

Hofmann Arthritis Institute
Precision Joint Replacement
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AFTER YOUR TOTAL HIP REPLACEMENT

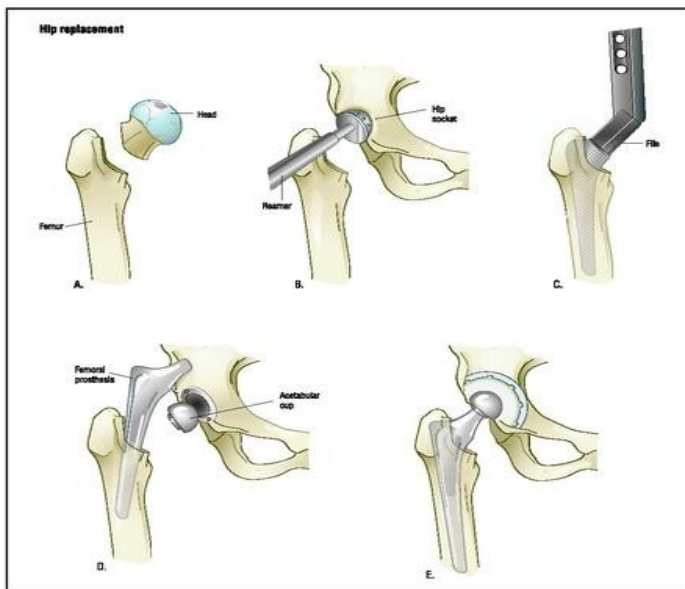
Your full recovery from your total hip replacement surgery is going to take several months. This pamphlet will help you understand your recovery. Guidelines are included which discuss precautions to protect your new joint, exercises that increase your hip strength, and activities of daily living that will help you become an active partner in your care and recovery.

The Normal Joint

Your new hip is a ball and socket joint where the thigh bone (femur) meets the pelvis. A healthy hip has layers of smooth cartilage that covers the ball-shaped end of the femur to glide easily within the socket of the pelvis. The muscles around the joint support your weight and help move the joint smoothly so that you can walk without pain.

Your Replacement Hip Prosthesis

Your new hip prosthesis has a femur and pelvic part made from metal and plastics. The cup replaces the worn hip socket of your pelvis. The ball replaces the worn end of your femur. The ball is attached to a stem that fits into your femur. The cup and stem are sometimes cemented, or metals may have a porous surface that bone will grow into and create a tight fit.



(A) In a hip replacement, the upper leg bone, or femur, is separated from the hip socket, and the damaged head is removed

(B). A reamer is used to prepare the socket for the prosthesis

(C). A file is used to create a tunnel in the femur for the prosthesis

(D). The hip and socket prostheses are secured in place

(E). and finally connected

Guidelines to Protect Your New Hip Joint

Your new hip has limited range of motion after surgery. By following these guidelines, you can protect your new hip from sliding out of position or dislocating while the muscles heal.

In general, the following three precautions should be followed for the next 4 to 6 months:

1. **DO NOT** bend your hip more than 90 degrees
2. **DO NOT** cross your legs
3. **DO NOT** rotate your leg inward or outward

Some of these precautions will need to become life-long habits. Check with your doctor if you have any questions about your precautions.

When you are in bed, keep your legs apart.

Place an abduction wedge or two regular pillows between your legs to keep them apart. The two pillows will also keep your legs from turning inward or outward too far.



Avoid turning to the side of your new hip while in bed

Sleep on your back or on the unaffected side with the abduction wedge or 2 to 3 regular pillows between your legs. This keeps the pressure off of your new hip. Your doctor will tell you when you can safely lie on the side of your new hip.

Do not sleep on your stomach.

Do not cross your ankles or legs while sitting, standing, or lying.

Remember to keep pillows between your legs at night to keep from crossing your legs while sleeping. Do not cross your legs while sitting. Keep your knees apart.



Sit with your feet a shoulders width apart.

Keep your toes pointing forward. This keeps your hip from turning inward or outward too far. Never let your knees knock together while sitting. Avoid twisting your upper body while sitting. Do not lift your knee on the new hip side higher than your hip when sitting. Keep your knees lower than your hips. A cushion or pillow may be needed to elevate chairs. A toilet seat extender will elevate toilet seats.

**Do not bend at the waist or squat down to pick things up from the floor.**

Do not bend your upper body forward more than 90 degrees. There are several items that you can purchase to help with your self-care activities like putting on your shoes and socks. It is best to avoid shoes that require tying for the first 6 weeks. Try to use slip-on shoes, or else have a caregiver assist you with tying your shoes. After six weeks, it is okay to sit in a chair and place your ankle on your opposite knee to tie your shoe rather than bending down to the floor. A reacher may be used to help you get objects that are too high or too low for you to reach safely. Sock aids and extended shoe horns will help when dressing.

Avoid putting too much weight on your new hip.

The physical therapist will teach you to use a walker or crutches when you walk until your new hip heals. Your physical therapist and doctor will tell you how much weight you can safely put on your new hip. At your 6-week check-up, your doctor will tell you if your hip has healed enough to progress to a cane or one crutch.

Your balance might be shaky for a while.

- Use handrails on steps
- Use low-heeled or flat shoes
- Avoid wet or waxed floors
- Keep your floors free of items that could trip you. Throw rugs or small objects should be kept off the floor for your safety
- Watch for pets or other animals that could get in your way.
- Avoid ice or snow

If you are riding in a car, stop every hour or so.

Get out and walk around for a few minutes. This will help the circulation in your legs and keep your muscles from stiffening up. Check with your doctor when you can resume driving after your surgery.

Talk to your doctor about when sexual activity may be resumed and what positions should be avoided.**Dislocation of your hip**

If you should dislocate your hip, you may have the following symptoms:

- Severe hip pain
- An unusual bulge at the side of your hip
- A shortening of your leg
- Difficulty and/or pain when walking
- Abnormal extreme rotation of your leg

If you suspect you have dislocated your hip, do not walk on it. Call your orthopedic surgeon and/or go immediately to the emergency room. You may need to be admitted to the hospital.

Adaptive Equipment

After your total joint replacement, you may benefit from several pieces of equipment to make your daily activities easier and safer. Your doctor and physical therapist will recommend the equipment that best suits your needs.

Seat/Shower Bench:

This seat allows you to sit while bathing and provides you safety while you are in the shower.



Seat Cushion:

Cushions are used to elevate the seat height of a chair, couch, car, or other surfaces.

Elevated Toilet Seat:

This device is attached to your toilet seat to elevate its height.



Reacher:

A reacher is used to pick up items off the floor and help you with dressing.



Dressing Stick:

This device has a hook on one end and a pusher on the other end. It is used to help put on pants, skirts, pull up zippers, etc.



Sock Aid:

This aid helps you safely put on your sock.

Long-Handled Bath Sponge:

This sponge helps you clean hard to reach areas while bathing.

Long-Handled Shoe Horn:

This shoe horn is attached to a long stick and allows you to put on your shoes while sitting or standing.

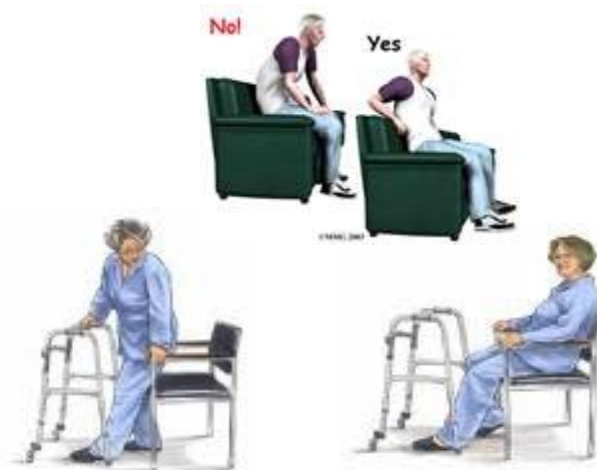


Managing Activities of Daily Living Following Your Hip Replacement

Chair Transfer

Avoid recliners and soft couches until otherwise told by your doctor. Stiff-backed chairs with armrests are ideal to sit in. If the seat is low, you may place 1 or 2 pillows in the chair to elevate the seat and facilitate transfers, as well as avoid bending the hip greater than 90 degrees.

1. Back up to the chair until you feel both legs touching the chair
2. Slide your operated leg out in front of you as you reach back with one hand for an armrest.
3. Lower yourself slowly, keeping your operated leg straight out. Once seated, bend your knee slightly.
4. When getting up, scoot your operated leg out in front of you. Remember to keep your hip positioned less than 90 degrees.
5. Push up using the armrests, keeping your operated leg out in front of you.



Car Transfers

The front seat is preferable because it generally has more leg room, can be adjusted for comfort, and can allow the rider to more easily wear a seat belt.

1. Make sure the seat is as far back as possible. Back up to the car with your walker or crutches. Put your operated leg out in front of you.
2. Lower yourself slowly to the seat.
3. Scoot back into the seat, then swing your legs into the car. If the seat is low, recline the back slightly or put a pillow on the seat to sit on.
4. To get in the back seat in a semi-reclining position. You will need to use your arms and non-operative leg to scoot yourself back further onto the seat.



Putting on Underwear or Pants

1. Sit on the side of the bed or in an armchair.
2. Use the dressing stick or reacher, and catch the waist of the underwear or pants with the hook.
3. Slip the underwear or pant leg over your operated leg first by lowering the reacher toward the floor by your foot
4. Repeat for your non-operated leg
5. Pull the underwear or pants up over your knees
6. Stand with the walker or crutches and pull the pants or underwear up
7. When undressing, take the pants or underwear off of your non-operated leg first.



Putting on Socks and Stockings

1. Slide the sock or stockings onto the stocking aid. Be sure that the heel is at the back end of the plastic and the toe is against the end.
2. Secure the sock in place with a garter or with the notches on the plastic piece. Do not pull the top of the sock over the top of the plastic piece.
3. Holding onto the cords, drop the stocking aid out in front of the operated foot.
4. Slip your foot into the sock and pull it on.
5. Remove the garter or release the sock from the notches on the plastic pieces using your reacher.
6. Put the other sock on your other foot in your usual manner
7. To take the stocking or sock off, use the reacher to hook the back on the heel and push the sock off of your foot.



Shoes

Wear slip-on shoes or shoes with Velcro straps so that you will not have to bend over to put the shoes on and tie the laces. Use the long-handled shoe horn or reacher to put on and take off your shoes.



Walking with Crutches

Crutch Safety

- The pressure or weight goes on your hands and not on your armpits. Nerve damage can result if weight is placed on the armpits for a long period of time.
- Keep your elbows close to your sides to help keep the crutches against your ribs
- Your crutch tips should be 2 to 3 inches out to the side so you do not trip on your feet
- There should be a slight bend in your elbows when holding the crutches (15 to 20 degrees)
- Take your time and do not try to walk too fast
- Keep your head up and look ahead. Do not look at your feet when walking .
- When walking on carpet, you must pick up your crutches and injured leg more than when you walk on tile or linoleum floors.
- Remove all throw rugs from the floor to keep from slipping and falling

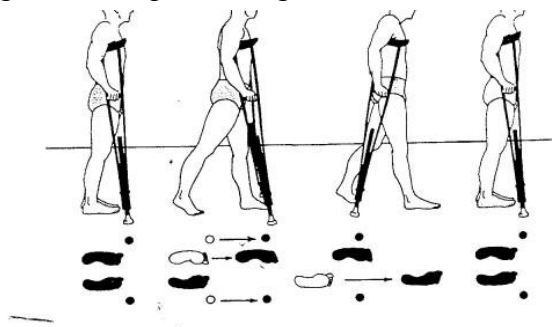


Touch Down Weight Bearing

The touch down method means that you may touch your operated leg on the floor, but do not step onto your operated leg. It is like “walking on eggshells”.

Partial Weight Bearing

Partial weight bearing means you may place up to 50% of your body weight on your operated leg. Do not place your full weight on the operated leg until cleared to do so by the doctor.



Weight Bearing as Tolerated/Full Weight Bearing

You may place as much weight on your operated leg as you can tolerate. Use the crutches to improve your balance and safety, as well as favor the operated leg when it is painful.

Stairs and Curbs

Always use a handrail if available.

Going up with Handrail

1. Place both crutches under your arm on the injured side.
2. Grasp the handrail with your other hand, if possible
3. Bring your good leg up to the next step. Let the injured leg trail behind.
4. Straighten your good leg and bring the crutches and injured leg up



Going up without the Handrail

1. Keep the crutches on the stair you are standing on
2. Support your weight between your crutches
3. Bring your good leg up to the next step. Let your injured leg trail behind.
4. Straighten your good leg and bring the crutches and injured leg up



Going down with the Handrail

1. Put the crutch on the lower step
- 2.
3. Lower your injured leg down to the lower step
4. Support your weight between your crutch and handrail
5. Move your good foot to the lower step



Going down without the Handrail

1. Put the crutches on the lower step
2. Support your weight between your crutches
3. Bring your injured leg down to the lower step. Let your good leg trail behind.
4. Bring your good leg down.



Exercises

The day after your surgery, the physical therapist will get you out of bed the first time. The physical therapist will help you walk with a walker or crutches as you are able. You will be sitting in a chair for 15 to 30 minutes by the second day. Each day the amount of walking and time sitting in the chair will increase as you can tolerate. Before you go home the physical therapist will teach you how to climb the stairs safely to protect your new hip.

Your physical therapist will start you on a home exercise program the day after your hip surgery. Additionally you may perform isometric exercises in bed right after your surgery to help you begin to recover.

Exercise will help you to regain the strength in your hips and legs so you can walk more easily. These beginning exercises should be performed until you can do 3 sets of 10 repetitions very easily. An advanced set of exercises is provided for when the beginning exercises are too easy. Exercises need to be continued for at least 6 weeks when you go home. Your therapist will go over the home exercise program with you before you are discharged.

Isometric Exercises

Isometric exercises will help your muscles to begin to “wake up” after surgery and will help to promote circulation in your legs to prevent blood clots from forming. They may be performed throughout the day whenever you feel your legs becoming stiff. Remember to breathe in as you tighten your muscles, and out as you relax them. Breathe normally while you hold the position.

Ankle Pumps

This strengthens your calf muscles in your lower leg.

1. Lie on your back
2. Bend your ankle and pull your foot and toes away from you as far as possible, like you are pushing on the brake pedal of a car.
3. Repeat with both legs 10 times every 2 hours throughout the day.



Quad Setting

This exercise helps your upper leg or thigh muscles.

1. Tighten the muscles of your thigh
2. Keep your knees straight. Push your knee down into the bed, having your kneecap move upward toward your hip.
3. Think about trying to raise your heel ½ inch off the bed.
4. Hold for a count of 5 and then relax.
5. Repeat with the other leg
6. Alternate legs for 10 repetitions on each side 3 times a day.



Gluteal Setting

1. Squeeze your buttocks together. Hold for a count of 5.
2. Relax and repeat. Perform a total of 10 repetitions 2 times a day.

Home Exercise Program

The following three exercises should be performed at home for at least six weeks or until they become very easy to do (30 repetitions) They should be performed 2 to 3 times per day. These exercises should be performed while lying on your back or on your bed.

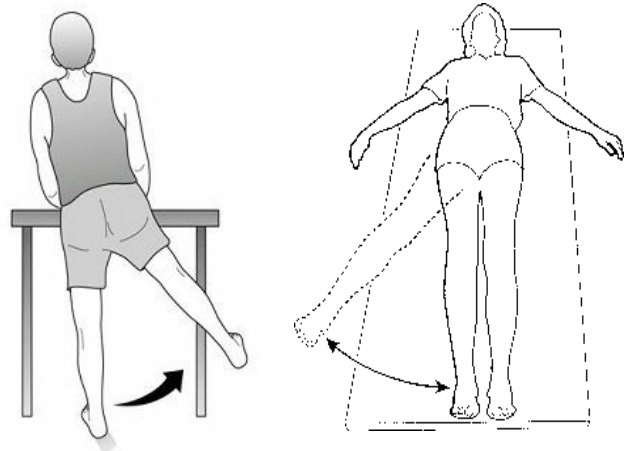
Heel Slides

1. Slide your foot along the bed towards your buttocks and slowly bend your knee up, but do not bend your hip more than 90 degrees.
2. Slide your foot away from your buttocks and slowly straighten your leg.
3. Relax and repeat
4. Perform 30 repetitions, rest as needed



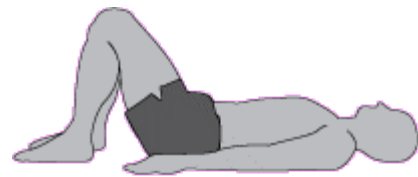
Standing or Lying Abduction

1. Move your leg out to the side and then back
2. Keep your knee straight and your toes pointed ahead
3. Relax and repeat
4. Perform 30 repetitions, resting as needed.
5. If performing this exercise is too painful, try moving your leg out to the side while standing and holding on to a walker or firm surface. Make sure to keep your toes pointed straight ahead when moving your leg to the side.



Bridging

1. bend both knees up and place both feet flat on the bed
2. Keep your feet in place and slowly push your buttocks off of the bed only a few inches.
3. Do not lift high enough to cause pain.
4. Relax and repeat
5. Perform 30 repetitions, resting as needed.



Avoiding Problems After Surgery

Blood Clot Prevention

Follow your orthopedic surgeon's instructions carefully to minimize the potential of blood clot which can occur during the first several weeks of your recovery.

WARNING SIGNS OF POSSIBLE BLOOD CLOTS IN YOUR LEG INCLUDE:

- Increased pain in your calf
- Tenderness or redness above or below your knee
- Increased swelling in your calf, ankle and foot.

WARNING SIGNS THAT A BLOOD CLOT HAS TRAVELED TO YOUR LUNG INCLUDE:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

NOTIFY YOUR DOCTOR IMMEDIATELY IF YOU DEVELOP ANY OF THESE SIGNS.

Preventing Infection

The most common causes of infection following total hip replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your hip replacement and cause an infection.

Following your surgery, you should take antibiotics prior to dental work or any surgical procedure that could allow bacteria to enter your bloodstream.

Warning signs of a possible hip replacement infection are:

- Persistent fever (higher than 100 degrees orally)
- Shaking chills
- Increasing redness, tenderness or swelling of the hip wound
- Drainage from the hip wound
- Increasing hip pain with both activity and rest

NOTIFY YOUR DOCTOR IMMEDIATELY IF YOU DEVELOP ANY OF THESE SIGNS.

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