

Henry County Health Center

YOUR TOTAL
HIP REPLACEMENT

Rehabilitation Services
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The Normal Joint

Your hip is a ball and socket joint where the thighbone (femur) meets the pelvis (Hip bone). A healthy hip has layers of smooth cartilage that cover the ball-shaped end of the femur and socket part of the pelvis. The cartilage acts as a cushion and allows the ball of the femur to glide easily within the socket of the pelvis. The muscles around the joint support your weight and help move the joint smoothly so that you can walk without pain.

Congratulations! You have successfully completed the process of a total hip joint replacement. Your new joint is now an integral part of your body. Enjoy the new freedom it will allow you. We sincerely hope that it will enable you to return to a full and active life.

Keep up the good work. And remember, if you have any questions, or if we can assist you in any way in the future, we are as close as your telephone.

Thank you for allowing the Henry County Health Center Rehabilitation Department to participate in your care.

HOME SAFETY TIPS

- Remove loose throw rugs.
- Make sure all electric/extension cords are out of the way.
- Keep a clear path to walk in your home.
- Always wear non-slip shoes or slippers.
- Avoid ice, wet, or uneven surfaces whenever possible.
- Use a toilet seat riser in the bathroom.
- Keep small pets out of your path.
- Use handrails in the tub or shower.
- Always use handrails when using the stairs.
- Use tub/shower chair when bathing.
- Keep frequently used items within reach whenever possible.
- Check the spring buttons on your walker frequently. If they are worn, replace them.
- Use a fanny pack or walker holdall instead of a purse or shoulder bag.
- Do not sit in a low chair or sofa or in a swivel chair. Do not allow your hip to go lower than your knees.

In a problem hip, the worn cartilage no longer serves as a cushion. As the roughened bones rub together, they become irregular, with a surface like sandpaper. The ball grinds in the socket when you move your leg, causing pain and stiffness.

Eventually, the excessive wearing can begin to distort the joint, causing severe pain and interfering with movement, to the point of disrupting everyday activities. At this point, it may be time to consider a total hip replacement.

Your new hip prosthesis has femur and pelvic parts made from metals and plastics. The cup (or socket) replaces the worn hip socket of your pelvis. The ball replaces the worn end of your thigh bone (femur). The ball is attached to a stem that fits into your femur. The cup and stem are sometimes cemented in place with a special bone cement, or the metals may have a porous surface that bone will grow into and create a tight fit.

Reacher

A reacher can be used to pick up items or used to assist you in dressing for undergarments and pants.



Getting into Cars

Be sure the car seat is all the way back. Lower yourself into the seat then slide back in a semi-reclining position and pivot your body and legs to the front.



Activities of Daily Living

Occupational therapy teaches you how to modify your daily living activities to protect your new hip while bathing, dressing, housekeeping, and getting into cars.

Bathing

To avoid bending at the hip while bathing, use a long handled sponge.

Dressing

A sock-aid and a long handled shoe horn assist you to put on and take off socks without bending at the hip. Also, slip-on shoes and elastic shoelaces can be used.



WHAT TO EXPECT THE DAY OF SURGERY

During your recovery room stay, a pillow will be placed between your legs to help keep your hip positioned correctly.

WHAT TO EXPECT THE DAY AFTER SURGERY

You will be evaluated by a physical therapist. When the evaluation is complete, you will be assisted out of bed. You will be assisted with sitting on the edge of the bed, standing, if tolerated, walking a few steps using the walker. You usually are able to bear as much weight on the operated leg as you can tolerate. After this treatment, you will be assisted back into bed. Exercises for your operated hip will start this day.

GETTING BACK ON YOUR FEET

The next goal is to teach you how to get out of bed, stand, sit, and walk so you'll be able to do these activities safely on your own. Your physical therapist will also give you exercise to improve your strength and increase your endurance. To help you recover quickly, continue following any restrictions you've been given and keep doing your exercises when you return home.

Pivot on your hips, using your elbows to help. Keep your body straight, and your operated leg out to the side. Don't twist your leg.



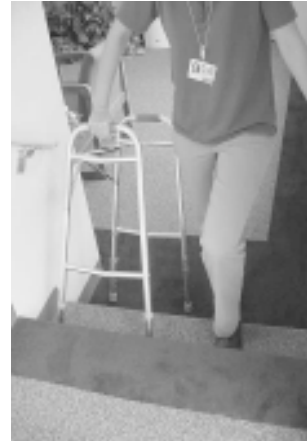
Sit on the edge of the bed with your operated leg straight out in front of you. Don't bend forward as you push down to stand.



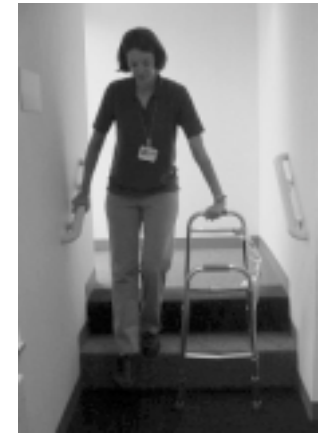
Ascending-Descending Stairs

Turn walker sideways so that 2 points are securely on the step you are on and 2 points are securely on the step you are going to.

Ascend stairs with unaffected (good) leg leading.

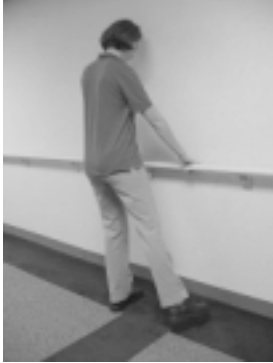


Descend stairs with affected (bad) leg leading.



Leg to the Side

Slowly bring your leg out to the side. Be sure your hip, knee and foot are pointing forward. Keeping the same posture, slowly return your leg to its original position. Repeat 10 times.



Leg to the Back

Move your leg backward, placing one hand on your lower back to make sure your back isn't arching. Return to your original position. Repeat 10 times.



Walk halfway into the walker, operated leg first, keeping your hip straight. To protect your hip, avoid rotating your hip or your foot.



Use firm chairs with a straight back, high seat, and armrests. Back up until you feel the chair touching you.



Knee Raises

Bend your operated leg toward your chest, creating an angle no greater than 90 degrees (bring your foot about 8 inches off the floor). Put your leg down again. Repeat 10 times.



Hamstring Curls

Bend your knee, slowly bringing your heel up towards your buttocks. Slowly return to the starting position. Repeat 10 times.



Reach for the arm rests. Keep your operated leg straight out in front, and lower yourself without leaning forward.



Sit, then slide back in the chair. Reverse this method to stand. Follow the same method when using a toilet with arm rails.



Following Restrictions

To care for your new hip and keep it from sliding out of position, you'll need to follow a few general restrictions at first. Your surgeon may recommend some additional restrictions based on your condition and type of surgery.

Don't cross your operated leg over your other leg.



Don't turn your operated leg inward (pigeon-toed).



Don't bend over at the waist while sitting.



Don't bend your hip more than 90 degrees.



The following exercises help strengthen the muscles around your new hip:

Ankle pumps: While lying flat on your back, point your foot up toward your head, hold 3 seconds. Then point your foot down away from your head and hold 3 seconds.



Quadriceps Sets: Press the back of your knee down against the bed and hold 5 seconds. Repeat 10 times.



Gluteal Sets: While lying on your back, squeeze your buttocks together tightly. Hold 5 seconds. Repeat 10 times.



Heel Slides: While lying flat on your back, slowly slide your heel up toward your buttock, then slowly slide your heel back until your leg is straight. Repeat 10 times.



Straight Leg Lift: While lying on your back, bend your unoperated leg up until the heel is flat on the bed. Keeping the operated leg as straight as possible, lift the leg upward 8-10 inches. Slowly lower leg back to the bed. Repeat 10 times.



Hip Abd/Add: Lie on your back with your knees straight and your toes pointing upward. Now slowly move your leg out to the side as far as possible, then return to the starting position. Do not cross midline. Repeat 10 times.

