Patient’s Guide To
Total Hip Replacement Surgery

St. Peter’s Hospital
A Member of St. Peter's Health Care Services
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What Is Total Hip Replacement?

To understand a total hip replacement, you must first understand the structure of the hip joint. The hip joint is a ball-and-socket structure. The ball component is attached to the top of the femur (the long bone of the thigh). The socket is part of the pelvis. The ball rotates in the socket to permit you to move your leg forward, backward, away from your body, across your body, and in partial rotation.

In a healthy hip, smooth cartilage covers the ends of the thighbone and pelvis. This allows the ball to guide easily in any direction inside the socket.

In a hip requiring total hip replacement surgery, the worn cartilage no longer serves as a cushion. As the damaged bones rub together, they become rough, with a surface like sandpaper. This results in pain with almost any movement, and steadily decreases mobility.

In a total hip replacement, the ball replaced the head of the thighbone. The stem component of the ball, which is made from a super alloy material, is inserted into the thigh bone for stability. A cup made out of durable plastic replaces the worn socket in the hip. The prosthesis is held in place either by new bone growing around it or by cement-like material.
## Progress Guidelines for Total Hip Replacement

<table>
<thead>
<tr>
<th>Day of Surgery</th>
<th>Day 1 after Surgery</th>
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<tbody>
<tr>
<td>Perform coughing and deep breathing exercises and use incentive spirometer</td>
<td>Perform coughing and deep breathing exercises and use</td>
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<tr>
<td>several times each hour.</td>
<td>incentive spirometer several times each hour.</td>
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<tr>
<td>Do ankle pumps and other leg and buttock exercises described in the booklet.</td>
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<tr>
<td>Request pain medication as needed.</td>
<td>described in the booklet.</td>
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<tr>
<td>Oxygen and an IV may be in place.</td>
<td>Request pain medication as needed. Oral pain medications</td>
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<td>Intermittent Compression Device and elastic stockings will be on your legs.</td>
<td>to begin.</td>
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<tr>
<td>Ice bags to your operation site.</td>
<td>Oxygen and an IV may be discontinued later in the day.</td>
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<td>Your diet will be increased as tolerated.</td>
<td>Intermittent Compression Device and elastic stockings</td>
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<td>Turn in bed with the assistance of the staff. Keep a pillow between your</td>
<td>will be on your legs.</td>
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<tr>
<td>legs when turning in bed.</td>
<td>Ice bags to your operation site.</td>
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<tr>
<td>Out of bed to chair with assistance.</td>
<td>Turn in bed with the assistance of the staff.</td>
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<tr>
<td>You may be seen by the Physical Therapist for evaluation and initiation of</td>
<td>Keep a pillow between your legs when turning in bed.</td>
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<td>your exercise program.</td>
<td>Out of bed to chair with assistance for all meals and</td>
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<td>brief periods of time between meals.</td>
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<td>Out of bed, walking to the bathroom with staff assistance.</td>
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<td></td>
<td>Dressing change by Doctor, physician assistant or nurse.</td>
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<td>Blood sample taken for lab test.</td>
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<td>Physical Therapy and Occupational Therapy evaluations</td>
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<td>and initiation of your exercise program. You will be</td>
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<td>seen twice a day by the Physical therapist.</td>
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<td>Do you have any questions regarding assistance in care</td>
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<td>after leaving the hospital?</td>
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<td>Your case manager will discuss your discharge plan with</td>
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<td></td>
<td>you.</td>
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<td>Day 2 after Surgery</td>
<td>Day 3 after Surgery</td>
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<tr>
<td>Ice bags to your operation site.</td>
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</tr>
<tr>
<td>Out of bed to chair with assistance for all meals and progress with all activities towards independence.</td>
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</tr>
<tr>
<td>Keep a pillow between your legs when turning in bed.</td>
<td>Keep a pillow between your legs when turning in bed.</td>
</tr>
<tr>
<td>Out of bed, walking to the bathroom with staff assistance</td>
<td>Out of bed, walking to the bathroom with staff assistance</td>
</tr>
<tr>
<td>Physical Therapy visit and exercise program twice a day</td>
<td>Physical Therapy visit and exercise program twice a day. If you are being discharged therapy will be in the AM only.</td>
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<tr>
<td>Occupational Therapy activities program.</td>
<td>Occupational Therapy activities program.</td>
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<tr>
<td>Is your home prepared for you?</td>
<td>Complete your arrangements for going home, confirm your discharge and home care plan with your case manager.</td>
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<tr>
<td>Continue planning your home care program with your case manager.</td>
<td>Discharge time is 11 a.m.</td>
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</table>
Other Exercises for Your Hip

Your Exercise Program

The therapist will instruct you in an exercise program designed to increase the motion and strength of your knee.

Your therapist will assist you in sitting up at the edge of the bed (we call this dangling).

You will then stand with the use of a walker and the continued help of your therapist.

The amount of weight you can place through your operated leg will depend on your surgery. Your therapist will inform you of your weight-bearing status.

- Toe-touch weight bearing = 20% of normal walking
- Partial weight bearing = 30–50% of normal walking
- Weight bearing as tolerated = allowed to bear full weight (normal walking)

Stair Climbing

You will practice stair climbing several times prior to discharge.

Remember, you make the difference. It is important that you understand that your motivation and your participation in your physical therapy program are the key in the speed and success of your rehabilitation.
Precaution Guidelines for Total Hip Replacement

Below are precautions YOU MUST FOLLOW after the operation.

Note: Your body must have time to heal around your new hip to provide proper support and control of your leg movement. If you move your leg(s) beyond the limits of motion described in these guidelines, your new hip joint has the possibility of dislocating. Your surgeon will tell you when and if you can move beyond these limitations.

- Do not bend your hip more than 90 degrees (an “L” shape) by lifting your knee above your hip joint, by bending over at the waist, or by squatting down. In other words, your hip joint must be 90 degrees (a right angle) or less at all times.

- Do not cross your legs or ankles when laying sitting or standing.

- Do not turn your toes and knees in or out. You therapist will inform you which motions to avoid.

- In addition, you may be told not to bend your thigh behind your pelvis. Your therapist will tell you if this applies to you.

- Do not raise your operated leg up with your knee straight.

- Avoid sitting in low, soft chairs, such as sofas, easy chairs etc. You must sit on a firm chair (preferably with arms) using firm pillows to raise the height of the seat. Plan now to have proper chair(s) in the appropriate places at home. When you sit on your bed at home your thigh must be level or slant down (see “sitting” on following pages). To raise your bed height, you can add a mattress.

- When entering and traveling by car:
  - Sit in the front passenger seat.
  - Make sure that the car seat is all the way back and semi-reclined before entering.
  - Enter from the street level, rather than the curb in order to avoid bending your hip too far. (Over the 90°, “L” shape).

- Do not allow your knees to come together when sitting or lying in bed. Keep your knees well apart at all times. When laying on your unaffected side, keep two pillows, or a cushion (you received in the hospital) between your legs.

- Do not take a tub bath yet. Your surgeon will let you know when you may start taking baths.

- Check with your surgeon as to when you can shower.

- Do not resume driving until you have your surgeon’s permission.
Precaution Guidelines (continued)...

Please follow these precautions to prevent dislocation of your hip. Remember: your body must have the time to heal from the surgery and to strengthen the tissues and muscles supporting the new joint. Your new hip must have time to develop its own healthy range of motion.

Do not cross your legs when lying, sitting or standing.

Do not roll legs in or out. Your feet should be pointed up towards the ceiling or outward (Your therapist will inform you which position to avoid.)

Do not raise your operated leg up when your knee is straight when you are lying in bed.
Precaution Guidelines (continued)...

On this and the following pages is a general list of precautions that you should follow after your total hip replacement:

**Bed Positioning**

- Kneecaps and toes pointed towards the ceiling.
- Use the abduction pillow when you are sleeping.
- When exercising or getting out of bed, the bed should be flat.

When lying on your back, keep the abduction pillow between your knees.

When lying on your unoperated side, place two pillows or the Abduction pillow between your legs.
Chair Positioning

- Height of your knee must be no higher than your hips. After your surgery, you will be sitting in a chair with pillows to keep your hip in the proper position.

Using the bathroom in the hospital, and later, at home.

The above sitting precautions should be maintained when you use the bathroom. Because of this, you should use a high toilet or a raised toilet seat on a standard toilet.

At home you may be using a raised toilet seat on your standard toilet. If you have not already arranged for one, you can purchase one while in the hospital to take with you. The clinical care coordinator will discuss this with you.
When Sitting

Height of your knee must be lower than the height of your hips.

Do not lean forward Past a 90° angle at your waist!

Remember: keep the “L” shape at your hip.
Precaution Guidelines (continued)...

When rising from chair **DO NOT** pull up on your walker or crutches. Use an arm chair so you can use the arms to push up from the chair.

**DO NOT** take a step unless your walker is flat on the ground. This drawing shows the **WRONG WAY** of using a walker.

When walking with a walker or crutches, **DO NOT TURN** by PIVOTING on your operated leg. These drawings show **WRONG WAYS** of turning.
Discharge Instructions

Wound Care

• Change your dressing as per your doctor’s instructions.
• If you have a lot of drainage you may change your dressing more frequently.
• Keep your incision clean and dry.
• You may use an ice pack for 20 minutes on and 20 minutes off to decrease pain and swelling.

Activity

• Weight bearing status as per your doctor’s instructions.
• Take short, frequent walks increasing the distance that you walk each day (as tolerated).
• Change your position every hour to decrease pain and stiffness.
• Continue the exercises taught to you by your physical therapist.
• No driving until cleared by the doctor.
• Sponge bath until otherwise instructed by your doctor.
• No tub baths, hot tubs, or swimming pools until otherwise instructed by your doctor.
• Maintain hip precautions, such as:
  ▪ Sit in high, firm, cushioned chairs with arms
  ▪ Continue to use the abductor pillow
  ▪ Avoid crossing your legs
  ▪ Remember to keep your knees apart
  ▪ Do not bend more than 90° at your hip

Other

• Continue to wear your anti-embolic stockings and remove twice a day or at night unless otherwise instructed.
• Continue to cough and deep breathe after using the incentive spirometer.

Call your doctor if you experience:

• An increase in pain not controlled by pain medication or change in activity or position.
• Temperature greater than 101°F.
• Redness, increased swelling or foul smelling drainage from or around the incision.
• Numbness, tingling or a change in color or temperature of the operative leg.
• Call your doctor immediately if you experience chest pain, shortness of breath or calf pain.

Remember to continue all of the precautions for total hip replacement. Your surgeon will tell you when and if you can move beyond these limitations.

• DO NOT cross your legs or ankles when lying down, sitting or standing.
• DO NOT bend over at your waist.
• DO NOT raise your knee higher than your hip joint. (Remember “L” shape is your limit)
• DO NOT rotate your leg inward or outward based on your therapist’s instructions.
• Avoid sitting in low, soft chairs such as sofas and car seats. You should sit on a chair using firm pillows to raise the height of the seat.
• Make sure your bed level is high, so that you maintain proper leg positioning when sitting on the side, or getting in or out.
• When traveling by car, sit in the front seat. Make sure the car seat is all the way back and semi-reclined before entering.
• When lying on your unaffected side, keep two pillows or the cushion between your legs.
• Your therapist may instruct you NOT to bend your thigh back beyond your pelvis.

Long-Range Protection Against Infection: Antibiotics

Although it is very rare, an artificial joint can become infected by the bloodstream carrying infection from another part of the body. Therefore, it is important that every bacterial infection (pneumonia, urinary tract infection, abscesses, etc.) be treated promptly by your family doctor. Routine colds and flu, as well as cuts and bruises, do not need to be treated with antibiotics.

To prevent infection at any time in the future, you should ask your doctor about an antibiotic before having any of the following procedures.

• Skin biopsy
• Podiatry procedures which involve cutting into the skin
• Cystoscopy
• Colonoscopy/Endoscopy
• Dermatologic procedures which involve cutting into the skin
• Routine dental cleaning or any dental procedures, including root canal

You do not need to take antibiotics for the following procedures:

• Pedicures/Manicures
• Gynecologic exams

• Cataract surgery
• Injections or blood work

It is important that you tell your physician and dentist that you have an artificial joint, so that they may remind you to take antibiotics and to prescribe them, as appropriate. In addition, they may wish to consult with your orthopedic surgeon or rheumatologist.

If you have any questions about germs or infections, or any type of procedure, you should call your orthopedic surgeon or rheumatologist.

Your Nutritional Program

For the near term, it is very important that you eat a well-balanced diet. Your body is in the process of healing and needs proper nutrition. But now is the perfect time to review your long-range nutritional program. Ask yourself and your food preparer (if it is not yourself) in what ways you can modify your meal habits to make a stronger contribution to your long-range health.

Managing Constipation

Constipation may occur after surgery because of relatively little activity and use of pain medication. To solve this problem:

• Increase your water intake. Drink at least eight glasses of water daily.
• Try adding fiber to your diet by eating fruits, vegetables and foods that are rich in grains.
• If you do experience constipation, you may take an over-the-counter stool softener/laxative such as Peri Colace, Senekot or Milk of Magnesia.
Discharge Instructions (continued)

Your Rehabilitation Program At Home

It will be an extremely important part of your continuing recovery. Please read the section on home recovery and exercise. Note both the precautions and the exercises. If you have questions, ask your physical therapist for answers before you leave. Notes on exercise are elsewhere in this guide.

When You Begin Driving Your Car

Most patients are able to resume driving about four weeks after surgery. It depends upon your leg positioning, strength and coordination. First, check with your doctor.

Follow-up Appointments With Your Doctor

Regardless of how well you feel after you have been home for a while, follow-up appointments with your doctor are necessary. Call the office to arrange appointments.

Office number:

Additional Specific Discharge Instructions

Your doctor may have additional instructions for you to follow upon discharge. You can record them here as a reminder. This is also a good place to make notes about questions you may have related to your discharge.
Car Transfer

Front Seat

• Be sure to move the seat back as far as it will go. You may also recline the seat back to give you more room.
• Park the car several feet away from the curb. Open the door and stand on the street, as close as you can get to the car.
• Turn until your back is facing the seat and back up until you feel the car seat on the back of your legs.

• You can place one hand on the back of the car seat or headrest and the other hand on the dashboard or car seat. Do not use the car door for support as it could move.
• Carefully lower yourself to the seat, keeping your operated leg slightly out in front.
• Slide back until your knees are on the seat then bring your legs around into the car one at a time. You can use your hands to help lift your legs if needed.
Car Transfer

Back Seat

• Move the front seat of the car as far forward as possible.

• If your right leg was operated on, it is easier to enter from the passenger’s side of the car. If your left leg was operated on, it is easier to enter from the driver’s side.

• Park the car several feet from the curb and stand on the street as close to the car as possible.

• Turn and back up so that your legs are touching the edge of the seat.

• Place one hand on the back of the front seat and your other hand on the back seat. Do not use the open car door for support.

• Carefully lower yourself to the seat, keeping your operated leg slightly out in front.

• Slide back until the knee of your operated leg is supported on the seat then bring your legs around into the car one at a time. You can use your hands to help lift your legs if needed.
Home Recovery and Exercise

During the first few weeks at home, you adapt what you learned at the hospital to your own setting. You will need to prepare your home for your recovery prior to your surgery.

• You will need a firm chair with arms. Add firm pillows to a low chair to provide proper height.

• Make sure your bed is high enough to keep your hips above your knee when you sit on the edge. Add a second mattress if necessary.

• Be sure all walking areas are free of clutter.
  ▪ Remove throw rugs.
  ▪ Watch for small pets.

• Store items within easy reach.

• Prepare meals ahead of time and store in freezer. Helpful hint: have your favorite home delivery numbers handy.

• If you are discharged with sutures or staples still in place, you may not shower unless otherwise advised by your surgeon. If they have been removed, you may take a shower, but not a tub bath until given permission by your surgeon.

Bathing/Showering

First, remember that you must observe all the precautions or limitations of movement while you bathe, shower or dress.

• Keep your knee(s) below your hips
• Do not lean forward past 90° angle at your waist. (Remember “L” shape)
• Keep your knees naturally apart…do not force them together.
• Do not cross your legs whether you are standing, sitting or lying down.
• Do not pivot on your operated leg.

(Note: the following discussion assumes you have a single hip replaced. If you have a bilateral THR, (both hips replaced) let the “good” leg be the one on your stronger operated side.)
Entering a tub/shower (after your sutures or staples have been removed or instructed by your doctor).

- Make sure your soap, shampoo, wash cloth and any other items are in place for easy reach. (Also a towel, if you want to dry before exiting the tub.)
- Stand sideways to the tub with your good leg next to the tub.
- Place your cane/crutch(s) in your hand by your operated hip.
- Grasp the safety rail with your other hand.
- Supporting yourself with the safety rail and cane/crutch, lift and put your good leg into the tub.
- Next, supporting yourself with safety bar, good leg and cane/crutch, bring your operated leg in by bending the knee and lifting your lower leg inside.
- Put your cane/crutch in easy reach.
- Start the water carefully…preferably cold first, and add hot, so you will not burn yourself. Remember, you cannot move.
- Wash normally, and remember your hip precautions.

Leaving your tub/shower…reversing the process

- Supporting yourself with your arm on a safety rail, your good leg, and cane/crutch, bend the knee and lift your operated leg out. Put it out far enough so there is room.
- Now, using a safety rail and your cane/crutch for support, lift your good leg out.
- Be careful not to rotate on your operated side as you begin to move around.

Using a shower stall

The ideal shower facility is a shower stall with only a low lip to step across.

- Use your cane/crutch and hand rail to move into the shower stall.
- Put the cane/crutch outside in easy reach.
- Wash, and remember your hip precautions.

Arranging for help in showering, bathing

Considering your bathing/showering facilities and your physical limitations, you may find it easier to have someone help you bathe for the first few weeks.
Because you cannot bend enough at the hips to reach your feet, putting on anything over your feet will be a real challenge at first! You will require assistance with your shoes/stockings for while after your surgery. If you do not have someone at home to help you, let us know. We can work together to find other means/devices to assist you.

**Note to women:** Do not use panty hose for months to come. Putting them on and off pushes your knees together… which is something you must not do. When you want to dress up, consider using stockings held up by a garter belt. But for six or eight weeks, you will find it easiest to use socks that come no higher than your calf.

### Socks and Stockings
- Slide the sock or stocking onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come over the top of the plastic piece.

- Holding onto the cords, drop the sock aid out in front of the operated foot. Slip your foot into the stocking aid and pull it on and then off the back of your foot.

### Removing socks or stockings
To take your socks or stockings off, use the long-handed reacher to push the sock off your foot. You may also use the notch of your shoehorn to remove your sock.

### Using a reacher to put on your pants
- Using the reacher, grab waistband of pants and lower to floor. Place operated leg into pants first then follow the same procedure for the non-operated leg. Once the pants are pulled up to your knees, stand to pull them up the rest of the way. To remove pants, reverse the process.

**OR**
- To put on pants unbutton/unzip pants. Sit with legs apart “cowboy” style, holding pants on opposite side of surgery with one hand, lasso your operated foot with pant leg. Pull on operated pant leg to knees then put unoperated leg in. Be sure to maintain precautions while dressing.

### Shoes
Wear slip-on shoes or sneakers with touch fasteners (like Velcro®). Slip shoe on then close fastener with opposite foot.

You should use the sock aid for your non-operated foot to ensure that the hip precautions are maintained.
Following is a list of basic exercises that you will begin after your surgery with the help of your physical therapist. You will continue these at home after discharge from the hospital.

The number of times you do each exercise depends on your ability. You should gradually increase the number of times you do each exercise. You may feel some stiffness and mild soreness in various muscles as your body adapts to the new hip. These feelings are normal.

**Walking:** Once you are home, increase the number of times each day you walk. In addition, increase the distance you walk.

**Stairs:**

### One Hip Replaced

**Upstairs:**
- a) The good leg goes first.
- b) The operated leg goes second.
- c) The cane or crutch(s) go last.

**Downstairs:**
- a) The cane or crutch(s) go first.
- b) The operated leg goes second.
- c) The good leg goes last.

### Both Hips Replaced

**Upstairs:**
- a) The stronger leg goes first.
- b) The weaker leg goes second.
- c) The cane or crutches go last.

**Downstairs:**
- a) The cane or crutch(s) go first.
- b) The weaker leg goes second.
- c) The stronger leg goes last.
Home Exercise Program (continued)

**On back** (Do only those exercises checked by your physical therapist)

- **Ankle circles and pumps**
  - Keeping legs flat on bed, pull your foot up and down at the ankle.
  - Keeping legs flat on bed, make circles with your ankles.
  - Do 10 repetitions every hour. Do this exercise with both legs.

- **Quad sets**
  - Tighten both knee muscles by pressing knees down into bed
  - Hold for five seconds
  - Relax
  - Perform 10 times an hour with both legs

- **Gluteal sets**
  - Pinch buttocks together
  - Hold for five seconds
  - Relax
  - Do 10 repetitions every hour. *Do this with both legs.*
On back, continued (Do only those exercises checked by your physical therapist.)

**Lying on back: Heel Slide**

- Bend hip and knee of operated side; do not bend beyond 90° (“L” shape) at hip. Do this exercise by keeping your foot on the bed and slide it up towards your bottom.
- Slowly lower your leg and relax.
- Perform _______ repetitions, _______ times a day.

**Laying on back: Short-Arc Quad**

- Place rolled towel (6 inches) under knee of operated leg.
- Keeping thigh resting on the towel roll, slowly straighten knee.
- Hold for three seconds.
- Slowly lower and relax.
- Perform _______ repetitions, _______ times a day.
Home Exercise Program (continued)

On back, continued (Do only those exercises checked by your physical therapist.)

Lying on back: Hip Abduction

a) Keeping legs on the bed, bring your operated leg no further than 18 inches from the other leg.

b) Return to starting position.
   • Be sure to keep knee and toe pointing to the ceiling when performing this exercise.
   • Do not raise the leg off the bed when performing this exercise.

c) Perform ______ repetitions, ______ times a day.
8. Sitting: Terminal Knee Extension

a) Straighten operated leg.

b) Hold three seconds.

c) Slowly return to starting position.

d) Perform ________ repetitions,

        ________ times a day.

(Do only those exercises checked by your physical therapist.)

Advanced Home Exercise Program

Standing: Hip Abduction

a) Stand, holding onto a solid object for balance
   (counter, couch back, etc.)

b) Keeping knee and toe pointing forward, bring
   operated leg out to side no more than 18 inches.
   Be sure not to bring the leg forward.

c) Hold three seconds.

d) Return to starting position.

e) Perform ________ repetitions,

        ________ times a day.
Advanced Home Exercises Continued)...

(Do only those exercises checked by your physical therapist)

☐ Sitting

  a) With your legs apart, place the foot of your operated leg
      on the shin of the opposite leg.
  b) Try to slide your heel up your shin to the top of the knee.
      Keep the knee of your operated leg out to the side and below your hip.
  c) Once you have reached this position, gently push down on your knee of operated leg.

It may take several months to accomplish this position, but try to do it.
Do not get discouraged if your progress is slow.
Your Home Exercise Program is Essential!

You make the difference!

Exercise is essential to helping your body and hip gain strength while you heal.

Some discomfort after exercise is normal. However, if your pain is severe, stop the exercise that is bringing on pain. Wait several days, and try it again. A combination of exercise with rest, ice packs, and pain medication, will help you recover from your total hip replacement surgery as quickly as possible.

You may have received instructions from your doctor for exercises not covered in this book. Here is a good place to make notes.

Additional Instructions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Patients and their partners may have concerns about sexual relationships following hip surgery.

Will I be able to resume sexual relations?
Most patients are able to resume safe and enjoyable intercourse after hip replacement. After gaining a new hip, it may take several weeks to become completely comfortable during intercourse.

When can I resume sexual intercourse?
It is safe to resume intercourse about four to six weeks after surgery. This allows time for the incision and muscles around your hip to heal.

What positions are safe for me during intercourse?
Total hip replacement precautions need to be observed during all your activities of daily living, including sexual intercourse. The staff and this book have instructed you on the precautions that you should follow for everyday activities. Remember to maintain your hip precautions. Think about how the precautions relate to your usual position(s) for intercourse; and then, whether you may need to vary your position(s).

What should I tell my partner?
Good communication between you and your partner is essential because you may have to adopt new position(s) for intercourse. We suggest that you share this information with your partner. In addition, you can discuss the precautions related to hip movement which have been taught to you by the staff and this book.

Conclusion
We hope that, by reading this information, some of your concerns and questions dealing with sexual activity after hip replacement surgery will be answered. If you still have questions, please feel free to ask your doctor, physical therapist, or nurse.
Setting New Goals

During your first weeks at home, you will probably focus on becoming comfortable with your new hip(s). That’s a logical first step!

But one day, you will suddenly realize that you are managing very well with your new hip(s). So well, in fact, that you are more pain-free and getting around more readily than before. That’s the moment to tackle your new goals.

Start by identifying what you can do now that you could not do before your THR. Then think about what new activities your new hip(s) might help you accomplish now. Turn some of them into goals. **You may want to make notes about your new goals.**