Walkers, Crutches, Canes

These devices provide support through your arms to limit the amount of weight on your operated hip. Initially, after a total hip replacement you will use a walker to get around. When you are ready, the physical therapist will advance you to crutches. Eventually you can advance to a cane when your surgeon clears you to put more weight on your leg. The amount of weight bearing on your leg ordered by your surgeon can be:

- Touch down weight bearing: Almost no body weight should be placed on the operated leg, just touch the foot to the floor
- Partial weight bearing: 20% - 50% of your weight can be placed on the operated leg
- Weight bearing as tolerated: As much weight as you want to put on your operated leg.
Getting into Bed

- Sit on the edge of the bed with both feet on ground
- Scoot your hips backwards as you keep your weight on your hands
- Lower yourself onto your forearms
- Slide your legs onto the bed; keep your operated leg straight
- Once in bed, keep your toes pointed up

Getting out of Bed

- Slide your legs toward the edge of the bed; keep your operated leg straight
- Push yourself up to your forearms and onto your hands
- Slide your legs so that your heels are over the edge of the bed
- Scoot your hips forward until both feet are on the ground
Sitting in a Chair:

To sit down in a chair:

• Stand in front of the chair. Turn around and back-up until the back of your legs touch the chair.
• Place your operated leg far out in front of you.
• Place your crutches in the hand opposite of your operated side, and place your free arm on the arm of the chair.
• Gently ease down into the chair.
• Once you are seated, you may bring your operated leg back so your foot is under your knee.

When sitting, always keep your knees lower than your hips. In the early stages, avoid sitting for long periods of time. Get up every 20-30 minutes to stretch up and down on your toes or take a walk before sitting again.

Rising from a Chair:

To rise up from the chair:

• Place the foot of your operated leg far in front of you.
• Bring your hips forward to the edge of the seat.
• Again, place the operated leg far in front of you.
• Push up with both hands on the arms of the chair and rise on your good leg.
• Do not try to use your operated leg in standing up.
• Place the crutches in the hand on the good side and finish standing.
• Once standing, place one crutch under each arm.

Do not try to get up with your hips at the back of the chair. Always first bring your hips to the front of the seat before getting up.
Beginning to Walk after Surgery

At first, you will use a walker as you begin to walk. Once you are steady on your feet, you will progress to crutches.

**Using a walker:**
- Place the walker one step ahead of you
- Lean into it and pick up the operated leg, bend the knee and step forward, planting the heel down first
- Bring your good leg up to the front of the operated leg
- Repeat the process

**Using crutches:**
- Place the crutches one step ahead of you
- Place weight on your good leg and bring the operated leg up between the crutches
- Bring your good leg up beyond the crutches

Beginning to Walk after Surgery (continued)

As you gain strength and endurance, you will advance to a two-point gait pattern. This means you will move the crutches and operated leg at the same time, and then move your good leg beyond the crutches.

In this gait pattern, you should distribute one third of the weight to each hand and one third on the operated leg. Early on it may be more comfortable to take more weight on the hands, particularly the hand opposite the operated side.

It is important to remember that while standing, the crutches should always be kept in front of you and slightly out to the side. If the crutches are even with your body when you are standing still, they will not keep you from falling. Also, do not carry your weight on the armpits when using crutches. This can be painful and can cause permanent nerve damage. The weight should be taken on your hands and good leg.
**Stair Climbing**

You will begin to walk stairs with a physical therapist before you are discharged from MGH.

In the following photos, the model has a right hip replacement.

**Going Upstairs:**
- Put one hand on the banister and carry the crutch under the other arm
- Put your weight through your arms and step up with your good leg
- Then step up with your operated leg
- Then the crutch

**Coming Downstairs:**
- Place the crutch under one arm and the opposite hand on the banister
- Start down the stairs with the crutches first
- Then your operated leg
- Then your good leg

*A way to remember this is: Up with the good leg and down with the operated leg.*

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**Bathing**

Use a stall shower if you have one. It is okay to use a tub shower, but follow the directions given. Use a stable shower chair in both a stall shower and tub shower. Never sit in the bottom of the tub. Have someone help you the first time you shower at home. Place a non-skid mat outside the shower for your safety.

**Getting in a stall shower with a chair:**
- Walk to the shower with your walker and back up to the shower stall
- Reach back with one hand for the chair while leaving the other hand on walker
- Sit down on the chair and lift your legs over threshold of the shower
- Turn to sit facing the faucet

**If you are strong enough to stand in the stall shower:**
- Walk up to the shower with your walker or crutches
- Step over the threshold with good leg followed by the operated leg
Bathing Continued

Getting into a tub shower with a chair:
- Walk to the tub with your walker and back up to the tub until you can feel the tub at the back of your legs.
- Reach back with one hand for the chair; leave the other hand on the walker
- Sit down on the chair with your operated leg out straight
- Lift your legs into the tub, helping your operated leg with your hands
- Keep your operated leg out straight

Getting into a tub shower without a chair:
- Walk to the tub with your walker or crutches
- Facing sideways, have your good leg against the tub
- Bend your good leg at the knee and side step over the tub
- Repeat with your operated leg, bending your knee to clear the tub

Getting out of a tub shower with a chair:
- Place a robe or towel securely around your body after drying off
- Turn on the seat and lift your legs out of tub keeping your operated leg out straight
- Push off the back of the chair and keep one hand on the walker
- Stand up straight

Assistive Devices for Bathing:
A shower chair (pictured above) or a tub bench (pictured to the right) can make showering easier following your joint replacement surgery. See page 48 for more information on assistive devices after joint replacement surgery.
**Getting in and out of Cars**

**Front seat:**
- Open the front door and back up to the seat
- Put one hand on the dashboard and other on back of the front seat
- Sit down and slide back as far as possible in a semi-reclining position
- Bring legs into the car, helping the operated leg with your hands
- Swing your operated leg into the car without bending your knee above your hip
- Reverse the procedure to get out of the car

**Back seat:**
- Enter the car from the side that allows your operated leg to be supported by the seat of the car
- Slide back into the seat as explained above
- Reverse the procedure to get out of the car

If you had a left total hip replacement, you would enter from the driver’s side. If you had a right total hip replacement, you would enter from the passenger side.

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**Sexual Activity After THR**

You may start having sex again about four to six weeks after you are discharged from the hospital. Your incision and the muscles around your hip need this time to heal. The exact time will depend on when you feel comfortable.

Follow the hip precautions during sex, which can be found on page 46.

At first, usually it is more comfortable for both male or female patients to be on the bottom when having sex. This position helps to keep stress off your hip replacement. After three months, as your hip heals, you can have sex in any comfortable position.
Physical Therapy & Exercises

Following your surgery, you will have many weeks of physical therapy (PT) to help ease your operated hip back into activity. PT is an integral part of your recovery and is very important in determining the outcome of your surgery.

We have a list of commonly used exercises, but your surgeon and physical therapist will prescribe a specific set of exercises that is best for your unique case.

These exercises are important to your overall recovery – preventing blood clots, improving circulation, improving flexibility and hip movement and strengthening muscles. While they may feel uncomfortable at first, they will become easier with time and help you return to normal activity.

- Quad Sets
- Glut Sets
- Ankle Pumps
- Hip & Knee Flexion (Heel Slide)
- Hip Abduction
- Knee Extension (Long Arc Quad)
- Short Arc Quad
- Standing Hip Flexion
- Squats
Quad Sets:
Quad sets are an important part of your PT regimen because they increase strength in your quadriceps muscle without straining your joint replacement. Like glut sets, this is an exercise that uses your muscles without moving your hip or knee.

- Lie on your back with your legs extended in bed
- Tighten the quad muscle on the front of your leg
- Push the back of your knee into the bed
- Hold for 5 seconds
- Perform one set of 10 repetitions 3 times a day

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Glut Sets:
Glut sets will increase circulation and strengthen the muscles of your buttocks, which you use when walking and moving. This is an exercise that engages your muscles without moving your hip or knee.

- Lie on your back with your legs extended
- Squeeze your buttocks together
- Hold for 5 seconds
- Perform one set of 10 repetitions 3 times a day
Ankle Pumps:
This exercise will help you increase your ankle flexibility, strengthen your calf muscles and improve blood circulation in your legs. Strengthening the muscles in your lower leg will help support your hip as you recover.

- Lie on your back with your legs extended
- Support your operated leg with a folded towel or pillow under your ankle
- Engage your calf muscles, and move your ankle towards your shin
- Hold for five seconds
- Move your ankle away from your shin
- Hold for 5 seconds
- Perform one set of 10 repetitions 3 times a day

Heel Slides / Hip & Knee Flexion:
Heel slides are an important component of your recovery because they stimulate both your quadriceps and hamstring to improve range of motion in your knee and hip. As you build strength throughout your physical therapy, you will be able to bend your knee more comfortably and completely.

- Lie on your back with your legs extended
- Slide the heel of your operated leg toward your buttock so that your knee and hip bend
- Hold for 10 seconds
- Slide your heel back so that your leg is flat
- Keep the opposite leg flat
- Perform one set of 10 repetitions 3 times a day
**Hip Abduction:**
Weak hip abductors can negatively affect your posture and walking gait, so hip abductions target these muscles to strengthen them, and stabilize your legs and pelvis.

- Lie on your back and keep your knee straight
- Slide your leg out to the side (away from your body) then back to the starting position
- Do NOT allow your leg to cross the midline of your body
- Make sure your feet are always pointed up
- Do NOT let your leg roll in or out while sliding it
- Perform one set of 10 repetitions 3 times a day

**Long Arc Quad / Knee Extension:**
Active knee *extension* increases your knee flexibility range of motion and improves quadriceps strength.

- Sit upright in a firm chair
- Raise your heel forward until the knee is straight
- Hold for 5 seconds
- Slowly lower and bend your knee as far you can
- Perform one set of 10 repetitions 3 times a day
Physical Therapy & Exercises

**Short Arc Quads / Terminal Knee Extensions:**

Short arc quads take your quadriceps muscle through a short motion to develop and strengthen this important muscle, improving range of motion in your hip and knee. The quadriceps muscles are a group of four muscles that control your knee joint while you are standing and prevent your knee from buckling. The quadriceps are important after total hip replacement because the knee and the muscles that support the knee help support your hip.

- Lie on your back with your legs extended in bed
- Support your operated leg with a pillow to keep your knee bent at 45°
- Straighten operated leg at the knee by lifting only your heel off the bed
- Hold for 5 seconds
- Lower leg back to resting position
- Perform one set of 10 repetitions 3 times a day

**Standing Hip & Knee Flexion:**

Standing hip and knee flexion is an exercise that helps lubricate your hip joint and stabilize your hip muscles. Stabilizing and strengthening your hip muscles is important in preventing further injury to your hip and providing stability in your knee and ankle.

- Hold onto a table
- March in place
- Do not bring your knees above 90 degrees
- Perform one set of 10 repetitions 3 times a day
Squats:

It is important to have proper technique when performing squats following total joint replacement. This exercise engages all the major muscle groups in your legs, especially your quadriceps, gluteus and hip abductors, which helps strengthen your hips and knees.

- Hold onto a table
- Bend your knees halfway
- Hold for five seconds
- Straighten your knees to your starting position
- Perform one set of 10 repetitions 3 times a day