



Patient Discharge Guide to Total Knee or Hip Replacement

Ortho Spine Unit

405-515-3700

Physical Therapy

405-515-1712

Orthopedic Nurse Navigator

405-307-3058

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**NORMAN
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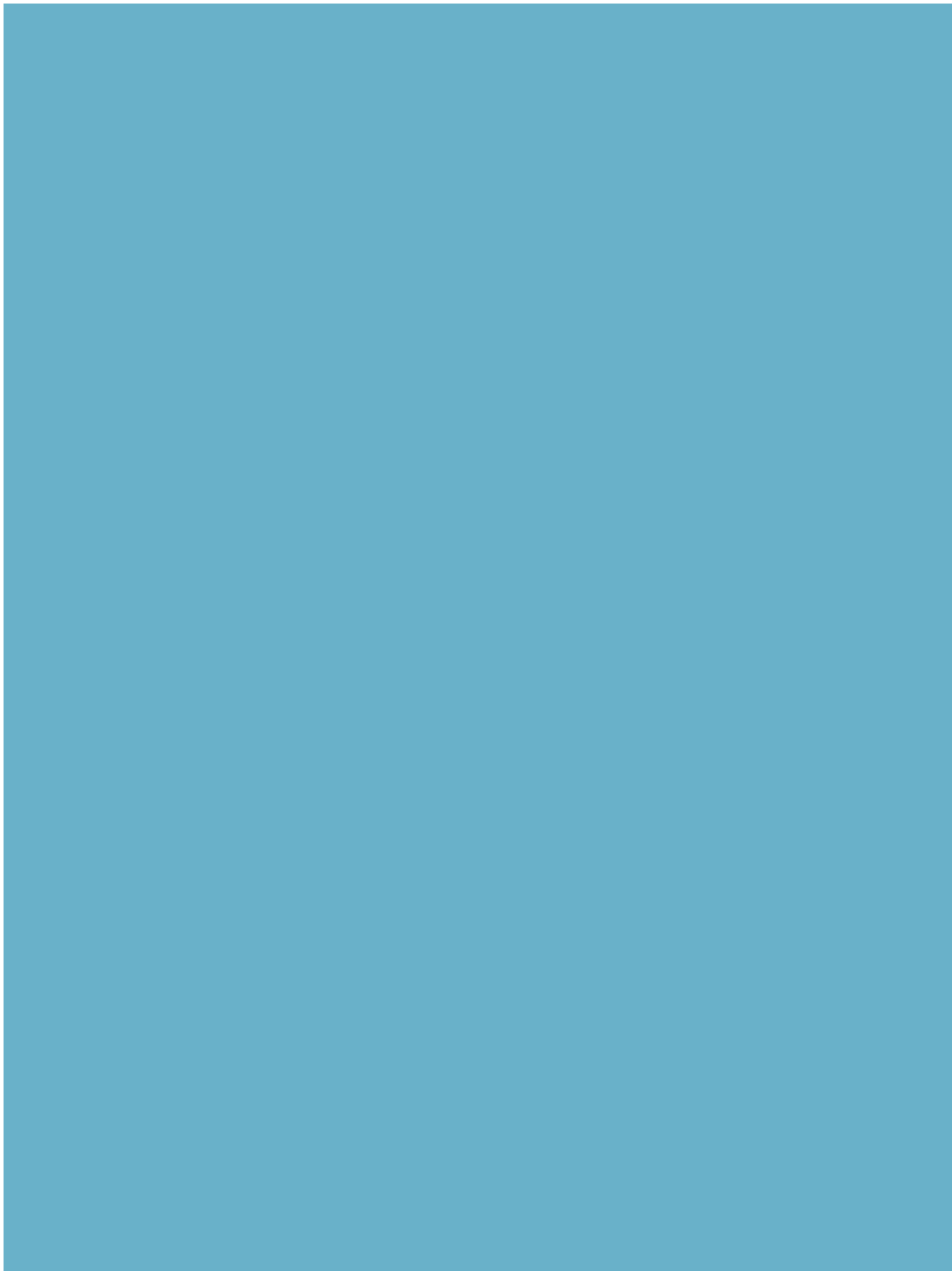
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6 Vital Factors for a Successful Recovery

1. ELEVATION is for swelling. It is normal to have increased swelling in your legs once you are home. You need to elevate your leg above the level of your heart for at least 30 minutes two times a day.

2. ICE is for pain. It is normal to have some increase in pain after you are at home. You need to ice your knee for 20 minutes while you are elevating your leg, at least two times a day. Remember to protect your skin by placing a layer of cloth between the ice and your skin (such as a towel or pillow case).

3. BLOOD CLOT PREVENTION. Your surgeon has prescribed a blood thinner for you. This medication must be taken as prescribed at the same time every day.

4. CONSTIPATION. Constipation is normal after surgery. If you have not had a bowel movement in 2 days, you need to take Miralax twice a day until you have a bowel movement.

5. ACTIVITY AS TOLERATED. It is very important to move and stay active once you are at home. You need to be up and moving as tolerated. If you feel you have over exerted yourself, your first step needs to be to rest, ice and elevate your leg.

6. NUTRITION. Calorie and protein needs are higher after your surgical procedure. Proper nutrition is important for optimal healing and recovery. Aim to eat 3 well balance meals a day with 2 snacks as tolerated.

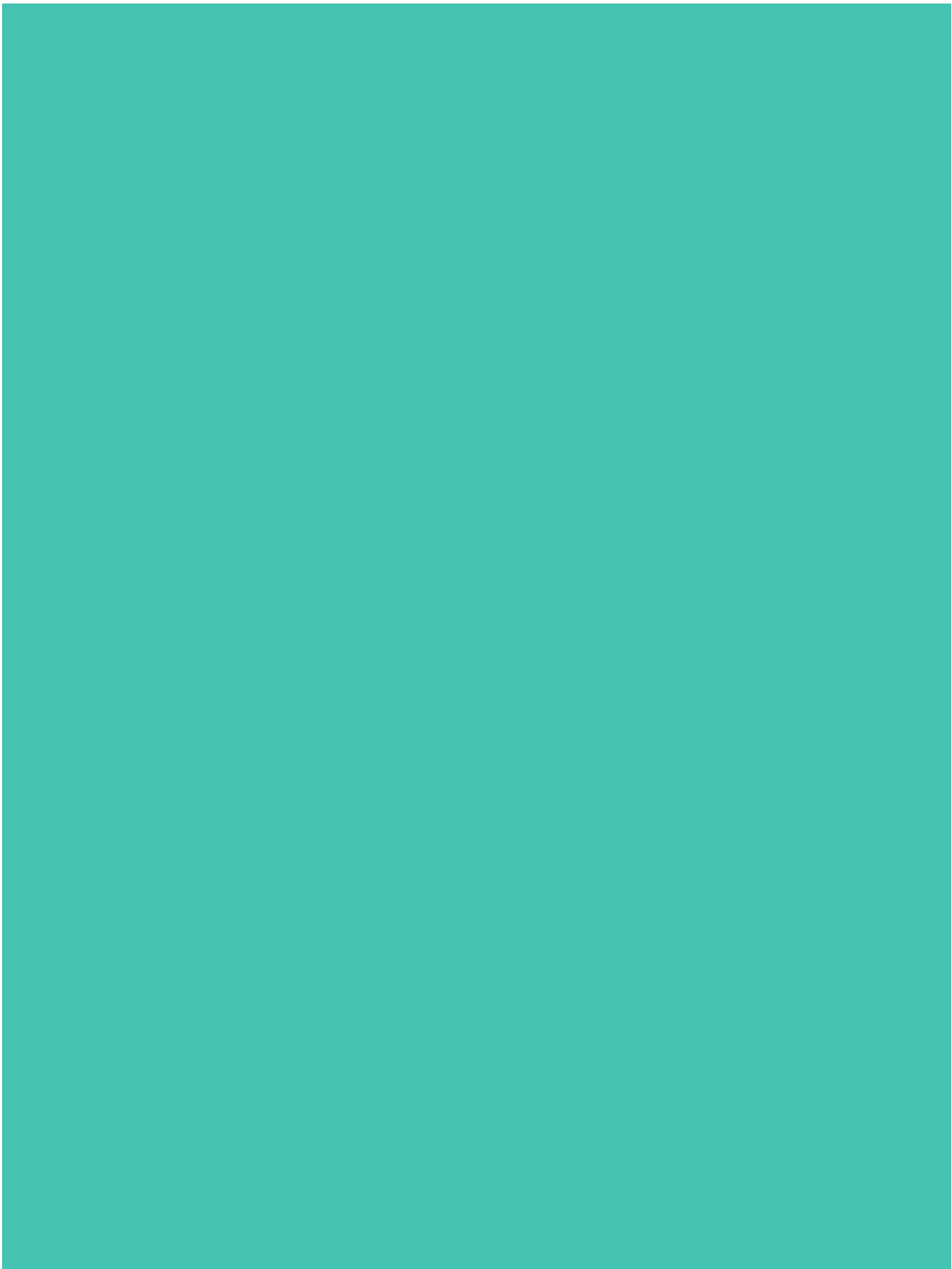
***If you have any questions or concerns regarding these 6 factors,
call Raychell Henry-Ricketts at #405-307-3058***

***If you or your family members would like to view the discharge video again,
follow this link:**

<https://www.normanregional.com/blog/joint-replacement-discharge>

Please tear this page out and keep somewhere handy.

Please tear this page out and keep somewhere handy



**Caring for Yourself
at Home
Section A**

Caring for Yourself at Home

MANAGING YOUR PAIN

It is normal to have moderate pain after a major surgery such as this. Pain medication will be prescribed for you; with pain under control, you'll be able to get back to an active life sooner. Take pain medication, with food, only as directed, taking each dose before pain becomes severe. Plan ahead by taking pain medication an hour prior to physical therapy or strenuous activities such as bathing. Icing and elevating your leg is extremely important to managing your pain, make sure you are following your icing and elevating protocol. If you develop sudden pain—rest with ice and elevation should be your FIRST step to manage this.

ANTI-COAGULANTS

Your surgeon will prescribe medication that helps prevent blood clots from forming in your blood. This may be aspirin or another medication in pill or shot form. It is very important that you take this medication for as long as directed by your surgeon. Your nurse will review any specific instructions for the medication you surgeon has prescribed for you.

Guidelines for use:

1. Don't take any new medications, including over-the-counter medications, like naproxen or ibuprofen, without checking with your surgeon first, because they may affect your blood thinner.
2. Take your anti-coagulation medication at the same time every day.

3. If you miss a dose of this medication, take it as soon as you remember—unless it's almost time for your next dose. In that case, just wait and take your next dose at the normal time. Do not take a double dose.
4. Use an electric razor to shave.
5. Anticoagulant medication can make bleeding harder to stop.

CONSTIPATION

Constipation is one of the most common issues patients face after surgery. Surgical anesthesia, lack of appetite, limited physical activity and opioid pain medications can all cause constipation. While you were staying in the hospital you were given stool softeners: Colace (docusate sodium) and Miralax (polyethylene glycol). Continue these at home unless you are having diarrhea. Eating fiber rich foods and drinking plenty of water will also help. High fiber containing food groups include whole grains, beans, fruits, and vegetables. IF you have not had a bowel movement in two days, take Miralax twice a day. If you still don't have a bowel movement within another two days, and you have no history of kidney/renal problems then drink ½ bottle of magnesium citrate. If no bowel movement after 4 hours drink the remaining 1/2. Do not let constipation go on too long. IF still no bowel movement after these interventions, contact your primary care physician or ortho surgeon.

Do not strain to have a bowel movement.

When straining or bearing down to have a bowel movement it is common to hold your breath, this combination can trigger a vasovagal response. Symptoms include dizziness, tunnel or blurred vision, sweating, fainting and can trigger a sudden increase in blood pressure and/or an abnormal heart rhythm. If you are unable to pass stool without straining increase the stool softeners to twice daily.

Positioning Your Leg

1. Change your position at least every 45 minutes during the day to avoid stiffness.
2. Do not sit with feet on the floor for more than 30 minutes at a time.
3. Change positions frequently, do not sit still too long. It is better to get up more often for short periods than to wait and get up less, but for longer periods.
4. When you are elevating your leg, do your ankle pumps. They will reduce swelling and improve circulation.

Homemade Ice Pack

1. Fill the plastic freezer bag with 1 cup of rubbing alcohol and 2 cups of water.
2. Try to get as much air out of the freezer bag before sealing it shut.
3. Place bag and its contents inside a second freezer bag to contain any leakage (zipper side in first).
4. Leave the bag in the freezer for at least an hour.



**Remember to ice and elevate your leg after activity and physical therapy.
ICE for 20 minutes at LEAST twice a day.**

Reducing Swelling in Your Leg After Surgery

1. Swelling is a normal part of the healing process and can last 3-6 months after surgery.
2. **Lie as flat as you can** and **elevate** your leg with your foot **above the level of your heart** for at least 30 minutes, twice a day. If you start to notice more swelling after activity, immediately elevate your leg.
3. Support your leg with pillows and try to keep your knee as straight as possible.



Do This
(Leg is elevated and supported with the knee straight)



Not This
(Knee is in bent position and lower leg is not sufficiently elevated)

For questions or concerns regarding swelling,
please call the nurse navigator, Melanie Garner, at #405-664-6696.

INCISION CARE/DRESSING CHANGES

A Mepilex/ Silver dressing has been placed on your incision. You are to wear this dressing for 7 days and then it can be removed. If it comes off before then, and your incision is dry and has no drainage, you may leave it off. It is ok to shower with the dressing on.

You may shower. Your dressing is water proof and does not need to be covered while you shower. Do not submerge your incision in bathtubs, swimming pools, hot tubs or any form of standing water for at least one week following staple removal.

You should have a follow up appointment scheduled with your surgeon for 10 to 14 days after discharge. At this follow up appointment, your staples will likely be removed.

BODY CHANGES

You may have less than your usual appetite for a while. Your energy level may be low for a few weeks after surgery. Your nutrition needs increase after surgery. Consume foods high in protein to enhance wound healing. High protein foods include meat, poultry, fish, beans, soy, tofu, eggs, nuts, seeds, and nut butters. Also be sure to consume 2-4 servings of fruit and 3-5 servings of vegetables daily. This will help you obtain adequate vitamins and minerals for you optimal recovery. If your appetite is poor and you are struggling to meet your nutritional needs, consider over the counter nutrition supplements.

Your new joint may cause your leg to feel longer. The joint likely gained some height that was lost prior to surgery.

If you have had knee replacement surgery, you may experience a feeling of numbness on the outside portion of your knee. This may be temporary or permanent. It is common and will not have any detrimental effect on the knee replacement.

COPING WITH STRESS

Undergoing surgery can be very stressful event for anyone. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook helps. Make note of small achievements. Some people find that deep breathing and relaxation techniques help.

SEXUAL ACTIVITY AND INTIMACY

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles and body need time to heal. When you feel ready to resume sexual activity the bottom or missionary position is usually the most safe and comfortable, if you have questions please ask your occupational therapist. If you have had a hip replacement you need to use positions that maintain your hip precautions, please talk to your occupational or physical therapist and they can review safe positioning techniques.

Preventing Potential Complications Section B

Preventing Potential Complications

MEDICATION PRECAUTIONS

Acetaminophen, frequently known as Tylenol® is found in many post-operative knee replacement pain medicines. Acetaminophen may be combined with a narcotic medicine to increase its effectiveness. Examples of these medicines include Norco®, Lortab®, and Percocet®. Additionally, many over-the-counter (OTC) medicines also contain acetaminophen. These medicines include sleep aids, fever reducers, pain relievers, as well as cold and allergy medicines.

It's important to know that while acetaminophen is safe and effective when used as directed,

there is a limit to how much can be taken in one day: **4,000 milligrams (mg) daily limit for most adults.** Taking more acetaminophen than directed is an overdose and can lead to liver damage or even cause death.

It is important to always read and follow medication labels. Please note that when checking labels acetaminophen may also be listed as Tylenol®, APAP® or Acetam®).

To help you take acetaminophen safely, please follow medication labels and avoid making these common acetaminophen dosing mistakes:

COMMON ACETAMINOPHEN DOSING MISTAKES:



Taking the next dose **too soon**



Using multiple acetaminophen-containing products at the same time



Taking more than the recommended dose at a single time

WARNING SIGNS OF INFECTION

Notify physician if you have any of the following symptoms.

1. Persistent fever (greater than 101.5 degrees)
2. Shaking, chills
3. Increasing redness and heat of your wound
4. Yellow or green drainage from your wound
5. Increasing pain at rest

WARNING SIGNS OF A BLOOD CLOT

Take your blood thinners as prescribed. If unable to get prescriptions, **notify your surgeon immediately**. Notify your surgeon if you have any of the following symptoms:

1. Severe pain or tenderness in your leg or calf unrelated to your incision, which is not improved by rest, ice and elevation.
2. Severe swelling of your thigh, calf, ankle or foot; which is not improved by rest, ice and elevation.

In very rare cases, a blood clot may travel to your lungs and become life-threatening. **Seek medical attention immediately** if you develop any of the following symptoms.

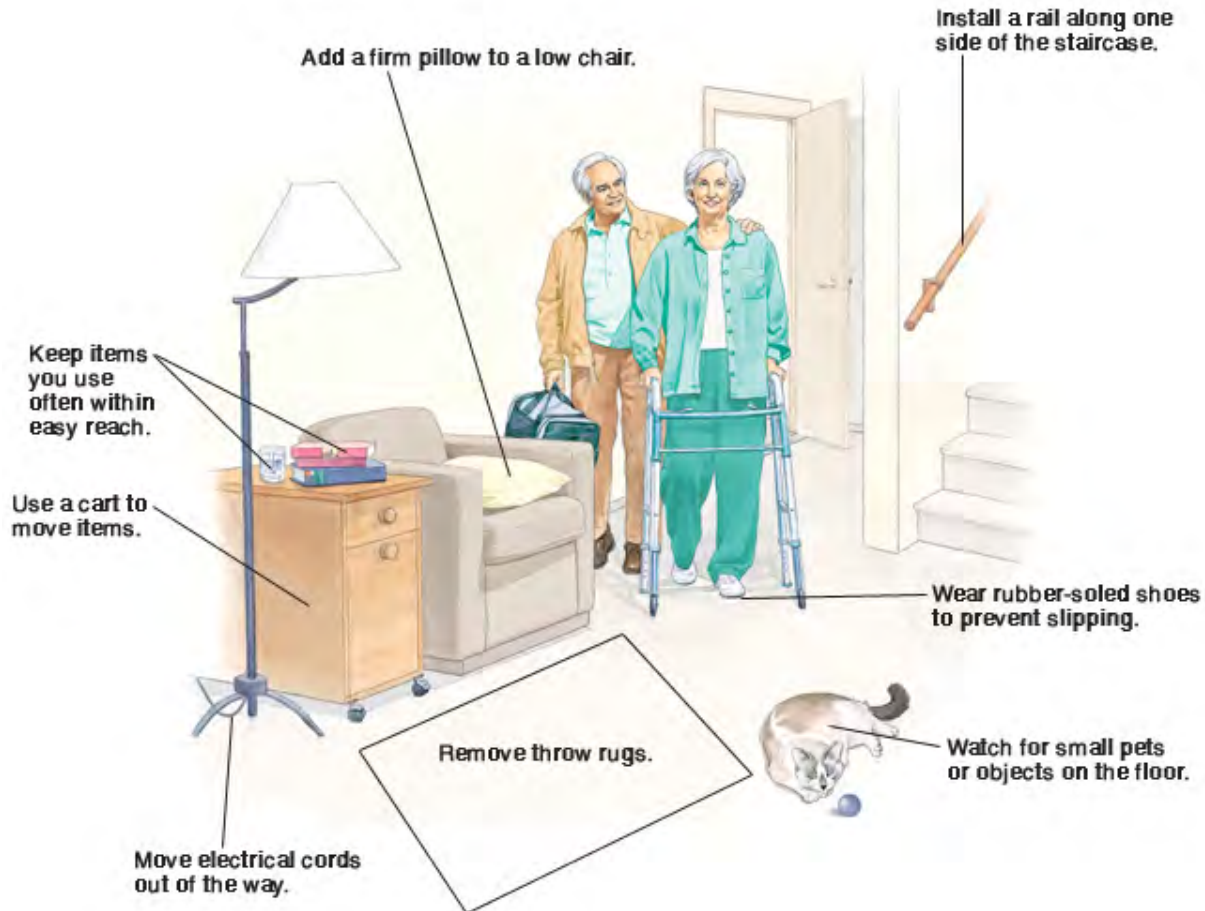
1. Shortness of breath
2. Sudden onset of chest pain
3. Localized chest pain with cough

Safety Section C

Safety

AFTER TOTAL JOINT REPLACEMENT: HOME SAFETY

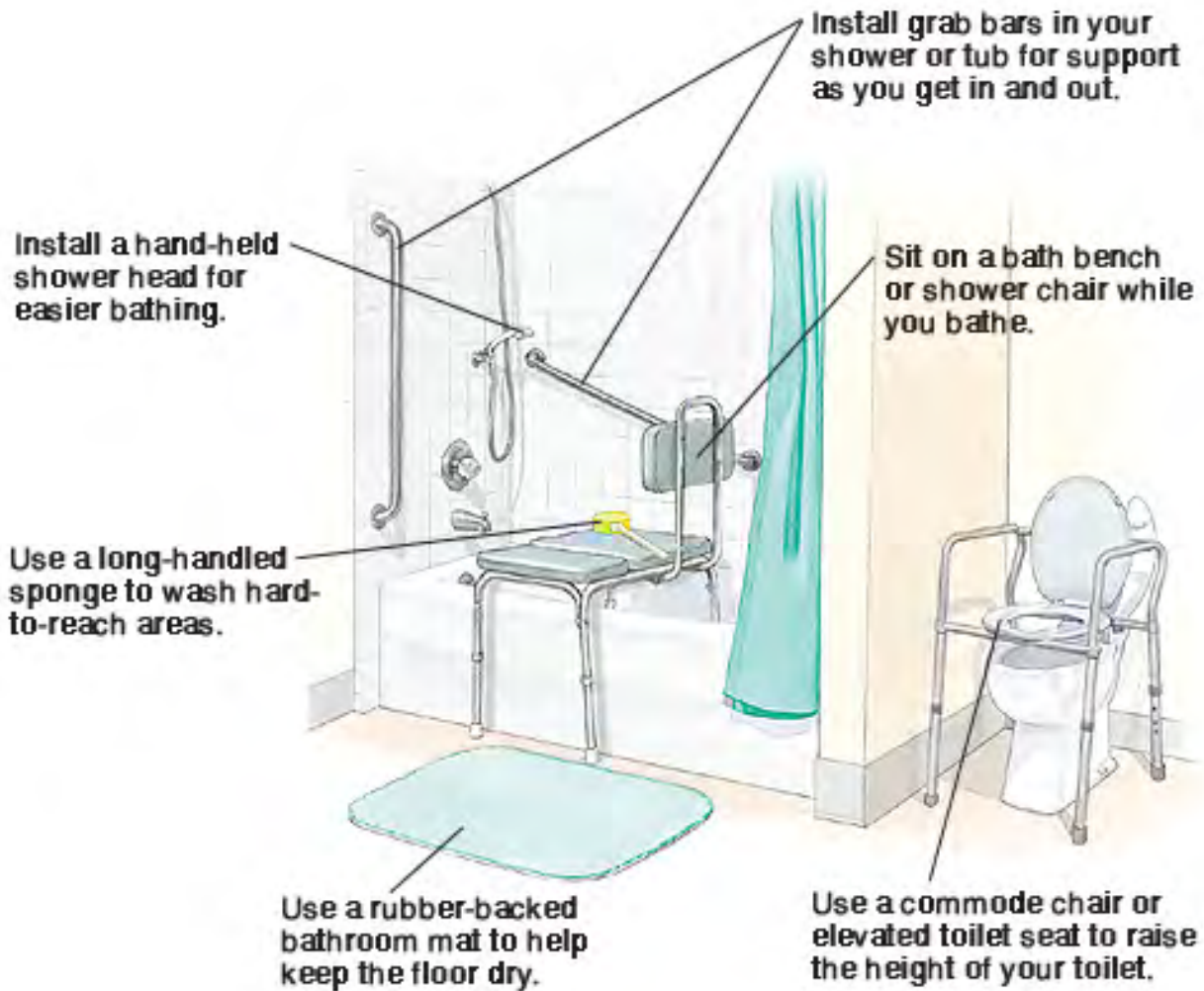
Becoming more aware of hazards in your home can help make your recovery safer. You might want to have furniture rearranged so it's easier to get around. Don't forget to watch out for hazards like wet floors or uneven surfaces.



1. Clear away throw rugs, cords and anything else that could cause you to trip, slip or fall.
2. Be very careful around pets and small children. They can be unpredictable and get in your path when you least expect it.
3. Keep hallways clear.
4. Have good lighting; a night light can make a big difference. Use them in the bedroom, bathroom and hallways.
5. Avoid long pants, night robes or nightgowns; these could cause you to trip.
6. Do not wear loose fitting or backless shoes. Wear well-fitting shoes, with backs and non-skid soles.

AFTER TOTAL JOINT REPLACEMENT: BATHROOM SAFETY

Becoming more aware of hazards in your bathroom can help make your recovery safer. Aids like a shower hose and a raised toilet seat can help you stay safe. Don't forget to watch out for hazards like wet floors or uneven surfaces.



1. Place non-skid decals or mats in shower or tub. It may be helpful to install grab bars. Shower benches and elevated toilet seat can be very helpful as well.
2. Do not use the soap or towel holder as a grab bar or handrail: it is not designed to hold the weight of a human being.

AFTER TOTAL JOINT REPLACEMENT: BATHING

Special shower chairs and tub benches are available for use while bathing. These chairs help you bathe safely. Note: Try to make sure surfaces are dry before you walk on them. Non-skid mats can help prevent falls.

GETTING INTO A SHOWER STALL



1. Back up over the lip of the shower stall with your non-surgical leg (strong leg) first until you feel the shower chair behind you. Reach back for the shower chair first with one hand, then the other, as you begin to sit down.



2. Lower yourself onto the chair. Lift each foot and turn to face the faucet.

GETTING INTO A TUB



1. Back up with your non-surgical leg (strong leg) until you feel the tub bench behind you. Reach back for the bench first with one hand, then the other, as you begin to sit down.



2. Lower yourself onto the bench and turn to face the faucet. Use your hands to help lift each leg over the side of the tub. A hand-held shower can make bathing on a bench easier.

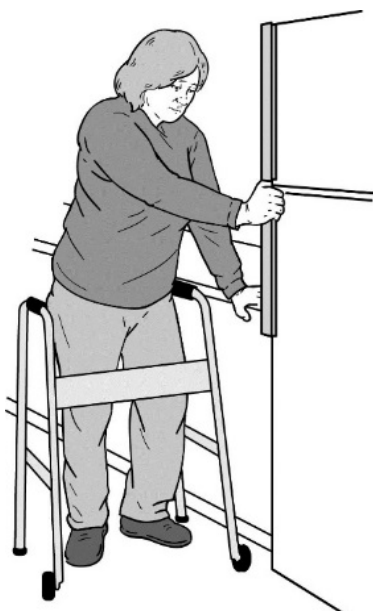
AFTER TOTAL JOINT REPLACEMENT: KITCHEN TIPS AND SAFETY



1. Keep your walker with you.
2. Get as close as you can to the counter, sink or refrigerator.
3. Do not reach beyond arm's length or lean on your walker. This can cause the walker to tip and you to fall.
4. Slide items along counter to stove or microwave if needed.
5. **Sit down to open containers, prepare or mix food.**
6. Keep frequently used or heavy items on the counter or Lower cabinet shelves.
7. Do not bend over to pick up items from lower cabinets or floor.

DO NOT carry items in your hands when walking with your walker.

Use a walker bag, walker tray, small handled plastic/paper bag or apron. Be cautious not to overload bags, this can cause the walker to tip and you to fall. Liquids and food should be carried in watertight containers.



To use the refrigerator:

1. Position the walker at the side of refrigerator so that you are facing the door. Place one hand on the counter or side of appliance then reach to open the door with the other hand.
2. You may need to move your walker inside the door slightly, so that you are close enough to reach items and so that the door does not shut before you retrieve your items.
3. Have a friend or family member organize your most frequently used items on the top shelves so that they are within easy reach to prevent you from bending over too far.

TOTAL JOINT SAFETY: GETTING INTO AND OUT OF A CAR

After total joint surgery, getting into or out of a car can be difficult. The steps below help you get into a car. Reverse them to get out of a car.

Before Getting Into a Car

1. Have someone move the seat as far back as it will go.
2. Recline the back of the seat if possible.
3. Place a pillow on the seat to keep your hips above your knees, especially if the seat is low



Sit Down

1. Stand with your back to the car. Keep your operated leg straight and that foot slightly forward. Feel the car touch the back of your other knee.
2. Hold onto the side of the car and the walker or dashboard.
3. Lower yourself slowly onto the seat. Watch your head.



Bring Your Legs Into the Car

1. Slide back into the center of the seat.
2. Lift your legs one at a time into the car. As you do so move your body. Do not twist.

AFTER HIP REPLACEMENT: SLEEPING POSITIONS

Your new hip needs extra care while it heals. Follow your “hip precautions” to help you avoid injuring it. Use the tips on this sheet to help keep your new hip safe while sleeping.

If You Lie on Your Back



If You Lie on Your Side



Remember Your Hip Precautions

1. Keep the angle at your hip greater than 90°. (Don't move your knees and chest too far toward each other.)
2. Do not cross your legs or ankles or let your operated thigh cross the middle of your body.
3. Do not turn your operated hip or knee inward.

Safe Sleeping

1. Find a position that keeps your hip safe and comfortable.
2. Use pillows to keep your hip in a safe position.
3. Follow your health care provider's instructions about which side to sleep on.

NEGOTIATING ONE STEP OR A CURB:

When climbing up and down a step or a stair, remember this rule:

Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

UP CURBS

Move your feet and the walker as close to the curb/step as possible.

Lift the walker onto the sidewalk/step. Step onto the sidewalk with the unaffected foot.

Using the walker to support your weight, bring up the injured foot.



DOWN CURBS

Move your feet and the walker as close to the edge of the curb/step as your safely can.

Lower the walker onto the street/lower level.

Using the walker to support your weight, lower the injured leg.

Then step down with the uninjured foot.



When climbing up and down a step or a stair, remember this rule:
Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

UP STAIRS

Hold the handrail with one hand. Hold a cane/ someone's hand with your other hand. Support your weight evenly between the cane and the handrail.



Step up with the good (unaffected) leg.



Straighten your good leg and lift your body weight. Bring your cane and the injured leg up.



TIP

Have a friend or family carry your walker to the top of the stairs before you climb or ascend the stairs (or to the bottom of the stairs when descending).

When climbing up and down a step or a stair, remember this rule:
Up with the good (uninjured leg) and down with the bad (injured/surgery leg).

DOWN STAIRS

Hold the handrail with one hand.
Hold a cane/someone's hand with your other hand.
Support your weight evenly between the handrail and cane.



Bend your uninjured knee, slowly moving your cane and injured leg down. Then bring your uninjured leg down.



TIP

Always use an elevator if one is available.
Have someone guard you as you learn to use stairs. A guard always stands behind as you ascend and below (in front of) you as you descend. They can hold onto your belt (or a special "gait belt" you can buy) to assist you if you lose your balance. If there is no handrail, two canes or crutches can be used. Follow the instructions above.

Energy Conservation Section D

Energy Conservation

THE FOUR P'S OF TJR ENERGY CONSERVATION

You should be feeling up to resuming many of your activities of daily living within a few weeks after surgery, but it is important to utilize principles of energy conservation throughout your day. Remember the 4 P's of energy conservation to plan out your day and activities.

1. **Planning**- Plan out your day so that you have periods of activity alternated with periods of rest. Space out difficult tasks throughout the day. Plan downtime (30 minutes, twice a day) to elevate and ice your postoperative leg to prevent/reduce pain and swelling.
2. **Pacing**- Do not rush or "push through" tasks. Give yourself plenty of time to complete activities.
3. **Prioritizing**- Only perform tasks that are necessary or enjoyable. Arrange for help from family and friends to assist with all other activities.
4. **Positioning**- Perform as many tasks as possible from a seated position. Keep items that you use most often at counter top height in the kitchen and bathroom to prevent repetitive stooping and bending.

Using these energy conservation techniques will allow you to regain your independence while also allowing your body to heal.

Activity Guidelines Section E

Activity Guidelines

Activity goals for week 1-2:

- walk at least 100 more feet by the end of every week. For example, if you were walking 250 feet in the hospital, you should be able to walk 350 feet by the end of week one and 350 feet by the end of week two.
- shower and dress by yourself.
- gradually resume light home duties with help as needed.

Activity goals for week 3-4:

- complete any remaining goals from week 1-2.
- complete weaning off of your assistive device as instructed by your physical therapist.
- walk at least 500-750 feet at a time.
- resume all light home duties with help as needed.

Activity goals for week 5-6:

- complete any remaining goals from week 3-4.
- walk at least 1000 feet at a time.
- resume all light home duties by yourself.
- resume any light impact activities that you enjoy.

**Patient
Recovery Log
Section F**

Patient Recovery Log

This log is intended to help guide you through the first month of your recovery. It is an easy way to keep track of your activities and other important goals to help you get the best outcome possible.

Review your recovery log with your physical therapist during your visits.

My Recovery Log Week 1

Post-op day	1	2	3	4	5	6	7
Enter day of week>							
Enter date here>							
Water Goal=8 glasses a day if not on restrictions							
Fruit Goal=2-4 servings per day							
Vegetables Goal=3-5 servings per day							
Whole grains 6-11 servings per day							
Protein Goal=2-3 servings per day							
Last Bowel movement Goal=every 1-2 days							
Walking Goal=2-3 times a day							
Exercises Goal=2-3 times a day							
Anti-coagulation Taken as ordered							

My Recovery Log Week 2

Place a check mark after each time a task is completed.

Remember to fill in the blanks with your activity goals section for the week.

Post-op day	1	2	3	4	5	6	7
Enter day of week>							
Enter date here>							
Water Goal=8 glasses a day if not on restrictions							
Fruit Goal=2-4 servings per day							
Vegetables Goal=3-5 servings per day							
Whole grains 6-11 servings per day							
Protein Goal=2-3 servings per day							
Last Bowel movement Goal=every 1-2 days							
Walking Goal=2-3 times a day							
Exercises Goal=2-3 times a day							
Anti-coagulation Taken as ordered							

My Recovery Log Week 3

Place a check mark after each time a task is completed.

Remember to fill in the blanks with your activity goals section for the week.

Post-op day	1	2	3	4	5	6	7
Enter day of week>							
Enter date here>							
Water Goal=8 glasses a day if not on restrictions							
Fruit Goal=2-4 servings per day							
Vegetables Goal=3-5 servings per day							
Whole grains 6-11 servings per day							
Protein Goal=2-3 servings per day							
Last Bowel movement Goal=every 1-2 days							
Walking Goal=2-3 times a day							
Exercises Goal=2-3 times a day							
Anti-coagulation Taken as ordered							

My Recovery Log Week 4

Place a check mark after each time a task is completed.

Remember to fill in the blanks with your activity goals section for the week.

Post-op day	1	2	3	4	5	6	7
Enter day of week>							
Enter date here>							
Water Goal=8 glasses a day if not on restrictions							
Fruit Goal=2-4 servings per day							
Vegetables Goal=3-5 servings per day							
Whole grains 6-11 servings per day							
Protein Goal=2-3 servings per day							
Last Bowel movement Goal=every 1-2 days							
Walking Goal=2-3 times a day							
Exercises Goal=2-3 times a day							
Anti-coagulation Taken as ordered							

**Total Knee
Replacement
Exercise Guide
Section G**

Total Knee Replacement Exercise Guide

Regular exercise to restore your normal knee motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your knee movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program **twice a day** (once in the morning and once in afternoon/evening) at home during your early recovery.

Do not forget to apply ice to your knee for 20 minutes following each exercise session.

Please do these exercises 40 Times each Twice daily.

If you have any questions once you are home, please feel free to contact the Physical Therapy Department at (405) 515-1712

1. Ankle Pumps

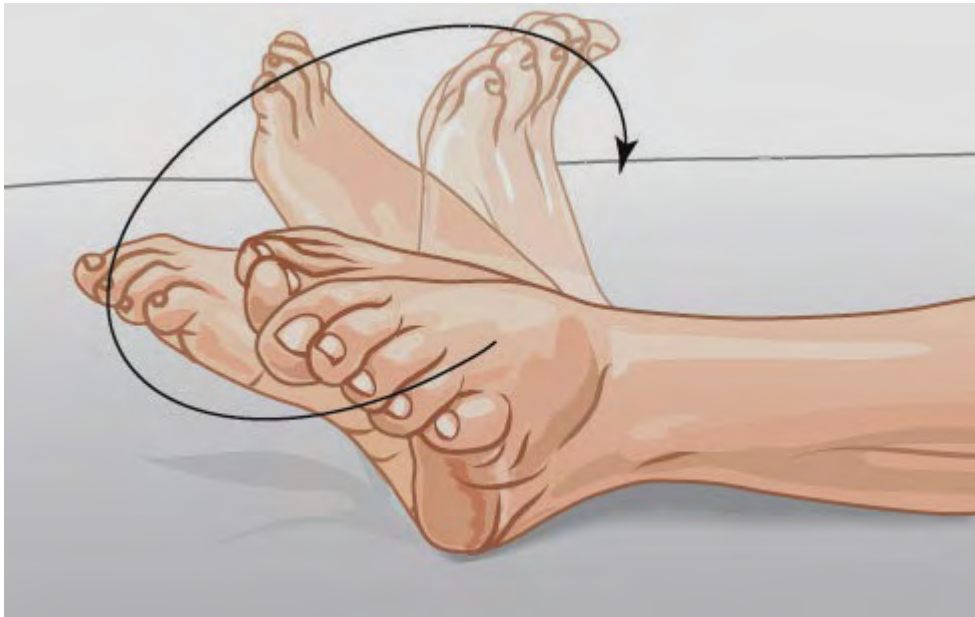
Gently "pump" both ankles up and down, so that your toes point first up and toward you, then down.



2. Ankle Circles

Circle foot clockwise.

Circle foot counter clockwise.



3. Terminal Knee Extension

With a towel rolled under your heel, push your knee into the bed with your legs straight hold for five seconds, relax and repeat.



4. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed. You may place a plastic bag or cookie sheet under one foot to help it slide (Figure 1) and use a bed sheet or dog leash around your foot to aid in bending your knee. (Figure 2)



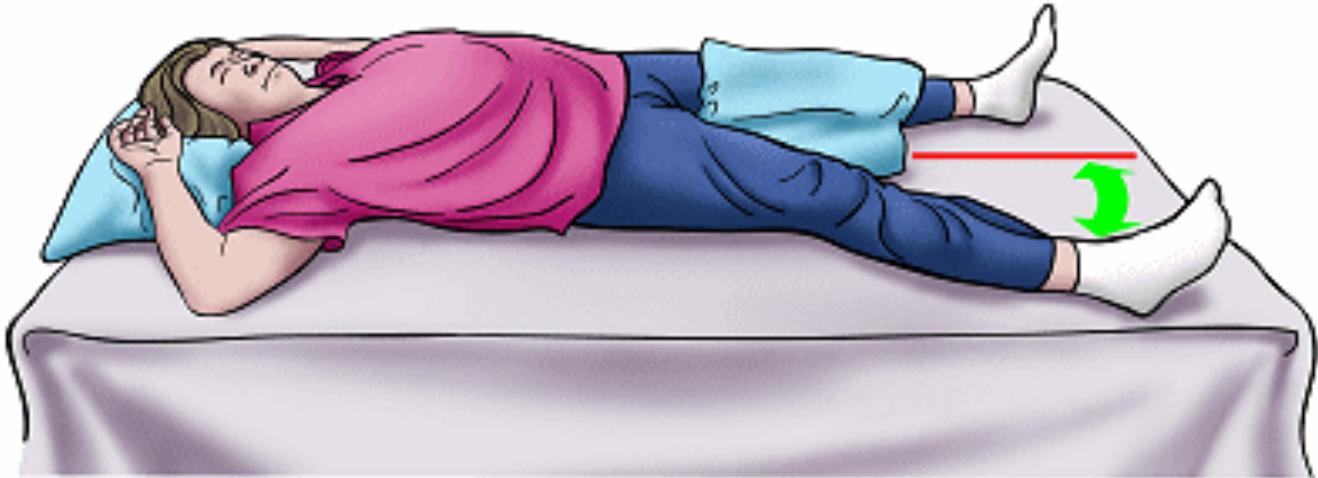
(Figure 1)



(Figure 2)

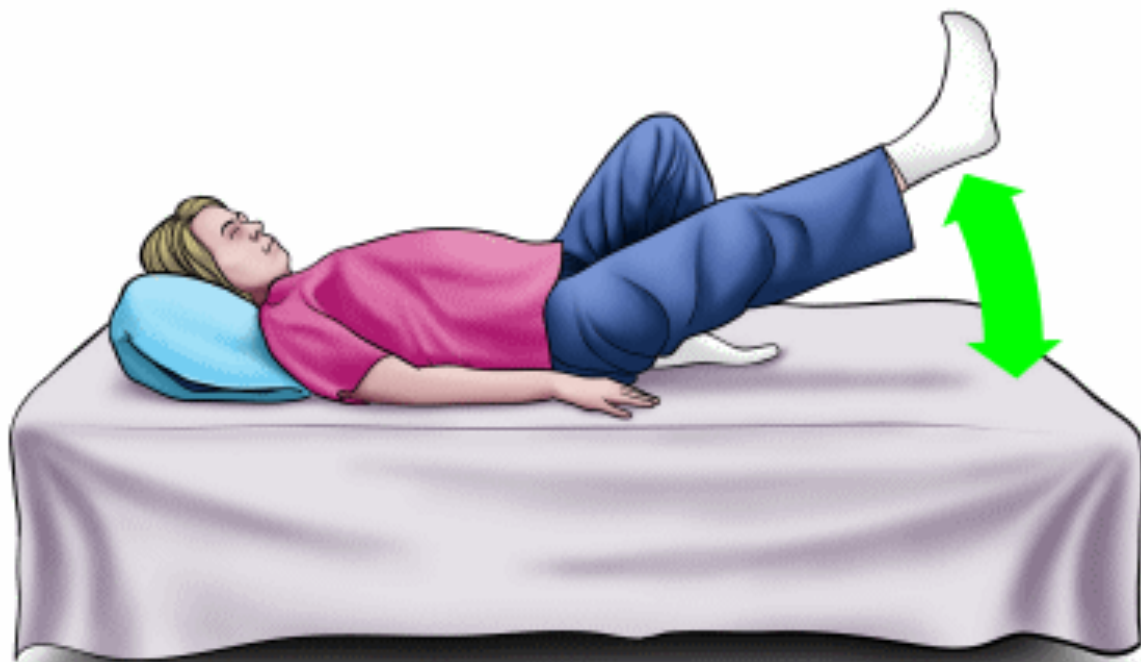
5. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. Do not cross midline of the body.



6. Straight Leg Raises

Straighten leg as much as possible by tightening the muscles on top of your thigh. Raise your heel approximately 4 inches, relax and repeat. Remember to keep your leg straight during this exercise.



7. Short Arc Quads

Place a rolled towel or blanket roll under your knee. Raise the lower part of your leg until your knee is straight. Lower your foot, relax and repeat.



8. Long Arc Quads

While sitting, fully straighten your operative leg, relax and repeat.



9. Ham Set – Sitting

While sitting with your legs bent, pull your operative leg back into the chair. Hold for a three to five seconds.



10. Terminal Knee Extension – Sitting

While sitting, lift operative leg up and place your heel in the chair in front of you. Push the back of the knee down toward the floor with your knee straight. Hold for a count of three, relax and repeat.



Total Hip Replacement Exercise Guide Section H

Total Hip Replacement Exercise Guide

Regular exercise to restore your normal hip motion and strength and a gradual return to everyday activities are an important part in your full recovery. These exercises are important for increasing circulation to your legs and feet in order to prevent blood clots and decrease swelling. These exercises also are important to strengthen muscles and improve your hip movement.

You will begin these exercises the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and help reduce your post-operative pain. Your orthopedic surgeon and physical therapist recommend that you continue to perform this exercise program **twice a day** (once in the morning and once in afternoon/evening) at home during your early recovery.

Do not forget to apply ice to your hip for 20 minutes following each exercise session.

Please do these exercises 40 Times each Twice daily.

If you have any questions once you are home, please feel free to contact the Physical Therapy Department at (405) 515-1712

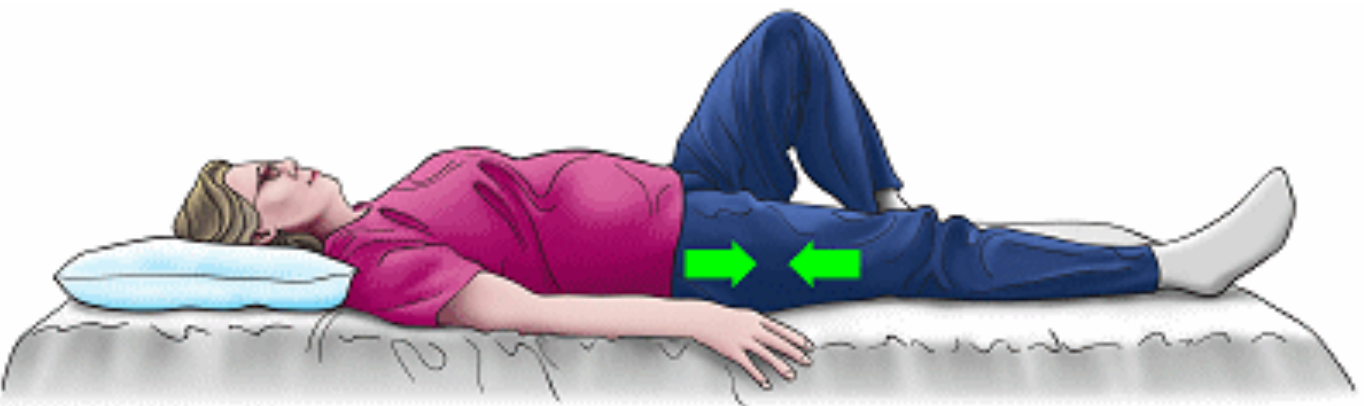
1. Ankle Pumps

Gently “pump” both ankles up and down, so that your toes point first up and in toward you, then forward and away from you.



2. Quad Sets

Slowly tighten muscles of the thigh pushing knee into the bed with your leg straight. Hold for a count of three to five seconds then relax the muscles.



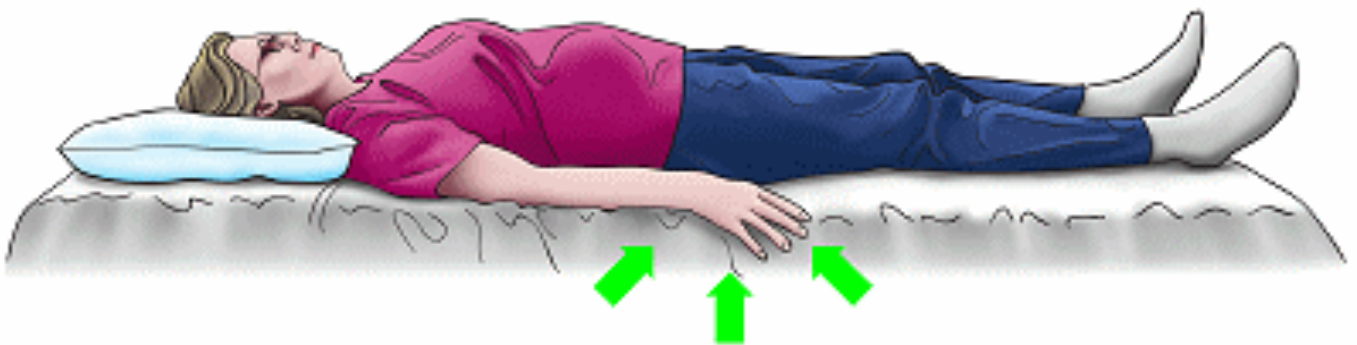
3. Ham Sets

Push your heel into the bed with your legs straight or knee slightly bent, hold for five seconds, relax and repeat.



4. Gluteal Sets

Squeeze your buttock muscles as tightly as possible. Hold for a count of three to five seconds then relax the muscles.



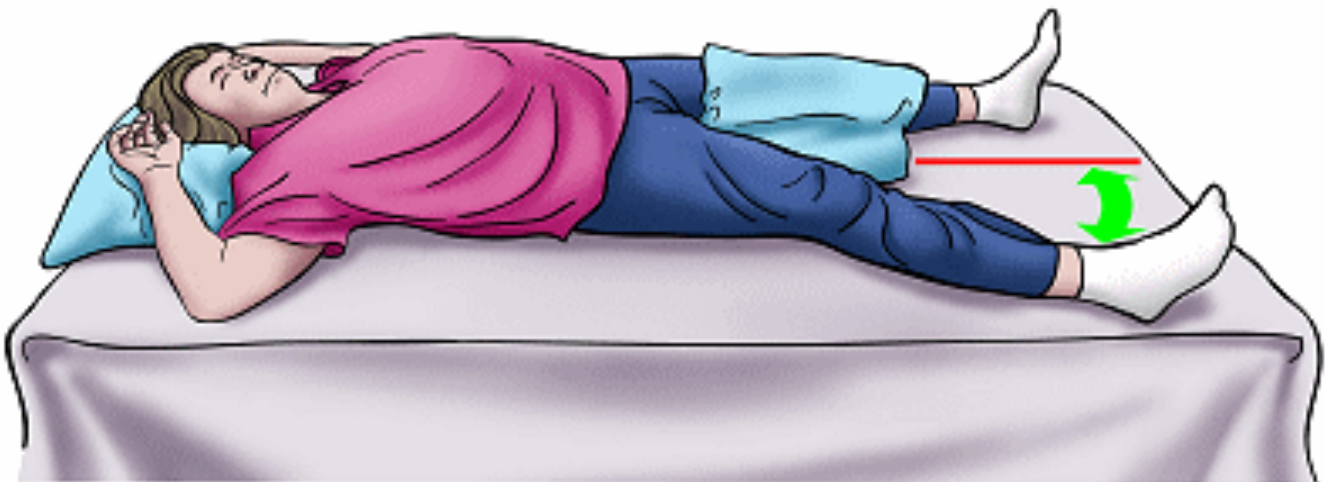
5. Heel Slides

Slide your heel up toward your body by bending your knee. Keep your heel in contact with the bed.



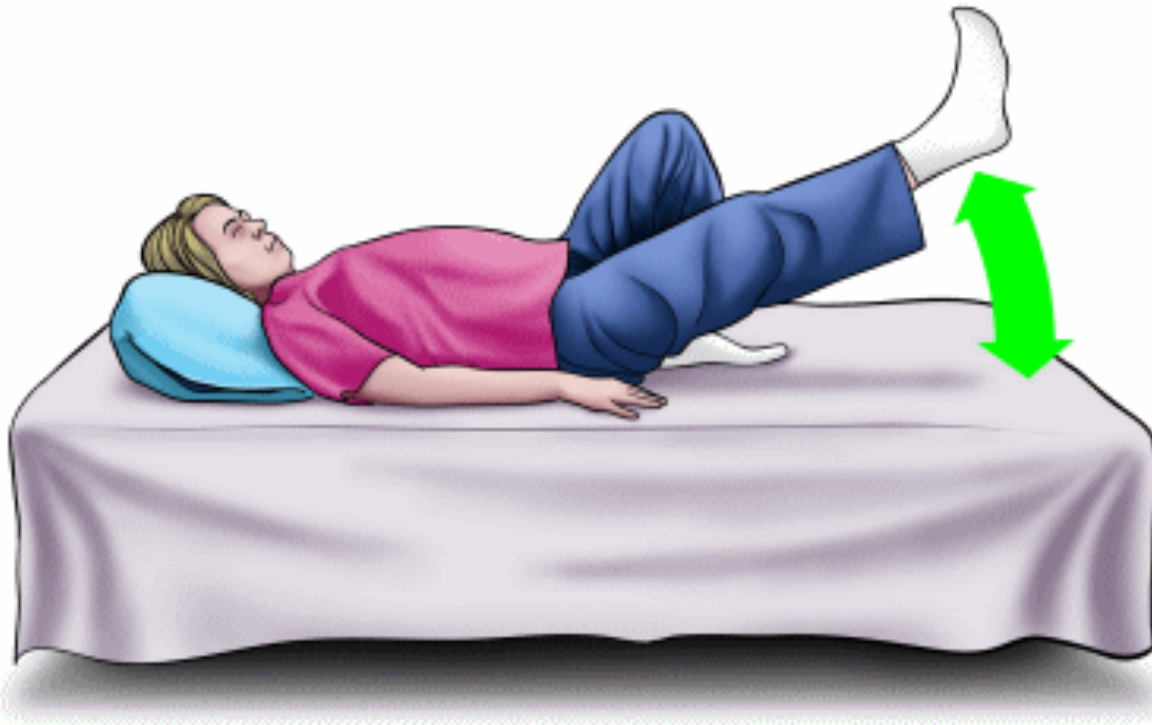
6. Hip Abduction

With your knee straight and keeping your toes pointed toward the ceiling. Slide your leg out to the side as far as possible then back in. **Do not cross midline of the body.**



7. Straight Leg Raises

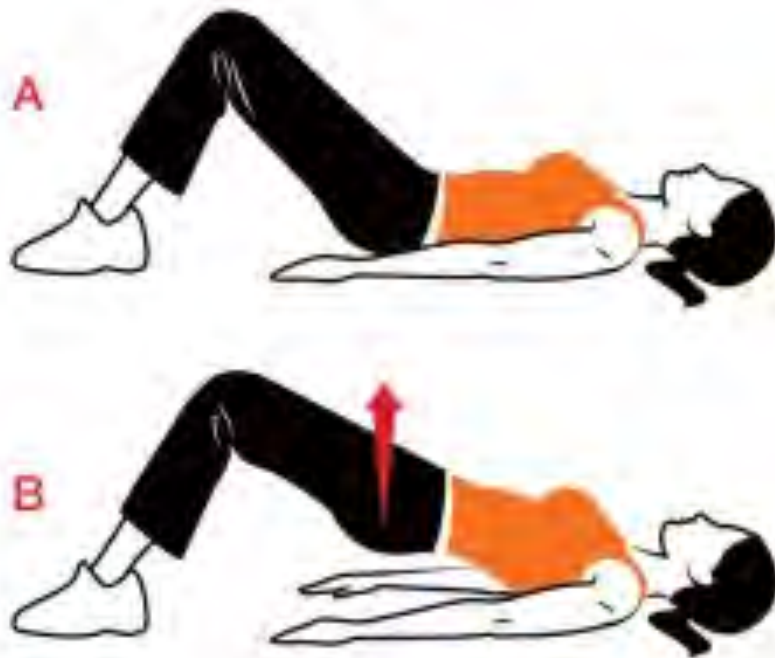
Straighten leg as much as possible by tightening the muscles on top of your thigh, Raise your heel **approximately 4 inches**, relax and repeat. **Remember to keep your leg straight during this exercise.**



8. Hamstring-Glut Bridge

Place feet hip width apart and knees slightly bent.

(Figure A) Press down with the heels of the feet and lift the buttocks and lower back up. (Figure B). Keep abdominal and lower back tight so spine stays neutral.



**Preventing Hip
Dislocations
Hip Precautions
Section I**

Preventing Hip Dislocations

What is a “total hip dislocation”?

Total hip replacement dislocation is a painful condition in which the prosthetic femoral head, or the “ball” on the proximal end of the femur of thigh bone, no longer articulates, or “comes out of joint”, with the socket in the acetabular cup of the pelvis.

How often does it happen and when does it happen?

The incidence of dislocation can vary from less than 1% to as high as 4%. Up to one third of dislocations occur within 6 weeks after surgery and the rest happen after 6 weeks.

What are the signs and symptoms of a hip dislocation?

Signs and symptoms of a hip dislocation include severe pain in the leg, inability to move leg, shortening and external rotation of the leg.

How can I help prevent it?

Proper body positioning is the key factor in preventing dislocation. In the early post-operative period, learning total hip precautions, or the positions of potential instability to avoid are critical. As surgical incision pain decreases beyond the immediate post-operative period, it is important to remember the presence of the prosthetic joint and not to become too careless about your activities. Follow your total hip precautions until your physician tells you otherwise.

Sexual Activity and Intimacy with Hip Precautions

Generally, most people wait to resume sexual activity for a few weeks after surgery. Your incision, muscles and body need time to heal. When you feel ready to resume sexual activity please talk to your occupational or physical therapist so they can provide and review the proper positions you can use to maintain your hip precautions during sexual activity.



Total Hip Replacement Precautions

To practice safe movement until your hip replacement has fully healed, you will need to take several precautions to avoid dislocating your hip:

1. **Do not bend your operated hip beyond a 90° angle.**
2. **Do not turn your operated leg inward in a pigeon-toed position.**
3. **Do not cross your operated leg.**

This section provides reminders about proper positions when sitting, standing and lying down. Let your therapist or your doctor know if you have questions about these precautions.

Sitting:

1. Sit in raised seats (1-2 pillows if necessary) or on a raised toilet seat/commode with armrests.
2. **Do not raise your knee higher than your hip** while sitting. Sit with the operated leg forward.
3. Reach back for the arm rests of the chair with both hands. Bring the operated leg forward and slowly lower into the chair or raised toilet seat/commode.



Do Not Bend Down at the Waist to pick items off the floor. Use a long-handled reacher or other adaptive aid to pick items off the floor.

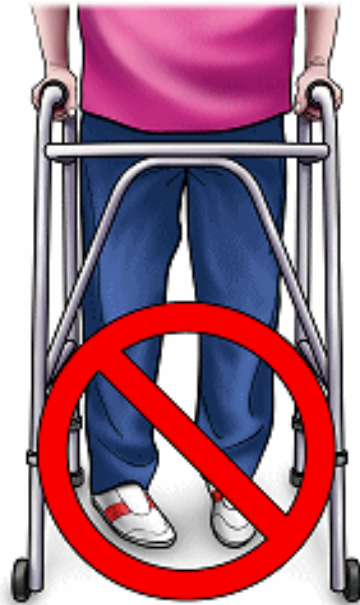


Do Not Twist Your Torso Inward when Lying, Sitting or Standing.



Do Not Turn Your Operated Leg Inward in a Pigeon-Toed Stance.

Keep this in mind when standing and lying down.



Do Not Cross Your Operated Leg or Ankle Over Your Non-Operated Leg.

While sleeping or lying in bed, keep a pillow between your legs to prevent hip dislocation.



Notes



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