

Total Hip replacement – Useful Information

For 6 weeks you can be at risk of dislocating your new hip.

Hip advice encourages you to:

- **avoid bending at the hip past 90°**
- **avoid twisting your leg in or out**
- **avoid crossing your legs**

Your Surgeon or Therapist will discuss stricter hip precautions with you if required.

The first few months following surgery are crucial. The more work you put into exercising and walking in this period, the better the long-term outcomes.

Remain active throughout the day. Please do not sit for long periods. It is essential that you use your hip by walking and exercising regularly. If sat watching a TV programme, get up every break/15mins. Discomfort is normal when exercising and walking.

Use your walking aid to help your walking at home.

Once your stitches/staples are removed and the wound is clean and dry you can begin scar massage. This is a crucial part of your rehabilitation. This can be discussed with your Physiotherapist.

Swelling is normal post operation and can last for several months. Please discuss any worries with your physiotherapist/nursing staff.

You cannot drive for at least 6 weeks post-surgery (unless you drive an automatic car and are having left hip surgery). **PLEASE CHECK WITH YOUR PHYSIOTHERAPIST THAT IT IS OK TO DRIVE.** To drive, you must be able to perform an emergency stop and control the clutch, in a hill start position.

Your safety after your surgery is our priority. Please do not walk without supportive footwear on and with the mobility aid given to you by your therapist. You must be supervised the first time you get out of bed. This may be with the nursing or therapy team. If you are unsure about what to do, please use your call bell and ask for assistance.

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your physiotherapist.

[In partnership with the Ministry of Defence](#)

Contact Information:

If you have any questions regarding your surgery, please call

Day surgery:

0300 6144130

0300 6144131

Treetops Ward:

0300 6144160

Physiotherapy:

0300 6144178

If you have any questions regarding your outpatient physiotherapy appointment, please call:

Wexham Park Hospital Physiotherapy

0300 6140540 Option 2

Email address: fhft.physiooutpatientswph@nhs.net

Heatherwood Hospital Physiotherapy

0300 6140540 Option 3

Email address: fhft.physioclericalteamwph@nhs.net

Frimley Park Hospital Physiotherapy

0300 6133396

Email address: fhft.therapies@nhs.net

Fleet Community Hospital Physiotherapy

01252 813800 option 3

For translation of this leaflet or for accessing this information in another format please contact one of our physiotherapy departments.

1. Static quadriceps on bed

1 Set / 10 Reps / 5 s hold



Lying on your back on the bed with your legs straight.

Bend your ankle towards you and push the back of your knee down firmly against the bed by using the front of your thigh muscle.

2. Buttock squeezes in lying

1 Set / 10 Reps / 5 s hold



Lying on your back on the bed.

Squeeze your buttocks firmly together.

Then relax.

[In partnership with the Ministry of Defence](#)

3. Hip flexion in lying

1 Set / 10 Reps / 3 s hold



Lying on your back on the bed.

Bend and straighten your affected hip and knee by sliding your foot up and down the bed.

IF YOU ARE UNDER HIP PRECAUTIONS, DO NOT BEND YOUR HIP MORE THAN A RIGHT ANGLE (90 DEGREES).

You may wish to use a sliding board or plastic sheet underneath your foot to assist

4. Inner range quadriceps strengthening

1 Set / 10 Reps



Lie on your back on the bed with a towel roll under the knee of your affected leg.

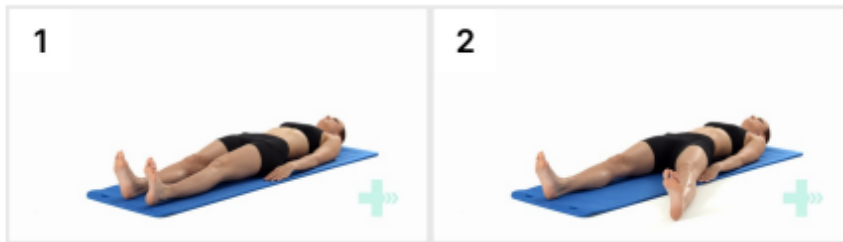
Bend your ankle towards you and lift your foot to straighten the knee using your front thigh muscles. Keep the back of your knee against the towel roll.

Hold the tension for a few seconds and then relax.

[In partnership with the Ministry of Defence](#)

5. Hip abduction in lying

1 Set / 10 Reps / 3 s hold



Lying on your back on the bed.

Bring your affected leg out to the side and then back to mid position.

You may wish to place a sliding board or plastic sheet under your leg to assist.

6. Heel raises

1 Set / 10 Reps



Stand with a support with your legs hips width apart.

Keeping your knees straight, rise up on to your toes, hold for a few seconds, and then slowly lower back down.

In partnership with the Ministry of Defence

7. Standing hip flexion

1 Set / 10 Reps



Stand with a support.

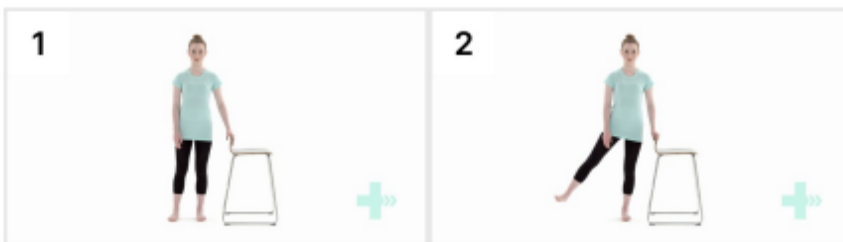
Lift your affected leg forward.

If you are under hip precautions, do not bend your hip beyond a right angle.

Hold for a few seconds, then lower back down slowly.

8. Standing hip abduction.

1 Set / 10 Reps / 5 s hold



Stand with a support.

Keeping your legs straight, slowly take your affected leg out to the side.

Do not allow your body to lean or your pelvis to twist. Keep your toes facing forwards.

Hold for a few seconds, then lower back down slowly.

In partnership with the Ministry of Defence

9. Standing hip extension.

1 Set / 10 Reps



Stand with a support.

Keep your affected leg straight as you lift it out behind you, then slowly return it to the start position.

Make sure you keep your body upright throughout this exercise.

10. Mini squats

1 Set / 10 Reps



Stand with support.

Gently bend your hips and knees a little, as if you were going to perch on a stool,

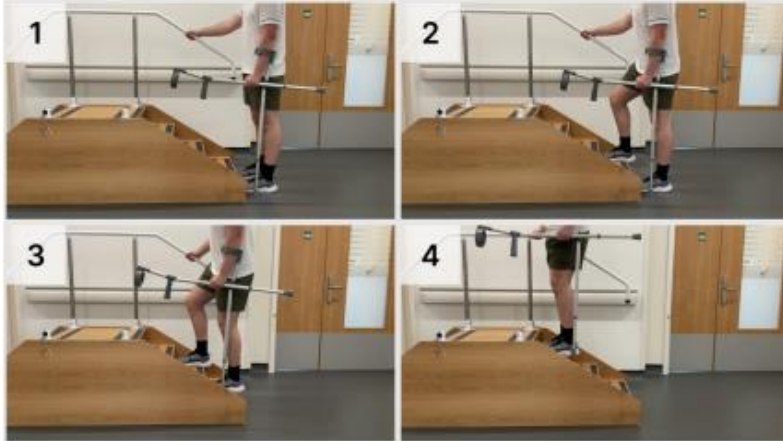
keeping your back straight and heels on the floor. Do not let your knees turn in or out during the movement.

Hold for a few seconds, then slowly rise back up into standing.

In partnership with the Ministry of Defence

11. Walking up stairs- with or without a handrail.

1 Set / 1 Rep



Stand close to the stairs with your crutch/es.

If you have a handrail, hold onto it with one hand and the crutch/es with the other hand.

A- ABLE/good leg: First take a step up with your healthy leg.

B- BAD leg: Then take a step up with your affected leg.

C- CRUTCH: Then bring your crutches up on the step.

Always go one step at a time.

12. Walking down stairs- with or without a handrail.

1 Set / 1 Rep



Stand close to the stairs with your crutch/es.

If you have a handrail, hold onto it with one hand and the crutch/es with the other hand.

C- CRUTCH: First put your crutch one step down.

B- BAD leg: Then take a step down with your affected leg.

A- ABLE/good leg: Then take a step down with your healthy leg, onto the same step as your affected leg.

Always go one step at a time.

In partnership with the Ministry of Defence