

POST-OP TOTAL HIP EXERCISES

PHASE II

At six weeks, twelve weeks or later, Dr. Rajit Saluja will decide that you can progress to this phase. Do not attempt to progress to these exercises prior to his instructions.

1. Position Precautions. You may now begin to bend the hip 90 degrees and sit up in a regular chair. You may cross your ankles but not your knees. Occasionally it will be necessary to bend the hip more than 90 degrees such as getting up from a chair with no arms, getting into and out of a car and putting on your shoes and socks. Whenever the hip is flexed greater than 90 degrees, it **MUST** be held widely out to the side. Keep the knees apart.

2. Weight Bearing Precaution. You may now begin to bear as much weight as tolerated on the involved leg. Initially begin by using crutches or a walker and gradually increase weight bearing until you can comfortably take all of your weight on the involved leg with good balance, then begin using a single crutch or cane in the opposite hand. Remember the involved foot goes forward when the cane or crutch in opposite hand goes forward. In other words, the cane or crutch and the involved leg move together. You should use the cane until sufficient muscle strength has been gained to walk without lurching over the involved hip. Until then, continue to use a single crutch or cane.

3. Exercises.

a. Stretching

- I. Sit in a chair with the knees apart and the feet together. Gently bend reaching for the foot of the involved leg, feel the pulling and stretching. You should not feel sharp pain. Eventually you will be able to reach your feet.
- II. Lie back on the bed, bend the knees up keeping your feet together on the bed. Let the knees fall widely apart. Place your hands on the inside of your thighs and gently push your knees apart: feel the

pulling and stretching in the groin. Again, sharp pain should not be felt.

III. Lie on your stomach; feel the pulling and stretching in the groin.

b. Leg Lifts

These should be done in three positions: Supine (lying on your back), side (lying on the opposite side), and prone (lying on your stomach).

- I. Begin first in the supine position. Lift the leg approximately 12 to 18 inches off the bed and hold it for a slow count of five. During this count, contract all the muscles in the leg performing an "isometric" contraction, then slowly let the leg down to the bed. Work up to the point where you can do between 15 and 30 of these. When you can do 30 repetitions easily, add one pound of weight at the ankle and drop back to 15 repetitions. Again, working slowly back up to 30. You may either purchase commercial ankle weights or use a purse and hang it over your ankle and put one can of food in it (approximately 1 pound). When you again reach 30 repetitions easily with one pound of weight, add a second pound, drop back to 15 and slowly work back to 30. When you can perform 30 repetitions with 2 pounds, the muscles will be of normal strength.
- II. After completing the exercises in the supine positions, turn into the side lying position with the opposite hip down, lift the leg approximately two feet away from the lower leg, keep the knee straight, hold for a count of 5 while performing an isometric contraction. Then repeat again. Follow the same instructions as above for the numbers of repetitions and the addition of ankle weights.
- III. Finish your exercise by turning into the prone positions. Lift the leg a few inches off the bed by using your gluteus maximus muscle (buttock muscle), hold for a slow count of 5 again while performing an isometric contraction, then gently lower the leg. Repeat as above.

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4. Exercycle. If you have an available exercycle, this will be a good exercise. The seat should be in the high position so that your hip is not flexed beyond 90 degrees. You should begin with gentle resistance to pedaling and work up to a normal resistance. You should use the exercycle between 10 and 20 minutes. This exercycle is not essential but it is helpful if you have one.

5. Swimming. This is an excellent exercise. You should use a gentle flutter kick and avoid the frog kick. Side stroke with a scissor kick is also allowable. Be sure the pool is warm, at least 80 degrees Fahrenheit (preferably the high 80's).

6. Driving. You may begin to drive approximately six weeks after the surgery but this should be approved by your surgeon. You should use an automatic transmission. You must have adequate control of the foot and lower leg to drive safely. If your operated hip is the right hip, then use the right foot only for the gas and learn to use the left foot for the brake. If your operated hip is the left hip, then use the right foot for both the gas and the brake. Caution should be used in entering and exiting the vehicle to be sure that your hip is in the appropriate position (legs apart when flexed greater than 90 degrees).

7. Sexual Intercourse. I do not recommend sexual intercourse for the first 6 weeks after surgery unless it is very gentle. You must be able to follow the position precautions outlined above. Forcible separation of the legs at any time can cause injury to the hip. After six weeks, routine sexual intercourse should be possible. The traditional position of the male on hands and knees, however, is a high stress position for the hip and may be uncomfortable. It would be best to alter the technique to avoid this position.

REMEMBER PERMANENT RESTRICTIONS:

Exercises such as swimming and bicycle riding are encouraged. Walking a reasonable amount (less than a mile) is also a good exercise. You should wear shoes that have a cushioned heel to avoid impact loads on the knee while walking.

Impact loading activities such as tennis, racket ball, jogging and jumping or lifting heavy objects (greater than 20 pounds) are to be avoided.