

Welcome

Thank you for choosing Independence Health System for your total joint replacement surgery. Our comprehensive clinical program will help you prior to joint replacement surgery; support and encourage you during your hospital stay; and help you plan and facilitate discharge needs, including equipment and aftercare.

We believe in a comprehensive team approach to care. You and your coach are the focal point of an extended team that includes several healthcare providers: your physicians, nurse navigators, case managers, nurses, registered dietitians, nursing assistants/ technical partners, and physical and occupational therapists who specialize in total joint care. This guidebook details many aspects of your care from pre-operative teaching to post-operative care.

The overall goal of our comprehensive clinical program is to ensure that we provide you with excellent care in order to allow you to achieve optimal, functional outcomes.

The Purpose of Your Guidebook

- To assist you in identifying your healthcare team and explaining their roles.
- To establish expectations for your care.
- To serve as a guide to exercises and the management of your surgical incision.
- To assist you in managing your pain.
- To help you prepare your home environment for a safe return.
- To ease your transition from the hospital.
- To promote good nutrition for the healing process.

Remember, this is just a guide. Please keep it handy and reference it often. It is subject to change by your physician, nurse or therapist at any time.

How To Use Your Guidebook

Total knee/hip replacement patients recover quickly, but it requires a lot of effort on your part. Patients will be encouraged to get out of bed and walk the day of surgery and progress as quickly as their comfort allows.

Generally, patients are able to return to activity within weeks. This guidebook, in conjunction with direction from your physician and other healthcare team members, will lead you through this process. Please try to read this booklet and bring it with you to all of your appointments and hospitalizations. Contact your nurse navigator with any questions or concerns.

Best wishes for a speedy recovery!

Joint Replacement Center Team



Who's Who On Your Team

As the patient | You are the focus of the team's efforts, and your needs and expectations are central to establishing your course of care. An engaged patient is more likely to have the best outcomes and function.

Coach and family | Please select a friend or family member to assist with your recovery. He/She will motivate and encourage you along the way; and is integral to your success and good outcome.

Surgeon | Leads the medical team in a comprehensive approach to care prior to, during and after surgery.

Physician Assistant | Assists surgeons with some aspects of your care, under the supervision of your surgeon.

Nurse Navigators | Manages a smooth transition for your journey from preadmission to post discharge and is available for questions throughout the entire process. Will obtain medical and surgical histories and verify your medications. Will also provide you with your pre-operations instructions. Please contact the Nurse Navigator with any/all questions related to your care.

Anesthesiologist and Nurse Anesthetist | Administers and monitors the anesthesia for your surgical procedure/nerve blocks

Nurses | Care for you on several levels with a focus on comfort and patient satisfaction throughout your hospital stay. Perform frequent assessments of your overall condition.

- Administer medications and IV therapies.
- Provide incision care based on physician protocol.
- Provide education on your condition, the recovery process and pain management. Facilitate the use of equipment ordered by your surgeon to enhance mobility and prevent post op complications.
- Coordinate with the health care team to provide clear and appropriate instructions for a safe discharge

Physical and Occupational Therapist/Physical and Occupational Therapy Assistant | Assists you in achieving your maximum potential for walking, strengthening and activities of daily living prior to surgery, during your stay and after discharge.

Case Management | Is a professional nurse or social worker who assists with pre- and post-operative needs ranging from insurance questions to post-hospital discharge planning, equipment and services.

Nursing Assistant and Tech/Technical Partner | Assists you with personal care, dressing, bathing, bathroom tasks and walking.

Home Care Services | Provides care in your home while you continue to recuperate through a team of nurses, physical and occupational therapists as ordered by your physician.

What to expect from Your Joint Replacement Experience

Now that the decision has been made to have joint replacement surgery, what should you expect and how can we work together to make this an exceptional experience?

Four Steps To A Healthy Recovery

1

Eat Healthy

A healthy diet can promote recovery and healing following surgery. Refer to page 4 for instructions on a healthy diet

2

Actively Participate in Exercise Plan before and after surgery

Due to the condition of your joint, the ability to exercise may be limited before your surgery, but there are some activities that you can perform that will help to improve your overall condition prior to surgery. We need for you to:

- Complete the provided exercise program prior to your surgery. Refer to page 5 for detailed instruction.
- Attend a prehab session with a physical therapist as ordered by your surgeon.

3

Communicate with your nurse navigator or a member of healthcare team

- Please contact the nurse navigator or a member of the team with any changes in your medical condition, medications, or living situation which have changed since you signed your consent for surgery.
- Learn who your nurse navigator is and feel free to contact with questions and concerns.

4

Identify a health care coach(es)

- This is family member or friend that is able to be assist you in preparing for surgery, attend class or participate in the on-line course, bring you to the hospital for surgery and be available to assist you for at least the first 48 hours after your surgery.

Following surgery, MOST patients go home to recover from surgery. Recovering at home has been shown to expedite healing, reduce pain, improve ambulation, and reduce surgical complications. The goal is to restore function and independence as soon as possible. Most patients are discharged the same day as surgery with Home Care, while others require a short stay in the hospital. Your surgeon and healthcare team will communicate your anticipated discharge plan prior to surgery. If there is any question prior to surgery, please contact your nurse navigator.

1 FIRST STEP | Healthy Eating for Joint Surgery Recovery

A healthy diet can promote recovery and healing following joint surgery. Below is information about nutrition both before and after joint surgery.



Nutritional Recommendations for Joint Surgery

Research shows when patients are well nourished, they heal more quickly and have lower rates of infection after surgery. Eating a well-balanced diet before surgery can result in faster wound healing and a quicker recovery. Surgery increases the body's need for: **Calories | Protein | Vitamins and Minerals**

Nutrients Needed for Healing

FOOD GROUP	SERVINGS PER DAY
Vegetables: Dark green, leafy green, red, and orange vegetables.	Women: 2-2 ½ cups Men: 2 ½-3 cups
Fruit: Choose a variety of colors! Purchase as fresh, frozen, canned, or dried.	Women: 1 ½-2 cups Men: 2 cups
Grains: Half of your daily grain intake should be whole grains (whole wheat pasta, brown rice, cereal, whole wheat breads)	Women: 5-6 ounce equivalents Men: 6-8 ounce equivalents *1 oz equivalent = 1 slice of bread, 1 cup cereal, ½ cup rice/noodles/pasta
Protein: Choose lean meats and plant-protein sources, such as baked/roasted poultry, seafood, eggs, beans, lentils, nuts, seeds, and soy products.	Women: 5 ounce equivalents Men: 5 ½-6 ounce equivalents *1 oz equivalent = 1 oz meat/poultry, fish, 1 egg, 1 Tbsp. nut butter, 1 oz nuts/seeds, 1 cup cooked beans
Dairy: Choose low-fat or fat-free milk/milk products, yogurt, and cheese	3 servings for women and men *1 serving = 8 oz milk or alternative milk drink (soy, almond), 8 oz yogurt, and 1 oz natural cheese

Vitamin A & C | Found in fruits and vegetables

- *Vitamin A* promotes cell growth and strengthens the immune system
- *Vitamin C* boosts the immune system and supports wound healing

Vitamin B | Found in meats, seafood, eggs, dairy, fortified cereals, and vegetables

- *Folate* helps form red blood cells that carry oxygen to tissues in the body

Fiber | Found in fruits, vegetables, and whole grains

- Promotes regular bowel function
- Recommended serving: 20-35 grams/day

Protein | Found in meats, seafood, eggs, beans, nuts, and dairy

- Builds muscles, repairs body tissues, and promotes wound healing
- *Iron* builds red blood cells and prevents anemia
- *Zinc* promotes wound healing

Calcium | Found in dairy foods, dark leafy greens, and tofu

- Builds new bone

Post-Operation Nutrition

Recovery increases the body's need for calories and protein. Eat regular meals and make healthy food choices to avoid excess calories and weight gain. Make small goals for an appropriate weight loss as approved by your physician.

Tips for Weight Loss

- Avoid fatty, fried, greasy foods and limit sweets.
- Do not skip meals.
- Select healthy snacks, such as fruit, low-fat string cheese, and low-fat yogurt.
- Avoid high calorie beverages. Drink plenty of water.

While you are in the hospital

Food and Nutrition Services will provide meals and snacks according to the diet ordered by your doctor. A registered dietitian is available if you have questions. Ask your nurse to contact nutrition, if needed.

Constipation may occur due to medications and decreased physical activity. Consume 20-35 grams per day of fiber daily and drink at least 8 cups of fluid per day (unless directed otherwise by your doctor).

2 SECOND STEP | Exercise Prior to Surgery Prehabilitation

Prehab (AKA Prehabilitation) is a combination of physical therapy and education prior to surgery. According to the Centers for Medicare and Medicaid Services, Prehab has been shown to decrease pain and to improve post-operative outcomes. Focusing on flexibility and strength, being in your BEST PHYSICAL CONDITION PRIOR TO SURGERY is important. Please exercise to the best of your ability.

In addition to these home exercises, a Prehab session with a physical therapist may be ordered by your surgeon. In addition to best preparing you for surgery, this session is intended to provide more detailed one-on-one instruction for you on the prescribed exercise plan and therapy you will need after surgery.

PREHAB HOME EXERCISE PROGRAM:

Once the decision is made to have surgery, BEGIN THE FOLLOWING EXERCISES 2 TO 3 TIMES PER DAY UNTIL THE DATE OF YOUR SURGERY. If you attend a Prehab session, which is highly recommended by your team, your physical therapist may alter these exercises based upon your individual needs.

Tips for Exercise before and after surgery:

- Expect some discomfort with exercise. To minimize pain after surgery, take your pain medication 30-60 minutes prior to exercising
- You may use cold packs to relieve pain and swelling. Apply for no longer than 15-20 mins at a time.
- If you have any excessive pain or if it is not relieved with medication and ice, do not do exercises that aggravate your pain.
- Do not hold your breath during exercise. It may cause a rise in blood pressure. Counting out loud reduces the changes of breath holding.

1

Ankle Pump

- Bend your ankles to move feet downward, then upward.
- Repeat 30 times.



2

Heel Slides

- Lie on your back.
- Slowly slide heel toward your bottom, allowing your knee to bend as much as possible
- Repeat 30 times



3

Quadriceps Set

- Lie on back with leg straight.
- Slowly tighten muscles on front of thigh by pressing knee down into the bed.
- Count out loud to 5.
- Relax.
- Repeat 30 times.



4

Short Arc Quadriceps

- Lie on your back.
- Place a 3 pound coffee can or rolled blanket under your thigh.
- Lift your foot by straightening your knee.
- Do not raise thigh off the roll.
- Hold for a count of 3.
- Slowly lower. Repeat 20-30 times.



5

Sitting Knee Extension

- Sit upright.
- Lift your foot off the floor by straightening your knee.
- Hold leg straight for a count of 2, then lower.
- Repeat 20-30 times.



3 THIRD STEP | Communication with your Healthcare Team

NURSE NAVIGATOR

A nurse navigator was assigned to you when you enrolled for surgery. The Nurse Navigator is responsible for ensuring that you have a smooth journey through this process and that expectations are met and questions answered.

The Nurse Navigator will:

- Coordinate and collaborate with your surgeon, physician's assistant and primary care physician
- Provide patient education
- Enroll you AND your coach in the online Independence Health System Loop educational training platform.
- Review and coordinate your pre-surgical testing and medical clearance
- Complete the required assessment and pre-admission paperwork
- Answer any and all clinical questions related to your total joint replacement.
- Monitor your progress after surgery
- Address concerns with medications prescribed, pain, surgical incision care, or any other health care concern related to the surgery.
- Communicate with home care and post-hospital care providers.

Best ways to communicate with your Nurse Navigator:

Monday – Friday during normal business hours call your surgeon's office and request to speak to the nurse navigator

If at any point you believe you are experiencing an emergency medical condition, please report to the closest Emergency Department at a Hospital.

4 FOURTH STEP | Identify a Health Care Coach(es)

This is family member or friend that is able to assist you in preparing for surgery, attend class or participate in the on-line course, bring you to the hospital for surgery and be available to assist you for at least the first 48 hours after your surgery.

PRIOR TO YOUR SURGERY

Important Pre-Operative Instructions

WITHIN 60 DAYS OF YOUR SURGERY

- Attend prehab appointment, if ordered by your surgeon.
 - Have preop testing done, as directed by surgeon's office.
Schedule appointment with your Primary Care Physician (PCP) for medical clearance.
 - You may schedule specialist (cardiology, pulmonology, oncology, etc.) anytime, **as directed by your surgeon.**
-

7 DAYS PRIOR TO SURGERY YOU SHOULD:

- Stop all over-the-counter pain medications, except for acetaminophen
- Stop all vitamins and herbal supplements unless instructed otherwise
- Stop aspirin unless instructed otherwise

- Stop NSAIDs 3 days prior to surgery.

- Start Hibiclens scrub 5 days prior to surgery, as instructed.

- Start Mupirocin ointment 5 days prior to surgery, **if instructed to do so.**

- The hospital will call you after 3pm the day before your surgery (or on Friday if you have Monday surgery) to tell you the time of your surgery and what time you should arrive at the hospital.

- Do not eat any food (this includes gum, Life Savers or candy) after midnight before your surgery. You may have clear liquids up to 2 hours before hospital time of arrival.

- Eliminate all tobacco products (including vape) and alcohol starting 24 hours before your surgery.

- If you take medications for diabetes, do not take them the morning of surgery.

- Take only those medications you are instructed to take the morning of surgery. You may take them with a small sip of water. Please brush your teeth the morning of surgery, but do not swallow the water when you rinse.

- Bring an updated list of all your medications to the hospital, **including dosages and last time taken.**

- Notify your surgeon's office if you develop a cold, sore throat, cough, fever, any illness (including recent exposure to Covid) or injury to the operative extremity prior to your surgery.

If you have any questions or concerns regarding your upcoming surgery, please contact your Joint Replacement Nurse Navigator.

Marcie Slivka, Nurse Navigator | 724-689-1981

Pam Kaczmarkiewicz, Nurse Navigator | 724-953-8192

ONE DAY PRIOR TO SURGERY

- Receive a phone call from the hospital informing you of the time to report for your surgery.
- The night before and/or the morning of your surgery shower and use your skin cleanser as directed, use clean set of pajamas and clean sheets.
- Remove nail polish and jewelry. Leave personal items at home.
- Do BRING glasses, dentures and hearing aids with you to the Hospital.
- DO NOT EAT ANYTHING AFTER MIDNIGHT. THIS INCLUDES GUM, MINTS AND HARD CANDY.
You may continue to drink **CLEAR LIQUIDS** until 2 hours prior to your time to report to the hospital.
- DO NOT USE ALCOHOL, SMOKE OR USE TOBACCO PRODUCTS, including e-cigarettes, vapes and chewing tobacco
- What to wear:
 - Loose fitting clothing like shorts, pajamas, t-shirts and bath robe) of lose fitting pants for use when attending therapy and to wear home.
 - Properly fitting footwear – flat shoes or slippers with a rubber sole. No backless shoes or slippers. Tennis Shoes are preferred.

Clear liquid items ALLOWED:

- Water
- Clear broth: beef or chicken
- Sports Drink (Gatorade, PowerAde)
- Lemonade or Kool-Aid, Juices without pulp: apple, white grape juice
- Sodas, teas, coffee (no cream)
- Gelatin (without fruit)
- Popsicles (without fruit or cream) or Italian ices
- You may use salt, pepper and sugar

NOT ALLOWED:

- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Cream soups or any soup other than broth

MORNING OF SURGERY

- Shower and use your skin cleaner.
- DO NOT use hairspray, makeup, deodorant, lotion or perfume.
- You are permitted clear liquids (water, juice without pulp, coffee or tea without cream, popsicles, and plain jello) up till **2 HOURS** before your time to report to the hospital. **After that time, you are NOT permitted to eat or drink ANYTHING.**
- Take only those medications instructed by your nurse navigator with sip of water.
- Bring a list of your medications including dose and frequency, as well as last dose taken with you to the hospital.
- If using a CPAP / BIPAP machine, bring the machine and its components with you to the hospital. Leave items in your car when you arrive to the hospital. Your family/friends can retrieve if you are admitted after surgery.
- If you have an Advanced Directive, please print a copy with you to the hospital.

Preparing Your Home Prior to Surgery

Home Care Checklist

- Do your laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single servings.
- Cut the grass and tend to the garden and other yard work.
- Install and use night lights in bathrooms, bedrooms and hallways.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Arrange to have someone collect your mail and newspaper.
- Arrange to have someone care for your pets, if necessary.
- Find a chair where you will spend most of your sitting time when you return home. Look for a firm back, arm rests and seat height of 20 to 22 inches from the floor for ease of transfers. If it is hard to stand, add pillows. Do not sit on chairs with wheels.
- Closely monitor pets that run in your path or jump. Consider boarding them for a few days after your return.
- Determine what items from dressers and shelves you will need immediately upon returning home. If they require excessive bending or reaching, move them to a counter height level.
- Purchase a cordless phone or plan to use a cell phone while at home. The phone can be readily available in your pocket or placed nearby.
- Shower doors may need replaced by a curtain to offer more room for transferring in and out of the tub.
- Ask your coach, family member or friend to stay with you at home for a few days until you are able to perform your daily living activities independently and safely.

Skin Preparation before Surgery

Pre-Op Bathing/Showering with 4% Chlorhexidine Gluconate (CHG/Hibiclens) Liquid Soap

Your doctor will provide you with skin prep soap to prevent infections after your surgery. You will receive the skin cleanser from your surgeon's office to use prior to your surgery. Please bath with cleanser for a minimum of two showers.

PLEASE READ ALL OF THESE INSTRUCTIONS BEFORE USING THIS GERM KILLING SOAP.

- 4% CHG (Chlorhexidine Gluconate) is a medicated soap that kills germs.
- Cleansing with this soap before surgery reduces germs on the skin, is recommended by the Centers for Disease Control (CDC), and can help reduce the risk of surgical infection.
- As a surgical patient, you are to use this soap for 5 days prior to your surgery.
- **Do not** use this product if you are allergic to CHG.
- **Do not** apply the product directly to the genitalia.
- **Do not** allow the product to get in your eyes, ears or mouth. If it contacts these areas, rinse out immediately and thoroughly with plenty of water.
- If rash, redness, itching or any other symptoms of allergy occur, stop use immediately. If rash persists or worsens, contact your physician.
- Keep this product away from children. If swallowed, seek medical attention immediately or call a poison control center.
- This product is for your use only. Do not let others use it.
- Of note: Hair removal can increase risk of surgical infection.

Do not remove any hair by shaving or topical hair removers at or around the surgical site.



Skin Preparation before Surgery

Pre-Op Bathing/Showering with 4% Chlorhexidine Gluconate (CHG) Liquid Soap

Beginning five days before surgery:

1. Using a clean washcloth each time, bathe/shower as you normally would with your usual soap.
2. Then bathe/shower with CHG liquid soap from the neck down.
 - Apply the CHG to a wet washcloth and gently lather your entire body from the neck down, avoiding the genitalia.
 - Avoid scrubbing the skin too hard.
 - Never use this soap near your eyes.
 - When showering, move away from the water spray to avoid rinsing the soap solution off too soon.
 - Gently wash your body for about 3 minutes and focus the scrub on the areas where the incision(s) will be located.
 - Once you have completed the scrub, thoroughly rinse the CHG solution off your body with warm water.
 - **Do not** wash with regular soap after you have used the CHG soap solution.
 - Pat yourself dry with a clean, freshly washed towel.
 - If lotion is desired, select one of the following CHG-compatible products (preferably fragrance-free): Aveeno, Cetaphil, Lubriderm, Eucerin, Curel, Nivea, or Keri lotion products.
 - Avoid use of hair products or make-up to areas where the incision will be made.
 - Dress with freshly washed clothes.

Start Date: Day 1 _____

Day 2

Day 3

Day 4

Day 5

For the next four days:

- **Do not bathe/shower with your regular soap** as the residual CHG soap should remain on the skin from the previous day's application.
- Repeat the above process each day (Bathe only with CHG/Hibiclens as described above) with the **fifth bath/shower on the day of surgery.**



Helping To Reduce The Risk Of Surgical Site Infection

What's in my nose??



S. aureus Screening in Surgical Patients

Patient Instructions

Staphylococcus is a family of bacteria commonly found on the skin and other warm, moist areas of all people. There are many kinds of "staph" bacteria, but the one that causes the most problems is called Staphylococcus aureus (S. aureus).

- This germ is one of the leading causes of infections after many surgeries.
- About one in four to five people commonly have this germ in the mucous membranes of their nose where it usually does not cause problems.
- Studies have shown that people who carry the bacteria in their nose (the anterior nares) are more than twice as likely to have wound infections after surgery.

S. aureus Screening - At your pre-op appointment, you will be given an order for nasal swab testing to be completed with your other pre-op lab work. This screen is called a PROS Screen.

- Because we want to do everything we can to prevent anyone from getting an infection, we test patients scheduled for elective surgery to see if they carry S. aureus in their nose.
- You may have heard of the antibiotic-resistant Staph aureus called methicillin resistant Staphylococcus aureus or MRSA. We test for this as well as methicillin sensitive Staph aureus (MSSA) when we screen.

Nose Culture

- A "Q-tip" will be rubbed against the inside of your nose - it will tickle, but not hurt.
- The culture will take one to two days to try to grow the bacteria.
- About one in three patients will have a positive culture.
- If the culture is positive, your doctor's office will:
 - Call you and prescribe an ointment called mupirocin or bactroban.
 - You will need to apply it to both nostrils twice a day for five days.



START DAY 1 _____ **DAY 2** **DAY 3** **DAY 4** **DAY 5**

- If the time between culture results and the date of the surgery is less than five days, then the therapy would be continued post-op to complete a five-day course.

This prescription would be handled like any other. It will be billed to your insurance. Please contact your surgeon's office for assistance if coverage is denied.

AFTER SURGERY

DAY OF SURGERY DISCHARGES ONLY

Most patients are discharged home the day of surgery. You will be discharged **ONLY AFTER** you can: 1) walk independently, 2) get up from a chair on your own, 3) have urinated. You will be discharged with a plan for pain management.

You will be discharged with a walker. Any additional home care equipment needed will be delivered to your home that evening or the following day. If you have questions or concerns, please ask your Case Manager before leaving the hospital.

Home Care is arranged prior to discharge and will visit you in your home the following day.

Once discharged, please contact your nurse navigator at your surgeon's office if you should have any questions or concerns.

Day of Surgery - IF YOU DO STAY THE NIGHT

Following surgery you will spend a short time in the recovery room. Your family will be informed of how your surgery went and your room location.

After arrival to your room, it is very important that we control your pain and get you up and moving. A physical and/or occupational therapist will visit you shortly after surgery and assist you to get out of bed and walking (routinely with a walker). If you should arrive in the department later in the day, the nursing staff will assist you with these functions.

To prevent blood clots, in addition to ambulating and attending therapy, we encourage patients to do ankle pumps when resting in bed or sitting in a chair.

The Day After Surgery

The day starts early on the unit in order to get everyone to therapy and moving. If you have a urinary catheter, it will be removed early in the morning to allow you to fully participate in therapy. Once bathed and out of bed, patients are taken for therapy in the morning and typically discharged. If you do stay longer, you will be seen by therapy in the afternoon as well. Therapy sessions last approximately 40-45 minutes each. We encourage you to bring your health care coach with you to therapy.

Managing your pain is a priority. Your surgeon will order medication to control your pain. If you are still experiencing moderate or severe pain, please communicate with your nurse. Pain control is critical to your recovery and ability to participate in therapy.

To maximize recovery, all patients are encouraged to get out of bed for all meals and ambulate to the bathroom with the assistance of the nursing staff. This helps with improving your overall function but also prevents pneumonia and blood clots from occurring.

YOUR THERAPISTS

You are scheduled physical and occupational therapy sessions during your inpatient stay to increase your ability to transfer, walk, climb stairs and participate more fully in your activities of daily living. You learn about exercises for your upper body and legs to strengthen them prior to and after your surgery.

After discharge, you may require follow-up as an outpatient or home health patient. This is determined in consultation with you, your physician, your therapist and your case manager, and is based on an assessment of your level of function and your needs at the time of discharge.

Your Physical Therapist/Occupational Therapist |

Works with you and your coach to establish personal goals to assist in your recovery and regain your independence before discharge.

Requests that you be medicated prior to participating in your therapy session to derive maximum benefit. Please request your pain medication 30 to 60 minutes before your therapy session is scheduled to keep you as comfortable as possible while working in therapy.

Encourages you to move your operated leg. Transfer out of bed and walk as much as you can tolerate once approved by your therapist or nurse.

TIPS AND PRECAUTIONS TO MAXIMIZE RECOVERY

- Sleep on your back or on your non-operative side with a pillow between your legs unless otherwise directed by your surgeon
- Walk at least every 30 minutes once cleared by your therapist
- Complete your exercise program as recommended by your therapist
- Take pain medication as prescribed to help manage your discomfort
- Put ice on your operative joint for 15-20 minutes several times a day and after exercise.
- Bend your operative joint as soon as possible to reduce stiffness and increase motion.

KNEE Precautions only

- Avoid kneeling and activities that cause knee pain

HIP Precautions only

- Avoid bending, crossing your legs, rotating or twisting and activities that cause pain in your hip. These activities may put you at risk for dislocation. Unless otherwise directed by your surgeon.
- If you have had an anterior hip replacement, these precautions may not apply. Speak to your surgeon, navigator and/or therapist.

We look forward to working with you to get you back to a more desired level of function successfully. If you have questions for your physical and/or occupational therapist, please contact **Independence Health System Physical and Occupational Therapy** at one of the following locations:

Latrobe Hospital | 724-537-1276

Westmoreland Hospital | 724-832-4190

AT DISCHARGE

At Discharge You Will Receive

- Detailed discharge instruction, with information about operation and medications.
- All prescriptions for medication you need at home
- Medical Equipment
- Follow-up Appointment with your surgeon – this should have been provided to you by the office staff prior to surgery
- Name and contact information for you home care agency and medical equipment company if needed.

Once You Are Discharged

Assuring you have a safe and full recovery is our priority. The most common surgical complications which can impede your recovery are excessive pain preventing participation in therapy, a wound infection or blood clots in your legs or lungs. To prevent this from occurring and assuring we recognize the symptoms early, we need you to:

- Call your surgeon/nurse navigator if you are worried about recovery.
- Call your surgeon immediately if:
 - You have a fever higher than 101.5 degrees.
 - Your wound is red, or more painful or has drainage.
 - You are nauseated, or vomiting or can't keep liquids down.
 - Your pain is worse and not able to be controlled with the regimen you were sent home with.
 - If you are running low on any medications, call the surgeon's office a few days before you will run out.
 - If you are having new calf pain.
- Commit to an ongoing exercise program prescribed by your surgeon or therapist.
- If you are enrolled in Loop/Get Well, please complete the check-in process by using your computer or the phone app. This will allow the Nurse Navigation to communicate with you via text messages or email from Independence Health System JointWorks.

If you have a true emergency, such as severe abdominal pain, chest pain, shortness of breath or any other severe problems, call 911 or go to the local emergency room. Have them contact your surgeon once you are stable.

DO NOT:

- Lift more than _____ pounds in the first three months.
- Bend low or reach too high.
- Get down on your knees to scrub floors or bathtubs. Use a mop or long handled brush.
- Engage in impact activities such as running and tennis. These activities should be avoided since they put additional strain on your joints.
- Participate in high-risk activities, like skiing, because of risk for fracture.

YOUR CASE MANAGER

Is available for consultation to address any questions you may have. Please direct your inquiries to the phone numbers listed below. Your case manager will call you the day prior to surgery to obtain information and discuss preliminary discharge planning.

Meets with you after your surgery to continue assessment of your individual needs, if your stay extends overnight.

Arranges durable medical equipment, visiting home health care, and transportation assistance as needed.

Assists with arrangements to skilled care or rehab facility if condition warrants.

Maintains contact with your insurance provider throughout your stay to determine if benefits are available to cover your needed services at the time of discharge.

We look forward to working with you to plan successfully for your care. To reach a case manager, please contact **Independence Health System Clinical Resource Management Department** at one of the following locations:

Latrobe Hospital | 724-537-1064

Westmoreland Hospital | 724-832-4090

Home care, inpatient rehabilitation services and durable medical equipment are available through Independence Health System. To utilize members of these Independence Health System affiliated services, call:

- **Independence Health System Home Care & Hospice** | 724-689-1800
(toll free) | 1-800-427-1400
- **Independence Health System EPIC Rehabilitation Center** | 724-420-6618
- **MedCare Equipment Co** | 1-800-503-5554

You have the freedom to choose any provider you wish for continued care services. ***Thank you for considering Independence Health System as your care provider.***

YOUR HOME CARE TEAM

Your Home Care team will visit you the day after your discharge from the Hospital. The team will assess your overall condition, monitor your medications, provide incision care, assist you in managing your pain, and provide education all while coordinating your therapy program.

A physical therapist will visit you on the day after discharge for initial evaluation and goal progression of your range of motion, strength and walking skills as outlined by your physician.

Your Home Care team will work with your physician and develop a Plan of Care unique to you that considers your medical condition, rehabilitation needs and personal goals. The frequency and duration of visits depends on your progress and homebound status. We will contact your insurance company to secure authorization for your Home Care visits.

We look forward to your successful transition to home. Please contact **Independence Health System Home Care** at **724-689-1800** with questions.

Physical Therapy

Independence Health System Outpatient Rehabilitation has convenient outpatient therapy locations to serve you. If Outpatient Rehabilitation is needed, please call our therapy schedulers at 724-832-5139.

We offer:

- Free parking
- State-of-the-art equipment
- Follow-through with the same therapist
- Convenient hours

AFTER SURGERY EXERCISES

Total Hip Replacement

Date of Surgery: _____

Surgeon: _____

✓	MY GOAL	DATE ACHIEVED	COMMENTS
✓	I understand and maintain my hip precautions and weight-bearing restrictions.		
✓	I walk with a walker with _____.		
✓	I transfer into and out of bed with _____.		
✓	I transfer into and out of a car with _____.		
✓	I demonstrate safety in my daily living activities.		
✓	I transfer into and out of the shower/tub _____.		
✓	_____ _____ _____ _____		

DISCHARGE GOAL: HOME

Total Knee Arthroplasty

Date of Surgery: _____

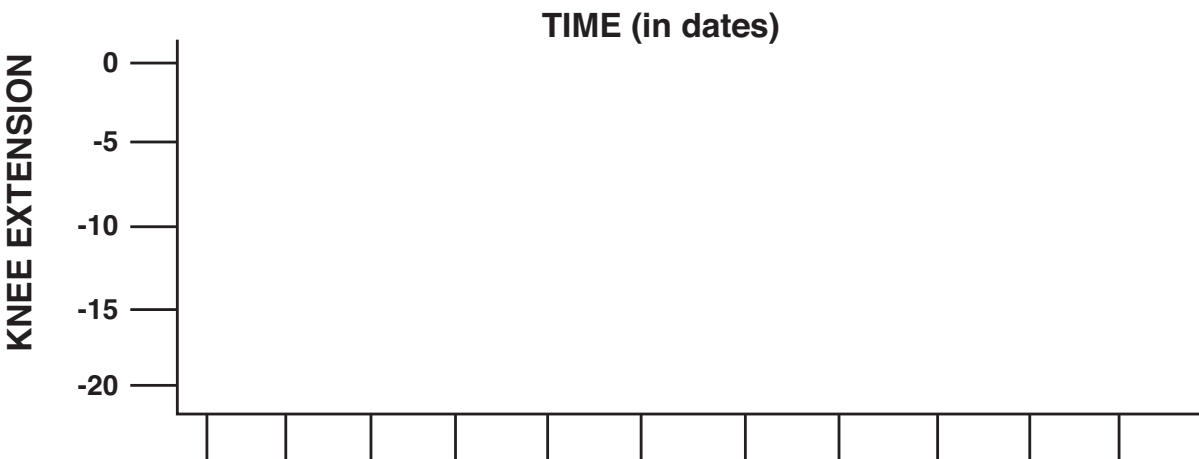
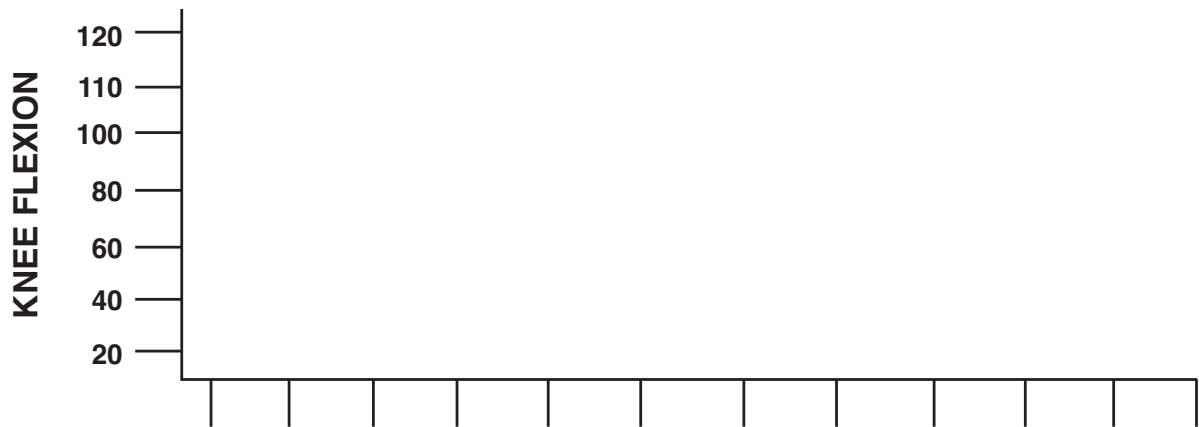
DISCHARGE GOAL: _____

Surgeon: _____

✓	MY GOAL	DATE ACHIEVED	COMMENTS
✓	I understand and maintain my weight-bearing restrictions.		
✓	I walk with a walker with _____.		
✓	I transfer into and out of bed with _____.		
✓	I transfer into and out of a car with _____.		
✓	I demonstrate safety in my daily living activities.		
✓	I transfer into and out of the shower/tub with _____.		
✓	_____ _____ _____ _____		

GOAL: Knee range of motion: Flexion: Extension:	Flexion	Extension	Comments
Date:			
Date:			
Date:			
Date:			
Date:			
Date:			
Date:			

GOAL: Knee range of motion Flexion: Extension:	Flexion	Extension	Strength	Comments
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				
Date:				





EXERCISES

These exercises are essential for you to regain full motion and strength. Your physical therapist will individualize a program for you by selecting certain exercises and adding others, depending on your specific needs. Do not start any of these exercises until you are instructed to do so.

- Expect some pain with exercising your new joint. To minimize pain, take your pain medication 30 to 60 minutes before exercising.
- You may use a cold pack to relieve pain and swelling. Apply it to [redacted] for [redacted] minutes.
- Tell your nurse, physician, physical therapist or occupational therapist if you have excessive pain or if it is not relieved with medication or cooling.
- Do not hold your breath during exercise as it could cause a rise in your blood pressure. Counting out loud reduces the chances of breath-holding.
- Complete all marked exercises two to three times a day unless directed otherwise by your physical therapist.

Your Exercise Program

Deep Breathing

- Sit upright.
- Breathe in slowly and deeply through your nose.
- Hold your breath for three seconds.
- Exhale gently through your mouth.
- Repeat five times.



Arm Strengthening

- Sit in a chair with your hands on the armrests.
- Straighten your elbows, lifting buttocks off the chair.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.



Ankle Pump

- Bend your ankles to move feet downward, then upward.
- Repeat _____ times.

Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises



Quadriceps Set

- Lie on back with leg straight.
- Slowly tighten muscles on front of thigh by pressing knee down into the bed.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.



Short Arc Quadriceps

- Lie on your back.
- Place a 3 pound coffee can or rolled blanket under your thigh.
- Lift your foot by straightening your knee.
- Do not raise thigh off the roll.
- Hold for _____ seconds.
- Slowly lower. Repeat _____ times.



Heel Slides

- Lie on your back.
- Bend one knee as far as possible, keeping your foot on the bed.
- Hold for _____ seconds.
- Slowly straighten.
- Repeat _____ times.



Gluteal Squeeze

- Lie on your back.
- Tighten your buttocks muscles by squeezing.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.

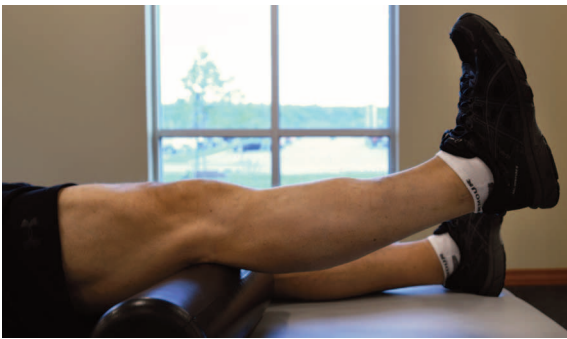
Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises



Quadriceps Set

- Lie on back with leg straight.
- Slowly tighten muscles on front of thigh by pressing knee down into the bed.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.



Short Arc Quadriceps

- Lie on your back.
- Place a 3 pound coffee can or rolled blanket under your thigh.
- Lift your foot by straightening your knee.
- Do not raise thigh off the roll.
- Hold for _____ seconds.
- Slowly lower. Repeat _____ times.



Heel Slides

- Lie on your back.
- Bend one knee as far as possible, keeping your foot on the bed.
- Hold for _____ seconds.
- Slowly straighten.
- Repeat _____ times.



Gluteal Squeeze

- Lie on your back.
- Tighten your buttocks muscles by squeezing.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.

Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises

Hip Adduction

- Lie on your back or sit in a chair.
- Keep toes pointed forward.
- Squeeze knees together gently on a folded pillow making sure the operative leg does not cross midline.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.



Hip Abduction

- Lie on your back.
- Slide leg out to the side, then back to starting position.
- Keep knee straight and toes pointed toward the ceiling.
- Repeat _____ times.



Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises

Straight Leg Raise

- Lie on your back.
- Bend unoperated knee and place foot flat on the bed.
- On the straight leg, tighten quadricep muscles on top of the thigh.
- Slowly lift straight leg about 12 inches.
- Keep knee straight and toes pointed up.
- Slowly lower.
- Repeat _____ times.



Sitting Knee Extension

- Sit upright.
- Lift your foot off the floor by straightening your knee.
- Hold for _____ seconds, then lower.
- Repeat _____ times.



HIP PATIENTS SHOULD NOT DO THIS STRETCH

Standing Hip Extension

- Hold onto a stationary object.
- Bring your leg behind your body.
- Repeat _____ times.



Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises

Hamstring Sets



- Lie on your back.
- You may use a small towel roll under your knee.
- Dig your heel into the bed as you tighten the back of your thigh.
- The heel should feel like it is digging down and toward your buttocks.
- Hold for _____ seconds.
- Relax.
- Repeat _____ times.

Seated Knee Flexion



- While seated, slide the foot of your operated leg back under the chair as far as you can.
- Using a strap or folded sheet around your foot and ankle, pull back, trying to bend the operated knee further.
- Hold for _____ seconds.
- Repeat _____ times.

Toe and Heel Raises



- Stand and hold onto stationary surface.
- Raise up on toes.
- Go back on heels.
- Keep posture erect.
- Slowly repeat _____ times.

Do not attempt any of the exercises until instructed by your physician or physical therapist.

Additional Exercises

Partial Knee Bends

- Hold onto a stationary surface for balance.
- Stand with feet shoulder-width apart and slowly bend knees about 30 degrees.
- Straighten your knees.
- Keep your heels on the floor.
- Repeat _____ times.





Safety with Mobility

This section of the book deals with the use of assistive devices to move about safely. Additionally, we suggest the following as general guidelines:

Walking Tips

- After sitting, stand for a few seconds before you start walking. Do not start walking if you are dizzy.
- Make sure your assistive device fits you properly. Check with your physical therapist.
- Walk slowly. Pace yourself with rest periods.
- Wear non-slip shoes. Avoid wet, icy or uneven surfaces.
- Keep a clear path in your home. Remove throw rugs. Tape or nail down loose carpet. Move electrical or telephone cords.
- Avoid escalators and revolving doors. Look for elevators or stairs.
- Use a fanny pack or backpack instead of a shoulder bag.
- Check rubber tips and hand grips and replace them if worn.
- Have someone stand behind you when you are going up stairs. Have someone stand in front of you when you are going down stairs.

For ease of understanding the proper method for navigating with the various walking aids, we will refer to the limb that has received the joint replacement as the “operated leg.”

Walker Safety

Walking on the Level

Lift the walker forward, placing all four legs firmly on the ground. Step with your operated leg, placing your foot in the middle of the walker area. Support your body weight by pushing down with your hands while you step forward with the non-operated leg. Don't allow your toes to go beyond the front of the walker.



Going Up A Curb

- Place the walker up onto the curb.
- Step up with your non-operated leg.
- Then step up with your operated leg.



Going Down A Curb

- Place the walker down off the curb.
- Support your weight on your hands.
- Lower your operated leg down to the walker.
- Then step down with your non-operated leg.

Cane Safety

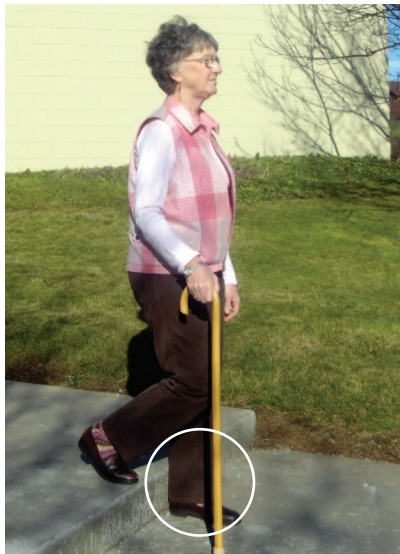
Walking on the Level

Hold the cane in the hand opposite of the operated leg, about six inches out to the side of your leg. Support your weight on your non-operated side. Place the cane ahead and to the side as you step forward with your operated leg. Support your weight as needed on the cane and step past the cane with your non-operated leg.



Going Up A Curb

- Hold the cane in the hand opposite of the operated leg.
- Step up with your non-operated leg, then bring the cane and the operated leg up onto the curb.



Going Down A Curb

- Shift your weight onto your non-operated side.
- Place the cane down.
- Step down with your operated leg first, then bring down your other leg.

Cane Safety

Going Down Stairs

- Hold the cane in one hand and the railing in the other hand.
- Place your weight onto your non-operated leg.
- Put the cane on the step below you, not too close to the edge of the step.
- Step down with your operated leg, then with your non-operated leg onto the same step.



Going Up Stairs

- Hold the cane in one hand and the railing in the other hand.
- Step up with your non-operated leg.
- Then bring the operated leg and the cane onto the same step.



Transfer Safety



Car Transfer | To Enter:

- Open the car door and push the seat back as far as possible.
- Place a plastic garbage bag on the seat.
- Back up toward the seat until the back of your legs touch the car.
- Reach for the back of the seat with your right hand and the dashboard with your left hand.
- Sit down gently, keeping your operated leg straight out in front of you.
- Slide on the plastic bag straight back toward the driver's seat.
- Turn frontwards and move your legs into the car.



Car Transfer | To Exit:

- Without twisting at the waist, scoot toward the driver's seat and move your legs to the outside of the car.
- Face the car door and scoot to the edge of the seat.
- Extend the operated leg.
- Push down with your hands to stand up straight.
- Monitor your hip precautions.

Transfer Safety



Tub Transfer

- Back up to the tub seat until you feel it touch the back of your legs.
- Hold your walker, and reach back with the other hand to the tub seat.
- Slowly sit down.
- Keep your operated leg straight and scoot back on the seat.
- Bring your legs into the tub without twisting at the waist.

Consult with your occupational therapist about a non-slip tub or shower surface for your feet, a hand-held shower, and grab bars as aids to safety.



Toilet

- A Versamode (portable bedside commode that also will fit over your toilet) or an elevated toilet seat will help to maintain your hip precautions.
- Back up to the toilet. Take small steps ~ do not pivot.
- When the back of your legs touch the toilet, reach back and slowly lower yourself.
- Slide your operated leg out straight as you sit down.
- To stand up, slide the foot of your operated leg forward.
- Push yourself up with your arms.
- Do not pull on the walker.

Transfer Safety



Getting Into Bed:

- Back up to the bed until the back of your legs touch the bed.
- Extend the operated leg and reach back both hands for the mattress.
- Sit down gently and scoot back until both knees are supported by the mattress.
- Inch your way back on the bed without twisting.



Getting Out of Bed:

- Keep shoulders, hips and knees in alignment.
- Sit up, with your hands beside your hips.
- Scoot your hips to the edge of the bed until your feet touch the floor.
- Extend your operated leg.
- Push straight down on your hands as you stand.

Occupational Therapy Tool Kit



Tools

- Long-handled shoe horn
- Sock aid
- Long-handled sponge
- Dressing stick
- Reacher

These items, designed to aid in dressing and bathing, are available for purchase. An occupational therapist will review them with you.



Reacher

A reacher helps you pick up objects that are on the floor. Use a reacher from a standing or sitting position. It can be used to aid in dressing..

Occupational Therapy Toolkit



Sock Aid:

- Pull the sock onto the plastic piece with the toe tight at the end.
- Hold the cords and drop the sock aid to the floor directly in front of your foot.
- Advance your foot into the sock aid.
- Straighten your knee and pull the sock onto your foot, until the sock aid pulls out of the sock.



Long-Handled Shoe Horn:

- Use your reacher, dressing stick or long-handled shoe horn to slide your shoe in front of your foot.
- Place the shoe horn inside the shoe against the back of the heel.
- It may be easier to lean back as you lift your foot and place your toes in the shoe.
- Slide your foot down into the shoe.
- You can use slip-on shoes, Velcro closing or elastic shoelaces to avoid bending to tie the shoes.