

## INFORMATION LEAFLET

# HIP REPLACEMENT (POSTERIOR APPROACH)

### YOUR EXERCISES FOLLOWING SURGERY:

- 1.** You will be taught your exercises by the physiotherapist.
- 2.** It is then your responsibility to continue with your exercises independently, little and often throughout the day.
- 3.** Your physiotherapy session will involve checking your exercise techniques and assessing your mobility.
- 4.** If you are unsure regarding any of the techniques for the exercises in this leaflet please ask your physiotherapist on the ward or call 02920 716186 for further advice.

Produced by the Orthopaedic Physiotherapy Team,  
University Hospital Llandough – 2016  
Cardiff and Vale UHB



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# PRECAUTIONS AFTER YOUR HIP REPLACEMENT

- After having a hip replacement there is a very small risk of dislocating your new hip due to the nature of the operation. In order to reduce this risk, there are a few precautions to be aware of for the first 3 months after your operation.
  - 1) Get in and out of bed on the 'operated side' of the bed.**
  - 2) Do not bend your hip more than 90 degrees.** *This is most likely to occur if you are sitting down and try to bend forwards.*
  - 3) Do not cross your legs/ankles when lying down or sitting.**
  - 4) Do not twist on your operated leg when turning around.** *Instead, lift your feet slightly and take small steps around.*
- In the first few days after your operation you will probably not be as active as you normally are and will be spending more time in the chair and on the bed than usual. As a result there is a very small risk of developing a chest infection or a DVT (deep vein thrombosis). To reduce this risk and help the blood circulation in your body you should be regularly:
  - 1) Wiggling your toes.**
  - 2) Moving your feet up and down.**
  - 3) Pushing the backs of your knees into the bed.**
  - 4) Taking deep breaths and holding each breath for a few seconds.**

# STANDING EXERCISES

- 1) Stand holding onto a fixed object, e.g. the kitchen sink/worktop. Lift the knee of your operated leg up in front of you and then lower your foot back down to the floor.

*Do not bend your hip more than 90 degrees.*

**Repeat little and often throughout the day.**



- 2) Keeping your knee as straight as you can, move your operated leg out behind you then return it alongside your other leg.

*Keep your upper body upright throughout the movement.*

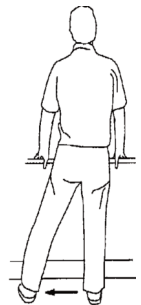
**Repeat little and often throughout the day.**



- 3) Keeping your knee straight, move your operated leg out to the side as far as is comfortable.

*Keep your upper body upright throughout the movement.*

**Repeat little and often throughout the day.**



- 4) Bend your hips and your knees a little to perform a 'mini-squat' then push back up straight.

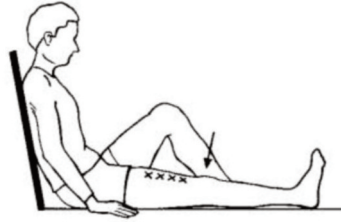
*Try to keep even weight through both legs as best you can.*

**Repeat little and often throughout the day.**



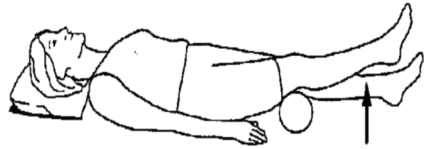
# BED/CHAIR EXERCISES

- 1) Sitting or lying down with your operated leg straight. Push your knee down firmly into the bed, tightening your thigh muscles. Hold for 5 seconds and then relax



**Repeat little and often throughout the day.**

- 2) Sitting or lying down, place a rolled up towel under your knee so that your knee is in a slightly bent position. Lift your heel up from the bed (tightening your thigh muscles) thus straightening the knee. The back of your thigh should not lift from the towel. Hold for 5 seconds then gently relax.



**Repeat little and often throughout the day.**

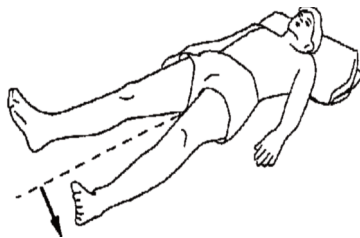
- 3) Lying down (or sitting up a little), slide your heel up the bed, gradually bending your knee as far as is comfortable.



*Do not bend your hip more than 90 degrees.*

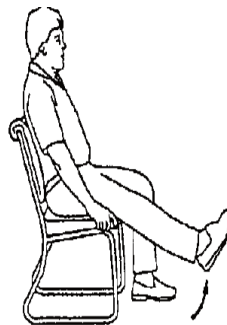
**Repeat little and often throughout the day.**

- 4) Lying down (or sitting up a little), slide your operated leg out towards the side of the bed as far as is comfortable. Slide it back in towards the middle but *do not go past the midline.*



**Repeat little and often throughout the day.**

- 5) Sit on a chair with your feet on the floor. Lift your foot up from the floor, straightening your knee as much as able. Hold for a few seconds then lower back to the floor.



**Repeat little and often throughout the day.**

- 6) Lying on your back with your knees bent up, lift your bottom off the bed to form a 'bridge'. Hold for a few seconds then lower back down.



*This exercise will likely be difficult in the first couple of weeks so introduce it as you are comfortable and able.*

**Repeat little and often throughout the day.**

# STAIRS TECHNIQUE

- If you have stairs at home your physiotherapist will practice the technique with you prior to your discharge home.
- Wherever possible use a handrail in one hand and a crutch in the other. The other crutch will need to be carried as shown in the diagram.

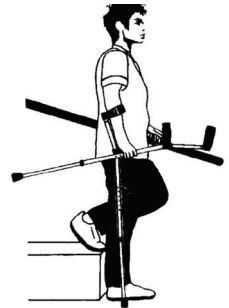
## Going up

- 1) Lead with the un-operated leg
- 2) Then the operated leg to the same step
- 3) Then finally the crutch



## Going down

- 1) Crutch down first
- 2) Then the operated leg
- 3) Then your un-operated leg



# PROGRESSING YOUR WALKING

- In order to help with stability and comfort you will initially be using walking aids.
- If you go home using a Zimmer frame or Gutter frame, then any progression onto a different walking aid should be supervised by a physiotherapist.
- Most people will go home using elbow crutches. If this is the case for you then you will be able to progress yourself onto one crutch (initially around the house) as your pain/comfort allows.
- When using one crutch, the crutch should be held on the opposite side to your operated leg.
- Progression onto one crutch is variable with each person but is usually 2-3 weeks after your operation.
- Following your discharge home you can gradually increase the distance/time you are walking as you feel able.
- When you feel safe and ready and you are walking normally, you can try walking without any aids.

# RETURNING TO DRIVING

- We would usually recommend waiting until your follow up with your surgeon before resuming driving.
- Ultimately, according to rule 90 of the Highway Code, you must “make sure that you are fit to drive. You MUST report to the Driver and Vehicle Licensing Agency (DVLA) any health condition likely to affect your driving.” Law RTA 1988 sect 94.
- If you choose to resume driving before your follow up appointment with your consultant then the responsibility lies with you.
- We do also suggest contacting your insurance company before you resume driving to ensure you are covered.



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