

The hip replacement rehabilitation guide



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Hip-Physiocure

UK



WEEK TWO-SIX EXERCISES

1	Bridge
2	Knee lifts in lying +/- support
3	Bent knee fall out +/- support
4	Hamstring stretch in lying
5	Knee extension in sitting
6	Single gluteal squeezes in prone
7	Prone knee bend
8	Spinal extension in prone
9	Standing mini squats
10	Standing calf raises
11	Hip abduction (sideways) slides
12	Standing hip extension (backwards) slides



EXERCISE ADVICE WEEK TWO-SIX

- Speaking from experience of having hip pain before surgery, the golden word is to **modify** things to suit you. It can be a balance of keeping yourself going but without doing too much.
- Doing nothing means your muscles get weaker and your body gets stiffer.
- But doing too much can mean you are in high levels of pain, unable to sleep.
- So, for the following exercises, see what suits you and what doesn't. Filter out those that are ok for you.
- Maybe for you it may be best doing 3-4 repetitions? Maybe for you it is best not to do them daily but alternate days?
- **Walking** – if you walk well with crutches or sticks and it means less pain and a good walking pattern, then this is the best option. Aim to gradually reduce the use of walking aids, remember your feet need support and their position can have an impact on your knees/hips, so you may need to wear supportive footwear indoors. Start indoors with gentle pottering around without walking aids and when this is safe and comfortable, try short walks outside on the flat for 5-10 mins and build up slowly. Be sensible about how much you do outside and wear supportive footwear (no wellies, flip flops or shoes that may slip off easily). I have known patients to do so much walking outdoors they are in pain and then not able to do their rehab exercises. A balance of both is best. Walking does not cover all the basics needed for muscle recovery, other movements are also needed.



HIP REPLACEMENT REHABILITATION

1. Double leg bridge - Lie on your back with your feet flat on floor, knees and hips bent. Lumbo-pelvic neutral, lower tummy muscle gently engaged. Squeeze your bottom gently and lift up your pelvis to bring your hips up into a neutral position. Do not arch your back.

Top tip – try adjusting your feet position for comfort.

Hold 5-10 seconds, 5-10 repetitions, 2 times a day.



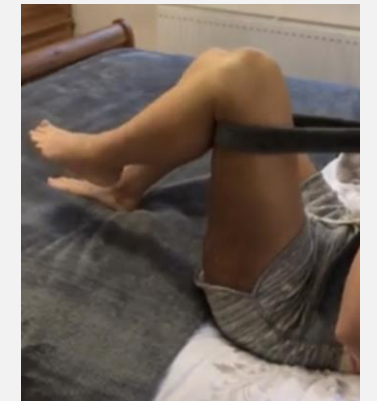
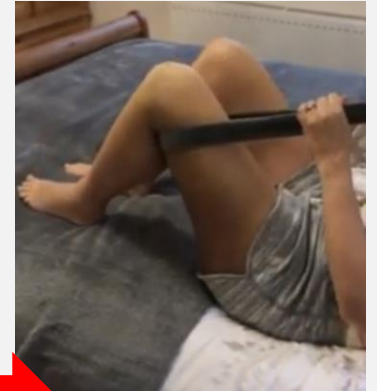
HIP REPLACEMENT REHABILITATION

2. Knee lifts in crook lying +/- support - Lie flat on your back with your hips/knees bent and feet flat on the floor. Engage your lower abdominals and keeping your lower back flat to the floor, slowly float one knee up so it is above your hip (hip and knee 90°). Then as you lower it back to the start position, raise the opposite knee so you are doing alternate lifting and lowering.

For the first few weeks after my own surgery, I had muscle inhibition, so my leg would not lift without assistance. So until it came back, I had to assist this exercise using my dressing gown belt- see photos.

Hold 1-2 seconds, repeat 5 times each side, 1-2 x a day.

Top tip – think ‘floating the leg’ rather than lifting which can help movement control and avoid unnecessary body tension.

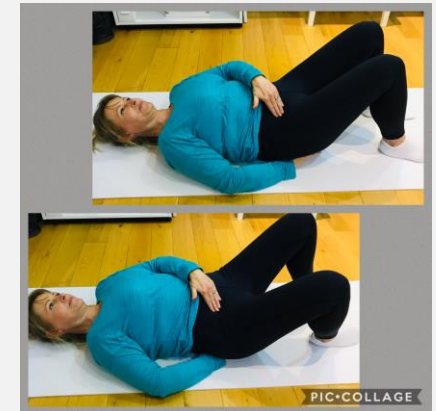
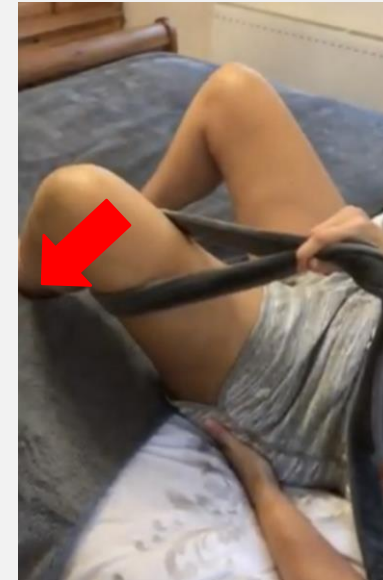


HIP REPLACEMENT REHABILITATION

3. Bent knee fall out +/- support – Lie on your back on your bed with your knees and hips bent, feet flat on the bed. Initially **I would strongly recommend you use a belt to loop around your thigh** to help control this exercise and support your hip. Bear in mind, your tissues have been cut through and your muscles may not respond as they normally would. Place one hand under your bottom muscle. Aim to switch on the muscle at the back of your hip as you carefully, slowly and with a small range of motion, turn your leg outwards. Aim to keep this muscle switched on as you take your leg out and also on the return.

Repeat 5 times each side, 1-2 times a day.

Aim – gentle activation of hip rotation control muscles.



HIP REPLACEMENT REHABILITATION

4. Hamstring stretch in lying - Lie on your bed on your back, head supported on a pillow, knees and hips bent, feet flat on the bed. Place your hands around one thigh, assisting your leg to approximately 90 degrees flexion (as pain allows). Next straighten your knee and pull your foot back towards you so you feel a gentle stretch down the back of your leg.

Hold for 5-10 seconds, repeat 5-10 times, 1-2 x a day.



HIP REPLACEMENT REHABILITATION

5. Seated knee extension - Sit up straight on a firm chair or side of the bed. Feet should be on the floor and hips/knees at 90 degrees, or hips at more of an open angle if required. Gently draw in your lower stomach muscles (Transversus Abdominis), lumbar spine in neutral. Straighten one knee, tensing up the muscle on the front of the thigh...try to keep your back straight. You can progress by adding an ankle weight
Hold 10 seconds, 10 repetitions, 2 times a day.



HIP REPLACEMENT REHABILITATION

6. Single gluteal squeezes in prone - Lie on your front on your bed with 1-2 pillows under your hips. Gently activate your lower tummy muscles before squeezing ONE bottom cheek. This exercise can be improved by palpating your bottom muscle to give yourself feedback and also monitoring your side hip bones to check you are not gliding or rotating around the hip joint or pelvis as you contract your gluts. The hip joint and pelvis should stay in neutral. Try doing in different positions if this way is too difficult ie. sitting, lying on your back.

Hold 5 seconds, 10 reps, every 3 hours.

Aim – to activate individual gluteals and address possible inhibition.



HIP REPLACEMENT REHABILITATION

7. Prone knee bend - Lie on your front with a folded towel under your forehead. Thinking about your breathing, gently engage your tummy muscles keeping your lumbar spine and pelvis in neutral. Now bend your knee, pushing your knee away from your hip bone, lengthening down the thigh. Do not strain the knee joint by over-bending it. In this position, gently squeeze your bottom on that side but without forcing the hip forwards or losing a neutral spine.

Hold for 5-30 seconds, 3-5 reps each side, 1-2 x a day.

Aim – to maintain/improve hip flexor/quadriceps length.



HIP REPLACEMENT REHABILITATION

8. Spinal extension in prone - Lie on your front on your bed, prop yourself up on your forearms. Slide your shoulder blades gently down your back, gently tuck in your chin so you are lengthening down the back of your neck (do not allow chin poke). Focus on your breath and gently engage through your lower tummy muscles, keeping your lumbar spine and pelvis neutral. Gently push your breastbone forwards as you breathe out so your thoracic spine hollows (the bit between your lower neck and lumbar spine). Hold the position for a breath in, pause for 3 seconds, then fully exhale.

Repeat 5-10 times, as required, 1-2 times a day.

Aim – to gently lengthen the abdominals and hip flexors and stretch the spine.



Do not
allow
your
spine to
hinge

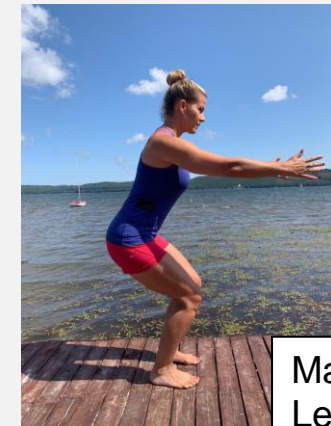


HIP REPLACEMENT REHABILITATION

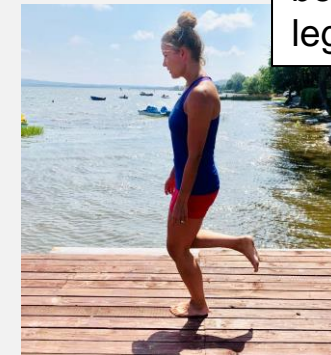
9. Standing mini squats – Holding onto a kitchen work top, with weight equally distributed between each foot. Knees pointing forwards over the centre of your foot. Gently engage your bottom and lower tummy muscles as you bend your hips and knees as if you are going to sit down. Don't let your feet roll in.

Gradually, and be in no rush to do so as it is important you master the basics before trying harder exercises, aim to practice single leg mini knee bends in standing (holding on at first). Work on quality of movement rather than quantity.

Repeat 5-10 reps, 1-2 x a day.



Master double
Leg mini squats
before trying single
leg mini squats



HIP REPLACEMENT REHABILITATION

10. Standing calf raises - Standing near a supportive surface to aid balance in a good posture. Raise your heels off the ground so you are pushing up onto the balls of your feet. Keep your ankle joint facing forwards, don't let your foot or knee roll in.

As you progress, you can aim to performing single leg calf raises (with support) as long as this is safe and not aggravating your pain.

Repeat 5-10 times, 1-2 x a day.

Aim – calf muscles are involved in walking, they help the ‘push-off’ phase.



HIP REPLACEMENT REHABILITATION

11. Hip abduction - Standing near an appropriate support, slide your operated leg out to the side a short way as comfort allows, with your foot still in contact with the ground.

This sliding exercise can also be done on the floor.

Repeat 5-10 times, 2-3 times a day.

Aim – Gentle range of motion mobility.



HIP REPLACEMENT REHABILITATION

12. Hip extension - Standing near an appropriate support, slide your operated leg out behind you a short way as comfort allows, with your foot still in contact with the ground.

Or, you an alternative is to lie over a secure table.

Repeat 5-10 times, 2-3 times a day.

Aim – Gentle range of motion mobility.

