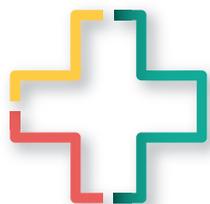




TOTAL HIP REPLACEMENT

PATIENT GUIDEBOOK



**McKenzie
Health**

TOTAL HIP REPLACEMENT PATIENT GUIDEBOOK

McKenzie Health created this book to help guide you before, during and after your total hip replacement surgery. Please review the information carefully to ensure you are prepared for your procedure.



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INTRODUCTION

SCHEDULING SURGERY

Dr Joshi has recommended a total joint replacement at this time. The orthopedic staff will get an updated phone number from you and you will also be asked to sign a release of information. Records from other facilities may need to be obtained for us to get all the information needed for surgical clearance.

PREOPERATIVE CHECKLIST

Prior to surgery being scheduled you are going to make an appointment to see your primary medical provider for a full health status update. If you see specialists for chronic conditions (such as cardiac conditions, lung conditions, etc.) you will need to see them as well. You will also make an appointment to see your dentist at this time to get dental clearance. Depending on your medical status, you may also be required to be evaluated by a member of our anesthesia team for an anesthesia evaluation in Watford City.

PRIMARY PROVIDER APPOINTMENT:

WITH

DATE

TIME

SPECIALTY PROVIDER APPOINTMENT (if required):

WITH

DATE

TIME

DR. JOSHI PREOPERATIVE APPOINTMENT (if required):

WITH

DATE

TIME

DENTIST APPOINTMENT:

WITH

DATE

TIME

Once you have made these appointments, you will need to call 701-580-8542 to talk to Leah Brewster, DNP-C. If she doesn't answer, make sure to leave a message so she can call you back.

This step is very important so that forms can be faxed to your doctor's offices informing them of your upcoming appointments and required testing.

Once the above appointments have been completed and records reviewed by Leah Brewster DNP-C, she will call you and your surgical date will be determined. You will also set up your first physical therapy appointment at this time as some PT facilities have a waiting list to get scheduled. If 90 days have passed since you last saw Dr. Joshi, you will be required to see him for updated history, physical and x-rays.

SURGERY DATE:

WITH _____

DATE _____

TIME _____

PHYSICAL THERAPY APPOINTMENT:

The start date is usually 4 days post-surgery for a total hip replacement.

WITH _____

DATE _____

TIME _____

BEFORE YOUR SURGERY/PROCEDURE

5-7 Days Before Surgery

Start holding medications that you have been instructed to hold by your providers.

Thursday Before Surgery

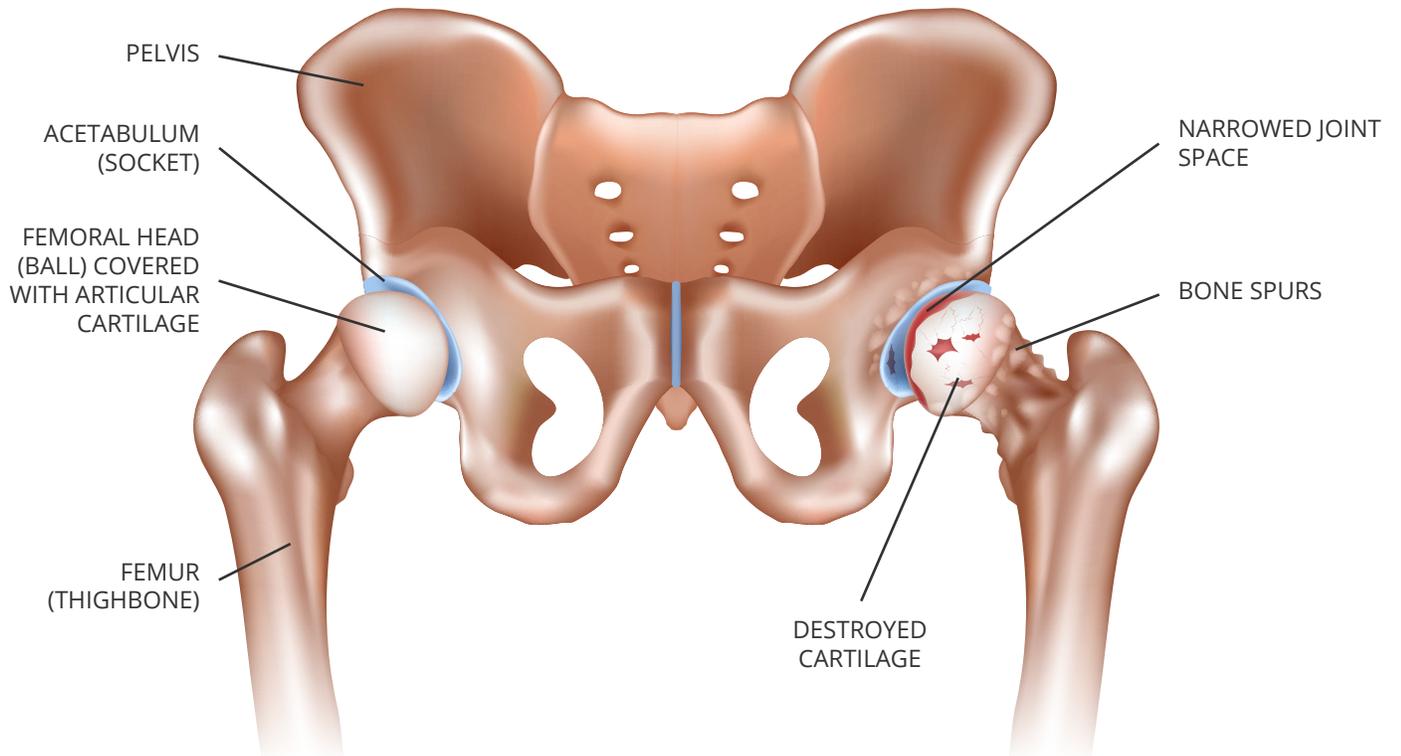
You will get a phone call from the Operating Room nurses with specific details regarding when to arrive in Watford City on the day of surgery, what medications to take, when to eat/drink last, and any other details needed for the day of surgery.



REVIEW OF ANATOMY

HIP JOINT

The hip joint is a ball and socket joint (see below). The head of the femur (ball) fits into the acetabulum (socket). Covering the ball and socket is a lining called the synovial membrane which allows the two surfaces to glide without friction during movement. This ball and socket joint is held together with ligaments which allow for extensive movement of the joint.



COMMON CAUSES FOR A JOINT REPLACEMENT

There can be a number of reasons for a joint replacement. Below are some of the more common causes:

- Osteoarthritis, a degenerative joint disease. (Over time the synovial membrane lining wears away causing pain).
- Injury or trauma from a fall or accident involving the joint.
- Carrying excess body weight may cause more stress on the joint and wear away the lining and cartilage. This, in turn, may decrease mobility and lead to pain in the joints.
- Normal aging will cause wear and tear on the lining and cartilage in the joints.



PREOPERATIVE CHECKLIST



CONTACT YOUR INSURANCE COMPANY

Your physician's office will work with your insurance company to pre-authorize your surgery. We do recommend contacting your insurance to better understand your benefits and to determine where you would like to go for outpatient therapy.



PICK A COACH

At McKenzie Health, we recommend you choose a "coach" to help you succeed and progress toward rehab goals. The purpose of a coach is to be present throughout your hospital stay, to help with follow-through regarding your rehab and to assist with needs at discharge. Sometimes you may not always remember information that you are told after surgery. Your coach will learn your exercises, surgery precautions, and adaptive equipment recommendations to help you succeed.



NUTRITION

Adequate nutrition pre and post-surgery is very important to prepare your body for surgery and promote healing after surgery. Your physician will provide recommendations regarding your diet to ensure you are consuming the correct amount of calories from nutrient rich foods.



WHAT TO BRING WITH YOU TO THE HOSPITAL

- This hip replacement handbook.
- Completed medication list.
- Comfortable, loose fitting clothing, short-sleeved shirts.
- Computer, tablet, books, deck of cards, etc.
- Supportive shoes.
- Personal hygiene items.
- Personal walker (if you have your own).

PREPARE YOUR HOME FOR YOUR RETURN AFTER SURGERY

After you have surgery, you may not have the mobility or feel up to rearranging your home in order to safely access your environment. We recommend making minor adjustments that are listed below in order to decrease the risk of falls after surgery and improve independence with your daily living tasks.

LIVING ROOM, KITCHEN, BEDROOM

- Keep a phone with you at all times.
- Remove throw rugs.
- Place a lamp near your bed or where you plan on sleeping.
- Install night lights along the route between the bathroom and bedroom.
- Arrange furniture to ensure a walker can fit appropriately through pathways.
- Think about the chair you will use when you return home, making sure it is a good height to get in and out of. Your therapist will practice this activity with you prior to going home.
- Prepare extra meals and freeze them prior to surgery in order to have easier meal options upon returning home.
- Store items such as dishes or food at waist level so they are easy to reach.

BATHROOM

- Install grab-bars on the bathroom walls of the shower or bathtub, if you are able.
- Obtain a shower chair, as it will be recommended you sit when you bathe.
- If your toilet is not already a high-rise toilet, use a toilet riser over the toilet commode in order to make it easier for you to stand up from the toilet. Install grab-bars around your toilet.

ADDITIONAL TIPS PRIOR TO SURGERY

- Arrange for someone to get your mail while you are in the hospital.
- Arrange for someone to care for your pets.
- Complete laundry and have comfortable clothes ready to use at home.
- Prepare ice packs that will be ready to use at home. A frozen bag of peas works well.

HOMEMADE ICE PACK

To make a homemade ice pack, fill a plastic freezer bag with 1 cup of rubbing alcohol and 2 cups of water. Try to get as much air out of the freezer bag as you can before sealing it shut. Place the bag and its contents inside a second freezer bag to contain any leakage and place in the freezer for at least an hour. When it's ready, place a towel between the gel pack and bare skin to avoid burning the skin.



HOME EVALUATION: PREOPERATIVE SCREENING

How do you like to be addressed? _____

Date of Surgery: _____ Type of Surgery: Total Hip Total Knee

LIVING SITUATION TODAY

1. I live: Alone with Family with a Spouse Other: _____

2. I live in a: House Apartment Mobile home Assisted living Other: _____

3. My home is: One level Split level 2+ story Apartment w/elevator Apartment w/stairs

4. Please indicate the number of steps you will need to use at home after surgery.

Front Steps: _____ Railing is on the: Right side Left side Both None/NA

Garage Steps: _____ Railing is on the: Right side Left side Both None/NA

Back Steps: _____ Railing is on the: Right side Left side Both None/NA

Upstairs: _____ Railing is on the: Right side Left side Both None/NA

Basement: _____ Railing is on the: Right side Left side Both None/NA

5. Shower/bath type: Tub only Combination tub/shower Tub height: _____

Walk-in shower Fixed shower head Removable showerhead

Is there a shower curtain or door on the tub or shower? Curtain Door

6. Is there a bar/support/vanity near the toilet? Yes No Toilet height: _____

7. Please indicate what equipment you currently have or can borrow:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Elevated toilet seat | <input type="checkbox"/> Handheld shower hose | <input type="checkbox"/> Crutches | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Commode | <input type="checkbox"/> Non-skid bath mat | <input type="checkbox"/> 4-wheeled walker | <input type="checkbox"/> Elastic shoe laces |
| <input type="checkbox"/> Bath bench/seat | <input type="checkbox"/> Reacher | <input type="checkbox"/> Walker | <input type="checkbox"/> Long-handled sponge |
| <input type="checkbox"/> Wall-mounted grab bar | <input type="checkbox"/> Long shoehorn | <input type="checkbox"/> Cane | <input type="checkbox"/> None |
| <input type="checkbox"/> Tub-grab bar | <input type="checkbox"/> Sock aid | <input type="checkbox"/> Walker basket | |

8. I currently walk: Unaided With a walker With a cane With crutches

Outdoors Approximate Distance: _____

Indoors Approximate Distance: _____

9. My bed is _____ inches from the floor to the top of the mattress.

I get out of bed on the: Right side Left side

10. Will a walker fit in the home pre-op? Yes No 11. Have you picked up rugs? Yes No

12. Do you have a chair to use in the home after surgery? Yes No

PREOPERATIVE EXERCISES

Prior to having your surgery, it is important to strengthen your joints. They may have become weaker due to disuse and arthritis. Completing these exercises will help strengthen your joints and also prepare you for the type of exercises you will be completing after surgery. These exercises should be completed once a day, 3 sets of 10 repetitions. Stop doing any of the exercises that become too painful.

1. ANKLE PUMPS



1. Move your toes toward you.



2. Push toes away.

2. GLUTE SETS



Squeeze your buttocks together and hold for 5 seconds, do not move any other part of your body

3. HEEL SLIDES



Bend your knee and pull your heel toward your buttocks.

4. SITTING LONG ARC QUAD EXTENSION



Sitting on the edge of the bed, slowly straighten your leg.

5. HAMSTRING SETS

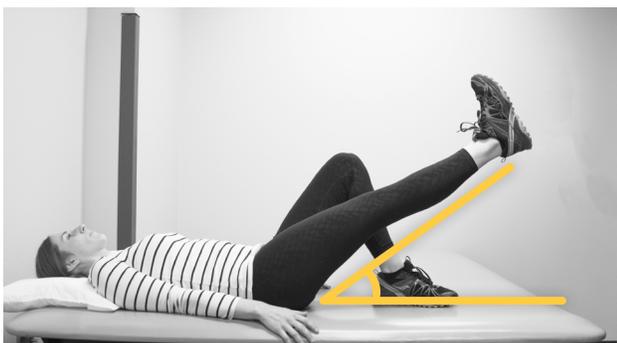


1. Lie on your back with leg bent slightly at the knee.
2. Push heel into bed by tightening the muscles of the hamstring.

6. STRAIGHT LEG RAISES



1. Lying on your back, keep your leg straight and slowly lift to at least 45 degree angle.



2. Hold for a count of 5 and slowly lower to starting position.

7. QUAD SETS



1. Tighten your thigh muscles.

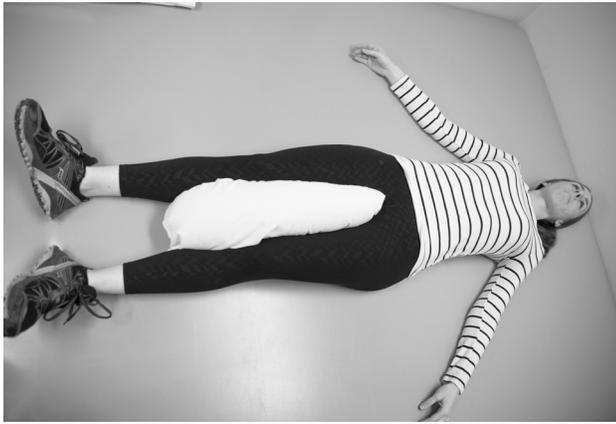


2. Try to fully straighten your knee and push into the pillow (above) or rolled up towel (below). Try to touch the back of your knee to the bed.

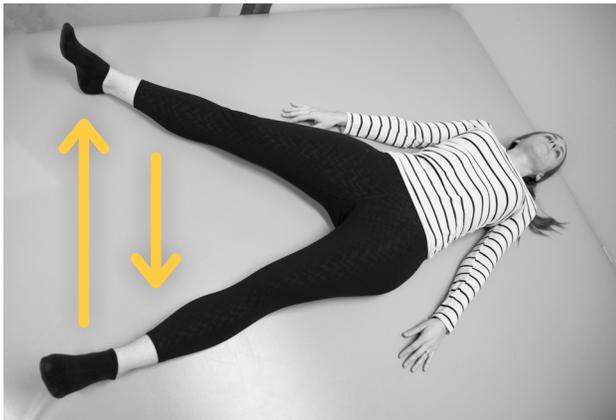


3. Hold your knee as straight as you can for 5 seconds.

9. HIP ABDUCTION/ADDUCTION



1. Lie on your back with legs straight.



2. Slowly slide your leg to the side, keeping your toes pointed up. Then slide your leg back to the middle.

10. HIP STANDING ABDUCTION/ADDUCTION



While standing in walker or at countertop, keep leg straight and raise it to the side.

11. HIP SEMI-SQUATS



1. Stand in walker OR at a countertop. Bend at the knees and the waist.



2. Slowly lower yourself 1/4 to 1/2 way down like you're trying to sit down in a chair.

MEDICATION LIST AND DOSAGES

Continue with all current medications unless otherwise specified by the orthopedic specialist. Postoperative anticoagulation therapy guidelines will be individually-based on each patient's medical stay, co-morbidities and risk factors.

DAY OF SURGERY

You will work with your therapists the day of surgery!

Early movement is very important in your rehab process. This relies heavily on you, the patient. The hospital staff will assist you with this, but ultimately your motivation and drive to participate will guide your success.

The goals for rehabilitation while you are in the hospital are simple:

- Be independent with your total joint replacement precautions.
- Get in and out of bed safely with minimal to no assistance.
- Go to the restroom by yourself.
- Walk safely with a walker.
- Dress yourself with minimal assistance.
- Go up and down stairs with minimal assistance.
- Ensure you are prepared for a safe discharge to your home environment, and you have obtained the necessary adaptive equipment.



POST-SURGERY REHABILITATION IN HOSPITAL

Your rehabilitation begins on the day of your surgery. We encourage you to complete the exercises listed below per your therapist's recommendation. Physical Therapy will see you twice a day while you are in the hospital and Occupational Therapy will see you once per day.

	EXERCISES	
DAY 0	<ul style="list-style-type: none">• Ankle Pumps• Quad Sets• Hamstring Sets	<ul style="list-style-type: none">• Straight Leg Raises• Hip Abduction/Adduction• Sitting Long Arc Quad Extension/Knee Flexion
DAY 1	<ul style="list-style-type: none">• Ankle Pumps• Quad Sets• Hamstring Sets	<ul style="list-style-type: none">• Straight Leg Raises• Hip Abduction/Adduction• Sitting Long Arc Quad Extension/Knee Flexion
DAY 2	<ul style="list-style-type: none">• Ankle Pumps• Quad Sets• Hamstring Sets	<ul style="list-style-type: none">• Straight Leg Raises• Hip Abduction/Adduction• Sitting Long Arc Quad Extension/Knee Flexion

INCENTIVE SPIROMETER

After surgery, while in the hospital, you tend to take decreased breaths and are more likely to be laying flat than sitting upright. Because of this, it is very important to use your incentive spirometer that will be provided to you to complete deep breathing exercises. Your respiratory therapist or nurse will provide education on the use of the incentive spirometer. You should use the incentive spirometer on your own to assist in your recovery.

1. The pointer will be set up by your respiratory therapist for the appropriate volume.
2. Hold the spirometer upright.
3. Breathe out normally. Place your lips tightly around the mouthpiece.
4. Breathe in through your mouth slowly until the piston reaches the pointer.
5. Hold your breath for 3 seconds.
6. Remove the mouthpiece and breathe out through your nose.
7. Repeat steps 2-6, 15 times.

**Remember to cough when have finished all of your breaths.

Tips for Spirometer Use

- You cannot hurt yourself if you use your spirometer as often as every hour.
- Your physician has ordered the spirometer to help prevent pneumonia.
- ALWAYS sit upright to use your spirometer to allow for maximum expansion of the diaphragm (your breathing muscle).

PRECAUTIONS AFTER A TOTAL HIP JOINT REPLACEMENT

The following precautions are to be followed after your hip surgery to decrease risk of dislocation. Your surgeon will inform you when you no longer have to follow these precautions. Please follow the appropriate precautions for your type of surgery.

- ANTERIOR APPROACH POSTERIOR APPROACH

ANTERIOR APPROACH PRECAUTIONS



DO NOT turn foot outward.



DO NOT twist or pivot on surgical leg.



DO NOT step backward on surgical leg.



POSTERIOR APPROACH PRECAUTIONS



DO NOT lean forward past 90 degrees (putting on socks or shoes, picking an item off the floor, etc.).

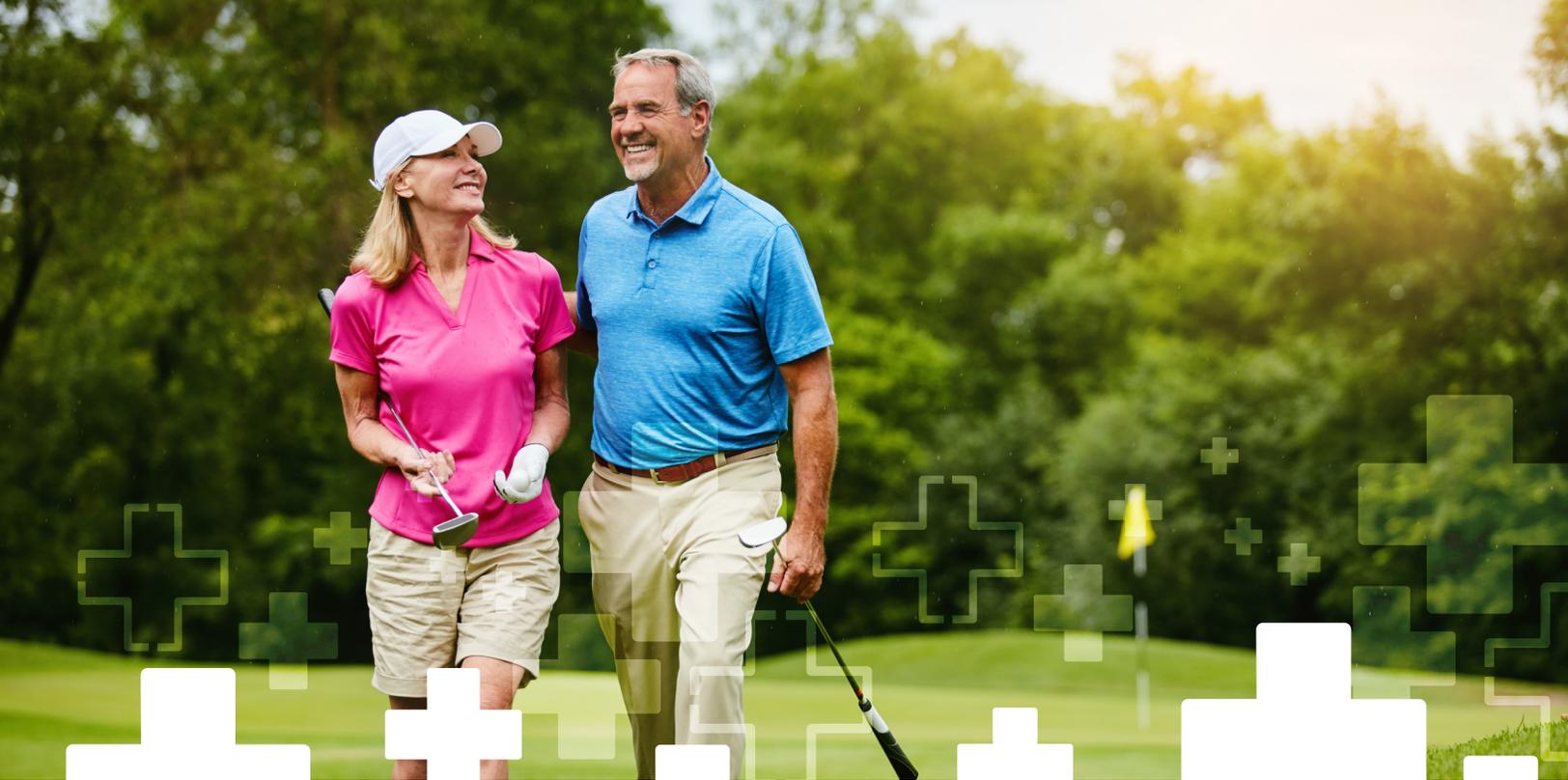


DO NOT twist or pivot on surgical leg.



DO NOT cross legs or ankles.





FREQUENTLY ASKED QUESTIONS

HOW LONG WILL I BE IN THE HOSPITAL AFTER MY SURGERY?

Every patient is different, but on average, usually 1-3 days.

HOW LONG WILL IT BE BEFORE I CAN RETURN TO MY NORMAL ACTIVITIES?

This depends on several factors including, but not limited to, your medical history, age, and compliance with the rehab process. On average, it could take 2 to 3 months before you resume normal activities.

WILL I NEED SPECIAL EQUIPMENT AT HOME?

The therapy team and our discharge planner will work with you and your family to locate any adaptive equipment that is needed after your discharge from the hospital. The most common equipment required is a raised toilet seat, walker, and a reacher.

WHEN CAN I DRIVE?

Every patient is different; it is recommended that you discuss this with your surgeon.

ADDITIONAL THINGS TO REMEMBER

If going to the dentist or having a medical procedure performed:

When undergoing dental procedures, other than routine examination or cleaning, it is recommended you have an antibiotic prior to the dental procedure. Be sure to tell your dentist about your joint procedure so they can proceed per their protocol. Antibiotics are required for any type of dental extractions, root canals, or anything where there is a break in the surface of the skin.

*** Antibiotics should also be taken for colonoscopies and any other major or minor procedures.**



DISCHARGE PLANNING

Our discharge planners are here to coordinate and assist you and your family regarding any questions that may arise. They will work closely with you to ensure a safe and smooth discharge plan.

Following a successful total hip replacement, our goal is for you to be discharged from the hospital to your home in 1-3 days after your surgery. Prior to surgery date, it is very important to make arrangements for someone to be able to stay with you to help you with tasks such as meal prep and bathing. This may be your “coach” that we discussed earlier. It is important to plan for this person to be with you until you feel safe and comfortable to complete daily tasks safely.

DISCHARGING DIRECTLY TO HOME

Arrangements must be made for someone to drive you home upon discharge. You will need to contact an outpatient physical therapist to set up therapy appointments. You may start out seeing your therapist 2 times a week. It will be important to have someone available to take you to these appointments.

DISCHARGING TO A FACILITY

The decision to go to a facility, such as a skilled nursing home, is made by you, your surgeon, and your insurance provider. If it is determined that going to a facility is the best option for you, pending insurance approval, you will be discharged to a skilled nursing home for continued rehabilitation and nursing care. Our discharge planners will work closely with you to determine the best option, depending on where you live.

TOTAL HIP POSTOPERATIVE EXERCISES

These exercises are what you will be completing to help in your recovery. Your physical therapist will provide instruction and answer any questions. The recordkeeper and pictures will assist in your accountability to complete the exercises as instructed.

Week One

Date:

LONG ARC QUAD

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Place _____ pound weight on surgical ankle and straighten knee fully. Pause and lower slowly.

TRACK YOUR PROGRESS

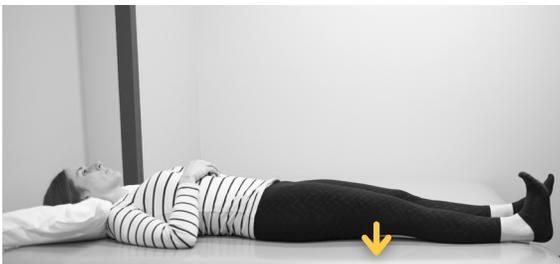
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

QUAD SETS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with affected leg straight. Press the back of your affected knee downward by tightening the thigh muscle. Hold 5 seconds.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week One Exercises Continued

SHORT ARC QUAD

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with roll under your affected leg. Raise heel off of bed until knee is straight. Pause and slowly lower.

TRACK YOUR PROGRESS

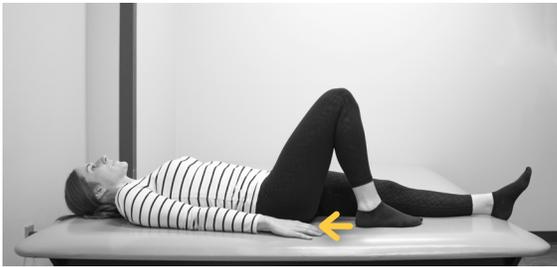
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

HEEL SLIDES

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie flat on back, slide surgical heel toward buttocks and bend the knee. Hold 3-5 seconds and slowly slide leg back to starting position.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

ANKLE PUMPS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Move your toes toward you and then push them away.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week One Exercises Continued

GLUTEAL SETS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Squeeze your buttocks together and hold for 5 seconds. Do not move any other part of your body.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

HAMSTRING SET

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with leg bent slightly at the knee. Push heel into bed by tightening the muscles of your hamstring.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

HIP ABDUCTION/ADDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bring surgical leg out to side and return. Keep knee straight.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Two

Date:

LONG ARC QUAD

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Place _____ pound weight on surgical ankle and straighten knee fully. Pause and lower slowly.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

QUAD SETS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with affected leg straight. Press the back of your affected knee downward by tightening the thigh muscle. Hold 5 seconds.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

ANKLE PUMPS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Move your toes toward you and then push them away.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Two Exercises Continued

SHORT ARC QUAD

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with roll under your affected leg. Raise heel off of bed until knee is straight. Pause and slowly lower.

TRACK YOUR PROGRESS

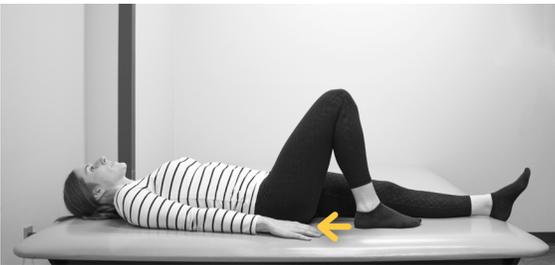
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

HEEL SLIDES

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie flat on back, slide surgical heel toward buttocks and bend the knee. Hold 3-5 seconds and slowly slide leg back to starting position.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

GLUTEAL SETS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Squeeze your buttocks together and hold for 5 seconds. Do not move any other part of your body.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Two Exercises Continued

HAMSTRING SET

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lie on your back with leg bent slightly at the knee. Push heel into bed by tightening the muscles of your hamstring

TRACK YOUR PROGRESS

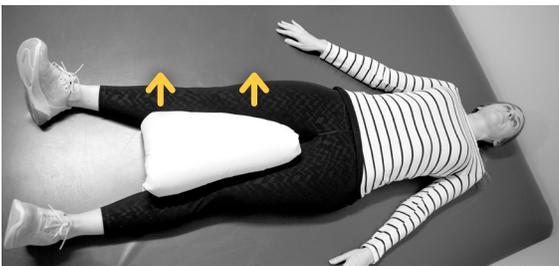
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY6	DAY 7
AM							
PM							

Exercise Feedback:

HIP ABDUCTION/ADDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bring surgical leg out to side and return. Keep knee straight.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY6	DAY 7
AM							
PM							

Exercise Feedback:

HAMSTRING CURL

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Place a _____ pound weight around the surgical ankle. Hold a chair for balance and slowly bend the knee up. Pause and return slowly.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY6	DAY 7
AM							
PM							

Exercise Feedback:

Week Two Exercises Continued

STANDING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Keep legs shoulder-width apart and toes pointed forward. Kick leg out to the side, keeping the knee straight. Do not lean. Repeat using the other leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STANDING HIP EXTENSION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Keep legs shoulder-width apart and toes pointed forward. Slowly extend one leg back, keeping knee straight. Do not lean forward. Repeat using the other leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Two Exercises Continued

MINI SQUAT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Bend at the knees and waist as you slowly lower yourself 1/4 to 1/2 way down like you're sitting down in a chair.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STRAIGHT LEG RAISE

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bend the knee of your non-affected leg. Tighten the thigh muscle of your affected leg. Point your toes up to the ceiling and lift your affected leg straight up. Slowly lower your leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE-LYING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lay on non-affected side. Tighten muscles on front of affected thigh, then lift leg upward from the surface, keeping knee locked and leg in line with trunk.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Three Exercises Continued

STANDING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Keep legs shoulder-width apart and toes pointed forward. Kick leg out to the side, keeping the knee straight. Do not lean. Repeat using the other leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STANDING HIP EXTENSION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Keep legs shoulder-width apart and toes pointed forward. Slowly extend one leg back, keeping knee straight. Do not lean forward. Repeat using the other leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Three Exercises Continued

MINI SQUAT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Hold a chair for balance. Bend at the knees and waist as you slowly lower yourself 1/4 to 1/2 way down like you're sitting down in a chair.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

HAMSTRING CURL

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Place a _____ pound weight around the surgical ankle. Hold a chair for balance and slowly bend the knee up. Pause and return slowly.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Three Exercises Continued

SINGLE LEG STANCE WITH SUPPORT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30
sec. sec. sec. sec. sec.



Hold a chair or countertop for support. Stand on one leg with good upright posture and hold.

TRACK YOUR PROGRESS

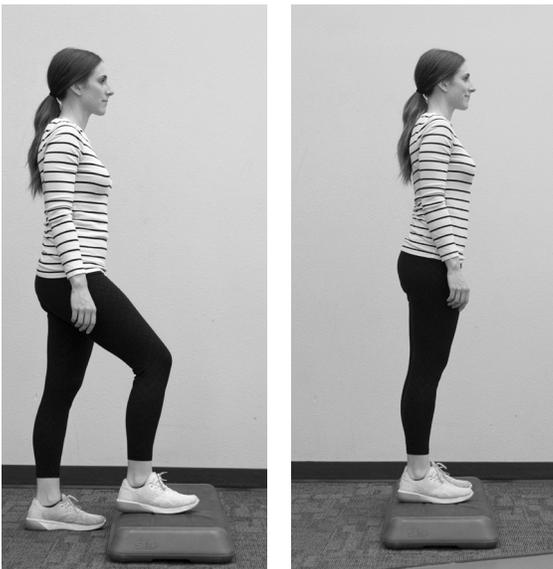
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STEP-UP (2-4")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with affected foot, then the other.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Three Exercises Continued

SIT TO STANDS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Sit on the edge of an elevated chair, feet flat on the floor.



Stand upright, extending knees fully. You may use chair arms as needed.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIT TO STANDS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:



Sit on the edge of an elevated chair, feet flat on the floor.



Stand upright, extending knees fully. You may use chair arms as needed.

Week Four Exercises Continued

STRAIGHT LEG RAISE

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bend the knee of your non-affected leg. Tighten the thigh muscle of your affected leg. Point your toes up to the ceiling and lift your affected leg straight up. Slowly lower your leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE-LYING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lay on non-affected side. Tighten muscles on front of affected thigh, then lift leg upward from the surface, keeping knee locked and leg in line with trunk.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Four Exercises Continued

SINGLE LEG STANCE WITHOUT SUPPORT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30
sec. sec. sec. sec. sec.



Stand on one leg in neutral spine holding support. Perform 2-3 reps.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STEP-UP (4-6")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with affected foot, then the other.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIT TO STANDS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Sit on the edge of an elevated chair, feet flat on the floor.



Stand upright, extending knees fully. You may use chair arms as needed.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Five Exercises Continued

STRAIGHT LEG RAISE

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bend the knee of your non-affected leg. Tighten the thigh muscle of your affected leg. Point your toes up to the ceiling and lift your affected leg straight up. Slowly lower your leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE-LYING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lay on non-affected side. Tighten muscles on front of affected thigh, then lift leg upward from the surface, keeping knee locked and leg in line with trunk.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Five Exercises Continued

SINGLE LEG STANCE WITHOUT SUPPORT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30
sec. sec. sec. sec. sec.



Stand on one leg in neutral spine holding support. Perform 2-3 reps.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STEP-UP (6-8")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with affected foot, then the other.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Five Exercises Continued

STEP DOWN (4-6")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step down with non-surgical leg.

TRACK YOUR PROGRESS

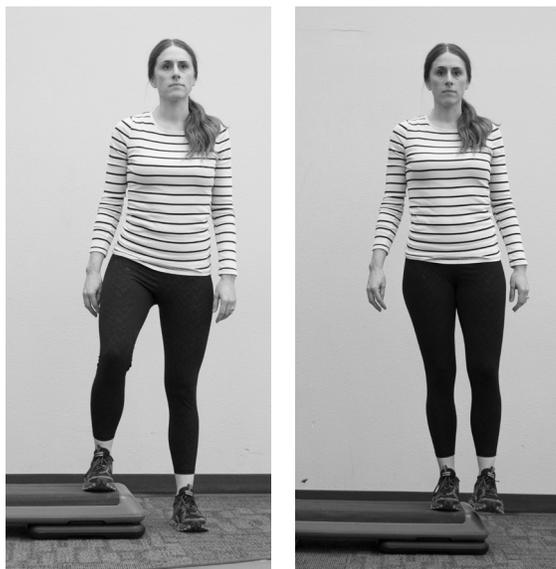
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE STEP (4-6")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with surgical leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIT TO STANDS

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Sit on the edge of an elevated chair, feet flat on the floor.



Stand upright, extending knees fully. You may use chair arms as needed.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Six Exercises Continued

STRAIGHT LEG RAISE

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Bend the knee of your non-affected leg. Tighten the thigh muscle of your affected leg. Point your toes up to the ceiling and lift your affected leg straight up. Slowly lower your leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE-LYING HIP ABDUCTION

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Lay on non-affected side. Tighten muscles on front of affected thigh, then lift leg upward from the surface, keeping knee locked and leg in line with trunk.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Six Exercises Continued

SINGLE LEG STANCE WITHOUT SUPPORT

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30
sec. sec. sec. sec. sec.



Stand on one leg in neutral spine holding support. Perform 2-3 reps.

TRACK YOUR PROGRESS

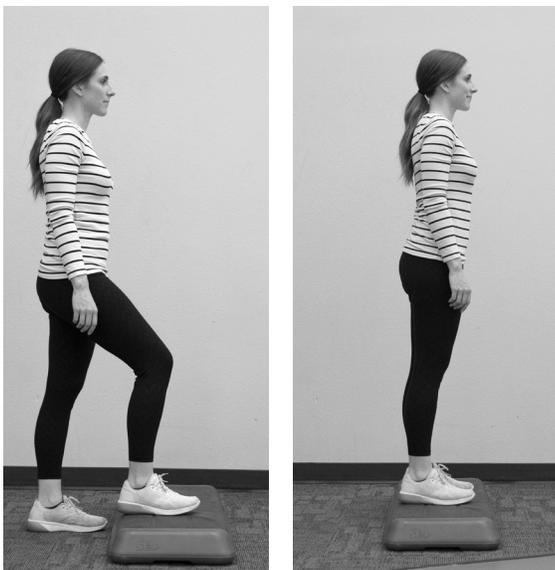
Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

STEP-UP (6-8")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with affected foot, then the other.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

Week Six Exercises Continued

STEP DOWN (6-8")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step down with non-surgical leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:

SIDE STEP (6-8")

PERFORM (PT circle one): 10 | 15 | 20 | 25 | 30



Step up with surgical leg.

TRACK YOUR PROGRESS

Record reps completed each a.m. and p.m.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
AM							
PM							

Exercise Feedback:



McKenzie Health

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