



**Total Hip / Total Knee Replacement
Preoperative Assessment Clinic
Orthopedic Functional Questionnaire**

PATIENT ID

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
 - iii. With Other
- } Are they available to provide assistance? Yes No
- 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 (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.



GREY BRUCE HEALTH NETWORK

EVIDENCE-BASED CARE PROGRAM

Total Hip Replacement/ Hemiarthroplasty Patient Education Booklet

**** Please bring to your surgery**



EVIDENCE-BASED CARE PROGRAM

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EVIDENCE-BASED CARE PROGRAM

Checklist for before my Hip Replacement

***The phrases/words in italic text may not be necessary, required or pertain to you. This should be discussed at your pre-admit clinic and/or if you have any questions or concerns please contact Physiotherapy/ Occupational Therapy at (519)376-2121 Ext. 2230 or Ext.2895*

- I reviewed my **precautions** and know how they will impact me (they are found in this booklet on pages 7-8).
- I am expecting to slowly return to my usual activities.

Personal Care:

- I prepared loose fitted clothing
- I arranged for help with personal care (toe nails, shaving, etc.)

Home Environment:

- I checked chair/seat heights to ensure a minimum of _____ inches from floor to the top of the seat (when seated your knees should be lower than your hips)
- I moved items that I use (pots, food, toilet paper etc) regularly from low places up to where I do not have to bend to pick them up.
- ***I prepared and froze meals prior to coming in for surgery and put them into an easy to reach place or have contacted Meals on Wheels*
- ***I removed shower doors and temporarily replaced with a shower curtain*
- I arranged with family or friends to help with shopping, laundry, basic housework.
- I recognize that I will need to be able to easily access a phone for safety reasons. A portable phone can be helpful. If I do not have one, make sure your telephone is close by.
- I removed clutter and made sure that everywhere I need to go is accessible with my walker including the bathroom.
- I prepared an accessible and comfortable area in my home to use while I recover (i.e. *have your bed moved to the main level if needed*). You may not be able to use many stairs when you first get home
- I set the non-slip mat in the shower and installed *removable showerhead*.
- ***I arranged to have someone care for my pets as I may not be able to bend over to feed them or take them for walks. (Ask about adaptations)*
- If you live alone, you may want to consider alternate living measures right after surgery. Such as going to stay with family, friends, have someone stay with you or arranging to stay in a retirement home or lodge.



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Mobility: refer to page 18-21

- I practiced walking with my crutches or walker.
- I practiced all of the exercises so that I know them before surgery. This will make it easier for me to do them after the surgery (pages 24-26)
- I practiced getting in and out of bed pretending that you have had your surgery since you will not be able to lift your leg well.
- *I practiced the stairs using a railing if available and my gait aid e.g. Cane, crutch*

Equipment: refer to pages 15-17

- I have the equipment for at home before my surgery (***reacher, long handled shoe horn, raised toilet seat, long handled scrub brush, bath bench, sock aide, non-slip matt for bath, portable phone, hand held shower head, dressing stick, walker, crutches, cane*)
- I practiced using my equipment while keeping precautions in mind to:
 - Dress ○ Bathe ○ Toilet ○ Get into and out of car
 - Get into and out of bed ○ Get into and out of bath tub
 - Get on and off chair ○ Get up and down stairs

Driving: refer to page 6

- I arranged to have someone to do the driving as I am not allowed to drive for at least 6 weeks after surgery regardless of what hip you are having operated
- I made sure the vehicle I will be going home in has a minimum of ____ inch seat height (use firm cushion if necessary in the front seat)

I have packed to bring to my surgery:

- My “Total Hip Replacement Education Booklet”
- Housecoat that does up at the front, is not too long or too heavy
- Shoes, slippers or sandals with a non-slip tread
- Long handled reacher
- Long handled shoe horn
- Sock aid (device to help with putting socks on)
- My list of questions for the Therapy Staff

June 2009

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.

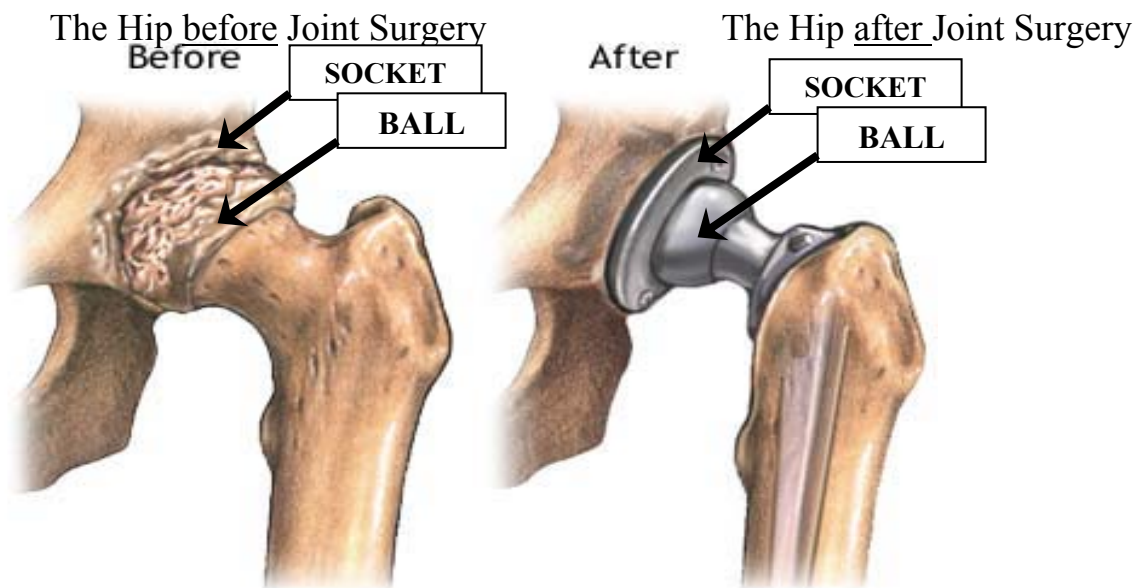
Frequently Asked Questions

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.

What is a Hemiarthroplasty?

Either the ball part or the socket part is replaced depending on which part of the joint is damaged.



Weight Bearing Status:

- Be sure to find out from your surgeon how much weight you are allowed to put on your operated side. It is important that you follow these restrictions until your surgeon tells you that you can increase your weight bearing status.

EVIDENCE-BASED CARE PROGRAM

When will I be getting up after my operation?

Most patients are expected to get up with help the day after the operation. The physiotherapist will show you how to use a walker or crutches. A lesson in walker and/or crutches will happen at the pre-surgical screening.

Please bring well supportive 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, a CCAC case manager will see you prior to discharge home from the hospital to discuss your needs at home.

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.

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 in approximately 6 -8 weeks. You should call your family doctor or go to the nearest emergency department 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 chance of infection.

The signs and/or symptoms of infection are:

- Increasing pain around your incision or in the leg
- Increasing redness, swelling, or tenderness around your incision
- Any drainage or discharge from the incision or opening of incision edges
- Fever over 38 degrees Celsius or 100 ° Fahrenheit
- Increased difficulty with walking
- Shortness of breath

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?

You may do so, 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 6-8 weeks as per your hip precautions.

Will I always need a cane?

Many patients will walk without a cane. It will depend on your general health and strength.

How Do I Bathe?

You can take a shower once your incision is dry, usually 12 days 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.

Wait 2-3 months, once precautions are lifted, 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.

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

Check with your surgeon or physiotherapist 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.

Precautions

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

Yes! There are three movements that you are not allowed 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 when sitting
DO NOT cross your legs (either at your knees or your ankles)



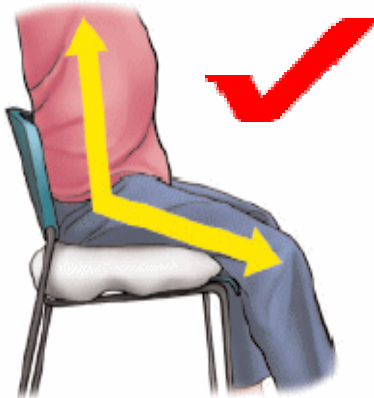
DO NOT BEND WAY OVER
 There is equipment such as reachers, sock aids and other tools to help you with dressing and picking things up.



DO NOT CROSS LEGS
 For 6-8 weeks



DO NOT TWIST YOUR BODY when standing, sitting or lying down



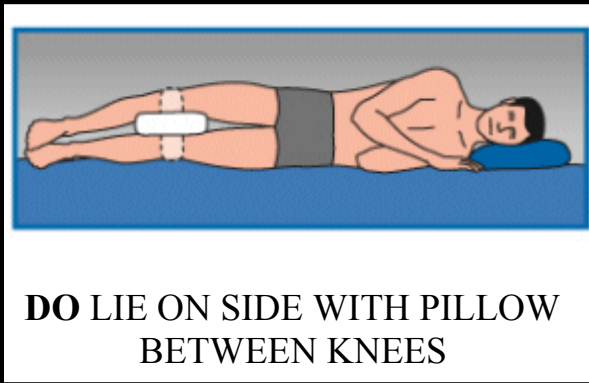
DO sit on a chair with hip higher than knee.

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 **un-cemented** hip replacement. Please talk to your surgeon to determine what type you will have.

If you had an **Un-cemented** or **Cemented** Total Hip Replacement, you must follow these precautions for **6-8 weeks**.

WHAT ELSE SHOULD I KEEP IN MIND ABOUT PRECAUTIONS?



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

DON'T:

- 1) Sit, sleep, or stand in any position that increases your discomfort

DO:

- 1) 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.
- 2) Exercise your hip 3 times daily – especially for flexibility
- 3) Take pain control medication before exercising
- 4) 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 to solve problems and to allow you to do the things important to you (activities of daily living). You will see an Occupational Therapist and/or an Occupational Therapist Assistant 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 make sure 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 but the Occupational Therapist will measure you for the appropriate seat height at pre-surgical screening.
- **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 chairs that rock** which put you at risk for dislocating your hip

GETTING DRESSED

A NOTE ABOUT GETTING DRESSED SAFELY

Some people prefer to have family members assist them with getting dressed. Your Occupational Therapist will see you for ideas of how to do this safely for those who wish to get themselves dressed, here are some helpful hints:

Dressing Your Operated Leg:

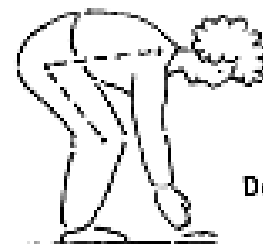
- Do not bring your knees above your hips to reach your feet in sitting.
- Do not bend your body to reach your feet in sitting.
- Do not bend over to reach your feet when standing.



Don't



Don't



Don't

A. Pants, underwear and skirts:

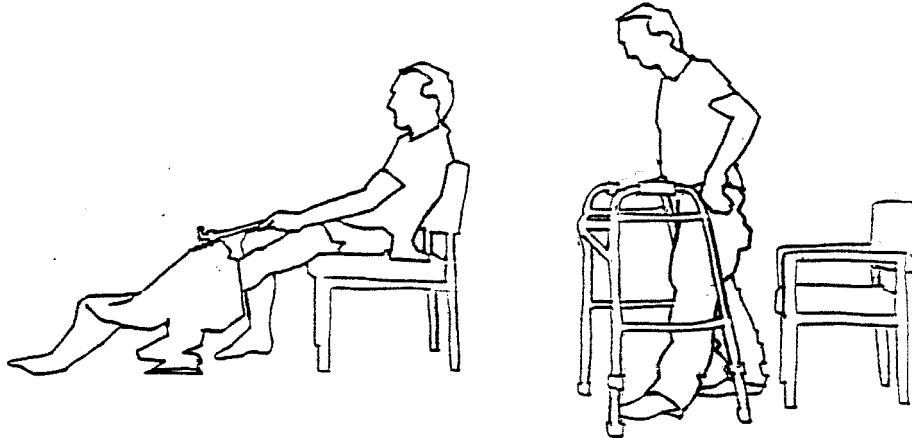
Before you get started make sure you have your equipment and walking aid ready! You will need a **long handle reacher** and may also benefit from using a **dressing stick** see page 16.

A reacher will help you with putting on your garment. 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:

- Sitting with your back straight.
- Drop the piece of clothing down near your feet or “bunch” up the material on the operated leg.
- Use the reacher to grasp the waistband or a dressing stick to hook a belt loop.
- Slip your operated leg in the pant leg first.
- Pull the garment up to your knee using the reacher and grasp it with your hand without bending at the waist.
- Slip your un-operated leg into your pants next.
- Pull the garment up past your knees, making sure your pant legs or skirt bottom are clear of your feet.

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- Stand up, balance weight following weight restrictions 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 and walking aid ready! You will need a **sock aid**, and a **dressing stick or a long handle reacher**. See page 16.

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

- Start sitting at the bedside or in a chair.
- Fold the stocking aid into an oval shape if needed.
- 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.
- Sitting with your back straight, 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.
- If you need to use your dressing stick and/or reacher to remove your socks.



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TEDS Stockings:

You will need assistance of a caregiver to put on/take off these stockings. Not everyone has to wear them. Please let us know if you don't have a caregiver to assist you at home and you are asked to wear them.

C. Shoes:

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

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:

- Use reacher to place toes in shoe.
- Place the shoehorn in the back of the shoe.
- With your heel resting on the shoehorn. Please be sure not to turn your hip inward or outward, or raise your knee higher than your hip.
- Push your heel down, pulling up on the shoehorn at the same time to bring your shoe in.
- Use reacher and shoehorn to remove shoes. **DO NOT** cross feet to kick shoes off and keep foot out in front of you.



Bathing:

A note about bathing:

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

- It is recommended that you **sit using a bath bench/chair to have a shower** for about 6 weeks after your surgery or 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.
- Use a non slip mat in either shower or bathtub to prevent a slip.

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

If you have a walk-in shower, you may wish to use this instead of a tub shower as it is easier to get into. A bath chair may be placed in a walk-in shower to assist with bathing.

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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. See page 17 for picture of 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 at a 90 degree angle from the side of the bathtub.
- Slowly sit down (following the technique for sitting down into a chair. See page 19).
- 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.

Toilet:

- A raised toilet seat or commode that is the appropriate height is required to assist with staying within precautions. To transfer on/off the raised toilet seat, the transfer is the same as sitting down or getting up from a chair.

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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, a caregiver may assist you by having you sit in a chair with your back facing a sink. Lean your head back to allow them to wash your hair or a hand held shower head may also be used.

Driving:

You may not drive any vehicle for 6-8 weeks after your surgery. Ask your surgeon when you return for the follow-up appointment when you will be able to drive.

To transfer into the front seat of the car:

It is safest to transfer into the front seat because you can recline and slide the seat back to give you more room. You may wish to place a garbage bag on the seat to make it easier to slide.

- 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 put your hands back.
- Lower your bottom down onto the seat, keeping your operated leg out in front of you.
- Use your hands to slide yourself back into the seat.
- Have somebody assist you if needed to bring your legs into the car or do so independently.



Sample Equipment Needs

A Note about Equipment:

Try to have all equipment arranged before your surgery date. This will allow you to practice using them. An Occupational Therapist will see you to suggest items that may be helpful to you at home.



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 to pick up items 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 restrictions of not bending past 90 degrees at your hips.



Dressing Stick – this 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.

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Long Handle Sponge – this helps you bathe independently. 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 and direction of the water while you sit in the shower and makes washing your hair easier after your surgery.

Possible Required Equipment:

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



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.



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.



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SAFETY PRECAUTIONS FOR EQUIPMENT:

- All bolts and wing nuts of crutches must be tightened and checked periodically.
- The bottom post of crutch must be fully inserted inside the rubber tip.
- There should be two to three finger widths between your armpit and the top of the crutches when standing, so that you do not put weight on your armpits.
- Ice picks are available for canes for icy surfaces.
- Check wheels, brakes and adjustable legs regularly to make sure they are secure and are not sticking.
- DO NOT use walkers on stairs. Use caution on ramps.
- Rubber tips are subject to changes in environmental conditions.
- You must check rubber crutch/cane/walker tips for wear, blemishes and cracks, and replace them if required.
- Be careful in crowded areas or narrow passages where passers-by may accidentally bump or kick your cane/crutches/walker
- **Use extreme caution on wet or slippery surfaces.**

INSTRUCTIONS FOR THE USE OF WALKERS/CRUTCHES/CANES

MOBILITY

LYING TO SITTING:

- With pillow between knees, I move my body to the edge of the bed with the non-operated side leading.
- I keep my body straight, and my operated leg out to the side.
- I move from lying to sitting at the edge of the bed. I do not twist my leg. I may use a strap to assist with this movement.



BED TO CHAIR WITH WALKER:

- I sit on the edge of the bed/chair with my operated leg straight out in front.
- I place my hands on the bed. I use my hands and the non-operated leg to push myself up from sitting to standing and then reach for the walker. **I do not lean forward when moving from sitting to standing.**
- I move the walker forward first making sure that all four of its legs are down, I move the operated leg forward into the walker maintaining appropriate weight bearing. Putting weight through my hands, I follow with my non-operated side to meet the operated leg.



1. Walker
2. Weak (Operated) Leg
3. Strong (Non-Operated) Leg

*This sequence is repeated for walking with the walker.

- To sit, I feel the back of the chair with my non-operated leg. I slide my operated leg forward reaching for the arms of the chair behind me. I lower myself down into the chair. My knee should always be lower than my hip.



WALKING THE HALL WITH A WALKER:

- I walk halfway into the walker, with my operated leg first, then my non-operated leg, keeping my hip straight. To protect my hip, I avoid rotating my hip or foot. Following the same sequence as listed below.



WALKING WITH CRUTCHES:

- When using crutches, I put my weight on my palms, not my armpits. **I do not twist to turn** – I take small steps instead. I am sure to follow the advice given to me about how much weight I can put through my hip.



1. Crutches
2. Weak (Operated) Leg
3. Strong (Non-Operated) Le

*This sequence is repeated for walking with the crutches.

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 if available, 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 affected leg and then crutches/canes and 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 if available 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.



HIP EXERCISES

Exercises are to be done 3 times a day to improve strength and flexibility. It is your responsibility to ensure that the exercises are done. Feel free to ask for help, from family or nursing, if required.

HIP CARE TIPS:

DO:

- Sleep with pillow between knees when on your side
- Bend operated leg as often as possible to reduce stiffness
- Take pain medication before beginning to exercise
- Keep leg flat in bed without a pillow under knee
- Start with exercises 1 – 3 day of surgery

1.



With pillow between knees, bend ankles up and down.

- REPEAT: Many times throughout the day.

2.



With pillow between knees, slowly tighten muscles on thigh of operated straight leg by pushing knee down while counting to 10 out loud.

- REPEAT: 10 times. Do 3 times per day.

EVIDENCE-BASED CARE PROGRAM

3.



With pillow between knees, squeeze buttock muscles together as tightly as possible while counting to 10 seconds out loud.

- REPEAT: 10 times. Do 3 times per day.

4.



With pillow between legs, gently roll entire leg out and roll leg in to neutral so toes are pointing up.

- REPEAT: 10 times. Do 3 times per day.

5.



With pillow between knees, bend operated knee and pull heel toward buttocks, using cloth strap if needed to achieve full knee bend.

- REPEAT: 10 times. Do 3 times per day.

EVIDENCE-BASED CARE PROGRAM

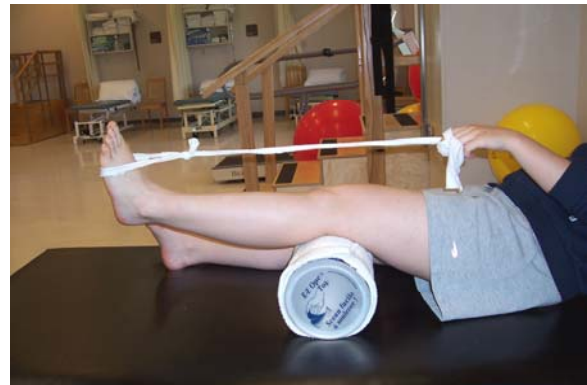
6.



With pillow between knees, slide operated leg out to the side. Keep knee cap pointing toward the ceiling. Gently bring leg back to pillow.

- REPEAT: 10 times. Do 3 times per day.

7.



Place large can or rolled towel under operated leg. Keep knee pressed on roll and lift foot up to straighten leg. Use cloth strap to assist movement if needed. Hold 5 seconds.

- REPEAT: 10 times. Do 3 times a day.

8.



DO NOT DO IF YOU ARE NOT FULL WEIGHTBEARING.

Using a 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 front foot, making sure the front knee DOES NOT extend past your toes.

- REPEAT: 10 times. Do 3 times a day.

EVIDENCE-BASED CARE PROGRAM

9.



In standing with support for balance, bend your operated hip by bringing your knee towards your chest.

Do not go beyond a 90 degree bend until instructed by a Surgeon or Physiotherapist. Keep knee below the hip.

- REPEAT: 10 times. Do 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: 10 times. Do 3 times a day.