



FISIOTERAPIE PHYSIOTHERAPY

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Hip Rehabilitation after surgery (Total Hip Replacement)

GENERAL INFORMATION AND ADVICE:

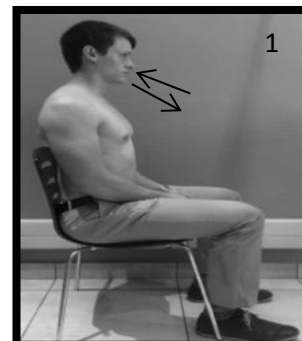
1. **PRECAUTIONS: for at least 3 months**
 - a. Avoid bending your hip past 70°.
 - b. Avoid turning your toes inwards.
 - c. Avoid crossing your operated leg past the midline of your body.
 - d. Avoid sitting on low soft surfaces.
 - e. Use a raised toilet seat for at least 6 weeks.
2. Crutches or other assistive devices should be used as prescribed. (*See exercises for instructions on how to walk and climb up and down stairs*). Be very careful of any turning movements of the leg. You may put weight on the leg as pain allows, unless told otherwise.
3. If you have received orthopaedic stockings use them as prescribed. They are used to control swelling and to prevent blood clotting.
4. If your calf becomes swollen or painful or your knee becomes hot or red, contact the doctors' rooms.
5. Do not elevate your leg as it could cause a hip flexor contracture. Please use your abduction pillow as prescribed.
6. Please lie on your stomach for at least 30 min daily.
7. When sitting keep your operated leg forward and lean back with your body to avoid bending at the hip past 70° until you are in the correct position. Keep your back straight.
8. Do not walk on wet surfaces to prevent you from slipping.
9. When dressing, dress the operated leg first up to the knee, dress the healthy leg up to the knee and then pull the pants over your buttocks. Be very careful to not turn the leg in or bend your hip past 70°.
10. You may sleep on your back. Do not sleep on your sides.
11. For swelling and pain ice and heat can be used (*See exercises for time specific management*). If your hip is very swollen, lift the end of your bed, but **do not** use a pillow under knee.
12. The dressings must not be taken off until your post-operative appointment at the clinic. The dressing must be kept clean and dry at all times.
13. No driving while your hip is recovering. Only start driving when you can **safely** drive without any pain and your leg is strong enough to perform all the necessary actions.

14. Use the “golfers lift” when picking up small objects or ask for assistance.
15. Please follow the exercises prescribed. Physiotherapy is very important to ensure that the hip is fully rehabilitated and functional. It is very important to remember that walking is the best exercise and that we want as much movement as possible as soon as possible.
16. Consult your physio for a biokineticist referral if you want to start doing gym exercises.
17. No jogging for at least 3 months. No sport participation for at least 9 months.

EXERCISES:

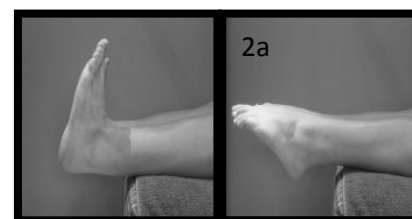
0-2 Weeks

**EXERCISES SHOULD NEVER BE EXCESSIVELY PAINFULL
REPEAT ALL EXERCISES APPROXAMITALLY 10 TIMES**



1. Breathing exercises:

- a. Sit or lie down comfortably.
- b. Breathe in through your nose.
- c. Breathe out through your mouth.
- d. Keep your shoulders relaxed.
 1. Take a deep breath in and out.
 2. Take a deep breath in, hold for 3-5 seconds and breathe out.
 3. Take a deep breath in, then a bit more in, and breathe out.



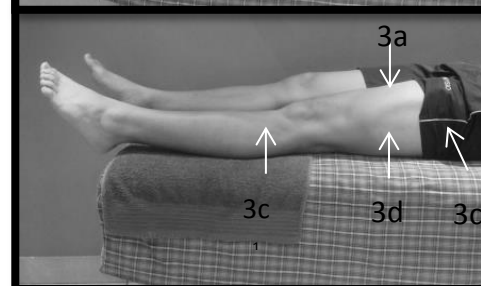
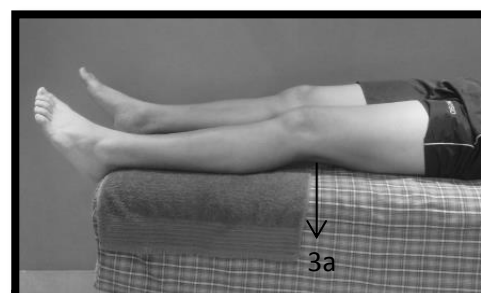
2. Circulation exercises

- a. **Footpumps**
 1. Keep your knee still.
 2. Move your foot up and down.
- b. **Heelslides 1**
 1. Keeping your heel on the bed.
 2. Move your heel to your buttock – make sure to keep the hip from bending passed 60°.
 3. Straighten your knee again.



3. Static Exercises

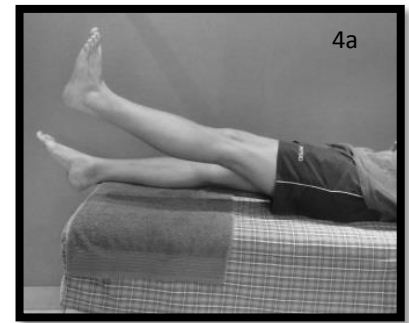
- a. **Quadriceps**
 1. Sit with your knee straight.
 2. Push your knee as flat into the bed as possible.
 3. Hold 5-10 seconds.
- b. **Gluteus**
 1. Lie down on your back with your knee straight.
 2. Squeeze your buttocks together.
 3. Hold 5-10 seconds.
- c. **Calves**
 1. Sit down with your knee straight.
 2. Point your toes.
 3. Hold 5-10 seconds.
- d. **Hamstrings**
 1. Lie down on your back with your knee straight.
 2. Push your heel down into the bed.
 3. Hold 5-10 seconds.



4. Active Exercises

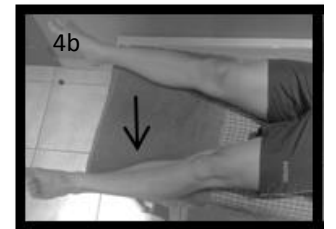
a. **Straight leg raise**

1. Lie down on your back.
2. Keep your knee straight and quads tight.
3. Pick your foot up towards the ceiling, bending at the hip. Make sure not to lift the foot too high (10-15 cm off the bed is enough). Do not bend more than 60° at the hip.
4. Lower your leg slowly.



b. **Abduction**

1. Lie down on your back.
2. Slide your leg outwards.
3. Slide the leg inwards until back to the midline.



5. Hip extension range

a. **Bridging**

1. Lie down on your back.
2. Bend both knees up.
3. Press your back flat against the bed.
4. SLOWLY lift your buttock towards the ceiling.



6. Hip flexion range

a. **Knee ups**

1. Stand with good posture.
2. If you have weak balance stand against a wall.
3. Lift your knee up to 60° bending at the hip.
4. Remember to bend your knee and hip.



7. Ice for swelling and pain:

- a. Cover the surgical site with a clean sheet of plastic or a towel in order to protect the wounds and dressings.
- b. Put an ice pack over your swollen or painful areas.
- c. Keep it on for 10-15 minutes.
- d. You can do this 3 times per day.

8. Mobilisation

- a. Please note that it is important to move as much as possible.
- b. Please walk for at least 5 min every hour if pain allows.
- c. Please try to climb some stairs at least 3 times daily if pain allows (even if it is just one step at least try.)
- d. (see number 9 for instructions for mobilising with crutches)

9. Mobilising with crutches

a. Walking

1. Find your balance.
2. Move both crutches forward.
3. Move your operated leg forward. If you are allowed to, put the foot down on the floor, otherwise you can keep it in the air.
4. Bring the healthy leg forward, try to move it further forward than the operated leg.
5. Continue in this order.



b. Climbing up stairs

1. Find your balance.
2. Climb up the stair with your healthy leg.
3. Move your operated leg forward/up.
4. Bring the crutches up onto the step.
5. Find your balance before continuing upwards.



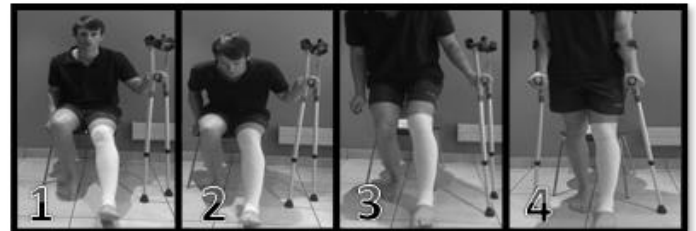
c. Climbing down stairs

1. Find your balance.
2. Move your crutches down onto the floor.
3. Move your operated leg forward/down.
4. Climb down with your healthy leg.
5. Find your balance before continuing down.



d. Stand up with crutches

1. If possible sit on a chair with arm rests. Put one hand on the chair and one on your crutches.
2. Shift your weight forward – **if you have a hip replacement please lean back instead of forward.**
3. Putting your weight onto your healthy leg, push up into standing.
4. Find your balance and shift one crutch to your other hand.



e. Sit down with crutches

1. Find your balance.
2. Place both crutches in one hand.
3. Place one hand on the chair.
4. Slowly lower your body into sitting.

Remember:

Good leg goes to heaven (up with the good)

Bad leg goes to hell (down with the bad)

IMPORTANT!

All knee surgery patients require physiotherapy after discharge from the hospital, to prevent post-operative complications and failure of surgery.

- You will need **2-3 sessions/ week.**
- Please phone the practice for an appointment **ASAP.**