

Advice and exercises for before and after your total hip replacement

Information for patients, relatives, and carers

Service provided by:

University Hospital Southampton NHS Foundation Trust

Exercises before your operation

Start these exercises now, before you have your operation. Although your joint may be sore while waiting for surgery, doing these exercises and moving your hip will help improve its movement and strengthen the muscles around it. This will help the muscles work better after surgery, which can make recovery easier and faster.

Starting now also helps you get used to the exercises you will be doing after your operation. Begin with the 'starter' exercises in this booklet. If they feel too easy, then stop and move onto the 'progression' exercises.

Exercises after your surgery

Doing your exercises after your operation is **essential** to ensure you get the best possible results. Begin with the starter exercises for the first two weeks. Start the progression exercises two weeks after your surgery, or when you find the starter exercises too easy.

Aim to do them **three times a day**, following the instructions next to each exercise. It is perfectly normal to find this challenging to begin with. Just do what you can and build up slowly.

Top tip

Fit the exercises into your daily routine. For example, do a few during TV ad breaks.

Normal responses to exercise

Pain and delayed onset muscle soreness (DOMS)

It is normal to feel some pain and muscle soreness after surgery. This happens because the soft tissues around your joint are still healing.

You may feel sore for up to 72 hours after exercise. This is your muscle reacting to being worked harder than usual, which is a normal part of getting stronger.

Swelling

Swelling is a normal part of healing after joint replacement surgery. It may increase after exercise because you are using the joint more, which is expected, but it should improve with rest and elevation (keeping your leg raised).

If swelling does not go down, or if you notice redness, heat, fever, or any discharge from the wound, contact the Orthopaedic Outpatient Department during office hours. Evenings and weekends, call ward F4, or dial 111 for advice or go to your nearest emergency department (A&E).

'Starter' exercises

Aim to begin with **10 repetitions** of each exercise. Start doing these exercises as soon as you receive this booklet.

1. Glute bridge

- Lie flat on your back on a bed.
- Bend both of your knees up and clench your buttocks.
- Press your heels into the bed, then lift your bottom off the bed as high as you can without arching your back.
- Hold for 3 to 5 seconds.
- Try to keep your pelvis level throughout the exercise.
- Slowly lower your bottom back down onto the bed.



2. Hip abduction in standing

- Keep your body upright throughout this exercise. Do not lean sideways.
- Stand holding onto a firm support or surface.
- With your knee straight, take your operated leg out to the side, keeping your foot pointing forwards.
- Hold for 3 seconds.
- Slowly bring your leg back to the starting position, with your foot on the floor.



3. Hip flexion in standing

- Keep your body upright throughout this exercise. Do not lean sideways.
- Stand holding onto a firm support or surface.
- Bring the knee on your operated leg up to the same level as your hip. Hold for 3 seconds.
- Slowly bring your leg back to the starting position, with your foot on the floor.



4. Hip extension in standing

- Stand holding onto a firm support or surface.
- Slowly take your operated leg as far back as you can while keeping the leg straight, so that your foot is off the floor. Try not to arch your back. Hold for 3 seconds.
- Slowly bring your leg back to the starting position, with your foot on the floor.



5. Weight shifting

- Stand holding your crutches or a countertop or back of a chair for support.
- Aim to straighten both of your knees as much as you can.
- Slowly move your hips from left to right, shifting your weight from one leg to another.
- Hold for 3 seconds.
- Slowly increase the amount of weight you put onto your operated leg.



Getting in and out of a car

Try to practice this with your crutches **before** your operation.

Preparation

- Avoid getting in or out of a car parked closely against the kerb. You will need enough room to place your feet into the road when getting in or out of a car.
- Always use the front passenger seat. Ask someone to move it back as far as possible to give you room to get in. If you have long legs, make sure that the driver's seat is also moved back as far as possible before you get in (see number 3 of 'Getting in'). Reclining the back of the passenger seat will give you even more room.
- Place a plastic bag on the passenger seat to help you slide back and into position more easily. Remember to remove it from under you before the start of the journey to prevent slipping.

Getting in

1. Turn with your walking aids until the back of your legs are touching the car, then hand your walking aids to the driver.
2. Keeping your operated leg out in front of you, lower yourself down onto the car seat, holding on to the dashboard with your right hand and the back of the passenger seat with your left hand.
3. Slide your bottom across the passenger seat towards the handbrake. If you have long legs, you may need to slide right across to the driver's seat to get your legs into the car.
4. Lift your legs around and into the car with as little twisting as possible.
5. Keep your operated leg out straight and your toes pointing upwards until you are comfortably in your seat. To prevent slipping during the journey, remember to remove the plastic bag from under you once you have sat down.
6. Remember to reach for the seatbelt with your left hand to avoid twisting.

Please note

If there is a fixed or raised armrest, or any other obstruction between the two front seats which would prevent you from sliding across:

- Fully recline the front passenger seat after pushing it back as far as it will go.
- You will now be able to slide up and backwards along the seat and its back, bringing your legs into the car at that point.
- Ask the driver to return the seat to an upright position.

Getting out

- Move your bottom back towards the driver's seat.
- Lift your legs out of the car and slide forward to the edge of the passenger seat.
- Place your left hand on the back of the seat and your right hand on the dashboard (not the car door) and push yourself up to stand. Take your walking aids from the driver.

'Progression' exercises

Aim to begin with **10 repetitions** of each exercise. Start doing these exercises **from two weeks onwards after your surgery**.

Alternatively, if you find the 'starter' exercises too easy, you can begin doing them as soon as you receive this booklet.

1. Hip abduction in lying

- Lie on your unoperated side, with your 'good' leg bent at the knee.
- Lift your operated leg up and slightly back behind you, keeping your knee straight and your foot pointing forward.
- Hold for 3 seconds.
- Slowly lower your leg back down to the starting position.



2. Hip rotation in lying

- Lie on your unoperated side, this time with both legs partially bent at the knee.
- Keeping your ankles together, slowly lift the knee of your operated leg towards the ceiling by rotating your hip.
- Hold for 3 seconds.
- Slowly lower your leg back down to the starting position.

Make sure that you do not roll backwards when doing this exercise.



3. Step ups

- Stand at the bottom of your stairs facing up the stairs. If you do not have stairs at home, place a sturdy upturned box against a wall.
- If you have one, hold the stair rail for balance and support.
- Place the foot of your operated leg onto the first step. Use this leg to push yourself up onto the step by straightening your knee.
- Slowly lower your non-operated leg back down to the floor and repeat.

Make sure that you are not pulling yourself up the step by using your hand on the rail.



4. Quarter squat

- Stand holding a countertop or back of a chair for support.
- Bend both your knees and sit your bottom backwards (as if you were going to sit on a chair).
- Squat as far down as you feel able, hold for 3 seconds and then straighten both legs to return to the starting position.



Stairs

There is no right or wrong way to go up and down the stairs, but the following instructions should make it as easy as possible, as it reduces the load going through your operated leg.

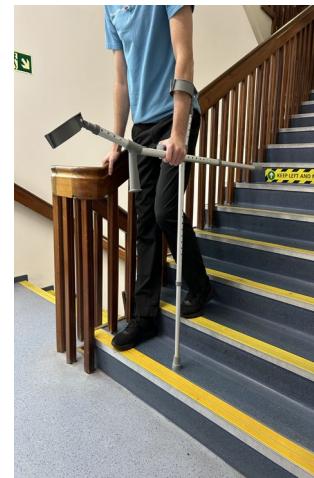
Going upstairs

- Use one crutch as normal, keeping it in contact with the floor. Use the same hand to grasp the second crutch in a T shape. Hold onto the stair rail (banister) with your other hand.
- Place the foot of your 'good' (non-operated) leg onto the step above.
- Bring your 'bad' (operated) leg up to join it.
- Then bring your crutches on to the same step as your feet.
- Repeat, taking your time and watching where you place your feet.



Going downstairs

- Use one crutch as normal, keeping it in contact with the floor. Use the same hand to grasp the second crutch in a T shape. Hold onto the stair rail (banister) with your other hand.
- Place your crutch onto the step below.
- Place the foot of your 'bad' (operated) leg onto the step below.
- Bring your 'good' (non-operated) leg down to join it.
- Then bring your crutches on to the same step as your feet.
- Repeat, taking your time and watching where you place your feet until you reach the bottom.



Contact us

If you have any questions, problems or need advice once you are at home, please do not hesitate to contact us on one of the numbers below.

Southampton General Hospital

For queries, please contact:

Outpatient Appointment: 023 8120 6218 (appointment-related)

Outpatient Nurses: 023 8120 2880 (Monday to Thursday, 8.30am to 5pm)

F4 Elective Ward: 023 8120 6479 (post-operative queries)

Occupational therapy and physiotherapy: 023 8120 4452

After hours and weekends: Contact F4 Elective Ward or call 111 for advice

Emergency: Call 999 immediately

Your feedback is important to us

Comments, concerns, compliments, and complaints

If you have any comments, concerns, compliments, or complaints about your care, please let us know as soon as possible. Please speak to the nurse in charge, ward sister or matron so that we can help to resolve your concerns quickly.

PALS and complaints

You can contact the PALS and complaints team by telephone on 023 8120 6325 or via email at pals@uhs.nhs.uk or write to - Patient advice and liaison service (PALS), Mailpoint 81, Southampton General Hospital, Tremona Road, Southampton, SO16 6YD.

www.uhs.nhs.uk/contact/tell-us-about-your-experience/raising-concerns-or-making-a-complaint

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone 0800 484 0135 or email patientsupporthub@uhs.nhs.uk

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit

www.uhs.nhs.uk/additionalsupport

This booklet was created by **Hampshire Orthopaedic Centre, part of Hampshire Hospitals NHS Foundation Trust (HHFT), and adapted for use by University Hospital Southampton Foundation Trust (UHSFT)**. We acknowledge and appreciate their contribution in allowing us to tailor this resource to meet the needs of our community.