

Anterior Total Hip Replacement - Exercises

Mobility

The physiotherapist will: assist you to become mobile again following your operation and teach you specific exercises. Usually you will stand and begin walking either the day of surgery or the day after surgery. All the 'tubes' are removed by two days after surgery. A physiotherapist will assist you with your first stand and then see you daily for exercises and walking. The aim is to walk early and often. This minimises complications.

There are no restrictions on bending, sitting or sleeping positions after anterior hip replacement.

The joint is stable immediately after the procedure, but the weakened muscles and soft tissue surrounding the joint require a longer-term program of physiotherapy and exercise to be restored to normal functioning. Your mobility will gradually increase and with it, your independence.

Rehabilitation after surgery

1. Lie - on your stomach for ten minutes daily - this allows the front of your hip to stretch out [make sure you roll over with a pillow between your knees]. Your physiotherapist will instruct you with this.

2. Showering - DO NOT SIT in the bath. Shower with your knees and feet 15-30 cms (6-12") apart (preferably on a non-slip mat) or you can use a high shower chair.

3. Dressing - sit on the edge of the bed or chair with your legs straight to dress. Try to avoid lace up shoes, use slip on shoes preferably with a shoehorn. Place operated leg into clothes first followed by un-operated leg. To take clothes off, remove un-operated leg first.

Walking & exercises -

Walking & exercises - DO keep up with your hospital exercises for at least three months.

You may attend hydrotherapy after discussion with your doctor/ physiotherapist and once the wound has healed (usually 3-4wks post-op and with your surgeon's approval).

Gradually increase the amount of walking.

Allow time for resting - frequently. Swelling can indicate that you are over-doing it, so make sure that you get rest time back on your bed.

Driving - DO NOT drive your car until advised by your surgeon.

Outpatient physiotherapy may be recommended if there is a persistent limp/ reduced strength and/or confidence.

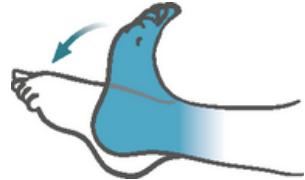
As a rule, your surgeon would like you to gradually increase the distance of your walking so that by 6 weeks you are walking approximately 1km twice a day. (However there is always some variation in the speed of recovery between patients).

Exercises

These exercises are recommended before surgery to help build up muscle tone and during rehabilitation after surgery. You may not be able to complete all exercises due to pain or stiffness. Your physiotherapist will advise which of the exercises are suitable for you after your operation.

Do the following exercises 10 times each and at least 3 times per day.

1. Gently bend your feet up and down to help circulation in your legs

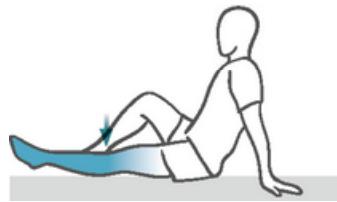


2. Gently bend your knee so that your foot moves along the bed towards your buttocks and mild stretching in your hip is normal. You may use your hands to help.



3. Tighten the muscles on the top of your thigh by pushing your knee down onto the bed. Keep your knee as flat on the bed as possible.

Hold for 5 seconds then relax.



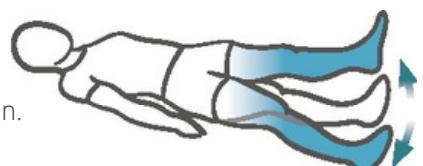
4. Squeeze your buttocks together and hold for 5 seconds.

With your knee over a bolster straighten your knee by tightening the muscles on the top of your thigh. Be sure to keep the bottom of your knee pressed onto the bolster.



5. Hold for 5 seconds and then relax slowly.

DO NOT SLEEP OR REST WITH THE BOLSTER UNDER YOUR KNEE.



6. Keeping your knee straight, gently slide your leg out to the side then back again. Try to keep your knee cap and toes pointing to the ceiling.



7. Bend both of your knees slightly. Dig your heels and elbows into the bed. Lift your bottom of the bed, squeezing your buttocks together.

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