YOUR TOTAL HIP REPLACEMENT

General Guide to getting you back to function.

Topics to Cover

• Walking, step climbing, functional mobility, use of assistive devices
• Transfers in and out of bed, car, chairs
• Post op surgical precautions
• Using adaptive equipment
• Pain management and Sleep
• Pre-op Exercises
• Goals for therapy
• Nutrition
• Functional testing, pain assessments
After Your Surgery

• Hospital Stay:
  – Typically 1-2 days: discharge to home

• Outpatient Physical Therapy
  – Will begin 1 day to 2 weeks after discharge from the hospital.
  – Therapy will focus on activities of daily living, gait and exercise

• You will be using adaptive equipment following surgery such as a walker to prevent limping.

**Your hip may take up to a year after surgery to, “feel normal.”**
Hip Precautions

• Posterior Approach
  – 90 degrees at the hip, avoid pointing toes in, avoid crossing legs, avoid pivoting on surgical leg.

• Anterior Approach
  – Avoid turning feet out, swinging leg out and limit extension, avoid walking backwards
  – Avoid pivoting, do not cross legs.

• Precautions usually last for 6-12 weeks post op.

Hip Precautions Con’t

• Posterior Approach
  – Avoid extreme bending at the hip and crossing your legs.
  – Avoid sitting on low chairs or couches. Keep your hips higher than your knees.
  – Avoid rotating your leg where your knee/foot point inward.
  – Use an elevated toilet seat.
  – Avoid flexing your hip past a right angle (90 degrees). This includes sitting and reaching forward.
  – Avoid putting on shoes and socks by yourself. Use a long handled shoe horn or slip on shoes.
  – Avoid pivoting on surgical leg.
Gait/Functional Mobility

- Weight Bearing As Tolerated
- Getting in/out of bed, chairs and car while maintaining hip precautions
- Progress from walker to cane, and when appropriate - no assistive device.
  - Use a walker for at least 2 weeks to avoid developing a limp
  - Cane: hold the cane in the OPPOSITE hand as your operated hip
- Stairs:
  - “Up with the good, down with the bad.”
  - One step at a time; if you can do one step you can do ten steps.
- Remove tripping hazards in your home.
- A GOOD HEEL/TOE GAIT IS ESSENTIAL!

Adaptive Equipment

- Elevated toilet seats
- Reacher
- Long Handled Shoe Horn/Sock Aide
- Shower chair/bench
- FIRM Seat cushions
- Car Cane
- Long handled bath brush

Adaptive equipment will be ordered through the hospital and/or home health care. Many items may be found at your local pharmacy or medical supply store.
Pain Management

• Don’t be afraid of your pain medication
  – Very important to your recovery
  – Medication 30 min to 1 hour prior to therapy sessions.
  – Typically pain meds are taken every 4 hours for the first 48-72 hours.
• Other forms of pain management
  – Rest, ice, elevation
  – Ice 20 minutes before bed
• Combating side effects of pain medication:
  – Take medication with food
  – Using an antacid
  – Request another medication

• YOU ARE NOT JUST TREATING YOUR PAIN, YOU ARE TREATING YOUR FAMILY’S ANXIETY!

Sleep

• Sleep with a pillow between knees when on your side to maintain precautions.
  – You may sleep on your operated side if comfortable with a pillow between legs.
  – Your ability to sleep on the operated side will depend on your doctor's preference.
• Avoid pillows under knees
• Poor sleep after hip replacement surgery is not uncommon.
• Take your pain medication and ice before bed.
Potential Complications

Blood Clots

• Important signs and symptoms
  – Legs: Severe pain in calf, redness, increased temperature and swelling
  – Lungs: extreme shortness of breath, racing heart
• Your doctor will address the potential use of routine post-op blood thinning medications

• IF ANY SYMPTOMS OCCUR SEEK MEDICAL ATTENTION IMMEDIATELY
Infections

• Occurs in less than 1% of patients
• Signs of infection
  – Increasing drainage from the incision
  – Incision becomes very red and hot (some redness and heat
    around a healing surgical incision is normal),
  – Fever: check with your medical team for specifics. Physicians
    have differing criteria for this.
• You may need an antibiotic prior to any dental or
  colonoscopy procedures.
• Any of all of the above require a call to
  your doctor immediately

Therapy and Return to Function
Pain Scale

- Pain Scale: 0-10
  - 0 = NO PAIN
  - 10 = EMERGENCY ROOM PAIN
- Pain management with activity/during PT.
- Use the 10 point scale to monitor tolerance to activities.

Exercises to Expect/Practice

- Ankle Pumps
- Calf Stretch
- Quad Sets
- Heel slides
- Adductor squeezes
- Straight Leg Raise – Abduction
- Heel Raises
- Single Leg Stance
- Supine hip abduction
Return to Activity

• Shower: 2 days after surgery. Allow water to run over the wound.
  – Depending on your dressing you may be able to shower in the hospital.
  – Pat the wound dry with a clean towel.
  – Do not submerge wound underwater in a bathtub, pool, lake, or hot tub, until OK is given by MD.
• Driving:
  – No narcotic pain meds during the day
  – Good reflexes – you need to be able to hit the brakes quickly and firmly.
  – Your MD may want you to avoid driving until post-op precautions are lifted.
• Can expect to return to most activities 3-6 months after surgery.
• Consult MD regarding specific activities such as high impact exercise, golfing, sex, swimming etc.

Return to Work

• Depends on the type of work
  – Sedentary work: 3-6 weeks from surgery
  – Physically demanding work: 8-12 weeks
    • Therapy can help simulate work tasks such as pushing/pulling and lifting
• Factors that affect return to work
  – Pain
  – Balance
  – Mobility
  – Maintaining post-op hip precautions
Nutrition

– Eat a balanced diet before and after surgery
– Drink plenty of fluids and limit caffeinated drinks
– Vitamins and supplements should be used under the guidance of your surgeon. Many of these may have adverse affects/interactions with prescribed medications. Don’t listen to your friends or the infomercials on TV when it comes to medications, vitamins, or supplements.

Things To Consider

• How long have you been dealing with the pain in your hip?
• Do you have stiffness or lack of movement? And for how long?
• Do you feel weak or fatigue quickly?
• Do you limp or use an assistive device now?
• Have you fallen or feel off balance?
• Do you have any preexisting conditions/chronic conditions such as obesity, diabetes etc that affect your healing and overall health
• These can influence your recovery/progress from surgery. You can start rehab before your surgery!
You’ll Do Great!!

• The better you are before your surgery the better you are after.
• It’s not too late to start rehabbing your hip.

Pre-op sessions – can address any additional concerns you may have:
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