Physical Therapy and Occupational Therapy Combined Form

Please complete this form and bring it with you to your pre-admit clinic appointment.

Pre-Admit Clinic Date: _______________ Surgery Date: _______________

Type of Surgery: ____________________ Surgeon: ____________________

1. Do you live in:
   a. A private home  □ Yes □ No
   b. An apartment building  □ Yes □ No
   c. A retirement home  □ Yes □ No
   d. Do you live:
      i. □ Alone
      ii. □ With Spouse/Partner  Are they available to provide assistance? □ Yes □ No
      iii. □ With Other  Do they drive? □ Yes □ No

2. Are there exterior steps to your home/apartment/lodge, etc?
   □ Yes □ No

   If Yes:
   a. How many steps are there? ________
   b. Is there a railing? □ Yes □ No

3. Do you have to climb stairs to get to your:
   a. Bedroom? □ Yes □ No
   b. Bathroom? □ Yes □ No

   If Yes:
   a. How many steps are there? ________
   b. Is there a railing? □ Yes □ No

4. Is your bathroom equipped with any special equipment? (e.g. grab bars, raised toilet seat, bath seat)
   □ Yes (specify) ___________________________________________ □ No

(Please Turn Over)
5. Have you obtained any assistive equipment? (e.g. commode chair, wheelchair, walker)
   ☐ Yes (specify) ________________________________ ☐ No

6. Are you currently employed?  ☐ Yes (What Occupation?) _____________________
   ☐ No

7. Have you had any other surgery on your legs?
   ☐ Yes (explain) ________________________________
   ☐ No

8. Have you ever used crutches?  ☐ Yes  ☐ No
   Have you ever used a walker?  ☐ Yes  ☐ No

9. Do you have other problems limiting your walking?
   ☐ Other hip or knee pain
   ☐ Breathing
   ☐ Other ________________________________

10. Do you expect to have any problems using your arms for support when walking?
    ☐ Yes (explain) ________________________________  ☐ No

11. My biggest problem is:
    ☐ Pain
    ☐ Weakness
    ☐ Stiffness
    ☐ Problems with Walking
    ☐ Swelling

12. Are you able to walk outdoors?  ☐ Yes  ☐ No

13. When walking, do you need to use:
    ☐ Cane
    ☐ Walker
    ☐ Rollator
    ☐ Crutches
    ☐ Nothing

14. Do you currently use community support services (e.g. CCAC-Home Care Services, Meals on Wheels)?
    ☐ No  ☐ Yes (specify) ________________________________

15. Do you have extended health coverage for physiotherapy?  ☐ Yes  ☐ No
    (If uncertain, please check with your extended health insurance company or Veteran’s Affairs regarding coverage.)

Thank you for your time. Please bring this form to your pre-admit clinic appointment.
Total Hip Replacement
Patient Education Booklet
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Surgical Waiting Area

...A service for the families of surgical patients

The Surgical Waiting Area, located on Level 3 in the Owen Sound hospital, provides registered family members with:

- Information on the patient’s whereabouts throughout the surgical process.
- Contact with physicians following the surgery.

This service is provided by Grey Bruce Health Services Volunteers weekdays between 8 a.m. and 4 p.m.

On the day of your family member/friend’s surgery, please register with the Surgical Waiting Area on Level 3 (greenhouse area) of the hospital. You may also register by telephone on the day of the surgery 376-2121 ext. 2341.

Directions:

Your privacy is important: Please note that it is assumed that we have your permission to collect, use, and share your personal health information among your health care providers. You should let us know if we do not have your permission to do this. Thank you!
Total Hip Replacement: Information for Patients

This information is provided to help you and your family get ready for your Total Hip Replacement operation and recovery. Please review this information before attending the Pre-Surgical Screening Clinic and bring the information package with you to the clinic and to the hospital when you have your surgery.

For further information, please ask your therapist at either the Pre-Admission Clinic or when you come to the hospital for your operation.

Frequently Asked Questions

What is Total Hip Replacement?

During the operation, the “ball” part of your femur (thigh bone) is removed and replaced with a metal “ball and stem”. The “socket” part of your hip joint is relined with a plastic cup. Bone cement may or may not be used.

See diagram below:

![Diagram of hip before and after joint surgery]

Weight Bearing Status:

- Be sure to find out from your doctor how much weight you are allowed to put on your operated side. It is important that you follow these restrictions until a health care professional tells you that you can increase your weight bearing.
When will I be getting up after my operation?

Most patients are expected to get up (with help) 1-2 days after the operation. The physiotherapist will show you how to use a walker or crutches. A lesson in walker and crutch use will happen at the pre-surgical screening. (A list of stores that sell, rent, or loan these items is in this package.) Later in your recovery you may require the use of a cane.

Please bring well supporting shoes, preferably slip-on, to the hospital. If possible, please bring a light housecoat that opens all the way down the front and is not too long. You will need these when you start walking after your operation.

Will I need any other services after I go home?

Blood work may be ordered when you are discharged from hospital.

You will also require physiotherapy services for a period of time after you are discharged. This will be arranged in your pre-surgical screening clinic visit.

You will also need to make an appointment with your family doctor two weeks after discharge to get your staples removed from your incision. Talk to your surgeon if you do not have a family doctor about how to arrange this.

Please arrange for a family member or friend to take you to the lab or hospital in your area for these services.

Can I get help at home?

If you need extra help at home, ask to see a Case Manager from the Community Care Access Centre (CCAC). The Case Manager will see you before you go home to discuss your needs.

The CCAC provides home care services for residents of Grey-Bruce. A Case Manager can assess your eligibility for any of the following services while you are still in the hospital. The services include: Nursing, Physiotherapy, Occupational Therapy, Social Work, Speech/Language Therapy, Dietary, Homemaking, Home Support and Long Term Care Facility Placement. Ask to see a CCAC Case Manager for an assessment.

Will I see the doctor after I go home?

A check-up appointment with your surgeon will be made for you before you leave the hospital. You should call your doctor if your hip is suddenly very painful, if you have pain in your calf or chest, or if your operation site is red, swollen or draining.
Signs of Infection

Any time you have an operation there is a change of infection. The signs of infection are:

- Increasing pain around your incision
- Increasing redness or swelling around your incision
- Any drainage or discharge from the incision
- Fever over 38 degrees

TED Stockings

These are elastic stockings that help reduce blood clots in the first weeks following surgery, while you are not moving around very much. You may be fitted with these to wear for a period of time after surgery. Ask your surgeon for more information on these. If you require TED stockings, you will be billed for these while in the hospital.

Medications To Prevent Blood Clots

You may require medication to prevent blood clots in the first weeks following surgery. You will be taught how to do this yourself while you are in hospital, as you may need to have this medication after you are discharged from hospital. It involves a needle, and you may require help for this if you can’t do it yourself. Talk to your health care team when you are in the hospital for more information.

When can I lie on my operated hip?

As soon as it is comfortable.

Can I lie on my non-operated hip?

Yes, but you must place a pillow between your knees for at least 6 weeks. Check with your doctor.

Will I always need a cane?

Many patients will walk without a cane. It will depend on your general health and strength.
When can I take a bath?

Wait 2-3 months before getting down into a bathtub. It is advisable to check with your physician or therapist before attempting to do this. Squatting to get into the tub may cause the hip to bend too much and may result in dislocation of your hip joint.

You can take a shower once your incision has healed, usually one week after your surgery. To bathe after your surgery, you may shower sitting down using a bath chair or bath transfer bench. You will be taught how to do this in the hospital.

Can I take part in physical activity after my total hip replacement?

Check with your family doctor before doing any physical activity.

Should I limit sexual activity?

Sexual activity may be resumed 6-10 weeks after surgery – it is best to check with your surgeon to find out how long he/she recommends. Consider other ways to express intimacy such as hugging, holding hands, kissing and/or touching. Some things to keep in mind: avoid stresses on the hip joint. Avoid twisting, kneeling positions and squatting.

When can I go back to work?

Your surgeon will tell you when you can go back to work. The timing can range anywhere from six weeks to three months, depending on your recovery. People working in more physical jobs, especially those that require bending and squatting, may need to think about doing lighter work.

When can I start to drive my car?

YOU MAY NOT DRIVE ANY VEHICLE FOR SIX WEEKS AFTER SURGERY, REGARDLESS OF WHICH HIP WAS OPERATED ON. Ask your surgeon and talk to your insurance company.

NOTE: The hospital is trying to control the spread of medication resistant bacteria between patients. In order to help with this, you will have a nasal and rectal swab done on the day of your surgery to test for this.
What should I do before my surgery?

- Expect to slowly return to your usual activities
- Freeze extra meals ahead and ensure they are placed in an easy to reach location
- Arrange with family or friends to shop, do laundry, assist with basic housework and drive you to your physiotherapy appointments
- If you live alone, you may want to consider alternate living arrangements initially after surgery, such as going to stay with family or friends or having someone stay with you, or arranging to stay in a retirement home or lodge.
- Prepare an accessible and comfortable area in your home to use while you recover (i.e. have your bed moved to the main level if needed). You may not be able to use stairs when you first get home
- Find out from your physician or physiotherapist whether you will need a walker, raised toilet seat, and/or crutches, and get these before your surgery, so you can practice at home before your surgery
- Make sure that you know about the precautions and how they will impact you (they are found in this booklet)
- Practice all of the exercises so that you know them before surgery. This will make it easier for you to do them after the surgery (they are found in this booklet)
- Practice getting in and out of bed pretending that you have had your surgery (you will not be able to lift your operated leg very well)
- Practice walking with your crutches or walker
- If you have stairs, try to have railings put on before leaving the hospital or plan to get by without using stairs for a few weeks after your surgery
- You will need to be able to easily access a phone for safety reasons. A portable phone is helpful, but if you do not have one, make sure your telephone is close by.
Precautions

DO I HAVE ANY PRECAUTIONS AFTER MY SURGERY AND WHAT ARE THEY?

Yes! There are three movements that you are not able to do after the surgery to prevent you from dislocating your hip. Your hip precautions are:

- **DO NOT** bend at the waist past 90 degrees
- **DO NOT** bring your knee above your hip
- **DO NOT** cross your legs (either at your knees or your ankles)

DO NOT BEND WAY OVER. There is equipment such as reachers, stocking aids and other tools to help you with dressing and picking things up.

DO NOT SIT LOW ON TOILET OR CHAIR, be sure your knees are always lower than your hips. Raised toilet seats and cushions are very important.

DO NOT CROSS YOUR LEGS for 2-3 months.

HOW LONG DO I HAVE TO FOLLOW MY HIP PRECAUTIONS?

It depends on the type of surgery you have. There are two different types of hip replacements that your surgeon may consider for you: **cemented** or **uncemented** hip replacement. Please talk to your surgeon to determine what type you will have.

If you had a **Cemented** Total Hip Replacement, you must follow these precautions for **6-8 weeks**.

If you had an **Uncemented** Total Hip Replacement, you must follow these precautions for **2-3 months**.
WHAT ELSE SHOULD I KEEP IN MIND ABOUT PRECAUTIONS?

Here are some DO’s and DON’Ts to keep in mind:

DON’T:
1. Continue any activity that causes pain:
   - Stop and rest
   - Continue ONLY if pain subsides
2. Sit, sleep, or stand in any position that increases your discomfort

DO:
- Follow pain free sleep habits:
  - Sleep on the pain free side
  - Put a pillow between your knees if sleeping on your side for the first six weeks.
- Exercise your hip daily – especially for flexibility
- Take pain control medication before exercising
- Balance your weight when standing – Do not lean to one side or the other
Occupational Therapy and Activities of Daily Living

What is Occupational Therapy?

Occupational Therapy is a profession that is concerned with helping you after your surgery solve problems to allow you to do the things that are important to you (activities of daily living). You will see an occupational therapist in the pre-surgical screening clinic before your surgery, and while you are in the hospital after your surgery. The occupational therapist will help you figure out what equipment you will need in your home and will give you tips on how to manage doing your daily activities after your hip surgery.

Why Do I Need To Think About My Activities Of Daily Living?

The three hip precautions that you will have to follow after your surgery will make some of your daily activities difficult to do (remember, you can’t bend, cross your legs, or have your knees above your hips)! You will need to adopt new techniques to do some everyday tasks to ensure you are safely following your hip precautions.

ACTIVITIES OF DAILY LIVING

A NOTE ABOUT CHAIRS AND SAFETY

Keep these tips in mind to ensure you are following your hip precautions:

- CHAIRS, STOOLS, BEDS, and any other surface you may be sitting onto should be 1-2 INCHES HIGHER THAN KNEE HEIGHT (a good rule of thumb is 19” from seat to floor height)

- If your chair is too low, increase the height by:
  - Using a firm cushion, pillow or folded blanket
  - Raising chairs or beds with wooden or cement blocks

- Avoid soft chairs/couches or those chairs that rock which put you at risk for dislocating your hip
Sitting down properly into a Chair:

1. Using your walker/crutches, back up to the chair until you feel the back of your knees touching it (note: if sitting down into a wheelchair, make sure the brakes are on)
2. Reach back for the chair and armrest with both hands.
3. Slide your operated leg out in front of you, and using the armrests, slowly lower yourself into the chair.
4. Shift your bottom to the back of the chair.

Getting up properly from a Chair:

1. Move your bottom forward to the edge of the chair.
2. Make sure the chair is secure.
3. Move the foot on your unoperated leg backwards so it is underneath your knee.
4. Straighten out your operated leg in front of you.
5. Put your hands on the chair armrests and push up into a standing position using your arms and unoperated leg.
6. Do not grab onto the walker until you are standing.

GETTING DRESSED

A NOTE ABOUT GETTING DRESSED SAFELY
For those who wish to get themselves dressed, here are some helpful hints:

Dressing Your Operated Leg:

- Do not bend over to reach your feet.
- Do not bring your knees above your hips to reach your feet.
- Do not cross your legs to reach your feet.
- Some people prefer to have family members assist them with getting dressed.
A. Pants (underwear and skirts too):

Before you get started make sure you have your equipment ready! You will need a long handle reacher and may also benefit from using a dressing stick.

A reacher will help you with putting on your underwear, pants or skirt. Remember – always dress your operated leg first. To dress, you should sit at the bedside or in a chair and follow the instructions listed below:

- Drop the piece of clothing down near your feet.
- Use the reacher to grasp the waistband (or a dressing stick to hook a belt loop).
- Slip your operated leg in the leg hole first.
- Pull the garment up to your knee using the reacher and grasp it with your hand.
- Slip your unoperated leg in next.
- Pull the garment up past your knees, making sure your pant legs or skirt bottom are clear of your feet.
- Stand up using your walking aid and pull on the garment the rest of the way.

(Note: Reverse the above procedure to remove your clothes)

B. Socks/Stocking/Pantyhose:

Before you get started make sure you have your equipment ready! You will need a sock aid, and a dressing stick or a long handle reacher.

A stocking aid is recommended for putting on socks, knee-highs, stockings or pantyhose. To use the stocking aid:

- Fold the stocking aid in half.
• Slip the sock onto the stocking aid until the toe of the sock is at the top of the stocking aid and the rest of the sock is pulled taut.
• Place some talcum/baby powder on the inner surface of the stocking aid.
• Drop the stocking aid down to the floor, while holding onto its laces/ribbons.
• Point your toes down.
• Slip foot between sock and stocking aid. Pull up on laces/ribbons until sock is on.
• Use your dressing stick and/or reacher to remove your socks.

It is generally recommended that you get a TED stocking donner for the TED stockings you received in the hospital if you don’t have a caregiver that can help you get these on and off. Ask your therapist for more information on TED stocking donners.

C. Shoes:

Before you get started make sure you have your equipment ready! You will need a long handle shoe horn.

Slip-on, loafer-type shoes with a rubber, non-slip sole are recommended, as they are easier to put on. If you use lace-up shoes, we recommend using elastic shoelaces as they convert a lace-up shoe into a slip-on when the laces are tied.

A long handled shoehorn will assist you in putting on your shoes. To use it:
• Place the shoehorn in the back of the shoe.
• Slip your toes into your shoe with your heel resting on the shoehorn. Please be sure not to turn your hip inward or outward.
• Push your heel down, pulling up on the shoehorn at the same time to bring your shoe in.

(Note: Reverse the above procedure to remove your shoes)
**Bathing:**

**A note about bathing:**
Here are some helpful hints about bathing after a hip replacement:

- It is recommended that you **sit to have a shower** for about 6 weeks after your surgery or alternatively, you may sponge bathe.
- A **long handle sponge** will help wash your feet while following your hip precautions (remember not bending past 90 degrees at the hips!)
- A **hand held shower head** makes bathing easier while sitting.

Because of the restrictions resulting from your hip replacement, you will not be able to sit in the bottom of the tub for many months.

If you have a walk-in shower, you may wish to use this instead of the shower over your tub, as the walk-in shower is easier to get into. A plastic or aluminum chair/stool may be placed in a walk-in shower to assist with bathing. In order to reach your feet while sponge bathing, or while using a walk-in shower, it is recommended that a long handled bath brush or sponge be used.

Some people have a bathtub shower. To ensure you are following your hip precautions while entering and exiting the bathtub shower, you need a bath transfer bench.

How to get into the shower using a bath transfer bench:
- Using your walker/crutches, back up until you feel the bath transfer bench behind you. You should be standing a 90 degree angle from the side of the bathtub.
- Slowly sit down (following the technique for sitting down into a chair).
- Move your bottom as far back as you can (your knees should be close to the end of the bench now).
- Lean back, lift your legs and turn into the bathtub (can be done one at a time).
- Move your body down the bench by pushing up on the bench with your arms and lifting your bottom.

To get out of the shower using a bath transfer bench, reverse the order of the above method.
NOTE: Only if you have a walk in shower is the shower chair appropriate. If you have a bathtub shower, you require a bath transfer bench.

To bathe in the tub either:
- Aim the shower head at your body, or
- Fill the tub up and sponge bathe.

**Toilet:**

A raised toilet seat or commode may be used to assist with toileting. To transfer on/off the raised toilet seat, the transfer is the same as sitting down or getting up from a chair.

**Grooming:**

- Do not bend over to cut your toenails. Call the Grey-Bruce Community Care Access Centre (519–371-2112) to request information on who could provide this service.
- To wash your hair, family may assist you by having you sit in a chair with your back facing the kitchen sink. Lean your head back to allow the family member to wet, wash and rinse your hair.
- If a hand-held shower is being used in the bathtub, you may also use this to wash your hair.
Driving:

You may not drive any vehicle for 6 weeks after your surgery. Ask your doctor upon your return to the clinic visit when you will be able to drive.

To transfer into the front seat of the car:

- Move the seat as far back as it will go. If it is possible to recline it, do so slightly.
- Place a wedged cushion or pillow on the seat to raise your hips higher than your knees.
- With your back facing the seat, place your left hand on the door jam and your right hand on the back of the seat.
- Lower you bottom down onto the seat, keeping your operated leg out in front of you.
- Place your left hand on the dash and your right on the back of the seat and move yourself back.
- Have somebody assist you to bring your legs into the car.

To transfer into the back seat:

- With your back facing the seat, place your left hand on the door jam, as well as your right.
- Lower your bottom down onto the seat making sure to keep your operated leg in front of you.
- Using the back of the front seat and the back of the back seat, move yourself back along the seat.
Sexual Activity:

Sexual activity may be resumed 6-10 weeks after surgery – it is best to check with your surgeon to find out how long he/she recommends. Consider other ways to express intimacy such as hugging, holding hands, kissing and/or touching.

When resuming sexual activity you should:

- Be lying on your back.
- Place pillows around your operated leg to prevent your leg from turning inward or outward or crossing over your unoperated leg.
- Kneeling should be avoided for any sexual activity for 3-4 months after surgery.

Adapted with permission from the Quinte Health Care’s Activities of Daily Living Brochure
Sample Equipment Needs

A Note About Equipment:
Try to have all equipment arranged prior to our surgery date. This will allow you to have time to ensure that the equipment works, and that you know how to use it.

Some of these things may be helpful for you when you get home. Ask to see an Occupational Therapist for more information.

Elastic Shoe Laces – these will help turn your lace up shoes into slip on shoes, which will make them easier for you to put on and take off after your hip surgery.

Sock and Stocking Aid – this equipment will help you put on your socks or stockings without bending at the waist, or crossing your legs to do so. There are many different styles to choose from – find one that works best for the size and shape of your foot.
Long Handle Shoe Horn – will assist you in putting your shoes on, or taking them off without having to bend over or cross the leg. The long handle shoe horn enables you to don or doff your shoes while following your hip precautions.

Long Handle Reacher – this equipment will help you pick things up off the floor, pull up your covers and help you get dressed after the surgery. It helps you do the things you need to do, while you follow your hip precaution of not bending past 90 degrees at your hips.

Dressing Stick – this equipment will help you pull up or push off your socks/pants. It has a metal hook on one end and two rubber prongs on the other. The length of it lets you reach your lower body without bending past 90 degrees at your hips.

Long Handle Sponge – this equipment lets you bathe independently after your hip surgery. The long handle allows you to reach your feet without bending past 90 degrees at your hips.

Hand Held Shower Head – allows you to control the flow of the water while you sit in the shower.
**Required Equipment:**

After surgery, you will need the following equipment in your bathroom:

- **A raised toilet seat** will increase the height of the toilet to ensure it is a safe height for you after your surgery. It will also make getting on and off of the toilet easier for you.

- **A shower chair** will allow you to sit in your walk in shower while you bathe. This piece of equipment is not appropriate if you have a bathtub shower.

- **BATH TRANSFER BENCH** – this equipment is needed to get into and out of the bathtub shower safely after your hip surgery.
Red Cross Home Healthcare Equipment Service

+ OWEN SOUND/BRUCE-GREY RED CROSS
1450 1ST Avenue West, 2ND Floor
Owen Sound, ON. N4K 6W2
(Front Parking Lot is best for elevator access)

Telephone: (519) 376-7579
Fax: (519) 376-8137
Branch Hours: 9:30 a.m. – 4:30 p.m.
Monday to Friday

Home Healthcare Equipment Service:

The Owen Sound/Bruce-Grey Red Cross makes equipment available, such as wheelchairs, commodes, walkers and crutches, to individuals recuperating in their own homes. This is a fee for service-based program, which requires a healthcare professional’s recommendation for a one to three-month period. You will get this referral if needed at your pre-surgical screening clinic. Once reserved through the Owen Sound Branch, you or a family member will be responsible for picking up the equipment. For your convenience, equipment can be obtained in the following communities.

<table>
<thead>
<tr>
<th>Community</th>
<th>Address</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>LION’S HEAD</td>
<td>Grey Bruce Health Services</td>
<td>8:30 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>22 Moore Street</td>
<td></td>
</tr>
<tr>
<td>MARKDALE</td>
<td>Grey Bruce Health Services</td>
<td>8:30 a.m. – 4:30 p.m.</td>
</tr>
<tr>
<td></td>
<td>55 Isla Street</td>
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</tr>
<tr>
<td>MEAFORD</td>
<td>Grey Bruce Health Services</td>
<td>8:30 a.m. – 4:00 p.m.</td>
</tr>
<tr>
<td></td>
<td>229 Nelson Street West</td>
<td></td>
</tr>
<tr>
<td>SOUTHAMPTON</td>
<td>Grey Bruce Health Services</td>
<td>9:00 a.m. – 11:00 a.m.</td>
</tr>
<tr>
<td></td>
<td>340 High Street</td>
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</tbody>
</table>
SAFETY TIPS FOR CANES AND WALKERS

1. Check the rubber tips on your cane or walker.
   The tips should be:
   • at least 3 cm in diameter
   • flat with concentric rings

2. Replace worn tips immediately.

3. Check wheels, brakes and adjustable legs regularly to make sure they are secure and are not sticking.

4. Use extra care on uneven ground, wet surfaces or thick carpets.

5. Do not use walkers on stairs. Use caution on ramps.

6. Be careful in crowded areas or narrow passages where passers-by may accidentally bump or kick your cane.

7. Ice picks for icy surfaces are available.

   Information provided by the Canadian Physiotherapy Association
   2345 Yonge Street, Suite 410, Toronto, Ontario M4P 2E5

   Instructions For The Use of Crutches/Canes

CRUTCHES

Safety Cautions:
• All bolts and wing nuts must be tightened and checked periodically for tightness.
• The bottom post must be fully inserted inside the rubber tip.
• Rubber tips are subject to changes in environmental conditions.
• You must check rubber crutch tips for wear, blemishes and cracks, and replace them if required.
• There should be three finger widths between your armpit and the top of the crutches when standing, so that you do not put weight on your armpits.
• **Use extreme caution on wet or slippery surfaces.**
MANAGING STAIRS WITH CRUTCHES OR CANES

If you do not feel safe on stairs, have someone assist you by standing by your side or behind you for going up stairs, or in front of you for going down stairs. Use handrails that are attached to walls.

**Going Upstairs with Two Crutches or Two Canes:**

1. Face the stairs with your crutches/canes close to the first step.
2. With your weight on the crutches/canes, put your good leg on the first step.
3. Straighten your good leg, bringing your weight onto it.
4. Bring crutches/canes and affected leg onto the step.

**Going Downstairs with Two Crutches or Two Canes:**

1. Stand with feet close to the edge of the step.
2. Move first your crutches/canes and then your affected leg onto step.
3. Shift your weight through your hands on the crutches/canes.
4. Bring good leg onto the step.

**REMEMBER:** Good leg leads going up, bad leg leads going down.

**Going Upstairs with One Crutch/Cane and a Handrail:**

1. Hold onto handrail with one arm and crutch/cane in outside arm.
2. Proceed as going upstairs with two crutches/canes, following instructions 1-4.

**Going Downstairs with One Crutch/Cane and a Handrail:**

1. Hold crutch/cane on outside arm and hold handrail with the other arm.
2. Proceed as going downstairs with two crutches/canes following instructions 1-4.
Community Care Access Centre

Care at Home:

If you need extra help at home, ask to see a Case Manager from the Community Care Access Centre (CCAC). This Case Manager will see you before you go home to discuss your needs.

The CCAC provides home care services for residents of Ontario. A Case Manager can assess your eligibility for any of the following services while you are still in the hospital. The services include:

- Nursing
- Physiotherapy
- Occupational Therapy
- Social Work
- Speech/Language Therapy
- Dietary
- Homemaking
- Home Support
- Long Term Care Facility Placement

Ask to see a CCAC Case Manager for an assessment. You can also refer yourself after hospital discharge to the CCAC by calling (519) 371-2112 to get an assessment.


**Hip Exercises**

These exercises are to be done 3 times a day to improve strength and flexibility. It is up to you to make sure that the exercises are done. Feel free to ask for help, if needed.

1. Bend ankles up and down, one foot at a time.

   Repeat 10 times. Do this many times throughout the day.

2. Slowly tighten muscles on thigh of straight leg while counting to 10 out loud.

   Repeat 10 times. Do this 3 times a day.

3. Squeeze buttocks muscles as tightly as possible while counting out loud for 10 seconds.

   Repeat 10 times. Do this 3 times a day.

4. With pillow between legs, gently turn legs and feet in and out.

   Repeat 10 times. Do this 3 times a day.
5. Bend knee and pull heel toward buttocks.

Repeat 10 times. Do this 3 times a day.

6. Slide one leg out to the side. Keep kneecap pointing toward the ceiling. Gently bring leg back to pillow. Repeat with the other leg.

Repeat 10 times. Do this 3 times a day.

7. Place a large can or rolled towel under the leg. Straighten knee and leg. Hold for 5 seconds.

Repeat 10 times. Do this 3 times a day.

8. Using a table or chair for balance if necessary, place surgical leg back, foot flat on the floor, with the forward leg bent at the knee. Slowly shift weight forward onto the other foot, making sure the front knee DOES NOT extend past your toes.

Repeat 10 times. Do this 3 times a day.
9. Using a table for balance, keep legs shoulder width apart and foot lined up under your knee. Lift one knee up as high as you can, but not greater than 90 degrees. Do not lean.

   Repeat set 10 times. Do this 3 times a day.

10. Holding a table for balance, keep legs shoulder width apart and toes pointed forward. Kick your operated leg out to the side, keeping knee straight. Do not lean.

   Repeat set 10 times. Do this 3 times a day.

11. Using a table for balance, keep legs shoulder width apart and toes pointed forward. Slowly extend your operated leg back, keeping knee straight. Do not lean forward.

   Repeat 10 times. Do this 3 times a day.