



HIP

Total Joint Replacement



SIERRA VIEW
HIP & KNEE CENTER

Total Joint Replacement Program

Your doctor has probably told you a great deal about your surgery and why you require the procedure. The following offers a helpful review, along with precautions and exercises to aid your recovery.

Why hip replacement?

Hip joints are a part of the body that endure stresses and strains on a daily basis. It is not surprising that after years of use, wear and tear on the bones and tissues can become a painful problem. For many of us, the answer is a hip replacement.

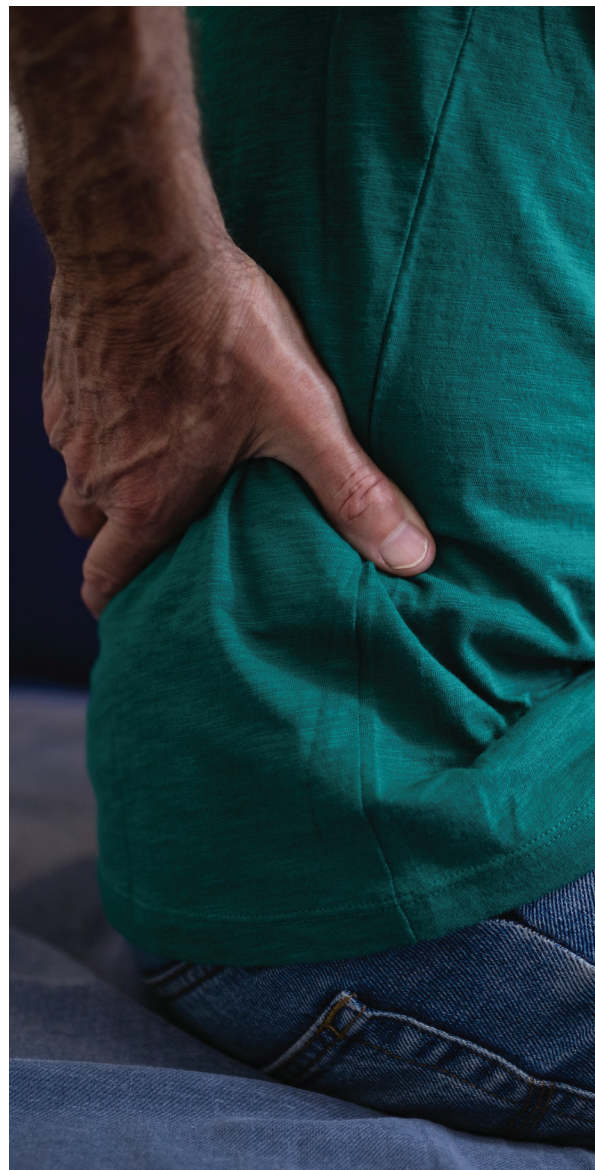
What hip joints do, and how they do it

- They support body weight.
- They move thousands of times a day.
- They allow you to walk, run, jump, crawl, and crouch down
- The hip joint allows the leg to move forward, to the sides, and in a rotating motion. Its structure is a simple ball and socket located between the thighbone (femur) and the hipbone (pelvis). The ball at the top end of the thighbone is called the femoral head. This ball fits into the socket, or acetabulum, which is a part of the pelvis.

The ball glides or moves easily in the socket because of a special tissue called articular cartilage. This tissue covers the ball and lines the socket. In a healthy hip, this allows movement without pain. In a problem hip, articular cartilage has worn away and left the bones unprotected, resulting in pain and stiffness.

Another protection in the hip joint is the synovial lining. It secretes synovial fluid, which acts as a lubricant. This tissue lines the entire hip joint. If the joint becomes worn and inflamed, the lining produces excess synovial fluid, resulting in swelling and damage to the joint.

Any part or all of the hip joint can be damaged to the point that the hip does not function and must be replaced. In recent years, many advances in surgical procedures have proven helpful to people with hip problems.



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Procedure and Precautions

Hip movement must be limited after surgery to avoid dislocation of the new implant. This section explains the necessary movement restrictions, and offers solutions for performing simple day-to-day tasks. Restrictions should be followed or about three months after surgery, following the advice of your physician.

The procedure

Joint replacement surgery replaces the problem hip with a prosthesis or artificial hip. The basic parts of prostheses are:

- A stem (femoral component)
- A ball (femoral head component)
- A socket (acetabular cup component)

This prosthesis is extremely strong and made of special, long-lasting material which is easily placed inside the body. Your surgeon will choose the right size for your body, and will secure the prosthesis in place by a method which best suits your situation.

Anterior vs. posterior hip replacement surgery

The most obvious difference between anterior and posterior hip replacement is the location of the incisions. Many patients will have no precautions.

Anterior (front)

This approach requires an incision at the front of the hip. It typically starts at the top of the pelvic bone and extends down toward the top of the thigh.

Posterior (back)

This surgery uses a curved incision on the side and back of the hip. The incision curves just behind the greater trochanter (that firm spot you can feel at the outside top of your thigh).

Movement restrictions

for posterior hip replacement surgery

- Do not bend your hip beyond a 90° (right) angle, especially when you sit. Do not sit in low chairs, stools, or toilet seats. Proper seating is at least 21 inches off the floor.
- Do not kneel or squat.
- Do not bend over to touch your feet or pick up things from the floor. For awhile, expect to need assistance from other people or to use special equipment for retrieval of objects and putting on shoes and socks.
- Do not cross your legs. Sleep with a pillow between your legs. Do not lay on unaffected side without a pillow between your legs. (See picture on following page)
- Do not turn your toes inward on your operative leg. When making a turn while walking, turn away from the operative side to avoid twisting your body and operative hip in the wrong position.
- If turning towards your surgery leg, make sure to turn surgery leg first, before shifting body towards walker.



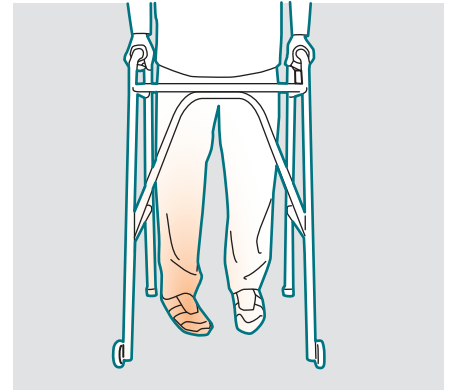
Posterior Hip Precautions



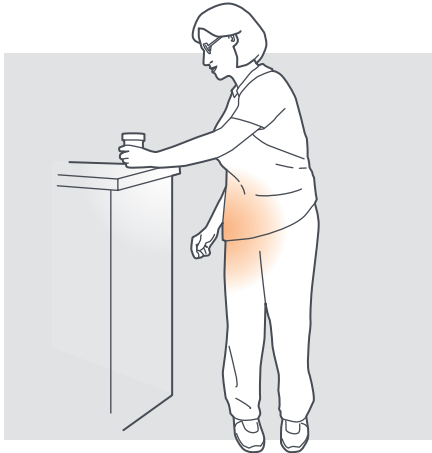
Plan on using a walker for two to four weeks after your surgery.



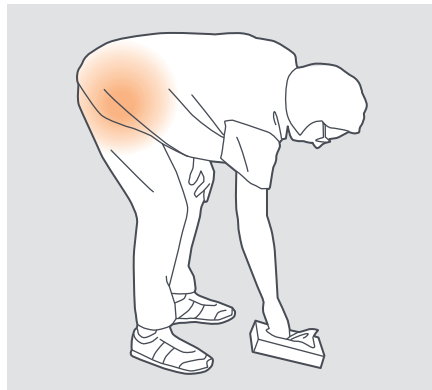
Raising your seat height with a pillow will make it easier to sit and stand.



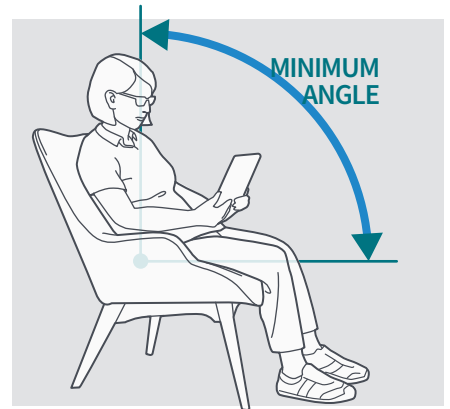
Do not point your foot inward (pigeon toe) on your surgery leg.



Do not twist your upper body toward your surgery leg.



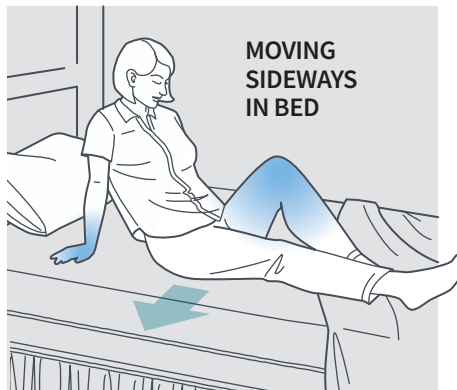
Do not bend at the waist to pick up objects. Use a reacher tool.



Maintain a minimum of 90° (right angle) between your spine and thighs.



Avoid crossing your legs when sitting.

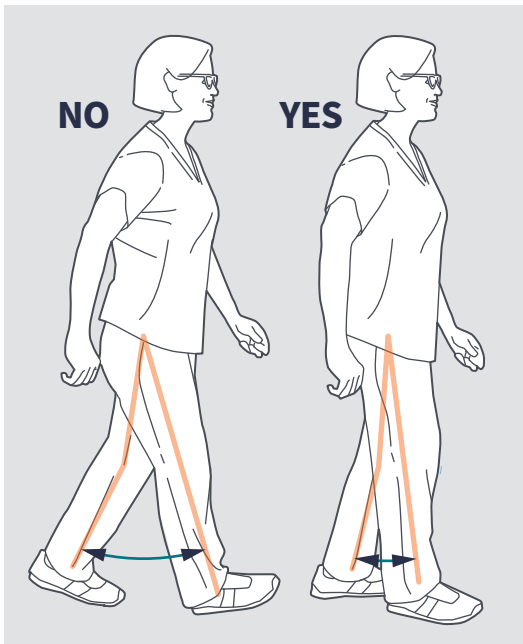


With upper body weight on your hands, bend the non-surgery leg and use it to lift and slide your body.

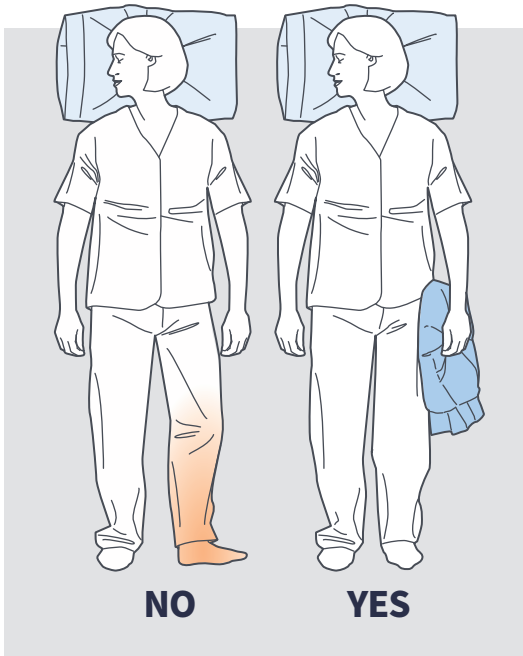


Keep weight on the non-surgery leg while gently raising or lowering the surgery leg.

Anterior Hip Precautions



To avoid injury, limit your stride to very small steps.



Things to avoid

- Extending your hip past neutral
- Laterally rotating your leg (turning your leg outwards)
- Twisting your body away from your operated hip
- Crossing your legs while standing, sitting or lying down
- Moving your operated leg across the midline of your body
- Laying without a pillow between your legs
- Stretching your hip back when walking. Instead, take short steps and lift your operated leg with your non-operated leg
- Allowing your foot to turn out when lying on your back: To help prevent this, place a pillow next to your hip and leg.

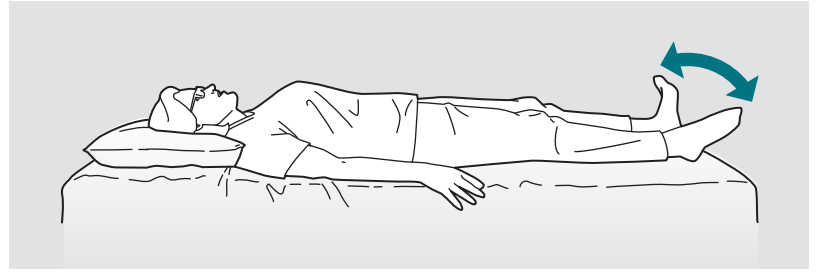


Knowing your limits and being patient with the healing process are key to a faster and fuller recovery.

Exercise Protocols

Ankle Pumps

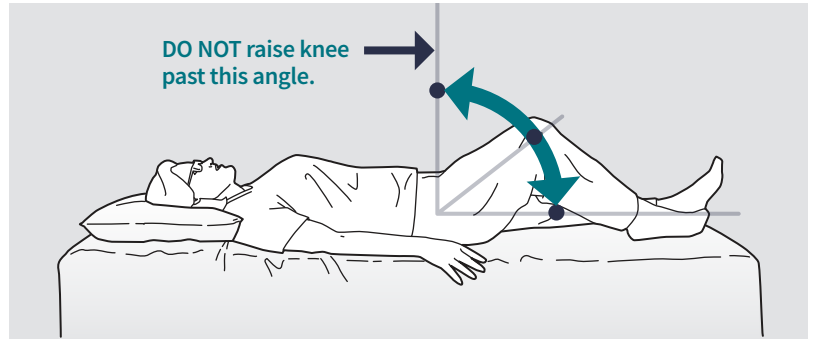
Slowly push your foot up and down. Do this movement several times every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



Bed-Supported Knee Bend

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.

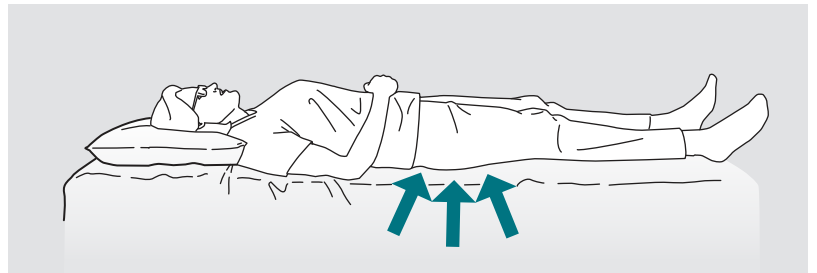
Repeat 10 times, 3 or 4 times a day.



Buttock Contractions

Tighten buttock muscles and hold to a count of 5.

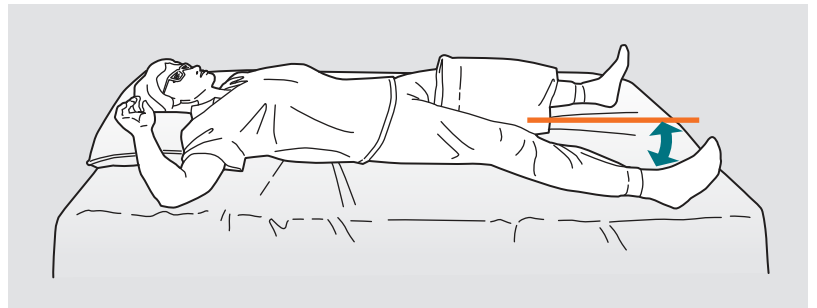
Repeat 10 times, 3 or 4 times a day.



Abduction Exercise

Slide your leg out to the side as far as you can and then back.

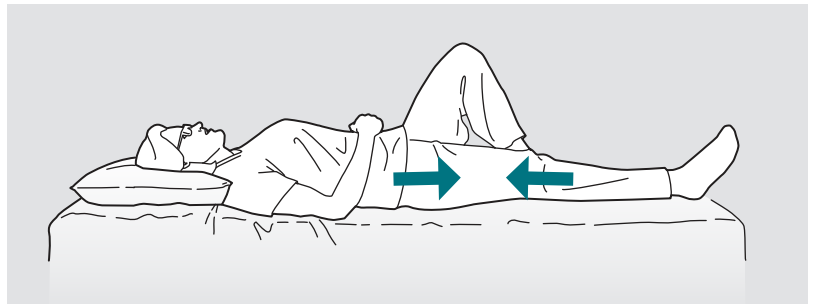
Repeat 10 times, 3 or 4 times a day.



Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

Repeat this exercise 10 times during a 10 minute period, or continue until your thigh feels fatigued.



Things to do

- Contact your physician if you have any evidence of infection, often indicated by redness or heat in the joint.
- Do your exercises regularly, 2-3 times per day, per your physical therapist.
- Try to walk as much as possible, beginning with short sessions and progressing as your endurance allows.
- Use your walker, crutches, or cane as directed by your therapist or doctor.

Once you are advised that you no longer need the walker, crutches, or cane, do the following:

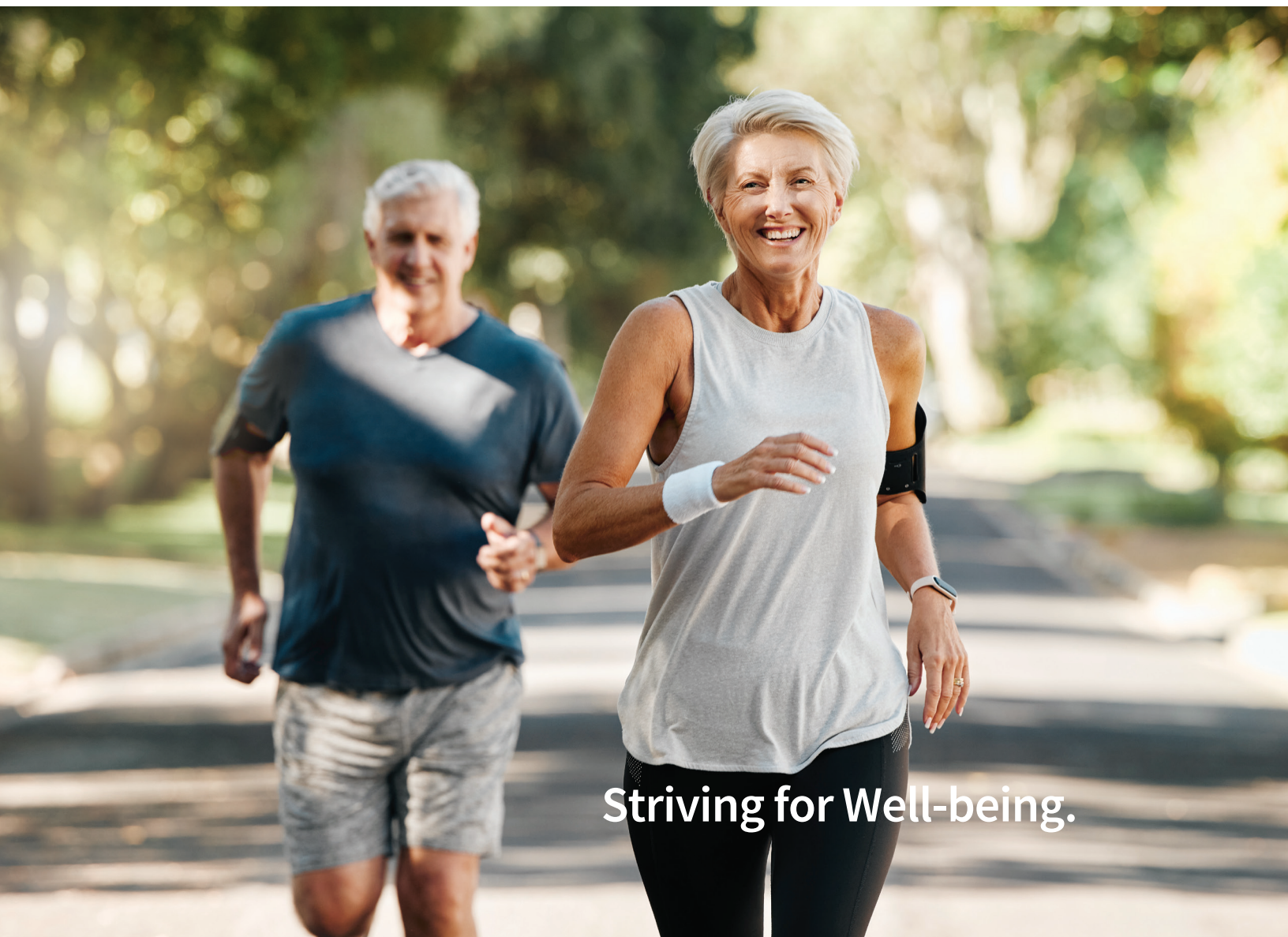
- Take small steps and use extra caution when using stairs.
- Increase your activities gradually. Pain will tell you when you are overdoing it.
- Take frequent, short walks rather than long ones.
- Sit on pillows while riding in a car.
- Use a raised toilet seat and shower chair.
- Keep a pillow between your knees when sitting down and sleeping.
- Keep the foot of the operated leg out in front of you when you sit or stand.
- Follow weight bearing precautions as directed by your doctor.
- Use lower body dressing equipment unless someone is doing this for you.



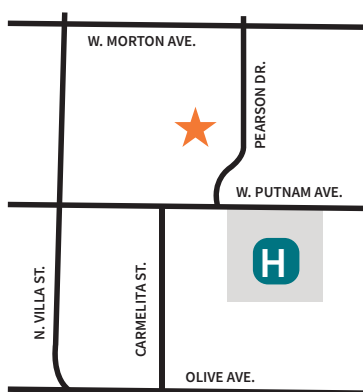
MOVEMENT RESTRICTIONS ARE LIFTED IN STAGES AS YOUR HIP HEALS. CHECK WITH YOUR DOCTOR BEFORE DISCONTINUING ANY RESTRICTIONS.



SCAN TO LEARN MORE INFORMATION
or visit sierra-view.com/hipandknee



Striving for Well-being.



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(Closed 12 p.m. – 1 p.m. daily)

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