



## A Physical Therapist's Guide to Total Hip Replacement (Arthroplasty)



Total hip replacement/arthroplasty is a common surgical intervention that is performed for severe arthritis or hip fracture when all other conservative treatments fail. The goal of total hip replacement surgery is to relieve pain, improve joint mobility, and restore or improve the ability to safely perform functional activities like walking, standing, stair climbing, or running.

### What is Total Hip Replacement (Arthroplasty)?

Total hip replacement surgery removes damaged bone and cartilage from a painful hip and replaces it with a prosthetic or artificial hip. The hip joint is a ball-and-socket joint. The ball is part of the femur (thigh bone) and the socket is part of the hip bone/pelvic bone. The type of hip replacement surgery performed varies with each individual's physical condition.

The 2 types of hip replacement surgeries are:

#### **Total hip arthroplasty**

With total hip arthroplasty, the ball and the socket are both replaced with artificial parts. Total hip arthroplasty is performed to treat conditions including

- osteoarthritis
- rheumatoid arthritis
- traumatic arthritis,
- ankylosing spondylitis,
- avascular necrosis, certain hip fractures, and
- benign and malignant tumors.

#### **Hemiarthroplasty**

With hemiarthroplasty, or partial hip replacement, only the ball is replaced. Hemiarthroplasty is performed when there is damage only to the femoral portion of the hip joint. This is mostly performed in patients who are elderly and frail, and for fractures involving the ball or the neck of the femur (thigh bone).

#### **How Does it Feel?**

Before surgery, patients may experience severe pain in the hip and groin, and occasionally down the thigh. They may also have significant difficulty walking, navigating stairs, and sleeping on the affected side.

#### **Postsurgery**

After total hip replacement surgery, you will experience stiffness in the hip and leg, and muscle weakness. Postsurgical pain is expected for an average of 4 to 6 weeks. However, some patients may experience pain for up to 12 weeks, or even longer. Pain is managed primarily with medication. Your physical therapist may also recommend ice packs to help reduce discomfort. It may be difficult to put weight on your leg when walking after surgery. Depending on your particular case/surgical procedure, you will be asked to limit the amount of weight you put on the surgical leg. It may be as little as a toe touch, or as much weight bearing as you can tolerate. Your physical therapist will teach you how to correctly put weight on the affected leg, and will recommend an assistive device, such as crutches or a walker to minimize discomfort as you work to restore your physical function.

#### **How Is It Diagnosed?**

When you seek help for hip pain, you will be evaluated by a medical professional. Your doctor will order hip x-rays to assess whether there is damage to the hip. A physical therapist will evaluate your functional mobility, such as how you get in and out of bed, stand up from sitting in a chair, and walk. The results of these evaluations will help determine whether you need total hip replacement surgery.

2021 South E St  
Suite 1  
Broken Bow,  
NE  
68822  
**Ph**  
**308.872.5800**  
**Fax**  
**308.872.5803**

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Hip replacements are most often performed in adults aged 60–80. Your doctor will determine if you are a good candidate for surgery based on your x-rays and your physical assessment. The doctor will also consider risk factors that may interfere with your recovery, such as advanced age, obesity, or a history of smoking or excessive alcohol intake.

## **How Can a Physical Therapist Help?**

### **Before Surgery**

Your physical therapist can help educate you about what to expect from your surgery, and give you exercises to condition your body presurgery.

*In preparation for surgery, your physical therapist may teach you:*

- Flexibility and strengthening exercises for the lower extremities
- How to use a walker or crutches for walking and for navigating steps
- Any precautions to take after surgery

*After surgery, your physical therapist may tell you not to:*

- Bend your new hip more than 90 degrees.
- Bend forward more than 90 degrees. (For example, you will not be able to bend over to put on your socks and shoes for a while.)
- Cross your leg with your new hip over the other leg.
- Turn the leg with the new hip inward.

Your therapist may recommend changes in your home to improve safety and help your recovery, including the use of a raised toilet seat, hand rails on stairs, a bed rail, and a tub seat or grab bars in the shower.

It is recommended that you make these changes before you have surgery, so your home is prepared for your return.

### **After Surgery**

On the first or second day after your surgery, your physical therapist will come to your bedside to begin your postoperative treatment. Your therapist will review any postsurgical precautions to take to prevent reinjury and to help restore your full function.

During your acute-care recovery (the first 3–5 days after surgery), your physical therapist will work with you to help you safely:

- Turn in bed and get up to a sitting position
- Get out of bed to stand and move to a chair
- Walk with an assistive device (walker or crutches) for short distances
- Perform gentle range-of-motion and strengthening exercises in bed

Physical Therapy will continue during your subacute recovery (4–6 weeks). You may need to recover in a short-term rehabilitation facility. Some patients are discharged to their home without nursing-home care, depending on the help available at home and their ability to stay safe. Your physical therapist will help make this determination for you.

*As you progress in your recovery, you will continue to work on:*

- Walking and stair climbing.
- Balance—after surgery your balance may be impaired, which could put you at risk for falls.
- Transferring to the bed, a chair, and a car.
- Full movement of your leg and new hip (such as putting on socks and shoes).
- Specific muscle strengthening exercises to improve your ability to stand and walk safely and independently.

When you are independent in these activities you will be ready to fully function at home. However, you may still need to continue physical therapy in an outpatient clinic.

Outpatient physical therapy sessions will continue your work on range of motion and stretching exercises, and weight-bearing activities to restore your function to optimal levels. This level of physical therapy focuses on activity-specific rehabilitation for your specific goals, such as a return to work or sport. Your physical therapist will incorporate exercises that simulate those activities. These may include lifting techniques, pushing, pulling carts, climbing ladders, agility exercises, or light jogging depending on your recovery and activity level.

### **Can this Injury or Condition be Prevented?**

More than 95% of hip fractures are caused by falls. The best way to prevent the need for total hip replacement surgery is to prevent a fall. Your physical therapist can help you reduce your chances of falling by evaluating your risk and prescribing regular weight-bearing exercises. Your therapist can also recommend changes in your home environment, such as removing trip hazards like unstable rugs, or adding grab bars in the bathroom.

It may be possible to prevent or slow the onset of osteoarthritis, a condition that can require total hip replacement surgery, by choosing a healthy lifestyle, such as participating in regular exercise and eating a healthy diet. Your physical therapist can teach you conditioning, strengthening, and flexibility exercises to help you maintain peak fitness throughout your life span.

**If you have questions or are scheduled to have a Total Hip Replacement in the future give us a call at 308-872-5800.**



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## CONGRATULATIONS!



**First Place-** Chevis Krull (shown above) - 14.2 % weight loss -

*\$100 Schmicks Market Gift Certificate*

**Second Place-** Jeff Brezina- 9.6% loss-

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**Third Place-** Kamilla Brunz- 7.39% loss-

*\$50 Bow Booterie Gift Certificate*

**Fourth Place-** Tammy Kleeb- 6% loss-

*\$25 Hogan's Sporting Goods Gift Certificate*

A big thank you to all our participants & sponsors for participating in this years Weight loss Challenge/ Fundraiser.

## FREE Stride Right Clinic

**April 12, 2014 8 am - 12 pm**

**Open To All Interested  
Individuals**

**Becky Pearson, MPT and  
Andrew Mason, MPT, CSCS**

PEARSON PHYSICAL THERAPY is offering a FREE Clinic for anyone who is interested in having a running/walking evaluation.

This 30 minute session will include:

- Individual screening for flexibility, strength, and posture impairment.
- Foot, shoe and gait assessment with education and recommendations regarding foot type and shoes as indicated
- Running screen with video feedback and instruction for refinement of technique as needed (using model comparisons to aid in learning)
- Tips for training management to maximize conditioning progression and avoid overuse injury

**Call 308-872-5800 to reserve a spot or  
for more information.**

If you would like to receive an e-mail version of this newsletter just email us at [barb.pearsonphysicaltherapy@gmail.com](mailto:barb.pearsonphysicaltherapy@gmail.com)



# April is Occupational Therapy Month

## Occupational Therapists Help People With Life Roles

Each year, occupational therapists treat thousands of people who have lost some of their ability to perform important, everyday life functions and activities as a result of illness, injury, or disability. During Occupational Therapy Month this April, Pearson Physical Therapy honors these healthcare workers for helping people of all ages maximize their ability to do whatever they find meaningful — and, ultimately, live their lives to the fullest.

Following an illness such as stroke or surgery, occupational therapists work closely with patients and their team of healthcare providers to develop unique treatment plans that consider the extent of their impairment, as well as living and work situations (where applicable), activities, and hobbies.

“There’s a misconception that occupational therapy has to do with people’s jobs. We really look at people’s life roles — whether they are working or not. What do they want to do? Need to do? What are the impairments stopping them?” said Michaela Goos, occupational therapist at Pearson Physical Therapy. “It’s very individual.”

First, therapists look for difficulties that limit a patient’s ability to complete basic daily functions, such as bathing and eating. Therapists also identify challenges patients may have performing more complex tasks known as “instrumental activities of daily living,” such as money management and meal preparation. Beyond those functions, occupational therapists also consider a patient’s participation in leisure, social, or volunteer activities.

The extent and scope of occupational therapy varies widely. For example, someone who has had a stroke, but does not have any other medical conditions, may need eight to 12 weeks of occupational therapy, compared with roughly four weeks for someone who has had a hip replacement and does not have other medical conditions.

Occupational therapists work in tandem with physical therapists and speech therapists. At Pearson Physical Therapy, occupational therapists work with patients to achieve outcomes as safely and as quickly as possible.

Therapy involves not only educating patients about their conditions, but also family members about how much they should be expected to do for their loved ones. Hip replacement patients, for example, must first learn new and safe ways to perform familiar tasks, such as standing up or bending to reach something on the floor. Relearning these skills in occupational therapy may sometimes require the use of adaptive equipment or strengthening to compensate for weaker body parts.

Ultimately, occupational therapists aim to help people of all ages function as best as possible and maintain their health. For more information about occupational therapy services available at Pearson Physical Therapy, please call us at 308-872-5800.