the 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.

1) The helping hand can be useful 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 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:** 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.
- **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 at least 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.
- It is advisable to contact your motor insurance company before you start driving as this may affect your policy.
- Work: Check with the surgeon when you can go back to work.
 - If you need a 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:
 - 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.
- Sex: You should be the passive partner while you are recovering. If you would like further advice please ask the OT.
- 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

Your clinic appointment should be made by ward staff for 6-8 weeks after your operation.

Physiotherapy follow-up is also arranged at the discretion of the ward therapist. If you have been referred to any of the following departments listed below you will need to ring them to arrange the appointment.

Please do not ring them before 2 weeks after discharge as they are unlikely to have your paperwork; but these appointments 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, Pangbourne, Theale, Mortimer, Burghfield, Earley, Lower Earley, Wokingham or 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, Highclere you may wish to contact:

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

If you cannot arrange transport to any of these hospitals then a community visit can be arranged and in this case it is the community physiotherapist's responsibility to contact you. In order to arrange this visit we must know prior

to your discharge that a home visit is necessary, but please be aware that the community physiotherapist's waiting list are usually 6 weeks or more.

If you have been discharged under the care of the community rehab teams (CRT) this usually includes physiotherapy. They will visit you at home and you do not need to make separate arrangements.

If you do not live in any of the above areas, physiotherapy follow-ups are done by the community physiotherapists or as an outpatient and it is their responsibility to contact you.

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 booklet.

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 you operation.

1) Deep breathing

Breathe in through the nose.

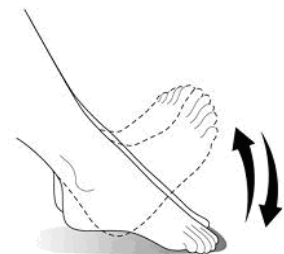
Hold for 2-3 seconds.

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 ten times.



The following exercises should be started the day after your surgery and should be done 10 times each, four times a day with each leg. Your physiotherapist will help explain how to do them.

1) Static quads

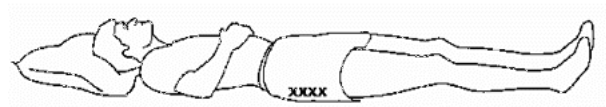
Lying with your legs out straight in front of you, tighten the muscles on the front of your thigh by squashing your knee down in to the bed and pulling your toes up towards you.

Hold for a count of 5, relax completely



2) Gluteal squeeze

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



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.



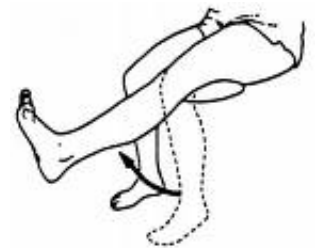
4) Hip abduction

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.



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.



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, four times a day

6) 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.



7) 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.



8) 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

9) 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.

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.

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 and down on your toes, lifting your heels off the ground.

Repeat 10 times.



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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

You may have an outpatient physiotherapy appointment arranged where your progress will be reviewed and further advice and exercises provided. 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 may like to do the following exercises in water but you cannot start 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.

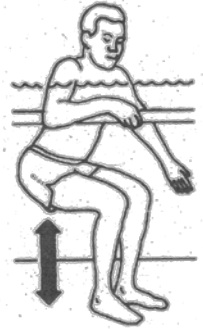
Marching on the spot

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 as far as comfortable. Repeat 10 times.
If you wish to make this exercise harder do it as a single leg squat.



Hip abduction in standing

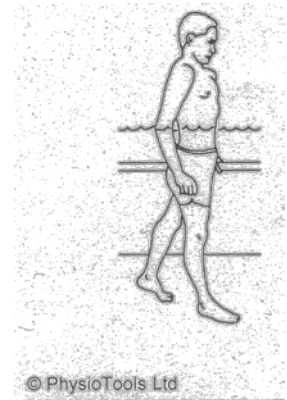
Stand holding onto the edge if necessary.
Take the operated leg out to the side, hold for a few seconds, relax and return to the middle.
Make sure that the toes remain pointing forward and you do not lean to the opposite side.



Repeat 10 times.

Hip extension in standing

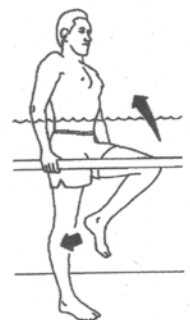
Stand, holding onto the edge if necessary.
Take the operated leg out behind you, taking care not to lean forward at the same time.
Hold for a few seconds, relax and repeat 10 times.



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External rotation in standing

Stand holding onto the edge if necessary.
Bend your hip as far as possible but not beyond 90 degrees for the first 6 weeks.
Twist your knee outwards keeping your foot next to your other knee.
Return to the middle, repeat 10 times.



Walking exercises

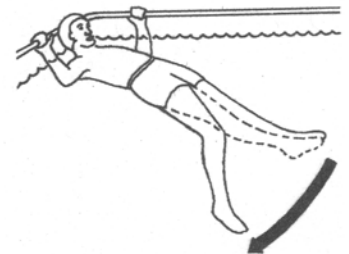
- Walking forwards – concentrate on spending equal time on each foot.
- Walking backwards – good for strengthening the buttock muscles and the muscles at the back of the thigh.
- Walking sideways – take one leg out to the side, then bring the other towards it.
- Practice leading with both the right and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

Hip extension

Floating on your back, try and lower your operated leg towards the bottom of the pool, return to the surface, repeat 10 times.



Knee towards chest

Bring your knee towards your chest, push out straight, repeat 10 times.



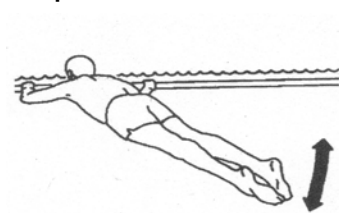
Hip abduction

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 straight 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 advanced 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.

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, but they are quite difficult and you may not succeed initially but persevere.

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 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.



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Hip extension in prone

Lying on front try and lift operated leg towards ceiling.

Hold for a few seconds, relax.

Repeat 10 times.



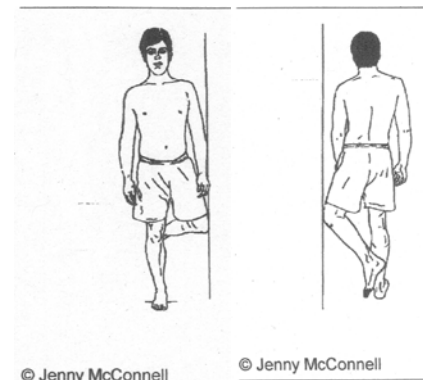
External rotation against a wall

Stand with your good leg against the wall.

Bend the knee of your good leg and rest your good foot against the knee of your operated leg.

Twist your good leg outwards pushing your knee into the wall.

Hold for 10 seconds, relax, repeat 10 times.



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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 10.

Relax and repeat.



Clam shell

Lie on your opposite side.

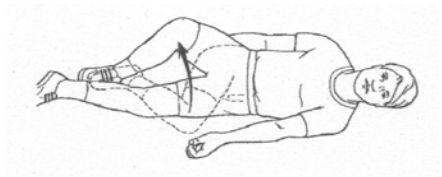
Bend both knees.

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 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 10, relax and repeat 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.

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.

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Telephone Number: 0118 322 7817

Royal Berkshire NHS Foundation
Trust Orthopaedic Occupational
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Elderly Care Physiotherapy and
Occupational Therapy Department.
Woodley Ward
Battle Block
Royal Berkshire Hospital
London Road
Reading RG1 5AN
Telephone Number: 0118 322 8272

Trueta and Heygroves Trauma Unit: 0118 322 7541
Emmer Green Ward: 0118 322 8272 or 0118 322 6901

If you have any queries about your outpatient physiotherapy please contact
the Outpatient Physiotherapy Department on: 0118 322 7812.

This document can be made available in other languages and
formats upon request.

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