



# Total Hip Quick Guide

The first week after your total hip replacement is very important.  
Here are the main things to focus on:

## 1 Hip Precautions

After surgery, there are certain movements you need to avoid for about 6 weeks to keep your new hip safe and prevent it from dislocating. Check the “Hip Precautions” page in this packet for more details.

## 2 Move Your Hip

Your hip will feel stiff after surgery, but moving it helps you heal. Try to bend and straighten your hip often during the day. Complete “heel slide” exercise 4–5 times a day. It may feel uncomfortable, but it’s very important for your recovery.

## 3 Walking

Try to walk a little bit around your home every hour while you’re awake. Walking helps prevent blood clots, reduces swelling, and helps your hip move better. When you walk, move your leg as naturally as possible.

## 4 Pain Control

Take your pain medicine the way your doctor or nurse tells you. Don’t wait until the pain gets really bad – take it before the pain gets worse.

## 5 Elevate Your Leg

You’ll probably have swelling in your hip, knee, ankle, and foot. To help with this, lie on your back and prop your leg up on pillows for 20–30 minutes, at least 3 times a day. Your ankle should be higher than your knee, and your knee should be higher than your hip. Don’t sit in a chair with your leg hanging down for more than 20–30 minutes at a time, or your leg might get more swollen.

## 6 Cold Therapy (Ice)

Use an ice pack or ice machine to help with pain and swelling. Ice your hip for 15–20 minutes, 3–4 times a day. You can do this while your leg is elevated for the best results.

### Remember:

You’ll do great if you manage pain and swelling and keep your hip moving. Don’t let your hip stay still for too long – gentle movement helps you heal faster.

# Understanding your total hip replacement precautions

## Anterior Approach

### STANDING PRECAUTIONS



Do not step backwards with your surgical leg or extend your surgical leg behind you.



Do not pivot on your surgical leg.

### SITTING PRECAUTIONS



Do not cross your legs at the knees when sitting.

## Posterior Approach

### SITTING PRECAUTIONS



Avoid bending more than 90 degrees at the hip when sitting or standing.



Avoid crossing your legs at the knees or ankles when sitting.

### STANDING PRECAUTIONS



Do not plant your feet and then twist at your hip when turning.

## Anterolateral Approach



Avoid bending your surgical hip more than 90 degrees.



Avoid crossing your legs.



Avoid turning your surgical foot inward.

## Sit to Stand with Leg Protection Technique



### When standing from chair:

Scoot towards the edge of the chair and place your affected leg slightly forward, making sure your unaffected leg stays underneath you. Place one hand on your walker, keeping your other hand on the chair armrest. Lean forward and press with your arms and unaffected leg to push up into a standing position. Move your other hand up to the walker.



### When sitting down in chair:

Position yourself so the chair is behind you and the backs of your legs are touching the chair. Keeping one hand on your walker, reach back for the armrest using the hand on your affected side. At the same time, place your affected leg slightly forward as you slowly lower yourself to a sitting position.



## Walking with a Front Wheel Walker - Weight Bearing as Tolerated



### Only put a comfortable amount of weight on your affected leg

Take natural alternating steps while pushing your walker. Your foot should land within the frame of the walker with each step. You can bear as much weight on your affected leg as you feel comfortable. You can decrease the weight placed on your affected leg by pressing through the walker handles if needed.

## Leg Elevation



Lie down with your involved leg propped above the level of your heart with extra pillows under your ankle as seen above. Your knee should feel well supported and be in a nearly or fully straight position. Keep leg elevated for 20-30 mins, 2-3x/day

## Stairs



### Ascending Steps:

Step up with the non-surgical ("good") leg first, then raise your body up, and finally move your surgical ("bad") leg up to same step.



### Descending Steps:

Step down with the surgical ("bad") leg first, then lower your body and your non-surgical ("good") leg to the same step. Repeat.

### Tips:

An easy way to remember is to think "up with the good, down with the bad" It's best to have support for both arms while navigating the stairs. This can include rail(s), another person's arm, or a cane.

## Supine Ankle Pumps

**REPS: 10-15**

**DAILY: 2-3**

**WEEKLY: 7**



In bed or recliner, bend ankles up and down.

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## Supine Quadricep Sets

**REPS: 10-15**

**HOLD: 5 SEC**

**DAILY: 2-3**

**WEEKLY: 7**



Slowly tighten muscles on the thigh of the involved leg while pressing back of the knee into bed. Hold 5 seconds.

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## Supine Gluteal Sets

**REPS: 10-15**

**HOLD: 5 SEC**

**DAILY: 2-3**

**WEEKLY: 7**



In bed or recliner, squeeze buttocks muscles as tightly as possible. Hold 5 seconds.

## Supine Heel Slide

REPS: 10-15

DAILY: 4-5

WEEKLY: 7



While lying down in recliner or bed, slide heel of involved leg along bed surface, bending hip and knee, then slowly straighten. Can do more frequently if able, 4-5x/day.

## Supine Knee Extension Strengthening

REPS: 10-15

HOLD: 5 SEC

DAILY: 2-3

WEEKLY: 7



In bed or recliner, place rolled up towel, pillow, or ball under involved knee to allow slight bend. Straighten knee by lifting heel off bed, maintaining contact with roll. Slow and controlled for 5 seconds.

### NOTES





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**Exceptional healthcare, *always.***

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