

Total Hip Replacement

After a hip replacement, you should expect your lifestyle to be a lot like the way it was before surgery, but without the pain. In many ways, you are right, but it will take time. You need to be a partner in the healing process to ensure success.

The ultimate goals for your rehabilitation are based on how you were doing before your joint began to bother you. Most people have had this joint pain for several years. You have to unlearn the bad habits you've developed, build up weak muscles and learn new movement patterns.

You will be able to resume most activities; however, you may have to change how you do them. The suggestions you find here will help you enjoy your new hip while you safely resume your daily routines.



Returning home

- If you have stitches that need to be removed, your surgeon will give you specific instructions about the incision and when you can bathe. X-rays will be taken later to ensure that the joint is healing properly.
- Notify your doctor if the wound appears red or begins to drain.
- Swelling is normal for the first 3-6 months after surgery. Elevate your leg slightly and apply an ice pack for 15 to 20 minutes at a time, a few times a day.
- Calf pain, chest pain and shortness of breath are signs of a possible blood clot. Seek immediate medical attention if you notice any of these symptoms.

Medication: Take all medications as directed. You will probably be given a blood thinner to prevent life-threatening clots from forming in the veins of your calf and thigh.

Resuming normal activities: Once you get home, you should stay active. The key is not to overdo it! While you can expect some good days and some bad days, you should notice a gradual improvement over time.

Weight bearing: Be sure to discuss weight bearing with your physician and physical therapist. Their recommendations will depend on the type of implant and other factors in your situation. Most patients are allowed to put as much as they can tolerate through their new hip but ensure this is what your doctor wants.

Driving: You can begin driving an automatic shift car in 4 to 8 weeks, provided you are no longer taking narcotic pain medication. If you have a stick-shift car and your right hip was replaced, do not begin driving until cleared by your physician and physical therapist. The physical therapist will show you how to slide in and out of the car safely.

Sleeping positions: Sleep on your back with your legs slightly apart or on your side with an abduction pillow or a regular pillow between your knees at night. Be sure to use the pillow for at least 6 weeks, or until your doctor says you can do without it. It is best to talk to your therapist about how and when to attempt sleeping on your side.

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Sex: Some form of sexual relations can be safely resumed 4 to 6 weeks after surgery. Ask your doctor or physical therapist if you need more information.

Sitting: For at least the first 3 months, sit only in chairs that have arms. Do not sit on low chairs, low stools or reclining chairs. Do not cross your legs at the knees. Get up and move around on a regular basis, at least once every hour.

Stairs: Always go up with your stronger leg first followed by the operated leg and assistive device. To go down: assistive device first, operated leg, then stronger leg.

Return to work: Depending on the type of activities you perform, it may be as long as 3 to 6 months before you can return to work.

Other activities: Walk as much as you like once your doctor gives you the go-ahead but remember that walking is NO substitute for your prescribed exercises. Swimming is also recommended as soon as your incision is healed, 6 to 8 weeks after surgery.



Acceptable activities include dancing, golfing and bicycling (on level surfaces).

Avoid activities that involve impact stress on the joint such as tennis, contact sports, racquetball, jumping, or jogging. Lifting weights is not a problem, but carrying heavy, awkward objects that cause you to stagger is not wise, especially if

you must go up and down stairs or slopes.

Do's and Don'ts: Do's and Don'ts vary depending upon the surgeon's approach. Ask your doctor or physical therapist before beginning any new activity. These precautions will help to prevent the new joint from dislocating and to ensure proper healing.

- Don't cross your legs at the knee.
- Don't bring your knee up higher than your hip.
- Don't lean forward while sitting or as you sit down.
- Don't try to pick up something on the floor while you are sitting.
- Don't turn your feet excessively inward or outward when you bend down.
- Do keep the leg facing forward.
- Do keep the affected leg in front as you sit or stand.
- Don't reach down to pull up blankets when lying in bed.
- Don't bend at the waist beyond 90 degrees.
- Don't stand pigeon-toed.
- Do use a high kitchen or bar stool in the kitchen,
- Don't kneel on the knee on the unoperated leg (the good side).
- Do kneel on the knee on the operated leg (the bad side).
- Don't use pain as a guide for what you may or may not do.
- Do use ice to reduce pain and swelling.
- Do apply heat before exercising to assist with range of motion. Use a heating pad or hot, damp towel for 15 to 20 minutes.
- Do cut back on your exercises if your muscles begin to ache, but don't stop doing them!