

# Anterior Hip Replacement Care Pathway After Discharge

## Anterior Hip Safety Measures



- Avoid sudden twisting or pivoting • Use assistive device as needed to avoid a fall

		___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___	___ / ___		
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7		
Control Pain and Swelling	<b>Take Pain Medication</b>	Take pain medication as directed by your surgeon. Start weaning your pain meds after 4 or 5 days as tolerated. (Decrease the number of pills or increase the time between pills.)		Take Medication	Take Medication	Take Medication	Take Medication (begin weaning)	Take Medication (begin weaning)	Take Medication (continue weaning)	Take Medication (continue weaning)
	<b>Take Blood Clot Medication</b>	Take medication to prevent blood clots as directed by your surgeon.		Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>
	<b>Ice your Hip and Thigh</b>	Apply an ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)		Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
	<b>Elevate your Leg</b>	Prop your leg when sitting throughout the day  Position your leg above your heart 4x/day for 20-30 minutes 		Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Wear TED Stockings</b>	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore		Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>
<b>Care for your Incision</b>	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision if you shower. Normal: Tenderness   Scabbing   Pink   Warm Not Normal: Pain   Drainage   Red   Hot   Fever > 101.5 deg		<b>Call 734-936-5780 if you experience:</b> Drainage from incision   Incision is redder   Incision is hotter   Increased Pain   Fever over 101.5 degrees							
Exercises (based on therapist discretion)	<b>Avoid Constipation</b>	Take a stool softener and laxative every day that you are taking pain medications. Eat a high fiber diet. Drink plenty of fluids (water).		<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids
	<b>Ankle Pumps</b>	Do 10 reps every hour 		10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
	<b>Thigh Squeeze</b>	3 times per day, work up to 10 reps 		10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Buttock Squeeze</b>	3 times per day, work up to 10 reps 		10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Leg Slides</b>	3 times per day, work up to 10 reps 		10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Walk</b>	Start with short distances to build up endurance   Try to increase your walking time each day   Walk comfortably, don't limp and use your assistive device		Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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		__ / __	__ / __	__ / __	__ / __	__ / __	__ / __	__ / __		
		Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14		
Control Pain and Swelling	<b>Take Pain Medication</b>	Take pain medication as directed by your surgeon. Start weaning your pain meds after 4 or 5 days as tolerated. (Decrease the number of pills or increase the time between pills.)		Take Medication (continue weaning)	Take Medication (continue weaning)	Take Medication (continue weaning)	Take Medication (continue weaning)	Take Medication (continue weaning)	Take Medication (continue weaning)	
	<b>Take Blood Clot Medication</b>	Take medication to prevent blood clots (as directed).		Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	
	<b>Ice your Hip and Thigh</b>	Apply an ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)		Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	
	<b>Elevate your Leg</b>	Prop your leg when sitting throughout the day 	Position your leg above your heart 4x/day for 20-30 minutes 	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Wear TED Stockings</b>	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore.		Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>
<b>Care for your Incision</b>	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision if you shower. Normal: Tenderness   Scabbing   Pink   Warm Not Normal: Pain   Drainage   Red   Hot   Fever > 101.5 deg		<b>Call 734-936-5780 if you experience:</b>						Drainage from incision   Incision is redder   Incision is hotter Increased Pain   Fever over 101.5 degrees	
<b>Avoid Constipation</b>	Take a stool softener and laxative every day that you are taking pain medications   Eat a high fiber diet   Drink plenty of fluids (water)		<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	
Exercises (based on therapist discretion)	<b>Ankle Pumps</b>	Do 10 reps every hour 	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	
	<b>Thigh Squeeze</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>Buttock Squeeze</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>Heel Slides</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>Leg Slides</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>Knee Extensions</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>Walk</b>	Start with short distances to build up endurance   Try to increase your walking time each day   Walk comfortably, don't limp and use your assistive device	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>Standing Side Leg Raise</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		