

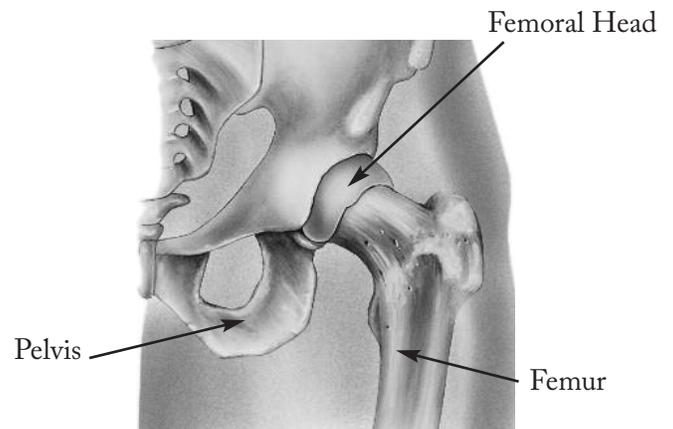
Total Hip Replacement

Total hip replacement is surgery to replace a hip joint damaged by wear, injury, or disease. This procedure is also called total hip arthroplasty (THA). The hip joint is a “ball and socket” joint and is your largest weight-bearing joint. The ball-shaped top of the femur (thighbone) sits in the acetabulum socket (hollow area) of the pelvic bone. The joint is held together by ligaments and muscles. The socket is lined with cartilage (firm, flexible tissue) that can become damaged or worn, causing pain. Arthritis, infection, injury, or loss of blood supply to the ball of the femur can damage the joint. You may need to have hip replacement surgery when you have unrelieved pain or problems with walking.

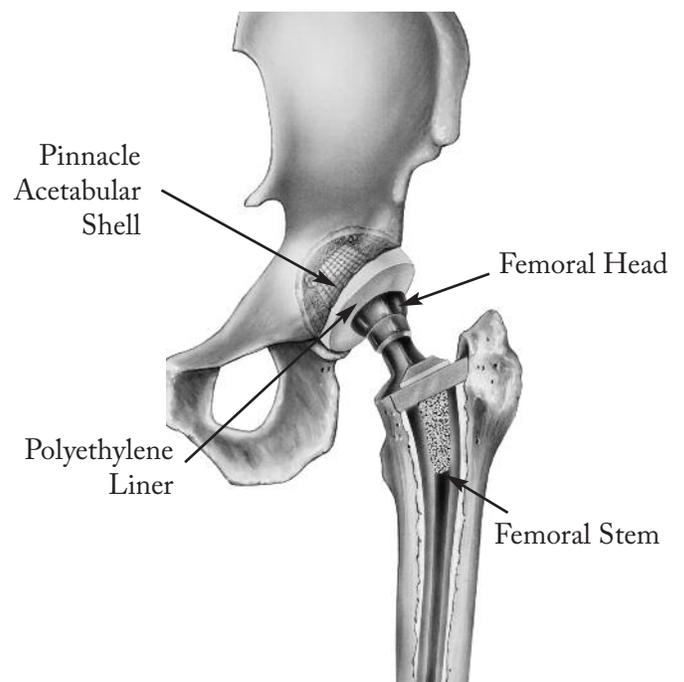
Your surgeon will make an incision (cut) on your hip. During the surgery, the damaged parts of your hip joint are removed and replaced with man-made parts. The implants are made of a combination of metal, ceramic, and/or plastic material. They are fixed tightly inside your femur and pelvic bones. Once in place, they are joined together just like a ball fitting in a socket. Having this surgery may ease your pain, make your hip joint more stable, and improve movement of your legs.

During the surgery your surgeon will access your hip joint by moving muscles and other structures to the side. The damaged parts of your hip joint will be removed using special tools. Implants will be fitted to replace the removed part of the bones. Your surgeon may then secure the implants using screws and cement, or create a tight fit if bone quality allows. The joint is put back together with the femur moved into position in the socket of the pelvis. The muscles and other tissues around the joint are moved back into their original positions. Your incision will be closed with stitches, staples, or glue and covered with a bandage.

Hip Anatomy



Hip Replacement Component



The Coach's Guide to Joint Replacement Surgery

Coach Definition: A coach is someone who will help you do your best by removing obstacles, helping you to set goals, and motivating you to remain active in your recovery process. The coach may be your spouse, child, close friend, or a combination of these people.

Coach Expectations:

A coach should be compassionate and patient, with good observation skills, excellent organizational skills and exceptional listening abilities. Coaches often must be tireless and resilient cheerleaders for their loved one.

Time Commitment:

- Attend joint replacement education class with the patient (approximately two hours total).
- Assist the patient with exercises at home once he or she is discharged from the hospital, two to three times per day, as needed.
- Attend outpatient physical therapy sessions with the patient, if needed (usually three times per week, 30 to 45 minutes per session).

Responsibilities:

- Assist with exercises pre-operatively, as needed, and encourage doing these daily.
- Be familiar with and able to reinforce Total Hip precautions (if having this type of surgery).
- If possible, find an alternative coach if you are unable to attend or assist. (Two are always better than one!)
- Safely operate wheelchair (brakes, foot rests, body mechanics).

- Assist with discharge from the hospital (transportation, medication, equipment, etc.).
- Do (or arrange for) the shopping, cleaning, cooking, laundry and errands.
- Assist with wound management, changing bandages, etc.
- Encourage adequate pain control both in the hospital and after discharge (medication, ice, elevation, etc.).
- Encourage exercise and mobility per instructions following discharge.
- Assist with moving from place to place, especially during the initial post-operative period.
- Keep track of medical appointments and provide transportation to and from the hospital, the surgeon's office, the physical therapist's office, and any other appointments.
- Pick up prescriptions or arrange for delivery of prescriptions.
- Manage finances, including paying regular household bills and handling insurance paperwork.
- Communicate with the health care team about any changes or concerns.
- Please review pre-op and post-op exercises.

Total Hip Replacement: Pre- and Post-Op Exercises

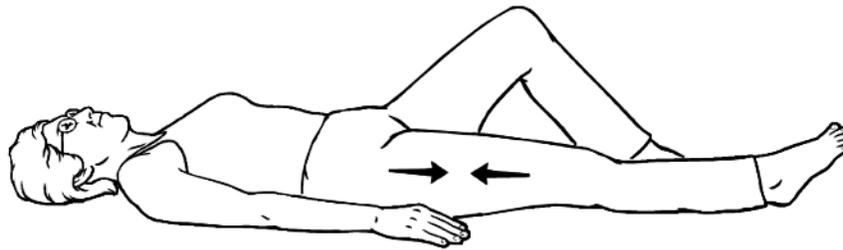
These exercises should be completed BEFORE surgery and AFTER surgery. Participation in an exercise program before surgery as well as after surgery can greatly improve

your recovery after hip replacement surgery. Please review the exercises listed below and begin following this exercise guide two to four weeks before surgery.



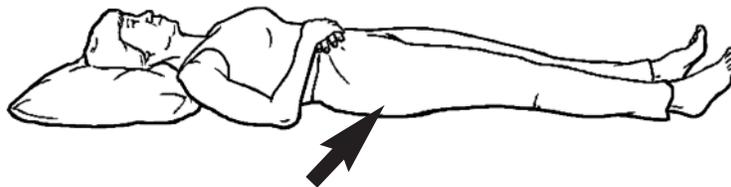
Ankle Pumps

Bend ankles up and down, alternating feet.
Repeat 10 times, 2 to 3 times a day.



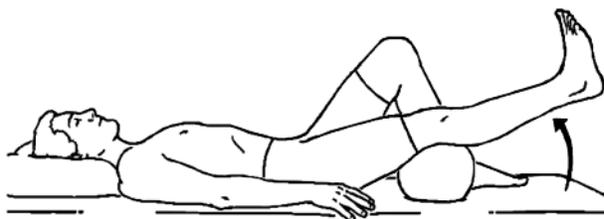
Quad Sets

Slowly tighten thigh muscles of straight leg while counting to 5 out loud.
Repeat 10 times, 2 to 3 times a day.



Gluteal Squeeze

Squeeze buttocks muscles as tightly as possible while counting to 5 out loud.
Repeat 10 times, 2 to 3 times a day.



Short Arc Quads

Place a rolled towel under your leg.
Straighten knee and leg.
Hold for 5 seconds then release.
Repeat 20 times, 2 to 3 times a day.

Total Joint Center at The Miriam Hospital



Orthopedics Institute

Rhode Island Hospital • The Miriam Hospital

Lifespan Partners

164 Summit Avenue, Providence, RI

401-793-5852 • OrthopedicsRI.org