

Patient Rehabilitation Guide: HIP REPLACEMENT



CONTENTS:

1. Introduction	Page 1
2. Your time in hospital	Page 2
3. Exercises	Page 6
4. Walking aids	Page 11
5. Return to activity	Page 13
6. Other resources	Page 18
7. Follow-up physio and contact details	Page 19

1. Introduction

This leaflet provides a range of information to help you achieve the best recovery possible after your surgery. It covers a number of different areas including exercises, your hospital stay, exercises, discharge goals, guidance on progressing your rehabilitation, management of pain and swelling management and returning to your important activities.

When reading this booklet please bear in mind that all patients are individual and will therefore progress at different rates and experience different problems. Your individual recovery will depend on a wide range of other factors such as your age, current activity level, medical history, ability to cope with pain and many other issues. The advice given is provided to guide you through your recovery, but you will need to make judgements along the way about how to interpret the information best for you. For example, not every patient will manage all the exercises at the same time and not every patient will need to use crutches for the same period.

We are here to support you throughout your recovery and are happy to receive queries before and after your operation. If you would like a paper copy of this leaflet, please ask - we can provide you one at any point.

Please do not hesitate to contact us if you have any concerns about your recovery; our contact details are on the back page.

2. Your time in hospital

We want you to get back on your feet as soon as possible.

Most patients will be able to go home the day after their surgery. All patients should be aiming to get out of bed on the same day as their operation although **you must have supervision from a member of the nursing or physiotherapy team initially.**

The main factor affecting when you can get out of bed is your anaesthetic. Most patients will have a spinal anaesthetic which makes your legs feel numb. This can take anything from 2-6 hours to wear off and you should not get up until your legs feel nearly normal to you. In addition to the spinal anaesthetic, you will have the option of sedation, so you do not have to be awake for the procedure. A small number of patients will undergo a general anaesthetic instead of a spinal and they will not experience this leg numbness. Rest assured you will discuss this with the anaesthetist on the day and be fully involved in the anaesthetic decision. The hospital will provide you with further information about the anaesthetic options as part of your pre-assessment process.

After a routine hip replacement, you are normally allowed to fully weight bear. In other words, you can stand on it and walk on it as you would normally. Most people will benefit from using some form of walking aid (e.g. stick(s), crutch(es) or walking frame) and the physiotherapists will help guide you with this. It is also important to begin some basic exercises to get your legs moving. We recommend you begin the level 1 exercises (explained later in this booklet) as soon as possible after your operation.

If you undergo **revision surgery** (i.e. not your first hip replacement) then you are still normally able to fully weight bear but there are some occasions when this is restricted, so please double-check with your consultant, nurse or physiotherapist.

Whilst in hospital, you should try to get back into normal habits such as sitting out in your chair for meals, walking to and from the toilet and practising washing and dressing, as soon as you feel ready. Some patients will still need some assistance for these tasks, so please use the call bell if you are not feeling safe and confident to manage independently.

‘Call don’t fall’

2.1 Physiotherapy goals for discharge

Here are the typical goals for patients to achieve in order to be considered safe for discharge from the physiotherapy team.

- Getting in and out of bed independently
- Walking safely over short distances using appropriate walking aid(s)
- Practised Level 1 exercises (see later in booklet)
- Safe to manage the stairs, **if** you have them at home
- Clear about how you will manage safely at home
- Clear about your follow up physio arrangement (**if necessary**)

Most patients will achieve these goals within 24 hours of their surgery and be ready to go home the day after their operation. You can go home at any point during the day and discharges do not have to be first thing in the morning. Some patients may need a bit longer than 1 night in hospital, so please don't be worried if that is the case for you.

2.2 Pain control

The important thing to remember is that pain does not always mean harm. It is completely normal to experience pain after your operation and every patient experiences different amounts of pain. Immediately after the surgery, your pain should be very well controlled. It is worth noting that it is normal for this pain to increase around 24 to 48 hours post-op, as the anaesthetic wears off and you are weaned off stronger pain medications. This is completely normal and does not mean you have done any harm. You will be given a supply of pain medications to take home with you and this will be discussed with you in more detail, by the pharmacist and doctor on the ward.

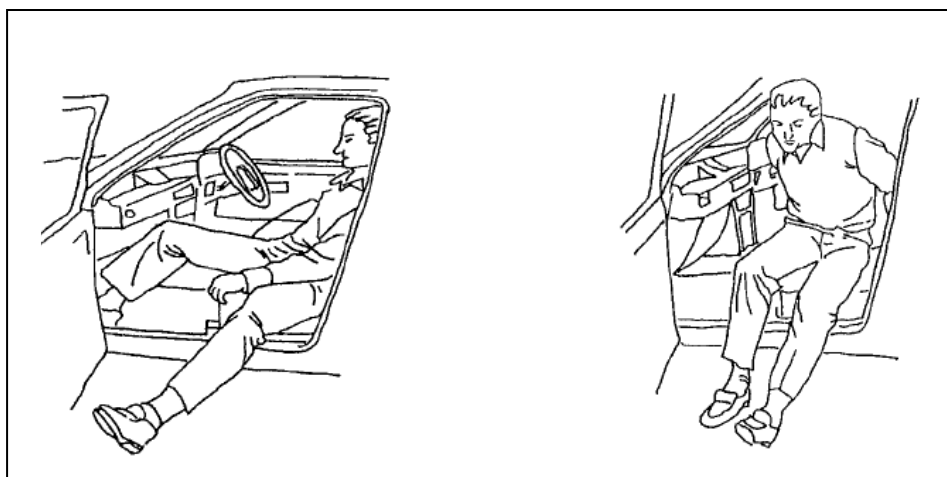
2.3 Going home

Patients need to make arrangements with family or friends to take them home after surgery. There are no specific restrictions regarding being a passenger in a car, as long as you can get in and out safely.

A few tips to help you get in and out of a car more easily:

- Move the seat right back and recline it backwards.
- A firm pillow or a few folded towels or blankets, will make the seat a bit higher.

- Take hold of the side of the car or reach behind to hold the seat, as you lower yourself back into the car.
- Sitting on to a plastic bag can make it easier to turn once on the seat.
- Take your time.



3. Exercises

The following pages provide a range of exercises that will help with your hip movement, strength, balance, and general mobility. These exercises are appropriate for **before** and **after** your operation and we encourage you to start them as soon as possible.

The exercise programme begins with easier exercises, and they gradually get more difficult. You may well experience some pain or discomfort when practising the exercises, but this is normal and does not mean you are causing any harm. It is up to you to decide if the pain is acceptable, which ones you can manage and how often you do them.

3.1 How many exercises should I do and how often?

There is no right or wrong number of exercises to perform. Please read the below as a broad guide, and tailor to your individual symptoms and ability.

For exercises to be effective they need to be practiced regularly and they need to be a bit challenging. In the early days and weeks **after** your operation, we are just trying to help you get yourself moving safely. There is no need to be aggressive with any of the exercises after your operation, in fact regaining your sense of control, balance and confidence in moving the hip is more important than how far it is moving. It is probably better to be a little cautious than a little too aggressive in the early weeks.

3.2 Before your operation

How much you practice the following exercises before your operation will depend on your individual symptoms and ability. Our message is that any exercises you can practice beforehand is great and will help you with your recovery. These exercises may cause some pain but they are not causing damage. Some people will find the level 1 exercises challenging and only manage them a few times a week, whereas others may manage all the exercises every day.

3.3 After your operation

In the early days and weeks after your operation, we would suggest you practice the level 1 exercises around 3 times a day but possibly more, depending on how much other activity (e.g. walking, getting dressed, making food & drink etc.) you are doing. You can introduce the level 2 and 3 exercises whenever you feel ready but there is no hurry.

As time passes and you start to be more active and spend more time on your feet, you can begin to reduce the amount of exercises you are doing in favour of your preferred activities or hobbies. We recommend you continue some form of exercise forever, as per World Health Organisation recommendations on the benefits of exercise and activity.

Level 1 Exercises - Bed

These exercises primarily focus on the basics of getting your hip moving and strengthening your thigh muscles. If you are spending a lot of time resting on a bed or sofa and not doing much walking, then perhaps try to practise these level 1 exercises more frequently than suggested.

(a) Circulation exercises

This exercise is to encourage blood flow and reduce your risk of DVT after surgery. Briskly move your ankles up and down.

Repetitions: 1-2 minutes

Frequency: Practice every half an hour



(b) Bending your hip

Lying or sitting up in bed or on sofa, slide or lift your operated leg towards you, bending at the hip and knee. Bring the leg up as far as you can manage and then slowly lower the leg all the way back down again before repeating.

Repetitions: 5-10

Frequency: 3-5 times daily initially



(c) Strengthening your thigh

Lying/sitting up in bed or the sofa. Tense your thigh muscle, straightening your knee and pushing it firmly down into the bed. Hold this contraction for up to **3 secs** and then relax fully before repeating.

Repetitions: 5-10

Frequency: 3-5 times daily initially



Level 1 Exercises - Standing

(a) Hip flexion

Stand upright, whilst holding on to a chair/work top to help your balance. Now lift your operated leg upwards, towards the ceiling, as far as is comfortable. Hold for a brief moment before slowly lowering your leg back down to the start.

Repetitions: 5-10

Frequency: 3-5 times daily initially



(b) Hip abduction

Stand upright, whilst holding on to a chair/work top to help with your balance. Now lift your leg out to the side, as far as is comfortable. Hold for up to **3 secs** and then slowly lower back to start position. Make sure your upper body does not lean to the other side.

Repetitions: 5-10

Frequency: 3-5 times daily initially



(c) Hip extension

Stand upright, whilst holding on to a chair/work top to help with your balance. Now slowly take your operated leg straight out behind you, as far as is comfortable. Hold for up to **3 secs** and then slowly lower back to start position. Do not lean forward with your upper body.

Repetitions: 5-10

Frequency: 3-5 times daily initially

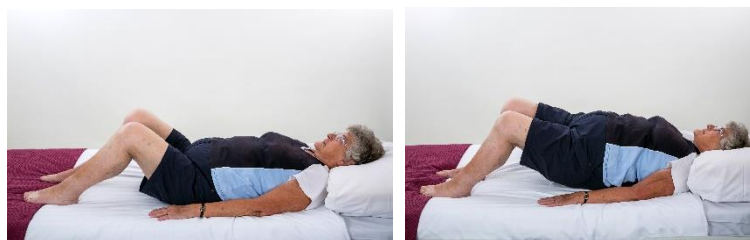


Level 2 Exercises

These exercises are more difficult, but it is safe for you to try them whenever you feel ready. Many patients will not be able to manage them immediately post-op and that is not a problem. You can begin with just a few repetitions and build this up, as you feel capable.

(a) Bridge

Begin by lying on your back in bed. Bend up both legs, so the soles of your feet are flat on the bed. Now tense your buttocks and raise your hips off the bed. Lift up so that your buttocks and lower back are clear of the bed. Hold for up to **3 secs** before slowly lowering yourself back down to the bed.



Repetitions: 5-10

Frequency: 2-3 times daily

(b) Straight leg raise

Begin by lying down on your bed. Now tense your thigh muscle to straighten the knee and try to lift the whole leg up off the bed, so that the knee is clear of the bed. Hold for up to **3 secs** and then slowly lower your leg back down to the bed.



Repetitions: 5-10

Frequency: 2-3 times daily

Level 3 Exercises

These exercises are much more challenging and use your body weight to provide extra resistance. Introduce them gradually when you feel ready, there is no rush.

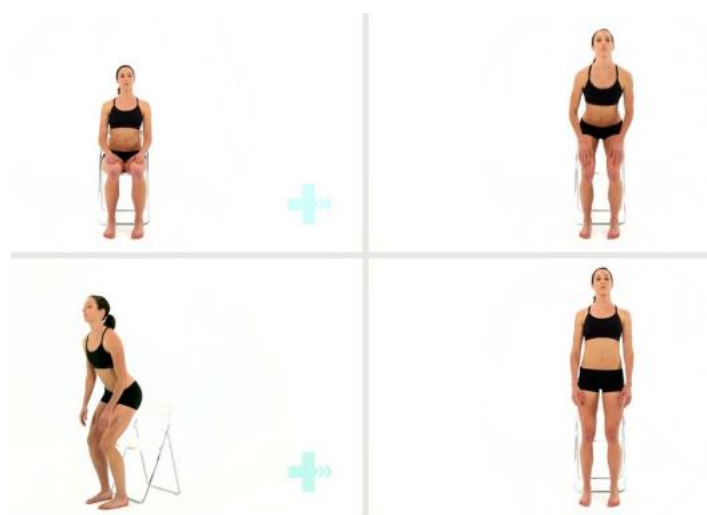
(a) Sit to stand

****If you had a METHA THR by Mr Stott, DO NOT start this until after 6 weeks ****

Sit upright on the edge of a chair and tuck your feet back underneath you. Stand up, without using your hands **if possible**, straighten your knees by tensing your thigh muscles. Hold for up to **3 seconds** and then slowly lower yourself back down to the chair. If this is too difficult, you may use your hands to help.

Repetitions: 5-10

Frequency: 2-3 times daily, when you feel able

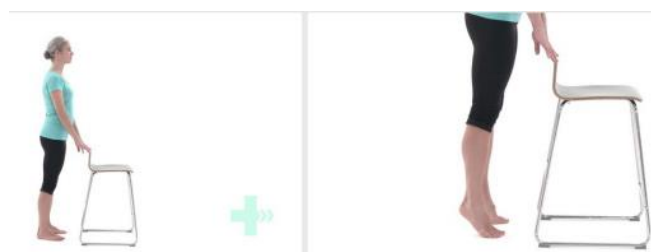


(b) Calf raises

Stand with both legs straight and at hip-width apart. Hold on to a chair or worktop for balance. Rise up onto your toes, hold for up to **3 seconds** and control the movement back down to the start position.

Repetitions: 5-10

Frequency: 2-3 times daily, when you feel able



(c) Single leg stand

Balance on your operated leg for as long as you can. You may want to be close to a solid object to hold onto, so you don't lose your balance.

Repetitions: 5-10

Frequency: 2-3 times daily, when you feel able



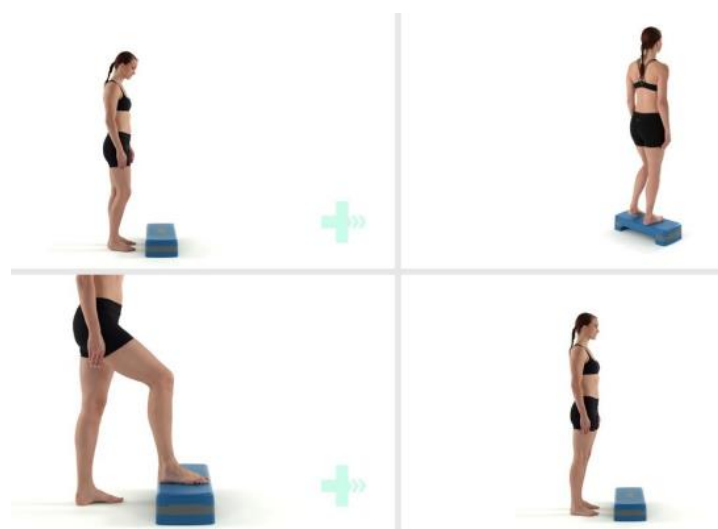
(d) Step ups

****If you had a METHA THR by Mr Stott, DO NOT start this until after 6 weeks ****

Stand facing a step, ideally with a rail/solid surface next to you so you don't risk falling. Place your affected leg up on the step. Step up bringing your other leg onto the step and then step back down with the unaffected leg. Your affected leg will stay on the step throughout this exercise.

Repetitions: 5-10

Frequency: 2-3 times daily, when you feel able



(e) Squats

****If you had a METHA THR by Mr Stott, DO NOT start this until after 6 weeks ****

Stand comfortably, feet approximately shoulder width apart. Lower your body towards the floor, bending your hips and knees using your arms to help you balance. Only lower yourself as far as you can manage, pause for a second or two and then return to the standing position, before repeating.

Repetitions: 5-10

Frequency: 2-3 times daily, when you feel able



4. Walking aids

Most patients will go home using elbow crutches to help them walk safely, although in some cases walking sticks or frames may be preferable. The purpose a walking aid is to help you walk around safely. There is not usually any specific timeframe that you must use your walking aid. You can stop using your walking aids whenever you feel safe and confident to do so but there is no hurry. Most patients will progress from using 2 crutches to 1 crutch and then to nothing. Some people will only need walking aids for a few days and others may need them for several weeks. This will vary depending on your individual symptoms and capability.

4.1 Standing and sitting

The safest way to stand up with crutches is as follows. Take both hands fully out of the crutches and put them in an 'H' shape. Place one hand on both handles and use the other hand to push up from the furniture you are sitting on. Once standing you can then place your arms in the cuffs of the crutches. To sit down, get close to the chair so you can feel it at the back of your legs, place the crutches in the 'H' position, reach for the chair with one hand, and lower yourself down gently.



4.2 Walking with crutches

'Step to' technique:

Move your crutches forward a short distance. Keep them slightly wider than your shoulder width. Step in to your crutches with your operated leg first, then step up to the crutches with your non-operated leg.



‘Step through’ technique:

Move your crutches forward a short distance. Keep them slightly wider than your shoulder width. Step in to your crutches with your operated leg first, then step through your crutches with your non-operated leg.



‘Reciprocal’ technique:

Move the crutches one at a time, so that each crutch works with the opposite leg. It is a little bit like marching whilst swinging your arms. This technique encourages a normal walking pattern but does not offer as much weight bearing support through your arms and therefore requires good pain control and balance.



4.3 Progressing to one crutch

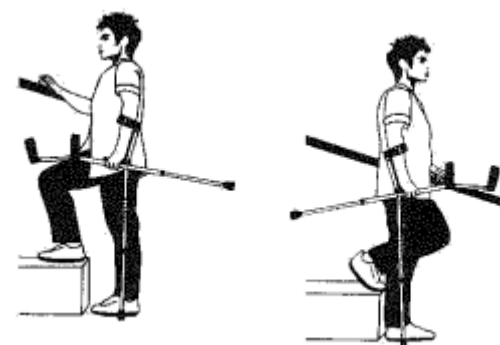
Some patients feel confident to walk 1 crutch immediately post-op however, others may not feel ready for some weeks. The right time to progress to one crutch is when you feel safe and confident to do so. When you use one crutch, it should be held in the **opposite** hand to the operated leg.

4.4 Stairs

Where possible use a handrail and hold both crutches in the same hand (see diagram) or give the spare crutch to someone else.

Going UP

- Step up with your stronger leg first,
- then your operated leg
- and then the crutch



(a) Going DOWN

- Place the crutch down on to the step below
- then step down with your operated leg
- then follow with your stronger leg

5. Returning to daily activities and hobbies

5.1 Some background information

The muscles and soft tissues surrounding your new hip are weakened as a result of the surgery. They return to around 75% of their full strength by 3 months but it will take up to 18 months for them to be back to 100%.

5.2 Dislocation risk

One of the risks associated with a hip replacement is dislocation. This is a relatively rare occurrence, with the national average being around 1-2%. To minimise your risk of dislocation, the most important thing is that you are **careful** in the way that you move around and that you gradually return to activities, as you feel able. Do not force the hip in any direction. Listen to the way your hip feels and give it a chance to tell you whether it can manage a certain position or activity. If in doubt, discuss with your physiotherapist or consultant.

A movement that you should avoid initially is one where you bend your hip towards you and bring your knee across your body. See pictures below.



We recommend you **avoid this for the first 18 months**, until tissues have achieved their maximum strength.

5.3 Moving forward – little and often to begin with

It is important that you continue to practise your exercises and walking regularly. We recommend you continue your exercise programme for at least 2-3 months or until you can achieve all your activities or hobbies and are happy with your outcome. In the early days and weeks of your recovery, you may find you tire easily, and this is quite normal. It is best to take a 'little and often' approach initially and gradually build up your activity and mobility, as you feel able. In the early days and weeks, pain and swelling are likely to be your main

problem, so use these symptoms as a guide to how active you should be. Remember, some pain and swelling is a normal part of your recovery, not necessarily a sign of harm and will take time to resolve.

Everybody will progress at different rates, so try not to compare yourself to other people too much. Your rate of progress will depend on many factors such as, your mobility level pre-op, other medical conditions, your ability to cope with pain, how often you do your exercises, confidence, motivation, determination, and many other things.

5.4 Sleeping position

You are allowed to sleep however is most comfortable for you. You can sleep on your side. Initially, we would recommend you place a couple of pillows between your knees to support your uppermost leg.

5.5 Washing yourself

You will have a waterproof dressing over your hip and can shower as soon as you feel safe to do so. People with a walk-in shower will usually manage this without too much trouble. If your shower at home is above the bath, we recommend you do not use this initially due to the risk of falling. We recommend you have a strip wash initially and return to climbing over the bath when you feel safe and confident to do so.

5.6 Dressing yourself

Initially it is safest to get dressed whilst sitting. Dress your operated leg first. Initially you may need to use a long-handled grabber to put clothes on, as shown in the pictures below. It may also be a good idea to use a long shoehorn to help with slippers and shoes. These aids can be provided if needed.



It is safe to practise bending forwards and we recommend that you do so keeping your arms between your legs and feet. Do not force this movement. Practice it gently and regularly, and you will find you gradually manage to reach further down to your feet as time goes by.

5.7 Cleaning, laundry and household activities

If possible, it is very useful to have help from family, friends or neighbours over the first couple of weeks after your surgery, whilst you are regaining your mobility. Tasks such as loading the washing machine, emptying bins and cleaning can be tricky whilst you need to use crutches or sticks around the home. It is difficult to be too specific with this advice, as all patients will vary in their capabilities both pre-operatively and post-operatively.

There are a number of organisations that can offer home help such as Bluebird care, Age UK, Red Cross, The Martlets, East Sussex Meals on wheels and many more. Please see contact details on the next page and discuss any concerns you have with your nurse or physiotherapist.

5.8 Flying

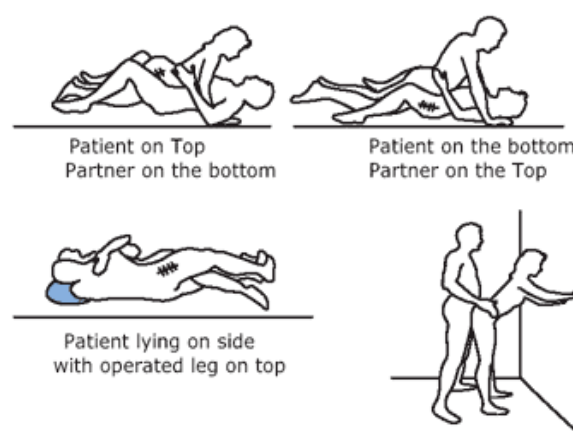
Most patients are advised not to fly for at least 6 weeks after surgery. This is because sitting for prolonged periods in a cramped environment and surgery are both risk factors for developing blood clots in the legs, known as deep vein thrombosis (DVT). If you must fly before this time, you need to discuss this with your consultant.

5.9 When can I drive?

To be safe to drive you need to be confident that you are in full control of your vehicle. This will vary for each individual but as a guide will likely be around 3 to 6 weeks after your surgery. We recommend that you check with your insurer and discuss this further with your consultant, physiotherapist, or insurance provider.

5.10 Sexual relations

When considering resuming sexual relations, you need to think carefully about the position of your new hip. The following diagrams give information about which positions are likely to be the safest, in terms of how much strain they place on your new hip.



5.10 Return to work

This depends largely on the nature of your work and commuting considerations. If your work is sedentary or office-based, you may only need to wait 4 to 6 weeks however if your work is more manual you may need to wait 2-3 months or longer. It is usually helpful to take at least a few weeks off work to help you recover from the effects of surgery and allow you to focus on your rehabilitation. Discuss this further with your consultant or physiotherapist.

5.11 Swimming

You should not go swimming until your wound has healed and is totally dry, which usually takes around 3 weeks. You also need to consider your safety getting in and out of the water and walking around in wet and slippery environments, so it may well be a few weeks longer before you feel safe.

5.12 Tennis

Tennis can also be very challenging for your hip replacement, and it will likely take you between 3 to 6 months to feel ready. Progress your rehabilitation in a gradual manner, trying to avoid sudden changes. Begin with some gentle practice hitting a few balls, then some longer hits and only return to competitive tennis, when you feel ready. Seek further guidance from your physiotherapist or surgeon, as needed.

5.13 Cycling

Cycling can be an excellent form of rehabilitation after hip surgery. Before returning to using an exercise bike or exercise pedals, think carefully about the range of movement required from your hip. If using pedals on a floor, consider the height of your chair and where you position the pedals. If using an exercise bike, think carefully about your balance and the task of getting off and on safely, as well as the range of movement at your hip. Some people **may** feel ready to return to using them as early as 3-4 weeks post-op but others may take much longer. Please **do not hurry** and if in any doubt, consult a physiotherapist or surgeon for advice.



5.14 Golf

Golf can place a significant stress on your hip replacement, so you should not rush back to this. It will likely take you between 3 to 6 months to feel ready. When you do feel ready to give this a go be sure to phase your return in a gradual manner. Begin with some gentle swings in your garden with a short club. Slowly progress over the weeks ahead towards longer clubs and fuller swings. Next, try hitting some balls at the driving range. Once you feel safe and comfortable at the driving range, you can then progress back to the course, but not earlier than 3 months.

5.15 Running

Running can be quite challenging on your hip so we suggest you progress to this in a very gradual manner, as your symptoms allow. Research shows that for people who want to return to running after replacement, they can usually do so between 3 to 6 months after their surgery.

Returning Equipment

Please help us to reduce our carbon footprint and be more green by recycling your crutches, sticks and frames. When you no longer need your walking aids please return them to us. The hospital **is able to accept returned walking aids** if they are in a **clean, safe and reusable condition**. Walking sticks, frames, rollators and crutches can be returned to the hospital via the outpatient department.



6. Other Resources

The following organisations may be helpful for organising private care or specific equipment that you may find helpful.

Personal care

- Martlets Care, Brighton 01273 829 943
- Bluebird care 01273 208 192
- Age UK Brighton 01273 720 603

Equipment

- **British Red Cross**

They have various mobility aids (e.g. perching stool, trolley) for hire.

Hove 01273 227 814

Unit 7, St Joseph's Cl, St Joseph's Business Park, Hove, BN3 7HG

Opening hours: Mon, Tues, Weds, Fri 11am-3pm

Thurs 11am – 1.30pm

Worthing 01903 207191

12 Shelley Road, Worthing, BN11 1TR

Opening hours: Mon-Fri 930am-4pm

- **Clearwell Mobility**

In store:

21 Albert Drive, Burgess Hill, RH15 9TN

Tel no. 01444 253300

18 Boundary Road, Hove, BN3 4EF

Tel no. 01273 424224

110 Warren Road, Woodingdean, BN2 6BA

Tel no. 01273 692244

Online: <http://www.clearwellmobility.co.uk>

- **NRS Healthcare**

Online: www.nrs-uk.co.uk

Tel no: 0845 121 8111

- **Essential Aids**

Online: www.essentialaids.com

Tel no: 01273 719 889

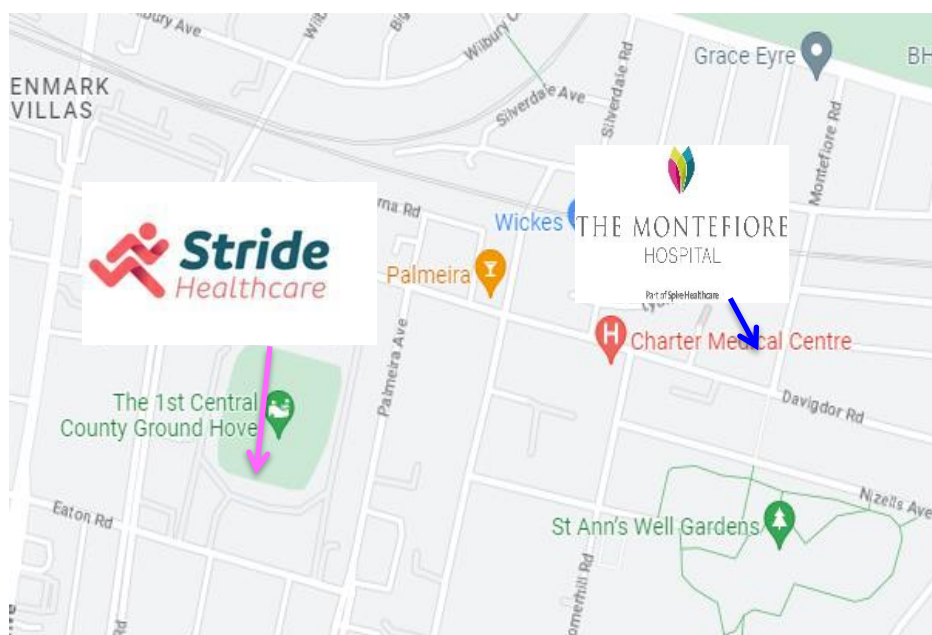
7. Follow-up physiotherapy

Current guidelines indicate that routine physiotherapy after a joint replacement is not always necessary, and people can do just as well with self-directed rehabilitation at home. To have a successful recovery, it is very important that you practise some exercises, move regularly and gradually return to your important activities, as you feel able.

If you are self-managing your rehabilitation and have concerns about your progress, then **please get in touch** by calling the **inpatient physiotherapy team** on the details below, and we can help you arrange formal physiotherapy.

The hospital does not have an outpatient physiotherapy service on site, but it has a contract with Stride Healthcare, based at Sussex County Cricket ground, who can provide out-patient physiotherapy. We can also help guide you on how to arrange local physiotherapy, if attending Stride is not possible.

Your surgeon can also refer you for physiotherapy at your follow up appointments.



Out-patient Clinic:

Stride Healthcare
01273 827122
 The Sussex County Cricket
 Ground, Eaton Road, Hove, BN3
 3AN
[https://stridehealthcare.co.uk/
 office@stridehealthcare.co.uk](https://stridehealthcare.co.uk/office@stridehealthcare.co.uk)

In-patient Physio Department

The Montefiore Hospital
01273 828116