Total Hip Replacement
DISCHARGE INSTRUCTIONS

☐ YOUR HIP SURGERY WAS DONE VIA
AN ANTERIOR APPROACH

☐ YOUR HIP SURGERY WAS DONE VIA
A POSTERIOR APPROACH

If you would like an electronic PDF copy of these instructions, please visit our Web site at www.cottageorthopedics.org
# Table of Contents

- **Caring for Yourself at Home** (pgs 4-7)
  - Anticoagulant Medication
  - Body Changes
  - Coping with Stress
  - Discomfort
  - Equipment
  - Incision Care and Dressing Changes
  - Intimacy

- **Preventing / Recognizing Potential Complications** (pgs 7-8)
  - Blood Clots
  - Surgical Site and Other Infections
  - Weight Loss

- **Patient Recovery Log** (pgs 9-12)

- **Post-Op Exercises, Goals and Activity Guidelines** (pgs 13-16)
  - Activity Goals
  - Hip Exercises

- **Activities of Daily Living** (pgs 17-25)
  - Precautions
  - Home Safety and Avoiding Falls
  - Bed Mobility
  - Ambulation
  - Transfers
  - Dressing
  - Energy Conservation / Joint Protection

- **Appendices** (pgs 26-27)
  - Important Phone Numbers
  - Appointment List
  - Notes
GENERAL INFORMATION
Welcome and Purpose

Congratulations! You are well on your way to enjoying the benefits of your new hip joint. The information contained in this Discharge Information Packet will help you learn what to expect as you recover from your total hip replacement. You are not alone. Each year, over 193,000 Americans have a total hip replacement. A successful hip replacement and rehabilitation program can help alleviate your hip pain and improve your mobility. Your new hip can give you a quality of life you may not have enjoyed for some time.

We hope that your stay in our hospital met your expectations. Now that your surgery and the immediate recovery period are over, the responsibility for making this a successful outcome depends on you. The information below is intended to supplement all of the verbal instructions you have been given by your surgeon and your health care team. If any information here differs from what you have been told by your surgeon, it’s important that you follow the instructions of your surgeon.
CARING FOR YOURSELF AT HOME
Anticoagulant Medicine

Your doctor will prescribe medication that helps prevent blood clots from forming in your blood. This might be aspirin or another medication in pill or shot form (tiny needle that goes into the belly). It’s very important that you take this medication for as long as directed by your doctor. Usually, you will be on it anywhere from two to six weeks after your total hip replacement. Your nurse will review any specific instructions for the medication your doctor has prescribed for you.

GUIDELINES FOR USE:
Don’t take any new medications, including over-the-counter medications, without checking with your doctor first, because they may affect your blood thinner. Make sure to tell any health care provider you see, such as your dentist, that you are taking an anticoagulant.

— Take your anticoagulant medication at the same time every day.
— If you miss a dose of this medication, take it as soon as you remember – unless it’s almost time for your next dose. In that case, just wait and take your next dose at the normal time. Do not take a double dose.
— Check with your doctor before using non-prescription aspirin or other non-steroidal anti-inflammatory drugs, like ibuprofen or naproxen, as this could cause excessive thinning of the blood.
— If blood tests are ordered, have them done as often as directed.
— Use a soft bristle toothbrush and waxed dental floss. Use an electric razor to shave.
— Protect yourself from injury. Be sure to place nonslip mats in your tub or shower.
— Anticoagulant medication can make bleeding harder to stop.

WATCH WHAT YOU EAT:
Many foods contain a lot of vitamin K, which helps your blood clot. Eating more or less of these foods can affect the way your anticoagulant works. The hospital dietitian can speak with you before you leave the hospital, if you wish. Here are some specific tips:

— Try to keep your diet about the same each day.
— Be consistent in the amount of foods you eat that are high in vitamin K. These include asparagus, avocado, broccoli and cabbage.
— Limit fats to 2 to 4 tablespoons a day.
— Discuss alcohol intake with your doctor.
— Avoid teas that contain sweet clover, sweet woodruff, or tonka beans. These can affect how your medication works.
POSSIBLE SIDE EFFECTS OF ANTICOAGULANT MEDICATIONS:
Tell your doctor if you have any side effects. But, even if you do have side effects, DON’T STOP taking the medication unless your doctor tells you to. Side effects may include:

— Nausea
— Diarrhea
— Poor or no appetite

WHEN TO CALL YOUR DOCTOR
Call your doctor right away if you have any of the following:

— Bleeding that doesn’t stop within 10 minutes
— Coughing or throwing up blood
— Diarrhea or bleeding hemorrhoids
— Dark-colored urine or black stools
— Red or black-and-blue marks on the skin that get larger
— Dizziness or fatigue
— Chest pain or trouble breathing
— A heavier than normal menstrual period or bleeding between periods

Body Changes

— You may have less than your usual appetite for a while. Your energy level may be low for a few weeks after surgery. Consume foods high in protein to enhance wound healing.

— Constipation may result from pain medication. Be sure to drink plenty of fluids and eat foods high in fiber, such as fruits and vegetables, to prevent constipation. Use a stool softener while taking pain medication. Take a laxative if you do not have a bowel movement within two to three days. Notify your doctor if you don’t have results after taking the laxative. Do not let constipation go on for too long.

— Your new hip may cause your leg to feel longer. The joint may have regained some height that was lost prior to surgery.

— Numbness around your incision may be temporary or permanent.

Coping with Stress

Undergoing surgery can be a very stressful event for anyone. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook helps. Make note of small achievements. Some people find that deep breathing and relaxation techniques help. Remember, it’s important to ask for help when you need it.
Discomfort

— It is important to take pain medication with food and as prescribed by your surgeon. It may be helpful to take your pain medication about 30 to 45 minutes before your planned therapy/exercise session. Don’t wait until discomfort gets the better of you to take medication. Do not drink alcohol or drive while taking pain medication. As your pain decreases, start to reduce the number of pain pills you’re taking and how often you are taking them. Eventually, you will no longer need pain medication.

— Do not take more than 4 grams of Tylenol in a 24-hour period.

— Applying an ice pack or bag of frozen peas in a thin cloth to your hip for 20 minutes several times per day, especially after exercise, can help decrease the discomfort. Don’t place ice directly on the skin.

— Change your position at least every 45 minutes during the day to avoid stiffness. Avoid sitting for long periods, to prevent swelling in your leg.

— Numbness around the incision may be temporary or permanent.

— Do not elevate your leg by placing a pillow only under your hip as this can promote blood clots and loss of range of motion. Elevate your leg above the level of your heart by placing pillow(s) – lengthwise – under your entire leg.

— Do your ankle pumps. They reduce swelling, improve circulation and prevent blood clots. Point, then flex, both feet slowly. Repeat this 10 to 30 times each hour.

— Contact your surgeon if your discomfort does not respond to the above or if you experience any adverse reaction to your pain medication.

Equipment

At first, you will likely use a walker, crutches or a cane to help you walk. An elevated toilet seat, bedside commode or toilet safety rails can be very handy for the bathroom. A bedside commode can often fit over the toilet and also be used to sit on in the shower. You MUST NOT get down into the bathtub until you are mobile enough to do so. Other adaptive equipment, such as a reacher, sock-aid, long-handled shoe horn, long-handled sponge, handheld shower head, grab bars, and elastic shoe laces, may prove useful to you as well.
Incision Care/Dressing Changes

Your surgeon may prefer that your incision be left open to air. If you have a dressing, you and your caregiver should wash your hands before and after changing your dressing. You should notice the condition of the incision. There will be some swelling initially, especially after exercise. There should be no redness, hotness, odor, increased drainage or opening of the incision. Call your surgeon’s office if you notice those changes. If you have steri-strips, you may get them wet when bathing. Gently pat the incision dry. Do not submerge your leg in bath water, pool or Jacuzzi until your surgeon says that it is OK to do so. Steri-strips will generally fall off after seven to 10 days. If you have sutures or staples, they are usually removed 10 to 14 days after surgery by a health care professional. If you are not sure, call to find out whether or not to get your incision wet while showering. Review the section on Preventing Surgical Site Infections for additional information.

Intimacy

Generally, most people wait for a few weeks after surgery before resuming sexual activity. Your incision, muscles and ligaments need time to heal. You can resume sexual activity when you feel ready. The bottom or missionary position is usually the safest position. If you have questions, discuss return to sexual activity with your surgeon.

PREVENTING/RECOGNIZING POTENTIAL COMPLICATIONS

Blood Clots

You will likely be asked to wear snug stockings at home. Elevate your operative leg above the level of your heart for short periods throughout the day. Take your medication as directed and for as long as directed. Do your exercises and walk. All of these are ways to help prevent blood clots. Contact your surgeon right away if any of the following occur:

— Pain or excessive tenderness in your leg or calf
— Redness of your calf
— Swelling in your foot, ankle, calf, or thigh that is not relieved with elevation (your affected leg is likely to be swollen)
— Shortness of breath

A blood clot in the leg can move to the lung. This can lead to shortness of breath, chest pain, coughing up blood, or unexplained anxiety, especially with breathing. If you experience any of these symptoms, call 911, because this is a medical emergency.
Surgical Site and Other Infections

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do NOT develop an infection. Hand washing (or an alcohol-based hand cleanser) is the most important step for preventing infection. You and your caregiver need to wash your hands before changing your dressing or touching your incision. Keep your incision dry, unless your surgeon has approved getting it wet. Eating a healthy diet and drinking plenty of fluids can help prevent infection too. Your surgeon may recommend that you take antibiotics to prevent infection before you undergo future dental procedures or other invasive medical procedures. Be sure to discuss this during your first post-op visit unless you have already done so.

Contact your surgeon right away if you note any of the following:

— Increased redness, heat or swelling around the incision
— Increased or foul-smelling drainage from the incision
— Increased pain in the hip
— Persistent fever greater than 100°F or chills

Contact your primary care doctor if you think you may have an infection elsewhere. This includes bladder, sinus, tooth, etc.

Inform your dentist that you have a hip prosthesis prior to any dental work anytime you go to the dentist. Notify your surgeon if dental work is scheduled earlier than six weeks after your surgery.

Weight Loss

An ideal body weight puts the least amount of stress on your new hip. Following an exercise and walking program as directed by your therapists will help your hip heal and promote potential weight loss. A dietitian can make suggestions for a healthy weight-loss meal plan. Talk to your surgeon about visiting a dietitian if desired.
Patient Recovery Log

This log is intended to help guide you through the first month of your recovery. It is an easy way to keep track of your activities and other important goals to help you get the best outcome possible.

<table>
<thead>
<tr>
<th>My Recovery Log Week 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Post-operation day =&gt;</strong></td>
</tr>
<tr>
<td><strong>Enter day of week here =&gt;</strong></td>
</tr>
<tr>
<td><strong>Enter date here =&gt;</strong></td>
</tr>
</tbody>
</table>
| **Water:**  
  Goal = 8 glasses per day | | | | | | | |
| **Fruit:**  
  Goal = 2 - 4 servings per day | | | | | | | |
| **Vegetables:**  
  Goal = 3- 5 servings per day | | | | | | | |
| **Whole Grains:**  
  Goal = 6 -11 servings per day | | | | | | | |
| **Protein:**  
  Goal = 2 - 3 servings per day | | | | | | | |
| **Last Bowel Movement:**  
  Goal = every 1 - 2 days | | | | | | | |
| **Walking:**  
  Goal = 2 – 3 times per day | | | | | | | |
| **Exercises:**  
  Goal = /day | | | | | | | |
| **Incentive Spirometer:**  
  Goal = 10 x every 1 - 2 hours while awake | | | | | | | |
| **Blood Thinner taken if ordered by MD:** | | | | | | | |

**Pain Medication Tracking**

<table>
<thead>
<tr>
<th>List pain medication name</th>
<th>Write the time you take pain medicine in the box across from the medicine and under the day current day of the week</th>
</tr>
</thead>
</table>
My Recovery Log Week 2

<table>
<thead>
<tr>
<th>Post-operation day =&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter day of week here =&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter date here =&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water: Goal = 8 glasses per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit: Goal = 2 - 4 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables: Goal = 3 - 5 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whole Grains: Goal = 6 - 11 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein: Goal = 2 - 3 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Bowel Movement: Goal = every 1 - 2 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking: Goal = 2 - 3 times per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercises: Goal = /day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incentive Spirometer: Goal = 10 x every 1 - 2 hours while awake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Blood Thinner taken if ordered by MD:

Pain Medication Tracking

<table>
<thead>
<tr>
<th>List pain medication name</th>
<th>Write the time you take pain medicine in the box across from the medicine and under the day current day of the week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
My Recovery Log Week 3

<table>
<thead>
<tr>
<th>Post-operation day =&gt;</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter day of week here =&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter date here =&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Water:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 8 glasses per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fruit:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 2 - 4 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetables:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 3 - 5 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Whole Grains:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 6 - 11 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protein:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 2 - 3 servings per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Last Bowel Movement:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = every 1 - 2 days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Walking:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 2 - 3 times per day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Exercises:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = /day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Incentive Spirometer:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal = 10 x every 1 - 2 hours while awake</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Thinner taken if ordered by MD:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pain Medication Tracking**

<table>
<thead>
<tr>
<th>List pain medication name</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write the time you take pain medicine in the box across from the medicine and under the day current day of the week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Place a check mark after each time a task is completed.
Remember to fill in the blanks with your activity goals section for each week.
Place a check mark after each time a task is completed.
Remember to fill in the blanks with your activity goals section for each week.

<table>
<thead>
<tr>
<th>My Recovery Log Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-operation day =&gt;</td>
</tr>
<tr>
<td>Enter day of week here =&gt;</td>
</tr>
<tr>
<td>Enter date here =&gt;</td>
</tr>
<tr>
<td>Water:</td>
</tr>
<tr>
<td>Goal = 8 glasses per day</td>
</tr>
<tr>
<td>Fruit:</td>
</tr>
<tr>
<td>Goal = 2 - 4 servings per day</td>
</tr>
<tr>
<td>Vegetables:</td>
</tr>
<tr>
<td>Goal = 3 - 5 servings per day</td>
</tr>
<tr>
<td>Whole Grains:</td>
</tr>
<tr>
<td>Goal = 6 - 11 servings per day</td>
</tr>
<tr>
<td>Protein:</td>
</tr>
<tr>
<td>Goal = 2 - 3 servings per day</td>
</tr>
<tr>
<td>Last Bowel Movement:</td>
</tr>
<tr>
<td>Goal = every 1 - 2 days</td>
</tr>
<tr>
<td>Walking:</td>
</tr>
<tr>
<td>Goal = 2 – 3 times per day</td>
</tr>
<tr>
<td>Exercises:</td>
</tr>
<tr>
<td>Goal = /day</td>
</tr>
<tr>
<td>Incentive Spirometer:</td>
</tr>
<tr>
<td>Goal = 10 x every 1 - 2 hours while awake</td>
</tr>
<tr>
<td>Blood Thinner taken if ordered by MD:</td>
</tr>
</tbody>
</table>

**Pain Medication Tracking**

<table>
<thead>
<tr>
<th>List pain medication name</th>
<th>Write the time you take pain medicine in the box across from the medicine and under the day current day of the week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
POST-OP EXERCISES, GOALS, AND ACTIVITY GUIDELINES

Exercise is the only way to regain your strength and range of motion after a total hip replacement. Because pain may have limited your movement before surgery, you may gain even more strength and range of motion than you had before with continued effort. Exercise will help you strengthen your hip and other muscles. It will also help you gain at least 90° of flexion in your affected hip. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. If your doctor wants you to have Physical Therapy, it will be arranged for you at home or in an outpatient setting. If Physical Therapy is ordered for home and you are not contacted within 24 hours of your discharge, notify your surgeon’s office.

ACTIVITY GOALS FOR WEEK 1-2:
— Walk at least 300 to 500 feet with your walker, crutches or cane, as instructed
— Go up and go down 12 to 14 steps with a rail, one foot at a time, once per day
— Bend your hip to 70° for Posterior Approach
— Bend your hip to 90° for Anterior Approach
— Straighten your hip completely by lying flat for 30 minutes several times per day
— Shower and dress by yourself
— Gradually resume light home duties with help as needed

ACTIVITY GOALS FOR WEEK 3-4:
— Complete any remaining goals from week 1-2
— Wean from a walker or crutches to a cane or one crutch, as instructed
— Walk at least the distance of four blocks
— Go up and go down 12 to 14 steps with a rail, one foot at a time, more than once per day
— Bend your hip 90° unless told otherwise
— Resume all light home duties with help as needed

ACTIVITY GOALS FOR WEEK 5-6:
— Complete any remaining goals from weeks 1-4
— Household ambulation with cane or without assistive device
— Walk with/possibly without a cane or crutch to complete the distance of four to eight blocks
— Go up and down stairs with a rail from one foot at a time to regular way
— Bend your hip 90°
— Drive a car at six weeks, if approved by your surgeon
— Resume all light home duties by yourself
— Return to light work duties, if approved by your surgeon
ACTIVITY GOALS FOR WEEK 7-12:
• Complete any remaining goals from weeks 1-6
• Walk without a cane or crutch, without a limp the distance of eight to 16 blocks
• Go up and down stairs with a rail
• Resume all home duties and low-impact activities

Hip Exercises

Review all exercises with your physical therapist. Perform your exercises 10 to 15 times, two to three times daily, unless noted otherwise. Feel free to do the leg exercises with both legs. Be sure to follow your hip precautions (see the “Activities of Daily Living” section). Do not hold your breath while exercising. Use ice on your hip after you exercise if you have muscle soreness from the exercise.

**Hip**

- Lying on non-operated side with pillow between thighs, raise operated leg from pillow. Hold _____ seconds.
- Repeat _____ times per set.
- Do _____ sessions per day.

**Standing Hip Flexion**

- Using a chair if necessary, march in place four times in each phase:
  1. Foot raised 6 inches
  2. 12 inches
  3. 18 inches
  4. As high as you can
- Repeat set _____ times.
- Do _____ sessions per day.

**Wall Slides**

- Leaning on wall, slowly lower buttocks until thighs are parallel to floor.
- Hold _____ seconds.
- Tighten thigh muscles as you return to starting position.
- Repeat _____ times.
- Do _____ sessions per day.

**Step-Ups**

- Stand on stair step or 4 to 6 inch stool.
- Slowly bend operative leg, lowering other foot to floor.
- Return to starting position.
- Repeat _____ times.
- Do _____ sessions per day.
Hip Exercises

**Plantar/Dorsi-Flexion**

With leg relaxed, gently bend and straighten ankle. Move through full range of motion.

Repeat _____ times per set.
Do _____ sets per session.
Do _____ sessions per day.

**Quadriceps**

Tighten muscles on top of thigh by pushing the back of your knee down into the surface. Hold _____ seconds.

Repeat _____ times per set.
Do _____ sessions per day.

**Hamstring**

Tighten muscles on back of thigh by pulling heel downward into the surface. Hold _____ seconds.

Repeat _____ times.
Do _____ sessions per day.

**Glut**

Tighten buttock muscles. Hold _____ seconds.

Repeat _____ times per session.
Do _____ sessions per day.

**Heel**

Bend the operated hip and pull heel toward buttocks. Hold _____ seconds. Return to starting position.

Repeat _____ times.
Do _____ sessions per day.

**Hip Abduction/Adduction with Extended Hip**

Gently bring leg out to side, then back to the starting position. Keep your knee straight.

Repeat _____ times per set.
Do _____ sessions per day.
Hip Exercises

**Strengthening: Terminal Hip Extension**

With knee bent over bolster, straighten knee by tightening muscle on top of thigh.

Hold _____ seconds.

Be sure to keep back of the knee on the bolster.

Repeat _____ times per set.

Do _____ sessions per day.

**Bridging**

Bend your knees, and plant your feet flat. Raise your hip/pelvis by pushing down evenly on both legs.

Hold _____ seconds.

Repeat _____ times.

Do _____ sessions per day.

**Toe-up (Ankle Plantar and Dorsi-Flexion)**

Holding a stable object, rise up on toes.

Hold _____ seconds. Then rock back on heels and hold _____ seconds to complete set.

Repeat set _____ times.

Do _____ sessions per day.

**Abduction**

Holding a chair for balance, feet shoulder-width apart and toes pointed forward. Swing the operated leg out to side, keeping knee straight.

Do not lean.

Repeat using other leg when instructed by your therapist.

Repeat _____ times per session.

Do _____ sessions per day.

**Hip Extension**

Using a chair for balance, feet shoulder-width apart and toes pointed forward. Slowly extend one leg back, keeping knee straight. Do not lean forward. Repeat with other leg when instructed by your therapist.

Repeat set _____ times.

Do _____ sessions per day.

**Standing Knee Flexion**

Standing, bend knee as far as possible.

Hold _____ seconds.

Repeat _____ times per set.

Do _____ sessions per day.
ACTIVITIES OF DAILY LIVING
Precautions

Follow the hip precautions if any were taught to you by your therapists. Practice the exercises you learned to strengthen the muscles around your new hip. Ask your surgeon how long you need to follow your hip precautions. However, it is important to maintain these precautions:

— Do NOT put more weight on your affected leg than instructed

Your Weight-Bearing Status Is: ______

DISLOCATION
Certain body positions and activities can cause hip dislocation. Prevention of dislocation includes the following:

FOR THE ANTERIOR SURGICAL APPROACH (IF UNSURE, SEE CHECKED BOX ON COVER)
— Do NOT extend your operated leg behind you (hip hyperextension)
— Do NOT turn your operated leg out to the side (hip external rotation)
— Do NOT stand and pivot away from your operated side
— Do NOT lie on your side unless you keep a pillow between your knees.
   This is for comfort.
— Do NOT twist your body when standing
— Do NOT put more weight on your affected leg than instructed

FOR THE POSTERIOR SURGICAL APPROACH (IF UNSURE, SEE CHECKED BOX ON COVER)
— Do NOT bend forward more than 90°
— Do NOT lift your knee higher than your affected hip
— Do NOT bring legs together or cross your legs
— Do NOT turn your affected leg inward
— Do NOT reach across your affected leg
— Do NOT twist your body when standing
— Do NOT put more weight on your affected leg than instructed
Contact Your Surgeon Right Away

IF YOU NOTICE:
— New onset of severe hip or groin pain
— A turning in or out of your leg that is new
— You are unable to walk or put weight on your leg
— Increased numbness or tingling of the leg
— Change in length of the leg
— A bulge felt over the hip

IF YOU HAPPEN TO FALL:
Follow these precautions for about 12 weeks after surgery. Ask your surgeon if precautions should be followed more than 12 weeks.

Home Safety and Avoiding Falls

There are many things you can do to keep your joints safe. Follow these suggestions to avoid injury and falls:

— Avoid throw rugs in your home or path
— Store foods and other supplies between waist and shoulder level. This makes it easier to reach things without straining.
— Watch for floor hazards such as small objects, pets and uneven surfaces
— Make sure rooms are well lit by using nightlights or flashlights as needed in halls, bathroom and bedroom
— Keep items you use often within easy reach
— Keep electrical and other cords out of walking paths
— Wear slippers or shoes with backs; soles should be rubber for good traction
— Use sturdy chairs that are not excessively low and have arms to help you get up and down
— Add firm pillows to a low chair to help make it easier to get up
— Stop and think about the best body mechanics to use before taking on a new task
— Change positions frequently to avoid stiffness
— Get out of the car every one to two hours during travel for a short walk to lessen stiffness
— Keep your appointments with your surgeon as instructed
Bed Mobility

**FOR THE ANTERIOR APPROACH:** Place a pillow under your knees for comfort

**FOR THE POSTERIOR APPROACH:** Use a pillow or foam wedge between your legs when lying on your back or side

— Do not cross your legs
— Do not lie on your affected hip unless approved by your surgeon

Ambulation

A walker or cane should be fitted to your height by a physical therapist or health care professional. If you had both hips replaced at the same time, the “affected” leg means the weaker one.

**WALKER**
1. Stand up straight with the walker a few inches in front of you.
2. Place each hand on the hand grips of the walker.
3. Move the walker forward one step.
4. Take a step into the walker with your affected leg.
5. Lean on the walker to give balance and support.
6. Take a step with your unaffected leg.
7. Repeat the above until you’ve reached your target.

**CRUTCHES**
Instructions should be followed as taught to you by your physical therapist. There are different ways to use crutches. You should use the method that is most appropriate for your needs.

**CANE**
1. Stand up straight with the cane held by your hand on the unaffected side.
2. Move the cane forward one step.
3. Move your affected leg forward.
4. Move your unaffected leg forward.
5. Repeat the above until you’ve reached your target.
Transfers

BED
GETTING INTO BED:
1. Back up to the bed until you feel it behind your legs. Place yourself halfway between the foot and head of the bed. Slide your affected leg out in front of you before sitting down.
2. Reach back with both hands and sit down on the edge of the bed. Scoot back toward the center of the mattress. Slick sheets, slick pajamas or sitting on a plastic bag may make scooting easier.
3. Move the walker out of your way. Keep it close by.
4. Scoot your hips around to face the foot of the bed.
5. Lift the leg closest to the bed into bed while scooting around.
6. Lift the other leg into bed.
7. Scoot your hips toward the center of the bed.
8. Place a pillow between your knees.

GETTING OUT OF BED:
1. Move your hips to the edge of the bed while leaning on your elbows.
2. Sit up while lowering your unaffected leg to the floor.
3. Scoot to the edge of the bed while using your hands behind you.
4. Use both hands to push off from the bed.
5. Slide the affected leg out in front of you before standing up.
6. Get balanced before reaching for the walker.

CHAIRS AND TOILETS
Sit in chairs with firm seats for ease of movement. An extra cushion or pillow may be needed on the seat of a low chair if there is no other choice for sitting. It’s safer to keep both feet on the floor or on a stool.

A raised toilet seat, a three-in-one bedside commode or toilet safety rails may be needed over your toilet for about 12 weeks after surgery. Such equipment is no longer needed once you can get up and down from the toilet safely on your own.

SITTING ON A CHAIR OR TOILET:
1. Take small steps and turn until your legs are against the toilet/chair.
2. Slide the affected leg out in front of you before sitting down.
3. When using armrests, reach back for both armrests and lower yourself onto the toilet. If there are no armrests, keep one hand on the middle of the walker/crutch/cane while reaching back for the toilet seat with the other hand.
GETTING UP FROM A CHAIR OR TOILET:
1. Slide the affected leg out in front of you before standing up.
2. When using armrests, push yourself up from the armrests. If there are no armrests, keep one hand on the middle of the walker/crutch/cane and push off from the toilet seat with the other hand.
3. Gain your balance and place your hands on the walker/crutches.

TUB/SHOWER
You cannot get down into a tub until you are mobile enough to do so safely. You can sit on a bench/chair or stand in a tub or shower. Be sure the tub bench/chair is high enough for your height. Make sure all needed items are within reach before starting to shower. Use a rubber mat or non-skid adhesive on the floor of the tub or shower. If you have staples/sutures, make sure you have your surgeon’s approval before getting them wet. The instructions below can also be followed for a shower stall.

GETTING INTO THE TUB USING A TUB BENCH:
1. Place the tub bench in the tub. It should face the faucets.
2. Back up until you can feel the tub bench on the back of your legs. Be sure you are centered against the tub bench.
3. Slide your affected leg out in front of you before sitting down.
4. Keep one hand on the middle of the walker/crutch/cane while reaching back for the tub bench with the other hand.
5. Slowly lower yourself onto the tub bench without leaning forward.
6. Move the walker out of your way. Keep it close by.
7. Lift your legs, one at a time, over the edge of the tub as you scoot yourself around.
8. Scoot yourself to the center of the bench.

GETTING OUT OF THE TUB USING A TUB BENCH:
1. Scoot yourself around as you lift your legs, one at a time, over the edge of the tub.
2. Scoot yourself to the edge of the tub bench.
3. Place one hand on the middle of the walker/crutch/cane. Push up with the other hand on the back of the tub bench.
4. Gain your balance and place your hands on the walker/crutches.
VEHICLE

GETTING INTO THE VEHICLE:
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Back up to the vehicle until you feel it touch the back of your legs.
3. Slide your affected leg out in front of you.
4. Reach back for the back of the seat with one hand and the dashboard with the other hand. Lower yourself down onto the seat. Be sure to lower your head to avoid hitting it on the door frame. Scoot backward as far as you can toward the other seat.
5. Turn frontward, leaning back as you lift one leg at a time onto the floorboard of the vehicle.
6. Center yourself on the seat.
7. Bring the seat back to a comfortable position.
8. Put on your seatbelt.

GETTING OUT OF THE VEHICLE:
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Scoot yourself sideways and backward as you lift one leg at a time out of the vehicle and onto the ground. Lean back as you do so.
3. Slide your affected leg out in front of you. Push yourself up with one hand on the dashboard and the other on the back of the seat. Be sure to lower your head to avoid hitting it on the door frame.
4. Gain your balance and place your hands on the walker/crutches/cane.

STAIRS
General rule of thumb: Go up with your unaffected leg and down with your affected leg

GOING UP STAIRS:
NOTE: Your therapist should give you detailed instructions on how to go up and down stairs with your walker, crutches or cane. Below are general reminders related to stairs.

1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on the step above you.
3. Step up with the unaffected leg.
4. Step up with the affected leg.
5. Move the walker, crutches or cane up one step.
6. Repeat the above until you’ve reached your target.

GOING DOWN STAIRS:
1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on one step below you.
3. Step down with your affected leg.
4. Step down with your unaffected leg.
5. Move the walker, crutches or cane down one step.
6. Repeat the above until you’ve reached your target.
DRESSING

Putting on pants and undergarments by yourself

1. Be sure all needed items are within easy reach.
2. Slide your affected leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a reacher or dressing stick to grasp the clothing. Place your affected leg in first, followed by your unaffected leg. The reacher or dressing stick can be used to guide the waist band over your feet and hips.
5. Pull your pants up to your thighs.
6. Stand with the walker in front of you. Pull your pants up the rest of the way.

TAKING OFF PANTS, UNDERGARMENTS, OR SOCKS BY YOURSELF:

1. Be sure all needed items are within easy reach.
2. Back up to a chair or bed.
3. Unfasten your pants and allow them to fall to the floor. Push your underwear off your hips.
4. Slide your affected leg out in front of you. Lower yourself down to a chair or bed.
5. Use a reacher or dressing stick to grasp the clothing.
6. Remove your unaffected leg first, followed by your affected leg.

PUTTING ON SOCKS BY YOURSELF:

1. Be sure all needed items are within easy reach.
2. Slide your affected leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Slide the sock fully onto the sock aid.
5. Bend your hip slightly.
6. While holding the cord with both hands, drop the sock aid in front of your foot.
7. Slide your foot into the sock aid.
8. Point your toes and straighten your hip. Pull the sock on and keep pulling until the sock aid pulls out of the sock.
PUTTING ON SHOES BY YOURSELF:

NOTE: Shoes should have rubber soles. Do NOT wear high heels or shoes without backs. Wear one of the following: sturdy slip-on shoes, Velcro® closure shoes, or shoes with elastic shoe laces. It may be too difficult to tie your own shoes at first.

1. Be sure all needed items are within easy reach.
2. Slide your affected leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a long-handled shoehorn, dressing stick or reacher to slide your shoe in front of your foot.
5. Place the shoehorn inside the shoe.
6. Lean back as you lift your leg to place your toes inside the shoe.
7. Step down into your shoe, sliding your heel downward against the shoehorn.
8. Fasten your shoe by using the reacher to close the Velcro® straps or pull elastic shoe laces tight.

TAKING SHOES OFF BY YOURSELF:

1. Be sure all needed items are within easy reach.
2. Slide your affected leg out in front of you.
3. Sit down on a supportive surface to maintain your balance.
4. Use a reacher to unfasten your Velcro® straps or elastic shoe laces.
5. Use a long-handled shoehorn, dressing stick, or reacher to slide your shoe off of your foot.
Energy Conservation/Joint Protection

**CHOOSE LOW-IMPACT ACTIVITIES SUCH AS:**
- Regular walks indoors or outdoors
- Walking on treadmill
- Recommended exercise at a fitness center
- Swimming
- Bicycling
- Dancing
- Golfing
- Cross-country skiing
- Aquatics or Tai Chi program (many are sponsored by a local Arthritis Foundation chapter)
- “Joints in Motion” class (sponsored by a local chapter of the Arthritis Foundation)
- “Walk with Ease” program (sponsored by a local chapter of the Arthritis Foundation)
- Upper-extremity strengthening exercises

**AVOID HIGH-IMPACT ACTIVITIES SUCH AS:**
- Downhill or water skiing
- Jogging or running
- High-impact aerobics
- Jumping activities
- Tennis or racquetball
- Football
- Baseball
- Lifting more than 25 pounds over and over

**HOUSEHOLD TIPS:**
- Maintain clear walkways.
- Do not get down on your knees to scrub floors. Use a mop or long-handled brush.
- Keep often-used cooking or working supplies where they can be easily reached.
- Plan ahead by gathering all cooking or working supplies at one time to work on a project.
- Use a high stool or cushions to provide a better working height.
- Plan rest periods in-between periods of activity.
- Pace yourself; attempting to do too much at one time can leave you exhausted for the rest of the day.
- Note your highest energy time of day to tackle a heavier activity.
- Break down a heavy activity into smaller, more manageable ones.
- Push or pull items instead of carrying them.
- Ask for help when you need it.
- Learn to work smarter, not harder.

**NOTE:** Many other tips for joint protection, work simplification, energy conservation and equipment are available from an Occupational Therapist or the Arthritis Foundation. Check your local phone book for an Arthritis Foundation chapter near you.
APPENDIX A
Health Care Provider Phone Numbers

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Phone Numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appointment List

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Date</th>
<th>Time</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Give Us Your Feedback

Thank you for putting your trust in the Cottage Center for Orthopedics for your surgery. It was our pleasure to care for you during your time with us.

The physicians and staff are always looking to improve our healthcare services, and we would appreciate hearing about your experience as a patient.

We invite you to call and speak directly with our service line director. Just call 805-569-7550 any time and we will gladly listen to your story, whether it is praise or a critique.

Thank you again for choosing Cottage Health System for your care.