

RALEIGH ORTHOPAEDIC THERAPY SERVICES

Take Away Points About Your Total Hip Replacement:

1. This is a major surgery to your body. You will have pain, swelling, decreased endurance and weakness after your surgery. All these will take time to improve but they will improve. You can expect your hip to take up to a year to feel “normal.”
2. It is important that you learn to walk “normally” again after your surgery. This means you will be using a walker for a time. Most will use a walker for a few weeks then transition to a cane. Your transition will depend on many factors such as pain, balance and strength.
3. Pain control is essential to your recovery. Your doctor will prescribe you pain medications and monitor your dosage and amount. Don’t be afraid to take your pain medications. You will be able to do more in therapy to help progress your hip function.
4. Your pain will be worse at night, which is normal. Sleep can be difficult after your total hip surgery. It may be hard to find a comfortable position; however, you should not put anything under your knees. If you want to use a pillow, make sure your entire leg is elevated from the foot with the leg straight. Keeping a pillow under your knees will keep your knees and hips bent. After a prolonged time you may have difficulty fully straightening the hip and knee.
5. Depending on what type of total hip surgery you are having you will have certain movements or positions that are to be avoided to prevent dislocation. These restrictions will be for 6-12 weeks after your surgery.
 - a. Posterior Approach: Avoid crossing legs, pivoting on the surgical leg, extreme bending over, bending the hips more than 90 degrees, sitting on low seats, putting shoes and socks on by yourself unless you have adaptive equipment. You will need to get some equipment to assist you for certain functional tasks.
 - b. Anterior Approach: no crossing legs, swinging leg out to the side or back.
6. If you have increased swelling, tenderness, redness or severe pain in your calf or have shortness of breath or a racing heart you are to seek medical attention. This can be a sign of a blood clot. You can reduce your risk for a blood clot by moving your ankle around; up, down and circles. Getting up and walking also helps reduce the risk of blood clots.
7. If you have a significant increase in redness, discharge, temperature and pain at your incision or you have a temperature above what your MD has recommended you may have an infection. Contact your MD or call the triage line of your MD.

8. You can expect to return to most activities in 3-6 months. Your MD may ask you to wait to drive until precautions are lifted and you are not taking narcotic pain medications during the day and are able to press the brake pedal quickly and firmly.

Post op precautions, posterior approach:

Avoid bending the hip more than 90 degrees. Do not sit in a seat where your hips are lower than your knees, do not sit and reach/bend forward.

Avoid pivoting on the operative leg.

Avoid crossing the legs or moving the operative leg across the midline.

Avoid rolling the operative leg inward.

Post op precautions, anterior approach:

Avoid pivoting on the operative leg.

Avoid crossing the legs

Avoid moving the operative leg backward beyond the plane of your trunk.

Do not take large steps forward or walk backward.

Steps:

Use hand rail, you will take one step at a time up and down

Step up with non operative leg, then bring the operative leg up to join it

Step down with the operative leg, then bring the non operative leg down to join it

If you can take one step, you can take ten steps!

Transfers (sitting down/up) If seats are too low, you may need to use a cushion.

Chairs/elevated commode: To sit, back up to the chair, move the operative leg forward. Reach back for the armrests and lower yourself slowly to the seat. Avoid leaning forward if you had a posterior surgical approach. To stand, move to the front of the chair, move the operative leg forward. Use the arms to help lift yourself up out of the chair to a standing position. Avoid leaning forward if you had a posterior surgical approach.

Car: Move the passenger seat all the way back and high. Back up to the seat, move the operative leg forward and use the arms to help lower yourself to the seat. Avoid crossing the legs as you move in/out of the car, or bending forward as you sit if you had a posterior surgical approach. You may need help with the leg for the first few days.

In/out of bed: Back up to the bed and move the operative leg forward and use your arms to help lower you to the bed. As you turn to move onto the bed, avoid bending forward and crossing the leg past the midline if you had a posterior surgical approach. You can use a strap, cane handle, or leg lifter to help lift the operative leg. You may need help for the first few days moving the operative leg.

Pre op home check: Before surgery practice getting in and out of chairs, car, bed, and on and off the elevated commode using the above principles. Practice steps using the above principles. Practice the exercises given to you. The more prepared you are before surgery, the less anxious you will feel coming home from the hospital or surgical center. Have ice packs ready and waiting.

Be sure you have an able bodied friend/family member who will be able to help you in and out of the car and into the house after your discharge from the hospital or surgery center.