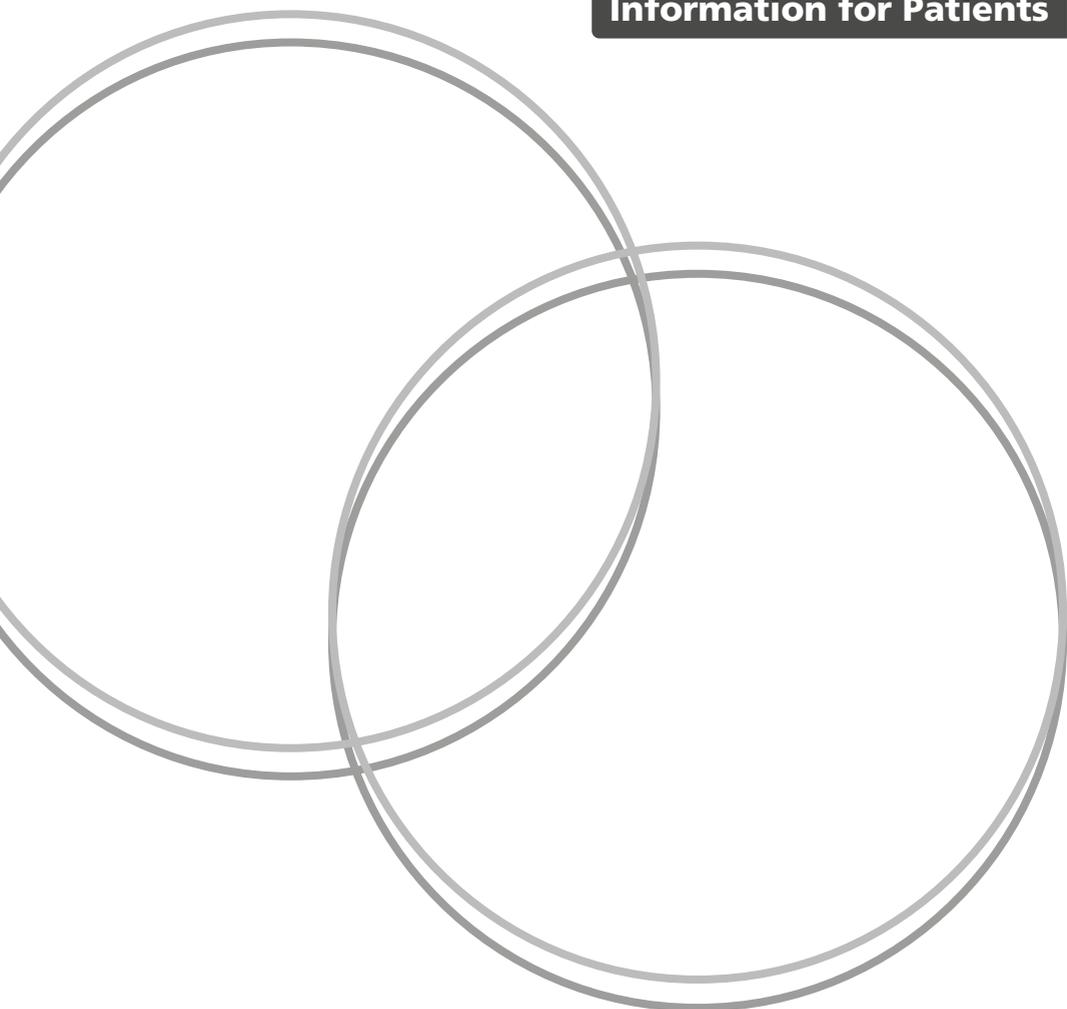




Oxford University Hospitals  
NHS Foundation Trust

# Total Hip Replacement

Information for Patients



Physiotherapy information and exercises for patients following a Total Hip Replacement.

This booklet gives you advice for your recovery after having a Total Hip Replacement and should be used alongside the documentary below.

### **Hip Replacement Documentary**

Watch our two-part documentary following patients before and after their hip replacement. You can access these films by going to the 'Hip and Knee' department of the Oxford University Hospitals website at the following address:

[www.ouh.nhs.uk/hipandknee](http://www.ouh.nhs.uk/hipandknee)

Alternatively, you can scan the QR code with your smartphone's camera:



# Following your Total Hip Replacement

## Walking

You can put as much weight as is comfortable through your operated leg unless you are advised otherwise. You can increase your walking distance using your elbow crutches.

### **Use of elbow crutches:**

#### **Inside**

You may feel that you are able to use only one elbow crutch soon after discharge. Hold your elbow crutch in your hand opposite to your operated leg.

You can use one elbow crutch when you are safe and able to walk without a limp.

#### **Outside**

You should continue to use 2 elbow crutches for a minimum of 6 weeks outside as you may still:

- become tired
- walk with a limp
- walk further than anticipated
- come across unforeseen obstacles for example; uneven pavements, kerbs and crowds

### **Points to aim for when walking**

- step length: make sure that both steps are of equal length
- timing: try to spend the same length of time on each leg
- always put the heel of each foot to the ground first

# Stairs

You will be given an opportunity to practice stairs before you go home if you would like to.

## Step / Stairs with rail

Always make use of the stair rail if you have one.

Hold onto the rail with your nearest hand and hold your crutches in a 'T' shape in the other hand.

Make sure the horizontal crutch of the 'T' shape is on the outside so if it is dropped, it rolls away from you and does not get in your way.



## Sequence for going up stairs:

1. Unaffected (good) leg
2. Operated (bad) leg
3. Crutches



## **Sequence for going downstairs:**

1. Crutches
2. Operated (good) leg
3. Unaffected (bad) leg



## **Step / Stairs without rail:**

If there is no rail, or when going up a step, use one crutch in each hand and follow the same sequence for either going upstairs or downstairs.





**Sequence for going up stairs without rail:**

1. Unaffected (good) leg
2. Operated (bad) leg
3. Crutches



**Sequence for going downstairs without rail:**

1. Crutches
2. Operated (bad) leg
3. Unaffected (good) leg



## Exercises

Specific exercises will be taught to you by your physiotherapist. These exercises will initially be within the comfortable limits of your new hip joint.

These exercises will help you to:

- Increase the range of movement at your new hip joint
- Increase the strength of the muscles surrounding your new hip joint.

You should perform the exercises that you have been taught for 10-15 minutes per session unless you are advised otherwise.

Your exercises should be done 3 times a day and continue for a minimum of 3 months.

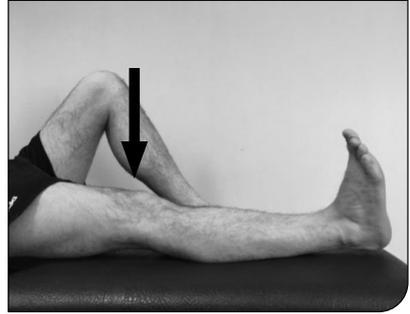
All exercises should be performed slowly, steadily, and strongly. Your movements should not be jerky or forced.

If you do too many exercises, you may experience a temporary increased ache in your hip region. If this does not settle you should contact your GP or your Physiotherapist for advice.

## 1. Tightening your thigh muscles (Static quads)

Sit or lie with your operated leg stretched in front of you

- Tense your thigh muscles on the front of your thigh by pushing the back of your knee down into the bed and pulling your toes towards you
- Hold for a count of 5 seconds
- Relax completely
- Repeat 10 times



## 2. Strengthening your thigh muscles (Inner range quads)

Lying on your back:

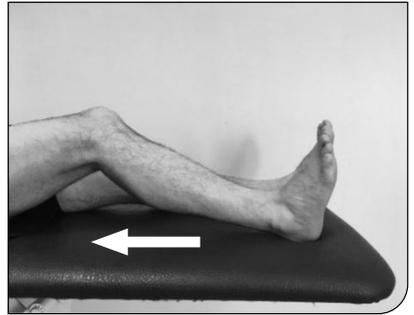
- Place a rolled towel under the knee of your operated leg
- Lift your heel up, so that the knee is fully straight
- Hold for a count of 5 seconds and then lower
- Relax completely
- Repeat 10 times



### 3. Hip flexion lying down

Lying on your back:

- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend as far as comfortable
- Slide your heel back down again
- Relax completely
- Repeat 10 times



### 4. Outer hip muscle (abduction) exercise

Lying on your back:

- Keep both legs straight and your toes pointed towards the ceiling throughout the exercise.
- Move your operated leg out to the side as far as possible.
- Then bring your legs back together
- Relax completely
- Repeat 10 times



## 5. Hip stretch

Lie as flat as you can to stretch the front of your hip.

- This should be done for half an hour twice a day
- You can also add in 10 buttock squeezes holding each squeeze for 5 seconds then relax



## 6. Hip flexion in standing

Stand with your hands supported on a fixed surface

- Lift the knee of your operated leg towards your chest, so you are bending your hip
- Lower your foot to the ground
- Relax completely
- Repeat 10 times
- Change to unaffected leg and repeat



## 7. Hip extension in standing

Stand with your hands supported on a fixed work surface

- Keep upright throughout the exercise
- Move your operated leg as far back as possible keeping your knee straight
- Ensure you do not lean forwards
- Return to the starting position
- Relax
- Repeat 10 times
- Change to your unaffected leg and repeat



## 8. Outer hip muscle (abduction) exercise - in standing

Stand with your hands supported on a fixed surface

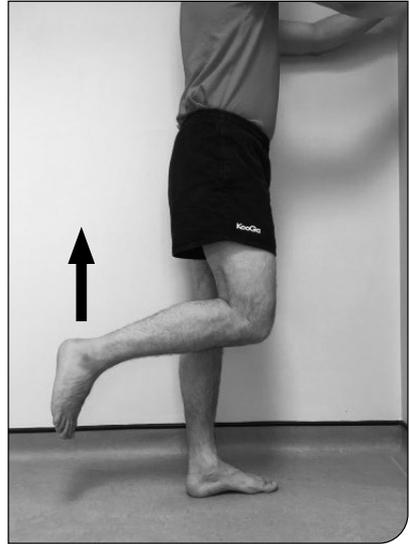
- Keep your body straight and upright .
- Move your operated leg out to the side as far as possible.
- Ensure you do not lean sideways.
- Repeat 10 times
- Return to the starting position
- Relax completely
- Repeat 10 times
- Change to unaffected leg and repeat



## 9. Leg curl (hamstring curl)

Stand straight holding on to a support

- Bring your operated leg slightly backwards
- Bend your knee and lift your foot off the floor towards your bottom then put your foot back on the floor.
- You may feel a stretch down the front of your thigh. This is normal.
- Repeat 10 times.
- Change to your unaffected leg and repeat



## **Getting back to normal**

By the time you are discharged from hospital you will be able to:

- a. Sit in a chair.
- b. Get in and out of bed independently.
- c. Walk with walking aid, slowly increasing distance.
- d. Get in and out of a car.
- e. Get dressed independently.
- f. Climb stairs with walking aid (if required).

### **Four weeks**

Four weeks after your hip operation you should be able to drive (as long as you are able to do an emergency stop).

### **Six weeks**

Six weeks after your hip operation, if agreed by your Consultant or Physiotherapist, you should be able to:

- a. Try heavier housework
- b. Try sexual intercourse

### **Twelve weeks**

Twelve weeks after your hip operation you will be able to:

- a. Return to work (depending on occupation). If you have a desk job you may be able to return sooner but please check with your Consultant first.

## **Returning to recreational activities**

Approximate timeframes are set out below, but you should also check with your Consultant as these are guidelines only.

### **6 weeks after your hip operation**

- Swimming – No restriction but be guided by comfort
- Cycling – Remember to raise and adjust seat height for comfort
- Gardening – Use long handled tools when weeding and avoid kneeling initially

### **3 months after your hip operation**

- Tennis – Doubles only recommended
- Walking/Hiking – Build up the distance you cover gradually
- Golf
- Dancing
- Gym – Use of free weights and upper limb exercises are unrestricted
  - Care will be needed with activities requiring bending or deep squatting such as the leg press machine.
  - Avoid twisting and high impact activity where possible.

### **Not advised**

- Squash
- Contact Sports

### **Travelling**

It is not advisable to fly within 6 weeks of having a joint replacement due to the increased risk of deep vein thrombosis (blood clot). We recommend short haul flights of up to 4 hours initially and then long haul flights can be commenced after 3 months.

## Who to contact?

If you have an appointment query or are unsure who to contact, please telephone your Consultant's secretary between 8.30am and 5.00pm, Monday to Friday. They will contact the correct person, depending on the nature of your enquiry.

If your wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP out of hours' service or NHS 111 (dial111 free from a landline or mobile).

If you have any questions regarding your exercises or mobility, please contact your Physiotherapist, see details below.

### **Physiotherapy Department Telephone Advice Line**

The Physiotherapy Department Telephone Advice Line is available in the first 12 weeks after your hip operation

You can ring if you have any questions concerning your recovery or feel that you are not making good progress, not achieving your goals, or struggling at home after your hip replacement.

### **You can telephone between:**

8:15am and 4.30pm, Monday to Friday

Tel: 01865 738084

### **Address:**

Physiotherapy Inpatient Team  
Nuffield Orthopaedic Centre  
Windmill Road  
Headington  
Oxford  
OX3 7LD

# Notes

# Notes

# Notes



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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