



## Post-operative Goals

### Weeks One to Two

**Goal is to be discharged from the hospital one to two days after surgery. Most patients go directly home, but some may go to a rehabilitation center for three to five days.**

- Continue with walker or two crutches (unless otherwise instructed).
- Walk at least 300 – 500 feet with support. ✓
- Climb and descend flight of stairs (12-14 steps) with rail once a day. ✓
- Independently sponge bathe or shower (if there is no drainage from your incision / drain site) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day if your surgeon approves. ✓



20 min  
twice

### Weeks Two to Four

**Goal is to gain more independence. Follow the exercise program to achieve the best outcome.**

- Achieve one to two-week goals. ✓
- Move to cane or single crutch, as instructed by PT. ✓
- Walk at least one-quarter mile. ✓
- Climb and descend flight of stairs (12-14 steps) more than once daily. ✓
- Independently shower and dress. ✓
- Resume homemaking tasks. ✓
- Do 20 minutes of home exercises twice a day if surgeon approves. ✓
- Begin driving if left hip had surgery. (need permission from surgeon). ✓



### Weeks Four to Six

**Goal is recovery to full independence. Home exercise program is important.**

- Achieve one to four-week goals.
- Walk with cane or single crutch.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Drive a car (either hip had surgery).
- Continue with home exercise program once or twice a day.



## Weeks Six to 12

**Goal is to resuming all of your activities.**

- Achieve one to six-week goals.
- Walk with no cane or crutch — and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

## Post-operative Exercises

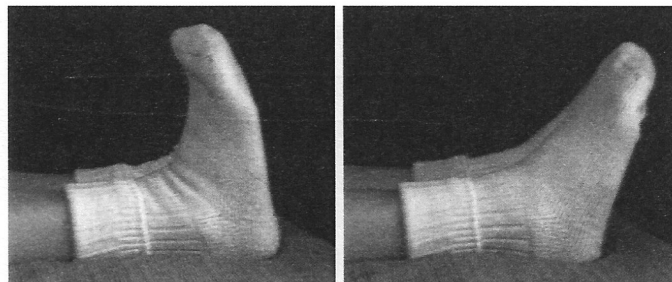
Exercising is important in achieving the best results from hip surgery. Consult your physician before starting an exercise program. Receive exercises from a physical therapist, at an outpatient facility, or participate in a home exercise program.

### At Home Exercises

#### Ankle Pumps

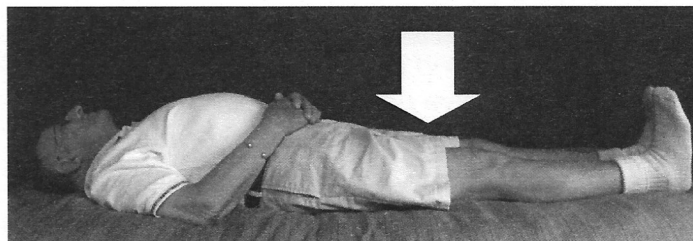
Flex and point your feet.

**Perform 20 reps.**



#### Quad Sets (Knee Push-Downs)

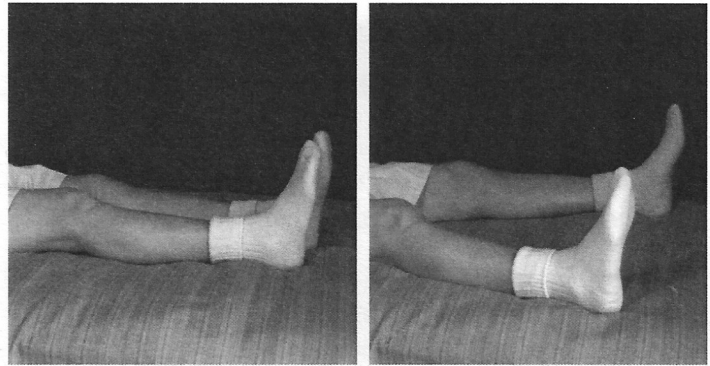
Lie on your back, press knees into mat by tightening muscles on front of thigh (quadriceps). Hold for 5 count. Do NOT hold breath. **Perform 20 reps.**





### Hip Abduction and Adduction (Slide Heels Out and In)

Lie on your back with toes pointed to ceiling and knees straight. Tighten thigh muscles and slide leg out to side and back to starting position. **DO NOT CROSS MIDLINE!** After surgery, your therapist will advise how and when to start this exercise. **Perform 20 reps.**



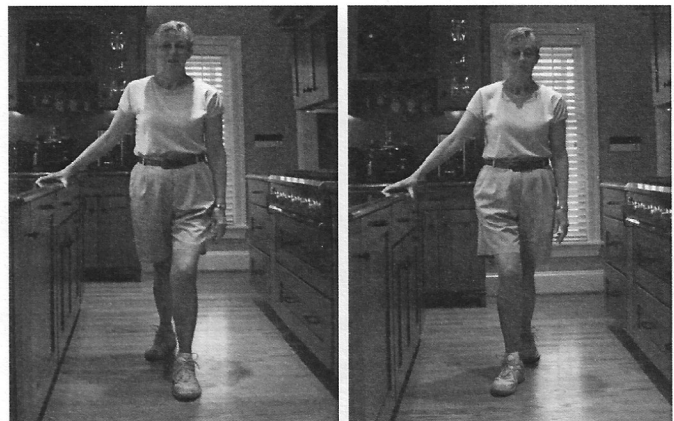
### Standing Heel /Toe Raises

Stand, with firm hold on kitchen sink. Rise up on toes then back on heels. Stand as straight as possible. **Perform 2 sets of 10 reps.**



### Standing Rock Over Affected Leg

Stand sideways to kitchen sink and hold on. Keep affected leg and heel firmly planted on floor; step forward with other leg to feel a slight stretch in calf and thigh; step back. Concentrate on shifting weight to affected side and on equal step distance. **Perform 10 forward and 10 back.**





## Hip Precautions

### Anterior Approach (Minimally Invasive) Hip Guidelines

Generally speaking the anterior approach hip replacement does not have any movement or bending restrictions of the new hip like the more traditional posterior approach hip replacement. We do have some guidelines to keep in mind during your initial recovery stage.

Be gentle with yourself. Some soreness and stiffness is normal after surgery. STOP movement if it hurts. Avoid intense stretches until cleared by your surgeon; examples include lunges or yoga. Make slow, controlled, thought out movements. Avoid big, fast, or forceful movements.

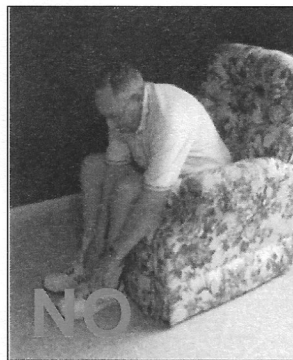
You may sleep in whatever position you find comfortable. Sleeping on the surgical side or sleeping on your back is recommended for comfort. If you prefer to sleep on the non-operative side, we recommend placing a pillow between your legs in order to support the operative hip.

### Posterior/Lateral Approach Hip Precautions

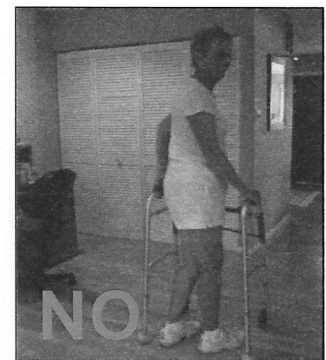
Care must be taken to prevent the new hip from coming out of socket or dislocating from pelvis. Simple precautions will keep the risk at a minimum. Sleep with a pillow between your knees.



**DO NOT cross your legs**



**DO NOT bend past 90 degrees**



**DO NOT twist**

- Do not cross legs.
- Do not bend at waist beyond 90 degrees.
- Do not lift knees higher than hips.
- Do not twist over operated leg – pick feet up and do step turns.
- Do not turn feet inward or outward – keep toes pointing forward in line with nose.
- When lying down, do not bend forward to pull blankets from around feet.
- Avoid low toilets or chairs that would cause bend at waist beyond 90 degrees.
- Do not bend over to pick things up – use a reacher.



## Activities of Daily Living

### Standing From Chair:

Do NOT pull up on walker to stand! Sit in chair with armrests.

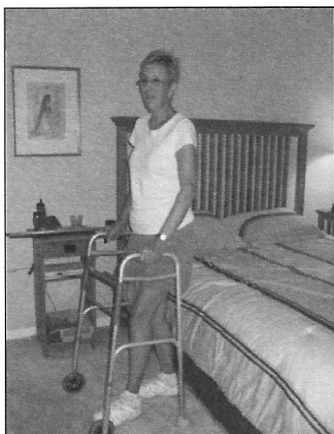
1. Extend operated leg so knee is lower than hips.
2. Scoot hips to edge of chair.
3. Push up with both hands on armrests. In chair without armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.

### Stand to sit:

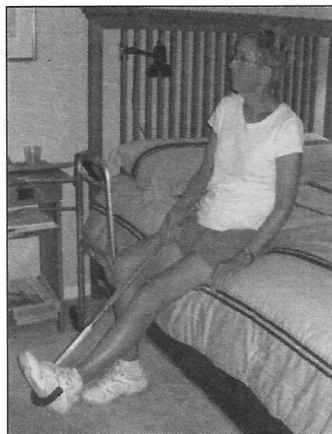
1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of operated hip, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping operated leg forward as you sit.

### Bed Transfers - getting into bed:

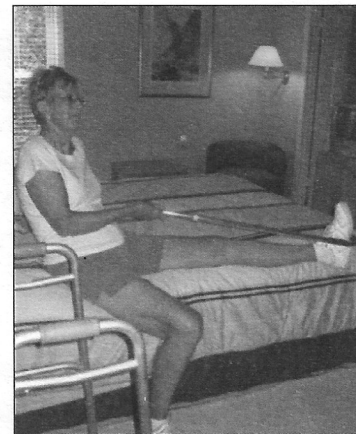
1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use a cane, rolled bed sheet, belt, or elastic band to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed using assistive device. Do not use other leg to help as this breaks hip precautions.
7. Scoot hips toward center of bed.



Back up until you feel leg on bed.



Sit keeping knee lower than hip.



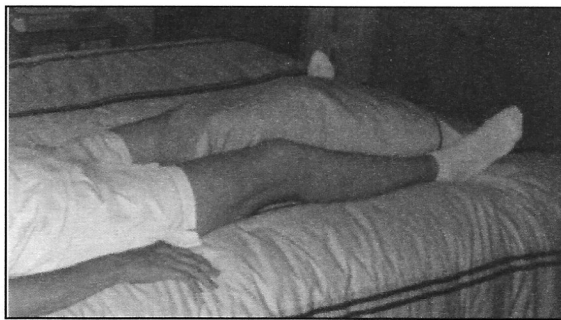
Scoot back on bed lifting leg onto bed.



## Bed transfers - getting out of bed:

1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
6. Balance before grabbing walker.

## Lying in bed:



Keep pillow between legs when lying on back. Position leg such that toes are pointing to ceiling – not inward or outward.



To roll from back to side, bend knees slightly, place pillow between legs so operated leg does not cross midline. Roll onto side.

## Walking:

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.

Note:

- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
- If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-operated leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Do not walk forward past the walker center or way behind the walker's rear legs.

## Stair Climbing:

1. Ascend with non-surgical leg first (up with good).
2. Descend with surgical leg first (down with bad).
3. Always hold on to railing!

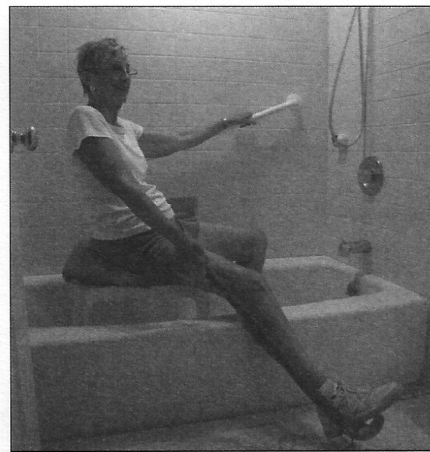
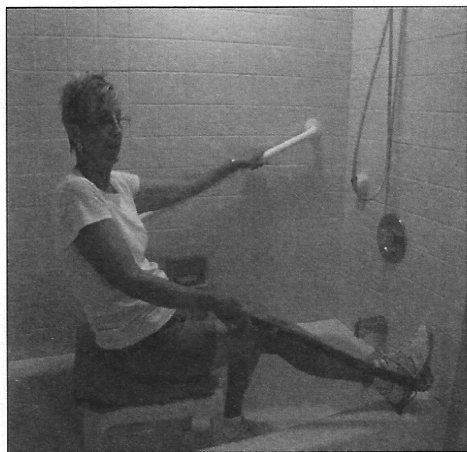


## Tub Transfers - getting into tub using bath seat:

1. Select bath seat that is tall enough to ensure hip precautions can be followed.
2. Place bath seat in tub facing faucets.
3. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
4. Reach back with one hand for bath seat. Keep other hand in center of walker.
5. Slowly lower onto bath seat, keeping surgical leg out straight.
6. Move walker out of way, but within reach.
7. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

## Tub transfers - getting out of tub using bath seat:

1. Lift legs over outside of tub.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.



Note:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use rubber mat or non-skid adhesive on bottom of tub or shower.
- To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of old pair of pantyhose and attach it to bath seat.

Soap on a Rope & Liquid Soap



## Car Transfers:

1. Push car seat all the way back; recline seat back to allow access and egress, but always have it upright for travel.
2. Place plastic bag on seat to help slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide operated foot out straight. Mind your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use your cane, leg lifter, or other device to assist.



## Getting Dressed

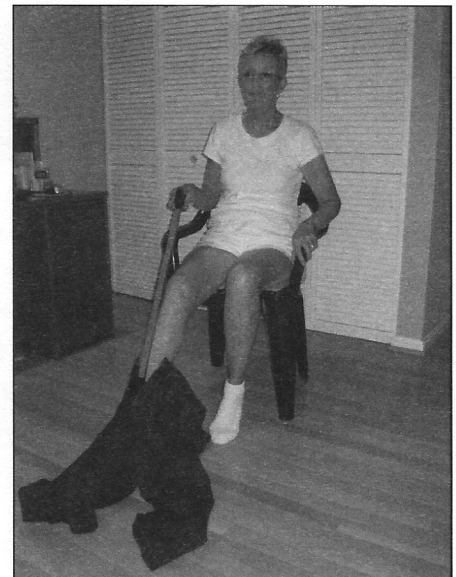
Reacher or dressing stick can help remove pants from foot and off floor.

### Putting on pants and underwear:

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.

### Taking off pants and underwear:

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight. Take non-surgical leg out first and then surgical leg.

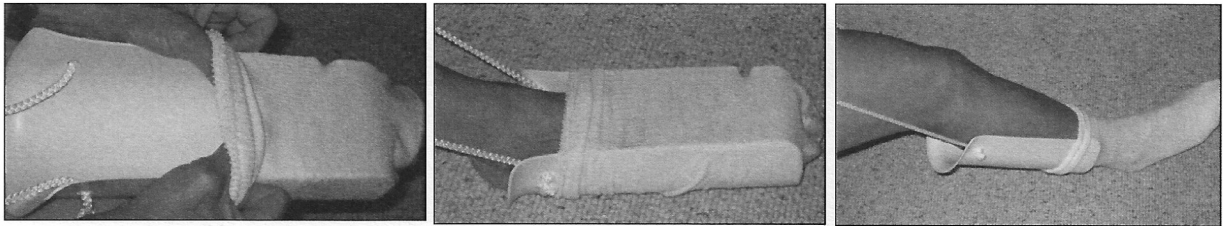






## Using sock aid:

1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on. Keep pulling until sock aid pulls out.



## Using long-handled shoehorn:

- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.

