

Justin Klimisch, MD
Adult Reconstruction & Joint Replacement

UPDATED APRIL 2024

Total Hip Arthroplasty

Information Packet



This packet contains information regarding your upcoming surgery. We look forward to helping you in any way we can, and have created this packet to inform you of what you can expect throughout this process.



Please spend some time reviewing this information yourself and with your loved ones.

Your safety is our biggest concern. We want all our patients to have the best outcome following the surgery. If you have additional questions, please give us a call at (361) 854-0811.

Sincerely,
Dr. Klimisch & Staff

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Your Orthopedic Team



Dr. Justin J. Klimisch, M.D.

Dr. Klimisch is a board certified orthopedic surgeon who is fellowship trained in adult reconstruction and joint replacement surgery. He is trained in the latest evidence-based hip and knee surgical techniques.

Bailey Slayton, P.A.-C

As a certified Physician Assistant, Bailey will be assisting Dr. Klimisch during your surgical procedure and throughout your pre and postoperative course. During your preoperative appointment, she will review your medical history and answer any of your questions about your upcoming surgery. She will also see you 2 weeks after your surgery for your first postoperative appointment.

Robin Cheatham (RN)

Robin will assist you with homehealth and pre/post-operative medication as well as FMLA/Disability. [Extension 144](#)

Amanda Escareno (Surgical coordinator)

Amanda will schedule you for your surgery as well as aid with pre-operative clearances and authorization. She is currently handling DME requests as well. [Extension 129](#)

Gracie Uribe (MA)

Gracie is the medical assistant for Bailey and will assist you with medical questions. She is a fluent Spanish speaker. [Extension 118](#)

Alexandra Vela (MA)

Alexandra is the medical assistant for Dr.Klimisch and will assist you with medical questions as well as physical therapy. [Extension 175](#)

Christina Hagar (Scheduler)

Christina will assist you in scheduling post-op and follow-up appointments. [Extension 102](#)

Katie Lang (Biller)

Katie will assist you with any financial questions about your surgery as well as insurance coverage. [Extension 111](#)

Information We Need (Personal/ Medical)

There are a lot of moving parts in preparation for surgery. We will need information from you that you may need to repeat several times, **this is necessary** to ensure the quality and meet the insurance guidelines for your procedure.

Please have the following information available:

- Someone designated to be your primary contact.** This person will receive information from our office and relay it to family members or friends.
- A list of your doctors** as well as what you see them for.
- A list of ALL your past & current medical conditions.** (EX: diabetes, high blood pressure, cancer, etc.)
- A list of all your prescriptions and over the counter medications,** including vitamins and supplements. We will also need the dosage and frequency.
- A list of any past surgeries** as well as the dates.
- A list of any allergies to medications** or any **adverse reactions you may have had to anesthesia** in the past.
- Your insurance information** and the **ID cards.**
- Information about any legal arrangements** you have made. This would include a legal will or durable power of attorney. The hospital will need this information during your pre-admission appointment.

Pre-Operative Testing and Clearances

PRE-OPERATIVE EVALUATIONS

When you are scheduled for your total hip replacement surgery, you will be asked to have a complete physical examination/ surgical clearance by your primary care provider **several weeks before the surgery** to assess your health and identify any conditions that could potentially interfere with your surgery. **It is the patient's responsibility to schedule this appointment.**

If you see **any specialists**, (i.e. cardiologist, pulmonologist, oncologist etc.) you may be also required to visit with them prior to your surgery for **medical clearance**.

You will need **testing and bloodwork** done in preparation for your surgery. Our surgical coordinator, **Amanda Escareno**, will set up this appointment for you at our office.

DENTAL EVALUATION

The incident of infection after hip replacement is very low, however, it can occur if bacteria enters your bloodstream. Treatment of dental diseases (tooth extraction, dental abscesses, periodontal work) should be considered **before** surgery. **You should not** schedule any dental work for 8 weeks after surgery.

URINARY EVALUATION

A preoperative urological evaluation should be considered if you have a history of recent or frequent urinary infections. For men with prostate disease, required treatment should be considered prior to your surgery.

PLEASE INFORM THE OFFICE OF ANY CHANGES IN HEALTH.

If you aren't feeling well, believe you have any infection, or if you are currently taking antibiotics this may require a change in your surgical date.

Getting in Shape for Surgery.

The **physical preparations** you make can affect the outcome of the surgery and your recovery time. Here are a few suggestions:

- **If you smoke**, you should cut down or quit altogether. Smoking changes blood flow patterns which can lead to blood clots (DVTs) and **can cause issues with wound healing.**
- **If you drink** on a regular basis, you should cut back slowly until you completely ***stop all alcoholic drinks at least one week prior*** to the surgery. Alcohol withdrawal is a serious medical condition and can react poorly with anesthesia.
- **Be honest** and let your physician/medical team know about all narcotics and/or illicit drugs that you use. Certain substances can have an impact on your recovery and make it harder for your medical team to control your pain after the surgery.
- **Eat a well-balanced diet.** If you are diabetic, it is very important to have your sugar levels under control. Out of control diabetes can lead to decreased healing and increased risk of infection.
- **Pre-surgical exercises** can help strengthen your body and **prepare you for the surgery.** You will need to use the strength in your upper body to be able to use the walker/crutches after the surgery. Also, exercises for your lower body will help you maintain the strength of your leg muscles and help familiarize you with the rehab exercises that you will be performing after the surgery.



****Samples of exercises are provided at the end of the packet****

Plan Ahead for your Return Home.

Recovery takes time! Here are some steps you can take now to help you recover faster and minimize stress:

- Arrange for *someone to take you home and stay with you for several days after the surgery.*
- If you normally do the cooking, you should prepare extra food in preparation and freeze it so that you have ready made meals with easy access.
- *Place items around your house that you regularly use at arm level,* so you don't have to reach up or bend down to get to them after the surgery.
- *Make sure you will be able to get around your house safely with a walker or crutches.* This may require borrowing someone's walker to see if you can navigate around furniture. You may need to rearrange furniture.
- *Remove any throw rugs or area rugs that could cause you to slip or trip.* Also, securely fasten any loose cords around the perimeter of the room.
- Consider modifying your bathroom to include a *shower chair, gripping bar or raised toilet.*
- Shop for things to make your life easier after surgery: *long-handled shoe horn, long-handled sponge, grabbing tool etc.*
- *Set up a "recovery center"* where you will spend most of your time. Things like the phone, TV remote, facial tissues, wastebasket, pitcher & glass, reading materials and medications should all be within reach.

Medications

Certain prescribed or over the counter medications will need to be stopped prior to surgery. Your **primary care provider** will need to be involved in this process as well.

One week prior to surgery, you will need to stop any medications that could increase surgical bleeding. These include:

- Aspirin
- Ibuprofen (Advil, Motrin)
- Anti-Inflammatories (Aleve, Naprosyn, Celebrex)
- Indocin

Other medications **will require evaluation from your primary care provider**, who will determine if/when you can discontinue and restart them. Some examples of these are:

- Warfarin/ Coumadin
- Xarelto, Eliquis
- Heparin
- Lovenox/ Enoxaparin
- Plavix, Aggrenox
- Sulfasalazine
- Humira
- Prednisone
- Hormones (testosterone, progesterone, estrogen)



Hibiclens Antiseptic Soap

Prior to surgery, you will need to purchase a bottle of surgical soap called *Hibiclens*. This will help get your skin clean and reduce the risk of infection. It can be found at any pharmacy, and it is over the counter.

You need to shower with the soap twice: the night before surgery and the morning of surgery. Use it like you would regular soap and wash from the neck down. **Avoid your face, hair, or private areas.**



What to Bring to the Hospital.

DO BRING:

- Comfortable clothing. Loose fitting bottoms like gym shorts or pajama bottoms will be more comfortable and easier to check/change dressings over the surgical site.
- Supportive shoes. Avoid wearing any flip flops or shoes that could increase your risk of falls. The best shoes are ones with ankle support. (i.e. tennis shoes)
- Personal care items (i.e. hairbrush, denture care, toothbrush, face wash etc.)
- Copies of your insurance cards, advance medical directives and medical history.



DO NOT BRING:



- Your medications. You only need to bring your medications to the hospital for your pre-admission appointment. During your hospital stay, you will be provided your regular at home medications.
- Any valuables. There will be a lot of people coming in and out of your hospital room during your stay. To minimize the risk of anything lost or stolen, please leave everything of value at home (EX: jewelry and money).

Diabetes/ Glucose Policy.

Uncontrolled diabetes can lead to severe postoperative complications such as poor wound healing and increased risk of infection. If you are diabetic, it is important to have both your Hemoglobin A1c (HgbA1c) and blood glucose levels under control ***before, during and after*** your hip surgery to minimize these risks.

To reduce complications and **ensure a good surgical outcome**, the hospital (in conjunction with your surgeon) has implemented this glucose policy:

- Anyone with an elevated HAgb1c or known history of diabetes will have a finger stick glucose (sugar) check the morning of surgery. If it is greater than 180, the patient's surgery will be ***automatically canceled, without exception.***
- Any patient that has their surgery canceled due to increased blood glucose levels (>180), will have to demonstrate tight diabetic control with a HgbA1c of 7 or less before being rescheduled for their surgery. This will require a **repeat visit** with either their primary care provider or endocrinologist.

****To lower chances of cancellation, discuss your diabetic control with your *treating doctor at your preoperative clearance appointment.* Make sure your current treatment regimen (medicine, diet and exercise plan) is adequately controlling your diabetes.****

The Day of Surgery.

You will need to arrive at the hospital at **5:30 am the morning of surgery**, unless otherwise specified. You will check in at the same location of your pre-admission appointment.

★ You will be asked to **sign a surgical consent**, outlining the procedure and its potential risks/complications. This is considered an elective procedure and there are potential risks/complications associated with it. These include but are not limited to: pain, bleeding, infection, damage to adjacent nerves, tissues, ligaments or bone, failure of the procedure, need for additional procedures, DVT (blood clot in the extremities), PE (blood clot in the lungs), stroke, heart attack, up to death.

★ You will meet with members of the anesthesiology team who will review your medical history and discuss anesthesia options. We typically use general anesthesia, which means you will be completely asleep during the procedure. In addition, you will likely have a local nerve block performed to help with pain control both during and after the procedure.

★ *The procedure itself takes, on average, 45 minutes to 1 hour.* Dr. Klimisch will remove all the damaged cartilage and bone and position the new metal prosthesis to restore alignment and function to your hip.

★ Although never anticipated, in the event of an emergency we would like the option of using blood or blood products. There is a very strict screening process for these products; however, there is still a remote risk for contracting blood borne diseases (i.e. hepatitis, HIV). If you prefer not to consent to the use of blood or blood products, please let the hospital know so appropriate forms can be filled out and signed.

★ After the surgery is over, Dr. Klimisch will visit with any family members or friends that you have in the waiting room. You will be taken from the operating room directly to the recovery room where you will remain until fully awakened from anesthesia.

★ **Once fully recovered from the anesthesia, you will be taken to the orthopedic unit of the hospital.** All rooms are private rooms. Your family and friends are welcome to visit you in your hospital room.

Your Hospital Stay.

Length of Stay

Due to incredible advancements in surgical technique, the typical patient will only stay **one night in the hospital**. This will help reduce your risk of hospital-acquired infection or other complications.



Physical Therapy

While you are in the hospital, you can expect to have several sessions of physical therapy. Typically, you will be able to put half of your body weight down on your new hip as comfortable. While walking, you will use a walker or crutches for assistance. The physical therapist will also assess the safety of your return home.

Medical Care

A Hospitalist, who is a trained physician, will provide you with general medical care during your stay. They will continue your home medications as indicated and treat new medical conditions if they occur.

Pain Management

The goals of postoperative pain management are to enable you to do the required physical therapy and to **minimize pain and stress**. You will be provided with appropriate prescriptions at discharge for pain management.

Diet

All patients, while in the hospital, will be on an “orthopedic diet” once able to tolerate solids. This diet is **higher in protein and low in carbs, sugar and salt**. It will help normalize your sugar levels to optimize your healing.

Risks & Recovery Complications.

There is no way to eliminate all surgical risks. However, knowing about signs and symptoms of potential surgical complications can help your surgical and medical team address and treat them quicker. These are some of the common complications that can occur:

#1 Blood Clots

Cause: Blood clots can form in your extremities as a result of decreased mobility and/or from vessel injury. Blood clots in the extremities can also break loose and travel to your lungs.

Symptoms: Increased pain in your calf/foot/leg, increased swelling, increased redness and warmth in lower leg.

Prevention: early mobilization (walking), *compression stockings on both legs*, ankle pumps, medication to help thin the blood postoperatively.

#2 Infection

Cause: Infection can occur in the wound or deep into the prosthetic device

Symptoms: Increased redness and warmth directly surrounding the incision, foul smelling or suspicious looking drainage from the incision, or a fever over 100 °F.

Prevention: Stay clean and healthy. *Antibiotics will be given before and after your surgery while you're still at the hospital.* Keep inflammation as low as possible. Contact the office immediately if you notice any changes in the wound.

#3 Pneumonia/ Atelectasis

Cause: an accumulation of mucus in the airways during and after surgery due to shallow breathing and not being able to clear the mucous (i.e. cough)

Symptoms: post operative fever, shortness of breath, decreased lung sounds

Prevention: You will be given and shown how to use an incentive spirometer (IS) during your hospital stay to help open up your airways.

#4 Constipation

Cause: Decreased activity of the digestive system due to anesthesia or narcotic pain medication

Symptoms: Pressure/pain in the stomach, rounded and distended abdomen, unable to pass gas or have a bowel movement, decreased bowel sounds

Prevention: *Drink a lot of water to keep hydrated.* You will also be prescribed a stool softener to take on a daily basis. If you are without a bowel movement 4-5 days after surgery, you may be advised to use a laxative or suppository.

Discharge Expectations.

The typical patient will go home with home health/physical therapy services.

There are special circumstances that may require a patient to be discharged to a rehab or skilled nursing facility. However, if possible, we want our patients to recover in the comforts of their own home. Home health providers will make *visits to your home up to 5 days a week* to provide wound care/dressing changes as well as *begin physical therapy* in accordance with our protocol.

Discharge instructions can and will vary from patient to patient but below are a few of the general instructions that you can expect:

- *A walker will be needed* after the surgery to use for assistance when walking.
- *Dressing changes should be performed 2-3 times a week.* You will not have any staples or stitches on the outside of the incision. Sterile surgical “glue” will be applied to the outside of the wound to allow for a more cosmetic closure as well as protect the wound from germs.
- *Keep the surgical incision dry for the first 2 weeks.* When showering, we recommend using saran wrap (i.e. Glad Press & Seal) to cover the wound. Avoid baths, pools or hot tubs until the incision is completely healed.
- *Only use your pain medication as needed* and within the prescribed guidelines to help control the pain and allow you to perform your physical therapy stretches.
- Keep the operative *leg rested, iced down and elevated to help reduce swelling. Minimize walking and/or standing for long periods of time.* (i.e. you are allowed to be a couch potato for the first few weeks after surgery 😊)
- *Maintain your posterior hip precautions* (no bending at the hip greater than 90°, no crossing your legs or twisting/ pivoting the hip.)

POSTERIOR HIP PRECAUTIONS

1. No bending the hip (hip flexion) past 90.



2. Do not cross your legs.



3. No twisting or pivoting on your operative leg.



Images from: <http://www.upmc.com/patients-visitors/education/rehab/Pages/basic-total-hip-replacement-precautions.aspx>

Discharge Medications.

You will be sent home with several medication prescriptions when you leave the hospital. The types and dosages of medications will vary from person to person. But in general, these are the types of medications you can expect:

→ Pain Medication

- ◆ You will be prescribed medication(s) to *help control your postoperative pain* in a way that best suits your needs. These will often include narcotic pain medications. It is our protocol to gradually step down your dosages of narcotic pain medication throughout the postoperative course. If you regularly use narcotic pain medication for other chronic conditions, you may need to receive prescriptions from your regular treating doctor once we begin to step down your dosage.

→ Anticoagulant (blood thinner)

- ◆ *To help protect you* from developing a DVT (blood clot in your extremities) or a PE (pulmonary embolism), we will start you on a blood thinner. If you are considered a “low risk” patient, you will likely be prescribed an aspirin regimen. “High risk” patients will be given high potency blood thinners (eliquis, xarelto, lovenox, or Coumadin/warfarin).

→ Iron (Ferrous Sulfate)

- ◆ This will help *replenish your blood levels* that can drop from the surgery.

→ Stool Softener (Colace)

- ◆ A common side effect of narcotic pain medication is constipation. This medication can be taken daily to help make it easier to have a bowel movement.

→ Pepcid (Famotidine)

- ◆ This may be given to help protect your stomach from drugs given after surgery.

Home Health and Physical Therapy.

Most patients are discharged from the hospital with Home Health services. Home Health is usually provided for the **first 2 weeks postoperatively**. You will have both skilled nurses and physical therapists visit your home for treatment. The nurses will be assessing the wound and performing vital checks. They will notify us if they notice anything out of the ordinary with your recovery.

We have reviewed our post-op expectations and goals to our local home health agencies. *If you do not feel like your providers are following Dr. Klimisch's protocols, please call our office so we can address the situation.*

Physical Therapy

A physical therapist will come to your house to work with you on exercises for gentle strengthening/stretching and gait training (walking). It is important to *maintain your posterior hip precautions for the months following the surgery. This includes:*

No bending at the hip greater than 90°, no crossing your legs, no twisting/pivoting at the hip.

These particular motions can make you more prone to hip dislocations.

Typically, you will be allowed to put full weight down on your new hip after two weeks. However, it is important that for the first 6 weeks that you take it easy and **rest as much as possible**. This means to avoid walking or standing on your leg for long periods of time. This will *help reduce the amount of swelling on the operative leg.*

Your Recovery at Home.

The success of your surgery will depend on how well you follow your postoperative instructions at home.

Compression Stockings (anti-embolism hose)

You will need to wear the thigh high compression stockings you are given from the hospital on **both legs for the first 2 weeks after surgery**. They need to be on for **23 hours/day**. You can remove them to shower but will need to be worn at all other times (including sleeping). Once you return for your 2 weeks post operative appointment, we will allow you to remove the stocking from the non-operative leg.

Swelling

Swelling of the operative leg is a normal part of the postoperative course. Normally, swelling will gradually accumulate throughout the day as you do more activities on your feet. Any activity that leaves your feet on the floor for long periods of time (sitting upright in a chair, walking) can lead to increased swelling. To help reduce swelling, it is important to **keep your leg elevated and wear the compressions stockings**. It is normal for some swelling to persist for several months after the surgery.

Temperature/Fever

Your temperature may be slightly elevated for several days after the surgery. However, if fever persists above 101°F and is accompanied by chills, sweats, increased pain or drainage of the incision, you should contact the office immediately. Remember, you may notice general warmth to your hip for several months after the surgery, this is part of the body's self-healing inflammatory response.

Your Recovery at Home (2).

Driving

You can resume driving **when you can enter and sit comfortably in the car** and when your muscle control provides adequate reaction time for braking and acceleration. We do not recommend that you drive while still walking with a walker. When you have enough stability and balance to walk with just a cane, you may be able to start driving. It is also very important to not drive under the influence of narcotic pain medication. Typically, patients do not drive until after 6 weeks.

Sleeping

It is important to maintain the posterior hip precautions even when you are sleeping. If you normally sleep on your side, place a pillow between your legs to make sure you maintain a neutral hip position.

Follow-up Appointments.

After surgery, you can expect **several follow-up appointments**. If you have any injuries to your new hip (such as falls) or are developing symptoms that may be suspicious for infection, you may need to be seen in between your regularly scheduled appointments.



- **2 Week Post-Op** Our PA, Bailey Slayton, will see you at your first post-op appointment. An x-ray of the hip will be taken at the office. The **surgical “glue” will be removed** from the incision and the wound will be assessed. Typically, your home health services will end at this point and you will begin outpatient physical therapy.
- **6 Week Post-Op** Dr. Klimisch will see you at this appointment to **assess the range of motion** of your hip. You will still need to maintain your posterior hip precautions. **You may be allowed to return to work under light duty restrictions.**
- **3 Months Post-Op** This is considered your last visit of the postoperative course. Typically, your posterior hip precautions will be fully lifted at this point, and **you may be allowed to return to work full duty.** You may experience tightness of the muscles surrounding the hip, which can be normal from being restricted of certain movements for 3 months. We will show you safe exercises that can be performed to alleviate tightness.

Life After Hip Replacement.

Activities of Daily Living

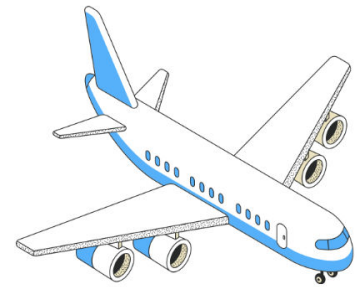
In general, you should be able to return to just about every activity that you were able to perform before your surgery once fully healed. To increase the longevity of your prosthetic device, it is recommended that you **avoid high impact activities**. High impact activities, such as running, can cause the plastic insert to wear quicker. Instead **focus on low impact activities** such as: swimming/water aerobics, bicycling, walking, or using an elliptical trainer.

Travel

It is not recommended to travel long distances within the first 6 weeks of your surgery. Foreign/international travel should be avoided for the first 3 months. When driving, it is recommended that you **stop every 2 hours to get out of the vehicle and stretch your legs**.

During flights, try to get up and walk down the airplane aisle to prevent stiffness. It is also recommended that you wear compression stockings and perform ankle pumps to help increase circulation and decrease your risk of developing a blood clot.

You will be given a prosthetic device identification card after your surgery that you can carry with you to show to airport security if needed.



Dental Visits

Although rare, it is possible that bacteria from the mouth can enter the bloodstream during a dental procedure and cause your new hip to become infected. Because of this, you will be advised to ***take antibiotics 1 hour prior to any dental procedure (this includes regular teeth cleaning)***. Remember not to schedule any dental work in the first 8 weeks following the surgery. Please call our office 1 to 2 weeks prior to your dental appointment to request antibiotics.

Helpful Resources!

→ **Dr. Klimisch's Website**

<http://www.justinklimischmd.com>

→ **Implant Information- Smith & Nephew**

<http://www.smith-nephew.com/patient/treatments/knee-treatments/knee-replacement/>

→ **American Association of Hip and Knee Surgeons- Care for Hips & Knees**

<https://hipknee.aahks.org/total-knee-replacement/>

→ **Patient Information- Total Hip Replacement**

<http://www.uptodate.com/contents/total-hip-replacement-arthroplasty-beyond-the-basics>

Exercises

The following exercises were adapted from the American Academy of Orthopaedic Surgeons (AAOS). **For more information visit:**

<http://orthoinfo.aaos.org/topic.cfm?topic=a00303>

You should **work on these exercises before your surgery** to help strengthen your leg and familiarize yourself with these movements to help prepare you for your postoperative rehabilitation.

Quadriceps Sets



Tighten your thigh muscles. Try to straighten your knee. Hold for 5 to 10 seconds.

Repeat this exercise approximately 10 times during a 2 minute period, rest one minute and repeat. Continue until your leg feels fatigued.

Straight Leg Raises

Tighten the thigh muscle with your knee fully straightened on the bed, as with the Quad set. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower leg.

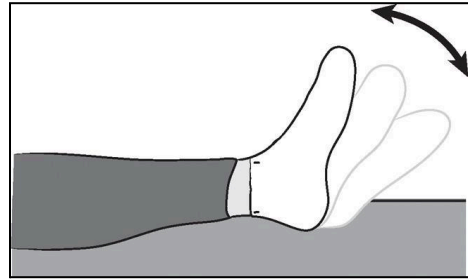


Repeat until your leg feels fatigued.

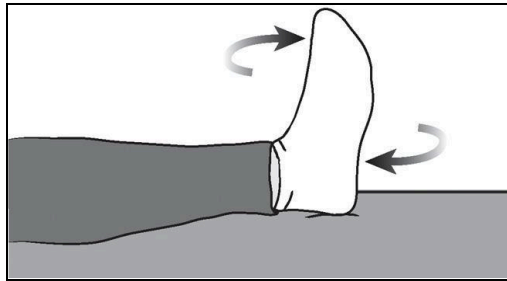
Exercises (2)

Ankle Pumps

Move your foot up and down rhythmically by contracting the calf and shin muscles. Perform this exercise periodically 2-3 minutes, 2-3 times an hour.



Ankle Rotations

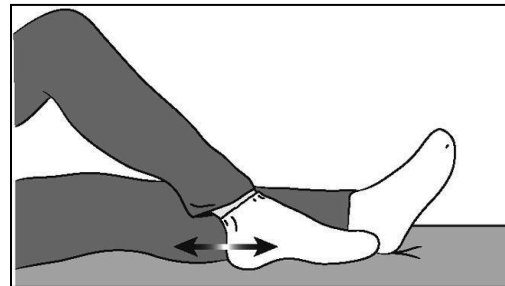


Move your ankle inward toward your other foot and then outward away from your other foot.

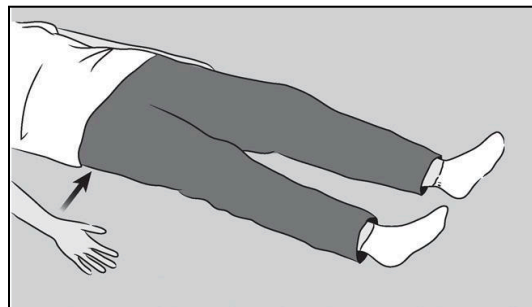
Repeat in each direction 3-4 times a day.

Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward.



Buttock Contractions



Tighten the buttock muscles and hold to a count of 5. Repeat this 3-4 times a day.

Standing Exercises

Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently. While doing these standing exercises, **make sure you are holding on to a firm surface** such as a wall or counter.

Standing Knee Raises

Lift your operated leg towards your chest. DO NOT lift your knee higher than your waist. Hold for 2-3 counts and put your leg down.

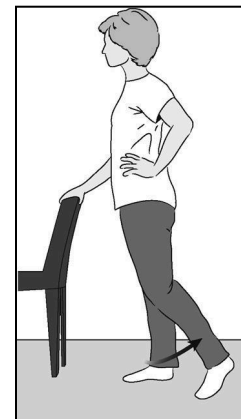


Standing Hip Abduction

Be sure your hip, knee, and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Return your leg slowly to the floor.

Standing Hip Extensions

Lift your operated leg back slowly. Try to keep your back straight. Hold for 2-3 counts. Return your foot to the floor.



Walking and Early Activity

Walking with Walker, Full Weightbearing as Tolerated

Stand comfortably and erect with your weight evenly balanced between your feet. Advance your walker a **short distance**, then move forward lifting your operative leg so that the heel of your foot will touch the ground first. As you move, your knee and ankle will bend, and your entire foot will rest evenly on the floor. As you complete the step, allow your toe to lift off the floor. Move the walker again and your knee and hip will again reach forward for your next step. Remember to touch your heel first, then flatten your foot, then lift your toes off the floor.

Walk as rhythmically and smoothly as you can. Don't hurry! As your muscle strength and endurance improve, you may spend more time walking. Gradually, you will put more and more weight on your leg.

Walking with a Cane or Single Crutch

As your muscle strength, balance, coordination and endurance improve, you *may* be able to discontinue the walker and begin using a cane. Hold the cane in the **hand opposite the side of the surgery**. You will be ready to use a cane or single crutch when you can stand and balance without using your walker, when your weight is placed fully on both feet, and when you are no longer leaning on your hands while using your walker.

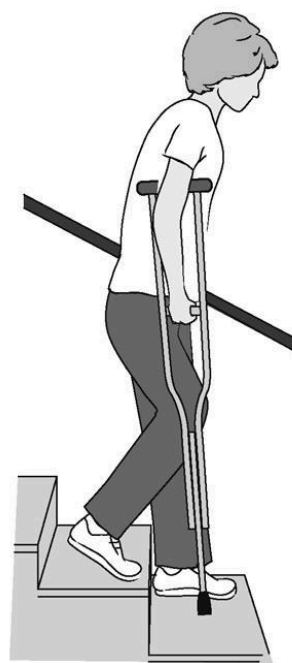
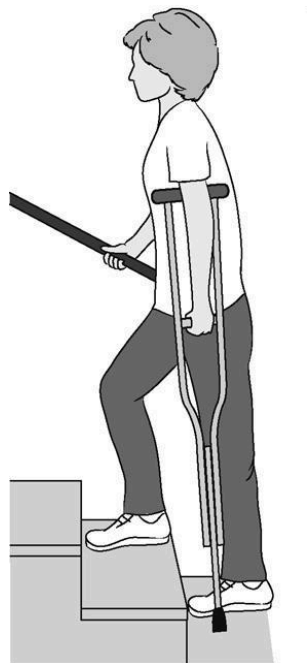


Stair Climbing and Descending

The ability to go up and down stairs requires strength and flexibility. **At first, you will need a handrail for support and will be able to go only one step at a time. Always lead up the stairs with your good hip and go down the stairs with your healing/operated hip.** You may need someone to help you climb/descend stairs until you have regained most of your strength and mobility.

Stair climbing is an excellent strengthening and endurance activity. **Do not try to climb steps higher than the standard height (7 inches)** and always use a handrail for balance. As you become stronger and more mobile, you can begin climbing stairs foot over foot.

Use your non-operative leg to go **up** stairs.



Use your operative leg to go **down** stairs.



If you have any questions before, during or after your hip surgery, please do not hesitate to call our office.

Congratulations on your new hip!

Justin Klimisch, M.D.

Adult Reconstruction and Joint
Replacement

South Texas Bone & Joint
5917 Crosstown Expressway SH 286
Corpus Christi, TX 78417
Phone: (361) 854-0811
Fax: (361) 806-5040

OUR KLIMISCH TEAM:

Robin Cheatham (RN): *EXT 144*

Amanda Escareno (Surgical
Coordinator): *EXT 129*

Alex Vela (MA): *EXT 175*

Gracie Uribe (MA): *EXT 118*

Christina Hagar (Scheduler):
EXT 102

Katie Lang (Biller): *EXT 111*