

# ACTIVITIES OF DAILY LIVING FOLLOWING A TOTAL HIP REPLACEMENT

During the **6-8 weeks** after your total hip replacement, there are some movements which will need to be avoided. Because the muscles around the hip have been cut, the area is weak, and the new joint is susceptible to dislocating. Therefore, while the area is healing it is very important that you follow the precautions and modify your activities. Check with your medical team as to when it is safe for you to resume your activities.

## TOTAL HIP REPLACEMENT PRECAUTIONS



### **DO NOT bend your operated hip beyond a 90° angle**

This means when sitting, keep your hips higher than your knees, avoid low seats, do not bend to pick up objects from the ground, and do not bend to put on pants, socks or shoes.



### **DO NOT cross your legs**

This applies in standing, sitting and lying. You will need to stand, sit and lie with your legs slightly apart.



### **DO NOT twist or turn your operated leg inward in a pigeon-toed position**

This mean you will need to keep your toes pointing forward and take small steps when turning.



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

# THE ROLE OF OCCUPATIONAL THERAPY

Occupational Therapists can help you following a Total Hip Replacement to engage in activities of everyday living and maximize your independence following your operation.

Your Occupational Therapist will discuss the activities you normally complete in your day, your home environment and your goals following your hospital discharge.

Occupational Therapists can assist you to reach your goals by providing education and assistive equipment to increase independence in tasks including showering, dressing, cooking, cleaning, laundry, gardening and shopping.

An Occupational Therapist may prescribe equipment, arrange additional supports or a home assessment to assist with your discharge from hospital.

An Occupational Therapist will also discuss rehabilitation pathways with you if indicated.

## USING THE BED

You will be instructed how to get in and out of the bed by your Physiotherapist. Make sure that your bed is an appropriate height to avoid bending your hip too much when getting in and out.

**Getting out of bed:** From sitting, swing your legs to the side of the bed -keeping the operated leg in line with your body as you swivel to the edge of the bed. Keep your trunk upright or leaning slightly back. Push up from the bed with your arms, taking your weight through your arms and un-operated leg.

**Getting into bed:** Reverse the above procedure, remembering to keep your operated leg straight out in front of you.

**Once in bed:** You cannot reach forward to pull up the covers and you may like to use a pillow or leg separator to ensure your legs do not cross while you are sleeping.



## USING CHAIRS

The use of a high seat with a backrest and arms is recommended following a hip replacement to ensure your knees are not higher than your hips and to make sitting and standing easier.

**Height of chairs:** A helpful way of checking the safe height for furniture is to stand against the furniture and ask for help to place 4 fingers above the back of your knee crease. The height of the fourth finger is the height recommended by your therapist. Dining and lounge chairs can be built up with blocks or cushions or you may need to borrow a height adjustable chair.



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

**Getting up for sitting:** Hold onto the armrest of the chair, keep the operated leg straight in front. Take weight through your arms and un-operated leg.

**Going from standing to sitting:** Place your hands on the armrests, as you lower yourself 'kick out' your operated leg, taking weight through your arms and strong leg.



## TOILETING

Toilet seats are often quite low so you will need a **toilet seat raiser** to reduce the amount your hip bends and make it easier to get on and off the toilet.

**To flush the toilet:** Do not twist or pivot on the operated leg to reach to cistern. Instead stand and then take small steps to turn.

**Toilet paper:** Should be in such a position that you do not need to twist or bend to reach it.

**Getting on the toilet:** Have the operated leg extended straight out in front, use the grab rails or arms on either side of the toilet seat raiser, sit down gently, making weight on your handed and un-operated leg.

**Getting off the toilet:** Holding onto the grab rails or toilet raiser arms, push off taking weight through the arms and un-operated leg and keep the operated leg straight out in front.



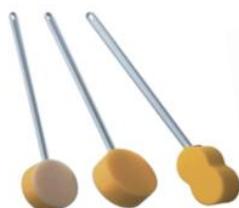
## SHOWERING

**If you have a walk-in shower:** A shower chair or stool with arms adjusted to the appropriate height may help you feel safer. You may also find it easier to use rails (please ensure you only use weight-bearing rails), a hand-held shower hose or a slip resistant mat.

**If your shower is over the bath:** Never attempt to sit in a bath. A bath board which sits across a high bath may be an alternative, if your bath is an appropriate height.

Other assistive equipment for showering includes:

- Long-handled sponges and toe wipers to wash and dry feet
- Long-handled pick up stick or a long
- Soap mitt to prevent the possibility of dropping the soap



## DRESSING

It's safer and easier to sit on a suitably high chair with arms to get dressed. This avoids putting all your weight on your operated leg (e.g. when putting on pants) and reduced the risk of a fall.

Some things to consider when dressing following a total hip replacement include:

- Use long handled aids for putting on lower limb garments
- A sock aid can be used to put on socks without bending down
- A long handled shoehorn can be used to put on shoes
- Underpants and trousers can be put on with a pick up stick or 'pins and tape'
- Wear slip-on shoes or replace shoe laces with elastic ones. Make sure they are well-fitting and provide good support
- Do not bend the knee upwards to reach your foot
- Do not cross your legs at any time
- Avoid tight pants for 2-3 months as they put on directives pressure on the wound



## OTHER ACTIVITIES

### Housework :

- Use a high stool rather than having to stand for long periods of time (e.g. when cooking or ironing)
- Spread housework tasks out during the week
- Use long-handled aids as necessary
- You may need to get help with heavy tasks (e.g. vacuuming, mopping floors, hanging out the washing, mowing the lawn)
- Use a tray mobile to assist in carrying items within the home

### Gardening:

- Avoid gardening for at least 8 weeks. Check with your doctor prior to returning.
- When you return to gardening, do not bend over from the hips. Use long handled gardening equipment

**Work:** Depending on the type of work you do, you may be able to return at around 6 weeks. It may take longer to return to heavy manual work or it may no longer be suitable. Check with your medical team.

**Strenuous Exercise:** Discuss the specific activity you wish to return to and the stress that this activity will put on your artificial hip with your medical team. It may be advisable to modify such activities to reduce the wear and tear on the components of your artificial hip joint.

**Sexual Activity:** Ask your medical team about when you can recommence sexual activities. When you do resume, it is better to take a more passive role initially and be careful about your hip position. Remember, there are other ways to be intimate with your partner while you heal.



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

## CAR TRAVEL



**Set up:** Use a pillow or cushion to raise the height of the seat. Put the seat back as far as possible to maximise leg room. Slightly recline backrest the car seat.



**Getting in the Car:** Sit in the front passenger seat. Stand with your back facing the seat. Put your weight on your un-operated leg and sit down keeping your operated hip straight and in line with your body. You may need to move your bottom across on your seat as you ease both legs into the car together. Avoid twisting your hip and keep your hip in line with your body the whole time.



**Getting out of the Car:** Reverse the procedure as above. Push up from the car seat or use the frame of the car doorway to pull yourself out. Take the weight through your un-operated leg and keep operated leg our straight. Do not bend forward to stand as this will bend your hip too much.

**Driving:** Patients should not drive for 6-8 weeks following joint replacement surgery. You need to have good control of your legs to allow the fast and easy transfer of your foot between the pedals. It is important to seek medical clearance prior to commencing driving again after your surgery. Remember if you have an accident you could be liable if it is shown that you don't have good control of your legs.

## REFERENCES

The information included within this resource was complied and adapted by CALHN Occupational Therapists, using numerous sources, including:

Repatriation General Hospital Occupational Therapy Department (ed) 2012, Activities of Daily Living Following a Total Hip Replacement, Department of Health, Government of South Australia

Cleveland Clinic 2016, Sleeping Position Tips After Total Hip Replacement Surgery, Cleveland Clinic, <<https://my.clevelandclinic.org/health/articles/15645-sleeping-position-tips-after-total-hip-replacement-surgery>> , viewed 10<sup>th</sup> November 2021

Salford Royal NHS Foundation Trust 2018, Total Hip Replacement Surgery: What is involved and what is expected, Salford Royal NHS Foundation Trust, Salford <<https://www.srft.nhs.uk/EasysiteWeb/getresource.axd?AssetID=79395&type=full&servicetype=In line>>, viewed 10 November 2021



Government  
of South Australia

**Health**  
Central Adelaide  
Local Health Network

**Disclaimer:** The information contained within this publication does not constitute medical advice and is for general information only. Readers should always seek independent, professional advice where appropriate.

# EQUIPMENT SUPPLIERS

## **ACTIVE MOBILITY** (Sales only)

721 Port Road, Woodville Park

Ph: 7220 0650

[www.activemr.com.au](http://www.activemr.com.au)

## **AIDACARE** (Hire and Sales)

Multiple locations: Regency Park, Plympton Park, Ascot Park, Morphett Vale

Ph: 1300216 898

[www.aidacare.com.au](http://www.aidacare.com.au)

## **BETTACARE MOBILITY & SUPPORT**

Flinders Park (Hire and Sales)

Ph: 1800 255 994

[www.bettacaremobility.com.au](http://www.bettacaremobility.com.au)

## **LEEF INDEPENDENT LIVING SOLUTIONS**

17 Lindsay Ave, Edwardstown (Sales)

Ph: 8276 1300

3/57 Magill Road, Stepney (Hire)

Ph: 8362 6422

<https://leef.com.au/>

## **HIGHGATE HEALTHCARE** (Hire and Sales)

2 Selgar Ave. Clovelly Park

Ph: 1300 350 350

[www.highgatehealthcare.com.au](http://www.highgatehealthcare.com.au)

## **HOME CARE EQUIPMENT SERVICES**

11 Myer Ct, Beverley

Ph: 8338 7988

[www.HomecareEquipment.com.au](http://www.HomecareEquipment.com.au)

## **HOSP EQUIP** (Hire and Sales)

62 Leader Street, Forestville

Ph: 7225 8720

<https://hospequip.com.au/>

## **INDEPENDENT LIVING SPECIALISTS (ILS)**

(Hire and Sales)

161-165 Grote Street, Adelaide

Ph: 8410 7335

Unit 1/502 North East Rd, Windsor Gardens

Ph: 8317 5070

[www.ilsau.com.au](http://www.ilsau.com.au)

## **INDEPENDENT LIVING CARE AND MOBILITY**

**CENTRE** (Hire and Sales)

467 South Rd, Keswick

Ph: 8346 3733

[www.ilcmc.com.au](http://www.ilcmc.com.au)

## **MAX HEALTH CARE EQUIPMENT**

(Hire and Sales)

2 Bartholomew Street, Richmond, SA 5033

Ph: 1800 684 277

<http://maxhealthcareequipment.com.au/>

## **REHABILITATION EQUIPMENT SERVICES**

(Hire and Sales)

Unit 2, 616A Marion Road, Parkholme

Ph: 8276 2613

[www.Rehabequipment.com.au/contact/](http://www.Rehabequipment.com.au/contact/)

## **XTRA CARE EQUIPMENT**

622-624 Regency Road, Broadview

Ph: 8266 7000

[www.xtracareequipment.com.au](http://www.xtracareequipment.com.au)

Occupational Therapy Department

### **The Queen Elizabeth**

28 Woodville Road, WOODVILLE SOUTH, SA 5011

Phone: 8222 6000

### **The Royal Adelaide Hospital**

Port Road, ADELAIDE, SA 500

Phone: 7074 0000

This document was reviewed and adapted on 09/11/21 for use on the 'CALHN PREHAB' resource for patients preparing for their surgery.

