

P1

Sports Therapy
Manual Therapy
Electrotherapy
Manipulation
Rehabilitation
Pre-habilitation
Clinical Pilates
Pre-Season Screening
Exercise Prescription
Massage

Partners

Chris Ward
B.App.Sc. (Physio)

Charlie Schall-Riaucour
B.Physio (Hons.),
B.App.Sc. (Phys.Ed.),
Post Grad Dip (Exs for
Rehab)

Physiotherapists

Richard Webber
B.App.Sc (Physio)

Sarah Tulloch
B. Health Sc., M. Physio

Eleanor Dwyer
B. Sc., M. Physio

Daniel Ford
B. Physio

Holly Thompson
B. Physio (Hons)

Elsa Gales
BSc. (Physio)

Practice Manager

Anne Mellor
BA (Hons)

1 Launder St, Hawthorn VIC 3122
Tel – 9819 2827 Fax – 9819 4471
www.hawthornphysio.com.au

5 Studley Ave, Kew VIC 3101
Tel – 9851 8888 or Tel – 9851 8845
www.svpm.com.au

Your Anterior Approach Total Hip Joint Replacement

The role of Physiotherapy

St. Vincent's Private Hospital Kew

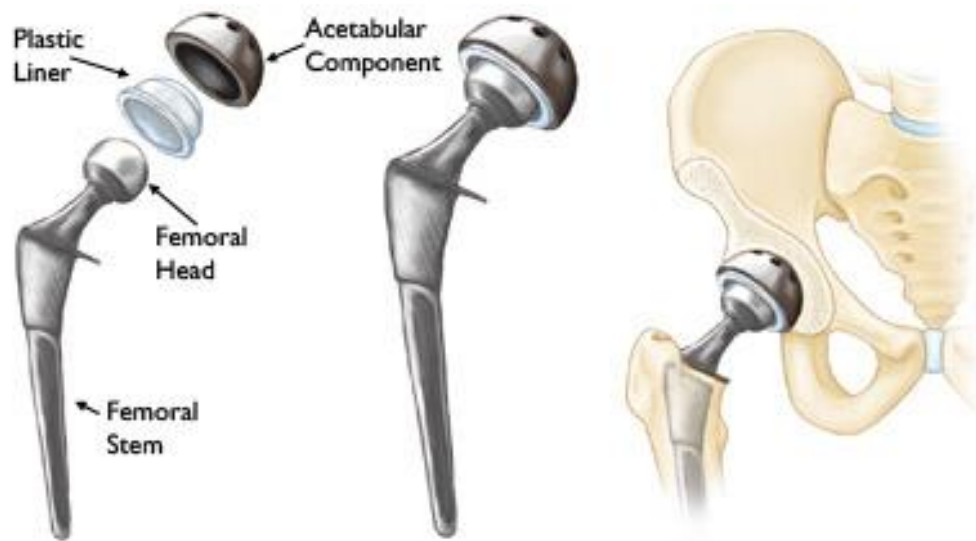


AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Member

What is a total hip replacement?

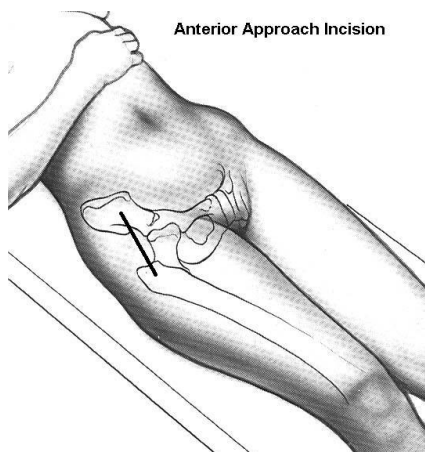
A total hip replacement is a surgical procedure whereby the diseased hip joint is replaced with artificial material. The hip is a ball and socket joint, which provides motion at the point where the thigh meets the pelvis. During a total hip replacement, the end of the femur bone is removed and is replaced with either a ceramic, metal or plastic ball, depending on the best option for your individual case. The socket in the pelvis is replaced with a metal cup with a plastic or ceramic liner.



Who should have a hip replacement?

Total hip replacement is considered for patients whose hip joints have been damaged by progressive arthritis, trauma or other destructive diseases of the joint. The most common reason for hip replacement in Australia is severe osteoarthritis. It is recommended that when the arthritic pain is so severe that it becomes too difficult to perform activities of daily living it is time to have a replacement.

Why choose the anterior approach?



The anterior approach means your surgeon uses an incision on the front of your hip instead of the traditional lateral (outer aspect of hip) or posterior (back of hip) approaches, to insert your new prosthesis.

The benefits of the anterior approach include the ability to insert the hip prosthesis through a natural muscle seam, avoiding the need to cut through muscle. This aids the speed of post-operative recovery, and leads to lessened surgical pain. It also means that the movement restrictions placed on a patient for the first 6 weeks following lateral and posterior approach THJR's are not required, as the prosthesis is much more stable. Limping, the risk of dislocation, and long term muscle weakness are also all reduced, when compared to patients undergoing the traditional hip replacement approaches.

What precautions do I have following an anterior approach total hip joint replacement?

None in particular, however it is recommended that you avoid any positions that cause discomfort or pain, and avoid excessive external rotation of the hip



What are the aims of the exercise following hip replacement?

1. To get the hip moving

The new hip joint will initially feel stiff, and the surrounding muscles tight. This is normal. The exercises aim to get your hip safely and gently moving in different directions to ensure you regain full movement and function.

2. To strengthen the muscles around the hip

The muscles around the hip are often weak coming into surgery due to altered pre-operative movement patterns and pain. The trauma of the surgery can also cause reduced muscle activation temporarily. It is important to get hip and pelvis muscles activated quickly after surgery and continue to build strength as your rehabilitation continues, in order to achieve the best outcome.

3. To allow correct gait patterns

Often patients have developed a habitual limp prior to hip replacement surgery due to pain, stiffness and weakness. It is important to retrain this walking pattern to ensure a long term limp doesn't persist.

What physiotherapy do I have while I am in hospital and what does it involve?

Physiotherapy is an extremely important part of your rehabilitation following hip replacement. You will have physiotherapy once daily during your stay in hospital, and a program of exercises and walking to complete independently another 3 times each day.

The following is a general guide to what daily physio will involve:

Day of surgery:

- You will be expected to perform some gentle bed exercises such as deep breathing and coughing, and foot/ankle movements.
- The physiotherapist will help you stand out of bed with a frame for support, once you have woken up enough after your anaesthetic.



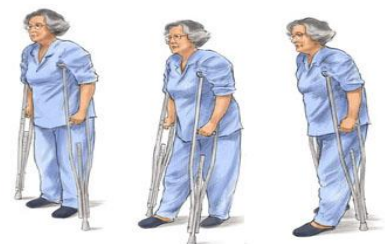
Stage 1

- Your bed exercises are progressed to include strength and movement of the hip and knee.
- With the assistance of the physiotherapist you will walk with the frame into the bathroom to have a shower.
- You will start to sit out of bed in a chair for your meals.



Stage 2

- You will continue your exercises 3-4times/day. New exercises will be added when you are ready to progress.
- You will start to walk further distances in the hall independently, including to and from the bathroom as required. This will progress from frame to crutches once the physiotherapist has taught you, and you are steady.
- You will sit out of bed for your meals, practice getting in/out of bed independently, and practice getting dressed.



Stage 3

- Your exercises are progressed and continued.
- You continue to do regular little walks around the ward, and spend minimal time in bed
- You will be taught how to independently negotiate stairs
- You will be discharged home once you have achieved all of these goals, and are confident



When am I ready to leave hospital?

Your surgeon will have the final say on when you can be discharged from hospital but from a physiotherapy point of view you need to achieve the following things before you can go home

- ✓ Transfer in and out of bed independently
- ✓ Walk safely with the crutches more than 50m
- ✓ Safely and independently negotiate stairs
- ✓ Be independent with exercise program

On average people are in hospital for 3-6 days following a hip joint replacement.

Do I continue with physiotherapy once I leave hospital?

We will give you a home exercise program on discharge day. It will contain all of the exercises that you have been doing whilst in hospital. You should continue with those exercises 3-4 times per day at home, progressing the number of sets as comfortable

You should continue with the home exercises given to you in hospital for the first 6 weeks of your recovery until the review with your surgeon. At this stage your surgeon will direct you regarding continuing physiotherapy. Physio will be able to progress your exercises and assist you with moving forward in your rehabilitation.

Please contact us at Hawthorn Physio Clinic if we can assist you with your continuing rehabilitation on 9819 2827.

Another great form of continuing your rehabilitation is with HYDROTHERAPY. Hydrotherapy is simply exercising in water. The buoyancy and freedom afforded by water can be a great way to relieve niggling aches and pain. You can commence hydrotherapy 6 weeks post surgery once your wound is healed.



Will I need any special equipment at home?

- Crutches will be needed for a period of time. These are available to hire or purchase from St. Vincent's Kew. Your Physiotherapist can organise this for you when you are ready to use the crutches.
- Many people find a shower chair and toilet seat aid useful for the first 6 weeks at home, though this is not essential. These are not available for hire from the hospital but some places we recommend are
 - Able Medical Hire 9808 4999 Surrey Hills & Heidelberg
 - LifeHealthCare 9384 1846 Brunswick East



What can I do prior to surgery to prepare myself?

Preparing mentally and physically for surgery is an important step towards a successful result. We find that patients who come well prepared cope better during the recovery period and have fewer problems. One of the best ways to prepare for your hip replacement is to do a program of **prehabilitation**.

Prehabilitation is an exercise program aiming to prepare you both mentally and physically for the demands of surgery. It will help you improve your fitness, improve your strength in both arms and legs, improve your knee's flexibility, and gain fitness in a supervised gentle gym setting. These exercises will make it easier to mobilise following surgery, speed up your recovery of strength and range of movement, and lead to smoother recovery.

At HAWTHORN PHYSIO CLINIC we offer a special prehabilitation program for all patients who are going to undergo their surgery at Vimy Private Hospital. If you undertake a minimum of 4 prehabilitation sessions at our clinic prior to your surgery we will claim the sessions on your private health insurance, without a gap payment. That means NO OUT OF POCKET EXPENSE for you!

It is also a fantastic opportunity to become familiar with the St. Vincent's Kew hospital physiotherapists. We have a great environment where you will meet other patients, and we can answer any further questions you have along the way which will also help reduce anxiety and increase your preparedness.

Call us on 9819 2827 to book your prehabilitation sessions today.

Commonly Asked Questions

1. When can I walk?

Full weight-bearing and walking is allowed immediately after an anterior hip replacement. This will be aided by crutches for support, balance and gait quality. You can stop walking with crutches when you can walk comfortably without a limp. This varies between people, though often is between 2-6 weeks. The distance you walk should be progressed slowly, as your muscles will tire easily and the hip become irritated with too much walking too soon.



2. How much exercise should I do? Can I do too much?

It is important to complete your home exercise program and progress your activity levels. However, in order to give your hip the time required to heal, you need to balance activity and rest and avoid over-exercise. You will know if you have over-exercised if your hip is painful following activity. Night time pain is also an indication of overdoing things throughout the day.

3. When can I drive?

You should not drive for 48 hours after an anaesthetic. After 48 hours, your ability to drive will depend on the side you had your operation, left or right, and the type of vehicle you drive, manual or automatic. If you had a left hip procedure and drive an automatic, you can drive whenever you feel comfortable. Otherwise, it is reasonable to drive once your surgeon has given his approval, when you are confident with walking and can fully weight-bear on your affected side.

4. When can I work?

Your return to work will vary depending on the type of work you are engaged in. Most people can return to office work within 2 weeks. Labour intensive work however, may require you to take 6 weeks before returning to full duties.

5. When can I play?

Low impact activities, such as cycling and swimming, can be commenced from week 6. High impact activities such as running are best avoided for 12 weeks after surgery.

6. How long will I take to heal?

The wounds take 7-10 days to heal. Most patient's discomfort will improve dramatically in the first 6 weeks. Occasionally, there are periods where the hip may become sore and then settle again. This is part of the normal healing process. It takes three months for your hip to fully structurally recover from a hip replacement. Continued improvements may be gained up to 1 year post-surgery.

7. How much pain will I experience?

Most patients are pleasantly surprised at how little pain they have after surgery. Local anaesthetic is injected around the wound during the procedure and a local anaesthetic catheter is placed in the wound after the procedure to minimise any pain you may experience. In combination with the muscle sparing anterior approach, this allows most patients to walk within a few hours after surgery.

8. How long will the prosthesis last?

Older generation prostheses have a greater than 90% 15-year survival rate. The newer implants should have similar if not better results. A ceramic-on-ceramic bearing surface has minimal wear and theoretically should last a lifetime.

If you have any questions regarding your upcoming surgery please do not hesitate to call our physiotherapists. We are happy to help with any of your concerns.

Contact us on 9819 2827 (Hawthorn Physiotherapy Clinic)

PHYSIO STAFF

Principal

Charlie Schall-Riaucour
B. Physio(Hons), B. App. Sc (phys Ed),
Post Grad Dip (Exs for Rehab) APAM

Associates

Sarah Tulloch
B. Health Sci. M Phty
Eleanor Dwyer
B. Sc., M. Physio
Elsa Gales
BSc. (Physio)