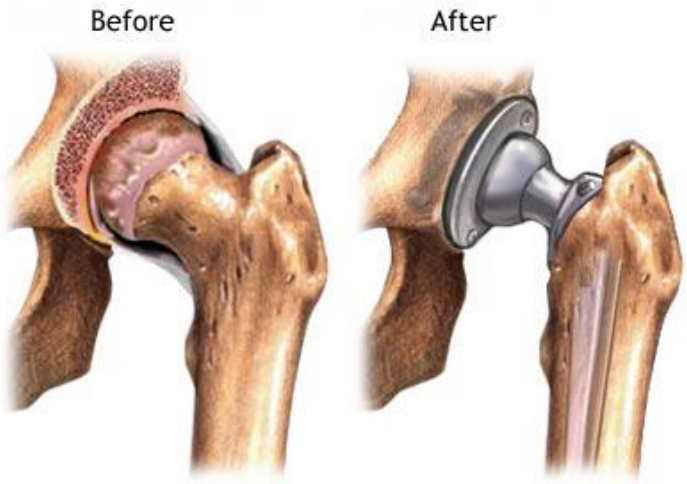
RAMSAY
HEALTH CARE

WARRINGAL PRIVATE HOSPITAL

A Guide to Total Hip Replacement Surgery



The orthopaedic Case Manager will call you 1-2 days prior to your admission

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Welcome to Warringal Private Hospital.

It is our goal to make your hospital stay as comfortable as possible. We encourage your feedback as this will help to improve our service. Should you have any queries or concerns during your hospital stay, please do not hesitate to contact one of our staff members.

In your bedside locker you will find a patient information booklet that contains a copy of the Australian Charter of Healthcare rights, along with other information about our hospital and your hospital stay.

The Roberts Unit & The Streeton Unit

Nurse Unit Manager:	Ph 9251 6562 Roberts Ph 9274 1310 Streeton
Orthopaedic Case Managers:	Ph: 9450 6999 Roberts Ph: 9251 6594 Streeton
Orthopaedic Physiotherapists:	Total Physiocare Heidelberg Ph: 03 9457 7474 Physiotherapy at Warringal Private Hospital Ph: 03 9274 1390 Australian Sports Physiotherapy Ph: 1300 651 256

Able Living – for hire of aids for home
Showrooms
679 – 681 Whitehorse Rd, Mont Albert (head office)
65-67 Sheehan Rd, Heidelberg West (service and repairs centre)
Ph: 1300 225 354

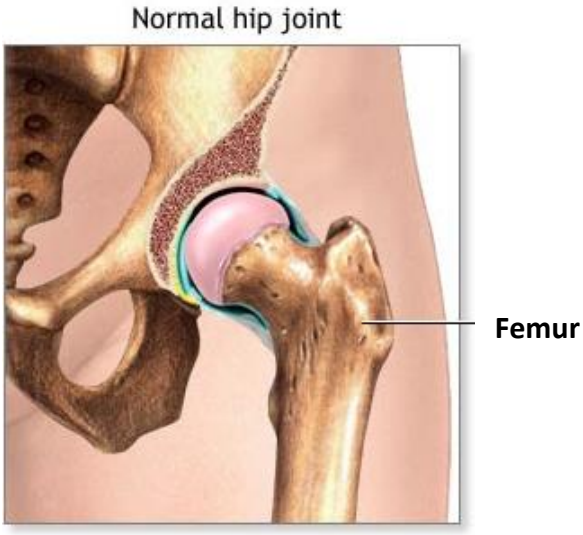
The following information is to be used as a guide to your surgery at Warringal Private Hospital. At times, due to unforeseen circumstances, your experience may differ from the details outlined in this booklet.

Contents Page

How does the hip joint work?

To understand what a hip replacement is, it is important to understand how the hip joint works.

The hip joint is known as a ball and socket joint. The end of the thighbone (the femur) is known as the ball, and the pelvis part (the acetabulum) is known as the socket.



The end of the thighbone is covered in a smooth material called cartilage. It is this cartilage that absorbs the impact on the joint and acts as a shock absorber. The joint is held together by a strong fibrous tissue known as the capsule. The inside of the capsule is covered by a thin layer of smooth tissue (known as the synovial membrane). The capsule contains a type of fluid that helps to lubricate the joint, helping the joint move easily.

Why do hip joints need to be replaced?

The hip can be affected by several different types of diseases that can damage one or more parts of the hip joint. The most common reason for a hip joint replacement is arthritis.

Osteoarthritis

This condition is the most common type of arthritis. It literally causes the joint to "wear out". Osteoarthritis causes the cartilage to wear away, leaving the bones to rub against each other, which may cause significant pain. It mainly affects people over the age of 50 and usually affects people with a family history of osteoarthritis.

Rheumatoid Arthritis

This is a disease that may affect many of the joints in the body. It involves chemical changes in the synovial membrane surrounding the joint (within the

capsule), causing it to become thick and inflamed. This causes the breakdown of the cartilage and degeneration which worsens over time.

Trauma

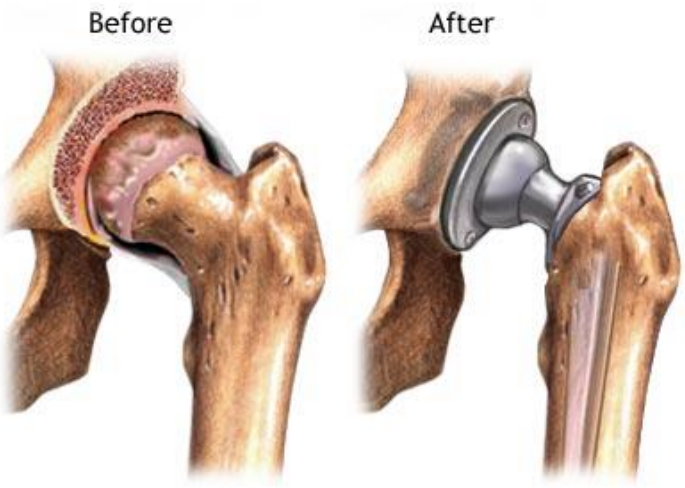
Trauma to the joint can cause the bone and the cartilage to not heal correctly. This can mean that the hip joint will develop arthritis as the rough surface of the cartilage wears away and causes joint degeneration.

Avascular Necrosis

This is a condition where the bone is deprived of blood supply. The joint, no longer receiving nutrition from the blood, weakens and over time could collapse.

What is a Total Hip Replacement?

A total hip replacement is a surgical procedure whereby the diseased hip is replaced with an artificial joint. Implants are made from materials such as metals, plastics or ceramics. The new hip joint is designed to move in the same way a healthy joint would move.



The procedure

The diseased end of the thigh bone is replaced with a metal or ceramic ball, and the stem of the prosthesis is inserted into the femur. The socket part of the joint (the acetabulum) is replaced with a metal cup and a ceramic (or plastic) liner.

What are the risks and complications of a Total Hip Replacement?

Your doctor will discuss with you the potential risks of the surgery. *You will be asked to sign a consent form, and it is important that you understand both the procedure and any risks involved prior to signing this legal document.* The chances of complications following a total hip replacement are relatively low. For more information, speak with your surgeon.

Preparing for surgery

- **Start exercising**

It is recommended prior to your surgery that you attend a physio class where you will be taught a series of exercises that will help to strengthen the muscles in your legs. You will be provided with an at home exercise program that the physiotherapist has designed. This focuses on increasing the muscles strength in your legs, your abdomen and your arms. This will help you to mobilize more easily following your surgery.

- **Decrease Your Alcohol Intake**

It is recommended that you decrease your alcohol intake prior to surgery. Some of the drugs given to you either during or after your operation can interact with any alcohol that is in your system.

- **Lose Weight (for patients who are overweight)**

Losing weight prior to your surgery will help to reduce the stress on your new hip joint, and help you to mobilize more freely. Being over-weight can increase your risks of a raised blood pressure and potentially complicate your post-operative period.

- **Stop Smoking**

Cigarette smoking has been proven to increase the time it takes you and the new joint to heal. It's a good idea to stop smoking at any stage, but this is a perfect opportunity!

- **Stop taking some of your medications**

Your Surgeon, Anaesthetist,(physician if you have one) or the Orthopaedic Case Manager will advise you to stop taking certain medications prior to your surgery. This many include some anti inflammatories and anticoagulants (blood thinners) and fish oil supplements. If you have any concerns or questions regarding what medications you are required to stop and when, please discuss with your surgeon.

- **Have a Dental Check-up**

Your teeth need to be in good condition prior to your surgery. An infection in your mouth gum can be a source of infection to your new hip. It is important that you have any tooth or gum problems checked by a dentist and be treated.

- **Pre-Operative Pathology**

Your Surgeon will provide you with a pathology slip, it is important you have all the tests requested. These are performed to make sure that you are well prior to surgery. All of the tests can be performed at **Dorevitch Pathology-** locations of the Pathology Centers are listed on the back of the request form. These include blood tests, a urine test and an echocardiogram (ECG).

You are required to have these tests done approximately 1-2 weeks prior to your surgery. The tests will be forwarded to your Surgeon, Physician and the case manager. You will be contacted if there are any abnormalities

- **A Medical Check-up**

Your Surgeon may ask you to see one of the Physicians at the hospital pre-operatively before your admission, or once you have been admitted to the hospital. The Physician will continue to monitor your progress throughout your hospital stay.

The Pre Admission Process

It is the Case Manager's role to ensure that your transition between the hospital and home is made easily. We request that you watch a **Physiotherapy and Pre Admission Information session** online at

https://www.warringalprivate.com.au/Our-Services/Orthopaedics

prior to your admission. A separate letter regarding how to access the Information Videos can be obtained from your surgeons rooms.

The Case Manager will contact 1-2 days prior to your admission. During this phone call your paperwork will be discussed with you to ensure all the information is correct. You will given the opportunity to ask any questions that you have. ***Please ensure you have posted (or submitted online) your hospital admission forms back to the hospital as soon as possible prior to your admission.***

The Case Manager will discuss your discharge plan with you. You and your family, your Surgeon, the Nursing Staff and Physiotherapists will all be involved in the discharge planning process. It is important that you are prepared for your discharge home.

Your discharge day will be discussed with you early in your recovery. You will be discharged home when you are medically stable and safe to do so, usually Day 3 or 4 post your operation**.**
You are expected to organize your own transport home, which needs to be organized prior to coming into hospital. A passenger vehicle is perfectly safe for this. The nurses will assist you to transfer safely into your car. It is important that you keep your family members informed of your pending discharge day.
day.

Our discharge time is strictly 9.30am. The nursing staff will ensure that you are ready for your family at this time.

What to Bring to Hospital

Essentials to Bring in For Your Admission

- Medications in their original containers / boxes (no blister packs).
- Prescriptions for your medications if you do not have enough for your hospital stay.
- Recent radiology (XRAYS/MRI/Ultrasounds)
- All of your health insurance details will need to be noted on your hospital registration form, including your Medicare, Department of Veteran Affairs (VX) number and pharmaceutical benefit number. If you have already given this information, you do not need to provide it again.
- Bring this information booklet to the hospital with you.

Personal Requirements

We recommend that you leave your valuable possessions at home. Warringal Private Hospital takes no responsibility for lost or stolen property.

- Nighties or pyjamas with elastic or drawstring are easier to manage whilst you are in bed. Satin materials often make movement easier in the bed.
- Fitted slippers (not the thong or slip on type).
- Dressing Gown.
- Loose, comfortable clothing (tracksuit or shorts) for your physiotherapy sessions
- Any aides or equipment that you will routinely use (orthotic appliances or walking aids).
- Reading material, stationery and a pen.
- Toiletries (face washer and towels are provided).
    - Loose change for the newspaper or magazines. (Large amounts of money and valuables must be left at home.)

The Admission Process

Your Surgeon will discuss with you whether you need to be admitted the day before, or the day of your surgery.

- When you arrive at the hospital you will need to report to DOSA reception for formal admission to the hospital if you are coming in the day of surgery or to the main reception if you are coming in the day before your surgery.
- Your observations will be recorded when you arrive on the Unit.
- The Nurses will check your paperwork with you again. At Warringal Private Hospital we provide ourselves on being professional and thorough, which may mean you may have to answer some questions more than once.

- The Anaesthetist will see you before your operation and discuss the types of anaesthetics.

If you have requested a single room, it is important to note that every effort will be made to accommodate you. In some cases you may be asked to share a room with one other patient until a single room becomes available. Please remember that we do our best to provide you with the room you have requested, but due to clinical demand this may not always be possible.

The Day of Surgery

1. You will be Nil by Mouth for approximately 6 – 8 hours prior to your surgery. *This means nothing to eat, chew or drink*.
2. Your medications will be given to you with a sip of water (some of your medications may not be given to you).
3. You may be given a pre medication as ordered by your Anaesthetist.
4. The nurse will inspect your leg and will remove any hair from the hip area.
5. Your Surgeon will mark the leg to be operated on with a marker.
6. A urinary catheter may be inserted prior to your transfer to the operating theatre.
7. You will be transferred to theatre by walking, on a trolley or on your bed.

Surgery takes about 11/2 to 2 hours. Following your surgery, you will be transported to the recovery room, where nursing staff will monitor you while you wake from the anaesthetic. When you are well enough, you will be transported to the Unit, where the nursing staff will continue to monitor you closely. You will not be able to eat or drink for 4 hours after your surgery, depending on the type of Anaesthetic used.

What pain relief will I have when I get back from Surgery?

In order for the nurses to give you adequate pain relief, it is extremely important that you tell the staff when you have pain. To assist in keeping your pain under control your nurse will ask you regularly to score your pain. A number between 0 and 10 is used to describe the amount of pain you are experiencing. 10 is the worst pain imaginable, and 0 is no pain at all.

It is unrealistic to expect to have no pain at all following your surgery. It is your responsibility to tell the nurses when you are experiencing pain and whether the pain relief you have received is effective. Try to use your pain relief as a **preventative rather than a treatment**. Take medication regularly to keep your pain level controlled.

There are many different options available to you following your surgery. The following is a brief outline of the types of pain relief that you *may* receive following your surgery.

- **Patient Controlled Analgesia/Intravenous Opioid infusion**

Instead of ringing for the nurse when you need pain relief, you will push the button attached to the PCA pump. When you push the button, you will receive a very small dose of pain relief (i.e a narcotic). If you feel uncomfortable and need more medication simply press and release the button again. Set timers on the PCA pump will make sure that your doses are safely timed during the course of your treatment. Our primary concerns are your safety and comfort. The PCA guards them both, accurately and safely.

- **Ambit pump**

This type of block is where a continuous infusion of local anaesthetic is infused into a nerve, numbing the operated area.

- **Oral Medications**

The nurses will offer you regular oral analgesia that can be taken with any of the above infusions. It is advised that you take the regular analgesia offered to you, as it will ensure that you are able to continue with your post-operative physiotherapy program.

Pain management after the infusions

After your infusion has been ceased, you will be given oral analgesia. Your nurse will be able to explain to you about the analgesia you are receiving. It is important to ensure that you are taking regular oral analgesia so that you are able to continue with your physiotherapy program.

It is also important to note that following your surgery you will experience some pain. While every effort will be made to keep you as comfortable as possible, **it is important that you tell us if you have pain, and whether the medication is helping you.**

Recovery

Your recovery will start on the day of your surgery. Ongoing liaison between the Doctors, Nurses Physiotherapists and other hospital staff will identify any problem areas that need to be addressed. The following is a detailed day by day plan of what you can expect on your road to recovery.

Returning to the Ward

You will be transferred back to Roberts or Streeton Ward once your condition is stable (i.e. you are awake and your pain is well controlled). The usual time in the recovery room is 1 hour or more.

When you return to the ward the nurse will check your blood pressure, pulse and oxygen level regularly. They will also check the movement and sensation in your legs and feet regularly. These will be attended less frequently as you recover from the anaesthetic.

The nurse will continue to keep you nil by mouth following your surgery for four hours, depending on the type of Anaesthetic. This is to ensure that you are well awake before attempting to eat or drink and also to prevent you from experiencing nausea following your surgery. You may have both intravenous (IV) therapy and possibly a wound drain in place. These will remain in place for one or two days, depending on your progress and your Surgeons preference. IV antibiotics will be administered via the drip in your arm as a prophylaxis, to help prevent infection.

You will notice that you have a large “Abduction Pillow” in place when your return to the ward. This pillow is to maintain the alignment of your leg and to remind you to not cross your legs. This pillow will remain in place when you are resting in bed over the next three to four days.

You may have a catheter in place following your surgery, which your nurse will secure to your unaffected leg. The catheter will drain urine from your bladder. The catheter will be removed one or two days after your surgery, depending on your progress and your Surgeons preference.

You will begin exercises after you have returned to the Unit. It is very important to regularly perform deep breathing and foot and ankle exercises. The nurses will remind you regularly to do your exercises and it is important that you remember do them also. These exercises will help in preventing blood clots and respiratory/breathing problems.

Physiotherapy is an extremely important part of rehabilitation and requires full participation by you for an optimal outcome. Patients begin simple exercises the day after the operation and then progress with each day after. Some degree of pain, discomfort and stiffness can be expected during the early days of physiotherapy. You will have physiotherapy daily during your hospital stay.

Day One

- You will walk to the corridor with your physiotherapist on the first day, with the aide of a walking frame. You will be expected to perform some simple exercises to get the muscles contracting and the blood circulating in your legs.

- Ice packs will be applied throughout the day.

- The remainder of the day you will alternate between short periods sitting out of bed and resting in bed.

- The nurses will assist you with your personal care on Day One. You will have a sponge in the bed and your nurse will assist you with your back and your lower limbs.

- You may have blood tests and a check x-ray on Day One. These investigations will usually be attended on the Unit.

- You may still be experiencing some pain despite the pain relief that you may be receiving from your infusion. We ask that you inform the nursing staff should you be experiencing any pain so that we can help you.
- You will be educated on hip precautions which are required for at least 6 weeks.

Day Two

- Activity begins to increase. Your bed exercises are progressed to be more hip specific. and you will stand and walk with a walking frame and supervision of the physiotherapist/ nurse and walk at least 30 metres +.

- The nurses will assist you with a wash, or a shower depending on your progress.

- Your PCA will be ceased and you will be commenced on oral analgesia (as discussed previously).

- If you have had a catheter, the nursing staff will remove it early in the morning.

- You will trial forearm crutches if the physiotherapist deems you to be safe.

- You will be encouraged to sit out of bed for all your meals.

- Your Surgeon may ask that your dressing be removed, and your wound re-dressed with a waterproof dressing. If you have a drain tube in, this may also be removed on Day 2, by the nursing staff.

- A discharge date will be discussed with you following consultation with your surgeon and the physiotherapists.

Day Three

- Exercises will continue.

- You will walk to the shower with forearm crutches and supervision by your nurse. The nurse will assist you with your shower and help you to dress in your day clothes. You will be encouraged to sit out of bed for all your meals.

- You will notice that the nursing staff will begin to encourage your independence with your personal care and mobility. This is to help you prepare for your discharge.

- The nursing staff may educate you on the safe way to self administer Clexane injections. Your surgeon will indicate to the nursing staff if you will require Clexane injections at home.

- Ensure you continue to accept the regular analgesia that is offered to you.

- The nursing staff will be monitoring both your diet and your bladder and bowel habits. It is important that your bowel function is returned to 'normal' as quickly as possible following your surgery. (Remember that the pain relief you are taking following your surgery may cause you to become constipated. If you are having trouble moving your bowels, please inform the nursing staff.
- You will be taught how to use crutches on steps and stairs.

- You will be taken to the physio gym for an exercise program and encouraged to regularly attend walks and exercises independently.

- Your wound will continue to be covered with a water proof dressing, which may be changed if necessary.

Day Four

- Your weight bearing and ambulation distance will be increased. Leg exercises are increased to further strengthen your muscles and improve your endurance.

- You will be taught how to negotiate stairs independently using crutches.

- You will notice that the nursing staff will begin to encourage your independence with your personal care. This is to help you prepare for your discharge home.
- If you are medically stable and safe on your walking aid, you will be discharged today.

Equipment for Home

There are several pieces of equipment that you will need to take home with you. The following pieces of equipment can be hired from our equipment supplier, or from your local Pharmacy. As part of your discharge plan, the Case Manager will check you have the necessary equipment at home, prior to your discharge.

The Raised Toilet Seat

Following your surgery, you will not be able to sit on a low toilet to protect your new hip from dislocation. The raised toilet seat raises the height of the toilet and has two sturdy handles on either side, which will make it easier for you to get up.

The Shower Stool

You may find that you will need to sit in the shower for the first one or two weeks following your surgery. The shower stool is a sturdy piece of equipment with rubber stoppers on its feet that prevent it from slipping in the shower. There are handles on either side that make it easier for you to stand following your shower.

The Hip Chair

It is recommended that you maintain an angle of ninety degrees at your hip joint when you are in a sitting position. This means that low chairs and couches may not be appropriate for you to sit in. The hip chair helps you to maintain this ninety degree angle, as the height of the chair is adjustable.

The Easy Reach Stick

For the first six weeks after your surgery, you will not be able to bend at the hip to reach your feet, or pick things up off the floor. The easy reach stick enables you to reach things so that you do not have to bend at your hip.

Going Home

Patients are discharged home approximately 3 to 5 days after their operation. It is expected that you arrange your own transport home. A passenger vehicle is perfectly safe for this. **Discharge time is strictly 9.30 am**.

We aim for everyone to be **discharged home.** Providing that you are progress well, medically stable and safe to return home, you will not require in patient rehabilitation.
*If physical problems restrict your recovery you may be referred to an inpatient rehabilitation hospital for further treatment**. Inpatient rehabilitation is not a necessity following a total hip replacement***.

We suggest that a friend or family member stay with you if you usually live on your own.

When you go home you will be given an exercise program that will help you to maintain and continue to improve your functional level.

Discharge Goals

Before you are discharged you are expected to be able to complete the following:

1. Get out and into bed without assistance.
2. Bend the hip to 60 - 80° comfortably.
3. Walk 30 meters with crutches and safely negotiate stairs.
4. Sit comfortably in a chair for at least 60 minutes.
5. Attend to your own hygiene needs. You may require some assistance with setting up.

You will not be discharged until you are medically well and physically safe. If you do not fit the criteria to return home, inpatient rehab will be discussed then.

What Happens after discharge?

It is important for patients to continue with their exercise programs following discharge from hospital. Patients are expected to continue to work the muscles around the replaced joint to prevent scar tissue formation and maintain muscle strength that is important in joint stability. You will be required to attend an outpatient physiotherapy program to gain an optimal outcome following surgery. Your physiotherapist will let you know when this is required.

Patients should watch for warning signs of infection including fever, abnormal redness, increasing warmth, swelling or unusual pain. Should you experience any of these symptoms, notify your Surgeon immediately. You will be given instructions with regards to your surgical dressing on discharge. It is important to report any injury to your hip to the surgeon as soon as possible.

Taking the time to look after your new hip can make a big difference in how quickly and how well you heal. Your goal at home is to return as safely and comfortably to your normal activities as soon as possible.

Commonly asked questions

How long will my leg continue to hurt and swell?

The pain after a total hip replacement usually decreases rapidly during the first month. Then it may come and go for several months. Sometimes there is a dull ache after long walks that may recur for 18 months. Pain with the first few steps when you stand up may be present for as long as 2 years following your surgery. The swelling will increase as your spend more time on your feet. This can be improved by spending time with your feet elevated above your heart. Swelling is generally worse in the evenings. Swelling may persist for 6-12 months post surgery.

How much exercise should I do? How can I tell if I've done too much?

Mild or moderate exercise is beneficial and over-exercise is painful and possibly harmful. The physiotherapist will supply a list of exercises in the hospital. In some cases it is advisable to continue with a supervised program with a physiotherapist. Stretching and strengthening exercises are necessary for everyone. Thirty minutes three times a day should initially be devoted to exercising the hip. Walking should become a big part of your recovery. Correct gait pattern is essential.

How long do I have to walk with crutches?

The hip should be protected for 6 weeks following the surgery no matter how good it feels. This will mean the use of a single or 2 crutches for safety in the case of a slip or stumble. Short walks inside the house without the crutches will not harm the hip.

When can I drive?

It is normally safe to drive a car 6 weeks after your surgery. We do not suggest that you travel frequently in a car initially as it tends to be too uncomfortable. We advise that you ask your surgeon.

When can I swim or take a bath?

You can safely immerse your hip in water when your wound has totally healed (usually 2-3 weeks, pink skin no scabs,). Prior to this, infection risk is high and soaking the wound will delay wound healing. We do not recommend that you have a bath as it may be difficult for you to get out. Showering is preferable for the first 6 weeks.

What kind of shoes should I wear?

High heels should be avoided in the first 3 months. Otherwise there are no restrictions of footwear. It is recommended you wear a shoe that is comfortable with good shock absorbing ability. Sensible footwear is advised.

How long should I wear stockings (if they have been prescribed)?
Your surgeon may ask you to wear the TED stockings for 6 weeks. This is to help reduce the risk of blood clots and aid in reducing the swelling in your legs. You will need a family member to help you put the stockings on for the first few weeks.

Should I use heating or ice packs?

Both heat and ice are effective as relieving pain in your hip. Generally it is recommended to use heat prior to exercise to soften the muscles and allow them to stretch more easily. Use ice following exercise or if you feel you may have aggravated your hip as it will help to settle your hip.

Should I inform anyone that I have had a hip replacement?

You should alert both your doctor and dentist that you have had a hip replacement. Your new hip joint is at risk from bacteria and procedures such as surgery dental or gum work, urological and endoscopic procedures. The possibility of infection will put the prosthesis at risk and your Doctor or Dentist will take the necessary precautions. Your local doctor / GP should be advised as in the case of changing your GP.

What is Clexane and will I need to self inject at home?

Clexane is a medication that is injected into the upper most layer of skin of your abdomen (the subcutaneous layer). It is given to you to help prevent a blood clot from forming in your calf. Each surgeon has their own preferences in regards to discharging a patient home on Clexane and the nursing staff will check with your surgeon to see if you will need to self administer Clexane at home.

The Do's and Don'ts…

Your new hip is designed to eliminate pain and increase function. There are certain movements that place undue stress on your new hip. For your safety, these should be avoided. This is especially true during the first six weeks after your surgery.

INCORRECT **CORRECT**

- You should avoid crossing your legs at any time. This includes crossing the operated leg over the un-operated leg and vice-versa.
- You should sit in high chairs with arms

- You should not pivot or twist on your feet.
- You should lift your feet and turn your feet *and* body when turning.

- You should not bend past 90 degrees at the hip. This includes bending down to pick things up off the floor, reaching forward to get bed clothes and sitting on low chairs.
- You should use a long handled reaching aid.

Total Hip Replacement - Preoperative Exercise Program

The following exercises are designed to address strength and range of movement of your hip. As pain and loss of function have gradually increased, the physical condition of the joint deteriorates. As a result, you may have problems fully straightening and or bending at your hip and also experience weakness of the muscles.

Ideally complete the exercises twice a day. If one of the exercises aggravates your pain, stop that particular exercise. Continue the other exercises as tolerated.

1. Knee Flexion

With towel around heel, gently pull knee upwards with towel until stretch is felt. Repeat 50 times.

2. Hamstring Stretch

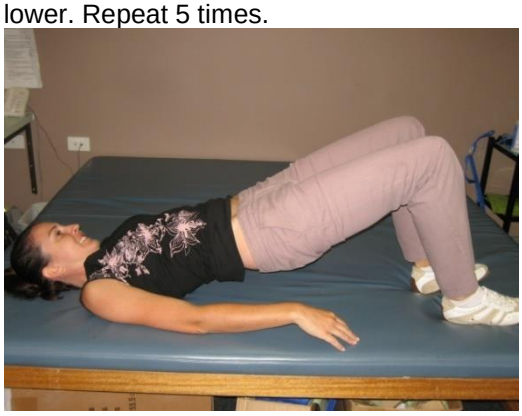
Place foot on bed. Slowly lean forward reaching down shin until a stretch is felt in back of thigh. Hold for 20 seconds. Repeat 3 times.

3. Quadriceps over Fulcrum

Place rolled towel under knee. Lift foot off bed, keeping back of knee in contact with roll. Hold for 3 seconds, then lower. Repeat 10 times, do 3 sets.

4. Bridging

Lay on back with knees bent. Dig heels into bed. Slowly raise buttocks from bed, keep stomach tight. Hold for 10 seconds, then lower. Repeat 5 times.

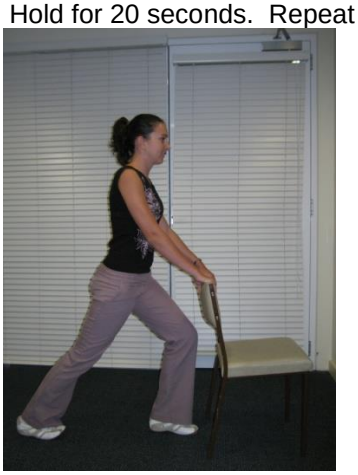


5. Hip Abduction

Lay on bed, slide foot side and back to the midline. Keep toes facing roof. Repeat 10 times, do 3 sets.

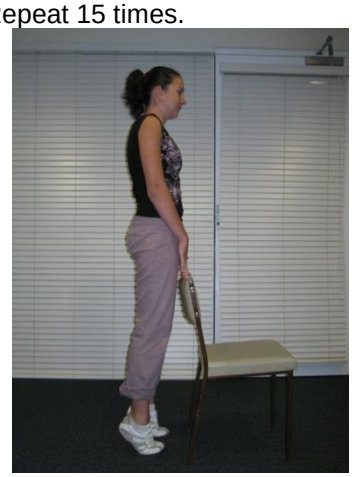
6. Calf Stretch

Place operative leg behind. Keeping back leg straight, with heel on floor, lean into wall until a stretch is felt in calf. Do not turn your foot outwards. Hold for 20 seconds. Repeat 3 times.



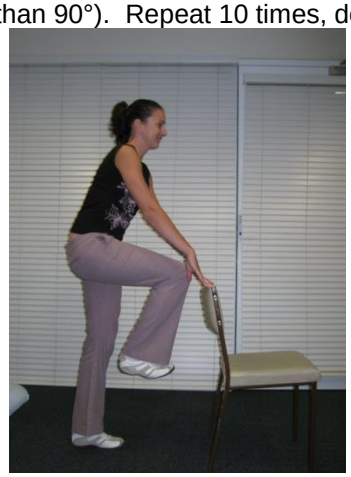
7. Standing Calf Raises

Hold on to back of chair. Rise up on to ball of feet. Repeat 15 times.



8. Hip Flexion

Start with foot back, bend and lift knee (not higher than 90°). Repeat 10 times, do 3 sets.



9. Standing Exercises

Use chair for support, lock knee, lift leg to side and then lift to back. Repeat 10 times, do 3 sets.

10. Squat

Stand with feet shoulder width apart. Bend knees as far as comfortable. Repeat 10 times, do 3 sets. Make sure your knees don't bend beyond your toes. (This example is what not to do).

Your Appointments

Doctors

Name: Date: Time: Location:	Name: Date: Time: Location:
Name: Date: Time: Location:	Name: Date: Time: Location:

Physiotherapist

Name: Date: Time: Location:	Name: Date: Time: Location:
Name: Date: Time: Location:	Name: Date: Time: Location:
Name: Date: Time: Location:	Name: Date: Time: Location:

Orthopaedic Case Manager

Name: Date: Time:

Your Admission to Warringal Private Hospital

Date:
Time:

Your Questions & Notes