



**West Hertfordshire
Teaching Hospitals**
NHS Trust



A guide to...

Physiotherapy following your Hip Replacement

Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit

Introduction

Following a total hip replacement physiotherapy is essential. Your physiotherapist will be able to guide your rehabilitation but they can not do the exercises for you. Good motivation is key to a rapid recovery and you have a very important contribution to make to the success of your surgery.

The programme for recovery that is outlined below should be regarded as a guideline – patients are individual and each has a different pace and rate of recovery.

The average length of stay for a total hip replacement is approximately one to three days; however this is dependent on your previous level of fitness, medical complications and home circumstances. You will only be discharged when the team is happy you can care for yourself at home.

When you get home if you notice there is increased pain or swelling in your calf or you are worried about signs of infection (red, hot, swollen and/or oozing wound) then contact your GP.

You will be referred to outpatient physiotherapy at West Hertfordshire Therapy Unit in Jacketts Field, Abbots Langley on discharge.

Physiotherapy

The aim of inpatient physiotherapy will be to ensure you are able to walk safely with the help of an aid. You should be able to manage the stairs confidently if you need to at home and you should be able to complete your exercises independently. You will also be advised on how to control your pain and swelling.

You must not turn your knee inwards whilst your knee is bent. This is called Internal Rotation in Flexion. Your physiotherapist will demonstrate this movement to you and reiterate this to you throughout your treatment.

For safety reasons it is recommended that you wear slippers or shoes with a back. Your foot or leg may swell following the operation so slightly larger footwear may be required.

A reminder of the circulation and simple leg exercises, which you should aim to perform hourly:

- Take four deep breaths in through the nose and out through the mouth
- Move your ankles up and down 10 times
- Circle your ankles five times each way

Exercise, Pain and Swelling Advice

- Elevate your leg as much as possible to help reduce swelling. The most effective way to do this is by spending one hour in the morning and afternoon lying flat on the bed.
- Use pain-killers and ice packs to reduce the pain and swelling before you exercise.
- You can use ice or a bag of frozen peas for 10-15 minutes. Do **not** put ice directly on the skin and check you have normal sensation before using the ice. It is normal for the area to go red and slightly numb during icing. After the ice has been on for five minutes check the skin. If you notice that the area has gone white remove the ice immediately. If you have any vascular conditions we would recommend you do not use ice unless you have spoken with a healthcare professional.
- It is normal that you can feel pain, discomfort or stretching during and after your exercises. However, if you experience a pain that persists (eg more than 30 minutes), or increases in intensity, it is an indication to change the exercise by doing it less forcefully or less often. If this does not help then please discuss this with your physiotherapist.
- Do short, frequent sessions spread throughout the day rather than one long session.
- Fit your exercises into your daily routine - make it a habit!
- Try and take regular walks and increase the distance as you feel able but this does not replace your exercises (see next page).

Knee Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day. You can watch these videos by scanning or clicking on this QR code.



Active Knee Flexion:

- Lie on your back or sit upright with your leg straight.
- Slide your heel to your bottom by bending your knee as far as possible on the operated leg.
- Slowly return to the starting position.



Static Quads:

- Lie on your back or sit upright with your leg operated straight.
- Bend the ankle towards you and push your knee into the surface, contracting the muscles of your front thigh.



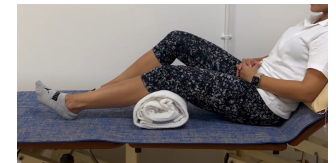
Knee and Hip Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day. You can watch these videos by scanning or clicking on this QR code.



Inner Range Quads:

- Lie on your back or sit upright with your operated leg straight. Place a towel roll under the operated knee.
- Straighten the operated knee using your front thigh muscles and lift the lower half of the leg up.
- Keep the back of your knee against the towel roll.



Static Glutes:

- Lie on your back or sit upright and then squeeze your bottom.



Supine Active Assisted Hip Abduction:

- Lie on your back or sit upright with your operated leg straight.
- Place a tray or a plastic bag under your operated leg.
- Keep your leg straight and slide it away from your non-operated leg.



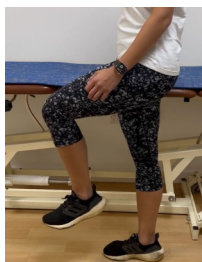
Hip Exercises

Hold each exercise for two to three seconds and repeat 10 times, three times a day. You can watch these videos by scanning or clicking on this QR code:



Standing Hip Flexion:

- Stand straight and hold onto a sturdy surface.
- Bring your operated knee up in front of you to a right angle at the hip.



Standing Hip Abduction:

- Stand straight and hold onto a sturdy surface.
- Lift your operated leg to the side, away from your non-operate leg but try not to lean towards your non-operated side.



Standing Hip Extension:

- Stand straight and hold onto a sturdy surface.
- Bring your operated leg backwards but try not to lean forward.



Gait (Walking) and Stairs Advice

As time progresses and your wound begins to heal your pain should decrease and your ability to walk for longer distances with the crutches should improve. Equally you may find that around the house you may be able to walk with less support.

It is recommended that you wean off of your walking aid in a phased return. When you feel your walking is returning to normal and you feel the need for less support, it is recommended to reduce from two elbow crutches to one elbow crutch, keeping the crutch on the opposite side to the operated leg. If you are using a frame then you may be provided with elbow crutches by your physiotherapist at your appointment.

A good walking pattern is encouraged and would consist of an even stride length and equal time when standing on one leg and moving onto the next.

A heel strike is encouraged as you go to put your foot down and also a knee bend is encouraged on the leg you swing through before taking your next step.

If there are any precautions and instructions your physiotherapist will advise you as appropriate.

When going up the stairs it is easiest to follow the below routine:

To go upstairs

1. Good leg
2. Operated leg
3. Stick/elbow crutch

To go downstairs

1. Stick/elbow crutch
2. Operated leg
3. Good leg

Advanced Exercises

Please only begin these exercises once you have been advised by your physiotherapist.

Complete these exercises four times a week in one go with short rest periods (approx. one to two minutes) between each round of each exercise.

You can watch these videos by scanning or clicking on this QR code.



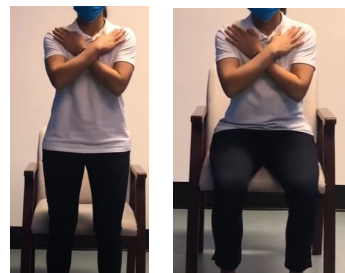
Through Range Quads:

- Sitting in a chair straighten your injured leg, tightening your thigh muscles.
- Return to the starting position in a controlled manner.



Sit to Stand:

- Place a chair against a wall to avoid it moving backwards.
- Stand in front of the chair and then slowly lower yourself into the chair.
- Stand back up from the chair in a controlled manner.



Advanced Exercises

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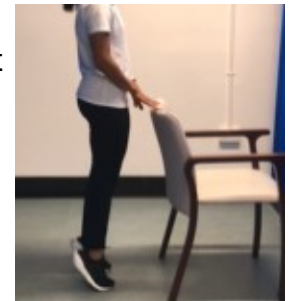
Complete these exercises four times a week in one go with short rest periods (approx. one to two minutes) between each round of each exercise.

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Heel Raises:

- Hold onto the back of a strong chair or table for balance and have both feet flat on the floor.
- Push through your toes, raising your heels off of the ground.
- Return to the starting position in a controlled manner.



Bridges:

- Lying on your back in bed, bend your knees to a right angle.
- Squeeze your bottom and lift it up from the bed.
- You should not feel any pain in your lower back so ensure to not lift up too high whereby you are arching your lower back.



Advanced Exercises

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Step Up:

- Stand at the bottom of your staircase and hold on to the banister or rail for balance should you need.
- With your operated leg step up onto the bottom step.
- Pushing through your operated leg and bring your non-operated leg to follow.



Static Lunge:

- Hold onto the back of a strong chair or table for balance.
- Take a step backwards with your non-operated leg.
- Lower the non-operated (back) leg by bending both your legs.
- Push through your operated (front) leg to stand back up.



If you are unsure about any advice or information, please arrange to contact fracture clinic or contact the Physiotherapy department using the below contact details.

How to contact us

West Hertfordshire Therapy Unit
Jacketts Field
Abbots Langley
Hertfordshire
WD5 0PA

Tel: 01923 378130

Email: westherts.opphysioadvice@nhs.net

Website: www.westhertshospitals.nhs.uk/services/physiotherapy-outpatients

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email **westherts.pals@nhs.net**



Author	Priya Khosla
Department	Outpatient Physiotherapy
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