



Taking the Next Steps

Having a new hip joint may mean much less pain than before your replacement. But treatment doesn't stop with surgery. The next step is learning to use your new hip safely. This means exercising and following your healthcare team's instructions. In time, you should be able to return to most of the activities you enjoy.

Follow-Up Care

After surgery, see your surgeon for follow-up visits as directed. These visits help your surgeon make sure that your hip is healing well. To check joint stability over time, you may need to have x-rays every year or two.

Also available in Spanish



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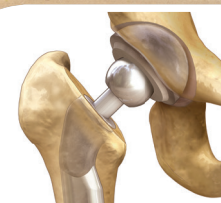
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AFTER TOTAL HIP REPLACEMENT



Living in Comfort with
Your New Hip

Getting Back in Step

By having a total hip replacement, you’re taking the first step toward returning to an active lifestyle. The next step is **rehab (rehabilitation)**. This means learning to use your new hip and rebuilding your strength through exercise. This booklet will help you know what to expect.

Addressing Your Concerns

It’s normal to feel worried or anxious about hip replacement surgery. These questions and answers may help ease some of your concerns.

- **Will I have pain after surgery?** Your new hip should relieve much, if not all, of the pain and stiffness you had before surgery. Pain from the surgery can be managed with medication. This pain will decrease as you recover.
- **How long will rehab take?** Rehab can take several months or longer. Some patients go directly home from the hospital. Others may go to a rehab center for more therapy before returning home.
- **Will I be as active as I was before?** If you follow your healthcare team’s instructions and do your exercises, you should be able to return to most of the activities you enjoy. Your surgeon can tell you more.

►► After surgery, your healthcare team will help you learn to use your new hip and ease back into activity.



Your Personal Exercise Program

Use the space below for your exercise instructions. For each exercise, write the number of repetitions and sessions you should do per day. You can also write any additional exercises given by your surgeon, PT, or OT in the blanks below.

Exercise	(Repetitions/sessions per day)					
	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
<input type="checkbox"/> Ankle pumps	/	/	/	/	/	/
<input type="checkbox"/> Quadriceps sets	/	/	/	/	/	/
<input type="checkbox"/> Gluteal sets	/	/	/	/	/	/
<input type="checkbox"/> Heel slides	/	/	/	/	/	/
<input type="checkbox"/> Abduction/adduction	/	/	/	/	/	/
<input type="checkbox"/> Standing hip flexion	/	/	/	/	/	/
<input type="checkbox"/> Standing hip abduction	/	/	/	/	/	/
<input type="checkbox"/> Short arc knee extensions	/	/	/	/	/	/
<input type="checkbox"/> Standing hip extensions	/	/	/	/	/	/
<input type="checkbox"/> Walking	/	/	/	/	/	/
<input type="checkbox"/>	/	/	/	/	/	/
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Continuing Your Recovery

As you recover, you'll find yourself gradually returning to your daily routine. Keep doing your exercises. And, challenge yourself to walk every day. Try to do more each week. Expect to see your efforts pay off as you increase your activities.

Developing a Walking Program

Walking daily will help you get stronger and speed your recovery. Once walking becomes easier, follow a walking program. Your healthcare team can help you create a program that's safe for you. These tips may help as well:

- To move easily and with a normal gait, walk with a smooth motion.
- Make sure you're walking heel to toe, and with equal weight and time, on each foot.
- Watch yourself in a mirror while you walk toward it. Or, have someone watch you.



Moving Toward More Activity

The key to becoming active is continuing your exercises and following your recovery program. Talk with your surgeon about when you can return to activities such as driving, work, and sex. Also, ask what sports and hobbies you can safely resume once you're fully recovered.

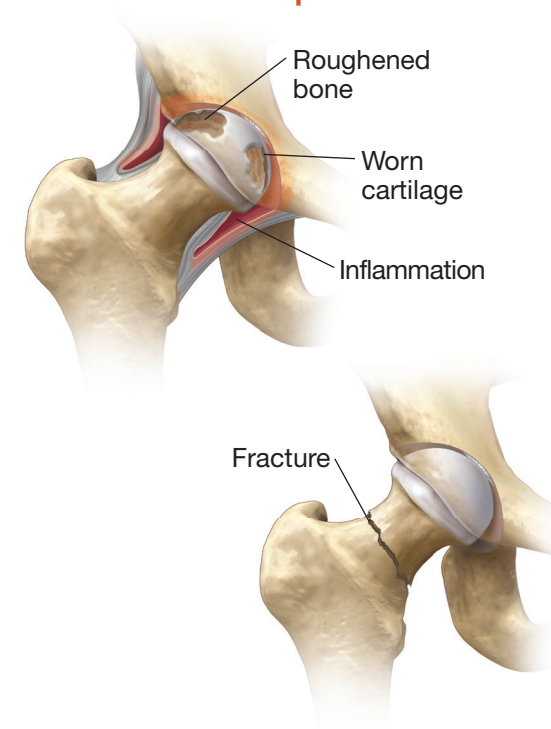
Preventing Infections

An infection in your body can harm the new joint. So, be sure to call your surgeon or primary care doctor if you think you have an infection. Also, call if you schedule a medical or dental procedure. You may need to take antibiotics to help prevent infection.

Understanding Hip Replacement

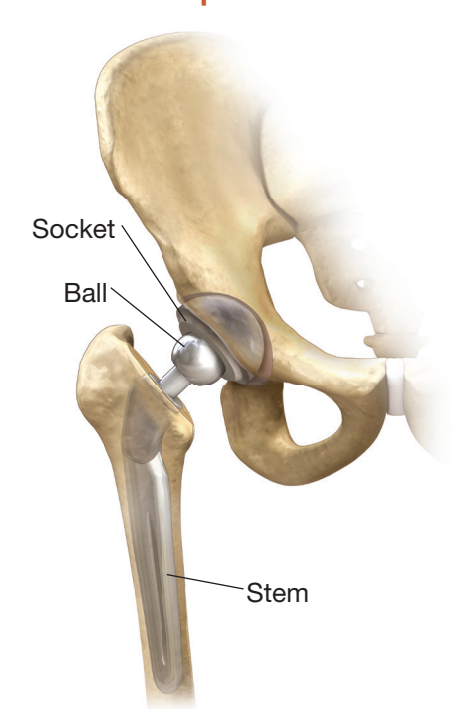
The hip is a ball-and-socket joint. It is located where the thighbone meets the pelvis. Cartilage and muscles help the joint move smoothly. But if the cartilage is worn down or the joint is damaged, moving the hip can be painful. An artificial joint (prosthesis) can help relieve pain and restore movement.

Problem Hip



Hip problems may be due to damage or a fracture (break). In a damaged hip, the cartilage starts to crack or wear away. As the bones rub together, they become rough and pitted. The ball grinds in the socket, causing pain and stiffness. Or, a bad fall or other injury can break the bone. If the bone doesn't heal properly, hip replacement may be needed.

Artificial Hip



An artificial ball replaces the head of the thighbone, and an artificial cup replaces the worn socket. A stem, which extends from the ball, is inserted into the thighbone for stability. These parts fit together to create your new hip. All parts have smooth surfaces for comfortable movement once you have healed.

After Surgery

With the help of your healthcare team, you'll start rehab right after surgery. The first step is to control pain and swelling. You'll also begin to strengthen your new hip by doing exercises in bed.

Your Healthcare Team

- An **orthopaedic surgeon** performs your surgery. He or she also oversees your treatment, checks your progress, and provides follow-up care.
- **Nurses** monitor your recovery and help keep you comfortable.
- A **physical therapist (PT)** designs a movement program that includes walking and hip exercises.
- An **occupational therapist (OT)** teaches you skills to use during recovery. Daily activities, such as dressing and bathing, are covered.



Managing Pain

When pain is controlled, you'll walk sooner and recover faster. So be honest about how much pain you feel. And don't be afraid to ask for pain medication when you need it. Pain medication may be given by mouth or IV. In some cases, it may be injected into a muscle. It may also be managed by PCA (patient-controlled analgesia). Tell your nurse if the medications don't reduce pain enough, or if you suddenly feel worse.

Getting Around at Home

When you're ready, you may progress from a walker to crutches or a cane. Before you stop using your walker or any other walking aid, be sure to check with your surgeon or PT that it is safe to do so.



Using Crutches

- With crutches in place, lean on your hands, not your armpits. The top of the crutches should be just below, not in, the armpit.
- Move your operated leg and crutches forward at the same time. Keep the operated leg lined up with the crutches.
- Look straight ahead, and step through the crutches with your good leg.
- To turn, take small steps. Don't twist.

Using a Cane

- Hold the cane in the hand opposite the hip replacement unless told otherwise.
- Put all your weight on your good leg. Find your balance. Move the cane and your operated leg forward.
- Support your weight on both the cane and operated leg. Then step through with your good leg, putting all your weight on your foot. Then start the next step.



Easing into Activity

As you get stronger, slowly increase the amount of activity you do around your home. Start by getting your own glass of water and doing household chores like dusting. Soon you'll be able to move on to advanced activities, such as using the stairs.

Recovering at Home

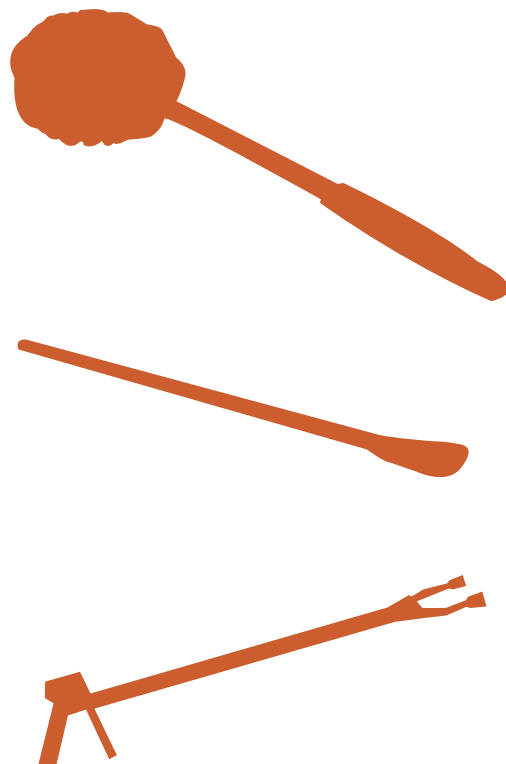
Don't hold your breath
as you exercise.



Once home, you'll need to adapt what you learned at the hospital or rehab center to this new setting. Keep movement precautions in mind as you go about your daily activities. If you're not already doing so, you may begin walking with crutches or a cane within several weeks.

Performing Daily Tasks

While in the hospital, you likely worked with an OT to practice skills of daily living with your new hip. This may have involved using special aids to help you avoid bending. Below are some examples of how to perform daily tasks safely once you return home.



Bathing

To avoid bending your hip too much while bathing, use a long-handled sponge and a shower hose. Sit on a bath bench or shower chair while you bathe.

Dressing

A sock aid and long-handled shoehorn let you put on and take off socks, stockings, and shoes without bending your hip too much. Other tools can help you put on underwear and pants.

Housekeeping and Cooking

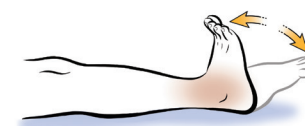
A reacher can come in handy when you need to grasp objects that are too far above or below you. Try to store items within easy reach. Small items can be carried in a basket on your walker.

Getting into Cars

As a passenger, be sure the car seat is all the way back. Keeping your operated leg forward, lower yourself onto the side of the seat. Then slide back. Pivot your body, and bring your legs into the car one at a time.

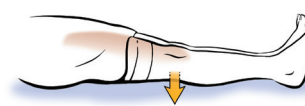
Your First Exercises

Shortly after surgery, you'll learn some basic exercises. These help improve blood flow, strength, and range of motion. The exercises below can be done while lying in bed. Do them as often as your healthcare team recommends.



Ankle Pumps

- Point, then flex both feet slowly.
- Repeat 10 to 30 times per session.



Quadriceps Sets

- Press the back of your knee into the bed. Tighten the muscle on the front of your thigh. Hold for 5 seconds, then release.
- Repeat 10 to 15 times per session.



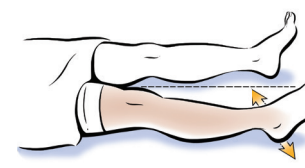
Gluteal Sets

- Squeeze your buttocks together tightly. Your hips will rise slightly off the bed. Hold for 5 seconds, then release.
- Repeat 10 to 15 times per session.



Heel Slides

- Slide the heel of your operated leg toward your buttocks. Go until you feel a gentle stretch. Hold for 3 seconds, then slide your heel back down.
- Repeat 5 to 10 times per session.



Abduction/Adduction

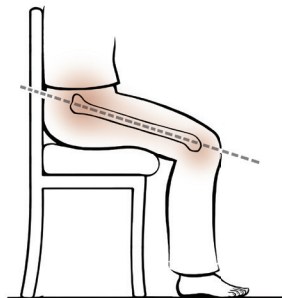
- Start with your feet hip-width apart. Slide your operated leg out to the side. Keep your foot pointed toward the ceiling. Then move your leg back to its starting position.
- Repeat 5 to 10 times per session.

Moving Safely

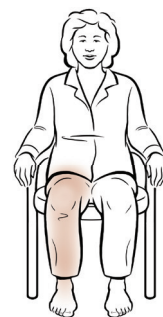
Until it is fully healed, your new hip may have a limited safe range of motion. This means it may not bend or turn as much as a natural hip. To protect your new hip, your healthcare team may teach you safer ways to move. These are called **movement precautions**. They will help keep your new hip from popping out of place (dislocating).

Following Precautions

Your surgeon, PT, or OT will teach you any needed movement precautions. Some are shown below. **Note:** Movement precautions will differ based on the approach used for surgery. Be sure to follow the guidelines given by your surgeon, PT, or OT.



▶▶ Always sit with your hips higher than your knees.



▶▶ Sit with both feet on the floor. Keep your knees about 6 inches apart.



▶▶ Don't let the knee on the operated leg cross the midline of your body.



▶▶ Don't bend over so your upper body is lower than your waist.



▶▶ Don't turn your operated leg inward in a pigeon-toed stance.

Setting Up Your Bathroom

You may need to adjust the bathroom to make it safer and easier to use. Your OT can help with this task.

- Use a commode chair or elevated toilet seat to raise the height of your toilet.
- Have grab bars installed in your shower or bathtub. This provides support as you get in and out.
- Have a handheld showerhead installed for easier bathing.
- Sit on a bath bench or shower chair when bathing.
- Use a long-handled sponge to wash hard-to-reach areas.
- Use a rubber-backed bathroom mat to help prevent slips and falls.



Managing Pain at Home

Pain medication may be prescribed for use at home. With pain under control, you'll be back to an active life sooner. Use pain medication only as directed. Take each dose on schedule, before pain becomes severe. Call your surgeon if the medication doesn't control your pain enough, or if you suddenly feel worse.

When to Call Your Surgeon

Once home, call your surgeon right away if you have:

- Trouble breathing or chest pain
- An increase in hip pain
- Pain or swelling in the calf or leg
- Unusual redness, heat, or drainage at the incision site
- Fever of 100.4°F (38°C) or higher



Preparing to Go Home

You can go home when your health is stable, pain is under control, and you're able to get around safely. Your healthcare team will assess your needs and help you plan for your home recovery.

Planning Your Discharge

A discharge planner or other healthcare worker will meet with you before you're released. Home health and outpatient therapy may be recommended. You can arrange to receive any special equipment you may need at home. You'll also plan a follow-up visit with your surgeon.

Getting Help from Others

Ask family and friends to help with chores and errands for the first week or two after surgery. If you live alone, you may need to arrange for a caregiver or home health aide to stay with you right after surgery.

Setting Up Your Home

A few minor changes can make recovery safer once you're home. You might want to have furniture moved so it's easier to get around. Here are some other things to try:

- Move electrical cords out of the way or tape them down.
- Remove any throw rugs.
- Install a rail along one side of the staircase, if needed.
- Keep items you use often within easy reach.
- Use a cart to move items.
- Add a pillow to a low chair.
- Wear rubber-soled shoes to prevent slipping.



►► To help make your home safer during recovery, remove throw rugs ahead of time.

Standing and Sitting

Your healthcare team will get you up and moving soon after surgery. Some of the first things you'll learn are how to sit and stand safely.

Lying to Standing

- Get out of bed on the side of your operated leg. Keep your thighs apart.
- Pivot on your hips, using your arms to help. With your good leg, scoot to the edge of the bed. Keep your operated leg out to the side.
- Sit on the edge of the bed with your operated leg slightly forward. With your hands behind your hips, push up to stand. Don't bend forward as you push.



Standing to Sitting

- Use a firm chair with a straight back, armrests, and a high seat. Back up until the back of your legs touch the chair.
- Reach back for the armrests. Keep your operated leg slightly out in front. Lower yourself slowly.
- Sit, then lean back in the chair. Keep your hips higher than your knees. To stand up, reverse these steps.



Using the Toilet

- Back up until the back of your legs touch the commode.
- Place your operated leg in front of you, keeping your weight on the other leg.
- Reach back for the armrests. Lower yourself onto the front of the toilet, then scoot back. To get up, reverse these steps.



Walking

At first, you'll likely use a walker to get around. Your PT or OT will teach you how to use a walker safely. Later, you may move from a walker to crutches or a cane (see page 13).



Using a Walker

- Move the walker a few inches in front of you.
- Lean on the walker so it supports your weight. Step into the center with your operated leg. Then step forward with your good leg. Repeat.
- As you get more comfortable, you'll be able to move the walker as you step.

Walking Up a Curb

- Move your feet and the walker as close to the curb as possible.
- Put your weight on both legs, then lift the walker onto the curb.
- Step onto the curb with your good leg. Using the walker to support your weight, bring up your operated leg.



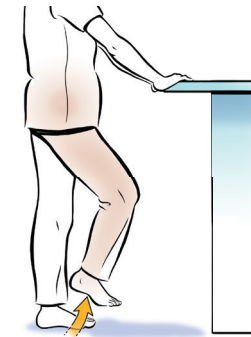
Walking Down a Curb

- Move your feet and the walker as close to the curb as possible.
- Lower the walker onto the ground, keeping its back legs against the curb.
- Using the walker to support your weight, lower your operated leg. Then step down with your good leg.



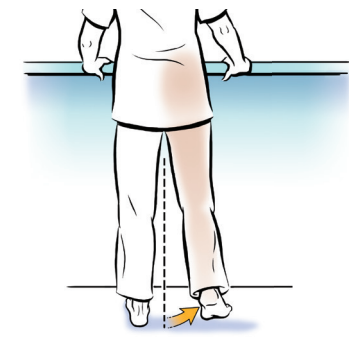
More Advanced Exercises

When you're ready, you'll begin more advanced exercises. These help improve strength and increase endurance. Do each exercise as often as instructed.



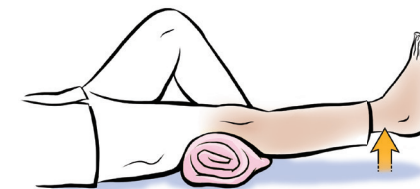
Standing Hip Flexion

- Stand while holding onto a firm surface, such as a table.
- Bend your operated leg toward your chest, lifting your foot about 6 inches off the floor.
- Hold for 3 seconds. Then put your foot down.



Standing Hip Abduction

- Stand while holding onto a firm surface, such as a table.
- Slowly move your operated leg 6 inches out to the side.
- Hold for 3 seconds. Slowly return your leg to its starting position.



Short Arc Knee Extensions

- Place a rolled towel under the knee of your operated leg. Bend the other knee.
- Keeping your leg on the towel, straighten your knee and lift your foot several inches.
- Hold for 3 seconds. Slowly lower the foot.



Standing Hip Extensions

- Holding onto a firm surface, move your operated leg backward.
- Hold for 3 seconds. Then return to your starting position.