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

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What is a Birmingham's Hip Resurfacing?



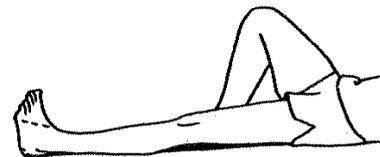
Birmingham's Hip Resurfacing is an operation designed to resurface a hip joint, which has been damaged and worn, usually by arthritis. The hip joint is a ball and socket joint. Arthritis occurs when the articular (surface) cartilage wears away, exposing the underlying bone. A Birmingham's Hip Resurfacing operation resurfaces the worn head of the femur (thigh bone) and relines the acetabulum with a cup. This new joint relieves pain, restores leg strength and corrects the painful limp.

Pre Operative Routine

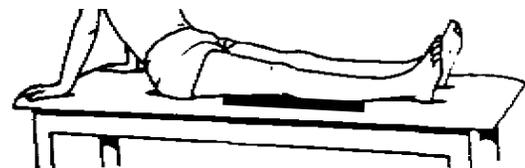
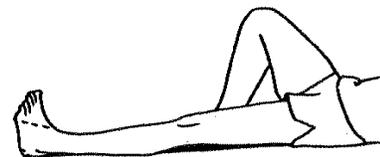
Any exercise you do before the operation that strengthens the muscles around the hip will aid your recovery. The stronger you are prior to the operation, the stronger you will be afterwards.

Here are a few simple exercises, which can be done before your operation. Try to do them three times per day.

1. Bend the knee by sliding the leg along the bed (not greater than 90°). Repeat 2 sets of 10.



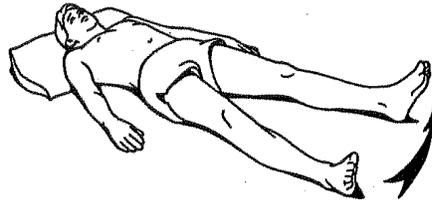
2. With a folded towel placed lengthways under your knee (as shown in diagram), tighten thigh muscles to lift heel off bed. Hold 3 seconds. Repeat 2 sets of 10.



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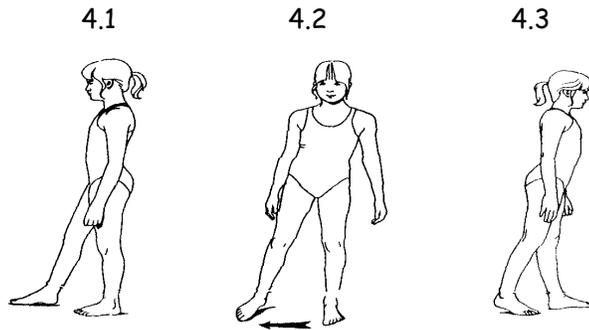
Member

3. Slide the leg out to the side and back to the middle. Keep your foot facing the ceiling. Repeat 2 sets of 10.

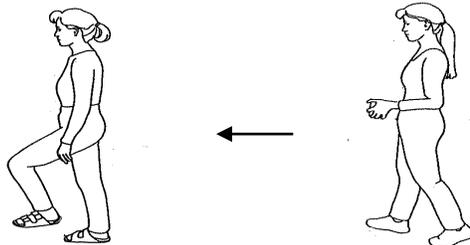


STANDING EXERCISES

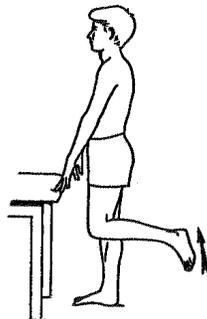
4. Using a firm support to hold onto, lock knee and lift leg to the side 10 times, to the front 10 times and to the back 10 times.



5. Using a firm support to hold on to, start with your leg back as the picture shows. Then bend and lift your knee (not higher than the 90° angle). Repeat 10 times.



6. Using a firm support to hold on to, bend your knee behind you, moving your foot towards your bottom. Repeat 10 times.



Inpatient Bed Exercises

You will be instructed by the Physiotherapist how to perform simple exercises whilst confined to bed. They are:

1. Breathing exercises and coughing to keep your lungs clear to help prevent pneumonia.
2. Leg exercises for both legs:
 - a) to minimise the risk of blood clot formation;
 - b) to strengthen the muscles;
 - c) to keep joints mobile;
 - d) to prepare your operated leg for controlled walking.

The leg exercises are particularly important because the leg muscles on the affected side are often weak and tight prior to surgery as pain and stiffness in the arthritic hip limit normal movement.

INPATIENT LEG EXERCISES ARE AS FOLLOWS:

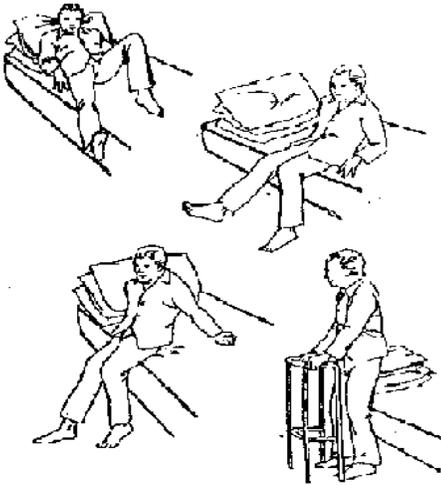
As instructed by your physiotherapist.

1. Foot and Calf exercises (moving the foot and toes up and down).
2. Tightening the thigh muscles.
3. Tightening the buttock muscles.
4. Bending the knee by sliding the heel along the bed.
5. Abduction – sliding the leg out to the side and back.
6. Inner range locking of knee over a towel.

** A piece of smooth board to slide your leg along will minimise resistance for exercises 4 and 5.

Transferring In and Out of Bed

When you have sufficient control of the operated leg (usually 2 days after the operation) you will commence standing beside the bed, with the assistance of the physiotherapist and the support of a walking frame. You must always get out of and into bed on the side of your operated leg. Remember your precautions – keep your legs well apart and lean back to avoid excessive bending. Keep the operated leg out in front until you are standing. You will be assisted as necessary. See Diagram.



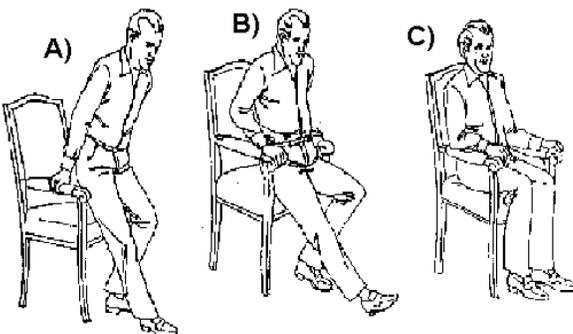
Walking

Once you are accustomed to the upright position and have acquired balance, you will begin walking, using a frame to ease the weight on your new hip. You may be required to be Touch Weight Bearing for a period of up to six weeks post-operatively. This may vary between surgeons but you will be instructed once in hospital. The sequence is always – walking aid moved forward first, then the operated leg, and finally the unoperated leg.

As your confidence and leg control improves you will progress to walking with crutches and practise with these until a satisfactory walking pattern is achieved. You will continue to use these to keep some weight off the hip until your review at six weeks after the operation.



Sitting



Three to five days after the operation, you can commence sitting in a firm, high chair, with arms, and you will be taught how to do so safely. You must keep your back straight and lean back, not forward.

The same posture should be maintained when using a toilet. This also applies when getting out of a chair.

WALKING PATTERN: Walking frame or crutches, then operated leg, then unoperated leg.

STAIRS: You will be taught to negotiate steps with the crutches before leaving hospital. The sequence is:

Going UP Steps – Unoperated leg first, then operated leg, and finally crutches.

Going DOWN Steps – Crutches first, then operated leg, and finally unoperated leg.



Home Program

When you leave the hospital, you will be capable of walking unassisted by staff with your crutches or frame. You will be independent in getting in and out of bed, chairs, the shower and toilet, etc.

Your home program should include the bed exercises, your pre operative home exercises, and a gradual increase in walking. When walking correctly, you are using all the desired muscles, which make this your most important exercise. Formal visits to your physiotherapist after leaving hospital are not necessary, unless indicated by your surgeon.

DON'T cross your legs, bend to pick up objects off the floor (use an extendable arm) or pivot on operated leg.

Be Careful of low chairs, low beds, getting in and out of cars, prolonged sitting and when sleeping on side, have a pillow between your legs.