PHYSIOTHERAPY ADVICE - REGIONAL PATIENTS

Hip joint replacement

Cabrini

Introduction

A hip joint replacement is a surgical procedure designed to replace your hip with an artificial joint. The aim of this surgery is to improve your quality of life. During your hospital stay you will be seen regularly by a physiotherapist. Our role is to guide your physical recovery, prepare you for home and organise ongoing physiotherapy as needed.

If you live regionally and are having surgery at Cabrini, discuss your expected length of stay with your surgeon before admission and keep travel plans flexible in case of a change in discharge date.

Prior to surgery

Physiotherapy

If your surgery is at least 3-4 weeks away, starting an exercise program can help improve your fitness and prepare you for surgery.

The Orthopaedic Pre-admission Clinic at Cabrini Malvern helps you feel confident and prepares you for going home after surgery. The hospital may contact you if a telehealth appointment is recommended.

Preparing for admission

To make your transition home easier:

- Finalise your travel arrangements to and from hospital (see page 4)
- Stock your pantry and freezer with meals that are easy to prepare.
- To reduce the risk of falls, make sure it is safe and easy to move around your home on crutches
- Clean and organise your home before coming to hospital
- Organise a driver to take you to your post-operative community appointments (see page 5)

When in hospital

What to bring

Bring suitable footwear and enough comfortable clothing for your expected length of stay. Choose shoes that can accommodate swelling and have a closed heel, avoid flip-flops and backless slippers. Expect to get dressed in sleepwear or day clothes immediately after surgery.

Walking and sitting

Regular walking is essential for a successful recovery. Starting from the day of surgery, staff will assist you to get out of bed and walk with a frame or crutches. Aim to walk at least four to six times a day, with staff help until they advise you are safe to do so on your own. Sit out of bed for meals once staff have advised it is safe. If you experience lower leg swelling, sit for less than an hour at a time.

Exercises

To minimise stiffness and pain, hip movement is encouraged immediately after surgery. Your physiotherapist will teach you an exercise program to regain hip movement and strength. Practise these exercise three times daily for six weeks.

Hip precautions

Avoid certain movements and positions that may strain or dislocate your new hip for 6 weeks.
Anterior approach: Limit hip extension (taking the leg out backwards) and excessive external rotation (turning the leg outward). Keep legs together when getting in/out of bed or a car.
Posterior approach: Limit hip flexion (bending) to no more than 90 degrees, avoid crossing your legs, lying on your side and twisting your leg inward. When sitting, always lean forward between your legs (never bend down the outside of your operated leg).

Equipment

Please ensure your equipment is at home before discharge.

Equipment	Anterior approach	Posterior approach
Forearm crutches	Required: purchase	Required: purchase
Over Toilet Frame	Recommendation: 2-week hire For hip comfort and easy transfers	Required: 6-week hire
Shower stool/chair	Recommendation: 2-week hire Only if unsafe standing in shower	Recommendation: 2-week hire Only if unsafe standing in shower
Walking Frame	Recommendation: 2-week hire For easy showering and dressing	Recommendation: 2-week hire For easy showering and dressing
Height adjustable chair	Not required	Optional: 6-week hire Tall patients only

Progress

Most patients go home within a few days. Your physiotherapist will guide your mobility and exercise progress to prepare you for discharge. Below is an example of the standard pathway. This will be tailored to your individual needs.

Day of Surgery	During Admission		Day of Discharge
Get in and out of bed: With staff help	Learn to get in/out of bed safely and independently		Independent
Sitting: Not today	Sit out of bed for meals with your operated leg elevated as recommended		Independent
Walking: With a frame/crutches and staff help	Learn to walk independently with crutches for 50+ metres Aim to walk 4-6 times a day		Walk with crutches 100+ metres independently
Stairs: Not today	Learn to manage stairs safely with crutches		Manage stairs independently
Exercises: Move your hip immediately after surgery	Start **GROUP 1** exercises (see pg.4)	Start **GROUP 2** exercises (see pg.5)	Independent
Preparing for home: Confirm discharge plan	Organise equipment, transport and home physiotherapy		Go home
Personal Care: Get dressed with staff help	Learn to shower and dressed safely and independently		Independent

At home

General advice

Continue physiotherapy sessions 1-2 times weekly for 6 weeks post-surgery. Your physiotherapist will discuss options based on your needs, location and health fund.

Don't expect to be up all day when you first get home, most patients spend a short period resting in bed morning and afternoon in the early post-operative period. Aim for a gradual return to your usual activities of daily life during the six weeks leading up to your surgeon's post-operative review.

Most lower leg swelling is normal and varies in duration. If present, elevate your leg periodically by lying in bed and avoid sitting and standing still for long periods (e.g. while cooking).

Walking

To regain strength, fitness and minimise complications, aim for at least 45 minutes daily spread over three or more walks. Take care walking on uneven surfaces such as sand and cobblestones.

Exercises

Continue GROUP 1 and 2 exercises at home. Progress to more advanced exercises under the guidance of your physiotherapist.

Hydrotherapy/swimming

Avoid water-based exercises until your surgeon advises it is safe. They are beneficial for improving strength and flexibility.

Travel advice

When travelling home by car or air the main risk is sitting for prolonged periods, make sure to change position and take short walks regularly.

During admission, confirm your discharge date with staff and adjust travel plans if needed. We recommend your support person arrives in Melbourne the day before discharge so they can collect you by 10 am. On discharge day, shower, dress, and have breakfast early, keep up your fluids, and rest in bed with your legs up for about an hour before leaving. Discuss pain relief and wearing compression stockings with your nurse. Whilst travelling, keep hydrated and use disabled bathrooms as they have rails, extra space, and elevated toilets.

When you arrive home, go straight to bed for a short rest before starting any activities.

By car

Before admission, make sure you have arranged for someone suitable to drive you home.

SUVs are usually more comfortable and more accessible for getting in and out. Have two or three pillows in the car for comfort. Sit in the front with the seat pushed back and the backrest reclined. To get in, back up to the seat then stretch your operated leg out, sit down and swivel in, with help from your driver if needed. Do the reverse to get out.

By air

We recommend travelling with a support person. When booking, take out travel insurance in case your flight date needs to change. Consider your discharge time, travel time to the airport, and check-in requirements. Select an aisle seat for extra legroom or book business class.

Organise wheelchair assistance between your car and gate through your airline or Melbourne Airport.

Discharge to six-week review

Your surgeon and physiotherapist will guide your individual physical recovery.

Week 1	Week 2	Week 3-5	Week 6
Practise all exercises three times daily.	Continue exercises three times daily.	Continue exercises three times daily.	Wean exercises as advised
Begin short outdoor walks, increasing distance as tolerated.	Walk at least 10 minutes 3 – 4 times daily.	Walk at least 45mins daily (e.g. 3 x 15 minutes). Wean off crutches as advised.	Walk at least 60 minutes daily (e.g. 3 x 15-20 minutes).
Elevate your leg when sitting if swelling is an issue.	Continue short bed rests if needed. Elevate leg when sitting.	Eliminate bed rest during the day	Return to usual activities of daily life.
GP visit - General progress review including pain management and wound care.	GP visit - General progress review including pain management and wound care.		

Complications

Complications are uncommon but may occur. Contact your surgeon or GP if you experience:

- Increased redness, swelling or pain in the calf
- Fever or increased swelling, redness or discharge around the wound
- Increased pain that does not settle with your prescribed pain management routine

Community appointments

General practitioner (GP)

Your GP can be an excellent source of support before and after surgery. We recommend arranging a review with your GP prior to admission. Ask for a list of your current medications and medical conditions and take this to hospital with you. Ask your GP about Medicare's Chronic Disease Management (CDM) plan which allows for up to 5 Medicare subsidised physiotherapy sessions per year. Book two follow-up GP visits for the first and second weeks after your return home.

Physiotherapy

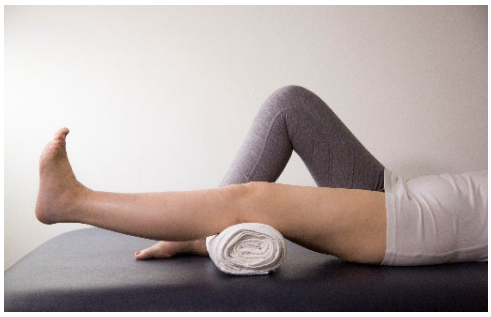
Your local physiotherapist will play an important role in your recovery. Arrange for your first review within 1-3 days of your expected return home. Most patients require 1 or 2 physiotherapy visits a week, for 4 to 6 weeks, depending on your progress; talk to your hospital physiotherapist for more detailed advice. Discuss the need for further physiotherapy with your surgeon at your 6-week post-operative review.

You may be eligible for funded home physiotherapy visits through your private health insurance as an alternative to the above. Check provider availability and wait times in your region before deciding if this is an appropriate option for you. Contact your health fund for more information.

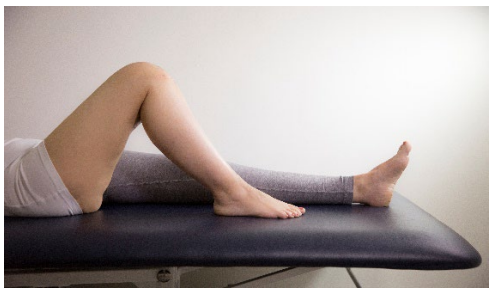
Group 1 exercises

Start the day after surgery with your physiotherapist's guidance. Aim to be independent before discharge.

Perform each exercise 5 - 10 times, three times daily, or as advised.



1: Knee straightening (hip towel)
Place a rolled towel under your knee.
Pull your toes up, lift your heel and straighten your knee.



2: Knee bending
Bend your knee by sliding your heel towards your bottom. Posterior approach: no more than 90 degrees flexion (bending).

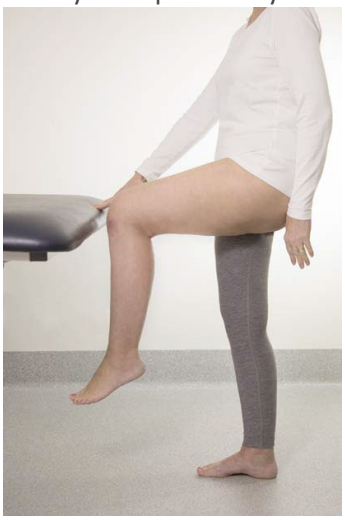
Group 2 exercises

Start within two days of surgery with your physiotherapist's guidance. Aim to be independent before discharge.

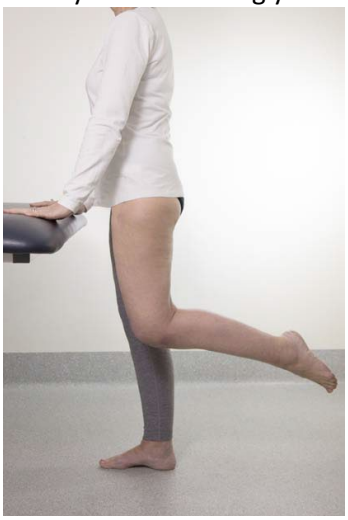
Perform each exercise 5 – 10 times, three times daily, or as advised.

Stand upright with legs shoulder-width apart and hold on to a firm surface for support

1. Hip bending (standing)
Bend your hip and lift your knee

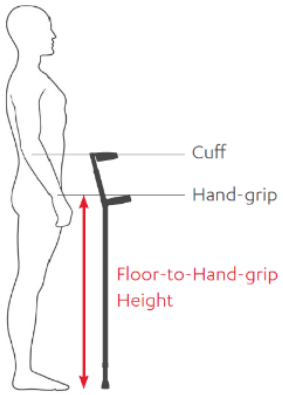


2. Hamstrings
Bend your knee lifting your foot behind you



How to use crutches

Fitting: stand straight with arms relaxed.
Adjust crutch height so hand-grips are level with your wrists.
Adjust cuffs to sit ~2cm below your elbows.



Walking

Place crutches one step ahead

Step forward with your operated leg, foot level with the crutches.

Step through with your other leg, placing it a step ahead of the crutches.

Stairs

Only go up/down one step at a time, and until you feel confident remain supervised by family or friends.

Going up
Step up with your good leg, then your operated leg, then bring crutches up

Going down
Place the crutches on the step below, then your operated leg, then your good leg.