YOUR GUIDE TO:

TOTAL HIP REPLACEMENT
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Introduction
Welcome to Health Sciences North/ Horizon Santé-Nord. Together with your surgeon, you have decided that a Total Hip Replacement is necessary to alleviate the symptoms you are now experiencing. This booklet is designed to provide you and your family with the information that you will need in order to have a successful surgical experience. It is very important that you read and understand the information provided in this booklet. Active involvement in your care is essential for a healthy recovery and obtaining a good working hip.

Read this booklet before your hospital stay and write down any questions that you may have.

Questions to Ask
What Is A Total Hip Replacement?

A Total Hip Replacement (THR) is an operation that replaces the damaged hip joint with an artificial one called a prosthesis. The hip joint is a “ball and socket” joint, which allows movement in 6 different directions, in a circular fashion. The end of the thigh bone (femur) is ball-shaped and fits into the socket (acetabulum) of the pelvis. Ligaments and muscles hold the joint together while the synovial fluid, which comes from the lining of the joint, lubricates it. Cartilage, a smooth coating over the bones (like Teflon), acts as a shock-absorbing layer and allows the hip to move easily without pain.

In a problem hip, the worn cartilage no longer serves as a cushion and exposes the underlying bone. This causes roughening of the bones and they rub together like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness. The affected leg may become shortened, muscles may become weaker and a limp may develop. Hip replacement removes damaged bone and cartilage and provides smooth working surfaces. The most important goal of THR is to decrease pain, improve function and make the hip more stable or reliable.

During surgery, skin and muscles are cut, and the hip joint is opened. The ball of the femur is removed and replaced with a new ball and stem that goes down into the center of the femur. Damaged cartilage and bone are removed from the socket and a metal shell with a liner is inserted. The replacement pieces can be made of metal, plastic, or ceramic. Once the new hip joint is in place, the muscles and skin are stitched together and the incision is closed with staples.
What To Expect

Hip replacement surgery patient checklist

With hip replacement surgery, the surgery itself is just one component of the whole process. In order for the surgery to be successful, there are things that you can and should do to be adequately prepared. It is important to discuss with your family and friends your decision to have surgery and how they may be of assistance to you before, during and after surgery. Things to consider and arrange are:

- I am aware discharge HOME is 2-3 days after surgery, this applies to ALL patients. Discharge is by 10:00 AM
- I am aware that if I cannot make plans to be discharged home within the 2-3 days, my surgery may be postponed until my discharge plans are confirmed.
- I have made arrangements for transportation to take me home and to my appointments such as to my Family Physician and surgeon.
- I have arranged for help at home (e.g. grocery shopping, meal preparation, house cleaning, laundry and general errands) following discharge.
- If I am unable to manage at home, I have made arrangements for alternate discharge destination such as a relative or friend’s home.
- I have signed up for the Pre-Surgery Hip Education Class at the hospital by calling 705-675-4772.
- I have arranged the following:
  - Crutches or cane
  - Long-handled sponge
  - Sock aid
  - A chair higher than knee height with arm rests for a firm and level seat
  - Long-handled reacher
  - Long-handled shoe horn
  - Seat cushion
  - A bed higher than knee height
Clinical Pathway

<table>
<thead>
<tr>
<th>Surgery Day</th>
<th>Post- Op Day 1</th>
<th>Post- Op Day 2 – 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Breathing exercises</td>
<td>• Sit up in chair for meals</td>
<td>• Sit up in chair (3 times per day at meals)</td>
</tr>
<tr>
<td>• Exercises (see Exercise section)</td>
<td>• Practice Bed transfers</td>
<td>• Exercises several times daily (see Exercise section)</td>
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<tr>
<td>• Sit up at Bedside</td>
<td>• Exercises several times daily (see Exercise section)</td>
<td>• Walk with walker</td>
</tr>
<tr>
<td></td>
<td>• Begin walking with walker</td>
<td>• Bed Transfers; Sit to Stand Transfers</td>
</tr>
<tr>
<td></td>
<td>• Occupational Therapy Assessment to discuss equipment needs for home</td>
<td>• Practice walking stairs</td>
</tr>
<tr>
<td></td>
<td>• Sit up in chair  (3 times per day at meals)</td>
<td>• Complete activities of daily living (e.g. lower body dressing)</td>
</tr>
<tr>
<td></td>
<td>• Exercises several times daily (see Exercise section)</td>
<td>• Discharge HOME, if ready</td>
</tr>
</tbody>
</table>

Discharge Planning

Start planning now for your discharge from hospital. Total Hip Replacement patients are discharged HOME from hospital 2–3 days after the surgery. It is important to include your family and friends in your discharge planning. Have your ride home be available as early as Day 2 after surgery. Make a checklist which includes:

**Assistance:**
Many people live alone. If so, arrange now to have someone stay with you (or you could live with them) for 2-3 weeks after your surgery. If you have no one to stay with you, there are a few Respite Beds (short term room and board) available at some retirement homes in the Sudbury region. You must make the respite bed arrangements yourself before admission to hospital.

**Living arrangements:**
After surgery, most will have some trouble going up and down stairs. It is best to make arrangements to avoid stairs as much as possible. This may mean moving your bed to the main level of your home. After surgery, you will also need extra equipment (walker, crutches, bath bench, etc.). Consider if using this equipment in your home will be problematic. Think about which room(s) you will spend most of your time in when you get home. Arrange rooms so that everything is within easy reach.

**Meals:**
Prepare meals and freeze them ahead of time. Your local “Meals-on-Wheels” organization is another option. Make a schedule for friends and family to deliver meals. Ask your local supermarket about having groceries delivered.

**Housework/Yard work:**
Do any big cleaning ahead of time. Contact friends and family to help you after surgery.

**Care-giving:**
- Consider getting the Senior’s Help Line (in Sudbury 705-523-7000)
- If you do not already have a parking permit for accessible parking, you may want to apply for a
temporary permit several weeks prior to your surgery. Contact the Ministry of Transportation (1-800-268-4686) or www.mt.gov.on.ca for an application.

- You will need transportation for appointments or outings. You could access your local Handi-Transit services (in Sudbury 705-671-2489 or www.greatersudbury.ca). You will require a referral from either your Family Physician or Physiotherapist. Your local Red Cross (Sudbury: 705-525-1244) also provides a transportation service for those who qualify.
- Consider signing up for on-line banking
- Consider who will care for your pet(s)
- Consider who will care for your significant other if you are the primary caregiver

Possible Complications
Your surgeon will take time to discuss the complications that may arise after your surgery. Here are a few for you to review prior to your appointment with the surgeon. If you have any questions remember to discuss them with your surgeon.

Medical Health Concerns:
Heart disease, diabetes, chronic lung disease, smoking, anemia, rheumatoid arthritis, obesity, and other medical problems may slow your recovery.

Infection:
The infection rate is less than 1%. If infection occurs, the artificial components may need to be removed and replaced after the infection has been controlled.

Late Infection:
Be careful to avoid infections (sinus, chest, dental, skin, etc.) and get treatment quickly. Infection can settle into your new hip with very serious results. We recommend that your dentist follow the Canadian Dental Association (CDA) guidelines for preventive antibiotics with dental work.

Blood Loss:
You may lose a large amount of blood during or after the surgery. This is rare but it may need a blood transfusion. There is a very small risk that you can get an illness from a transfusion. The blood conservation nurse will meet with you during your Pre-Admission Clinic visit to discuss this further.

Pain:
Pain following hip surgery varies with each person. It is important to keep your pain under control in order to be able to participate in therapy after surgery. It is better to treat your pain when it is mild rather than waiting for it to become severe.

Bruising or Bleeding:
Sometimes blood can collect in the wound after surgery. Your body will eventually resorb this. Dark bruising may occur. This is common. Nurses will teach you how to monitor this.
Blood Clots (Deep Vein Thrombosis or Pulmonary Embolus):
Harless blood clots in the veins of the legs can occur in as many as 40% of knee or hip replacement surgeries. It is rare for them to travel to the lungs (less than 1%), however, if this occurs, it could result in death. Blood thinning medication is required for a minimum of 2 to 5 weeks after surgery to prevent clots from forming. This is achieved via pills or needles. Injections are given under the skin of the abdomen. The hospital nurse will teach you and your caregiver how to do this at home.

Nerve or Blood Vessel Damage
Nerve or blood vessel damage is rare. The incidence of damage to the major nerves of the hip range from 1% to 3% while damage to the arteries range from 0.1 to 0.2%. In most instances, these injuries occur during major revision surgery or surgery done to correct large deformities. If nerve damage occurs, it may leave numbness, weakness, or paralysis in the foot. Damage can be short term or permanent. A brace or sometimes additional surgery may be required.

Swelling (Edema)
The normal healing process will cause swelling in your leg. This may last several weeks or months. Swelling will often improve if you elevate your legs and pump the ankles. Call the surgeon’s office if the hip becomes severely painful or swelling continues to increase despite elevation.

Leg Length Difference
Your damaged hip may have left your leg slightly shorter than your other leg. During the operation, attempt is made to make the leg lengths equal. It is very important that your artificial hip is stable, that the “ball” does not come out of the “cup” (dislocate). Occasionally, we need to make your leg longer or leave it short in order to make sure the hip replacement is stable. You may require a shoe lift to accommodate any discrepancies.

Dislocation
If you do not follow the HIP MOVEMENT PRECAUTIONS, there is a 1% – 3% chance that your hip may dislocate (the ball comes out of the cup) due to weakened muscles from the surgery. These precautions must be strictly followed for at least 3 months after surgery (see HIP PRECAUTIONS).

Limp
The muscles surrounding your hip that are responsible for normal walking undergo surgical trauma and must be rehabilitated. It is important that you follow the exercise progression instructions to restore their strength and to prevent a permanent limp.

Delirium
Short-term confusion, called delirium, following the surgery may be due to age, medication, anaesthesia, or medical conditions. It usually resolves after a day or two. Regular alcohol or drug use before surgery can make post-operative delirium worse.

Urinary Problems
During surgery you will have a catheter inserted in your bladder. This is usually removed the first day after surgery. When it is removed, some may have trouble passing urine. Inform your nurse if you have difficulty, pain and/or burning when urinating.
Slow Wound Healing
Because the skin, tissues, muscles, or bones are cut during surgery, sometimes healing is slow. This may
give some short-term local pain and swelling. Healing occurs with time. Those with medical issues such
as diabetes will experience slower wound healing. Eating healthy, vitamin and protein-rich foods will
promote wound healing.

Constipation or Ileus
After surgery, people are prone to constipation because of factors like decreased mobility, side effects of
pain medications and anaesthetic. You will be started on laxatives right after surgery and your bowel
function will be monitored. Continue to maintain a high fibre diet and drink plenty of water.

Preparing for Surgery
Weeks Before Surgery
- You and your caregiver/coach MUST attend the Pre-surgery Education Class for Total Hip
  Replacement. Sign up by calling 705-675-4772. They are offered every 1st and 3rd Friday of the
  month from 1 - 2:30 pm at the hospital. You are required to attend only ONE session. People who
  attend this education session have a significantly better outcome.
- Arrange for someone to assist you with recovery and rehabilitation. They should attend the Pre-
  Admission Clinic and Pre-Surgery Education Class with you. This designated person should be
  available to help with exercises and any other small needs for the first few weeks after you are
  discharged from the hospital.
- Choose a designated family member / friend to act as your contact to receive information from the
  doctor and health care members.
- Arrange for someone to take you home from the hospital.
- Dental work, including routine cleanings, and any other medical procedures (e.g. colonoscopy),
  should be done prior to surgery. Please notify your dentist of your joint replacement surgery (up to
  2 years) so an antibiotic can be given prior to dental work.

Pre-Admission Visit
Your surgeon’s office will call you to inform you of the date of your surgery. The hospital will call you 2 to 6
weeks prior to your surgery with your appointment for the Pre-Admission Clinic (PAC). This is a half to full day
session, where you can discuss current medical issues and have opportunities to ask questions. You will have
medical testing and assessments completed. You may meet with the Blood Conservation Nurse who can help
you to increase your blood iron to avoid a transfusion. You may also meet with the Anaesthetist who will ask
you questions about your medical history and will perform a medical exam. The Anaesthetist will discuss with
you which type of anaesthetic best for your operation: spinal or a general anaesthetic.

Please bring the following to the PAC visit:
- Medications: bring the medications you currently take in the original prescription bottles. Don’t
  forget to include vitamin and supplements or other over-the-counter medications you regularly take.
- Allergies or adverse reactions: Identify if you have had an allergic or adverse reaction to
  medication and/ or anesthesia issues in the past. Provide the name, why you were taking it, a
  description of your reaction and when this happened.
• **Medical conditions / Previous surgeries:** Identify all your past surgeries and any medical conditions.

• **Insurance:** Know your insurance coverage, including the name of the company, your plan or group number and contact information. Be sure to bring your Health Card, Status Card and insurance cards to the hospital with you.

• **Support Person:** if you have one, bring them along.

• **Legal Arrangements:** Information about any legal arrangements you have made, such as a living will or durable power of attorney. Bring a copy with you to the hospital.

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**Get In Shape For Surgery**

The following preparations can help improve the outcome of the surgery and your recovery time.

• If you smoke, cut down or quit. Smoking changes blood flow patterns, delays healing, slows recovery, and increases risk of infection. The hospital offers nicotine replacement therapy – ask your doctor or nurse about this. You must STOP smoking 48 hours before your operation. Also note that smoking is not allowed anywhere on the hospital property.

• Do not consume alcohol for at least 48 hours prior to surgery

• If you use other controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.

• Eat well. If you are overweight, try losing weight sensibly. Your doctor may recommend a weight loss program.

• It is particularly important to consume an iron rich diet to help restore blood levels. Please see www.dieticians.ca for food sources that are rich in iron.

• If able, keep active right up until the day of your surgery, including walking, swimming or cycling.

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**Preparing Your Home**

• Clear floor spaces of obstacles or hazards such as telephone/electrical cords, loose rugs and other objects. Fasten area rugs securely to the floor. Ensure you can easily move around your home with a walker.

• Set up a “recovery center” within your home with the items you use the most. Things like the telephone, medication, remote control and other frequently used items should be within easy reach.

• Prepare a chair with armrests and a firm, higher-than-average seat (e.g. captains or wing chairs. AVOID rocking chairs, swivels and office chairs with casters or wheels. AVOID ‘Lazyboy’ or recliner chairs, as they usually require bending forward to stand up.

• While you’re in the kitchen and bathroom, place items you use regularly at arm level so you won’t have to reach up or bend down.

• Use nightlights, especially between your bedroom and bathroom.

• If you must negotiate stairs regularly, a sturdy railing(s) is essential. If you do not have railings, it is recommended that one be professionally installed. One railing is usually sufficient.

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**Day Before Your Surgery**

• Shower and bathe with antibacterial soap (i.e. liquid hand soap or dish soap marked antibacterial).

• Leave ALL valuables and jewelry/piercings at home – Hospital is not responsible for lost belongings.

• DO NOT wear makeup or perfume or any scented products.
• Remove all nail polish from your fingers, toes (even clear) from both natural and artificial nails. Note: IF you have artificial nails, one nail must be removed.

**Items You Need To Bring To The Hospital**
- Hair brush, tooth brush, tooth paste, soap, denture case, eyeglass case, contact lens case
- A pair of comfortable, well-fitting shoes with non-skid soles.
- Loose fitting clothing. Preferably jogging pants or shorts.
- Night clothes including a knee-length robe or gown.
- Health Card.
- Bring this Guidebook for Total Hip Replacement.

**Equipment And Suppliers**

**Assistive Devices and Supplies**
Well before your surgery, shop for personal equipment (not rented through CCAC) that will make your life easier after surgery. These can include:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>Reacher</td>
<td>Long handled shoe horn</td>
</tr>
<tr>
<td>Sock-Aid</td>
<td>Long handled bath sponge</td>
</tr>
<tr>
<td>Hand-held shower extension</td>
<td>Non-slip bath mat</td>
</tr>
</tbody>
</table>
| Seat cushion                | • Elastic shoe laces  
                             | • Stair Rails                    |

Several of these items are sold as part of the “Hip Kit” that can be purchased at NEJAC, or during your hospital stay. Otherwise, they are available at vendors throughout the city.
Based on your needs, Community Care Access Centre (CCAC), also known as “Home Care”, will arrange rental and delivery of equipment, free of charge. You may also qualify for assistance if you are under WSIB (formerly WCB), DVA or private insurance coverage.

**Rental Items**

<table>
<thead>
<tr>
<th>Walker</th>
<th>Transfer tub bench and tub chair and/or tub rail</th>
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<tbody>
<tr>
<td>Raised toilet seat or a commode chair</td>
<td>Versa Frame</td>
</tr>
</tbody>
</table>

**Preparing for Discharge**

Physiotherapy will teach you:
- How to use your walking aid
- Stairs
- Your exercise program and special instructions
- "Hip precautions"

Occupational Therapy will:
- Assess for home equipment needs, and make recommendations for assistance following discharge
- Teach you to dress and undress your lower body using assistive devices (i.e. reacher, shoe horn, and the sock aid)
- Teach you hip movement precautions.
After Surgery

Discharge Day

Have your ride home be available on short notice: as early as Day 2 after surgery.

- You will be given a prescription for pain medication.
- It is a good idea to ask your nurse for a dose of your pain reliever just prior to being discharged home. Expect to have significant discomfort from your car ride home. This is normal. Rest and elevate the leg immediately upon arriving home.
- Instructions will be given as to when and where your staples will be removed.
- You will be given an appointment to follow-up with your surgeon at approximately 6-8 weeks after surgery.
- Follow the instructions provided by the hospital on discharge day

Movement Precautions

These precautions MUST be followed until you are seen at your follow-up appointments by your surgeon and told that it is safe to increase your movements.

1. Avoid bending more than 90° degrees at the hip. When sitting, your knee must be lower than your hip. Do not reach past the knee of your operated leg

2. Do not rotate your leg in or out. Your knee must always be facing forward.
3. Do not cross your legs at the knees or ankles

4. Do not twist at the waist while standing. While sitting, do NOT reach across your body.
   As you turn with the walker, make sure your hips, shoulders and toes are facing the same direction

5. Do not do a straight leg raise with operated leg.

6. Always keep a pillow between knees while lying
Learning to Move

1. Getting out of bed

Bring your non-operated leg towards the edge of the bed. This may not always be possible due to the orientation of your bed.

Push yourself up to sitting with your arms

Start to turn your body towards the edge of the bed; No twisting or leaning!

2. Getting into bed

Getting into bed is the same as above in reverse. You may need to use a leg lifter, cane or scarf to help slide the operated leg in and out of bed.
3. **Standing Up**

Scoot towards the edge of your chair.

Slide your operated leg forward.

Push up with your arms to stand & do NOT bend too much when standing.

Reach for the walker once standing.

4. **Sitting Down**

Make sure you can feel the seat on the back of your legs.

Reach back for armrests.

**Slide** operated leg out in front.

Slowly help yourself down to seat.

Try to keep your back as upright as possible, so you don't bend too far forward.
Weight Bearing, Walking, Stairs

Weight Bearing
After your surgery, your surgeon will determine the amount of weight that can be taken by your operated leg when getting up and walking. Your Physiotherapist will determine which aid is most suitable for your needs.

Walking
You will begin walking with a two-wheeled walker or crutches.

1. Move the walker or crutches forward first,
2. Followed by your operated leg.
3. Then move your good leg forward.
4. Put your weight on the walker / crutches to take the weight off your operated leg when you step onto it.
5. Make sure to stay close to the walker when walking and avoid leaning forward.

Stairs

<table>
<thead>
<tr>
<th>Up</th>
<th>Down</th>
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<tbody>
<tr>
<td>• Use railing plus cane or crutch</td>
<td>• Use railing plus cane or crutch</td>
</tr>
<tr>
<td>• Lead with the GOOD leg while the cane/crutch supports the operated leg.</td>
<td>• Lead with the cane/crutch and OPERATED LEG, followed by the good leg</td>
</tr>
<tr>
<td>• Do one step at a time</td>
<td>• Do one step at a time</td>
</tr>
<tr>
<td>• Progress to alternating steps when able</td>
<td>• Progress to alternating steps as tolerated</td>
</tr>
</tbody>
</table>

Up
Down
**Looking after yourself at Home**

**Dressing**

<table>
<thead>
<tr>
<th>Use a ‘Sock-aid’ to put on socks</th>
<th>Use a long handled shoe horn</th>
<th>Use a reacher to put on pants / underwear</th>
</tr>
</thead>
</table>

![Images of dressing](image)

**Bathing**

<table>
<thead>
<tr>
<th>You may need a tub transfer bench</th>
<th>Use a hand held shower head and long handled bath sponge; make sure not to bend</th>
</tr>
</thead>
</table>

![Images of bathing](image)

**Toileting**

Sit and stand as you would with a regular chair, but using the grab bars to help. Make sure the toilet paper roll is close at hand to avoid excessive bend forward or reaching. Don’t twist when flushing the toilet. Wipe from front to back from behind to avoid bending.

**Sexual Relations**

You should be careful for the first 6 weeks after surgery. The safest position is for the patient to be on his/her back.
Driving and Getting In and Out of a Vehicle

Driving is **NOT** permitted for a minimum of 6-8 weeks after surgery. This should be discussed with your surgeon during the first follow-up visit after surgery.

### Getting in a Vehicle

<table>
<thead>
<tr>
<th>Park the car away from the curb.</th>
<th>Slide your operated leg ahead as you slowly lower yourself down to the seat. Place your hands on the seat, and/or hold onto the grab handle inside the car. <em>Do not hold onto the door.</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Slide passenger seat back as far as you can, and recline the back. You may want to add a cushion to increase the seat height.</td>
<td>Back up to the passenger seat with your walker.</td>
</tr>
<tr>
<td>Back up to the passenger seat with your walker.</td>
<td></td>
</tr>
<tr>
<td>Slide as far back as you can, using your non-operated leg. To make it easier, place a plastic bag on the seat.</td>
<td>Bring both legs into the car. You may bend your knee to bring your leg into the car, as long as you are leaning back onto the (reclined) seat.</td>
</tr>
</tbody>
</table>

### Getting out a Vehicle

To get out of the passenger seat, complete the same steps above in reverse. Remember to scoot forward to make it easier to stand.
**Preventing Complications After Surgery**

If you should experience any of the following symptoms or have any concerns, call your surgeon’s office or go to the Emergency Department of your local hospital:

- Increased pain in the calf or thigh of either leg
- Increased pain in the operated leg and the leg appears shorter
- Increased swelling, tenderness or redness of either leg
- Temperature above 38.5°C
- Increased drainage from the incision, redness or opening of the incision edges
- Shortness of breath.
- Chest pain or tightness

**Guidelines for Resuming Active Lifestyle**

The following chart will guide you as to when you can start normal activities, however, there may be some exceptions. At your 6-8 week follow-up, talk to your surgeon about possibly abandoning the hip “movement precautions”.

It is important to gradually introduce the movements that you were previously taught to avoid. *For example:* You will gradually bend your hip beyond 90 degrees using your own muscles to perform the movement. These “new” movements should be done within your comfort zone. Forceful, passive movements are not recommended.

Walking is an excellent activity post-surgery! You are strongly encouraged to increase both walking distance and the amount of time as tolerated. Walk outdoors as long as conditions are dry. Consider going to a mall to walk during poor weather conditions.

<table>
<thead>
<tr>
<th>At 6 – 8 weeks</th>
<th>At 12 weeks</th>
<th>Not Recommended</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Driving</td>
<td>• Bowling/Curling</td>
<td>• Downhill skiing</td>
<td>• Squash/ Raquetball</td>
</tr>
<tr>
<td>• Stationary bicycling</td>
<td>• Outdoor cycling</td>
<td>• Cross country skiing (skate style)</td>
<td>• Jogging/running</td>
</tr>
<tr>
<td>• Sexual activities</td>
<td>• Gardening</td>
<td>• Weight Lifting involving your legs</td>
<td>• High Impact Aerobics</td>
</tr>
<tr>
<td></td>
<td>• Cross-Country Skiing (classic only)</td>
<td>• Sitting in bathtub</td>
<td>• High Impact Sports</td>
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<tr>
<td></td>
<td>• Golf/ Tennis (doubles)</td>
<td></td>
<td>• Singles tennis</td>
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<td></td>
<td>• Swimming w flutter kick</td>
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<tr>
<td></td>
<td>• Putting socks/shoes without aid</td>
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<td></td>
<td>• Abandon raised toilet seat</td>
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## Exercises

### Exercises: Immediately after surgery

The following exercises will help your hip muscles regain strength and endurance.

As a guide, soreness from exercise should diminish within 2 hours of completing the exercises. If you continue to have soreness after more than 2 hours, you must reduce the intensity of the exercises. This can be done by either reducing the number of repetitions, or being gentler in how you perform the exercise. In some cases, you may have to stop an exercise completely if it causes intense or unusual pain.

Repeat exercises 10 times. Do 2-3 sessions per day.

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1. Foot and ankle pumps</strong></td>
<td><img src="image.png" alt="Foot and ankle pumps" /></td>
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<td></td>
<td>Point your foot up and down. Make ankle circles.</td>
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<tr>
<td><strong>2. Abdominal Activation</strong></td>
<td><img src="image.png" alt="Abdominal Activation" /></td>
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<tr>
<td></td>
<td>While lying in bed on your back, lift your head slightly and tighten your stomach muscles so that your belly button moves down toward your spine.</td>
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<tbody>
<tr>
<td><strong>3. Isometric Hamstrings</strong></td>
<td><img src="image.png" alt="Isometric Hamstrings" /></td>
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<tr>
<td></td>
<td>Press your whole operated leg down into the bed. Feel the muscles in your buttock and back of operated leg tighten. Hold 5 seconds.</td>
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<tr>
<td><strong>4. Buttock Squeezes</strong></td>
<td><img src="image.png" alt="Buttock Squeezes" /></td>
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<td></td>
<td>Tighten your buttock muscles and hold 5 seconds.</td>
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<tr>
<td><strong>5. Isometric Quadriceps</strong></td>
<td><img src="image.png" alt="Isometric Quadriceps" /></td>
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<tr>
<td></td>
<td>Tighten the muscle on the front of your operated thigh by pressing your operated leg into the bed. Hold 5 seconds.</td>
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</tbody>
</table>
6. **Heel slide**
   Wrap a towel under your operated leg. Pull up on the towel to slide your heel towards your buttocks. You may also use a garbage bag under your heel.

7. **Knee extension over a roll**
   With a towel roll under the knee of the operated leg, lift the heel off the bed. Hold 5 seconds.

Standing exercises may be added by your therapist depending on your ability.
## Exercise Program: 3 to 6 Weeks After Surgery

1. **Standing on one leg**
   - Stand straight holding onto a support
   - Lift _____ leg. Hold 5 counts. Do NOT lift knee past 90°.
   - Repeat with _____ times with each leg.
   - _____ times per day.

2. **Standing hip Extension**
   - Stand straight holding onto a support (chair of kitchen counter)
   - Bring your _____ leg backwards keeping knee straight. **DO NOT LEAN FORWARD**
   - Repeat _____ times with each leg, _____ times per day.

3. **Standing knee flexion**
   - Stand straight holding onto a support (chair of kitchen counter)
   - Bring your _____ leg backwards keeping knee straight. **DO NOT LEAN FORWARD**
   - Repeat _____ times with each leg, _____ times per day.
Exercise Program: 3 To 6 Weeks After Surgery: Continued

4. Standing heel raises
   - Stand straight holding onto a support (chair or kitchen counter)
   - Rise up onto your toes.
   - Hold ______ seconds. Repeat ______ times, ______ times per day.

5. Shallow Squats
   - Stand holding onto a support (chair or kitchen counter). Have a chair behind you for safety.
   - Perform a shallow squat with forward bend at the hips. DO NOT bend past 90° at the hip.
   - Repeat ______ times, ______ times per day.

Exercise Progression and Safety Guidelines
- The following sections of exercises are more challenging. You will require the help of a Physiotherapist to ensure the exercises are being done correctly.
- If you find that an exercise is no longer challenging, please speak to your therapist about:
  - Gradually increasing the number of repetitions
  - Increasing the number of sets (1 set = 1 group of repetitions)
- It is more important to increase the intensity of the exercises that strengthen your hip muscles. You do not have to increase the intensity of the exercises that stretch your muscles.
Exercise Program: 6 To 8 Weeks After Surgery

1. Moving leg sideways (hip abduction)
   - Lie on your back as shown.
   - SLIDE the operated leg outwards as far as tolerated keeping your kneecap pointed towards the ceiling. Return to the centre.
   - You may want to place a plastic bag under the leg/foot for assistance.
   - Hold _______ seconds, _______ times, _______ times per day.

2. Moving leg sideways (hip abduction)
   - Stand holding onto a chair or counter
   - Lift your _______ leg out to the side while keeping your belt line level. Hold _______ seconds.
   - Repeat _______ times, _______ times per day.

3. Backwards stepping
   - Stand sideways at a counter or dining table with feet shoulder-width apart.
   - Step backwards along the counter or table holding onto light support.
   - Begin with small steps. Increase the length of the steps as strength and balance improves.
   - Repeat _______ times _______ times per day.
4. **Side stepping with band across knees**
   - Stand facing a counter with feet shoulder-width apart and a slight squat.
   - Step sideways along the counter with light hand support.
   - Keep your hips level. As you get stronger and as your balance improves, increase the width of the steps.
   - Repeat ______ times, ______ per day.

5. **Wall Slides**
   - Lean back against a wall with heels shoulder width apart and about 6-12 inches from the wall as shown.
   - Slide down the wall about ¼ or ½ way.
   - Hold ______ seconds. Repeat ______ times, ______ times per day.
### Exercise Program: 6 To 8 Weeks After Surgery: Continued

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Description</th>
<th>Repetition</th>
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</thead>
</table>
| **6. Raising buttocks up off bed (Bridging)** | - Lie on your back with knees bent.  
  - Squeeze buttocks together and raise buttocks up off bed  
  - Hold ______ seconds, ______ times, ______ times per day. |
| **7. Clamshell (hip abduction with knees bent)** | - Lie on your side with both knees bent and operated leg on top.  
  - Raise the knee of the operated leg upward while keeping feet together.  
  - Hold ______ seconds, ______ times, ______ times per day. |
| **8. Bring Heel to buttocks** | - Lie on your stomach with legs straight  
  - Bend your ______ knee as far as possible bringing the heel towards the buttocks  
  - Try to keep hips flat on the bed  
  - Hold ______ seconds and repeat ______ times, ______ per day. |
Exercise Program: 8 To 10 Weeks After Surgery

1. Raising hip sideways from lying down (hip abduction)
   - Lie on your side with operated leg on top and pelvis slightly facing the bed.
   - Keeping legs completely straight, raise the operated leg upward without letting it come forward.
   - Hold ______ seconds, ______ times, ______ times per day.

   *** Do not allow the pelvis to point upward during movement ***

2. Leg raise from lying on stomach with knee bent
   - Lie on stomach as shown. Place a pillow under hips for comfort.
   - Bend operated knee 90° (L shape) and raise leg off bed
   - Hold ______ seconds, ______ times, ______ times per day.

3. Straight leg raise from lying on stomach (Prone hip extension)
   - Lie on your stomach as shown. If necessary, place a pillow under hips for comfort.
   - While keeping operated leg completely straight, raise it approximately 6-12 inches.
   - Hold ______ seconds, ______ times, ______ times per day.
## Exercise Program: 8 To 10 Weeks After Surgery: Continued

<table>
<thead>
<tr>
<th>Exercise</th>
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<tbody>
<tr>
<td>### 4. Marching on the spot</td>
<td>- March on the spot with thighs reaching the horizontal.</td>
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<tr>
<td></td>
<td>- Repeat _____ times, _______ times per day.</td>
</tr>
<tr>
<td>### 5. Hip extension with resistance</td>
<td>- Stand with feet together and band anchored around the ankle of the operated leg</td>
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<tr>
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<td>- While keeping operated leg straight, pull backwards on the band against resistance</td>
</tr>
<tr>
<td></td>
<td>- Hold ______ seconds, ______ times, ______ times per day</td>
</tr>
<tr>
<td><img src="image1.png" alt="Marching on the spot" /></td>
<td><img src="image2.png" alt="Marching on the spot" /></td>
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<tr>
<th>Exercise</th>
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<tbody>
<tr>
<td>### 6. Hip abduction with resistance</td>
<td>- Stand as shown with feet together and band anchored around the ankle of the operated leg</td>
</tr>
<tr>
<td></td>
<td>- Move operated leg sideways against resistance. <strong>Keep belt line level.</strong> Do not let operated hip hike upward.</td>
</tr>
<tr>
<td></td>
<td>- Hold _____ seconds, ______ times, ______ times per day.</td>
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<tr>
<td><img src="image3.png" alt="Hip abduction with resistance" /></td>
<td><img src="image4.png" alt="Hip abduction with resistance" /></td>
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</table>
Post-Operative Exercise Program: 8 To 10 Weeks: Continued

7. Hip drop and lift
   - As shown, stand on bottom step of stairs or small block, facing sideways with operated leg hanging over edge of step and good leg straight.
   - Let operated hip drop with foot reaching towards the ground. Raise hip upwards.
   - Hold ______ seconds, ______ times, ______ times per day.

8. Step-ups
   - Using a block or a stack of books about ______ inches thick, practice stepping up with your operated leg.
   - Lead with your operated knee as you are stepping up. Feel your whole body moving forward and up.
   - Hold ______ seconds. Repeat ______ times, ______ times per day.

9. Step-downs
   - Stand on a block or a stack of books about ______ inches thick.
   - Lead with your GOOD leg as you are stepping down. Let the operated leg control the descent.
   - Hold ______ seconds. Repeat ______ times, ______ times per day.
10. Standing on one leg
- Stand straight on operated leg with only light support from a chair or counter.
- Hold ______ seconds. Repeat ______ times, ______ times per day.
- Progress by standing on a pillow, cushion or other unstable surfaces.
- Further challenge can be added by doing the above with no support and eyes closed.

11. Raising buttock of operated leg up off bed (single leg bridging)
- Lie on your back with operated leg bent and good leg completely straight
- Raise buttock of operated leg up off bed while keeping the good leg straight.
- Hold ______ seconds, ______ times, ______ times per day.

*This booklet is meant as general guide for your exercises and other aspects of rehabilitation. If you are unsure of a particular exercise, or how to progress the intensity, it is best to clarify it with your Physiotherapist*
We hope this booklet has helped to give you the information you need on to get the best possible outcome after your total hip replacement. The information comes from the knowledge and experience of your health professionals. Special acknowledgment to Thunder Bay Regional Health Sciences Centre’s Total Joint Clinical Pathway Team as well as St-Joseph’s HealthCare Group in London for sharing their Total Hip Replacement booklet.

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