



Hendricks
Regional Health
ORTHOPEDICS

TOTAL **HIP** REPLACEMENT

Post-Operative Care | Direct Anterior Approach



HENDRICKS ORTHOPEDICS & SPORTS MEDICINE

Brad Prather, M.D. | 100 Hospital Lane, Suite 300 | Danville, IN 46122 | (317) 718-4676

PHYSICAL, OCCUPATIONAL & AQUATIC THERAPY

AVON

301 Satori Parkway
Suite 110
Avon, IN 46123
(317) 272-4186

DANVILLE

1000 E. Main St.
Danville, IN 46122
(317) 745-3420

PLAINFIELD

1100 Southfield Dr.
Suite 1100
Plainfield, IN 46168
(317) 838-3434

BROWNSBURG

5492 Ronald Reagan
Parkway, Suite 180
Brownsburg, IN 46112
(317) 858-9400

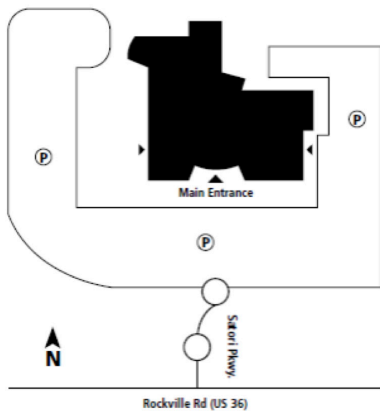
GREENCASTLE

1140 Indianapolis Rd
Greencastle, IN 46135
(765) 848-1421

PHYSICAL THERAPY/ OCCUPATIONAL THERAPY LOCATIONS

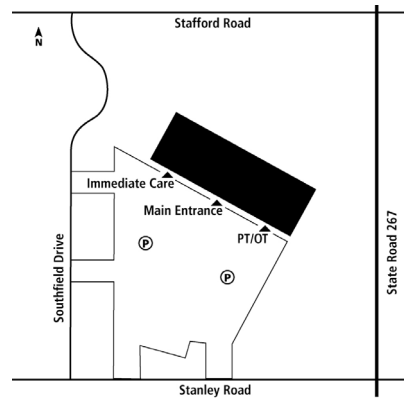
Avon-YMCA

Enter the main entrance. Turn right and the offices will be through the sliding door. The clinic is the first suite on the left side. Suite 110



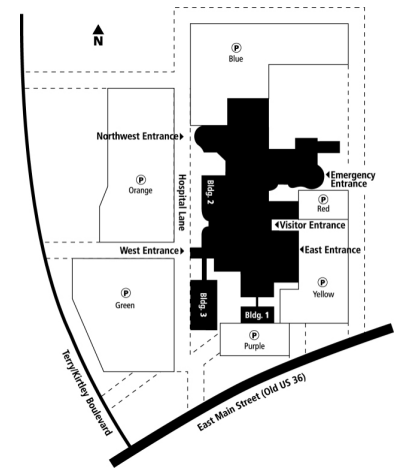
Plainfield

Enter the building at PT/OT entrance. When you go through the door, make a left and the clinic is the first suite on the right hand side, Suite 1100.



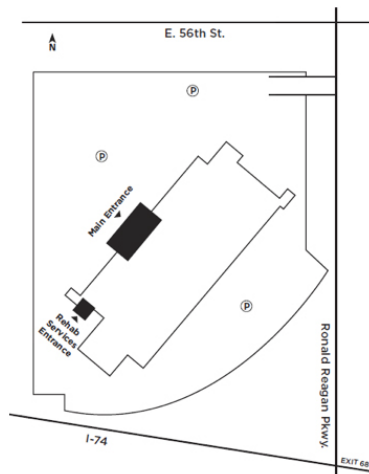
Danville

Enter the West Entrance (on the west side of the hospital). Go through the main door and turn left. Proceed to the Physical & Occupational Therapy Department, which is located directly below Outpatient Registration in the basement. Take elevator B.



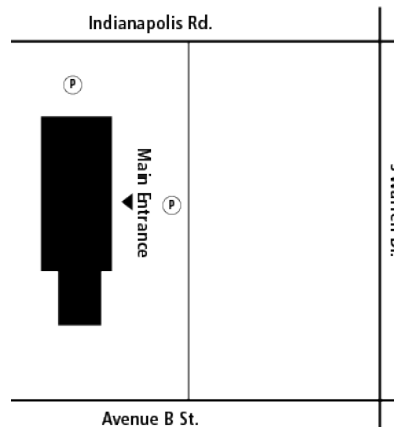
Brownsburg

Located in the Brownsburg Office Park on the South West. Enter the clinic on the South side of the building at the South end. Through the door on the right hand side, Suite 180.



Greencastle

Enter the main entrance.





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PREPARING FOR YOUR SURGERY

READYING YOUR HOME:

For your safety it is important to make some alterations in your home environment. There are several things that you, friends, or family members can do before entering the hospital for surgery to make your home safer and more comfortable upon your return.

General:

1. Planning ahead is key to minimizing stress and optimizing your outcome.
2. If you live alone or have other special needs, arrange for someone to stay with you for several days.
3. If you do not already have a parking permit for a disabled person, apply for a temporary permit several weeks prior to your surgery. Your doctor's office can assist you with obtaining a permit.
4. Have portable phone with you at all times.
5. If possible, perform heavy cleaning tasks prior to surgery.

Bathroom:

- Consider modifying your bathroom. Equipment modifications may include: shower chair, tub-transfer bench, raised toilet seat, and non-skid shower mat.
 - Note: bathroom equipment is not covered by most insurances or Medicare and will be an out of pocket cost for you.

Bedroom:

1. Make sure that you have lighting at night between your bed and bathroom.
2. Place a cordless phone/cell phone within reach on your nightstand.

Kitchen:

1. Consider preparing meals prior to surgery.
2. In the kitchen and elsewhere, place items that you use regularly at arm level so you do not have to reach up or bend down.

Living Space:

1. You may need to rearrange furniture or temporarily change rooms to give yourself enough room to maneuver with a walker.
2. Remove any throw or area rugs that could cause you to trip. Make sure walkways are clear from obstacles.
3. Choose a firm chair, preferably one with armrests and one that allows you to elevate your legs.
4. A bag for your walker is helpful to store and carry items.

WHAT AND WHAT NOT TO BRING TO THE HOSPITAL

DO bring to the hospital Checklist:

- Bring this manual with you
- The forms and papers given to you in the office to take to the hospital
- Medical insurance card(s)
- Loose fitting clothing with an elastic waist band (shorts or very loose fitting pants & t-shirt)
- Walking shoes or well-built slippers that will stay on your feet and not slip on the floors
- Toiletries
- Walker if you already have one
- Eyeglasses-not contact lenses
- Dentures/hearing aid
 - A container will be provided for these, which you should keep on your bedside table or in a drawer-not on the bed or a food tray

DO NOT bring to the hospital

1. Medications-unless asked by your surgeon
2. "Flip-flops", high heels, or shoes without backs such as mules
3. Valuables-jewelry, large amounts of cash, credit cards, wallet, watch, etc.

DAY OF SURGERY

1. Your surgeon or physician's assistant (if applicable) will visit you in the late afternoon/evening.
2. The physical therapist will assist you with performing exercises, getting out of bed and walking the day of surgery. Depending on your surgery, you may see the therapist twice on your day of surgery.

IF YOU ARE GOING DIRECTLY HOME

1. Someone responsible needs to drive you.
2. You will receive written discharge instructions concerning medications, physical and occupational therapy, activity, etc.
3. You will be set up for outpatient physical therapy or home care.
4. Take this guidebook with you.

DAY 1 – AFTER SURGERY - If You Are Staying Overnight In Hospital

1. Your surgeon or physician's assistant (if applicable) will visit you in the morning.
2. IV pain medication will be stopped and you will begin oral medication.
3. Morning: You will walk with your physical therapist and continue the exercises for regaining your range of motion and strength.
4. Afternoon: You will have a second physical therapy session. You may begin walking stairs, if appropriate.
5. If needed, an occupational therapist will help ensure you have a safe plan for carrying out self-care tasks at home and may teach you modified techniques to care for yourself, get in and out of the bathroom, and transfer into a car.
6. If you are doing well with getting up and moving around, you may discharge home this day.

DAY 2 – AFTER SURGERY

Therapies will continue to progress as able and prepare you for discharge.

IF YOU ARE GOING TO A SUB-ACUTE REHAB FACILITY

The decision to go home or to sub-acute rehab will be made collectively by you, your surgeon, physical therapist, occupational therapist, and your insurance company based on your progress after surgery.

1. Someone responsible needs to drive you, or for a fee, social services can help you arrange for transportation. The nursing staff will complete your transfer papers.
2. Either your primary care physician or a physician from sub-acute will be caring for you along with your surgeon.
3. Take this guidebook with you.

Please remember that your insurance company must approve sub-acute stays. Therefore, it is important for you to make alternative plans preoperatively for care at home.

In the event that your insurance company does not approve sub-acute rehab, you can still go to sub-acute rehab and pay privately.

Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for sub-acute rehab. Also keep in mind that insurance companies do not become involved in "social issues," such as lack of caregiver, animals, etc. These are issues you will have to address before admission.

DAY 10-15 – INCISION EVALUATION

You and your doctor will schedule an appointment for follow-up and evaluate your incision. You may have stitches/staples to remove.

Physician follow-up appointments will be at 2 weeks, 6 weeks, and 3 months post-surgery, unless your physician says otherwise.

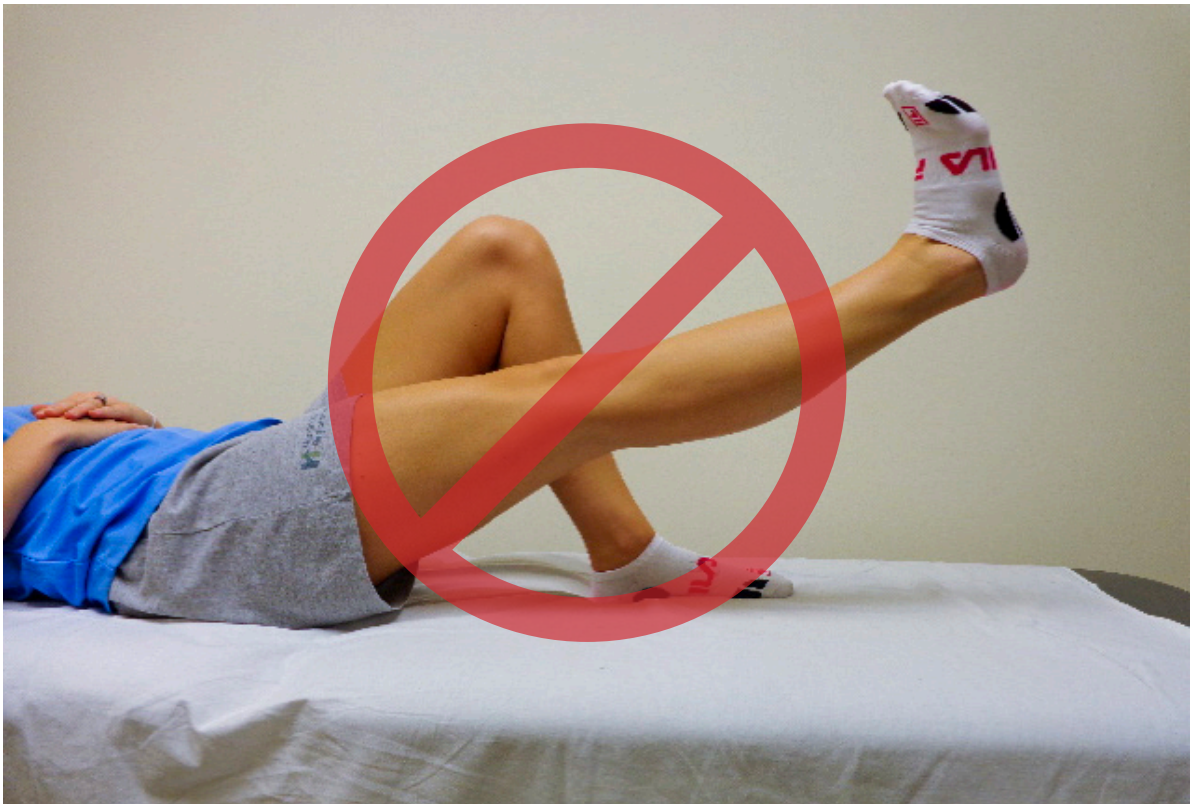
If you have any questions about your pain management, ask your doctor, nurse, or therapist.

PRECAUTIONS AFTER YOUR TOTAL HIP REPLACEMENT

DIRECT ANTERIOR APPROACH

No active straight leg raise. It can cause irritation to the muscles in the front of your thigh.

- Slide your leg along the bed surface when getting in/out of bed.
- Strengthening activities will be provided that will allow for muscle activation without irritation.



PAIN MANAGEMENT

Why do I have pain?

When you are hurt or ill, it is not unusual to have pain or discomfort. Pain or discomfort can have many causes. Sometimes you have pain at the site of your injury or illness. Other times, you may have pain in a different area of your body. Each person's pain differs from that of other people. Here are several ways to manage, reduce, or control pain.

MEDICINE

Your doctor may prescribe pain medicine. There are many different kinds of pain medication. Your nurse can tell you about the specific medicine you are taking.

If your pain medicine does not control your pain, please tell your nurse or doctor. Another kind of pain medicine may work better for you. **If your medication is causing you problems, let your doctor or nurse know.** The amount you get or how often you take it may need to be adjusted.

Often, doctors order pain medicine to be given as needed. This means, if you are in the hospital you must tell the nurse when you need pain medicine. Try to ask for your medicine as soon as you begin to have pain. **Do not wait until the pain is bad.** The worse your pain gets, the harder it is to control.

Sometimes pain medicine has side effects. **Always take your pain medicine the way your doctor prescribes.**

I'm afraid I will get addicted if I take my pain medication.

Our doctors and nurses are trained to prescribe and give pain medication in such a way that does not cause addiction. If you have further questions regarding pain medication, speak with your physician.

OTHER WAYS TO HELP YOUR PAIN

Sometimes measures other than medication can help your pain. Try:

- Changing positions
- Positioning pillows for comfort
- Exercising your arms and legs (check with your nurse or doctor before)
- Walking
- Sleeping
- Distraction with conversation, television, or music.
- Using ice packs: usually for pain with swelling (check with nurse before using directly on an incision)
- Meditation
- Massage

It is not always possible **or expected** to relieve all pain and discomfort. Your doctors and nurses will keep working with you to find the best method of pain management.

If you have any questions about your pain management, ask your doctor, nurse, or therapist.

CARING FOR YOURSELF AFTER SURGERY

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

CONTROL YOUR DISCOMFORT

- **Take your pain medicine at least 30 minutes before physical therapy.**
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but **do not use for more than 20 minutes at a time each hour.** You can use it before and after your exercise program. A bag of frozen peas, ice wrapped in a towel, or a polar pack may be used.
- Your activity should not create a level of pain that is not able to be controlled by ice, rest, or prescribed pain medications. If your pain is higher than this, you have done too much.

BODY CHANGES

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may feel that one leg is longer than the other. Before surgery, as your hip worsened, your walking changed over time. This changes the muscles around the hip joint. Most likely, the legs are the same length but the hip may feel stiff.
- You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives if necessary.

SEXUAL ACTIVITY

- Patients who have undergone a total hip replacement should approach any rigorous physical activity with caution. In general, sexual positions are not dangerous for dislocation but care should be taken. A conservative 6 week restriction is generally observed. Consult your physician if you have any questions.

CARING FOR YOUR INCISION

- Your incision is the cut made in your skin made during surgery. Your incision may be closed with staples, sutures (stitches), or glue. These will stay in your skin until the incision has healed enough to stay closed on its own or your incision will be closed with internal sutures.

Taking good care of your incision helps prevent infection.

- **DO NOT** change your dressing unless instructed to by your doctor or therapist.
- **DO NOT** put ointments, creams, or lotions on your incision unless your doctor ordered it.
- **Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.**
- Take your temperature if you feel warm or sick. **Call your surgeon if it exceeds 101.5° F.**
- Keep your incision dry.
- Your doctor will remove your staples, if placed. Your internal stitches will dissolve.
- If you have Steri Strips in place these will fall off over time, please do not remove until they are falling off.
- You may shower with an intact dressing when cleared by your physician.
- If you have a dressing, the doctor or therapist will change it for the first time. If you need a dressing for a long time, you and your family will be taught how to change it.

If you have any questions about your pain management, ask your doctor, nurse, or therapist.

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

HIP DISLOCATION

This is very rare with a Direct Anterior Total Hip Arthroplasty.

A hip dislocation occurs when the ball of the hip pops out of the socket. This can occur any time after surgery. The best way to avoid this complication is be educated on which activities you are able to do and which activities you are not to do. The therapist in the hospital will teach you the precautions. **A hip dislocation is not life threatening but should be taken care of immediately.**

Signs of Hip Dislocation:

- Popping feeling or noise followed by immediate severe pain in groin or buttocks
- Being unable to apply weight to leg of hip replacement
- Foot rotated inward or outward

What to do if dislocation occurs:

- Go to the emergency room either by ambulance or have someone drive you there.
- If X-rays confirm a hip dislocation, your doctor will manipulate the hip back into place.
- Usually, you are released to go home the same day.

INFECTION

Signs of Infection:

1. Increased redness and swelling at incision site
2. Change in color, amount, or odor of drainage
3. Increased hip pain
4. Fever greater than **101.5° F**
5. Skin around incision is hot to touch

Prevention of infection:

- Take proper care of your incision as explained.
- Notify your physician and dentist that you have a total joint replacement.
- You may need to take prophylactic antibiotics when having dental work or other potentially contaminating procedures. **This needs to be done for at least two years after your surgery, but is typically a lifelong precaution.**

BLOOD CLOTS IN LEGS

Surgery may cause the blood to slow in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus.

Stockings

You will be asked to wear special white stockings. These stockings are used to help compress the veins in your legs. **This helps to keep swelling down and reduces the chance for blood clots.**

- If swelling in the leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above the level of your heart.
- Wear the stockings continuously, removing at night time and occasionally during the day.
- **Notify your physician if you notice increased pain or swelling in either leg.**
- Ask your surgeon when you can discontinue stockings. Usually, this will be done 4 weeks after surgery.
- You may need assistance in putting your stockings on.

Signs of blood clots in legs:

- Swelling in thigh, calf, or ankle that does not go down with elevation.
 - Pain, heat, and tenderness in calf, back of knee, or groin area.
- NOTE: blood clots can form in either leg.

Prevention of blood clots:

- Foot and ankle pumps
- Walking
- Compression
- Stockings
- Medications

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

Signs of a pulmonary embolus:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

ACTIVITIES OF DAILY LIVING: PRECAUTIONS AND HOME SAFETY TIPS



SCAN HERE
or visit
HENDRICKS.ORG/COERESOURCES

Standing Up From Chair

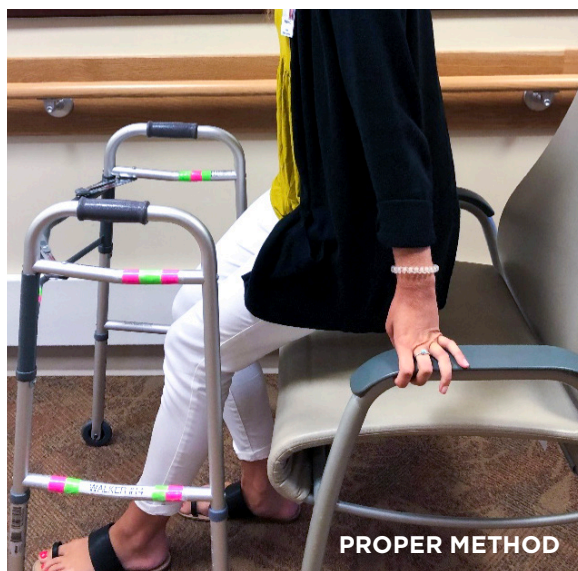
***Do NOT pull up on the walker to stand!**

Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other. Do not lean forward as you stand.
3. Balance yourself before grabbing for the walker.

Sitting:

1. Repeat same movements above in reverse.
2. Back up with the walker to a chair until you feel it on the back of your knees. Be sure you are in front of the chair.
3. Reach back with one hand for the armrest.
4. Slowly lower yourself.



Getting Into Bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress.
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Assist your surgical leg into the bed, you may use a cane, a rolled bed sheet, or a belt, to assist with lifting that leg into bed
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed.

Getting Out of Bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your legs to the floor.
3. Scoot to the edge of the bed.
4. Use both hands to push off the bed. If the bed is too low, place one hand on the walker handle while pushing up off the bed with the other.
5. Balance yourself before grabbing for the walker.



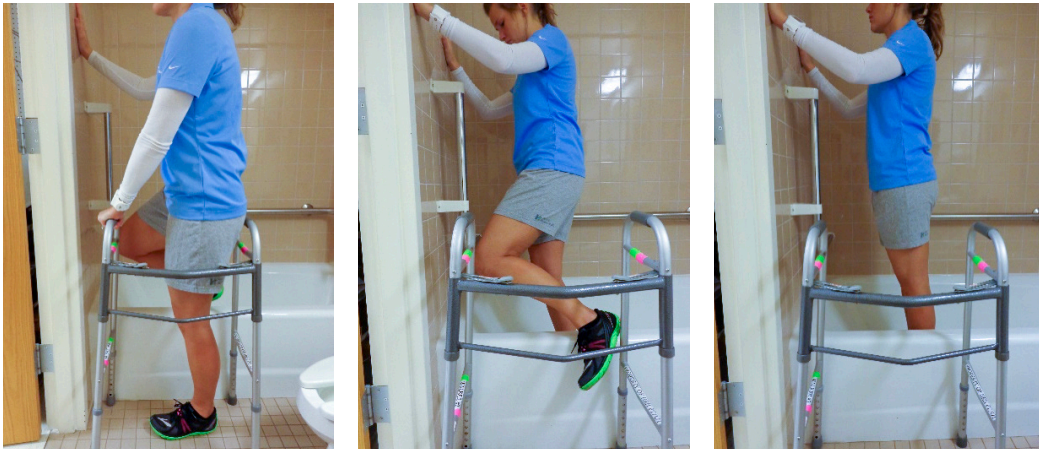
Precautions and Home Safety Tips: Continued

Getting into the bathroom:

1. You will need to take your walker into the bathroom with you.
2. Keep your walker with you at all times including when getting on/off the toilet.
3. Make sure the bathroom is clear of clutter and well-lit.

Getting into and out of the tub/shower:

1. Stand next to your tub with your non-operative leg closest to the tub/shower. Place one hand on the shower wall and one hand on walker handle with walker placed as shown in the picture.
2. Carefully lift the non-operative leg and step into the shower leaving room for your operative foot to be placed next to it.
3. Place both hands on the shower wall and carefully lift the operative leg over the edge of the tub and position this foot directly next to your non-operative foot.



Getting into and out of a walk-in shower:

1. Stand next to your walk-in shower with your non-operative leg closest to the shower. Place one hand on the shower wall and one hand on walker handle with walker placed as shown in the picture.
2. Carefully lift the non-operative leg and step into the shower leaving room for your operative foot to be placed next to it.
3. Place both hands on the shower wall and carefully lift the operative leg over the edge of the shower and position this foot directly next to your non-operative foot.



To Remember While Showering:

- Although bath seats, grab bars, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- A long handled sponge may make reaching your feet and legs easier for bathing.
- **ALWAYS** use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- Have a caregiver present when you are getting in and out of the shower.

Getting on/off a Toilet:

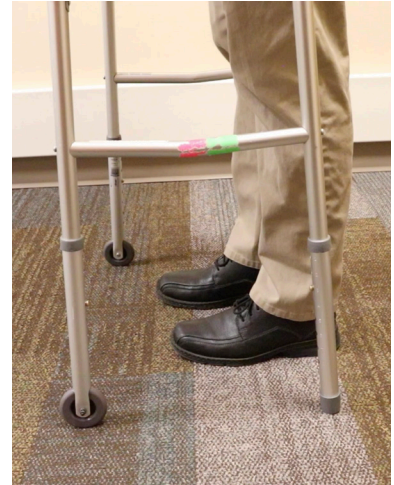
1. Back up to the toilet until you can feel it with the back of your knees. Be sure you are in front of the toilet.
2. Reach back with one hand for the toilet.
3. Slowly lower yourself onto the toilet.
4. When finished using the toilet, scoot to the edge of the toilet seat.
5. Push up with one hand on the toilet while holding onto the center of the walker with the other hand.
6. Balance yourself before grabbing the walker.
7. Use grab bars, if available, to raise and lower yourself.
8. You may need a raised toilet seat temporarily after surgery. Note: raised toilet seats are often not covered by insurance and may be an out of pocket purchase for you.



Precautions and Home Safety Tips: Continued

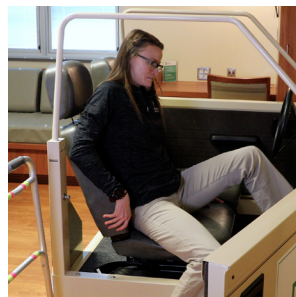
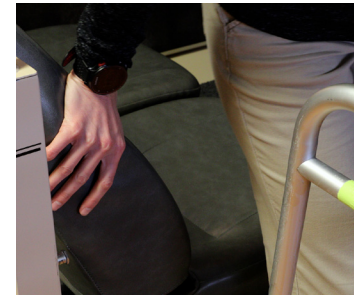
Walking with a Walker:

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker.
3. Step forward with the un-operated leg.
4. Begin stepping one foot past the other, keeping the walker in front of you at all times.



Getting Into an Automobile:

1. Have family push the seat of the car all the way back; recline it if possible.
2. Back up to the car until you feel it touch the back of your legs.
3. Reach back for the car seat and lower yourself down. Duck your head so that you do not hit it on the door frame.
4. Turn frontward, leaning back as you lift the operated leg into the car. You should lift the operated leg whether it is the trailing leg (as shown in the picture above) or the leading leg.
5. If you reclined the car seat, return it to upright before traveling.
6. If you are having difficulty turning in your seat, place a plastic trash bag on the seat of the car to help you turn more easily.



Driving Recommendations:

Your physician will clear you to drive. Expect your restrictions to last up to 6 weeks.

Precautions and Home Safety Tips: Continued

Stair Climbing:

1. When going up, first step up with the non-operated leg. (Up with the good).
2. When going down, first step down with the operated leg. (Down with the bad).

Getting Dressed:

Your OT will help you to determine if you need equipment to dress yourself.

Putting on pants and underwear using a reacher:

1. Sit down. Put your operated leg in first and then your un-operated leg.
2. Use a reacher to grasp the waistband to guide it over your foot. Pull up the garment over your knee to where you are able to safely reach it.
3. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. While standing, remove your pants and underwear to knee level.
3. Sit down and take your non-operative leg out first and then the operative leg.

***A reacher can help you remove your pants or socks from your foot and off the floor.**





Putting on a sock with a sock aid:

1. Sit down.
2. Slide the sock over the sock aid with the top of your sock on the open side of the sock aid. Make sure there is no gap between the end of the sock aid and your sock.
3. Hold the handle and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
4. Slip your foot into the sock aid.
5. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



Putting on a shoe with a Long-Handled Shoehorn:

1. Place your shoe in front of your foot. If reaching your shoe is difficult, use the shoehorn to position it.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

NOTE: Wear sturdy slip-on closed-back shoes, shoes with Velcro closures or elastic shoelaces. DO NOT wear high-heeled shoes or shoes without backs. Make sure your shoes have a nonskid bottom.



AROUND THE HOUSE: SAVING ENERGY & PROTECTING YOUR JOINTS

Kitchen:

- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.

Safety and Avoiding Falls:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light headed.
- DO NOT lift heavy objects for the first three months and then only with your surgeon's permission.

WHAT TO DO FOR EXERCISE

- All patients of Hendricks Regional Health get a 8 week free trial at the Hendricks Regional Health YMCA. Talk to your physical therapist for more details.

Discuss incorporation of low impact activities with your surgeon or therapist:

- Recommended exercise classes
- Home program as outlined in the guidebook
- Regular 1-3 mile walks
- Aquatic Therapy
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing, etc.

What not to do:

- No running, jumping, jerking, or pulling.
- No lifting or carrying anything over 20 lbs, or as defined by your MD.

DO'S AND DON'TS FOR THE REST OF YOUR LIFE

Whether you have reached all the recommended goals in three months or not, all patients with total joint replacements need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physician's permission, you should be on a regular exercise program 3-4 times per week lasting 20-30 minutes. Impact activities such as running may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.

WHAT TO DO IN GENERAL

- Take antibiotics one hour before you are having dental work or other invasive procedures for at least two years after surgery. Some patients may need to do this forever. **Ask your physician.**
- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 101.5° F, or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or Band-Aid on it, and notify your doctor. The closer the injury is to your prosthesis, the bigger the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area becomes painful or reddened.
- When traveling, stop and change position hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise recommended.

TOTAL HIP REPLACEMENT POST-OPERATIVE EXERCISES & GOALS

ACTIVITY GUIDELINES

Exercising is important for the best results from total hip surgery. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well.

WEEKS 1 & 2 GOALS:

After 1-2 days you should be ready for discharge from the hospital. Most joint patients go directly home. During weeks one and two of your recovery, your two-week goals are:

- Continue with walker unless otherwise instructed.
- Go from sit to stand independently.
- Independent with moving around in bed.
- Walk at least 300 feet with support.
- Independently complete bathing and dressing. Gradually resume homemaking tasks.
- Do 20 minutes of home exercises three times a day, with or without the therapist, from the program given to you.

WEEKS 2-4 GOALS:

Weeks 2-4 will see you recovering to more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are:

- Achieve 1-2 week goals.
- Wean from full support to a cane as instructed.
- Walk at least $\frac{1}{4}$ mile.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises three times a day with or without the therapist.

WEEKS 4-6 GOALS:

Weeks 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are:

- Achieve 1-4 week goals.
- Walk with a cane.
- Walk $\frac{1}{4}$ - $\frac{1}{2}$ mile.
- Begin progressing on stair from one foot at a time to regular stair climbing (foot over foot).
- Continue with home exercise program three times a day.

WEEKS 6-12 GOALS:

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are:

- Achieve 1-6 week goals.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk $\frac{1}{2}$ - 1 mile.
- Continue to make strength gains.
- Resume all activities including dancing, bowling, and golf.

HOME EXERCISES AFTER YOUR TOTAL HIP SURGERY



SCAN HERE
or visit
HENDRICKS.ORG/COERESOURCES

Listed below are two groups of home exercises that are important for a complete recovery from your surgery.

- The first group focuses on range of motion and flexibility exercises that are important to improving your motion.
- The second group features strengthening exercises to restore you to full strength.
- Your therapist will mark which exercises you should be doing. Some exercises you will do in the first two weeks, others during weeks 2-4, and still others during weeks 4-6 and beyond.
- Exercising should take approximately 20 minutes and should be done three times daily.
- If you are recovering quickly, it is recommended that you include these exercises in addition to others that your therapist recommends.

PERFORM HOURLY UNTIL WALKING NORMALLY

Ankle Pumps

- Lie on bed with leg straight.
- Pull foot upward then point foot downward.



PERFORM ALL OF THE FOLLOWING EXERCISES 10 REPETITIONS, 3X/DAY

Knee Push-Downs (Quad Sets)

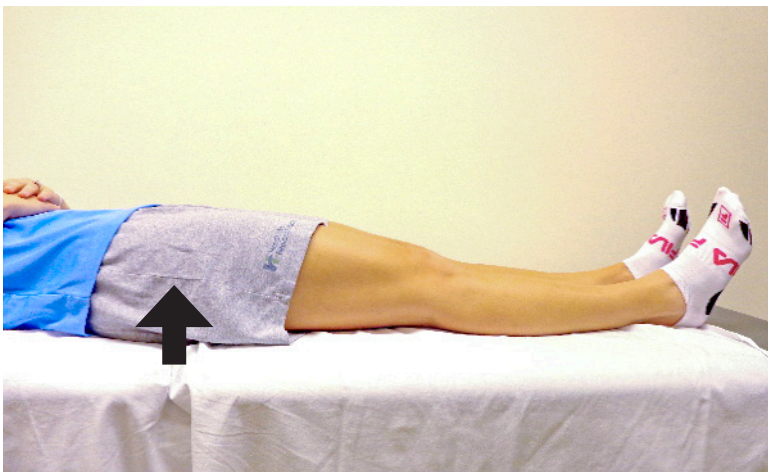
- Lie with leg straight, ankle supported on towel roll so that the back of the knee is not touching the bed, or lie with leg straight on bed.
- Tighten quad muscles on front of the thigh, trying to push the back of the knee downward.
- Hold for 5 seconds.

GOAL: Use thigh muscle to make leg as straight as possible.



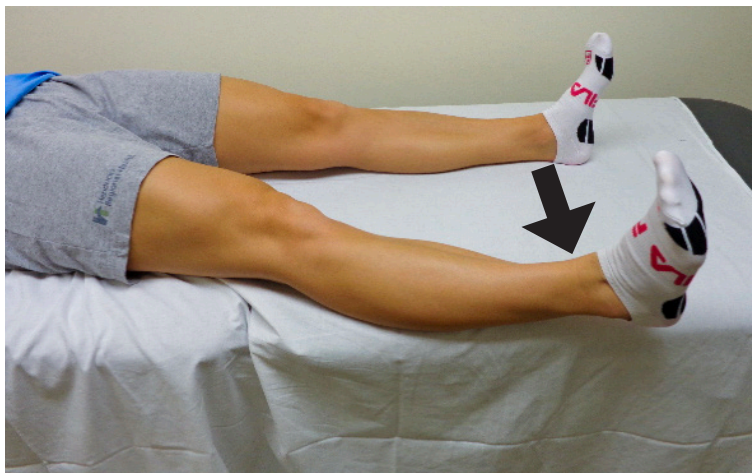
Bottom Squeezes- Gluteal Sets

- Lie on back with legs straight. Squeeze buttocks together.
- Hold for 5 seconds.



Slide Heel In/Out (Abduction and Adduction)

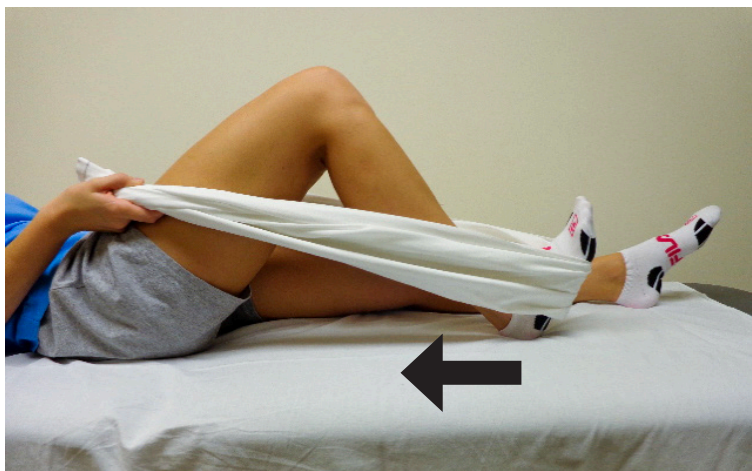
1. Lie on back with legs together.
2. Tighten your quad muscle on the front of your thigh.
3. Move your leg out to the side keeping your knee straight and the kneecap pointed toward the ceiling.
4. Return to starting position.
5. **Note:** you can use a trash bag under the heel to reduce friction.
6. **Note:** Avoid lifting your leg off the bed as this may irritate the hip incision.



Heel Slides

1. Lie on your back with legs straight. Place the sheet around arch of the foot.
2. Slide heel up toward buttocks as far as you can.
3. Hold for 5 seconds.
4. Return to starting position.

GOAL: Bend knee to at least 90 degrees.



Short Arc Quads

- Lie on back with involved leg bent to 45 degrees, supported on towel roll.
- Straighten leg at the knee.
- Hold for 5 seconds.
- Return to starting position.

GOAL: Knee as straight as possible.



Knee Extension

- Sit in chair, with legs bent to 90 degrees.
- Straighten involved leg at the knee.
- Hold for 5 seconds.
- Return to starting position.

GOAL: Knee fully straight.



Seated Hip Flexion

- Sit in chair with legs bent to 90 degrees.
- Lift operative leg as high as possible with knee bent.
- Hold at highest point for a short count
- Return to starting position

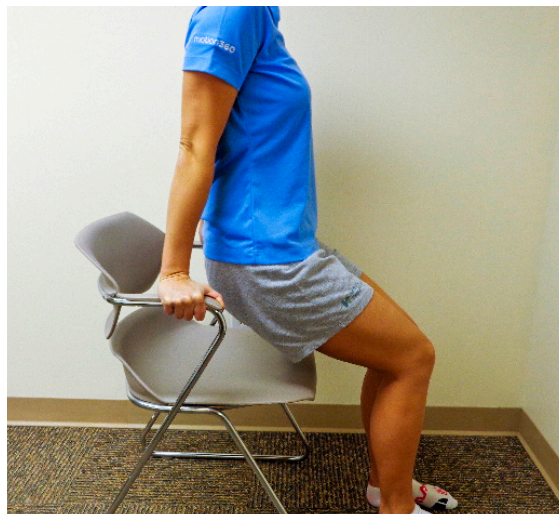
GOAL: Able to complete 10 repetitions, compare to uninvolved side.



Elbow Extension

- Sit in chair with armrests.
- Place both hands on armrests.
- Press yourself up, straightening your arms.
- Return to starting position.

GOAL: Able to complete 10 repetitions, clearing bottom from chair.



Modified Triceps Strengthening

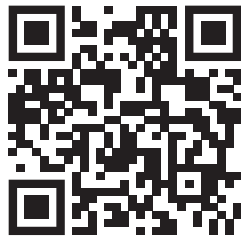
- Sit in chair without armrests.
- Place both hands on chair next to hips.
- Press yourself up slightly, straightening your arms.
- Return to starting position.

GOAL: Able to complete 10 repetitions.



It is important as you prepare for your surgery, that you watch the videos prepared by HRH Physical/Occupational Therapy Department. These videos will provide information on the proper technique of exercises that can be completed at home. Increasing your strength prior to surgery is beneficial to you. It is recommended that you complete each exercise 10 times morning and evening.

You may go to **Hendricks.org/coeresources** to access these videos, or you may use your phone camera to hover over the QR code below.



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or visit
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100 Hospital Lane, Suite 300 | Danville, IN 46122 | (317) 718-4676