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**Phase II hip exercise/instruction sheet (after 6 weeks)
Fast Recovery and Slow Down**

(Updated 6/29/2008 LAW)

PHASE II: At six weeks, twelve weeks or later, it will be decided that you can progress to this phase. Do not attempt these exercises prior to formal instructions.

1. **a.) *Rapid Recovery Program:*** You should now be walking 1 mile or more without a cane or crutch. If you still feel somewhat weak or unbalanced, use of a cane for a few more weeks is occasionally necessary. You should start practicing climbing stairs; foot over foot with a handrail. Continue a progressive walking program; 1 to 2 miles per day is best.

b.) *Modified (slow down) recovery program:* 10% weightbearing on operative leg with crutches for first six weeks post op. Use a cane for four weeks thereafter, no foot-over-foot stair climbing until off the cane at 2.5 months postoperatively. Do not start # 4 or # 6 until 2.5 months postoperatively. Refer to our website www.grossortho.com under current topics regarding bone health and hip resurfacing for guidance on managing your bone health over the long term.

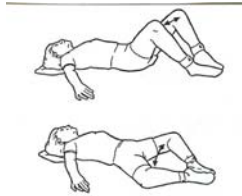
2. ***Position precautions:*** You may now bend your hip past 90°. Avoid extreme stretching or bending until 6 months post op. You can get to your feet safely by flexing your hip while keeping your knees out to the side. A foot stool may be helpful. It is perfectly safe to put on your shoes and socks.

3. ***Exercises:***

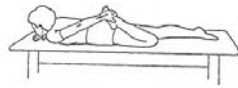
- a. *Stretching***

- I. Sit in a chair with the knees apart and the feet together. Gently bend, reaching for the foot of the involved leg, feel the pulling and stretching. You should not feel sharp pain. Eventually, you will be able to reach your feet.
- II. Lie back on the bed; bend the knees up, keeping your feet together on the bed. Let the knees fall widely apart. Place your hands on the inside

of your thighs and gently push your knees apart. Feel the pulling and stretching in the groin. Again, sharp pain should not be felt.



- III. Quad stretching: lie prone on a surface as shown. Hold on to your ankle and bend the knee so that you feel a stretch. Hold for 30 seconds. Do 10 repetitions 3 times per day.

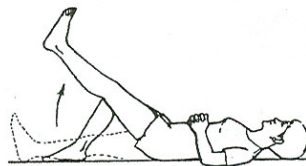


- IV. Psoas stretching: Stand grasping your operative ankle as shown. Bend knee further by pulling ankle toward buttocks. Do not lean forward or allow the back to arch. Hold 30 seconds. Do 10 repetitions 3 times per day.



- b. **Leg Lifts** - These should be done in two positions: supine (lying on your back), side (lying on the opposite side).

- I. Begin first in the supine position. Lift the leg approximately 12 inches off of the bed and hold it for a slow count of 10. During this count, contract all the muscles in the leg, performing an "isometric" contraction, and then slowly let the leg down to the bed. Work up to the point where you can do 15-30 of these. When you can do 30 repetitions easily, add one pound of weight at the ankle and drop back to 15 repetitions, again working slowly back up to 30. You may either purchase commercial ankle weights or use a purse and hang it over your ankle. Put one can of food in it (approximately one pound). When you again reach 30 repetitions easily with one pound of weight, add a second pound, drop back to 15 and slowly work back up to 30. When you can perform 30 repetitions with two pounds, the muscles will be of normal strength.



- II. After completing the exercises in the supine position, turn into the side lying position with the opposite hip down. Lift the leg approximately two feet away from the lower leg, keeping the knee straight, and hold for a count of five while performing an isometric contraction. Repeat again. Follow the same instructions as above for the number of repetitions and the addition of ankle weights.



4. **Exercycle:** If you have available an Exercycle, this will be a good exercise. The seat should be in a high position so that your hip is not flexed beyond 90 degrees. You should begin with gentle resistance to pedaling and work up to a normal resistance. You should use the Exercycle for between 10 and 20 minutes. This exercise is not essential, but is helpful if you have one available. Elliptical trainer or Nordic tracks are also excellent substitutes. Regular bicycles are fine at 6 months post op. We do not want you on a regular bike before this because your femur is weak and prone to fracture if you fall. **(Patients on slow down program please don't start until you are off the cane.)**
5. **Swimming:** This is an excellent exercise. You should use a gentle flutter kick and avoid the frog kick. The side stroke with a scissors kick is also allowable. Water aerobics are also an excellent form of exercise.
6. **Workouts:** If you have a gym membership to the gym, we encourage a gradually increasing program of light weight exercises gradually increasing to not more than 50 lbs by 6 months post op. **(Patients on slow down program please don't start until you are off the cane.)**
7. **Driving:** If you have an automatic car, as soon as you feel strong and are not taking narcotics, you may drive. If the operative leg is the right, use the left to brake until you can walk without a limp.
8. **Sexual Intercourse:** As comfort will allow. Just remember not to flex the hip to extremes.
9. **Dental Visits and surgical procedures:** This is a recommendation you should follow all of your life. This is controversial in the medical and dental community, but it is **my** recommendation to you. Life time risk for infection spreading to your joint is less than ½%. You will need to take antibiotics prior to any dental procedure. The following is a guide but your dentist may substitute.
 - If you are not allergic to penicillin, take: Amoxicillin 500 mgs x 4 tablets 1 hour prior to any dental procedure.
 - If you are allergic to Amoxicillin or Penicillin, take: Clindamycin 600 mgs 1 hour prior to procedure.
 - If possible, all dental work should be delayed until 6 weeks following surgery.

- Antibiotic coverage for other surgical procedure or infections is individualized according to the possible bacterial contamination, and therefore, you should notify the respective physician or surgeon so they can prescribe the appropriate medication.
- Any infection should be treated promptly by your primary care physician

10. Moderation: In general, over the first year post op, all exercises and sports attempted should be approached gradually. There should be no sudden increase in activity level. You will be allowed full activity without restrictions after 6 months. Moderation will allow your implant to last longer.

11. Full Healing It takes up to one year for your hip to fully heal. Expect some soreness, swelling, and minor aches and pains during this time. At 6 months you have passed the risk period for femoral neck fracture.

12. Limitations until 6 months post op:

1. No bending the hip into extreme flexion (eg squatting) or crossing the legs at the knees
2. No lifting more than 50 lbs. routinely
3. No impact loading such as jumping and jogging

If an activity (that you are contemplating performing prior to 6 months postop) does not violate these rules, you may do it.

13. Wound/scar appearance:

Your scar will gradually fade over 1 year. It will get smoother and the purple color will disappear. There are many wound potions and scar lotions being sold. You may use them now, but be advised that there is no scientific evidence that they will improve the eventual appearance of your wound. Your wound will naturally mature and become fainter over 1 year whether or not you apply any potions.

14. Routine Follow up:

I would like to see you personally here in the office for a checkup at 1 year post op. This is when you have reached the maximum medical improvement. There after we will ask you to provide us computer based followups at 2, 5, 10, and 15 years. Please do not hesitate to call us or come in at other times if you have a problem or concern.

For out of state patients who can not travel here for the 1 year visit, we can arrange local follow up with a complete 4 part evaluation as follows:

- ✓ Computer based questions
- ✓ Brief narrative of your progress
- ✓ X-ray: AP of the pelvis and a frog lateral of your hip digitized on a CD
- ✓ Physical therapy exam

This information is available on our website

15. Bone Health:

Even if you have good bone quality it is a smart general health policy to consume 1500mg of calcium and 1000 IU of vitamin D plus a multivitamin daily. If you have poor bone quality with a DEXA scan less than -1.5 please read more detailed information under bone health under *current topics* on our website.

Do not hesitate to contact us for any reason, Dr. Gross and Lee Webb