

Therapy Department

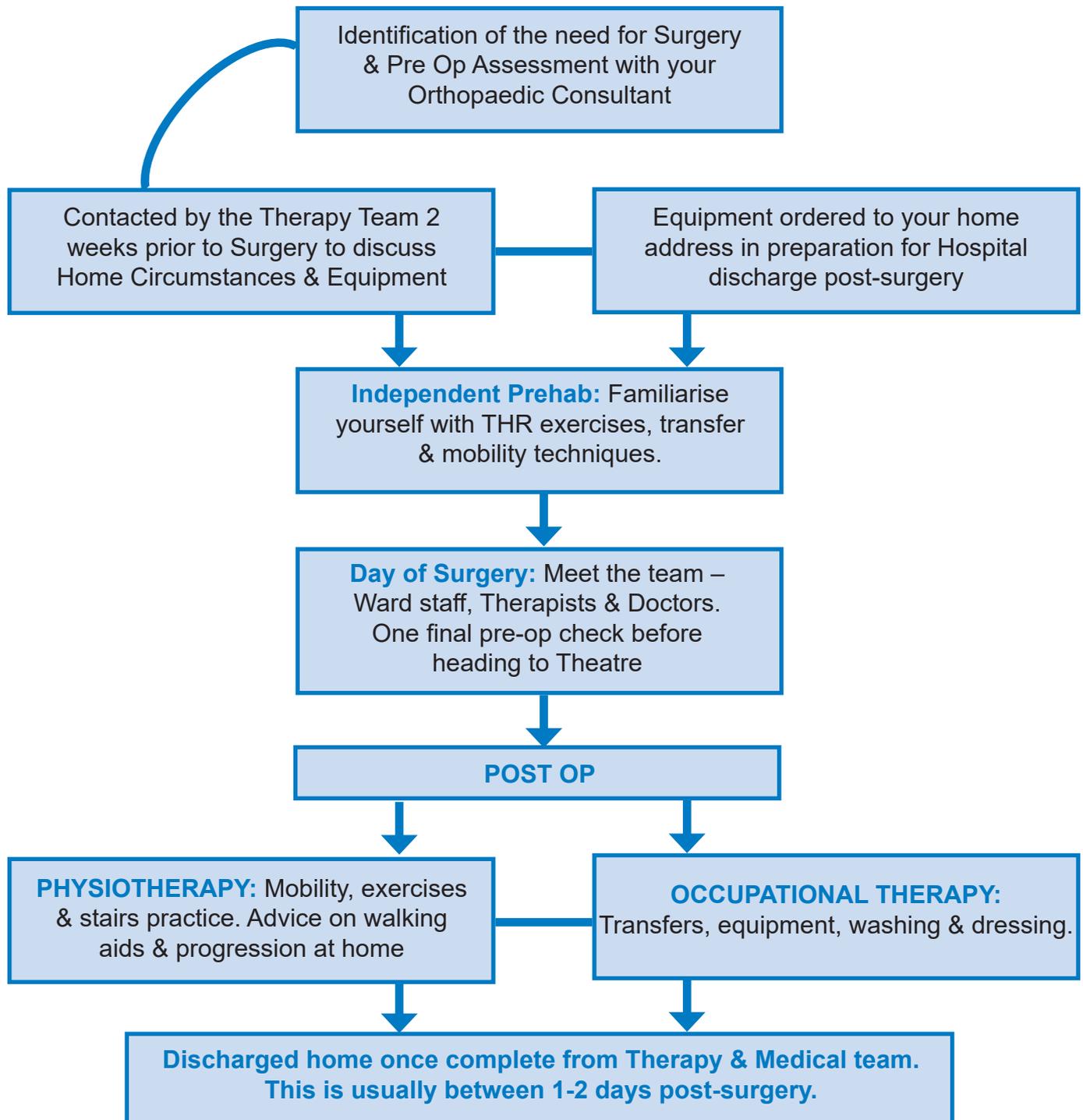
Therapy Advice Following Total Hip Replacement Surgery

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Introduction

This booklet is designed to inform you about what to expect throughout your hip replacement journey here at CHFT. We advise that you follow this guide to ensure this process is as smooth as possible. Please see below for a step by step guide.

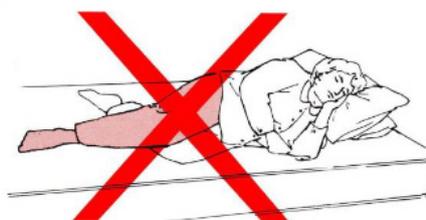


Protecting your Hip Joint Post Surgery: Hip precautions

In order to perform the Hip Replacement your Surgeon is required to cut through a number of large muscles that usually support the hip joint. During the healing process your new joint is at risk of dislocating.

Precautions need to be taken for 12 weeks post-surgery to avoid this from happening.

- **Do not cross your legs.** This includes when in standing, sitting or lying down.



This means you will likely need to sleep on your back to avoid crossing legs in the night OR sleep on your operated side. We suggest placing a pillow in between your knees to prevent turning on to your side during sleep.

- **Do not bend your hip beyond 90 degrees.** Avoid reaching down to the floor or bringing your leg up towards you.



This means you will need to avoid picking objects up from the floor – you may need equipment such as a grabber or sock aid to assist with washing and dressing tasks and reaching for items you may need from lower surfaces.



This precaution also prevents you from sitting on lower surfaces or bathing without equipment. Our Occupational Therapy Team will discuss this with you pre-operatively and order any equipment you may need to adapt your furniture at home.

- **Do not twist at the hip or over reach for objects.** This includes in lying, sitting or standing. Be mindful when turning with your walking aid and always ensure you are facing objects when reaching for them.



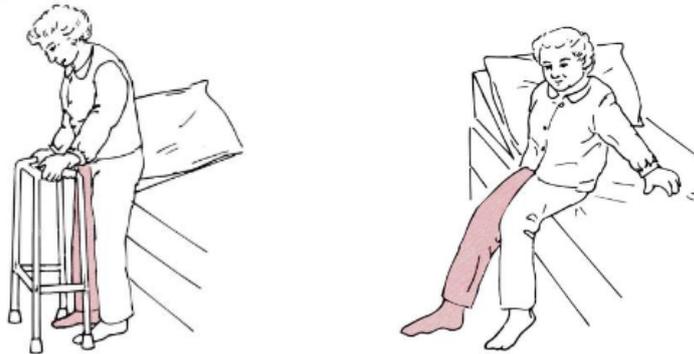
Furniture

It is very important that you avoid sitting on any low furniture, as this will cause your hip to bend more than 90°. Please complete the measuring furniture form at the back of this booklet. An Occupational Therapist will contact you approximately 2 weeks prior to your surgery to obtain the heights and order any equipment needed. The main furniture we will focus on will include your bed, chair and toilet.

Getting in and out of bed

It is recommended that you get into bed with your un-operated leg leading and get out with your operated leg leading

- Position yourself so that you can feel the bed on the back of your legs.



- As you lower yourself onto the bed reach back with your hands and slide the operated leg out in front of you. Please make sure you do not bend forward as you do so.
- Sit back far enough to give full support to the operated leg. **Keeping your legs together**, swing your legs up on to the bed, avoiding any twisting motion. If this is too difficult, use your arms to lift yourself back onto the bed, again keeping your legs together and use the un-operated leg to help.

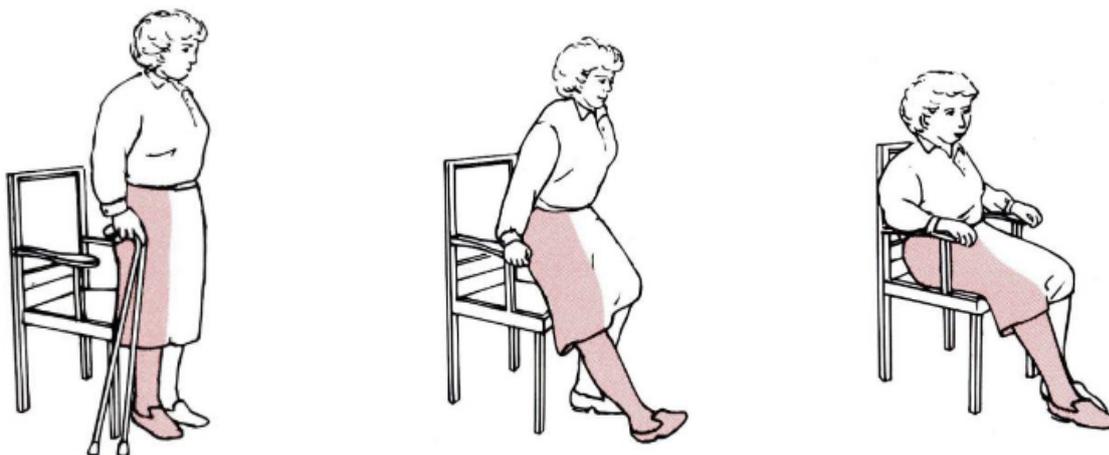


- When repositioning yourself on the bed do not bend forward at your hip or twist your hip as this can compromise your hip precautions.

Getting on and off a chair/toilet

Ensure the chair or toilet you are going to sit on is the recommended height for you, firm and upright with armrests or with suitable equipment issued to you by the Occupational Therapy Team. Please also ensure your hip is above the level of your knee.

- To sit down, stand close enough to feel the chair/toilet/toilet frame against the back of your legs. Reach back for the arms of the chair/toilet frame and as you lower yourself down **slide your operated leg out in front**, keeping the knee as straight as possible.
- To stand up, place the operated leg out in front of you, push up with both hands on the arms of the chair/toilet frame, once balanced place hands on the walking aid you have been assessed safest with.
- Do not use the frame to pull yourself up with. Do not stand up or sit down with your hands still in the crutches.
- When you are sat down make sure that your hips are facing forwards and you are not twisted.
- When flushing the toilet and attending to your hygiene needs, be careful not to twist your hip. You may find it easier to stand to do this.



Washing and dressing

In order to adhere to your hip precautions you will need to adapt the way you dress your lower half as you will not be able to reach your feet. Therefore, it is recommended that you purchase some dressing aids to assist you or organise someone to help you.

Dressing with aids

Always dress the operated leg first and undress it last. Organise yourself so all your clothes are easy to hand and you are sitting in a chair.

A dressing aid such as a help in hand (grabber) is useful to help put on your lower half clothing. Remember to always use the dressing aid on the outside of your operated leg to avoid twisting.

1. Gather the leg hole of your pants/knickers/trousers and grip it with the helping hand.
2. Using the helping hand lower your pants to the floor and hook them over the foot of your operated leg.
3. Keeping hold of your pants with the helping hand, pull them up your leg to your knee where you can hold them without over stretching.
4. Grip the un-operated leg hole of the pants with the helping hand and put this over your un-operated foot. Once your pants are positioned at your knees you can pull them up as required.

5. Reverse the procedure to take them off.
6. Skirts with elasticated waists can be pulled over your head.
7. Use a long handled shoe horn to help with putting your shoes on and taking them off. When choosing footwear, remember that you will not be able to reach to the floor to tie up laces and your footwear will need to be supportive.
8. Use a sock aid to put your socks on and take them off.



Sleeping and Sexual intercourse

To avoid crossing your legs at night it is important that you sleep on your back or your operated side for the first 12 weeks. Do not sleep on your none-operated side. You may find it beneficial to place a pillow between your legs to prevent you from turning over when asleep.

Many people have questions about resuming sexual activity after joint replacement surgery. Please speak to your Occupational Therapist for further details if required.

Car Transfers

Do not drive for the first six weeks or until you have been told to do so by your consultant. You may need to inform your insurance company of your recent operation. You can be a passenger for 30 minutes for the first 2 weeks.

- Position the car away from the curb so you have less of a drop to negotiate when sitting down.
- Adjust the passenger seat so it is as far back as possible and angled so that it is partially reclined.
- With the passenger door open, back up to the car. Keep walking back until you feel the seat on the back of your knees.
- Before sitting down, put your left hand on the door frame of the car. Have someone hold the car door open to prevent it from closing on you.
- Gently lower yourself down onto the seat and keep your operated leg extended. Lift yourself backwards lifting your bottom towards the drivers seat.



- Lift both legs together and slide into the car so you are now facing the dashboard.
- To transfer out of the car reverse the above procedure, ensuring the operated leg is out before standing.
- You may find it helpful to use a plastic bag to sit on to aid your transfer but ensure if you do this you remove the plastic bag before the car is driven.

Household Tasks

You will have to change the way you manage household tasks for at least 12 weeks after your operation. Some tasks you will be able to continue with but will have to adapt the way you do them. Other tasks you will have to avoid such as vacuuming, making beds and cleaning. This should be done by somebody else.

The Kitchen

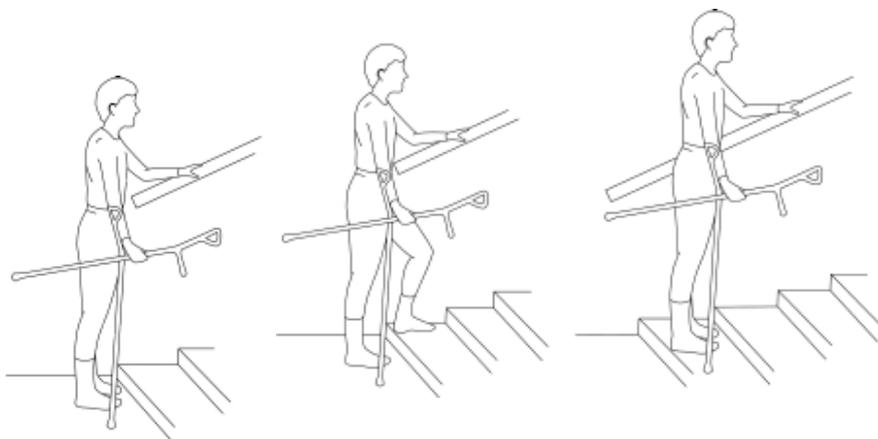
It is recommended that you rearrange the contents of your fridge and cupboards so you can reach the more essential items without bending down. A high stool is useful to sit on, for example, when you are preparing vegetables or for eating meals if you are unable to carry it to the dining table.

Work

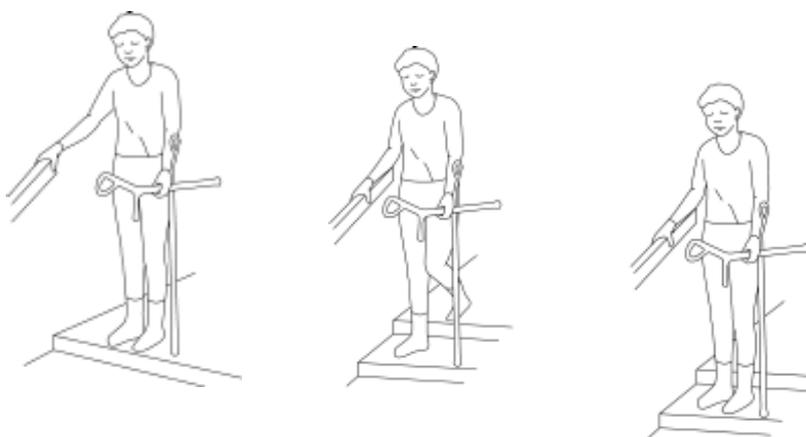
If you need a medical certificate for your employer, please ask the nurses before you leave hospital. Further certificates can be obtained from your GP.

Stairs

It is advised that stairs are completed one step at a time. When ascending the stairs we lead with our non-operated side/good leg. Your crutch/walking stick then follows in the opposite hand to the stair rail.



When descending the stairs we perform the above in reverse. One step at a time technique remains. This time we lead with our operated side/bad leg. Our walking aid also leads alongside our operated leg in addition to the hand rail. The non-operated leg then follows.



Exercises

The following exercises need to be completed regularly post joint replacement to maximise your recovery. It is a good idea to familiarise yourself with these exercises prior to surgery. Your Physiotherapist will go over these with you on the Ward and provide you with an exercise booklet. They will also show the progression of these exercises to complete as you further your rehabilitation at home.

Static Quads

Lying with your operated leg straight in front of you, squeeze the thigh muscles and push the back of your knee into the bed. Hold for five seconds and relax. Repeat up to 10 times as your pain allows.



Hip Flexion/Heel slides

Lying with both legs flat in front of you, gently slide your operated leg towards you. Avoid bending beyond 90 degrees. Gently slide your leg back to a flat position. Repeat up to 10 times as your pain allows.



Glute Squeeze

Clench your buttock muscles together and hold for 5 seconds. Repeat this up to 10 times as your pain allows.

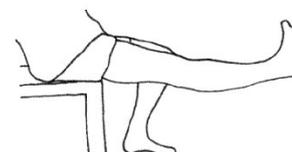
Hip Abduction

Lying on your back with your legs flat, slide your operated leg out slowly to the side. Bring back into your midline. Relax and then repeat up to 10 times as your pain allows.



Seated Through Range Quads

In your chair, point your toes forward and slowly kick out your operated leg. Hold for five seconds and slowly bring your foot down to the floor. Repeat up to 10 times as your pain allows.



Standing Hip Extension

In standing, supported by a chair, unit or rail, slowly move your operated leg as far back as possible. Hold for 3 seconds and return to a neutral position. Maintain a good, upright posture throughout. Repeat up to 10 times as your pain allows.

Standing Hip Flexion

Do not bring your knee beyond 90 degrees as this would be breaking your post-operative precautions.

In standing, supported by a chair, unit or rail, bring the knee on your operated side towards your chest. Lower your foot back to the floor and relax.



Standing Hip Abduction

In standing, supported by a chair, unit or rail, slide your operated leg out slowly to the side. Bring back into your midline. Relax and then repeat up to 10 times as your pain allows.

Mobility

Your mobility will be assessed by the Physiotherapy team post-surgery. Should your surgery be in the morning it is highly likely you will be getting out of bed on the same day – afternoon surgeries are usually seen the morning after their operation. You will initially be issued with a Zimmer Frame. We can then progress from this to crutches/sticks and stairs.

Pain and Swelling

Post-operative pain and swelling is expected. Our team will provide you with ice for the operated joint. It is advisable patients take a consistent and appropriate dose of analgesia as guided by the medical team.

Infection Control

The Elective Orthopaedic service is a “green pathway” – the safest in the hospital. All patients are pre-operatively screened for MRSA and COVID-19 and staff are screened prior to the start of their shift.

If you display any Covid-19 symptoms (temperature, new cough, changes to smell or taste) prior to admission please contact your surgeons secretary immediately.

Carer Advice

If you act as a carer for another family member, please arrange additional help for them for when you return home. We cannot organise this for you. Please also make sure you have made arrangements for any pets you own to be looked after as required.

If you already have carers for yourself please make arrangements for this to continue after your surgery. You will return home 1-2 days post op.

Gateway to care:

- Halifax: 01422 393000
- Huddersfield: 01484 414933

Admission Day

Please arrive by 7am unless told otherwise. Late arrivals can result in surgery being cancelled

- Get someone to drive you to the hospital as you will be unable to drive post-op.
- When you arrive, please wait in the car park (in your car) and call ward 8A on 01422 223801.
- A member of the team will come to your car and complete the Covid-19 checks.
- You will then be escorted to the ward / admissions unit.

Ward Information

There are 2 Orthopaedic post-op wards which are situated on level 3. All wards have side rooms and 4 bedded areas, single sex bays, rooms and bathrooms. Meal times are protected 12.00-1.00pm and 5.00-6.30pm There are currently no visitors allowed on the ward

When you get home

Calderdale Patients

You will receive a telephone call from the therapy team within 7 days of your discharge. We currently do not complete post-op home visits. We will refer you to the community rehabilitation team if further input is required.

Huddersfield Patients

You will be referred to the Locala Community Therapy team who will contact you in due course to review progress.

Locala: 0303 003 4362

Anyone out of the above areas will be referred onto services within their own locality.

What to do next

Please complete the measuring furniture form at the back of this booklet. It is essential this form is completed prior to surgery.

A member of the therapy team will contact you approximately 2 weeks prior to your surgery to obtain the heights of your furniture and order any appropriate equipment you may need.

PLEASE NOTE:

Therapy are unable to provide the following:

- Chairs
- Beds
- Dressing aids
- Wheelchairs

It is strongly advised that you purchase the following aids prior to surgery – these are all included in the Hip Kit which can be purchased from various outlets online:

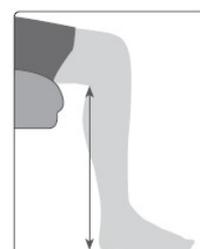
- Helping hand (Grabber)
- Sock aid
- Long handled sponge
- Shoe horn

Safe Height

A safe height is the height of any furniture you will sit on post-surgery. Please take the following measurement which will allow your Occupational Therapist to establish your safe height:

1. Sit on a chair with no footwear on
2. Measure from the crease of the back of your knee to the floor

My Leg Measurement is:inches



How to Measure your Furniture

To measure your bed/chair please sit on the mattress/seat and ask someone to measure the compressed height (from the top of the lowest point of the mattress/seat to the floor).
 If this is not possible please ensure you compress the mattress/seat yourself (by sitting on the bed/chair) and then measure.

Your Comfortable Chair

Compressed height _____

Does the chair have arms: Yes No

<p>Type of chair:</p> <p>Suite Armchair <input type="checkbox"/></p> <p>Suite Sofa <input type="checkbox"/></p> <p>High Seat Chair <input type="checkbox"/></p> <p>Recliner <input type="checkbox"/></p> <p>Rocking Chair <input type="checkbox"/></p> <p>Other _____</p>	<p>Type of legs:</p> <p>Straight Legs <input type="checkbox"/></p> <p>Curved Legs <input type="checkbox"/></p> <p>Castors <input type="checkbox"/></p> <p>Recliner <input type="checkbox"/></p> <p>Rocking Chair <input type="checkbox"/></p> <p>Other _____</p> <p>Width of chair legs _____</p>
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Your Dining Chair

Height of dining chair _____

Does the chair have arms? Yes No

Type of legs _____



Your Toilet

Height of toilet with:

Seat down: _____

Seat and lid up: _____

What shape is the porcelain toilet bowl?

Do you have any rails/equipment in place to assist you with getting on and off the toilet, for example, a raised toilet seat? Yes No

If YES, please specify what rails/equipment you currently have in place: _____

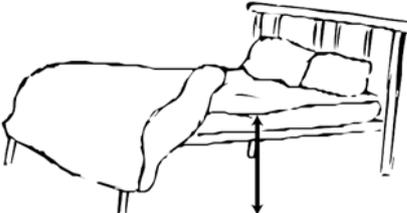


Your Bed

Compressed height _____

Size of bed: Single Double King Super King 3/4

<p>Type of bed:</p> <p>Divan <input type="checkbox"/></p> <p>Wood/Metal Frame <input type="checkbox"/></p> <p>Sofa <input type="checkbox"/></p> <p>Chair <input type="checkbox"/></p> <p>Other _____</p>	<p>Type of legs/castors _____</p> <p>How many legs/castors _____</p> <p>Do you have any rails/other equipment in place to assist you getting in and out of bed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If YES please detail _____</p>
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If you have any comments about this leaflet or the service you have received you can contact :

Elective Orthopaedic Rehabilitation team

Calderdale Royal Hospital

Tel: 01422 223554

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਚ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਚੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم
المذكور أعلاه"