

## PATIENT INFORMATION

# Total Hip Replacement Exercise Sheet

Following surgery, it is important to begin exercising as soon as possible to aid your recovery. The exercises are to improve your muscle power, begin to move your new hip joint and reduce the risks of post operative complications such as chest infection or deep vein thrombosis (DVT)

**Deep Breathing** Take a deep breath in through your nose, expand your rib cage, and then exhale through the mouth. Repeat 3 or 4 times and then cough. This will help to maintain a clear chest or to clear secretions.

## Foot Exercises



Move your feet up and down from the ankle as far as you can in each direction. This will assist circulation and reduce the risk of thrombosis. Repeat regularly through the day 10-15 times

## Static Quadriceps



Press the backs of your knees on to the bed as firmly as possible to tense up the thigh muscles. Hold for 3 seconds and relax. Repeat 5-10 times

### Gluteal contraction



Clench the muscles of the buttocks as firmly as possible. Hold the contraction for 3 seconds and relax. Repeat 5-10 times

Once you are walking around on the ward a little, your Physiotherapist will progress your exercises to those in standing. This will allow you to improve the strength of your muscles and assist with your function. You should do these exercises 3 or 4 times a day initially and continue once you are discharged from the ward.

### Hip flexion in standing



Stand straight, holding onto a solid support. Put your weight on your good leg and lift your operated leg off the ground (as if you are stepping onto a stair). You will have to bend at the hip and knee (not beyond 90 degrees). Try to repeat up to 10 times or as instructed

### Hip abduction in standing



Stand as before. Lift your operated leg out to the side in a slow, controlled manner, then lower it back to the start position. Try to remain in an upright position. Keep your foot pointing forwards during the movement. Repeat up to 10 times or as instructed

## Hip extension in standing



Stand as before. Take your operated leg backwards while keeping your knee as straight as possible. Clench the buttock and lift the leg rather than swinging it back. Make sure you do not lean forwards. Repeat up to 10 times or as instructed

If you are allowed to put full weight on your operated leg you may progress by standing on your operated leg and carrying out the same exercises on your good leg. This will help to build up balance and static power which will assist in improving your walking pattern. You can attempt this after a few days, or as soon as you feel confident.

If you are NOT full weight bearing, please do not try to progress until you are advised by one of your team.

## Precautions

There are no strict hip precautions to follow, however it is recommended to modify your activities as advised by your ward team. Do not force your hip in any direction and if something does not feel comfortable then do not continue with the activity,

## Recommendations

- Try not to sit on low seats
- You may need help with bending to wash or dry your feet
- When you are turning around, try to step your feet around in a small circle rather than spinning on the balls of your feet. If you have to reach something behind you, turn around completely to get it.

## **General information**

**Driving** - You should not drive for the first 6 weeks following your surgery. You may travel as a passenger in a car but it is best to sit in the front seat, push the seat well back and recline it slightly to offload the bend at your hip. It may be helpful to put an extra cushion on the seat. If you have had no problems with your hip, you should be able to drive short distances after 6 weeks. Please ask for further advice if required.

**Swimming** – It is best to protect your new hip as much as possible and it is better to start with a straight leg kick and not to breaststroke your legs. You should wait until your wound is well healed and dry. It is probably better to wait for 6 weeks before returning to swimming. You should also consider the access to the poolside and the pool itself and remember this will be a wet and potentially slippery environment.

## **After the first 6 weeks**

You will normally have an outpatient appointment around 6-10 weeks from the date of your surgery

In the long term, you must remember that you have an artificial hip so overuse e.g. running is unwise. You will continue to strengthen your muscles and regain stability with time and should continue to gradually progress your exercises and activity as able.

Swelling and aching is normal following surgery. It may take a few months for the swelling to resolve completely.

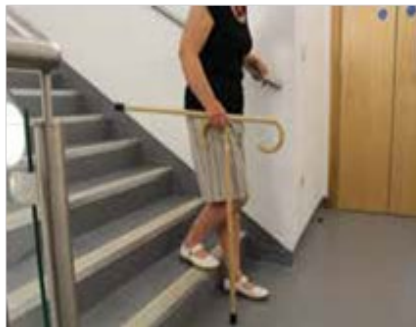
If you develop an infection in the early post operative period, i.e. chest or urine infection, you may need antibiotic cover to prevent the infection spreading to your hip. Please seek advice from your GP.

## Stairs

Up – Good leg first, followed by operated leg and stick/crutch



Down – stick/crutch first, followed by operated leg and then good leg



You will not routinely be referred for any follow up Physiotherapy. You need to continue with your exercises and progress with your activity and function as advised by the ward team. If you feel you are not progressing, as discussed with your ward Physiotherapist, or think you need further physiotherapy, please contact the hip replacement rehabilitation team in your area who can offer advice over the phone or make you an appointment.

If there is no one available to take your call please leave your name and contact number on the answer phone and a member of the team will return your call as soon as possible. Do not phone the main physiotherapy booking line.

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If you experience increased swelling, redness or wound issues more than you had after your operation, please contact the ward team as advised by the nursing staff on discharge.

*If you have any other queries or need general physiotherapy advice following your discharge please telephone 01803 654528 (inpatient Physiotherapy team)*

Physiotherapist.....

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.