

Patient Handout: Dr O'Brien Total Hip Replacement Pre and Postoperative Recovery

Under the expert care of Dr. O'Brien, your Total Hip Replacement (THR) journey is accompanied by a comprehensive rehabilitation plan. This handout is designed to guide you through the pre and postoperative phases of your journey. Remember that each person's experience may vary, and it's essential to follow your healthcare team's advice for your specific case.

Preoperative Preparation

Physiotherapy:

- You may be able to access Medicare rebated Physiotherapy sessions through a Team Care Arrangement Plan implemented by your GP.

Home Environment and Equipment:

- Organise equipment including: over-toilet frame, shower chair, crutches and leg lifter.
- Make your home safe and accessible by arranging necessities at waist level and removing obstacles, lose carpets and ensure walkways are clear of clutter.

Social Support:

- If you live alone or require assistance:
 - Arrange help from friends, family, or caregivers for the initial 2 weeks post-surgery.
 - Arrange to stay with family or friends if you are likely to require assistance.
- It may be beneficial to prepare some meals and freeze them to reduce the amount of load in the first 2 weeks.

During your hospital stay:

- Length of stay is typically 5 days
- Initiate gentle exercises as guided by the in-hospital Physiotherapist to promote blood circulation, early range of movement and muscle activation.
- Focus on walking well with your crutches or prescribed walking aide.

Schedule of Physiotherapy Appointments Following Surgery

- Initial post-surgical Physiotherapy appointment at 2 weeks following surgery.
- Further appointments are typically on a fortnightly basis and vary between 1 to 4 further appointments depending on your individual recovery needs.



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Postoperative Guidelines

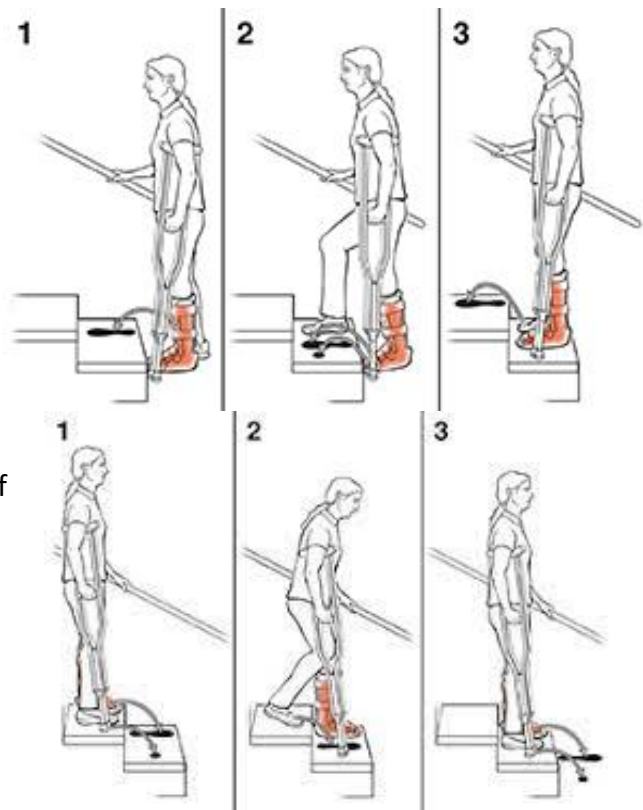
Crutch Use for Walking and Stairs:

Walking:

- Adjust crutches for proper height – handle height at the ball of the hip
- Distribute weight evenly, avoiding excessive leaning.
- Move crutches forward first, then the injured leg
- Maintain upright posture and take small, controlled steps.
- Be cautious on uneven surfaces.

Stairs:

- **Ascend:** Approach squarely, use handrail if available, step with unaffected leg first, follow with crutches and surgery leg - **Good leg to heaven**
- **Descend:** Approach edge, put crutches down, lower surgery leg first, use handrail if available – **Bad leg to hell**
- Take each step slowly and communicate with others.



General Information- Pain and Swelling Management:

- Follow advice from your Doctor and Physiotherapist.
- Optimal pain relief aids exercise and recovery.
- Ice helps with soreness and swelling after activities.
- Soreness is normal when starting new activities; maintain a level that is sore but not painful.
- Identify and avoid flare-ups; consult with your physiotherapist if pain persists.
- Soreness is part of the recovery process and does not necessarily mean damage.

Pain Management:

- Use painkillers as prescribed by your Doctor.
- Good pain relief supports healing and exercise; follow prescribed dosage.
- Differentiate between soreness and pain; maintain a sore but not painful level.
- Address flare-ups promptly; adjust exercises and walking as needed.
- Soreness is a normal part of the progressive recovery process.



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Swelling Management:

New Fluctuating Puffy Swelling:

- Relative rest for excessive swelling.
- Ice application for aggravated pain or swelling.
- Compression with tubigrip or JOBST stockings if recommended.
- Elevation to move swelling downhill.
- Scooping massage to push swelling up the leg towards the groin.

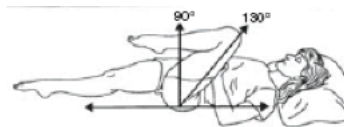
Wound Monitoring for Infection:

- Regularly inspect the wound for signs of infection.
- Look for redness, swelling, increased pain, or discharge.
- If any signs of infection are noticed, contact your healthcare provider promptly.
- Keep the wound clean and follow any specific care instructions provided.
- Report any unusual changes in wound appearance or symptoms to your healthcare team.

Total Hip Replacement Precautions

• **Avoiding Excessive Hip Flexion:**

- Excessive bending or flexion of the hip joint, particularly beyond 90 degrees, is restricted during the initial recovery period to prevent dislocation. It is advised to avoid activities like sitting on low surfaces or bending too far forward.



• **Preventing Hip Internal Rotation:**

- Internal rotation of the hip joint, where the leg turns inward, is restricted to reduce the risk of dislocation. This affects activities like crossing the legs or sitting in certain positions.



• **Avoiding Hip Adduction:**

- Adduction, or crossing the legs over the midline of the body, should be restricted to prevent strain on the hip joint and minimize the risk of dislocation.



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Rehabilitation Progression

Rehabilitation phase – Weeks 0 to 2:

- Goals for Initial Postoperative Recovery:
 - Activate surrounding muscles.
 - Develop a good walking pattern.
 - Effectively manage swelling and pain.
 - No social outings, focus on walking, rest, ice, and elevation.

Rehabilitation phase – Weeks 2 to 4:

- Continue improving walking pattern.
- Continue to work on muscle activation exercises.
- Focus on reducing swelling, bed and standing exercises.

Rehabilitation phase – Weeks 4 to 6:

- Continue to use crutches for minimal support whilst progressing your walking under the guidance of your Physiotherapist and Dr O'Brien
- Focus on transitioning to a more natural walking pattern and building strength in the operated hip.
- Hydrotherapy can typically start from around week 4 once the wound has healed.

Rehabilitation phase – Weeks 6 to 12:

- Progression of your walking program and weaning off the crutches.
- Gradual return to daily and social activities as guided by your Physiotherapist and Dr O'Brien

Rehabilitation phase – Weeks 12 +:

- Dependent on social circumstances and level of support, Dr O'Brien will determine when it is appropriate to drive, typically between 6 to 12 weeks.
- Any variation from this should be discussed with Dr O'Brien.

Summary

- Your recovery is a collaborative effort, and with dedication to the rehabilitation plan, you'll be on the path to regaining mobility and function.
- Remember, everyone's recovery is unique, and progress may vary. Stay committed to your rehabilitation program, stay positive, and communicate openly with your healthcare team throughout the process.
- Should you have any questions or require further clarification, do not hesitate to contact us.

Wishing you a smooth and successful recovery!

Regards,
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