AFTER TOTAL HIP REPLACEMENT

Living 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 rehabilitation (rehab). This means learning to use your new hip and rebuilding your strength through exercise. Reading this booklet will help you know what to expect.

Your New Hip

Your orthopaedic surgeon is able to replace your problem hip with an artificial hip (prosthesis). This will help you walk with less pain. With your healthcare team’s help, you will learn to use your new hip. And, you can look forward to being active again.

Addressing Your Concerns

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

- **Will I be in pain after surgery?** Your new hip should relieve the pain and stiffness you had before surgery. Pain you feel after surgery can be managed with medication. Over time, pain will decrease.

- **How long will rehab take?** Rehab can take weeks or months. After surgery, you may move from the hospital to a rehab center to get started. When you’re well enough, you can continue your recovery at home.

- **Will I be as active as I was before?** If you were very active before surgery, your new hip may limit some of your activities at first. But 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.
Understanding Hip Replacement

The hip is a **ball-and-socket joint** where the thighbone meets the pelvis. Cartilage and muscles help it move smoothly. But if the cartilage is worn down or the hip joint becomes damaged, moving the joint can be painful. Hip replacement surgery will relieve this pain.

**A Healthy Hip**

**A Problem Hip**

**An Artificial Hip**

In a healthy hip, the **head** of the **thighbone (femur)** fits into a **socket** in the **pelvis**. The head and the socket are each covered with smooth cartilage. This allows the head to glide easily inside the socket. When the surrounding **muscles** support your weight and the joint moves smoothly, you can walk without pain.

In a problem hip, the **worn cartilage** no longer serves as a cushion. As the **roughened bones** rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness. Or, a bad fall or blow to the hip can break (**fracture**) the femur.

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

With your healthcare team’s help, you’ll start rehab right after surgery. The first step is to reduce any pain or swelling. You’ll also begin to strengthen your new hip by doing exercises in bed.

Your Healthcare Team
To learn to use your new hip, you will work closely with members of your healthcare team. Your healthcare team includes:

- The surgeon who performed your surgery. After surgery, the surgeon will monitor your recovery. He or she will also set movement precautions for you (see page 6 to learn more).

- Nurses who will care for you after surgery and help you manage pain.

- A physical therapist (PT) who will teach you exercises that help increase range of motion and strengthen muscles around your new hip. The PT will also teach you how to get around safely.

- An occupational therapist (OT) who will teach you how to do daily activities in ways that are safe for your new hip.

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. Your nurse may give you IV or oral pain medication. Or, you may have a patient controlled analgesia (PCA) machine. This machine lets you push a button to give yourself a measured dose of pain medication. Tell your nurse if the medications don’t reduce pain or if you suddenly feel worse.
Increasing Muscle Strength
Bed exercises can help prevent circulation problems, strengthen muscles, and improve range of motion. Do the exercises below 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 against the bed.
  - Hold for 5 seconds, then release.
  - Repeat 10 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 5 to 10 times per session.

- **Heel Slides**
  - Keeping your heel on the bed, slide the heel of your operated leg toward your buttocks as far as you comfortably can. Hold for 3 seconds, then slide your heel back down.
  - Repeat 5 to 10 times per session.

- **Abduction/Adduction**
  - Starting with your feet hip-width apart, slowly slide the operated leg out to the side. Keep your hip, knee, and foot pointing toward the ceiling. Then move your leg back to its original position.
  - Repeat 3 to 5 times per session.
Using Your New Hip

An artificial hip doesn’t work in quite the same way as a natural hip. So you’ll need to move differently now than you did before surgery. This will help prevent your new hip from popping out of place (dislocating).

Different from Your Natural Hip
Your new hip has a limited safe range of motion. This means it can’t bend and turn as much as a natural hip. Your healthcare team will teach you how to stay within your new hip’s safe range of motion.

Sitting Safely
To protect your new hip, you must sit with your knees lower than or level with your hips. To do this, sit in chairs with high seats. Placing a firm pillow on the seat of a chair can also help.

Following Precautions
You must protect your new hip by following precautions (avoiding certain positions and movements). This will allow your hip to heal and help keep it from dislocating. You may also be told to limit how much weight you put on your operated leg (weight-bearing). You will learn how to follow precautions when lying, sitting, and standing.

Flexion Precaution
Don't bend over at the waist. And don't sit with your hips lower than your knees.

Adduction Precaution
Don't cross your operated leg over your other leg. Always keep your thighs apart.

Internal Rotation Precaution
Don't turn your operated leg inward (pigeon-toe).
Getting Around: Standing and Sitting

Your healthcare team will help you get around until you’re able to do so yourself. They’ll also teach you how to move with your new hip. 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. Using your good leg, scoot to the edge of the bed. Keep your operated leg out to the side. Don’t twist it inward.

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 you feel the chair touching you.

Reach for the armrests. Keep your operated leg slightly out in front. Lower yourself without leaning forward.

Sit, then lean back in the chair. Keep your hips higher than your knees. To stand up, reverse these steps.

**Using the Toilet**

When using the toilet, back up until you feel the toilet touch the back of your legs. Place your operated leg in front of you, keeping your weight on the other leg. Look behind you and grasp the grab bar (or side rails, if you’re using a toilet with rails). Lower yourself onto the front of the toilet, then scoot back. To get up, reverse these steps.
Getting Around: Walking

As you recover, you will most likely use a walker to get around. A member of your healthcare team will teach you how to use a walker or crutches safely. You will also be taught how to maintain hip precautions and limit weight bearing while walking.

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, taking care not to twist it. Then step once with your other leg.
- As you progress, you'll be able to move the walker as you step. Try to walk smoothly, taking even steps.

Going over Curbs

To walk 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 sidewalk.
- Step onto the sidewalk with the unoperated leg. Using the walker to support your weight, bring up the operated leg.

To walk down a curb:

- Move your feet and the walker as close to the edge of the curb as possible.
- Lower the walker onto the street, keeping its back legs flush with the curb.
- Using the walker to support your weight, lower the operated leg. Then step down with the other leg.

Using Crutches

- With crutches in place, lean on your hands, not your armpits.
- Move your operated leg and crutches forward at the same time. Keep the operated leg lined up with your crutches. To turn, take small steps; don't twist.
- Look straight ahead, and step through the crutches with the unoperated leg.
Exercises for Rebuilding Strength

Certain exercises can improve your strength and increase your endurance. When you’re ready for these exercises, your physical therapist will get you started. Do each one as often as your therapist recommends.

☐ **Short Arc Knee Extensions**
- Lie on your back with a rolled towel under the knee of your operated leg.
- Keeping your thigh on the towel, straighten your knee to lift your foot off the bed.
- Hold for 3 seconds, then slowly lower your foot.

☐ **Standing Hip Flexion**
- Holding on to a firm surface, 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**
- Holding on to a firm surface, slowly bring your operated leg 6 inches out to the side. Keep your hip, knee, and foot pointing forward.
- Hold for 3 seconds. Keeping the same posture, slowly return your leg to its original position.

☐ **Standing Hip Extension**
- Holding on to a firm surface, move your operated leg backward. Keep your leg and back straight.
- Hold for 3 seconds. Then return to your original position.
Mastering Daily Tasks

You must learn how to follow hip precautions while doing daily tasks. This includes using special aids to help you avoid bending. With a therapist’s help, you will practice doing daily tasks safely with your new hip.

Bathing
To avoid bending your hip too much while bathing, use a long-handled sponge and a shower hose. Your therapist can show you how to use a shower bench or chair in the bathtub or shower stall.

Dressing
A sock aid and a 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 at a convenient height. 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 seat. Allow the seat to support you. Then slide back in a semi-reclining position, and pivot your body. Bring your legs into the car one at a time.
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. Members of your healthcare team will help you prepare to go home. You may want to arrange for help from family and friends.

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

Getting Help from Others
As you recover at home, don’t be afraid to ask for help. Family and friends can help by driving you to and from appointments. They can also help by “safety proofing” your living space before you arrive home (see page 13 to learn more).

Managing Pain at Home
You may be prescribed pain medication to use at home. Use pain medication only as directed. Take each dose on schedule, before pain becomes severe. Don’t be afraid to take medication when you need it. Wait about 30 minutes after taking pain medication before starting an activity, such as exercise. Tell your doctor if the medication doesn’t control your pain or if you suddenly feel worse.
Recovering at Home

The furniture in your home is different than at the facility where you have been going through rehab. You must adapt what you’ve learned to this new setting. Moving carefully and staying aware of hazards in your home will help you recover safely.

Old Skills, New Setting
Before returning home, you practiced getting out of bed, walking, and doing daily tasks safely with your new hip. Now it’s time to use what you’ve learned. To keep your hip safe, always think before you move. Also, talk with your healthcare provider before resuming sexual activity. You will be told about safe sexual positions to protect your new hip.

Walking Farther
Slowly increase the amount of walking you do around your home. Getting your own glass of water, going outside for the mail, and doing household chores like dusting are ways to practice walking. As you recover you’ll move on to advanced activities, such as using the stairs.
Home Safe Home

Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it’s easier to get around. In the bathroom, aids like a shower hose and a raised toilet seat can help you stay safe. Don’t forget to watch out for hazards like wet floors or uneven surfaces.

- Keep items you use often within easy reach.
- Use a cart to move items.
- Add a firm pillow to a low chair.
- Sit on a bath bench or shower chair while you bathe.
- Use a commode chair or elevated toilet seat to raise the height of your toilet.
- Use a long-handled sponge to wash hard-to-reach areas.
- Use a rubber-backed bathroom mat to help keep the floor dry.
- Install grab bars in your shower or tub for support as you get in and out.
- Install a hand-held shower head for easier bathing.
- Install a rail along one side of the staircase.
- Use a commode chair or elevated toilet seat to raise the height of your toilet.
- Wear rubber-soled shoes to prevent slipping.
- Watch for small pets or objects on the floor.
- Move electrical cords out of the way.
- Remove throw rugs.
Continuing Your Recovery

As you recover at home, you’ll find yourself returning to your daily routine. Keep doing your exercises. And challenge yourself to walk even farther. Expect to see your efforts pay off as you increase your activities.

Developing a Walking Program

A good way to practice walking is by making it a part of your daily routine. Once walking becomes easier, follow a walking program. Members of your healthcare team can help you create a walking program that’s safe for you.

Staying in Stride

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

Moving Toward More Activity

The key to becoming active is sticking with your recovery program. Talk with your surgeon about the activities that you want to resume. Your surgeon will tell you when and how you can safely return to activities such as swimming, gardening, and driving.
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.

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Call your surgeon if you have:
- Excessive pain or swelling in the hip, calf, or elsewhere.
- Drainage from the incision.
- Redness at the incision site.
- Fever over 101°F (38.3°C).

Your Medical Instructions

Preventing Infections
An infection in your body can harm your new joint. Call your surgeon if you have a cold or other infection. Also call if you schedule a medical or dental procedure. You may need to take antibiotics to prevent infection.

- Appointments

- Medications
Taking the Next Steps

Your artificial hip can relieve the pain you suffered with your own hip. But treatment doesn’t stop there. 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.

**Your Orthopaedic Surgeon**
Name __________________________
Phone number ____________________

**Your Physical Therapist**
Name __________________________
Phone number ____________________

**Your Occupational Therapist**
Name __________________________
Phone number ____________________

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