Practicing Safely with Bilateral Hip Replacements

A Question to Yoga Journal Online

Q. I have bilateral hip replacements. I have one hip that has dislocated five times. Which poses can I do safely?

By Roger Cole
—Maris Edwards, Coconut Creek, Florida

Roger Cole’s reply:

The postures that are best and worst after hip replacement depend on the surgical approach your doctor took when implanting the hips, and your own level of flexibility and/or strength in the hip region.

Here are some guiding principles for practicing yoga if you’ve had hip replacements:

1. Ask your doctor which actions are beneficial and which ones to avoid in your personal case. His or her recommendations may differ from my general advice.
2. If you have experienced multiple dislocations, you may have tried to do too much too soon. If the problem persists, corrective surgery may be called for.
3. Partial hip replacements are much less prone to dislocation than total replacements. The same general precautions apply, but you should be able to safely do more movements.

4. If the surgical approach your doctor took to implant your hips was posterior (from the rear), then the actions most likely to cause dislocation are adduction (e.g., crossing your legs at the knees), flexion (bending forward at the hips) and internal rotation (turning the thighs in). Combinations of these actions are worse than any single one alone. Therefore, postures like the following may cause particular trouble: Uttanasana (Standing Forward Bend)—flexion and internal rotation; Garudasana (Eagle pose)—adduction and flexion; Gomukhasana (Cow Face Pose)—adduction and flexion; and Balasana (Child's Pose)—flexion and internal rotation. On the other hand, most backbending postures should be OK since they mainly involve extension, with some involuntary abduction (spreading the legs) and external rotation. Spread-leg poses like Utthita Trikonasana (Triangle Pose) and Virabhadasana II (Warrior II Pose) probably won't give you trouble since they also demand mostly abduction and external rotation; however, neither should be taken to its extreme range. A conservative yoga program after hip replacement by a posterior surgical approach would include no crossing of the legs for at least three to six months and no flexion past 90 degrees for one year after the operation. After these time limits are passed, the
hip is still vulnerable to dislocation in these directions, even if to a lesser degree, so proceed with caution.

5. **If the surgical approach your doctor took to implant your hip(s) was**

anterolateral (from the front/side, often simply called "anterior"), then the actions most likely to cause dislocation are abduction, hyperextension (backbending at the hips) and external rotation (turning the thighs out). Therefore, postures like the following may cause particular trouble: Utthita Trikonasana (Triangle Pose)—abduction and external rotation; Virabhadrasana II (Warrior II Pose)—abduction and external rotation; Virabhadrasana I (Warrior I Pose)—extension of one hip; most backbends (extension of one or both hips); Baddha Konasana (Bound Angle Pose)—external rotation and abduction; and any variation of Padmasana (Lotus Pose)—extreme external rotation. On the other hand, the poses listed previously as worst for those whose surgery was posterior may be OK for those who have had anterior surgery. A conservative yoga program after hip replacement by an anterior surgical approach would avoid the following actions for one year after surgery: hyperextension of the hip (i.e., no Warrior I Pose or backbends), sitting postures that strongly turn the thigh bone out (no crossing the ankle to the opposite thigh, no Baddha Konasana or Padmasana), and no wide abduction (no Warrior II Pose). After these time limits have passed, the hip is still vulnerable to dislocation in these directions, but less so, so introduce these actions with caution.

6. **Regardless of the type of surgery, work to establish functional range of motion, but avoid extreme hip actions in any direction.** For example, it may be reasonable to aspire to flex your hips enough to tie your shoes, but not to put your foot behind your head! Functional range of motion helps you enjoy normal activities of daily living. Extreme actions can cause dislocation, or make the shaft or head of the artificial femur impinge on the rim of the hip socket, damaging the joint. Many yoga poses place the hip in extreme positions, but you can usually modify them by doing them only part way. For example, in Warrior postures, keep the feet closer together than usual, and don't bend the knee all the way.

To reduce risk of dislocation, it is crucial to stabilize the hip joint by strengthening the muscles that cross it. Almost all standing postures are good for this, but they should be practiced only part way to avoid extreme actions and overstretch, and to limit specific movements that make dislocation more likely. Postures that strengthen muscles in the hamstring, buttock and side hip regions may be especially helpful after posterior surgery, because these muscles resist adduction and flexion. Many backbends strengthen the hamstrings and buttocks (for example, Setu Bandha Sarvangasana (Bridge Pose). Vrksasana (Tree Pose) and other one-leg standing poses strengthen the side hip. Postures that strengthen the hip flexors, adductors, and medial rotators may be helpful after anterior surgery. One such posture is Navasana (Boat Pose), customized by squeezing a block between the thighs and trying hard to turn the heels out.