

Patient Information Physiotherapy after Total Hip Replacement

Physiotherapy Department

Introduction

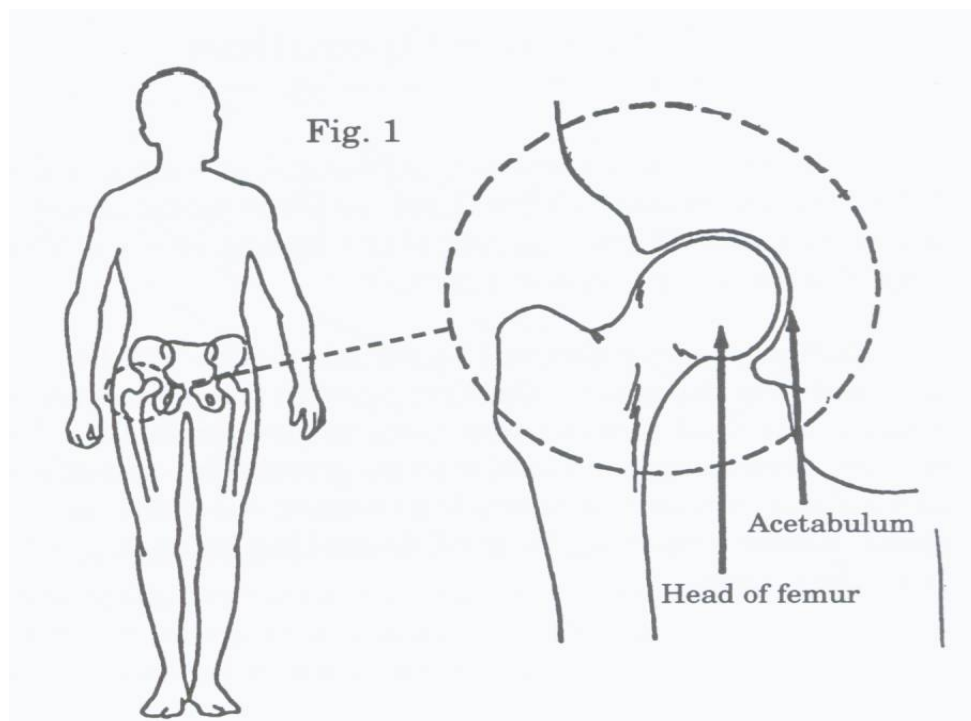
The aim of this booklet is to provide you with information about your operation and the treatment you will receive.

This is only intended to be a guide, and the information may vary from patient to patient depending on the circumstances. How this information affects you will be discussed with you on a one-to-one basis by the staff involved in your care.

Please keep this booklet safe, to help you get the best possible result from your operation.

Your hip joint

The hip joint is a ball and socket joint located in the pelvis. The ball is formed by the head of the thighbone (femur), which fits, snugly into the socket of the pelvis (acetabulum). The hip joint is well protected by large muscles.



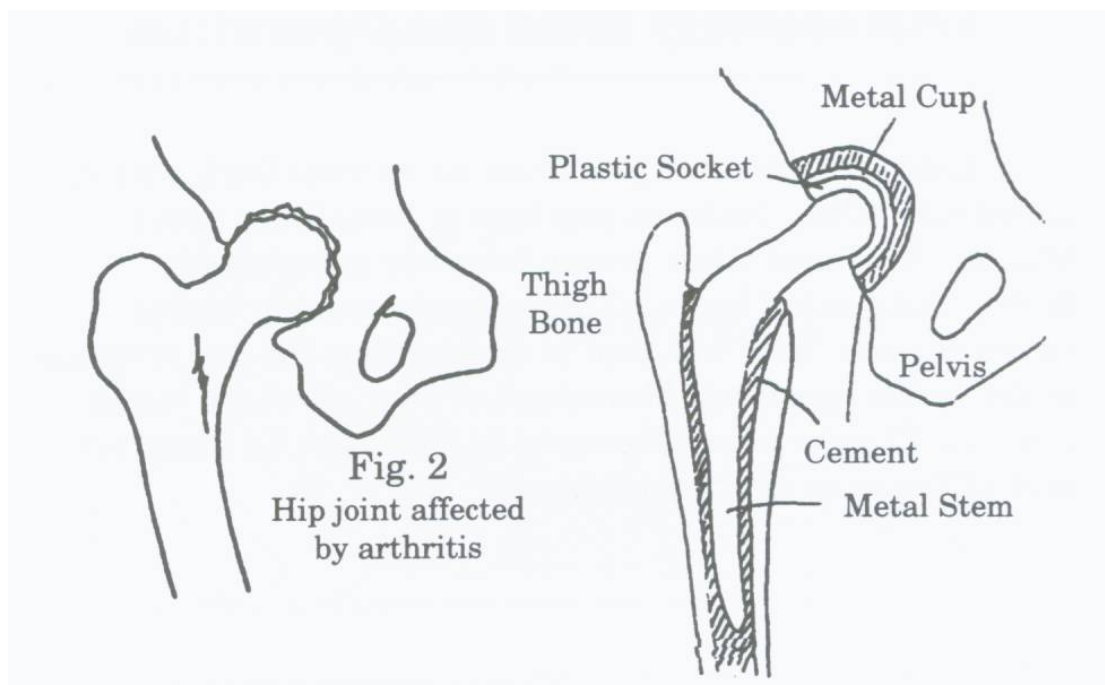
Arthritis, is the wearing away of the protective covering on the bone ends (cartilage). In severe cases the cartilage is worn away completely and the bone underneath also starts to wear away.

This causes roughening and distortion of the joint, resulting in painful and restricted movement, and weakening of the muscles around the hip. You may even experience a grating sensation within the hip joint that sometimes can be heard.

What happens in a Total Hip Replacement?

A total hip replacement (THR), is a major operation that replaces the worn head of femur with a metal ball on a stem, and re-lines the socket (acetabulum) with a special metal or plastic cup (fig 2). The stem is usually although not always fixed in place using special cement.

There are many designs of hip replacement in use today. Your orthopaedic surgeon will be happy to discuss which type they plan to use with you.

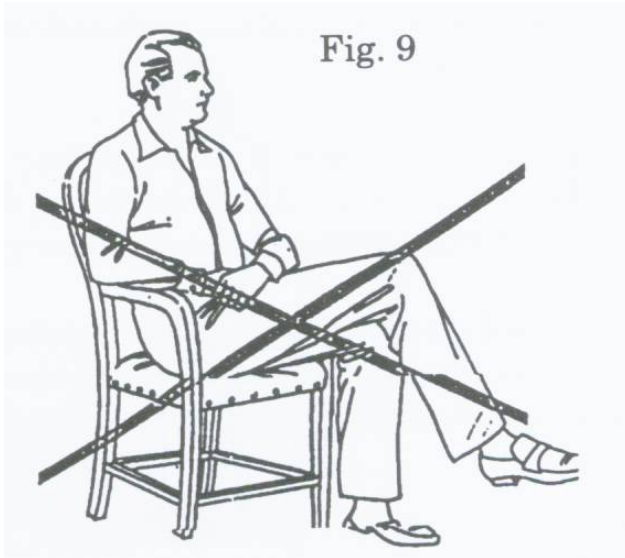


A total hip replacement is principally designed to relieve pain, restore joint movement and correct any shortening. However, it is not always possible to make both legs equal in length.

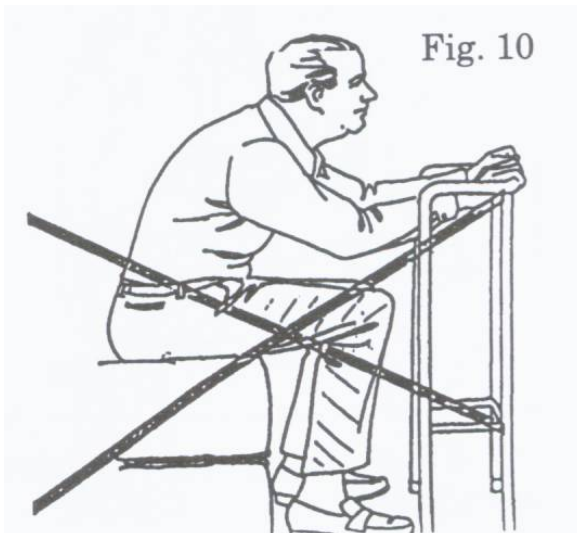
After the operation

There are several precautions that you need to take in order to prevent dislocation of the new joint. These precautions must be followed for 12 weeks from the date of your operation, whilst everything heals.

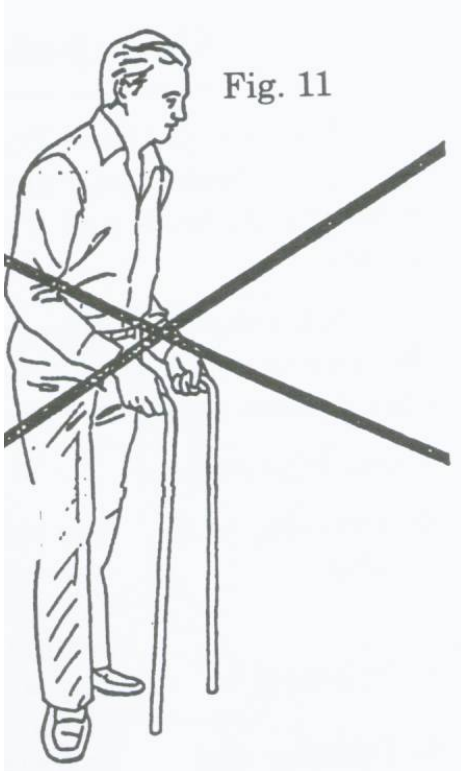
1. **Do NOT cross your legs or ankles (fig 9).**



2. **Do NOT bend the hip joint excessively (fig 10).**
Do not bend forwards to your feet or bend your knee towards your chest.

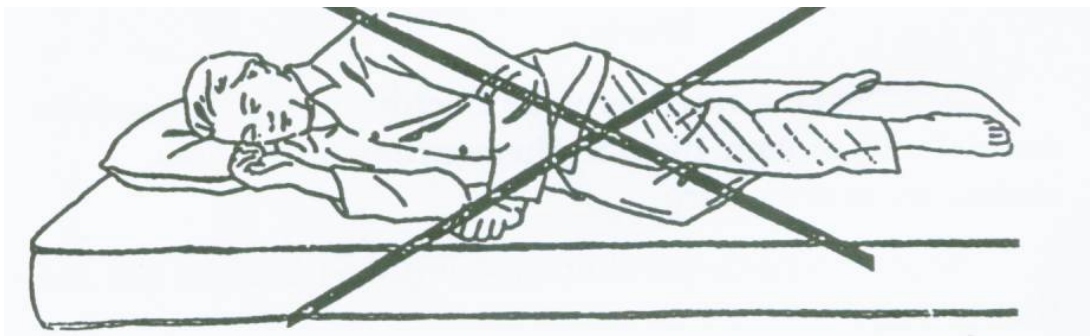


3. Do NOT twist on the operated leg (fig 11).



4. Do NOT roll or lie on your side.

It is advisable to sleep on your back in the early stages.



Physiotherapy

Physiotherapy is a very important part of your post-operative treatment and will help speed up your recovery and discharge from hospital. It is anticipated that you will need to be in hospital for around 5 days, although this may vary.

After a total hip replacement, your physiotherapy will consist of:

- Hip exercises to improve mobility of the joint and strengthen the muscles surrounding it.
- Help in the early stages with moving from bed to chair and advice on standing up and sitting down.
- Help with walking using a progression of walking aids to allow you to become independent and safe enough for discharge.

How to recognise us

Physiotherapists:

Navy trousers and white tunic with navy trim, or white polo shirt.

Physiotherapy Assistants:

Navy trousers and blue tunic with navy trim, or blue polo shirt.

How to contact us:

Physiotherapists are on the ward daily and can be contacted through the nursing staff if you have any queries.

Physiotherapy

Before your operation you will usually meet the physiotherapist who will be responsible for your care. This may be in a pre-assessment clinic.

They will:

- Ask a few questions about your mobility, general health, home circumstances.
- Assess your hip movements and walking pattern.
- Teach you the exercises that you will be doing after the operation.
- Explain:
 - a) How you will progress following the operation
 - b) When and how you will get out of bed, the walking aids you will use etc.
 - c) The precautions that you must take to prevent dislocation.

After your operation

With the Physiotherapist's guidance you will commence your exercise programme that will consist of:

1. Breathing exercises to prevent chest complications after the anaesthetic.
2. Ankle exercises to prevent circulatory problems.
3. Hip and knee exercises to maintain muscle strength and joint mobility.
4. Guidance on walking with appropriate walking aid.

As soon as possible/the following day

With the help of your physiotherapist, you will get out of bed on the side of the operated leg. Depending on your progress you may also walk short distances with the physiotherapist instructing you on the correct walking pattern. At first you will use a walking frame or crutches.

Subsequent days

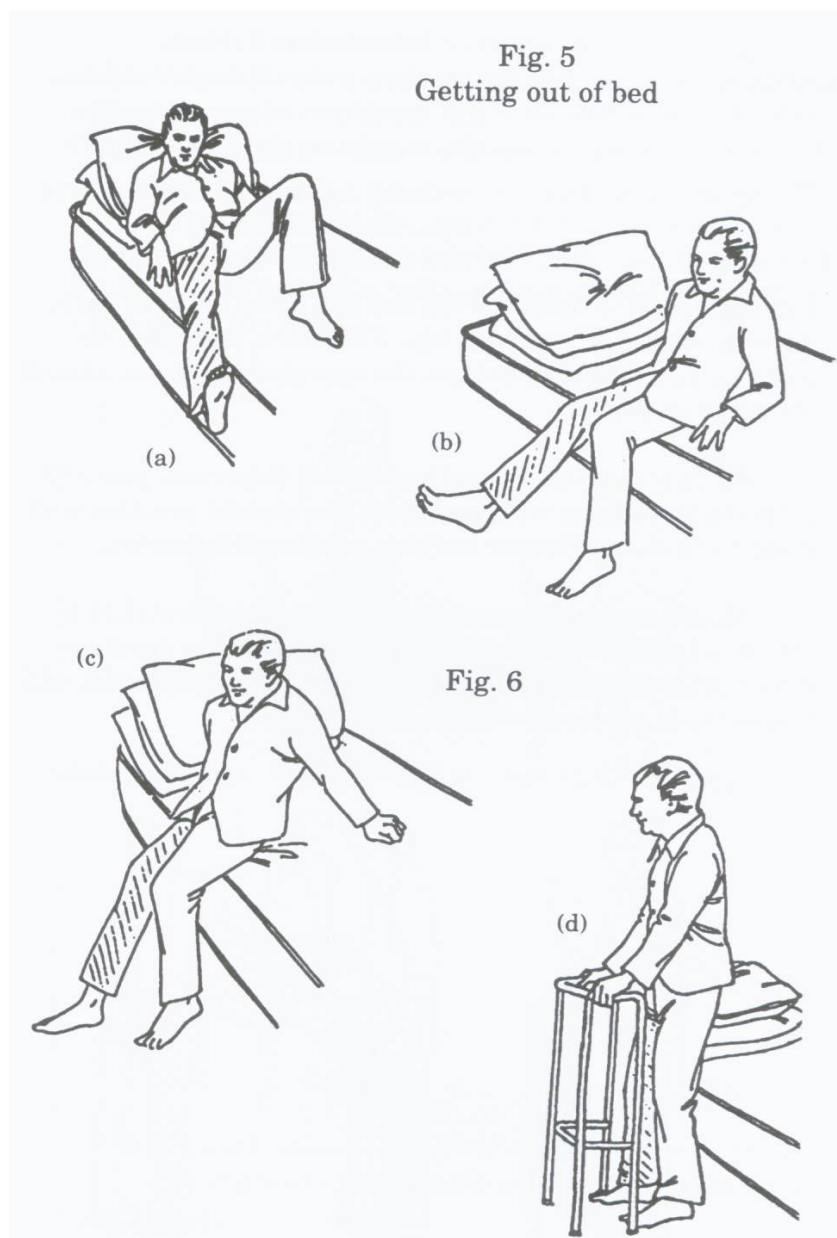
The distance you walk will be increased and your hip exercises progressed. Once you gain in confidence and you are considered to be safe with your walking aid, you can start to walk around the ward unsupervised. You will soon notice relief from the arthritis pain and day to day improvement in walking.

Remember that regular practice in walking and exercise will speed your recovery.

Transferring in and out of bed

Where possible aim to get out of bed on the same side as your operated leg. You should get back in to bed with the operated leg first.

When getting back onto the bed, always go back far enough to give full support to the operated leg before turning to position yourself in the bed.



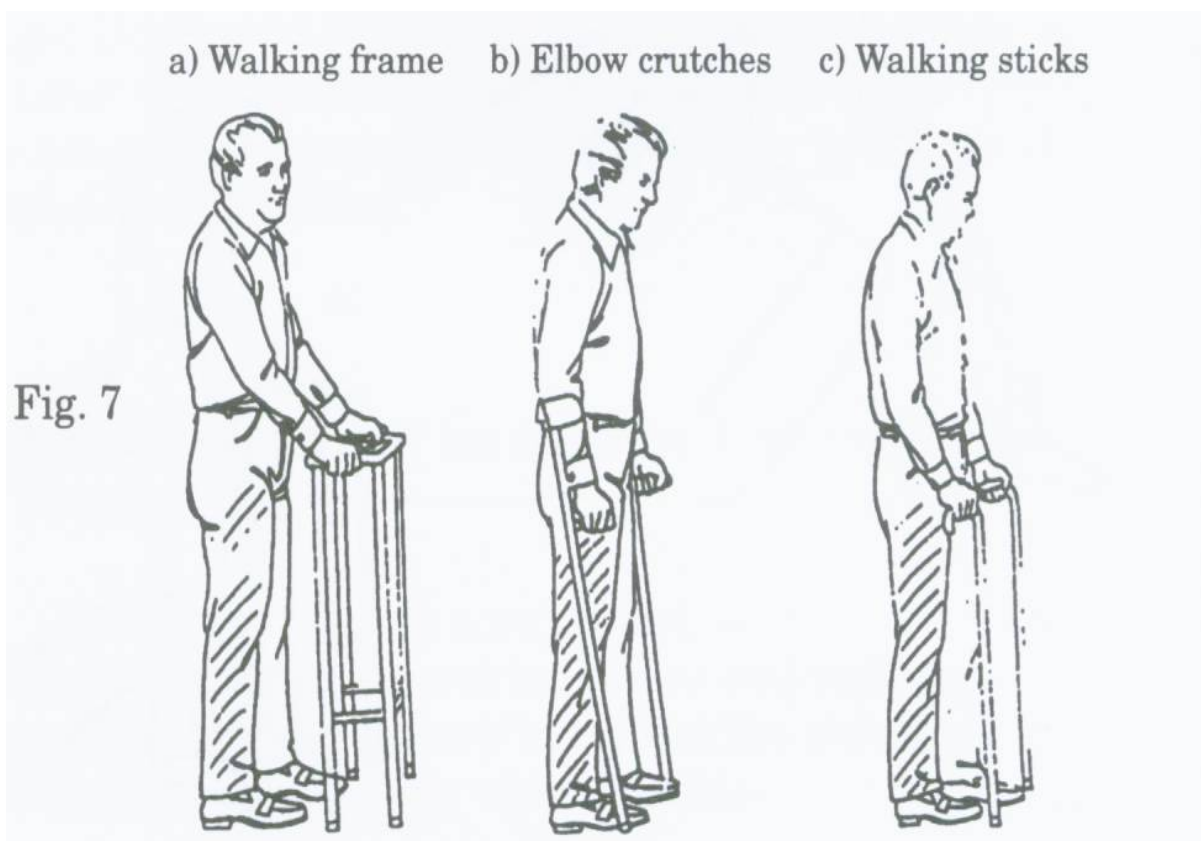
Walking

At first you will need to use a walking frame or crutches to ease the weight on the new hip. Some patient's progress to using 2 sticks (fig 7).

Walking sequence:

1. Walking aid moved forwards first.
2. Then the operated leg.
3. Finally the un-operated leg.

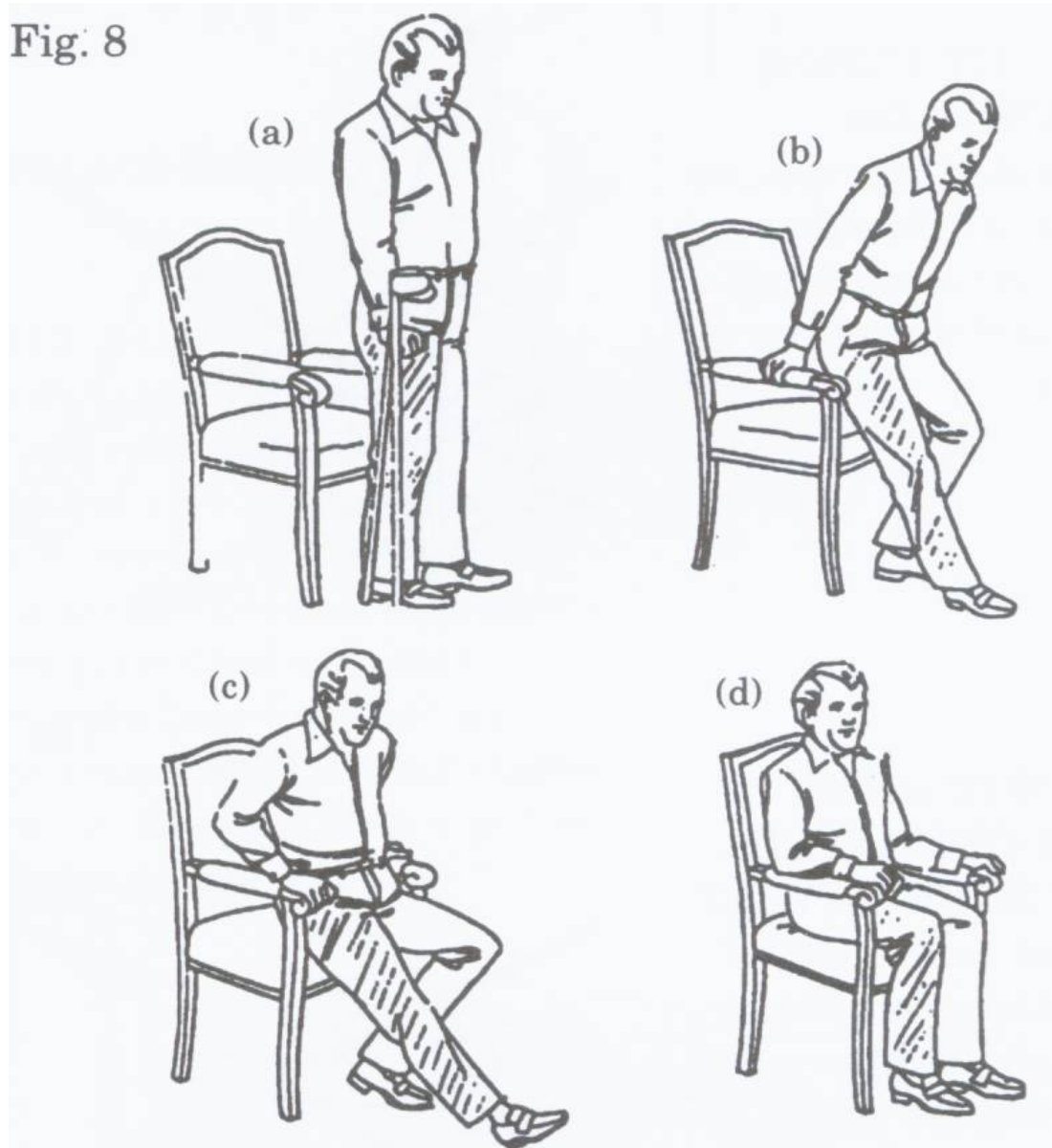
On occasions, your consultant may ask you to continue using crutches for a number of weeks after your operation. This is usually to assist in healing and will be discussed with you on the ward.



Sitting

In most cases you can begin to sit in a chair immediately after your operation (fig 8). Initially, your physiotherapist will help you to do this. It is advisable to sit in a firm high chair with arms if possible.

You must feel for the arms of the chair keep your back straight and lean back with your operated leg slid out in front of you. The same posture should be maintained when using the toilet.



The sequence is as follows if you are **Weight bearing:** (able to put weight on your operated/weaker leg)

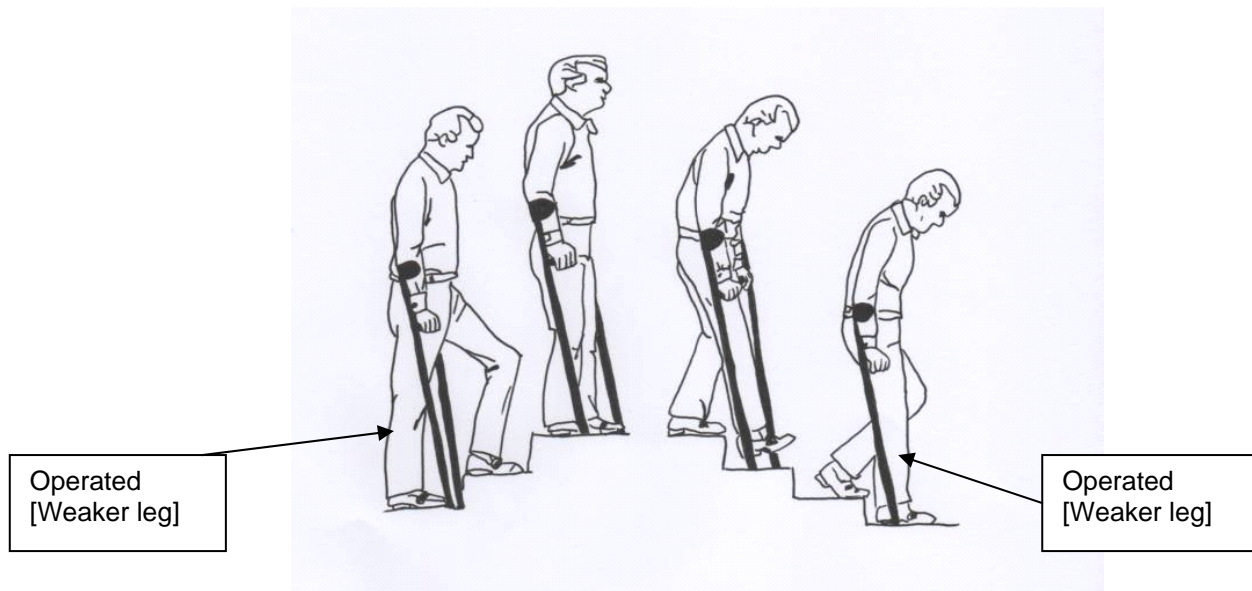
Always use the stair rail or banister if possible

1. Going up stairs

- Keep your sticks or crutches on the step below
- Step up with your **un-operated leg (stronger) leg**, then your **operated (weaker) leg** and then bring your sticks or crutches up onto the same step

2. Going down stairs

- Put your sticks or crutches first in the middle of the step below
- Step down with your operated (**weaker**) leg and then follow by your **un-operated (stronger) leg**.



Maintenance:

Please regularly check that the rubber ends of your crutches are not worn or clogged with dirt or stones, or that the tubes have any areas of damage. If you have a problem with your crutches return them to the department that issued them to you.

When you no longer need your crutches, please return them to your nearest physiotherapy department.

Going home

Once the professionals involved in your care (Surgeon, Nurse, Physiotherapist, Occupational Therapist) are happy that you are well enough, safe enough and able to manage, you will be discharged. This is usually around 5 days after your operation.

If you need any further physiotherapy once you have gone home, this will be arranged for you at your local hospital.

When you go home

1. Remember your precautions must be followed for a period of 12 weeks.
2. Most patients limp after the operation and it takes approximately six weeks before you will be able to walk evenly.
3. Continue your exercises as advised by the physiotherapist.
4. If using one stick, it should be held on the opposite side of your new hip.
5. Do not be tempted to hold on to furniture when walking at home as this may be dangerous.
6. Go for regular short walks, gradually increasing the distance.
7. Do not drive until you have seen the surgeon at your 6-week check-up.