

Total Hip Joint Replacement Rehabilitation

Introduction

Rehabilitation services assist you in safely resuming ADLs or activities of daily living. The physical therapist specializes in mobility activities (such as walking, transferring, using stairs) and related skills. The occupational therapist specializes in activity accomplishment, beginning with necessary self-care tasks (such as hygiene, dressing, toileting). Your prior level of function, personal activity goals and discharge/ home environment will be considered in providing services specific to your needs and concerns.

Pre-Op Services

Your physician may have had you begin doing some home exercises prior to your surgery. This was to engage you in exercises to strengthen your legs, and maintain range of motion, to better prepare you for rehabilitation following surgery

After your total hip arthroplasty it is important that you walk frequently and work on your abduction strengthening exercises. You will need to do this at home immediately following discharge. Generally, no outpatient physical therapy is needed following a total hip arthroplasty.

Your progress will be enhanced by good pain control, so remain consistent with taking your pain medication per your surgeon's instructions. With improved mobility you can expect to more quickly reduce your pain and need for medications.

Activities Immediately Post-Operation to Discharge

You can expect to be seen by a Physical Therapist, Occupational Therapist, or nurse to assist you in improving your safety and independence in your everyday activities. Some examples include dressing, bathing, hygiene, self-care, etc. **You will practice the following:**

- Getting in and out of bed
- Getting in and out of a chair
- Walking
- Going up and down stairs
- Moving your new hip
- Home exercise program
- Bathing and dressing activities using adaptive devices

Mobility and Independence Goals

Prior to leaving the hospital you should be able to do the following activities at a supervised level:

- Get in/out of bed and transfer to/from chairs independently.
- Do your entire exercise program three to four (3-4) times per day.
- Demonstrate joint precautions with your activities.
- Walk safely with a walker or crutches. You may progress to a cane or one crutch when instructed by your surgeon.
- Walk up and down stairs using a railing, crutch, or walker and a companion's assistance.
- Demonstrate safety with everyday activities such as dressing, using adaptive equipment, as needed.

Some simple modifications in your home and in the way that you perform your self cares will be required for a while following your surgery. These modifications will ensure that you follow your hip precautions while independently performing your activities of daily living, by making your activities easier and safer to perform.

Consider flooring, seating, bathing, activity, and access needs in making home modifications.

- Flooring: clear pathways, remove throw rugs, install/use handrails at stairs, have non-slip flooring in tubs/showers, tack down floor-mats in front of sinks. Also be aware of pets that may be curious about your new walker/crutches who may trip you accidentally.
- You will be able to go up and down your stairs. It is safest if you have a railing to hold on to. The physical therapy staff will instruct you in the proper way to go up and down stairs for your home setting.

We recommend a family/friend take the walker up the stairs for you to promote safety.

General Rule:

- "Good" goes up first (Good = Non-surgical extremity).
- "Bad" goes down first (Bad = Surgical extremity).

Consider adapting a toilet seat with riser and/or armrests. Many options are available to fit your specific needs.

- Bathing: A walk-in shower is the easiest to negotiate. Transfers to bathtub or shower require grab bars mounted securely to hold body weight. A tub bench allows transfers to/from the tub from a seated position, given adequate bathroom space. A seated

position is the most secure for independent bathing. The surgical foot can be reached with a hand-held shower or long-handled sponge. Again, a non-slip surface is recommended for your tub or shower. If you are unable to make modifications to provide for safe bathing, a sponge bath is recommended. You might practice negotiating your bathtub or shower with your clothes on and on a dry surface. Then, plan to have assistance the first time you attempt a full bath/shower.

- Activity: Plan to progress gradually from sitting to standing. Have seating options available in varied locations. Don't sit for more than 45 minutes at a time. Know that in your first week you will be challenged to care for your most personal needs: eating, sleeping, toileting, bathing, and dressing. Plan for assistance with cooking and home care chores. Pace yourself and listen to your body to know if you are over-doing things. Gradually resume your former tasks and activity level. Performing your home exercises as instructed by the physical therapist will promote strength in your surgical extremity.
- Accessing and transporting items during ADLs: Your walker will safely bear your weight only when you are standing within the walker and supported with two hands (one on either side). Always move as close as possible to reach items: light switches, cupboards, refrigerators, etc. Place your hand on a solid surface for support when reaching. Prepare ahead by moving commonly used items to within easy reach. Transport items using a walker bag or basket, an apron or other pockets, a wheeled cart or cleared countertop to slide items. A low cupboard can be reached by allowing the surgical leg to extend behind you while squatting with the opposite leg. This is only recommended if your non-surgical leg has adequate strength to hold you and with a solid support for balance.
- Note: Adaptive equipment and supplies are available at most medical supply stores or in the medical supply aisles of many large shopping centers. MercyOne Home Therapy Shoppe has healthcare professionals that can assist you in finding/pricing needed items for your home. The shop is conveniently located at 1501 4th Street S.W., Mason City and is open Monday through Friday, 8:30 a.m. to 5:30 p.m., Saturday 9 a.m. to Noon. You can always call them with questions at 641-428-5920 or 800-274-5285.

Activity

Exercise is the key to a successful joint surgery, particularly during the first few weeks after surgery. You should be able to resume most normal activities of daily living within three to six (3-6) weeks following surgery (see Activity Guidelines). Some pain with activity and at night is common for several weeks after surgery. Your activity program should include:

- A walking program, initially in your home and later outside.
- Resuming other normal household activities, such as sitting and standing and walking up and down stairs.
- Exercises several times a day to restore movement and strengthen your joint. You probably will be able to perform the exercises without help, but you may need a physical therapist to help you at home or in a skilled unit the first few weeks after surgery.
- Continue to exercise until your new joint no longer feels stiff. This will take several months.

Activity Guidelines

When your surgeon tells you that you may return to your routine activity (usually at about six weeks), you may resume:

- Recreational walking.
- Swimming.
- Golf (with spikeless shoes and a cart).
- Driving.
- Light hiking.
- Recreational biking (on level surfaces).
- Ballroom dancing.
- Normal stair climbing.

Your activity program should include:

- A graduated walking program, initially in your home and later outdoors.
- A walking program to slowly increase your mobility and endurance.
- Resuming other normal household activities.
- Resuming sitting, standing, and walking up and down stairs.
- Post-op exercises several times a day.
- Special precautions to avoid falls and injuries. Individuals who have undergone total joint replacement surgery and suffer a fracture may require more surgery.

These activities generally exceed routine activity and are not recommended:

- Vigorous hiking.
- Jogging.
- Downhill skiing.
- Tennis.
- Badminton.
- Repetitive lifting exceeding 40-pounds/weight lifting.
- Repetitive aerobic stair climbing.

Dangerous activities after joint replacement surgery include:

- Contact sports (football, baseball, basketball).
- Jumping sports.
- High impact aerobics.
- Squash/racquetball.
- Squats.

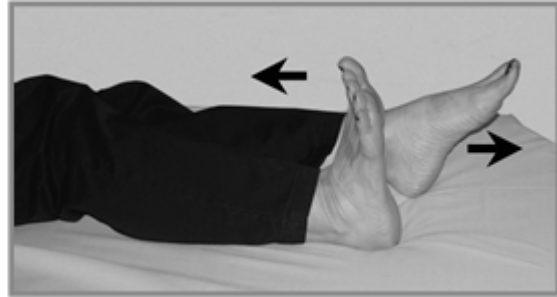
Pre-Operative Conditioning Exercise Program

Remember to practice walking using your crutches or walker daily before surgery.

Supine Lying (Lying Flat On Your Back)
Exercises

1. Ankle Pumps

Move both feet up and down at the ankle. Repeat 10 times, 3 - 5 times daily.



2. Quad Sets - Knee Extension

Lie on your back.
Press surgical knee into mat, tightening muscle on front of thigh. Hold 5 counts.
Do not hold breath. Repeat 10 times, 3 times daily.



Sitting Exercise – To be done in a sturdy chair with firm back and arms

3. Armchair Push-Ups

Hands on the armrest.
Straighten arms, raising your bottom. Hold 5 counts.
Repeat 10 times, 3 - 5 times daily.



Post-Operative Complications/Precautions

After your total hip arthroplasty it is important to prevent a dislocation of your new hip.

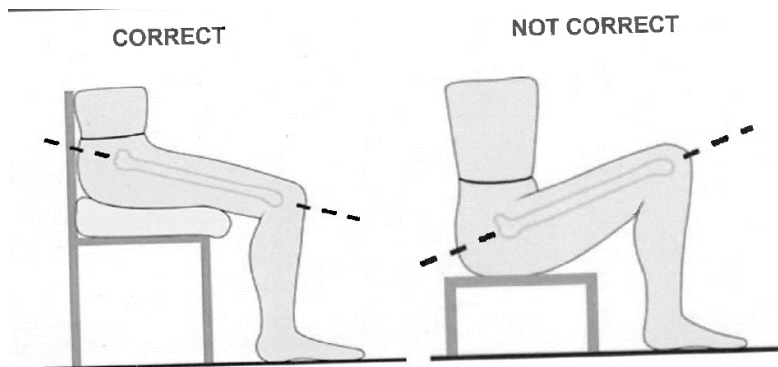
Preventing Dislocations

Hip dislocation symptoms include:

- Severe pain
- Unable to walk or move the leg
- Rotation/shortening of the leg

It is extremely important to keep in mind the following precautions for a minimum of two to three (2-3) months following your surgery:

- DO NOT BEND forward more than 90 degrees at the hip.
 - When sitting, keep your knees lower than your hips.
 - Avoid deep seats or low chairs.
 - Place a cushion or folded blanket in the chair if it is too low.
 - Use a raised toilet seat.



- DO NOT TWIST your surgical leg inward.
 - Pick up your feet when turning.
- DO NOT CROSS your legs or move your surgical leg across the center of your body.
 - Keep a pillow between your knees and use several pillows when lying on your side.

Protecting Your New Hip

After your total hip replacement, your new hip will have a limited range of motion. Until it is fully healed, protect your new joint.

Sit Down Safely

- Always choose a chair with a firm seat and armrests.
- Back up to the seat until its front edge touches your leg.
- Using the armrests to support your weight, lower yourself into the seat. Then slide back in the seat.

Avoid Risky Movements

At first some movements will put too much strain on your new hip. This could cause the ball to slip from its socket. Until your hip has healed, avoid the risky moves shown below.



DON'T let your knee cross the midline of your body.



DON'T plant your foot and twist your upper body.



DON'T bend over from the waist.



Instead, sit with both feet on the floor, keeping your knees 6 inches apart.



Instead, move your feet to turn your body.



Instead, use a device such as a long-handled grasper, to reach down.

Protecting Your New Hip

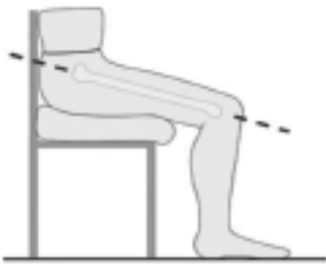
During your hospital stay, you'll learn how to move in ways that protect your new hip. These are called movement precautions. Your precautions depend on the type of surgery used to repair your hip. Follow all the guidelines you are given.

Learn to Move Safely

Until it is fully healed, an artificial hip has a limited safe range of motion. This means it can't bend and turn as much as a natural hip. At first, some movements will put too much strain on your new joint. Your therapist will teach you how to stay within your new hip's safe range of motion. Ask how long you should follow the precautions listed below.

Sitting Precautions

To keep your hips above your knees, sit in chairs with high, firm seats. Avoid low sofas or chairs. And remember: avoid crossing the operated leg over the other leg. Always keep your thighs apart.



Always sit with your hips higher than your knees. This prevents stress on the new hip joint.



Sit with both feet on the floor. Keep your knees about 6 inches apart.



Don't let the knee on the operated leg cross the the midline of your body.

Flexion Precaution



Don't bend over at the waist. And don't sit with your hips lower than your knees.

Adduction Precaution



Don't cross your operated leg over your other leg. ALWAYS keep your thighs apart.

Internal Rotation Precaution



Don't turn your operated leg inward (pigeon toe).

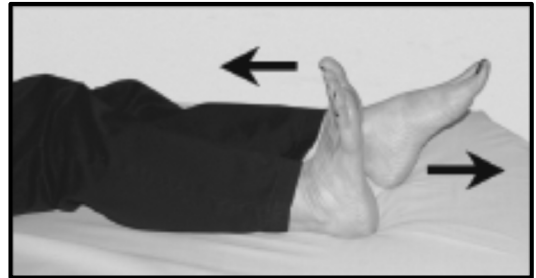
Source: <http://www.zimmer.com/z/ctl/op/global/action/1/id/529/template/PC/navid/129>

Post-Op Patient Home Exercise Program

Supine Lying (lying flat on your back) Exercises

1. Ankle Pumps

- Move both feet up and down at the ankle.
- Repeat 10 times per hour.



2. Quad Sets-Knee Extension

- Lie on your back.
- Press surgical knee into mat, tightening muscle on front of thigh
- Hold 5 counts. Do NOT hold breath.
- Repeat 10 times, 3-4 times daily.



3. Heel Slides (Knee and Hip Flexion)

- Lie on your back, slide heel of surgical leg toward your bottom, and then slide back down to bed.
- Repeat 10 times, 3-4 times daily.
- Do not bend the surgical leg past 90 degrees.



4. Hip Abduction

- Lie on your back; slide surgical leg out to side.
- Keep toes pointed up and knee straight.
- Bring leg back to starting point, not past midline.
- Repeat 10 times, 3-4 times daily.



5. Short Arc Quads-Knee Extension

- Lie on your back, towel roll under your surgical thigh.
- Lift foot, straightening knee.
- Do not raise thigh off roll.
- Repeat 10 times, 3-4 times daily.

Remember hip precautions now that your hip has been replaced:

- Do not bend your hip more than 90 degrees.
- Do not cross your legs.



Getting Into and Out of a Chair

To stand:

- Push up from the chair using arms/upper body



To sit:

- Back up to chair
- Reach arms back to chair rails
- You can position your surgical leg slightly forward for comfort
- Sit down

Total Joint Replacement: Guide to Completing Stairs with Railings



Going up the Stairs

1. Step close to stairs.
2. Grab ahold of the railings.
3. Family member move the walker to the top of the stairs.
4. Push down hard with arms to take weight off your surgical side



5. Step up 1 step at a time, leading with the non-surgical leg



6. Repeat same sequence on next step until reaching the top.



Going Down the Stairs

1. Keep both hands on the railings and lead down with the surgical leg.
2. Put as much weight through the surgical side as can tolerate, but take weight off of it with arms.



“Up with the **GOOD**, Down with the **BAD**.”
“The good go to heaven, the bad go to hell”

Dressing

To protect your hip, you must learn safe ways to do daily tasks. This includes getting dressed and undressed. Your health care provider may suggest tools to help you: reacher, sock aid, and dressing stick. In general, it is safe to keep everything in front of you, avoid twisting, and avoid deep squats or bending forward at the hip.

Putting on socks (with a sock aid)

- Sit on a chair or on the side of the bed.
- Pull the sock onto the sock aid.
- Hold the sock in front of the foot on your operated side. Slip your foot into the sock.
- Pull the sock aid out of the sock.
- Put the other sock on with the sock aid, or bring your foot forward and slip the sock on with your hands.



Putting on pants (with a reacher)

- Sit on chair of the side of the bed.
- Using a reacher, catch the waist of the underwear or pants with the grasper.
- Slip the pants onto your operated leg first. Then slip your other leg into the pants.
- Use the reacher to pull the pants over your feet and above your knee. Pull them to where you can reach them with your hands.
- Hold the pants with one hand.

Putting on shoes

- Wear slip-on shoes or use elastic or Velcro closure so you don't have to bend.
- Sit on a chair, put your foot into the shoe. Use a reacher, or long-handled shoehorn, to pull the shoe on.



Using the Bathroom

Remember your hip precautions:

- Keep the angle at your hip greater than 90°. (Don't move your knees and chest too far toward each other.)
- Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
- Do not turn your operated hip or knee inward.

Note: Try to make sure surfaces are dry before you walk on them. Non-skid mats can help prevent falls.

Using the bathroom can be challenging after hip surgery. A shower chair, handrails, a shower hose, and a long-handled brush or sponge can be helpful. Follow the tips on this sheet to keep your new hip safe when showering, bathing, and using the toilet.

Special shower chairs and tub benches are available for use while bathing. These chairs help you bathe safely. Ask your health care provider where you can get one.

- Be sure to measure tub/shower before purchasing.



Getting into a shower stall

- Back up over the lip of the shower stall with your good leg until you feel the shower chair behind you. Reach back for the shower chair first with one hand, then the other, as you begin to sit down.
- Lower yourself onto the chair. Lift each foot and turn to face the faucet.



Getting into a tub

- Back up until you feel the tub bench behind you. Reach back for the bench first with one hand, then the other, as you begin to sit down.
- Lower yourself onto the bench and turn to face the faucet. Use your hands to help lift each leg over the side of the tub. A hand-held shower nozzle can make bathing on a bench easier.



Using the toilet

Using the bathroom can be challenging after hip surgery. Follow your hip precautions and the tips on this sheet to keep your new knee safe when using the toilet.

- Back up until you feel the toilet touch the back of your legs.
- Place your operated leg slightly forward.
- Look behind you and grasp the grab bar (or side rails, if you're using a toilet with rails).
- Lower yourself onto the front of the toilet, then scoot back.
- To get up, reverse these steps.



Bathing

To avoid bending your hip too much while bathing, use a **long-handled sponge** and a **shower hose**. Your therapist can show you how to use a shower bench or chair in the bathtub or shower stall.



Getting out of a car

After hip surgery, getting into or out of a car can be difficult. To keep your hip safe, follow your “hip precautions” and the tips on this sheet. The steps below help you get into a car. Reverse them to get out of a car.

Before getting into a car

- Have someone move the seat as far back as it will go.
- Recline the back of the seat if possible.
- Place a pillow on the seat, especially if the seat is low. This will make it easier to get out of the car.



Sit down

- Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.
- Hold onto the side of the car and the walker or dashboard.
- Lower yourself slowly onto the seat. Watch your head.



Bring your legs into the car

- Slide back into the center of the seat.
- Lift your leg into the car.

Reverse these steps to get out of the car.

Source: <http://salinaregionalhealthcenter.kramesonline.com/3,S,82357>



Sleeping Positions

Your new hip needs extra care while it heals. Follow your hip precautions to help you avoid injuring it. Use the tips on this sheet to help keep your new hip safe while sleeping. Be sure to follow any guidelines from your health care provider.

If You Lie on Your Back



Keep a pillow between your legs and against the outside of the operated leg. Never cross your legs.

If You Lie on Your Side



Lie on the unoperated side. Use pillows to keep your hip in a safe position.

Remember your hip precautions

- Keep the angle at your hip greater than 90°. (Don't move your knees and chest too far toward each other.)
- Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
- Do not turn your operated hip or knee inward.

Safe sleeping

- Find a position that keeps your hip safe and comfortable.
- Use pillows to keep your hip in a safe position.
- Follow your health care provider's instructions about which side to sleep on.

Source: <http://salinaregionalhealthcenter.kramesonline.com/3,S,82357>

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