INSTRUCTIONS TO PREVENT DISLOCATIONS
(The artificial ball coming out of the socket)

Dislocation is a rare event after a total hip replacement. It means that your prosthetic ball came completely out of the socket. In most cases, gentle traction of your leg with mild sedation allows relocation of the prosthesis. Surgery is seldom necessary to reduce a dislocated hip.

Though the risk of dislocation is low after the third postoperative month, dislocation can occur late, years or decades after your operation. The dislocation can be produced by multiple factors, including trauma due to a fall or accident, failure to avoid the positions that can dislocate your hip, poor muscle tension across your hip, among others. Some patients may experience a partial, painful dislocation (subluxation) if they do not comply with the hip precautions.

Once your hip dislocated, there is damage of the soft tissue envelope around your hip and the likelihood of having a new dislocation is higher than if you would have never dislocated your hip. Therefore, prevention is paramount.

In order to prevent a dislocation, please follow the following instructions:

1. Sit in high armchairs and use a high toilet seat (approx. 24 inches high).

2. Raise your bed to about 24 inches by placing an extra mattress or blocks under its feet.

3. Do not bend the hip more than 90 degrees.

4. Do not cross your knees.

5. When in bed, keep a pillow between your knees.

6. To reach your foot, bring your knee outwards and the foot inwards, so that you see the inner part of your thigh, knee and leg. If you cannot reach your foot easily, do not force it (See over).

7. If you have to pick up objects from the floor, lean on a piece of furniture and do it as shown (See over).

8. Do the exercises shown in the back of this sheet to strengthen the muscles of your hip. Start doing them standing, slowly, gently, a few minutes in the morning and in the evening. The exercises should not hurt. Increase the number of repetitions as tolerated. Once they become easy, you can also do them lying down in bed (as shown), which demands a greater effort.

** SEE OVER FOR EXERCISES AND ILLUSTRATIONS **
EXERCISE 1

EXERCISE 2

EXERCISE 3

EXERCISE 4

Do not bend more than 90 degrees.

FIGURE 5

You should never turn your knee inwards so that you see the outer part of your leg. You should never bring your knee up or bend over to reach your foot.

FIGURE 6

Operated leg

PROPER WAY TO REACH YOUR FOOT TO PUT ON SOCKS AND TIE SHOE LACES.