

Rehabilitation After Hip Replacement Surgery



Rehabilitation, by definition, is the process of helping someone to achieve the highest level of function, independence, and quality of life possible. It does not reverse or undo the damage caused by disease or trauma, be it osteoarthritis or a hip fracture. The artificial or prosthetic hip you've received during your surgery, has helped to reinstate a 'normal' joint.

However surgery without rehabilitation will not ensure a successful outcome. Years of pain, reduced physical activity or function, muscle weakness, the development of a limp for example, will have become the norm for your body and mind. Rehabilitation will help restore function and re-train your muscles and nerves to work together. Ultimately reconditioning you to optimal health, function, and well-being.

WHEN DOES REHABILITATION START?

In an ideal world it may have started before you had surgery, with education and strengthening exercises. However progress through rehabilitation can always be achieved at any time, as long as you start somewhere and the sooner the better. Rehabilitation and physical therapy can start immediately after surgery and continue throughout hospitalisation and at home, for up to a year after surgery.

In Hospital

On the first day after surgery, or in some cases around 6 hours following surgery, the physical therapist will see you and start your exercises in bed. These exercises promote

blood flow, reduce your risk of developing a clot, and help to build strength.

If you had the benefit of some pre-operation strengthening then these will be familiar to you. Your physical therapist will also get you up and out of bed and try a little walk around the room to start with (short distances, slowly increasing the distance over the next day or two). As much as you may not be that willing or even a little scared to start, the sooner you start mobilising the better:

- Muscle wasting and weakness happens very quickly whilst lying in bed after surgery, which will make your rehabilitation harder, so the sooner you get started the better
- Getting moving sooner also reduces your risk of experiencing a clot which can lead to a stroke or embolism in your lungs or heart
- And moving sooner also reduces the risk of fluid building up in your lungs due to the extended bedrest, which is especially important for elderly patients.

Walking

Stand comfortably and erect with your weight evenly balanced on your walker or crutches. Advance your walker or crutches a short distance; then reach forward with your operated leg first with your knee straightened so the heel of your foot touches the floor first, toes facing forwards. Remember, touch your heel first, then flatten your foot, then lift your toes off the floor. You are trying to replicate a normal walking rhythm to avoid developing a limp, or knee and back pain that can come from abnormal walking patterns.

It is important to know your 'weight bearing status' when you begin to walk. This means how much pressure you can put on your operated leg. Your physical therapist will guide you on this. You normally continue using crutches or a walker for 6 weeks after surgery. However many surgeons allow a more rapid progression, so depending on your age and ability you may be walking with one crutch or stick from as soon as 3 weeks after surgery and fully weight bearing.

- 'Weight bearing as tolerated' means you are allowed to put as much weight as you feel comfortable with on your operated leg
- 'Partial weight bearing' means you are allowed to put a maximum of 50% of your body weight through the operated leg.

Stairs

You may want to have someone help you until you have regained most of your strength and mobility. Remember the following phrases:

"Up With the Good"

1. Hold the handrail with one hand and a cane or crutch in the other where possible. Otherwise use both crutches together.
2. Step your non-operated (good) leg up first. Then bring your operated leg and the cane or crutch up onto the same step (essentially a step together, step together move).

"Down with the Bad"

1. Hold the handrail with one hand and a cane or crutch in the other where

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possible. Otherwise use both crutches together.

2. Step down with your operated (bad) leg, along with your cane or crutch at the same time. Then step down with your non-operated leg onto the same step.

Being able to walk and climb stairs safely is one of the mandatory requirements for discharge from hospital. Your doctor may determine that it is best for your recovery if you go to a rehabilitation centre, or 'step down' facility, after discharge from the hospital. Here you will receive concentrated time with a physical therapist and occupational therapist to regain your strength. This may also be a safer option for someone who doesn't have a caregiver (family or friend) to help at home. Your length of stay at this facility is likely to be approximately 5 to 14 days.

Following Discharge

Regaining your range of motion and strength after total hip replacement surgery is critical to regaining your ability to do the things that are important to you. You will probably continue to see your physical therapist as an out-patient a few times a week. Your physical therapist will help you with exercises initially and you will need to continue them at home as instructed. As you recover, some exercises will be discontinued and other more challenging ones may be added.

TIPS TO HELP YOU THROUGH REHABILITATION

1. Understanding your pain

There are several things that contribute to pain and management. In most cases up to now, you have probably been experiencing "arthritic pain", which is often described as a dull aching pain. This pain should cease with surgery. Post-operatively, you will be experiencing pain for a different reason – this is "surgical pain" and this will improve with time.

2. How to reduce pain

a. Ice

- Apply ice for 10-15 minutes to the operated hip, especially after exercise.

You can use ice as needed every 1-2 hours.

b. Medication

- Pain medication should be taken as prescribed in hospital
- It is important that your pain is controlled so that you can complete your exercise sessions every day
- Take your pain medication 30-45 minutes before your exercise session.

3. Control and reduce swelling

- You can help control/reduce the swelling in your hip by elevating the leg above the level of your heart (but make sure you're lying flat so you don't bend your hip by more than 90°)
- Elevate your entire leg by placing pillows underneath the entire operated leg, not just under the knee.



4. How much is too much?

Start with walking short distances in the hospital. Once discharged, gradually increase your walking in your house, within your tolerance. Prolonged standing can also increase your pain. An increase in hip pain and swelling, or an increase in night pain may indicate you have been doing too much. You may begin walking short distances outside your house when tolerated, continuing to use your walker or crutches. Gradually increase this distance, respecting your pain.

5. Your hip is getting more stiff and sore

If you are experiencing an increase in hip stiffness and no increase in range of motion are you probably doing at least one of the following:

- Not doing enough exercises? If your hip is becoming more stiff you should increase the number of times you do your exercises. It is necessary to hold the stretch for 20-30 seconds at the end of your range of motion. It is normal to have a little discomfort while

doing the exercises.

- Doing too much other activity? Often a sudden increase in activity is the reason for an increase in hip swelling and stiffness. Take more rest breaks.
- Staying in one position? Be sure to change positions regularly as staying in one position for too long can increase your stiffness.

RESUMING AN ACTIVE LIFESTYLE

Activities allowed at 6 weeks after surgery:

- Cycling on a recumbent bike – ensure the seat is back far enough that your hip is not bending past 90° when pedaling
- Swimming – your incision must be well-healed before you swim to avoid infection and you should not do breaststroke.

Activities allowed at 12 weeks after surgery:

- Golf
- Gardening – raised garden beds and long-handled tools recommended to avoid excessive hip bending
- Sitting in the bathtub – grab bars strongly recommended to avoid slipping when climbing in or out
- Gentle dancing
- Cycling on a regular bike – raise the seat to prevent excessive hip bending
- Unrestricted sexual activity.

Discuss higher impact activities, such as skiing and tennis, with your surgeon and physical therapist. High impact activities such as jogging or racquetball may not be advised following surgery, unless specifically approved by your surgeon.

General Fitness

You can return to the activities you used to do before your surgery, following the guidelines above. Keep your current hip precautions in mind. Remember to start slowly as you will have been less active since your surgery. Start with a few minutes of activity and gradually progress. Low impact activities are best, such as swimming, biking and walking. Talk to your physical therapist about any specific questions you have.

The information contained in this article is intended as general guidance and information only and should not be relied upon as a basis for planning individual medical care or as a substitute for specialist medical advice in each individual case. ©Co-Kinetic 2019

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