



# Consultant Orthopaedic & Sports Surgeon

## Returning to work

When you return to work depends mainly on what type of duties you perform. Most patients do not return to work until at least 6-8 weeks after their hip has been replaced. However, some patients return to work earlier if their job is sedentary in nature, for example, computer work. If you have made arrangements with your employer to return to work within the first 6-8 weeks after your surgery, you will need to bring your assistive devices with you, specifically the raised toilet seat, carry cushion, and reacher to ensure you maintain your hip precautions. You may need to speak to your employer about modifying your work area and duties to keep your hip safe. Talk to any member of your care team if you have any specific questions regarding returning to work post total hip replacement.

## Community activities

### Driving a Vehicle

It is recommended that you refrain from driving until hip precautions are discontinued by your surgeon. Driving may be resumed after 6 weeks unless advised otherwise by your surgeon. Check with your insurance company about any concerns you may have regarding coverage when you resume driving.

### Passenger in a Vehicle

You will be able to sit in the front passenger seat of most vehicles. You will need to take frequent rest breaks if you are travelling for long distances.

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## Getting Into the Car or Van

It is easier to get into a car if you and the car are on the same level (do not stand on a curb or be too close to the curb). Have the driver slide the passenger seat as far back as possible and recline the seat back. Use a folded towel or clothing to fill in the back depression on the seat so the seat is level front to back. Have the driver place a carry cushion of appropriate height in the passenger's seat. A carry cushion may not be needed in a van.

You need to back up to the car seat using your walking device until you feel the car against the back of your legs. Then extend your operated leg directly out in front of you. Sit down slowly holding on to two stable surfaces. These may be the dashboard and the frame of the car (avoid holding onto the car door). Slide back onto the seat so that the backs of both legs are fully supported on the car seat. Slide your legs in, one at a time, remembering your proper hip positioning. You may have to lean back towards the driver's seat. Avoid twisting at the waist or bringing your operated leg too close to your other leg. Ensure your knee is lower than your hip on your operated leg.

Once you are facing forward the car seat may be raised; however, leave the seat back reclined slightly to prevent too much hip flexion when the driver brakes to stop.

This process is an exact reverse of getting into the car or van. Recline the seat back fully. Shift towards the driver's side of the vehicle until you can slide your legs out one at a time, leaning back as before, until your feet are on the ground. Slide to the edge of the car seat, extend your operated leg out in front of you and push up off the car seat using your arms and good leg. DO NOT bend forward at the hip.

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**Outdoors** When walking outside in the winter, consider buying an "ice pick". This is a cleat that flips down and grips securely in snow and ice. It is attached to the end of your cane and helps you to walk more safely. Speak to your physiotherapist if you would like to see or buy one. Make sure that someone keeps all outdoor walkways and stairs clear of ice or snow and that they are well lit.

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