Information for Patients Six Weeks after Hip Replacement Surgery

Orthopaedic Unit, Physiotherapy & Occupational Therapy
At Diana Princess of Wales Hospital

This leaflet has been designed to give you information on moving forward six weeks after your hip replacement surgery.
Introduction

Now it is 6 weeks from your surgery, you should begin to feel some benefits of having your hip replacement. Your pain should be lessening and your mobility should be gradually improving.

Walking and Stairs

Continue to walk outdoors regularly, increasing the distance you walk as tolerated. Walking is still the most important activity at this stage. Gradually stop using your sticks as able. If you still need to use a stick, use it in the opposite hand to your hip replacement.

Besides walking normally, try walking sideways and backwards to help your balance. As you feel able, start to walk on uneven ground, such as walking in the park or on the beach.

Don’t be surprised if you cannot walk up and down stairs normally until 6-10 weeks after the surgery. You may need to practice stepping up and down with your operated leg on a single step to improve your confidence in using it.

Pain Medications

Hopefully, you are requiring less pain medication. It is good to reduce the amount of pain killers you take them as you are able, but not if it stops you from walking and doing your exercises. Keep taking them until your pain improves. The last dose to stop is the night time one to make sure that you get a good night sleep. If you require further medication, you must see your GP (Family Doctor) before you run out.
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Precautions
For 3 months after your operation, you still need to be cautious not to over do things and push your hip movements too far. However, you do not need to follow the hip precautions after 6 weeks from your surgery.

- Avoid forcing any hip movement and let movements come back gradually. Take care with movements that combine bending and twisting of your hip
- Gradually start sitting on chairs of any height and get up and down without putting your operated leg out in front.
- You will be able to stop using the raised toilet seat as you feel you are able
- You may still need to use aids to help with putting pants, socks, stockings and shoes on, if reaching to your feet is a problem. This should continue to improve with time allowing you to do it without the equipment eventually
- You can lie on your operated side once the wound is healed and it is comfortable to do so. Gradually you can now lie on your non-operated side, but you will need to put a pillow between your knees when you do this initially. This can be stopped as you get more confident with the movement control of your hip

Swelling and Stockings
Swelling is still normal at this stage and may take a while to reduce. Keep active and elevate your leg as required, especially in the evening.

You will be pleased to know you no longer need to wear your anti-embolism stockings. This may cause your leg to swell more at first, but will improve with time.

Although less common, there is still chance of infection and blood clots. Please see your GP (family doctor) if you have any concerns about these.

Exercises
You can gradually stop the exercises you have done up till now. At this stage, exercises should focus on strengthening the hip muscles and improving your balance and function.

The following exercises will help with this, if done at least once a day over the next 6 weeks.

Start with 5 repetitions and gradually increase the repetitions as you are able. There is evidence that supports continuing these exercises for 6 months to a year after hip replacement surgery, even if they are done only once or twice a week.
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**Hip Abduction in Side Lying**

Lie on your non-operated leg with one or two pillows between your legs. Raise your operated leg up a few inches and hold for a few seconds. Avoid rolling backwards or turning your foot to the ceiling.

**Balance**

With support, stand on your operated leg by itself. Hold for as long as possible (aim for 30 seconds) and repeat 5 times. Progress this by using less support, until you can do it without any support.

**Step Ups and Down**

Practice stepping up and down using your operated leg. Make sure you control the movement and don’t jump up and down on the step. Gradually increase the number of repetitions you can do aiming for 20, if possible.
Information for patients and visitors

**Squats**

Stand with support. Bend your knees to squat. Hold for 10 seconds. Try to reduce the amount of support you have and increase the depth of the squat.

**Sit to Stand**

Stand up without using your hands. Slowly sit back down again, but try just to touch your bottom to the chair or bed before standing up again. Lower the surface you are sat on to progress the exercise.

**Toe and Heel Walking**

Try walking on your toes and heels as shown. Use support if needed initially. If you can, even try changing directions on your toes and heels to really work your balance control and leg muscles harder.

**Calf Raises**

If you cannot walk on your toes and heels, then first start by doing calf raises.

Stand at the work surface for support, raise up on your toes, hold a few seconds and then lower. Repeat 10 times and do 3 sets. Gradually reduce the support from work surface or do on a single leg.
Heel to Toe Walking or Walking On a Line

Practice walking in a straight line placing one foot directly in front of the other, heel to toe. Again this will help with your balance.

Advice on Getting Up and Down from the Floor

Getting up and down off the floor can be done as shown in the pictures below, if needed. Use the support of a chair to help with the lowering and standing. Your stronger leg should be used in front for the lifting and lowering. Getting up is the reverse of the pictures shown of getting down.
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Other Activities and Progressions

Transfers

Bed:
- Gradually get in and out of bed the way you normally would, taking care not to force your hip movement

Chair:
- Stand and sit more normally, but still avoid anything too low which may force your hip to bend too much or cause you to struggle getting up

Toilet:
- You should be able to use your toilet normally without the raised seat

Washing and Dressing

This can start to become more normal:
- You may still need to use some equipment to help put on pants, socks, stockings and shoes, if reaching to your feet is a problem. You may also still struggle to wash and dry your feet and cut your toe nails
- You can start to get in and out of a bath taking care over the side of the bath. Make sure you have a non-slip mat in the bath and at the side of the bath
- You may find it easier still to shower as you may need some assistance getting down and up in the bath the first few times you try

Going Out in a Car & Driving

You may need to get in and out of a car as shown in the last booklet you received. Gradually you can get in and out as you are able, again taking care not to force any hip movements.

Driving may be possible after 6 weeks depending upon individual circumstances. These include the strength and control of your operated leg, and general mobility.

You should seek medical advice before trying to drive your car. This may be a doctor, therapist or nurse, who can advise you or have the right person discuss this with you.
**Housework**

As you increase the ability to fully weight bear, normal household activities can be introduced. As long as you do not force any hip movement and have good mobility, you can try all domestic tasks you would normally do.

**Recreation and Sports**

You Should Continue To Avoid:
- High impact activities such as running and jumping
- Activities which will force the bend of your hip

Walking will still be the main activity you should be doing. However you can start to introduce other activities as you feel able:
- Swimming, but still avoiding breaststroke until after 12 weeks after surgery.
- Bowls
- Dancing
- Speed Walking
- Golf (starting with pitching and putting and only mid-swing strokes until 10–12 weeks after surgery)
- Exercise Classes (let your instructor know you have had a hip replacement)
- Low Impact Exercise Machines (Stationary Bikes, Cross-trainers, Elliptical Trainers and Steppers). Rowing machines should be avoided until 10-12 weeks from surgery
- Cycling (initially your seat may need to be higher than normal)
- Tennis or other court sports after 10-12 weeks (not high impact, but gentle movements using skills of arms rather than jumping)
- Skating (After 12 weeks)
- Horse Riding (After 12 Weeks)
- Sexual Intercourse can be enjoyed as normal, but avoid positions that put excessive force or movement through your hip

**Returning to Work**

If required you can return to work at this stage. There should be no problem returning to desk work. For other types of jobs please speak with a member of the team (doctor, therapist or nurse) who can advise you or have the right person discuss this with you.

If you require further medical certificates please see your GP (family doctor).
The Final Word

There will continue to be some variation even between the specialists, about what activities you can and cannot do following your hip replacement. However, it is generally agreed that you should avoid repetitive high impact activity and that you may never be able to do a full, deep squat again.

However, the most important thing to remind yourself of is that you have had this operation to decrease your pain and improve the quality of your life. It is important that you make the most of this improved quality of life, with the understanding that a joint replacement lasts about 15 years before it may start to fail and need revising.

Contact details

Ward B7: (01472) 875307 or 874111 ext. 7505
Acute Therapy Team: (01472) 875262 or 874111 ext. 7638
Out-patient Physiotherapy: (01472) 874276 or 874111 ext. 7633
Orthopaedic Appointments: (01472) 279206
Focus Adult Social Care (A3 – Single Point of Access): (01472) 256256
References

www.nhs.uk (Hip Replacements).


Delivering Quality and Value Focus on: Primary Hip and Knee Replacement. NHS Institute for Innovation and Improvement 2006.


Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

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