A hip abduction pillow designed to be placed between the legs of an individual to provide comfort, stability and support particularly following a hip and/or lower joint replacement. In addition, the hip abduction pillow comprises three layers with a middle layer of added flexibility to be oriented between the knees of the individual to allow the individual's knees to bend and/or flex whether in the supine, prone or side position for additional comfort replacement.
FIG. 1
HIP ABDUCTION PILLOW

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] Not applicable.

STATEMENT REGARDING FEDERALLY SPONSORED RESEARCH OR DEVELOPMENT

[0002] Not applicable.

REFERENCE TO A SEQUENCE LISTING

[0003] Not applicable.

FIELD OF INVENTION

[0004] The present invention relates generally to orthopedic support pillows. More specifically, the invention relates to a hip abduction pillow to assist in the recovery of an individual following hip replacement and/or surgery.

BACKGROUND OF INVENTION

[0005] Over the years, joint replacement has become more and more prevalent in the United States and around the world. In fact, one of the leading causes for joint replacement is arthritis. According to the Centers for Disease Control (CDC), arthritis is the leading cause of disability leading to a decreased quality of life and high health care costs worldwide. Arthritis affects approximately 46 million adults in the United States alone and this figure is expected to rise to an estimated 67 million adults in the United States by the year 2030. This is especially true as the average life expectancy worldwide continues to increase. As hip and knee arthritis progresses, total joint replacements are often the end result so as to alleviate the pain, improve functionality and to provide a better quality of life. In fact, recent orthopedic statistics have shown that there are in excess of 165,000 hip replacements and 365,000 knee replacements in the United States every year.

[0006] In the case of a hip replacement surgery, an individual must undergo the arduous task of recovery and rehabilitation often lasting several months. More importantly, for approximately six (6) to eight (8) weeks post surgery, an individual will have mobility restrictions so as to allow for adequate healing and to avoid compromising the surgery itself.

[0007] For example, a typical hip replacement is comprised of two components, a socket type insert which is attached to the pelvis and a ball type anchor designed to fit into the socket to complete the artificial joint. This form of artificial hip will often lead to decreased pain and an improved range of motion as compared to the prior arthritic joint. Following a hip replacement surgery, it is important that the muscles surrounding the new joint be strengthened as they are responsible for keeping the new joint in place so as to avoid post surgery complications such as a dislocation of the new joint. Following a hip replacement, individuals must be conscientious so as to limit mobility not only during the course of the day, but during sleeping hours as well. An individual is at a greater risk, particularly if the new joint is stressed with too much mobility, particularly if the operated leg it is allowed to come too close to the midline of the body or if the new hip is flexed or rotated beyond its capabilities. This would include such common actions as crossing one’s legs.

[0008] To prevent a new hip from dislocating, a customary practice is to place a pillow between an individual’s legs so as to keep the legs in an abducted position to assist in limiting mobility while at the same time providing support and comfort. For example, an individual post hip replacement may not be comfortably sleeping in the supine position and may wish to sleep in the side position, preferably on the non-surgical side. A hip abduction pillow will allow an individual to easily move from the supine position to the side position as needed so as to allow weight relief and to allow more comfort in the side sleeping position while at the same time not compromising the post-surgical healing process. In addition, pain which is often incurred during the post-operative recovery stages following a hip replacement can be easily managed as the hip abduction pillow can allow easy access for non-pharmacological treatment methods.

[0009] While there are a variety of orthopedic and therapeutic devices that have been utilized over the years, there has been a long standing necessity for a hip abductor pillow which, in addition to providing comfort and support to a user, will provide for added flexibility as well.

[0010] Relevant attempts to address this problem can be found in several U.S. patents, including but not limited to U.S. Pat. No. 5,289,828, U.S. Pat. No. 5,746,218 and U.S. Pat. No. 6,032,669. While these patents all Reference and disclose essentially orthopedic and therapeutic pillows designed to restrict mobility and/or provide support in some fashion, there are shortcomings, namely comfort, ease of use, size and flexibility.

[0011] The within invention is designed to fit between the legs of an individual so as to space and support an individual’s legs, as well as, to provide flexibility so that an individual may bend his/her knees for comfort purposes, while at the same time maintaining stability so as to not compromise the post operative recovery from hip replacement/surgery and to aid in the healing process.

[0012] For the foregoing reasons there is a need for an easy to use hip abduction pillow.

SUMMARY OF INVENTION

[0013] In light of the foregoing disadvantages of the prior art, the present invention provides a hip abduction pillow that can be effectively utilized following hip replacement surgery. The hip abduction pillow having features of the present invention comprises three layers of a resilient material, more specifically, a top and bottom layer of equally resilient material adhered to a middle layer of a less resilient material wherein the top, middle and bottom layers, when adhered together, form a wedge with the width of the middle layer widening outward to the bottom layer. In the preferred embodiment of the invention, the resilient material comprises a polyurethane foam, although other materials such as memory foams, plastic foams and other natural and man made fibers can be used.

[0014] The top layer of the hip abduction pillow is designed to be positioned in the groin region of an individual with the middle layer positioned between the knees of said individual with the bottom layer being positioned at or near the feet of said individual. In addition, the hip abduction pillow further comprises two concave sides to accommodate the legs of said individual to provide additional stability and support.

[0015] Advantageously, the middle layer of the hip abduction pillow is compromised of a lower density resilient material compared to the top and bottom layers so that when the hip abduction pillow is positioned properly, the middle layer
is oriented between the knees of an individual. The middle layer of the hip abduction pillow having less density than the top and bottom layers provides a flexibility point to allow an individual’s knees to bend and/or flex whether in the supine or side position for additional comfort. The hip abduction pillow is designed to return to its original shape following use.

[0016] The hip abduction pillow further comprises a removable, washable cover for hygiene and comfort purposes.

[0017] It is understood that the invention is not limited in its application as set forth in the following description and drawings. The invention is capable of other embodiments and to be utilized in different ways. The phraseology and terminology employed is for the purposes of a description and should not be interpreted as limited.

DESCRIPTION OF THE DRAWINGS

[0018] These and other features, aspects and advantages of the present invention will become better understood with regard to the following description, appended claims, and accompanying drawings where:

[0019] FIG. 1 is a front perspective view of the preferred embodiment of the hip abduction pillow.

[0020] FIG. 2 is a bottom perspective view of the hip abduction pillow shown in FIG. 1.

[0021] FIG. 3 is a side perspective view of the hip abduction pillow placed between the legs of an individual lying in the supine position.

[0022] FIG. 4 is a side view of the embodiments shown in FIG. 3.

[0023] FIG. 5 is a rear view of the hip abduction pillow placed between the legs of an individual lying in the side position.

DESCRIPTION OF THE PREFERRED EMBODIMENT

[0024] With reference to the drawings, a new improved hip abduction pillow will be described in the following drawings, FIGS. 1-5.

[0025] Referring to FIGS. 1-2 is a preferred embodiment of the invention wherein the hip abduction pillow 10 comprises a top layer 12, a middle layer 14 and a bottom layer 16 which are adhered together to form a wedge. The top layer 12, middle layer 14 and bottom layer 16 are each comprised of a resilient material wherein the top layer 12 and the bottom layer 16 comprise an equally resilient material adhered to a middle layer 14 of a less resilient material. In the preferred embodiment of the invention the resilient material comprises a polyurethane foam with the top layer 12 and the bottom layer 16 comprising a higher density polyurethane foam than the middle layer 14 so as to allow for the middle layer 14 to act as a flex point as will be shown and described in FIGS. 3-5. As shown in FIGS. 1-2, the hip abduction pillow 10 further comprises two concave sides 18 to provide additional stability and support as will be shown and described in FIGS. 3-5. In addition, the preferred embodiment of the invention comprises a removable, washable cover 20 to promote hygiene and added comfort. The removable, washable cover 20 is placed over the hip abduction pillow 10 and secured by a zipper 22 or other securing means such as Velcro® or the like. In other embodiments of the invention, the hip abductor pillow 10 may be used without the removable, washable cover 20. In yet another embodiment of the invention, the top layer 12, middle layer 14 and the bottom layer 16 can be comprised of varying resilient materials such as other memory foams, plastic foams and other natural and man made fibers.

[0026] FIG. 3, shows an individual 30 lying in the supine position with the top layer 12 of the hip abductor pillow 10 positioned between the thighs 32 of said individual, the middle layer 14 of the hip abductor pillow 10 between the knees 34 of said individual 30 and the bottom layer 16 between the ankles 36 of said individual 30 so that the individual’s 30 thighs 32, knees 34 and ankles 36 are accommodated by the two concave sides 18, which provide additional support and comfort. FIG. 3 further illustrates the flexibility of the hip abductor pillow 10 illustrating an individual 30 in the supine position with knees 34 that are in the bent position with the middle layer 14 of the hip abductor pillow 10 being flexible so as to bend in accordance with the individual’s 30 knee 34 angle. FIG. 3 also illustrates the hip abductor pillow 10 with the removable, washable cover 20 and with its zipped bottom 22. The removable, washable cover 20 provides additional comfort and support as well as, additional hygiene properties.

[0027] FIG. 4 further illustrates the flexibility of the hip abduction pillow 10 by depicting an individual 30 lying in the supine position with hip abduction pillow 10 positioned between the thighs 32, bent knees 34 and feet 36 of said individual in accordance with FIG. 3. As shown in FIG. 4, the middle layer 14 bends in accordance with the knee 34 of the individual 30.

[0028] FIG. 5 shows and individual 30 lying in the side position, utilizing the hip abductor pillow 10 in accordance with FIGS. 3-4.

[0029] While the preferred embodiments of the present invention has been described in considerable detail as noted above, it will be well recognized and understood that various modifications may be made with the appended claims intended to cover all such modifications which may fall within the intended scope of the invention. Therefore, the spirit and scope of the appended claims should not be limited to the description of the preferred versions contained herein.

What is claimed is:

1. A hip abduction pillow comprising:
   a top, middle and bottom layer wherein said top, middle and bottom layers are adhered together to form a wedge
   with the width of said top layer widening outward to said bottom layer, wherein said top layer is to be positioned in the groin region of an individual with said middle layer to be positioned between the knees of said individual and said bottom layer to be positioned between the ankles of said individual.

2. The hip abduction pillow of claim 1, further comprising two concave sides extending from said top layer to said bottom layer to accommodate the legs of said individual so as to provide additional support to said individual lying in the supine, prone or side position.

3. The hip abduction pillow of claim 1, wherein said top, middle and bottom layers comprise a resilient material, with said top and bottom layers comprising of a highly resilient material and said middle layer comprising of a lesser resilient material than said top and bottom layers, so that when said middle layer of the hip abduction pillow is oriented between the knees of said individual, it will provide flexibility to allow the knees of said individual to bend when said individual is in either the supine, prone or side position.

4. The hip abduction pillow of claim 3 wherein the resilient material comprises a polyurethane foam.

5. (canceled)