Total Hip Replacement Exercise Booklet

Weight Bearing As Tolerated



| Patient Name: | |
|------------------------------|--|
| Surgeon: | |
| Date of Surgery: | |
| Physiotherapist: | |
| ☐ (416) 967-8633 (3rd floor) | |
| ☐ (416) 967-8637 (6th floor) | |

□ (416) 967-8520 (7th floor)



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Walking and Early Activity

After surgery there are no restrictions in the way you are allowed to move but **you should listen to your body and avoid painful movements or positions.** In addition, you or another person should not force your hip in any direction. Your Occupational Therapist may recommend some equipment to help with your daily activities, such as a reacher, sock aid and/or a raised toilet seat.

Walking

You are allowed to put as much weight as you feel comfortable with on your operated leg, we call this **Weight Bearing As Tolerated**. Your physiotherapist will let you know what walking aid you should be using (walker, 2 canes, 1 cane or walking poles).

Note: When using one cane, the cane should be held in the hand opposite to your surgery leg.

When you are at home you may feel you can progress to using less support (e.g. 1 cane instead of 2), make sure that you do not begin to limp. It is better to walk properly with more support.

- Building your strength by doing the exercises given to you in this book will help prevent limping
- Practice walking in front of a full length mirror, check that:
 - standing up as tall and straight as possible
 - shoulders do not sway side to side
 - o the same amount of weight is on each leg i.e. you are standing straight
- Walking is a good activity after surgery but it is important to increase the amount you walk slowly to avoid increasing pain and swelling. For example, try to walk for 5 minutes. If your pain does not increase, try walking for 6 minutes the next day.

Reduce Pain and Swelling

Ice and Heat:

• Ice can be applied to your operated leg for **10-15 minutes every hour**, as needed. You may find this most helpful after exercise. When resting, lie flat, apply ice where you have pain, elevate your leg above the level of your heart and move your ankles up and down. This can help reduce swelling, pressure and pain

• Beginning one week after surgery, you may apply heat for 10-15 minutes before you exercise.

Do not apply heat directly over the incision

Pain Medication:

- Pain medication should be taken as prescribed
- It is important that your pain is controlled so that you are able to complete 2-3 exercise sessions each day and gradually progress your walking
- If you have pain when doing your exercises, take your pain medication before starting your exercises. The goal is to be 4/10 or lower (low to moderate pain) on the 0-10 pain scale (0= no pain, 10= pain as bad as it can be)
- For more information about pain management visit www.sunnybrook.ca/hipkneepain

Sleeping:

- You may sleep however you are comfortable. If you are lying on your side you may find it comfortable to sleep with pillow(s) between your thighs
- Scar sensitivity is normal and may make it uncomfortable to lie on your operated side. To decrease sensitivity, gradually increase the amount of time you spend lying on your operated side

Caring for your new hip

After surgery there are no limitations in the way you are allowed to move your hip but **you should** listen to your body and avoid painful movements or positions. For example, if it increases your pain to sit on a low seat, raise the surface up with a cushion or raised toilet seat. In addition, you or another person should not force your hip in any direction.







Do I need a hip cushion, raised toilet seat, shower bench, etc.?

Although not required, your Occupational Therapist may recommend some equipment to help with your daily activities, such as a seat cushion or a raised toilet seat. Many people find this equipment very helpful until they have improved strength, balance and mobility (e.g. if you are very tall or still quite stiff).

How To Manage Stairs

A handrail will make stairs easier and safer. Place one hand on the railing and hold cane(s) in your opposite hand. If you do not have a handrail, use a cane in each hand.

To go up the stairs:

- Place the non-operated leg up on the first step
- Use the cane/handrail to help step up
- Bring the operated leg up to the same step

To go down the stairs:

- Start at the edge of the step
- Bring the cane and your operated leg down to the next step
- Step down to the same step with the **non-operated** leg

Note:

 Once you feel strong enough, you can go back to climbing the stairs normally: one foot on each step (it does not matter which foot moves first)





Post-operative Exercises

Your exercises are a very important part of your recovery.

Range of Motion

- Hold each exercise for 5 seconds, repeat 10-15 times
- Repeat 2-3 times per day

1. Hip Bending

- With the help of a towel/sheet bend your knee and bring your operated leg toward your chest, keeping your other leg flat to the bed
- When you cannot go any further on your own, use your hands/towel to pull your thigh towards your chest until you feel a gentle stretch

Repeat on both legs





2. Hip Abduction

- Tighten thigh muscle and slide the operated leg sideways in bed with the help of a sheet if needed
- Keep your kneecap and toes pointing up towards the ceiling
- · Do not lift your leg off the bed

Strengthening Exercises

- Perform slow and controlled movements, no need to hold the position
- Repeat each exercise 10-15 times, 2-3 times per day

3. Bridge

- Lie on your back with your knees bent (about 90 degrees)
- Squeeze your buttocks and lift your buttocks off the bed



4. Squat

- Stand in front of a chair/sink and keep equal weight through both feet
- Keep your toes pointing forwards
- Bend your knees and stick your buttocks out
- Lower your buttocks down slowly and with control, using hand support if needed
- If using a chair, lower all the way down into sitting
- Do not allow your knees to go ahead of your toes





Strengthening Exercises

- Perform slow and controlled movements, no need to hold the position
- Repeat each exercise 10-15 times, 2-3 times per day

5. Standing Hip Abduction





- Hold onto a counter for balance
- Move your operated leg out to the side while standing tall
- Keep your hips level and upper body straight
- Do not hike your hip. Try to keep your foot slightly off the floor
- Keep your toes pointing forward
- Alternate legs

6. Marching in Standing

- Hold onto a counter for support
- Bend your operated hip and lift your knee up towards your chest
- Keep your back straight and ensure that you are not rocking from side to side
- Alternate legs

Helpful Tip: perform this exercise in front of a mirror



Post-operative Hip Replacement Education Session

| Your Post-operative Hip Replacement Education Session is on: _ | at | | | |
|--|------|--|----|--|
| | Date | | 20 | |

The session is held at the Holland Centre in Rehab Services, Basement Level

Please bring the following items with you:

- This booklet
- Your health card and Sunnybrook hospital card
- Reading glasses, if needed
- Wear comfortable clothing
- Orange/coral referral, if provided by your surgeon
- *Please remember Sunnybrook is a scent free hospital

When you attend the session a Physiotherapist will teach you the "Progression Exercises" that are appropriate for you.

* Please call **416-967-8626** as soon as possible if you have not been booked into a session or need to change your appointment.

Exercise Instructions

Strengthening exercises:

- 3-4 times per week (every other day)
- Start with 1 set of 10-15 repetitions
- Progress gradually to 3 sets of 10-15 repetitions, take a 1-2 minute break between sets
- Think slow and controlled movements, no need to hold the position
- Move on to an exercise labeled "progression" when you can easily complete 3 sets of 10-15 repetitions
- Repeat exercises on your other leg

- It is normal for muscles to feel sore or even shaky when starting a new exercise
- **Joint pain** is not normal. Pain, unlike soreness, is an indicator that you may be overdoing it with your exercises. Rest for 1-2 days and then start exercising again slowly
- Gradually increase your activity level
- Walking **DOES NOT** take the place of your exercises
- Continue with these strengthening exercises for at least the first year after your surgery

Strengthening Exercises (Cont'd)

Please refer to page 9 for exercise instructions (including how many repetitions and how often)

7. Bridge Progression

- Lying on your back, knees bent
- Squeeze buttocks
- Lift buttocks off the bed

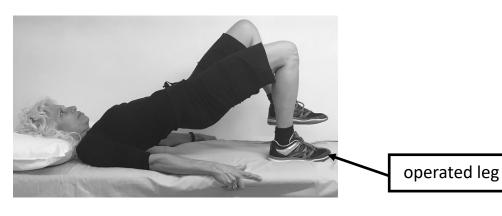
Progression level 1:

- Lift buttocks off the bed with both feet on bed
- Once you are up, lift non-operated leg slightly off the bed
- Keep non-operated leg up as you lower buttocks back to the bed

Progression level 2:

- Raise and lower buttocks with operated leg only on bed
- Try straightening your non-operated leg while keeping it off the bed slightly

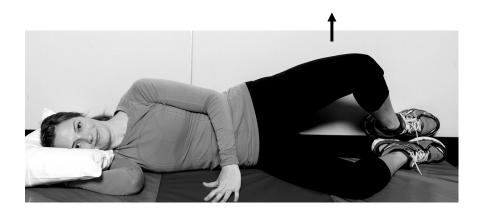






8. Clam Shell

- Lie on your non-operated side with your hips and knees slightly bent
- Keep your feet together
- Open your knees as much as you can without letting your top hip roll backwards



 Note: If you are having difficulty opening your knees or preventing your hip from rolling then push your feet against a wall or headboard as you lift your top knee



 Progression: Tie a TheraBand® around your lower thighs, just above your knees.
 You may want to start off with a light resistance TheraBand®

9. Hip Flexor Strengthening

- In sitting, lift your operated leg up so that your foot is off the floor
- Try to avoid leaning back
- Do not let your knee turn out to the side

Progression: push down with your hands to apply resistance





10. Standing Hip Abduction Progression





- Hold onto a counter for balance
- Move your operated leg out to the side while standing tall
- Keep your hips level and upper body straight
- Do not hike your hip. Try to keep your foot slightly off the floor
- Keep your toes pointing forward
- Alternate legs

Progression:

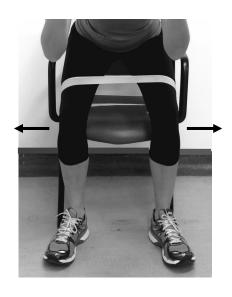
• Tie a TheraBand® around your lower thighs

11. Squat Progression

- Stand in front of a chair/sink and keep equal weight through both feet
- Keep your toes pointing forwards
- · Bend your knees and stick your buttocks out
- Lower your buttocks down slowly and with control, using hand support if needed
- If using a chair, lower all the way down into sitting
- Do not allow your knees to go ahead of your toes

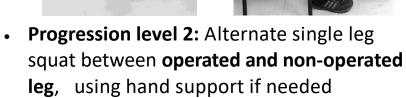






 Progression level 1: Tie a TheraBand® just above your knees. Press thighs apart against tension of TheraBand® while doing the chair squat exercise







12. Crab Walk

- Bring your feet together and tie a TheraBand® just above your knees
- Stand with feet shoulder distance apart
- Stick your buttocks out as if you are about to sit in a chair
- Do not allow your knees to go ahead of your toes
- Maintain this squat position and take a few steps in one direction, then side step back in the other direction
- When stepping feet back together, don't bring feet closer than hip distance apart
- Repeat in opposite direction until you are back to your starting position







13. Standing Abduction Against Wall



- Stand on operated leg
- Bend non-operated leg and push your knee against the wall and return to standing on both legs
- Your hip should not be touching the counter
- Make sure to keep your hips level and thighs in line

Progression:

 Try to take your hand off the counter so that your lower leg is the only part of your body touching the wall

14. Marching in Standing Progression

- Hold onto a counter for support if needed
- Bend your operated hip and lift your knee up towards your chest
- Keep your back straight and ensure that you are not rocking from side to side
- Alternate legs

Helpful Tip: perform this exercise in front of a mirror

Progression:

- level 1: Once you are able to stand without holding on, progress to marching at a slower pace
- level 2: Standing on an uneven surface such as a flat pillow, wobble board or Bosu[®] ball

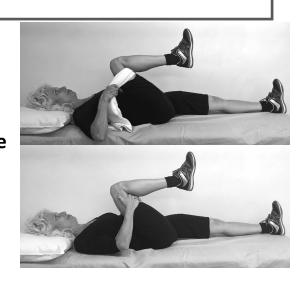


Stretches

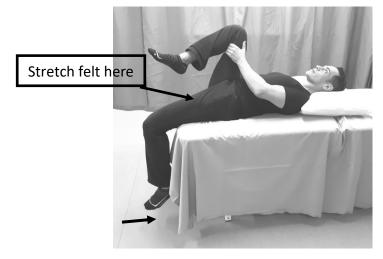
- Warm up for 5-10 minutes before stretching (e.g walking, warm shower)
- Hold stretches 45 seconds (or 5 slow deep breaths), repeat 3 times
- Can be done **everyday** or several times a day if your muscles are tight
- Repeat with the other leg

15. Hip Bending Stretch

- Bend your knee and bring your operated leg toward your chest
- When you cannot go any further on your own, use your hands/ towel to pull your thigh towards your chest until you feel a gentle stretch



16. Hip Flexor Stretch



- Lie with operated leg hanging over the end of the bed
- Bend the non-operated leg toward your chest using your hands or a towel
- You should feel the stretch at the front of your thigh/ groin

Note: to increase the stretch, let more of your thigh hang off the bed and bend your knee.

17. Seated Hamstring Stretch

- Sit on the edge of a chair
- Keep non-operated foot flat on floor. Straighten your operated leg with heel on floor and toes pointing up to the ceiling
- Ensure that you are sitting up straight with an arch in your low back
- Slowly lean forward at hips while maintaining a straight back with chest up



18. Adductor Stretch

- Stand with your feet wider than hip distance apart
- Lunge away from the side that you are stretching
- You should feel the stretch in your groin or the inside of your thigh



19. Side Stretch

- In sitting or standing
- Raise the arm on your operated side above your head
- · Lean away from your operated side
- Take 4 deep breaths to increase the stretch



Stretch felt here

Returning to Activities

This chart is meant as a general guideline, please always follow the advice of your surgeon or Advanced Practice Provider (APP). Ask your surgeon or APP if you want to return to an activity that is not listed

| 6-8 weeks | 3 months | May be allowed at 3-6 months (must discuss with your surgeon first) |
|--|-----------------------------|---|
| Swimming -unless surgeon has said otherwise | Gardening | Downhill/Cross-country skiing |
| Increase walking endurance | Bowling/ Lawn bowling | Horseback riding |
| Golfing (putting and chipping only) | Curling | Canoeing/ Kayaking /Rowing* |
| Stationary bike (upright or recumbent) | Golfing | Yoga* |
| Elliptical/ Treadmill (Walking only) | Outdoor cycling | Hockey |
| Weight training –upper body, core strength | Dancing | Tennis/Pickleball (doubles) |
| Driving a car -unless surgeon has said otherwise | Weight training–lower body* | Skating/Snowshoeing |
| Tai Chi / Pilates* | | |

Note: With any exercise class your instructor should be aware of your surgery

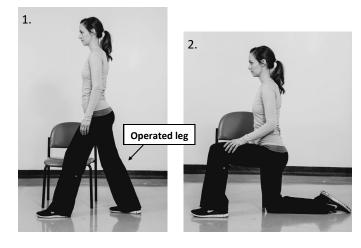
The following activities are generally not recommended after hip replacement: running, jogging, squash, racquetball, contact sports, sports where jumping is involved, heavy lifting (over 50 lbs).

^{*} Avoid forceful repeated maximum bending of thigh to trunk. Stay within a comfortable range of motion for all activities (including sexual activities)

^{*} If using the leg press, do not bend your hip more than 90 degrees. Start with a maximum of 25% of your body weight and progress slowly to a maximum of your full body weight. Only progress weight once comfortable with 3 sets of 15 reps

Progression of functional activities

Getting up & down to the floor: Put your operated leg behind you. Follow the pictures below.









After 6 weeks it is okay to take a bath as long as your incision is fully healed and you can get up/down from the floor (as shown above). Placing a non-slip mat on the bottom of the tub will reduce the risk of slipping

Safe Lifting Tips

- Avoid heavy repetitive lifting (e.g. lifting moving boxes)
- If you must transport heavy objects, use a cart
- Avoid lifting objects that weigh more than 50 lbs or that you can not lift easily
- When lifting, bend with your knees, not with your back and hold the load close to your body, keeping a normal arch in your low back







It is safest to lift an object that is between your knee and waist level. Consider setting
up your kitchen/work areas so you can lift in the ideal range

Footwear

- It is not uncommon to feel like your legs are a different length following hip replacement. This may be the result of tight and/or weak muscles. You should allow 3-6 months for your body to adjust to your new hip. **DO NOT** add a shoe lift unless it has been suggested by your surgeon or advanced practice physiotherapist/occupational therapist
- Wait at least 3 months and speak to your surgeon before getting fitted for new orthotics. You
 may wear your old orthotics as long as they are worn in both shoes and one side is not built up
 more than the other, to provide a lift. If you are unsure, simply wear supportive footwear for the
 first 3 months post surgery

Safe Walking Tips

- For winter walking, Ice-O-Grips are stainless steel prongs that attach to your cane and can be flipped up while indoors
- Snow cleats are great for improving traction if you have to walk on snow and ice. For example: walking your dog in the park. Remember snow cleats need to be removed before going indoors
- Walk on well-lit paths that have been cleared of snow and ice
- Keep your hands out of your pockets (but off of your cell phone!). Ensure you hold onto handrails
- At home ensure clear, well lit hallways/paths to washroom





Active Lifestyle

- Minimize your risk of falling. Be extra careful until you regain strength, balance and coordination
- Be active. A healthy active lifestyle can help prolong the life of your new joint
- Canadian Physical Activity Guidelines recommend:
 - 150 minutes of moderate aerobic physical activity (sweating a little bit and breathing harder) per week, in sessions of 10 minutes or more
 - Muscle and bone strengthening at least 2 times per week
 - More physical activity provides greater health benefits

Useful Websites

Get moving guide:

http://whenithurtstomove.org

Canadian physical activity guidelines:

http://csep.ca/en/guidelines/links-to-csep-guidelines

