

Post-Operative Total Hip Arthroplasty

The goal of total hip arthroplasty is to improve mobility and relieve pain. While the first few weeks can be difficult at times, the expectation is that your pain will continue to improve and your activity will slowly increase. There will be some ups and downs during these first few weeks, so stay positive and work hard!

You should have a **follow-up appointment within 10-14 days after surgery**. The purpose of this visit is to check motion and the incision. At this first appointment, all stages of mobility are normal. Our hope is that you are seeing slow and steady progress.

After surgery, most patients will have a waterproof dressing. **Do not soak the dressing, but you may shower.** Take special care to ensure that the dressing remains sealed. If necessary, reinforce with surgical tape. You may leave the dressing in place for 2 weeks. If you received a PICO dressing, the battery will die in 7 days. Cut the tube and throw away the battery once it dies. You can leave the sealed dressing in place until you see us at 2 weeks post-op. Do not scrub, let the water run off, and pat dry. Gentle soaps without scents are preferred. You may place a dry dressing over the incision to protect it from rubbing on your clothes.

Some mild spotting is not unusual, but if you notice bleeding or drainage which soaks this bandage, please contact us.

You will be placed on **medication to prevent blood clots after surgery**. Most patients will be on Aspirin 2x/day. This should continue for 4 weeks after surgery. If you have an elevated clotting risk, you may be on a different type of blood thinner and will be provided with additional instructions. There is an elevated risk of blood clots after lower extremity surgery for 3 months, so if you plan to travel on flights or car rides longer than 2 hours during this time, we ask that you continue to take aspirin until you are 3 months from surgery.

Studies have shown that not all patients require formal therapy after surgery in order to be successful, but we do find that therapy is an excellent way to make controlled progress. Early after surgery, physical therapy may come to your house, but as soon as you are mobile, we prefer that you go to an outside facility for your physical therapy. We find that leaving the comfort of your home for therapy eliminates some of your household distractions to allow you to focus on your exercises. You may need someone to drive you to your physical therapy appointments for the first few weeks.



Many patients are not ready to drive for 3-4 weeks after surgery.

The approach used to replace your hip will dictate restrictions, if any, you will have during recovery.

If an **anterior approach** was used, we ask that you avoid aggressive hip extension and external rotation of your hip while the leg is extended for 6 weeks. **Simple Rule: Pick your feet up while changing directions.**

If a **posterior approach** was used, your restrictions include no hip flexion past 90 degrees and no crossing the legs for 6 weeks postop. **Simple Rule: tighten the core and spread your knees when sitting and bending hips.**

Post-Op Hip Rehabilitation Guidelines

Ankle Pumps

Flex and point your feet.

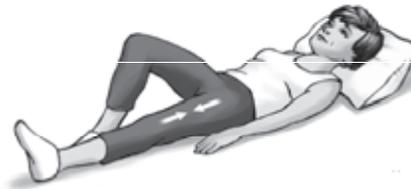
Perform 20 times.



Quad Sets (Knee Push-Downs)

Lie on your back and press your knees into the mat by tightening muscles on the front of the thigh (quadriceps). Hold for a five count.

Do NOT hold your breath. Perform 20 times.



Gluteal Sets (Bottom Squeezes)

Squeeze your bottom together.

Hold for a five count. *Do NOT*

hold your breath. Perform 20 times.



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 your leg out to side and back to starting position.

Avoid for 6 wks if Lateral Approach.

Perform 20 times



Post-Op Hip Rehabilitation Guidelines

Heel Slides (Slide Heels Up and Down)

Lie on your back; slide heel up surface bending knee. **Perform 20 times.**



Short Arc Quads

Lie on your back, place a 6-8 inch rolled towel under knee. Lift foot from surface, straightening knee as far as possible. *Do not raise your thigh off the towel.* **Perform 2 sets of 10 (total 20).**



Knee Extension - Long Arc

Sit with your back against chair and thighs fully supported. Lift foot up, straightening knee. Hold for a five count. Do not raise thigh off chair. **Perform 2 sets of 10 (total 20).**



Standing Heel/Toe Raises

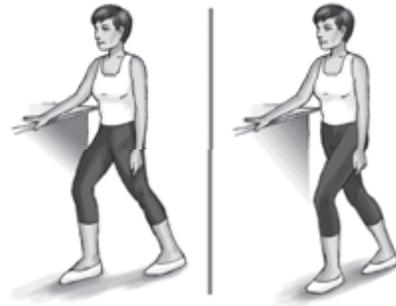
Stand, with a firm hold on to a stationary object. Rise up on toes then back on heels. Stand as straight as possible. **Perform 2 sets of 10 (total 20).**



Post-Op Hip Rehabilitation Guidelines

Standing Rock Over Surgical Leg

Stand sideways to countertop and hold on. Keep your affected leg and heel firmly planted on floor; step forward with other leg to feel a slight stretch in calf and thigh. Make sure your knee does not go past your toes. Step back. Concentrate on shifting weight to affected side and on equal step distance. **Perform 10 times forward and 10 times back (total 20).**



Standing Mini Squat

Stand, with feet shoulder width apart, and holding on to a stationary object. Keep heels on floor as you bend knees to a slight squat. Make sure your knees do not go past your toes. Return to upright position tightening buttocks and quads. Keep body upright, heels on floor and do not squat past 90 degrees hip flexion. **Perform 2 sets of 10 (total 20).**

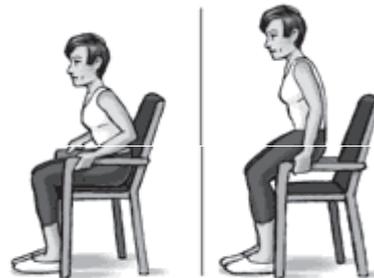
Standing Knee Flexion – Hamstring Curls

Stand, with feet shoulder width apart, toes pointing forward and hold on to a stationary object. Tighten your gluteal muscles, and bend surgical knee lifting foot off floor. Do not bend forward, or let hip bend. Try to keep a straight line from ear through shoulder to hip and knee. **Perform 2 sets of 10 (total 20).**



Armchair Push-ups

Sitting in sturdy armchair with feet flat on floor, lean forward to front of seat and place your hands on the armrests. Straighten arms raising bottom up from seat as far as possible. Use your legs as needed to lift. Progress to using only arms and non-surgical leg to perform push-up. Do not hold breath or strain too hard. **Perform 2 sets of 10 (total 20).**



Post-Op Hip Rehabilitation Guidelines

Stretch

Lie on your stomach with legs extended and strap on foot. Keeping thigh on bed, bend knee until you feel a slight stretch in front of thigh.

As tolerated, gently pull foot further and then hold for 30 seconds . Repeat 2 times.



Abduction (Clamshell)

Lie on the non-surgical side with a pillow between legs to keep surgical top leg from crossing midline. Knees should be slightly bent. Keeping feet on surface, open and close knees like clam. *Not until 6 weeks postop for Lateral Approach. Perform 2 sets of 10/20 total.*



Abduction with Knee Straight

Lie on the non-surgical side with a pillow between legs to keep surgical top leg from crossing midline. Keeping toes pointing forward tighten your hip and thigh muscles and lift leg 8-10 inches straight up from pillow. *Not until 6 weeks postop for Lateral Approach. Perform 2 sets of 10/20 total.*



Bridges

Lie on your back with knees bent and feet flat on surface; push down on feet as you tighten buttocks and hamstring muscles and lift hips from surface. Concentrate on pushing equally through both feet. Hold for 5 count then return to start position. **Perform 2 sets of 10/20 total.**



Post-Op Hip Rehabilitation Guidelines

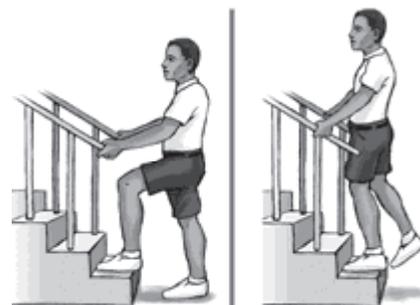
Wall Slides

Put feet shoulder-width apart and back to wall. Make sure your knees do not go past your toes. Slide down wall. Return to upright position. Do not go past 90 degrees of hip flexion. Your Physical Therapist will guide you on how far to slide down wall. **Perform 2 sets of 10/20 total.**



Standing Marches – Balance

Practice Standing, holding on to countertop, slowly lift surgical knee, concentrating on support leg balance. Balance/hold for 10 seconds. Repeat by standing on surgical leg concentrating on balance. As you progress, hold very lightly with fingertips, then eventually to holding hands just above sink. Progress measured in completing with eyes closed. **Perform 20 times.**



Single Leg Forward Step-up

Hold onto stair railing – place affected foot on first step. Step up on stair with affected leg. Return to start position. *May need to begin with 2-4 inch step (book/block) and progress to higher step as able.* **Perform 2 sets of 10/20 total.**

Single Leg Lateral Step-up

Face railing, with affected leg nearest step; holding onto railing, place your foot on one step and slowly step up lifting non-surgical leg from floor; slowly lower your foot to start position. *You may need to begin with 2-4 inch step and progress to higher step as tolerated.* **Perform 2 sets of 10/20 total.**

