



Melbourne Orthopaedic Group

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POST OPERATIVE REHABILITATION FOLLOWING YOUR HIP SURGERY

This handout describes details of the early post-operative care of your hip. Your Physiotherapist will show you how you can move to prevent stiffness, while ensuring you protect your operation site. Rehabilitation is essential and to be successful requires your commitment to an exercise program. The main goals are to initially control pain and swelling, and then to eventually regain hip movement and strength.

Control of Pain and Swelling

During the early post operative period, you may experience hip and groin pain and discomfort. To control this, a combination of ice and medication is required.

ICE

For the first few days, apply ice every hour for 20 minutes to the painful areas of your hip. Subsequently, the frequency of icing may be reduced to every 2-3 hours. Gel packs, ice bags or even frozen peas in a damp cloth work well. Keep the dressing dry, and if they become wet, pat them dry with a towel. Wet bulky dressings can be dried carefully with a hairdryer on the low/warm setting.

Medication

Follow the instructions as provided upon discharge. As a general rule your medication requirements should continue to decrease over the early post operative period.

You may contact the registered nurse on duty at the Melbourne Orthopaedic Group on **95293333** Monday to Friday (8.30am to 6pm) for any concerns regarding

- Persistent pain not relieved by the above measures
- Onset of chills, fevers or sweats
- Swelling and or unusual redness around the wound
- Increased numbness or weakness leg,
- Discomfort caused by tight bandages or dressings that have become loose and ineffective
- Any persistent discomfort from your hip, bandages or plaster.

The nurse on duty will give you the appropriate advice, or if necessary suggest you be reviewed urgently. **After Hours please call 95293333.**

Walking Recommendations

You will be allowed to take up to 50% of weight through your operated leg.

To go up stairs, first step up with your good leg, followed by the operated leg and crutches. To go down stairs first go down with the crutches, followed by the operated leg, and finally the good leg.

Post Operative Wound Care

The outer layer will be removed prior to your discharge from hospital, with the inner layer changed if required. These inner dressings (cutifilms) should be present for at least 4 days, but if possible leave them intact until your first post operative appointment. If they fall off, they can be replaced with small bandaids.

The innermost tapes (steristrips) are to be removed 10 days following surgery. You can remove them yourself or wait until your first post operative appointment. *NB These inner dressings (cutifilms and steristrips) are showerproof - you may gently wash around the area with soap and water ONLY after 5 days following your surgery.*

Suture ends may be visible. The suture material in the skin is dissolvable. The ends will be trimmed off at your first post operative appointment.

Post Operative Exercises

In order to make a full recovery from your hip operation, it is important to perform the following exercises regularly. Whilst the Surgeon and Physiotherapist will advise you on the specifics of your rehabilitation, you are ultimately responsible to exercise consistently at home each day. These exercises will take you up until your post operative review. Further physiotherapy will be discussed at this time. We suggest that you arrange an appointment with your Physiotherapist in the week following your review to progress your exercises.

The following exercises are intended to initiate gentle hip movement. The aim is to get gentle movement without creating pain. Your physiotherapist may suggest modifications to your program depending upon your specific pain, stiffness or surgery.

Try to perform the following exercises 2-3 times a day.

Foot and ankle movements:

Pump your foot and ankle up and down. Repeat 30 times.

This is important to help prevent blood clots in your leg.



Knee movement:

Gently slide your foot up towards your bottom, keeping your foot on the bed. Repeat 10 times.



Static gluteal and quad exercises:

Squeeze your buttocks together tightly, hold 3 seconds and relax. Repeat 10 times.

Squeeze your thigh muscles tightly, squishing your knees down onto the bed. Hold 3 seconds. Repeat 10 times

Hip Abduction:

Keeping your knee facing up, slide your foot out to the side as far as you feel comfortable. Repeat 10 times.



Hip Log rolling:

With the leg kept straight, roll the knee in and out as far as you feel comfortable. Hold 3 sec. Repeat 10 times each direction

Core Exercises:

Lie on your back with your knees bent and your lower back in neutral position (slightly arched).

Exhale slowly, then pull in your stomach, as if you were trying to touch your backbone with your stomach. Hold 3 sec, repeat 10 times.



Progress to:

Lie on your back with your knees bent and your lower back in neutral position (slightly arched).

Activate your lower abdominals (transversus abdomini) by bringing your belly button inward and by activating your pelvic floor muscles (inner thigh) 20 to 30% of a maximal contraction.

Maintain a steady abdominal breathing while you open one leg to one side keeping your lower back and the other leg completely still.



Return to the middle and repeat with the other leg. Repeat 10 times

If you have any questions regarding your physiotherapy, please contact our rooms during normal business hours on **9009 3871**

Uninsured patients:

Your surgeon has requested that you receive a physiotherapy consultation prior to your discharge to ensure your recovery is as safe and thorough as possible. There will be a consultation fee charged.