

Dance, health and wellbeing



Debbie Lee-Anthony, improvisation with sticks. Photos: Brian Percey

Dancing with difference... reflections after total hip replacement

By **Debbie Lee-Anthony**, Senior Lecturer in Choreography & Dance, University of Winchester

Going into hospital for a minor hip surgery procedure and returning home with a total hip replacement came as quite a shock. It was explained to me that significant levels of arthritis present in the joint had made the full replacement necessary (an earlier MRI scan had shown some indication of this).

Seven months on, my recovery has been extremely slow and I cannot say it has been the easiest of times. Experiencing severe swelling for several weeks, which prevented starting physiotherapy, a blood clot, infection to the wound and a differing leg length, it is with some misgivings that I consider my future potential as a dancer, teacher and performer. On further research following my surgery it appears that it is common post-hip replacement to experience a discrepancy between the length of one leg and

the other. In some cases there is 'actual' leg length difference and others 'apparent' leg differential. Actual is when the measurement from one bony point to another shows a discrepancy. Apparent is when the measurement between the bony points are the same but the patient still feels a discrepancy because the pelvis is tilted. This is because the patient has been accommodating body balance to cope with the pain. Apparent leg length discrepancy can be resolved with careful therapy and exercises. For some weeks following surgery it is very usual for patients to 'feel that their leg feels too long' – and this has certainly been my experience. My understanding is that this is very normal, until the body has adjusted from the pre-operative adaptation to the arthritic joint.

When standing for a length of time there is a very

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Above left to right: Debbie Lee-Anthony, *On Middle Ground* (2010), solo work. Photo: Elizabeth McAuley performance-art-photographs.co.uk

Left: Debbie Lee-Anthony, improvisation with sticks. Photo: Brian Percey

noticeable 'ache' with my unoperated leg (the shorter one) which brings about much discomfort. To address this and acting on advice from my physiotherapist, I have been wearing a shoe raiser to help keep the pelvis level. I do wonder though how helpful this actually is, when spending several hours per day teaching barefooted (and not wearing shoes when at home) that in terms of alignment perhaps this brings about 'mixed messages' to the body. To the best of my knowledge there has been no research undertaken with evidence suggesting any detrimental effects of wearing a shoe raiser for only part of the day. I wonder if other dance artists have any similar experiences or thoughts on this.

During my recovery I have been introduced to hydrotherapy, through advice from a book which has proved invaluable in terms of muscle rebuilding. To any dancer experiencing pain in the hips, the book *Heal Your Hips: How to Prevent Hip Surgery – and What To Do If You Need It* (1) is absolutely essential reading. The water protects, strengthens and supports the joints in a way that otherwise cannot be achieved. Every exercise undertaken in water enables you to work both halves of each muscle pair. For example, for every push forward against the water's resistance you must pull backward to the starting position and for every swing

upward, you swing downward. Through the buoyancy of the water the hips can move forward, backward and in complete circles much more easily than on land. The increased range of motion is not forced and complete symmetry is built in. Both muscles of each antagonistic pair are worked equally, e.g. quadriceps and hamstrings, abductors and adductors; when one contracts, the opposing one relaxes. After taking up a water therapy programme I have noticed considerable benefits; as a bonus, the abdominals and back muscles are constantly being used and the changing buoyancy in water encourages improved balance. It is my hope that in time, with continued hydrotherapy, plus physiotherapy working with therabands and a good deal of stretching, my differing leg length might become less pronounced.

All this leads me to consider what impact dancing with different length legs might have upon my work as a performer, teacher and choreographer. Of course I have been aware that with a new hip, things would take time to settle as the body adjusts and, for some, it can take up to two years for a full recovery. Still experiencing swelling and tenderness, my current physical condition has clearly indicated the need to develop alternative strategies for teaching and demonstrating. Being a teacher who has



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Accepting my current physical limitations has not come easy! Having just completed five weeks of my return to teaching, it is proving most challenging. Movements that I once took for granted are difficult to demonstrate due to not being able to fully transfer the weight onto my operated leg. Demonstrating floor work is not possible – my wound still very tender, bringing about considerable discomfort when in contact with the floor. Restriction in turn-out and plié inevitably brings about frustration, impeding successional flow and dynamic range. However, increased use of vocal instruction (as opposed to moving freely and fully) with further examples of imagery are proving most essential. Interestingly recently I have been participating in a beginners adult contemporary class, to help with my recovery program and re-building confidence in my own abilities. Building towards a short performance work, I am relishing the simplicity of the class material and invitation for each person to participate at their own level, which is proving extremely helpful for my rehabilitation.

Reflecting on this whole experience, it has been an

extremely challenging time and at times quite daunting. However, day by day I see tiny improvements and am hopeful that my muscle tone will return, the swelling reduce and movement range increase over time. Patience and diligence are two words that spring to mind! The hydrotherapy and more recent regular swimming – in particular gentle breast stroke to encourage the turn-out muscles, has been extremely beneficial to my recovery and I would highly recommend both to others if contemplating a hip replacement. Also, I have been very fortunate in seeing an excellent physiotherapist who specialises in post operative hip surgery, which has been crucial for my rehabilitation.

I would be very grateful to hear from other dance artists who have undergone hip surgery, that we might encourage each other during this difficult transition of a dancer's career.

contact deb.la@ntlworld.com / **visit** www.debbieleeanthony.com

Reference

(1) Heal your Hips, how to prevent hip surgery – and What to Do If You Need It (Robert Klapper M.D. and Lynda Huey) 1999 John Wiley & Sons