Hip Joint Replacement Surgery

Hip Dislocation Precautions

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Do I have any precautions?

Until recently, total hip dislocation precautions were routinely given to ALL total hip replacement patients FOR LIFE. These precautions describe movements and positions that are to be avoided, after hip replacement surgery, to prevent the risk of hip dislocation. Once dislocated, a replacement hip has a much higher chance of a recurrent dislocation which yields a less stable hip and more problems resuming normal functional activities.

Currently, however, most of Dr. David Scott’s surgical hip replacements are accomplished using larger diameter, metal-on-metal parts that have been shown to dramatically reduce the potential for hip dislocation.

In most cases, you will not be required to follow hip dislocation precautions after surgery. Exceptions are made for the following patient cases:

1) patients who have smaller diameter replacement parts or...

2) following hip revision surgery (revision of a pre-existing hip replacement). These patients may require hip dislocation precautions for the first three months after surgery.

You will be educated, before leaving the hospital, if you are required to follow hip dislocation precautions based on the size of your hip implant. If you are unsure, please discuss this with your physical therapist or Dr. David Scott before leaving the hospital. If you have any questions regarding dislocation precautions, you can call the Orthopaedic Specialty Clinic office and speak to Dr. Scott’s medical assistant, Laurie.

Even without hip dislocation precautions, ALL hip replacement patients should be mindful of the following movements as these positions place your prosthetic hip in its weakest position where the risk for dislocation is highest.
Hip Dislocation Positions
Allowing your hip replacement leg to cross the center-line of your body, flexing forward at the waist to reach your shoe or sock (figure 1), and turning the whole leg inward so that the heel is outside the level of the knee (figure 2) places stress across your surgical incision and could lead to a dislocation. After hip replacement surgery, the greatest risk for hip dislocation exists during tying shoes and when attempting to apply or remove socks, especially when attempting to perform these activities in standing. Those who routinely use lotion after showering or bathing should also be aware of these dislocation positions.

For most, figure 1 should be avoided, when attempting to reach your foot for donning shoes or socks, regardless of the type of hip implant you have received. Most hip patients attempt to place their shoes and socks on in the position demonstrated in Figure 1. Those patients who frequently apply lotions or creams to the leg tend to violate their hip precautions by assuming this position, as well.

In this position, the operative hip (right hip) is adducted (crossed) past the center line, the body is bent too far forward at the hip (flexion past 90°), and the operative hip is internally rotated (thigh turning inwards).

Remember, these combined movements of the hip (hip flexion past 90°, hip internal rotation, and hip adduction) are identical to the procedure used by your surgeon, Dr. David Scott, to dislocate your hip prior to surgical reconstruction.

Figure 2 is also not a recommended position for your operative hip due to the stress this position places on your incision and healing tissues.
How should I put my shoes on?
The hip position (Figure 3) is recommended as a safe stretch for your hip replacement and allows you to safely apply/remove shoes and socks without risk of injury to your new hip or your incision. This is a safe position regardless of the type of hip replacement surgery you have had. You should begin stretching the hip in this position, once your incision is healed (7-10 days). In this position, the hip is in a stable, congruent position and is the recommended position for applying shoes and socks.

If you are unable to place the heel of your hip replacement leg on your opposite knee, try sliding forward in your chair to allow the opposite knee to drop lower than the level of the chair. Straightening the knee of the non-operative leg will also lower the opposite extremity making it easier for you to don/doff shoes and socks. If you’ve had arthritis for years, or long-standing hip pain, you may lack the necessary flexibility in order to reach this position.

By placing a hand on the knee of your hip replacement leg, you can safely apply downward pressure to the knee in an attempt to stretch your tight hip joint and improve your flexibility (Figure 4).

Remember, this is a safe position for your hip replacement and is recommended after hip replacement surgery.