



Hip resurfacing advice and exercises

This advice is for patients who have had Birmingham hip resurfacing. This information is designed to help you get back to full fitness as quickly as possible after your operation.

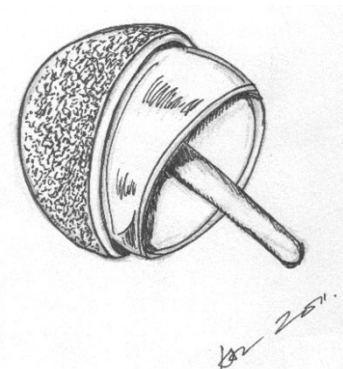
Before you leave hospital a physiotherapist will teach you all the exercises on this leaflet and make sure that you do not have any problems.

Arthritis and hip resurfacing

The hip joint is a type of joint known as a ball and socket joint. The cup side of the joint is known as the acetabulum and the ball side as the head of femur.

This joint is particularly prone to osteoarthritis as it is one of the main weight bearing joints of the body. Both surfaces of the cup and head have a thin layer of cartilage covering them; with arthritis this wears away and the bone surfaces begin to rub against each other causing pain and stiffness.

Birmingham hip resurfacing is so called as it replaces the surfaces of the acetabulum and the head of the femur with metal components.



After your operation

General advice

Pain:

- Having a joint replacement will relieve the arthritic pain from the joint itself. However, because of the trauma to the soft tissues surrounding the joint during surgery, you should expect some pain.
- Taking your medication regularly and following the guidelines in this leaflet will help to make the pain more manageable.
- On discharge from hospital, you may have some pain for a further few weeks and you should use this as a guide when increasing your daily activities.
- A moderate ache that settles quickly is acceptable, severe pain that takes hours to settle is not.
- If you experience a sharp pain, stop activity immediately.
- If symptoms persist, contact your GP for advice.

Swelling:

- Swelling in the leg may persist for three months or more.
- If the leg is very swollen, resting on the bed for an hour or so in the afternoons will help.
- If you wish, you may also ice your thigh to help the swelling. You may use crushed ice, a gel pack or a pack of frozen peas, which must be wrapped in a damp towel or tea towel before being placed on your thigh.
- Do not keep the ice pack on any longer than 10-20 minutes. Any longer than this and the body will increase the blood flow to the area in an attempt to warm the tissues up again. This will make the swelling worse. You can have as little as 20 minutes between ice packs.
- If the swelling appears excessive or doesn't go down overnight or when the leg is elevated contact your GP for advice.

Wound care:

- On discharge from hospital, you must arrange an appointment with your GP practice nurse for a wound check 10-12 days post-op.
- If you have any concerns about your wound, i.e. it is red, weeping or bleeding, please call the **Orthopaedic Outpatients Department on 0118 322 6938**. Please note this is an answer service only. It is checked in the morning on working days only (not weekends or bank holidays). Please leave a message and we will contact you with an appointment as soon as possible.
- If you feel the problem cannot wait, please leave a message and then either contact 111 for advice or attend your local Emergency Department (A&E). If you feel unwell or feverish and particularly if the wound appears infected, please attend your local A&E.

Mobilising:

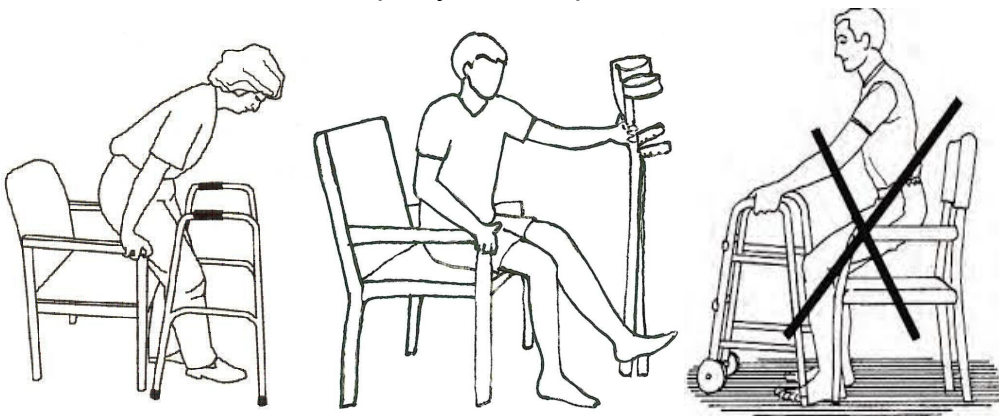
- You can mobilise (start moving around) the same day as your surgery.
- You will initially be given a frame and will be progressed to crutches as soon as possible. You will be partially weight bearing for the first 2 weeks post op. This means you must use both crutches and not put all of your weight through the new hip for these 2 weeks.
- Discharge – you will be discharged once you are independently mobile and can manage stairs if required. This can be the same day as your surgery.
- We recommend initially that you use two crutches both indoors and out until you are confident to mobilise around the house with only one (held in the opposite hand) or none. Outdoors it is advisable to keep two crutches until you can mobilise without a pronounced limp. You may then use one or none depending on confidence.

Points to aim for when walking:

- Make sure that both steps are equal in length.
- Try to spend the same amount of time on each leg.
- Always put the heel of each foot to the ground first.
- Gradually increase your walking distance and amount of activity that you do each day.

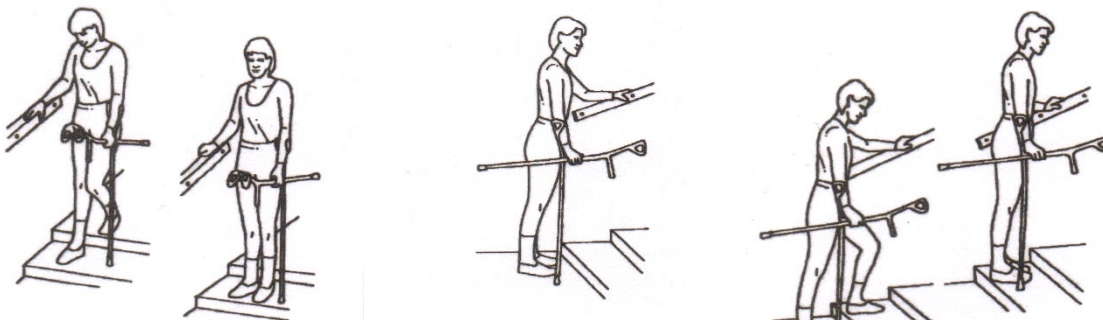
Sitting

- To sit down, stand close enough to feel the chair against the back of your legs.
- Either let go of the walking frame and reach back to the arms of the chair with both hands or place both walking aids in the one hand and place the other on the arm of the chair.
- Step your operated leg forward and gently lower yourself into the chair.
- To stand up, place operated leg out in front of you push up with both hands on the arms of the chair, once balanced place hands on the frame **or** push up with one hand on the arm of the chair holding your walking aids in the other. Once balanced place crutches or sticks in both hands.
- **Do not** use the frame to pull yourself up.



Stairs

- To begin with it is better to go up or down the stairs one step at a time.
- Place the crutches or sticks in one hand and hold onto the rail with the other.
- Going up you should place the un-operated leg on the step above first, followed by your operated leg and crutch/stick.
- Coming down stairs you should place your operated leg together with your crutch/stick onto the step below first, followed by your un-operated leg last.



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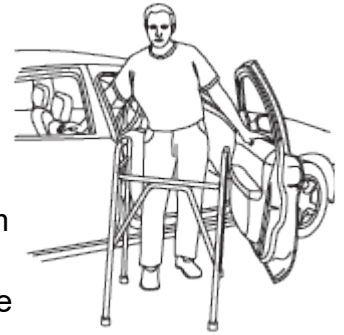
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Getting in and out of a car

- **Positioning the car:** you should sit in the front passenger seat of the car after your operation, as there is more leg room. Make sure the car is parked away from the kerb, so you can be on the same level as the car before you try to get in.
- Push the seat back as far as possible and slightly reclined. Go bottom first into the car and lower yourself slowly to the edge of the seat. Use your arms and lift your bottom further across the seat towards the driver's side. Lift your legs into the car slowly.
- A plastic bag will help you swivel your legs in more slowly, but must be removed before you drive off.
- Reverse this procedure to get out.



Functional activities

- When dressing there are several aids which may be of benefit but these are not essential, e.g. a helping hand, sock aid or long handled shoe horn. The occupational therapist (OT) will give you information on where these aids can be obtained.
- If your toilet is particularly low, you might like to purchase a raised toilet seat to use for the first week or so but again this is not essential.
- Use the armrests to get in and out of your chair.
- Follow the advice from your occupational therapist on how to manage in the kitchen and bathroom.
- **Washing:** for the first 6-8 weeks after your operation you may struggle to get in the bath. If your shower is in the bath, once you are comfortable enough to stand on the new hip to get into the bath you may have a shower. Having a bath is more likely to take 4-8 weeks as it is the standing up from sitting which is the problem. If you do not have a walk in shower or access to one, you will have to have a stand up strip wash until you can get in the bath. You may initially require help to wash and dry your feet or may manage with a combination of a helping hand and/or a long handled brush/sponge.
- **Dressing:** before you come into hospital arrange your clothes so that you can reach them easily for the first week or so till the hip becomes less painful and more flexible. The dressing aids recommended by the occupational therapist will make dressing easier initially. If you have bought these aids it is advisable to use them for the minimal amount of time possible, as you want to be able to regain your flexibility as soon as possible.

Using dressing aids

To get dressed: collect your clothes and your three dressing aids (if using them) and sit somewhere comfortable before you start.
If you have purchased the dressing aids:

The helping hand can be useful initially for putting on underwear, trousers and skirts until you can bend far enough to do it yourself.
It is easier to put your operated leg in first when dressing and last when undressing.



The sock aid can be useful for putting on socks until you are flexible enough to do it yourself.



The long handled shoe horn can be useful initially to put your shoes on, and to push your socks, stockings or tights off until you are flexible enough to do it yourself.



- **In the kitchen:** rearrange the contents of your fridge and cupboards so you can reach the more essential items without bending down; stocking the freezer with pre-cooked meals that can be reheated is also useful. A high stool is useful to sit on, for example, when you are preparing vegetables or for eating meals if you are unable to carry it to the dining table.
- All heavy work, e.g. vacuuming, making beds and cleaning, should be done by somebody else until you are comfortable enough to do it yourself.

Driving

- In order to drive you need to be nearly pain free, not be dependent on walking aids, have a good range of movement and have sufficient reflexes to manage an emergency stop this is usually six weeks after your operation.
- Remember to have a “test drive” and practice an emergency stop with an experienced driver before driving on your own.
- You need to contact the DVLA and your insurance company if you are not driving after 3 months because of the hip replacement. Failure to do so can result in a fine and prosecution if you are involved in an accident.

Work

- If you have a sedentary (non-active) job, you can usually return to work when you are comfortable to do so. This may be in as little as 4 weeks.
- If you have an active job, it may be 3 months before you can return to work.
- If you need a fit note for your employer, please ask the nurse before you leave the hospital. Further fit notes can be issued by your GP.

Sports/hobbies

- Low impact sports such as walking, swimming, cycling and golf are excellent activities. You may swim once the wound is completely healed, you may prefer to avoid breaststroke for up to 6 weeks.
- High impact sports: if you are familiar with the sport and have a high level of general fitness, it may be possible to return to higher impact sports such as running, squash and athletics after 3-6 months but be aware this may mean that the replacement will wear out quicker.
- You can return to gardening but take care with heavier work such as digging. Start gradually and do not increase the amount of activity until you feel confident and have suffered no adverse symptoms.

Travelling

- It is not advisable to fly within 6 weeks of having a joint replacement, due to the increased risk of a deep vein thrombosis (blood clot) forming.
- The guidelines recommend short haul flights after 6 weeks, i.e. up to 4 hours and long haul flights after 3 months.

Follow-up after leaving hospital

Your clinic appointment should be made by ward staff for 6-8 weeks after your operation.

Please note this appointment will be with a specialist physiotherapist, not a doctor.

Physiotherapy follow-up is also arranged dependent on where you live; they will contact you with an appointment.

If you haven't heard from the physiotherapists within 2-4 weeks of your operation, please ring the phone number at the end of this leaflet.

Exercises

Day 0/1

The following exercises should be started the day after your surgery and should be done a minimum of 5 times each, 1-2 times a day. Your physiotherapist will help explain how to do them.

If this results in no increase in your pain and swelling you can increase the exercises to 10 times each up to 3-4 times a day.

Static quads

- Sit or lie with your leg straight out in front of you.
- Tense your thigh muscles (quads) by pushing your knee down into the bed, pulling your toes towards you.
- Hold for a slow count of ten.
- Repeat 5-10 times.



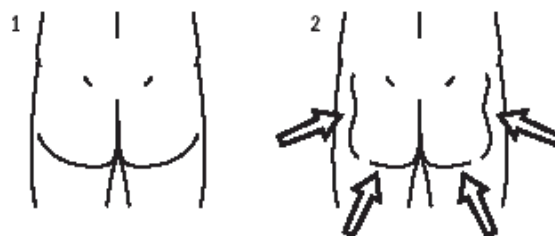
Knee flexion


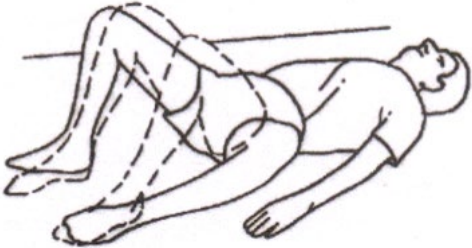
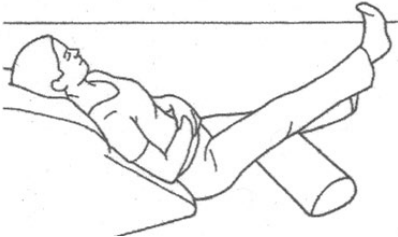
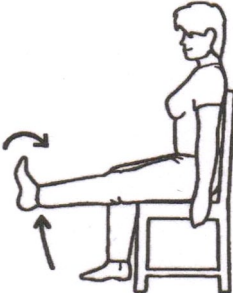

- Sit or lie with your legs stretched out in front of you.
- Slide the heel of your operated leg towards your bottom and allow your hip and knee to bend.
- Return slowly to the start position.
- Repeat 5-10 times.

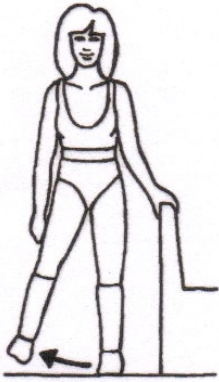




Static gluts

- Squeeze your buttock muscles together.
- Hold for 10 seconds, relax.
- Repeat 5-10 times.



<p>Hip abduction</p> <ul style="list-style-type: none"> • Lie with your legs out in front of you. • Keep both knees straight and your toes pointing towards the ceiling throughout the exercise. • Move your operated leg out to the side as far as possible. • Return to the starting position. • Repeat 5-10 times. 	
<p>Bent knee fall outs</p> <ul style="list-style-type: none"> • Lying on your back, bend both knees. • Gently allow the operated leg to fall outwards. Go as far as comfortable then return to the start position. • Repeat 5-10 times. <p>NB. This exercise must be done slowly and controlled at all times.</p>	
<p>Inner range quads</p> <ul style="list-style-type: none"> • Place a tin wrapped in a rolled up towel under your knee, tighten your thigh muscles to lift your heel off the bed. • Hold for 10 seconds. Relax. • Repeat 5-10 times. 	
<p>The following exercises can be started once you are out of bed.</p>	
<p>Full range quads</p> <ul style="list-style-type: none"> • Sitting in the chair, pull the toes of the operated leg towards you, tense the muscles at the front of the thigh and straighten the knee. • Hold for a slow count of 10 then relax. • Repeat 5-10 times. 	
<p>Knee flexion in sitting</p> <ul style="list-style-type: none"> • Sitting in the chair, with the foot on the floor, bend the knee as far as possible. Hold for 2-3 seconds, and then relax. • Repeat 5-10 times. 	 <p style="text-align: right; font-size: small;">© PhysioTools Ltd</p>

<p>Abduction in standing</p> <ul style="list-style-type: none"> • Hold onto a support, stand on your good leg and lift the operated leg out to the side. • Then lower slowly and relax. • Repeat 5-10 times. 	
<p>Hip flexion in standing</p> <ul style="list-style-type: none"> • Holding onto a support, bring your knee up towards your chest. • Relax. • Repeat 5-10 times. 	
<p>Hip extension in standing</p> <ul style="list-style-type: none"> • Holding onto a support, take your operated leg backwards as far as possible, do not allow your body to tilt forwards. • Hold for a few seconds. • Relax. • Repeat 5-10 times. 	

Once you get home

The following information and exercises are guidelines only. Everybody is an individual, some of you will find that you meet the targets documented easily and some of you will be slightly slower. The same applies to the exercises, only do those that you feel comfortable with. Inflammatory pain will settle with exercise but can be easily irritated. If you are over active during the day it is often worse at night. Use this as a guide to increasing your activities / exercises.

Discharge from hospital – 2 weeks

Continue the exercises on the previous pages.

Be aware that now you are home, you may feel more tired. This is normal and may take a few weeks to go away. You may still need to rest for part of the day.

You should be confident mobilising around the house and should be able to begin mobilising outside. Start with short distances and gradually increase the distance walked each day.

When negotiating a kerb, place both crutches down first, then the operated leg followed by the non-operated leg. Going up the kerb, put the non-operated leg first followed by the operated leg and then the crutches (the same as you would for stairs/steps).

2 weeks

You can now fully weight bear and wean yourself off your walking aids with advice from your physiotherapist.

Continue to increase the distance you walk each day.

Once the clips (if used) have been removed, you may start to massage the scar if you wish.

This will help loosen and soften the scar. If the wound has been glued or sutured, you need to wait until it is healed before starting massage.

Massage the scar with your thumb, making small circular movements along the incision.

Change direction of the circles frequently. Do 10-15 circles in each area, then move about one inch along the scar and repeat.

Use of creams such as body lotion, vitamin E cream, cocoa butter or bio-oil is purely one of personal choice; they will not harm the scar and will probably make the massage more comfortable.

You can now try the following exercises. Unless you are finding them effective or wish to improve a particular range of movement, you may stop some of the earlier exercises.

Half squats

- Stand holding onto something solid.
- Bend both knees.
- Go as far as you can comfortably then return to the upright position.


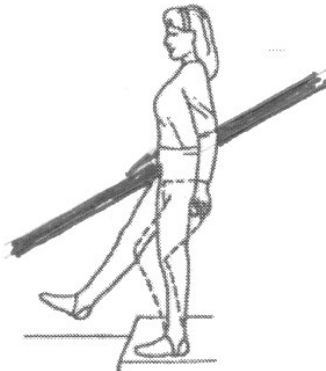

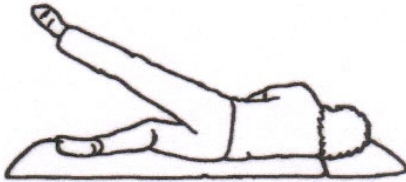



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Heel raises in standing

- Stand, holding onto something solid.
- Rise up on your toes, lifting your heels off the ground.
- Relax.
- Repeat 5-10 times.



<p>Step ups</p> <ul style="list-style-type: none"> • Stand facing the stairs. • Place operated leg on the bottom step. • Hold onto the banister, and try to lift your weight up on the operated leg and place your other foot on the bottom step. • Lower the good foot back down to the floor. • Repeat 5-10 times. 	
<p>Step downs</p> <ul style="list-style-type: none"> • Stand on the bottom step facing down the stairs. • Hold onto the rail. • Try to lower your good leg to the floor. • Straighten up and return foot to the bottom step. • Repeat 5-10 times. 	
<p>Single leg balance</p> <ul style="list-style-type: none"> • Hold onto something solid. • Put all of your weight onto the operated leg and lift your good leg off the ground. • Hold for 20-30 seconds or as long as possible. • Repeat 5-10 times. • Progress by gradually reducing your support. 	
<p>Hip abduction in side lying</p> <ul style="list-style-type: none"> • Lying on your good side, with the knee straight or only slightly bent; lift your leg towards the ceiling. • Do not allow your foot to turn up towards the ceiling. • Hold for a slow count of 10. • Relax and repeat 5-10 times. 	
<p>Bridging</p> <ul style="list-style-type: none"> • Lie on your back with your knees bent. • Lift your bottom off the bed as far as comfortable or until your hips are in a straight line with your knees and shoulders. • Hold for a slow count of 5-10. • Relax and repeat. 	

Static adduction (inner thigh strengthening)

- Sitting in the chair or on the edge of the bed, place a ball or pillow between your knees.
- Squeeze your knees together, and squash the ball or pillow as hard as you can.
- Hold for 5-10 seconds.
- Relax, repeat 5-10 times.



4 weeks

If you have a normal walking pattern and no limp, you should now have no walking aids both indoors and outdoors. If you do still have a limp, we suggest that you continue to use 1 stick or crutch in the opposite hand to your hip replacement. You should feel confident enough now to go around shops or supermarkets and social events though standing still for any length of time may make the hip feel stiff and uncomfortable.

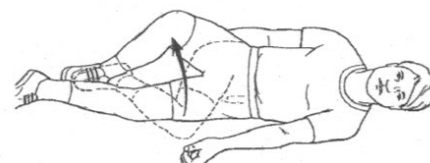
You should also be able to return to most daily activities such as cooking and cleaning and if you have a sedentary job you may be able to return to work

If you have had your left hip replaced and you have an automatic car you may now drive if comfortable to do so. Obviously begin with short journeys and build your tolerance. It is advisable to have a 'test drive' with an experienced driver before trying to drive on your own. You can now use a static bike if you have one, you may find initially that you may have to have the seat higher than you would normally. If you find that you cannot make a full revolution of the pedals spend a few minutes rocking the pedals backwards and forwards as a warm up. If after the warm up you still cannot pedal correctly continue with the rocking motion pushing to end of range and hold for a few seconds. Rock or pedal for 5-10 minutes three times a day and gradually increase the length of time as the hip becomes more comfortable.

You can now attempt the following exercises if you wish. The clam shell is particularly good for strengthening the buttock muscles which were cut during the surgery.

Clam shell

- Lie on your opposite side.
- Bend both knees.
- Twist your top leg until your knee is pointing towards the ceiling or as far as you can.
- Do not allow your hips to roll backwards.
- Hold for a few seconds, relax.
- Repeat 10 times.



Hip extension in prone

- Lying on your front try to lift the operated leg towards the ceiling.
- Hold for a few seconds, relax.
- Repeat 10 times.


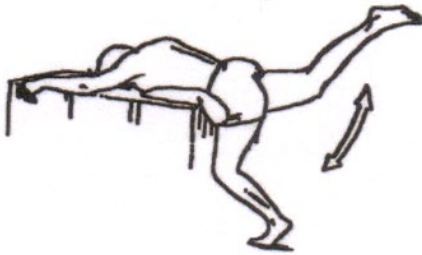




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Resourceful

Excellent

<p>Single leg bridge</p> <ul style="list-style-type: none"> • When you can do the double leg bridge easily, you can try this exercise. • Raise your other leg until it is parallel with the floor. • Raise your bottom from the bed, using your operated leg. • Hold for a few seconds, repeat 10 times. 	
<p>Hip extension in forward leaning</p> <ul style="list-style-type: none"> • Lean forward over a work surface, rest on your elbows. • Bend your knee of your operated leg backwards. • Try to take your whole leg backwards, using your buttock muscles and not the muscles at the back of your thigh. • Relax, repeat 10 times. 	
<p>Balance exercises</p> <ul style="list-style-type: none"> • Stand on the operated leg and swing the other leg forward and backwards. 	
<p>Stand with one foot in front of the other</p> <ul style="list-style-type: none"> • Hold for 30 seconds. • Repeat 5 times. • Once you can manage this exercise easily, try walking along a line, placing one foot in front of the other. 	

3-6 months

Most of the swelling should have now resolved although some stiffness may remain.

Continue with the exercises that you find most beneficial, though if you have returned to all of your normal activities and sports, you may no longer need to do so.

You should now be able to go back to work if you have a manual or active job.

You can now play golf, racquet and contact sports and cycle.

6 months

You should now be back to full activities with the exception of high impact sports.
All swelling and stiffness should have resolved.

1 year

You should now be fully recovered and able to carry out all activities of daily living normally.
You may return to high impact/competitive sports at your surgeon's discretion.

Useful numbers and contacts

Royal Berkshire NHS Foundation Trust Orthopaedic Physiotherapy Department Royal Berkshire Hospital London Road, Reading RG1 5AN Tel: 0118 322 7812	Royal Berkshire NHS Foundation Trust Occupational Therapy Department Royal Berkshire Hospital London Road, Reading RG1 5AN Telephone Number: 011 322 7560
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Visit the Trust website at www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Physiotherapy Department

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