

Hip Precautions Discharge Instructions

People who have undergone a hip replacement or a hip resurfacing *may* have restrictions on their movement for a period of time after their surgery, the length of which will be determined by your surgeon.

Please follow the guidelines that are checked for your Hip Surgery. Physical Therapy (PT) and nursing will work with you so that you know how you can and cannot move with your new hip at home.

Posterior Approach: You should avoid bending your hip more than a 90° angle, turning your toes inward and crossing the midline of your body.

- The capsule (lining) of the hip joint is opened at the back of the hip joint in this type of surgery. While it is re-sutured at the end of the procedure, the movements above direct the ball of the hip joint into that area, putting pressure on the sutures and risking the ball being pushed out of the capsule, resulting in a dislocation.

Lateral Approach: You should avoid using your leg muscles to move your leg out to the side. You should use your walker or two crutches until your doctor tells you that you can advance.

- During this type of surgery, the muscles that abduct the hip (gluteus medius and gluteus minimus) are lifted away from the greater trochanter of the femur to access the hip joint. These muscles are re-attached after surgery and need time to heal before using them to actively move the leg out to the side or support full body weight.

Anterior Approach: You should avoid excessively bringing your leg backwards.

- The capsule of the hip joint is cut in the front during this approach. Bringing your leg backwards puts pressure on the healing incision of the capsule risking dislocation.

No precautions needed.

Special Instructions: _____

Questions for PT &/or Nursing: _____

