TOTAL JOINT PROGRAM
PATIENT HANDBOOK

JOINTS CONNECTED

Penrose-St. Francis Health Services
Centura Health.
penrosestfrancis.org
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Dear Valued Patient,

Welcome and thank you for choosing Penrose-St. Francis Health Services for your joint replacement surgery. At the (need name) our goal is to work with you as a team to reduce your pain, increase your motion and improve your quality of life, so that you may resume activities of work and play with family and friends.

True to our mission and values, our physicians and clinical team are committed to providing the highest quality care possible, abiding by the highest ethical standards as proven by the following awards and designations:

- Named one of America’s 50 Best Hospitals for 2008, 2009, 2010 and 2011 by HealthGrades, the only recipient in Colorado and in the top 1 percent in the nation.

- Designated as a Total Joint Center of Excellence by Blue Cross Blue Shield

- Received designation as a UnitedHealth Premium Specialty Center for Total Joint Replacement.

- Awarded Aetna Institutes of Quality® Orthopedic Care Total Joint Replacement

- Cigna Center of Excellence for Total Hip and Total Knee Replacement

Being well informed about your surgery can actually improve your recovery and outcome. It is our goal to prepare you for surgery and assist you on the road to recovery. We feel that sharing the information in this handbook is the first step of the journey. Please take the time to review this handbook and bring any questions to the class or to your physician. The patient handbook is intended to work as a companion to the total joint class and your stay within our hospital, so please remember to bring this handbook with you.

Listed below are some websites you may wish to visit to learn more about your surgery.

saveyourknees.org, orthoinfo.org

If you have additional questions or concerns, please contact our Total Joint Program Coordinator at 719-776-6042.

Sincerely,

Penrose-St. Francis Health Services
Total Joint Care Team
BEFORE SURGERY

Total Joint Care Class

Prior to surgery we recommend that you take one of our total joint care classes which will provide valuable information regarding your upcoming surgery. For class dates, times and to register, call 776-5173 or visit www.penrosestfrancis.org/joint.

Medical Clearance

For your safety, before surgery you may need to visit your primary care physician (PCP). During this time, your physician will conduct a thorough medical and physical examination, review your medications and order lab tests. The purpose of this visit is to make sure that you are ready to have surgery. Your PCP will review and forward all information to your surgeon. Together, they will decide if you are ready to have surgery. Please notify your surgeon if you have any change in medical condition or medication since your last visit.

Medications and Herbal Supplements

Please bring a detailed list of ALL your medications with you to your doctor visit. Medications include all prescription medications, over-the-counter medication and vitamin or herbal supplements. Make sure you write down your dosage and how often you take each medication. There are some medications such as aspirin, ibuprofen and herbal supplements that can cause increased bleeding during surgery and prevent your replacement from healing properly. You should stop taking these forms of medication and all herbal supplements for two weeks prior to surgery. If you are taking Coumadin, Warfarin or Plavix please talk with your physician about when you should discontinue use and restart this medication.

Pre-Admit Visit

Your surgeon’s office will provide you with instructions to make an appointment at the hospital for your preadmission visit. Please arrange for your appointment to be five to seven days before your day of surgery. Please bring a detailed list of ALL your medications with you for this visit. Make sure you write down your dosage and how often you take each medication. Your medications include any prescription, over-the-counter medication and vitamin or herbal medication. The nurse will go over your medication and tell you which ones you can take the morning of surgery. Expect to have your lab work and any other tests required completed during this visit if you have not already had them done at your primary care or surgeon’s office. This visit should last about one hour.

Blood Management

It is possible that you may require a blood transfusion after your surgery. Our blood is screened and tested to prevent transmission of any disease. You may also wish to pre-donate your own blood for surgery. Discuss with your doctor if this is the route you prefer. You will need a doctor’s order. Please contact the blood bank to find out when you need to donate your blood. You will be asked to sign a consent form for blood transfusion. Before giving your consent, please make sure all your questions have been answered.

Dental Work

If you are currently having any dental or gum work it is important to have this completed several weeks before your surgery. If not completed, any infections you have in your mouth can travel through your blood to your new joint. After your surgery you may need to take a few doses of oral antibiotics whenever you have a dental appointment. This is to prevent infection. Discuss this with your surgeon. Make sure to tell your dentist and primary care provider that you had joint replacement surgery.
Handicap Parking Permit

It is advisable for you to obtain a temporary handicap parking permit. There is no cost for this permit.

The form for downloading the parking permit can be found at the following website: www.colorado.gov. Search for DR 2219, Persons with Disabilities Parking Privileges Application. This will take you directly to the downloadable form. Have your physician complete this application prior to surgery and take the document to the nearest Department of Motor Vehicle office for your temporary handicap parking placard.

Knee Immobilizer

Your surgeon may require you to wear a knee immobilizer for a very short time to limit your motion and support your limb. You will receive your immobilizer after your surgery. There are various reasons you may need to wear an immobilizer: 1) protect your hip precautions, 2) stabilize your surgery leg, and 3) keep your knee straight after your knee surgery. You will be taught how to put on and take off your immobilizer after you have surgery.

Hip Precautions for Patients Having Hip Surgery

You may be instructed to follow some hip precautions after your surgery to prevent dislocation and ensure proper movement of your hip. There are three basic approaches to your hip surgery: 1) posterior approach, 2) anterior-lateral approach and 3) direct anterior approach. The hip precautions you need to observe post-operatively will depend on the surgical approach used by your surgeon. Ask your surgeon which approach will be used. The surgeon will indicate on the post-operative orders which approach was used and the nursing and therapy staff will help you learn which precautions you need to observe with your new hip. If you are having hip replacement surgery please review the appropriate precautions section of this handbook before your surgery so that you are familiar with them.

Smoking

Smoking produces mucus and makes it harder for your lungs to work. This increases your chance of complications after surgery. Another consequence of smoking and use of nicotine is the affect it has on the healing of tissue and bones. Nicotine in cigarettes and chewing tobacco constricts blood vessels and can clog arteries that feed oxygen to new bone growth. Please discuss any concerns with your physician prior to admission to the hospital if you feel this may be an issue for you. For help in quitting you may wish to contact the Colorado Quit Line at co.quitnet.com. Additionally, please note medical marijuana use is not permitted for patients being treated at any Penrose-St. Francis Health Services facility. All Penrose-St. Francis facilities are non-smoking campuses and are tobacco-free.

Insurance and Financial Counseling

Most people have reviewed their insurance and financial situation before planning surgery. There are health benefit advisors available to contact if you have any further concerns or questions.

Spiritual Care

Caring for your spiritual needs during a surgery or illness is very important. There are hospital chaplains available and of course your pastor, bishop or rabbi is welcome to visit as well. Chaplains are available to assist you with questions regarding Advance Medical Directives. If you have an Advance Directive please bring a copy with you. In some states, the law authorizes particular people in a particular order to act as substitute decision makers for an incapacitated patient. Colorado law does not have such a prioritized list of substitute decision makers. Instead, individuals, before they are incapacitate, should appoint a substitute decision maker, or healthcare agent. Forms for declaring your wishes are available at the hospital and/or through the Spiritual Care office.
PREPARING YOUR HOME

We suggest that you take a few steps to prepare your home prior to your surgery. Preparing early will help make things easier for you upon your return from the hospital.

- Prepare meals in advance and freeze them. This will make meal time much easier when you return home.
- Be sure there are plenty of food, supplies and medication.
- Store your important items at waist level so you do not have to bend over to reach them.
- Remove rugs, tape down electrical cords and arrange furniture to allow easy access for walking.
- Make sure your stairs have a sturdy hand rail.
- Wear sturdy walking shoes when at home. Avoid sandals or slippers.
- Place a non-slip mat on the floor of your tub/shower. We suggest use of a shower caddy to store items such as soap and shampoo.
- Be sure your house is well lit and use night lights.
- Your pets are important. Please arrange for pet care both while you are in the hospital and when you return home.
- Arrange for your transportation to home, follow-up appointments and any errands.
- If you live alone consider arranging for family/friend to stay one to two nights with you as you transition from the hospital.

A FEW DAYS BEFORE SURGERY

- Eat nutritious foods and drink plenty of fluids.
- Be sure that you have a bowel movement one to two days before your surgery. Get a jump start by adding fiber in your diet and drinking plenty of fluids.
- Be sure you understand your physician's instructions regarding any medication you should take on the day of surgery.

THE NIGHT BEFORE SURGERY

- Your stomach needs to be empty so do not eat or drink anything after midnight unless otherwise directed by your surgeon.
DAY OF SURGERY

- Follow the direction of your surgeon if you are required to take your medication the day of surgery. Please take only small sips of water.

For your comfort we suggest you bring some personal items from home. What you should bring:

- Dentures, glasses, hearing aids and their cases. Please remember to keep these belongings safe. (for example, do not set dentures on a meal tray.)
- Please bring a detailed list of ALL your medications with you.
- Your insurance card and any insurance required co-pay.
- A good pair of walking shoes (non-skid, low heels, allow for swelling)
- Personal care items (toothbrush, comb/brush, razor, deodorant, etc.)
- Seasonally appropriate clothing for going home.
- Items to keep you busy (books, magazines, crossword puzzle, etc.)
- A copy of your Advance Directives (examples: Living will)
- Bring this book.
- Leave any canes, walkers or crutches you presently use at home. You may have someone bring them in at discharge for the therapist to check proper fit and mechanical safety.
- If you bring your cell phone please remember it is your responsibility to keep it safe. The hospital does not assume responsibility for the loss, damage, or disposal of your personal property.

PLEASE DO NOT BRING ANY VALUABLES WITH YOU.

Presurgical Process

Shower and brush your teeth at home before coming to the hospital. Do not use any creams, powders, deodorant, or lotions. Do not wear any make up. Remove nail polish from your toes so the staff can check your nails for good circulation.

Please arrive at the hospital two hours before surgery or as directed by your surgeon. Specific instructions for the surgical services location will be provided at the class. Upon arrival, your nurse will greet you and will ask you to change into a gown and will review medical information. Your nurse will insert an intravenous (IV) catheter into your arm to keep you hydrated with fluids and while in surgery you will be given an antibiotic to prevent infection. Family members will be instructed to sit in the waiting room while you are being prepared for surgery. Once your nurse has completed your preparation one to two family members can sit with you until it is time for surgery.

Your anesthesiologist will see you before surgery. He or she will review your medical history and do a brief examination. General anesthesia, when you are put to sleep completely, is the most common anesthesia technique used. Some other forms of anesthesia are spinal injections, epidural catheters, nerve blocks. The physician will explain the type of anesthesia you will receive, the risks involved and will answer any questions.

Before surgery your surgeon will ask you what type of surgery is being done and will mark the area with a marker. This process is done to make sure that the correct procedure is being performed on you.
We want you to feel as comfortable as possible. Remember you can ask questions at any time!
The nurse who will be assisting your surgeon will take you to the operating room (OR). Your family will be
asked to go to the surgery waiting area.

**Surgery Suite**
The operating room will have bright lights, a lot of equipment and many nurses, technicians and other
staff members to assist in caring for you. The room may seem cool but don’t worry, they have nice warm
blankets for you.

**AFTER SURGERY**
After surgery is finished, the surgeon will go to the waiting area to let your family know the procedure is completed.
You will be transferred to the Post Anesthesia Care Unit (PACU) where you will wake-up after anesthesia.
Your family is not allowed in the PACU, but can see you as soon as you get to your room. The average stay in the
PACU is around 60 minutes, but time could be longer for several reasons: additional monitoring, giving medication,
your ability to wake up, if you have a history of sleep apnea or obstructive sleep apnea or waiting for a room assignment.
While you are in the PACU, your nurse will:

- Closely monitor your vital signs
- Work with you on managing your pain

It is important for you to let the nurse know how you are feeling. Let them know if you are feeling
nauseated and how well your pain is controlled. Our pain scale is from 0-10. You will be asked to rate
your pain from 0 = No Pain to 10 = worst pain ever.

<table>
<thead>
<tr>
<th>Pain Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Pain</td>
</tr>
<tr>
<td>1</td>
<td>Least Pain</td>
</tr>
<tr>
<td>2</td>
<td>Mild Pain</td>
</tr>
<tr>
<td>3</td>
<td>Moderate Pain</td>
</tr>
<tr>
<td>4</td>
<td>Severe Pain</td>
</tr>
<tr>
<td>5-6</td>
<td>Excruciating Pain</td>
</tr>
</tbody>
</table>

**Call Nurse**
What to Expect After Surgery

- Your nurse will check your vital signs frequently. The nurse will also test the strength in your legs and will ask you if you have any numbness or tingling.
- You will have fluids given to you through an IV to keep you hydrated.
- You may have a drain to remove fluid from your surgery site.
- You may have a urinary catheter to drain your bladder.
- You may have oxygen given through little prongs under your nose.
- You may have white snug stockings to wear to help prevent blood clots.
- You will have compression devices around your lower legs to help prevent blood clots.
- You may have a knee immobilizer.
- You may have a continuous passive motion machine (CPM) if you had knee surgery.
- After your hip replacement surgery a foam wedge or knee immobilizer may be used to help remind you to keep your new hip in the proper position.
- Your nurse will instruct you on the regular exercise of moving ankles up and down and wiggling your toes while you recover. This will start the day of surgery.
- It is important to start moving even when you still have discomfort from the surgery.
- Sometimes you will be able to sit up at the side of your bed or even start to walk in your room the day of surgery. Your surgeon will decide and it will only be allowed with the help of our hospital staff.
- Your nurse will let you know when you are allowed to eat and drink.
- You will be instructed to cough and deep breath to prevent breathing problems after surgery.
- You will be taught how to use an incentive spirometer. This is a small plastic piece of equipment that helps you expand your lungs. You will need to use this piece of equipment about ten times an hour while awake.
- Your physician may order an anticoagulant (blood thinner to prevent blood clots). The anticoagulant may be an injection. You will be instructed on how to give yourself an injection if your physician wants you to continue injections after discharge.
- If you are a diabetic, your physician may order insulin for you.
- When you are ready, you will have assistance with a shower.

Pain Management

You will have pain after your surgery. The goal is to control your pain at the point that will allow you to perform daily activities and to sleep. There are different ways to assist in controlling your pain.

Pain Medication

You may receive your pain medications in pill form, by IV and/or by patient controlled analgesia (PCA), with later changing to pill form. An advance practice nurse or pain management physician may be called in to help manage your pain medications. He or she will determine what route and what dosage is required to keep you comfortable. It is better to use medication routinely than to let the pain get unbearable and try to control it at that point. Keep your nurse informed on your level of pain control. Sometimes there are other methods of pain relief (for example nerve blocks, epidurals and pain balls). They will be discussed with you if your surgeon believes they are best for you.
Non-Medication

Simple exercises such as slow deep breathing to relax your muscles and reduce tension will also help to control your pain. Many times it is helpful if you reposition yourself in bed or the chair. Unless contraindicated by your physician, you may also wish to use ice packs to help with pain management. Listening to music or thinking about events that relax you is extremely helpful.

YOUR PASSPORT TO DISCHARGE

A well planned rehabilitation program is important for best recovery. It is very important you discuss your individual goals with your doctor, nurse, therapist and case manager/social worker so we can help you get back in motion. The eventual goal will be to return to normal activities. Getting back in motion will involve:

- Walking safely with crutches, walker or cane
- Going up and down stairs
- Maintaining proper posture
- Performing activities of daily living such as bathing, grooming and dressing
- Ability to eat and drink without any problem
- Ability to urinate without a catheter
- Ability to have a bowel movement
- Managing your pain well with oral pain medication or other alternatives.

Prior to discharge the nurse will review any discharge instructions such as medications and incision care.

You will complete your recovery in one of the following environments:

- Home with no services
- Home with outpatient physical therapy as ordered
- Home with home care services: skilled home care services provided by a nurse, Physical or Occupational Therapist.
- Transfer to skilled nursing facility (SNF)/sub acute rehabilitation unit
- Transfer to acute rehabilitation

Your case manager/social worker will be available to discuss any resources you may need for your discharge. **Since this is an elective surgery it is advisable to discuss available covered options with your insurance company prior to your surgery.**

You are an important member of your health care team!

We need you to take part in your own healing so that you can achieve the level of health and function required to safely go home. Listed below are daily guidelines you may expect for each day. This is only a guide to your stay. Some patients will move through the guidelines more quickly and others more slowly. Each joint replacement surgery is different. Your surgeon can give you more specifics to your personal surgery and recovery. Listed below are daily guidelines for total knee and total hip replacement. Additionally for your convenience exercises and precautions for hip replacement and joint replacement surgery have been separated. Please refer to the section pertinent to your surgery.
JOINT AND HIP REPLACEMENT GUIDELINES

Estimated length of stay: You may be discharged in the morning of post operative day 3 or sooner if goals are achieved for discharge to your home.

Day of Surgery (please make a check in the box as each section is completed)

- If your physician writes an order to begin therapy on the day of surgery, the Physical Therapist will evaluate you and begin treatment if you arrive on the nursing unit by 3pm.
- Your therapist will teach you the proper way to move around in bed, get in and out of bed and sit in a chair.
- Your therapist will also teach you specific exercises to complete and any precautions and weight bearing restrictions you may need to remember. You may even begin walking.
- The nurse will sit you at the side of your bed or in the chair in the afternoon/evening.
- In some circumstances you may need a knee immobilizer while up and/or in bed.
- You may be using a continuous passive motion device (CPM) for your knee.
- Chew Gum: If you are not drowsy, chewing gum may help wake up your stomach and bowels to work normally. Make sure you are awake and the head of the bed is up.
- Unless you are nauseated you will be able to eat and drink.
- Use your incentive spirometer every hour you are awake to exercise your lungs.
- You may have white snug stockings on to help prevent blood clots.
- You will have compression devices on your legs that will alternate squeezing your calves to prevent blood clots. Your nurse will ask you to flex your feet at the ankles to assist with blood clot prevention.
- After your hip replacement surgery a foam wedge or knee immobilizer may be used to help remind you to keep your new hip in the proper position.
- Change your position in bed every two hours with assistance of hospital staff. This will help with pain control.
- The foot of your bed will be locked out so that your knee will not be able to bend. The goal is to keep your knee extended. In some cases the locked position will be used to prevent your hip from flexing too far.
- Pain medication may be given through your IV/PCA pump. Tell your nurse if your pain is not under control. We want you to be as comfortable as possible. Your nurse will instruct you that only you can push your pain button, not family or friends.
- You may be initially started on oral pain medication. If this is not adequate the physician may order IV medication.
- You may have a pain ball in place for pain control.
- You may have a catheter in place to empty your bladder. This will be removed as soon as possible.
- Your nurse will begin teaching you about anticoagulation therapy, signs and symptoms of deep vein thrombosis, infection, medication management and incision care.
- Initial discharge planning will be discussed to determine any services, equipment, and/or alternate destination required.
**Post-op Day 1 or 2** *(please make a check in the box as each section is completed)*

- Evaluation completed by a Physical Therapist if not ordered to begin day of surgery.
- Physical therapy sessions will be held twice a day until individualized goals are met.
- Therapy will continue until you are independent and safely walking on your own. They will make sure you can safely go up and down stairs.
- You will also see an Occupational Therapist to go over any needs you have at home to help with daily functions such as dressing, bathing, hygiene, and taking care of yourself at home. They will evaluate any adaptive equipment or durable medical equipment required at this time.
- Your Occupational Therapist will teach you exercise if your arms are weak.
- You are encouraged to sit up in the chair for meals for a maximum of 30-45 minutes or as tolerated. Do not exceed a tolerable comfort level. You could try sitting up more often and for shorter periods of time.
- Out of bed walking two times per day with assistance of hospital staff in addition to your therapy sessions.
- Your diet may be advanced if your bowel sounds are present (this must be approved by your surgeon). When you are able to eat and drink your IV fluids will be stopped.
- The catheter emptying your bladder will also be removed.
- If you are taking liquids, start taking a stool softener. Constipation is often an issue with patients after surgery.
- Continue using your spirometer. Don’t wait for the nurse to remind you.
- Your nurse case manager/social worker will continue planning for your discharge. He or she will assess your needs and will communicate with all team members working with you to verify your safety at home before discharge.
- Your nurse will continue teaching you about anticoagulation therapy, signs and symptoms of deep vein thrombosis, infection, medication management and incision care.
- Your discharge plan may be finalized and based on your progress you may be discharged on post op day 1 or 2.

**Post-op Day 2 or 3** *(please make a check in the box as each section is completed)*

- Goal: Stay out of bed most of the daytime hours. It is important to be out of bed and independent as much as possible. BUT never compromise your safety. **Always call for assistance when getting out of bed.**
- Removal of pain pumps/IV and all other tubes if eating and drinking well (if not done by this time).
- Catheter emptying bladder will also be removed if still in place.
- Shower before discharge.
- If no bowel movement yet, please discuss with your nurse today.
- Continue with therapy as instructed. The Physical Therapist and Occupational Therapist will continue to prepare you for your return to home.
- Discharge plans are finalized.
Post-op Day 3 - Day of Discharge: (please make a check in the box as each section is completed)

Safety is our concern. You will need to meet the following criteria in order to be able to go home:

- You will need to be able to safely walk, get in and out of bed and a chair as well as go up and down stairs.
- You will be able to provide your own care such as bathing, dressing and grooming.
- You are able to eat and drink without any problem.
- You can urinate without a catheter.
- You have a bowel movement.
- Your pain is managed well with oral pain medication or other alternatives.

Prior to leaving, the nurse will review any discharge instructions such as medication and incision care. You will learn how to change your dressing or have a family member taught on wound care for home.

If ordered, you will be taught how to do your own Lovenox injections. Please contact your insurance prior to surgery to see if there is coverage for the cost of this medication.

You may get a call at home after discharge to express your opinion of your care while at Penrose-St. Francis Health Services. Your opinion is valuable to us as we strive to provide excellent care for our patients.

Things to do when you are at home:

- Inspect your incision every day for redness, swelling or drainage.
- Follow your physician’s instructions for care of incision when showering.
- Do not take a bath, use a hot tub or do pool therapy until cleared by your physician.
- Take deep breaths and cough throughout the day.
- Take rest breaks throughout the day.
- Eat three meals a day with plenty of fruits and vegetables. Drink plenty of water.
- We suggest taking stool softeners while you are taking your prescription pain medication to ensure a regular bowel movement.
- Remember to complete any exercises prescribed by your therapist.

Check with your doctor regarding:

- Driving restrictions
- Sexual activity

Call your doctor:

- If your temperature is greater than 101 degrees
- If your pain is severe and not being controlled by your pain medication
- If you notice an increase in redness, tenderness, swelling or continued drainage at your incision area
- If you have any bleeding
TOTAL HIP AND KNEE REPLACEMENT COMMON INFORMATION

You may require the use of a walker, cane or crutches upon discharge to home. The next few pages go over general information on how to use your walker, cane or crutches when going up and down curbs and stairs.

Up/Down Curb Using Walker

**STEPPING UP**

1. Step close to curb with walker. Lift walker up.

2. Step up, leading with stronger leg.

**SAFETY TIPS**

- Wear safety belt where assistance may be needed.
- Wear low heeled, supportive shoes.
- Do NOT rush.

**STEPPING DOWN**

1. Stand close to edge of curb.

2. Lower walker.

3. Step down, weaker leg first.
Stairs Using Walker

1. Hold onto rail at bottom of stairs. Place walker sideways with two legs on first step against edge of second step for support.
   *Note: Make sure steps are wide enough to use this method.*

2. With one hand on rail, and the other on handle of walker, step up.

3. Keeping a firm hold on rail, bring walker up one step. Be sure the top two legs are wedged against the edge of next step. Repeat steps 2 and 3 to continue.
Up/Down Stairs or Curb Using Crutches

**STEPPING UP**

1. Stand close to curb or stairs, step up with unaffected leg.
2. Follow with affected leg, placing crutches securely on curb or step.

**STEPPING DOWN**

1. Stand close to edge of curb or step, place both crutches down securely.
2. Step down first with affected leg. Follow with unaffected leg.

**SAFETY TIPS**
- Lean on hands, not armpits.
- Wear supportive shoes.
- Be on guard for wet or slick surfaces.
**Up/Down Staircase Using Cane**

**STEPPING UP**

1. Step up with stronger leg first.
2. Move cane and weaker leg up to same step.

**STEPPING DOWN**

1. Place cane down a step.
2. Move weaker leg down first.
3. Follow with other leg to same step.

**SAFETY TIPS**

- Keep stair areas well lit.
- Wear supportive shoes.
- Hold wall bannister.
- Do NOT rush.
TOTAL KNEE REPLACEMENT EXERCISES & INFORMATION

Included in this section are instructions for exercises you can/should perform before and after your surgery. Additional exercises to complete for after your surgery are listed as well and will be covered with your therapist after your surgery. Pictures showing you how to get into and out of your car after your knee surgery are included.

PRE-OP
Chair Push-up
Lift buttocks off seat of chair by pushing down with arms.
*Repeat 10 times.*
*Do 2-3 sessions per day.*

PRE-OP and POST-OP
Ankle Pump
PRE-OP: Bend ankles to move feet up and down, alternating feet.
Take slow, deep breaths, do NOT hold your breath.
*Repeat 10 times.*
*Do 2-3 sessions per day.*

PRE-OP and POST-OP
Quad Set
PRE-OP and POST-OP: Slowly tighten muscles on thigh of straight leg while counting out loud to 5.
Take slow, deep breaths, do NOT hold your breath.
*Repeat set 10 times.*
*Do 2-3 sessions per day.*

PRE-OP and POST-OP
Gluteal Sets
PRE-OP and POST-OP Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.
*Repeat 10 times.*
*Do 2-3 sessions per day.*
In ADDITION to your pre-op exercises from the Total Joint Class in this booklet, you will need to do the following exercises after your TOTAL KNEE SURGERY.

**Heel Slide**

Bend knee and pull heel toward buttocks. Hold 5 seconds. Return. Repeat set 10 times. Do two sessions per day.

**Straight Leg Raise**

Bend one leg. Raise another leg 6-8 inches with knee locked. Exhale and tighten thigh muscles while raising leg. Repeat set 10 times. Do two sessions per day.

**Supine Hip Abduction/Adduction with Extended Knee**

Gently bring leg out to side and back. Keep knee straight with knee and foot pointing toward the ceiling. Repeat set 10 times. Do two sessions per day.

**Short Arc Quad**

Place a large can or rolled towel under leg. Straighten knee and leg. Hold 5 seconds. Repeat set 10 times. Do two sessions per day.

**Chair Knee Flexion**

Keeping feet on floor, slide foot of operated leg back, bending knee. Hold 5 seconds. Repeat set 10 times. Do two sessions per day.

**Long Arc Quad**

Straighten operated leg and try to hold it 5 seconds. Repeat set 10 times. Do two sessions per day.
CAR TRANSFERS – KNEE REPLACEMENT

Getting in and out of a car requires a good deal of bending. The following tips will make it easier for you.

1. When entering the car, do have it parked several feet away from the curb. Standing on the street, turn your back to the car and give your walker or crutches to your escort.

2. Place your right hand on the back of the car seat and your left hand on the car dashboard before entering the car.

3. Carefully lower yourself onto the car seat, and slide back until your knees are on the seat.

4. Bring your legs into the car by alternately moving each leg a few inches at a time with your hands.

5. Continue to slowly do this until you are facing forward.

6. Sit in the car so that your hips and knees are at the same level.

7. Your doctor will inform you when you are ready to resume driving.
Total Hip and Knee Replacement
General Information, Precautions and Exercise

Included in this section are instructions for exercises you can/should perform before and after your surgery. Precautions specific to each surgical approach are listed as well and will be covered with your therapist after your surgery.

Also, included on page 37 are pictures showing you how to get into and out of your car after your hip surgery.

Hip Precautions

Following surgery, hip precautions will be determined by the type of surgery your physician performs. The three types of precautions covered in this handbook are 1) posterior approach, 2) anterior-lateral approach and 3) direct anterior approach. Please discuss with your doctor which approach will pertain to you. The nurses and therapists will also know which surgery you have completed and they will help you learn the correct precautions you will need to take with your new hip. Hip precautions for each approach will be located behind the appropriate exercises.

Posterior Total Hip Precautions

Do

- Sit with your hip at a maximum of a 90° angle, keeping knees level with or lower than hips. Sit in chairs higher than knee height.
- Sit in firm, straight back chair with arm rests.
- Use an elevated toilet seat.
- Put a pillow between your legs (from knee to groin) to discourage turning in your sleep.
- Use assistive devices as instructed in your Activities of Daily Living (ADL's). 

![Posterior Total Hip Precautions](image-url)
POSTERIOR TOTAL HIP PRECAUTIONS

DO NOT

• **DO NOT** bend your hip beyond a 90° angle.

• **DO NOT** turn your toes inward on your operated leg.

• **DO NOT** cross your legs.
EXERCISES FOR POSTERIOR APPROACH (HIP SURGERY)

These exercises can be done BEFORE your surgery and you will need to do them AFTER your surgery with your other exercise program specific to your surgery.

PRE-OP
Chair Push-up
Lift buttocks off seat of chair by pushing down with arms.
Repeat 10 times.
Do 2-3 sessions per day.

PRE-OP and POST-OP
Ankle Pump
PRE-OP: Bend ankles to move feet up and down, alternating feet.
Take slow, deep breaths, do NOT hold your breath.
Repeat 10 times.
Do 2-3 sessions per day.
POST-OP: While in the hospital, 10-20 times every hour.

PRE-OP and POST-OP
Quad Set
PRE-OP and POST-OP: Slowly tighten muscles on thigh of straight leg while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.
Repeat set 10 times.
Do 2-3 sessions per day.

PRE-OP and POST-OP
Gluteal Sets
PRE-OP and POST-OP Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.
Repeat 10 times.
Do 2-3 session oper day.
In addition to your pre-op exercises from the Total Joint Class in this booklet, you will need to do the following exercises after your POSTERIOR HIP SURGERY.

### Short Arc Quad

Place a large can or rolled towel under leg. Straighten knee and leg. Hold 5 seconds. Repeat with other leg.  
*Repeat 10 times. Do 2-3 sessions per day.*

### Abduction

Slide one leg out to side. Keep kneecap pointing up. Gently bring leg back to pillow. Repeat with other leg.  
*Repeat 10 times. Do 2-3 sessions per day.*

### Heel Slide

Bend knee and pull heel toward buttocks. Return. Repeat with other knee.  
*Repeat 10 times. Do 2-3 sessions per day.*

### Standing Hip Extension

Using a chair for balance, keep legs shoulder width apart and toes pointed forward. Slowly extend one leg back, keeping knee straight. Do not lean forward. Repeat with other leg.  
*Repeat 10 times. Do 2-3 sessions per day.*

### Standing Hip Abduction

Using a chair for balance, keep legs shoulder width apart and toes pointed forward. Swing a leg out to side, keeping knee straight. Do not lean. Repeat using other leg.  
*Repeat 10 times. Do 2-3 sessions per day.*
ANTERIO-LATERAL TOTAL HIP PRECAUTIONS

CHAIR AND TOILET
Higher chairs and a raised toilet extension are not mandatory. However, a higher chair or raised toilet extension would make it easier to get up and down.

DO NOT sit on reclining chairs.

SLEEPING
Lie on your back while resting in bed; place a pillow to the outside of your leg.

DO NOT lie on your side without the doctor’s permission.

DO NOT lie on your stomach.

When lying on your back in bed, AVOID reaching across your body to the other side to pick up the phone, etc. Keep your bedside table, phone, water glass on your surgical side. Example: If your left hip was replaced, keep bedside table on the left side of the bed.

LOWER BODY DRESSING
Dressing aids (called adaptive equipment) are not mandatory with anterior approach hip surgery, however these devices may make lower body dressing and undressing easier and more comfortable for you to perform. Some pieces of adaptive equipment include:

• Reacher
• Sock Aid
• Long Shoehorn

KITCHEN
When walking through narrow doors or spaces, or transporting items along the counter, always sidestep with your walker by leading with the non-operative leg.
ANTERIO-LATERAL TOTAL HIP PRECAUTIONS

**DO NOT**
- **DO NOT** turn toes/knee outward.
- **DO NOT** extend surgical leg backward.
- **DO NOT** cross legs.
EXERCISES FOR ANTERIOR LATERAL APPROACH (HIP)

These exercises can be done BEFORE your surgery and you will need to do them AFTER your surgery with your other exercise program specific to your surgery.

**PRE-OP**

**Chair Push-up**
Lift buttocks off seat of chair by pushing down with arms.  
*Repeat 10 times.*  
*Do 2-3 sessions per day.*

**PRE-OP and POST-OP**

**Ankle Pump**
PRE-OP: Bend ankles to move feet up and down, alternating feet.  
Take slow, deep breaths, do NOT hold your breath.  
*Repeat 10 times.*  
*Do 2-3 sessions per day.*  
POST-OP: While in the hospital, 10-20 times every hour.

**PRE-OP and POST-OP**

**Quad Set**
PRE-OP and POST-OP: Slowly tighten muscles on thigh of straight leg while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.  
*Repeat set 10 times.*  
*Do 2-3 sessions per day.*

**PRE-OP and POST-OP**

**Gluteal Sets**
PRE-OP and POST-OP Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.  
*Repeat 10 times.*  
*Do 2-3 session oper day.*
In addition to your pre-op exercises from the Total Joint Class in this booklet, you will need to do the following exercises after your ANTERIO-LATERAL HIP SURGERY.

**Heel Slide**
Bend knee and pull heel toward buttocks. Hold 5 seconds. Return.
*Repeat set 10 times. Do 2 sessions per day.*

**Short Arc Quad**
Place large can or rolled towel under leg. Straighten knee and leg. Hold 5 seconds.
*Repeat set 10 times. Do 2 sessions per day.*
DIRECT ANTERIOR TOTAL HIP PRECAUTIONS

DO NOT

• DO NOT turn toes/knee outward.

• DO NOT cross legs.

• DO NOT extend surgical leg backward.
EXERCISES AND PRECAUTIONS FOR DIRECT ANTERIOR APPROACH (HIP)

These exercises can be done BEFORE your surgery and you will need to do them AFTER your surgery with your other exercise program specific to your surgery.

**PRE-OP**
Chair Push-up
Lift buttocks off seat of chair by pushing down with arms.
*Repeat 10 times.*
*Do 2-3 sessions per day.*

**PRE-OP and POST-OP**
Ankle Pump
PRE-OP: Bend ankles to move feet up and down, alternating feet.
Take slow, deep breaths, do NOT hold your breath.
*Repeat 10 times.*
*Do 2-3 sessions per day.*
POST-OP: While in the hospital, 10-20 times every hour.

**PRE-OP and POST-OP**
Quad Set
PRE-OP and POST-OP: Slowly tighten muscles on thigh of straight leg while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.
*Repeat set 10 times.*
*Do 2-3 sessions per day.*

**PRE-OP and POST-OP**
Gluteal Sets
PRE-OP and POST-OP: Squeeze buttocks muscles as tightly as possible while counting out loud to 5. Take slow, deep breaths, do NOT hold your breath.
*Repeat 10 times.*
*Do 2-3 sessions per day.*
In addition to your pre-op exercises from the Total Joint Class in this booklet, you will need to do the following exercises after your DIRECT ANTERIOR HIP SURGERY.

**Heel Slide**
Bend knee and pull heel toward buttocks. Hold 5 seconds. Return. *Repeat set 10 times. Do 2 sessions per day.*

**Sitting Chair Flexion**
Bring knee up toward chest. *Repeat set 10 times. Do 2 sessions per day.*

**Short Arc Quad**
Place large can or rolled towel under leg. Straighten knee and leg. Hold 5 seconds. *Repeat set 10 times. Do 2 sessions per day.*

**Standing Hip Abduction**
Lift leg out to side, bring back to midline. *Repeat set 10 times. Do 2 sessions per day.*

**Standing Hip Flexion**
Bending at the hip, bring your knee up toward you, then back to starting position. *Repeat set 10 times. Do 2 sessions per day.*
CAR TRANSFERS – HIP REPLACEMENT

Getting in and out of a car requires a good deal of bending. The following tips will make it easier for you.

1. When entering the car, park it several feet away from the curb. Standing on the street, turn your back to the car and give your walker or crutches to your escort.

2. Place your right hand on the back of the car seat and your left hand on the car dashboard before entering the car.

3. Carefully lower yourself onto the car seat, and slide back until your knees are on the seat.

4. Bring your legs into the car by alternately moving each leg a few inches at a time with your hands.

5. Continue to slowly do this until you are facing forward.

6. Sit in the car so that your hips and knees are at the same level. (Posterior hips: If the height of the car seat causes your knees to be higher than your hips when you are seated, use a firm pillow to raise the seat.)

7. Your doctor will inform you when you are ready to resume driving.
PERFORMING DAILY ACTIVITIES – HIP

Your therapists, nursing staff and physician will continually teach and remind you about the things you can do, things to avoid, and approaches to daily activities. Always feel free to ask questions before doing something that is new to you.

Dressing

- You will receive instruction from an Occupational Therapist on dressing techniques. These approaches are designed to follow your precautions, which help protect you during the healing process.
- You may need to put your pants, shoes and socks on while sitting in a chair.
- Wear sturdy, rubber-soled shoes that slip on easily.
- Avoid twisting your foot as you place it in the shoe.
- Elastic shoelaces are available if you have only tie shoes.
- Your Occupational Therapist may recommend equipment for home use. You need to use the equipment until your doctor discontinues your precautions. Examples of some items are sock aid, reacher, and long handled shoe horn.

Toileting

- You may need a raised toilet seat due to your precautions.
- Bend your knees and use grab bars (if needed) to slowly lower yourself to the toilet.
- Be sure to avoid bending forward beyond 90 degrees reaching for the toilet paper or cleaning yourself after toileting. This pertains to you if you had posterior hip surgery.
- Grab bars and toilet safety frames are helpful.
- Towel racks and toilet paper holders are NOT grab bars!

Showering/Bathing

- You may want to have someone close by until you feel safe showering.
- Install grab bars if you have balance problems or have trouble getting in and out of the shower/tub.
- Do not sit in the bottom of the tub. A shower chair or bath bench may be used for bathing or showering. Do not use lawn chairs or plastic chairs to sit in the shower or tub.
- Hand-held shower hoses are helpful.
- Long-handled sponges and reachers can help with washing your back and feet.
- Rubber mats on the shower floor or tub will help you from slipping.
- Use body wash or soap on a string to prevent dropping your soap.

Household Chores

- Do not bend or stoop low when doing chores. Your therapist will teach you bending restrictions.
- Be very careful when cleaning floors, making beds, or dusting low tables and chairs. Use a reacher or long handled tool such as a mop to complete chores. You may have someone else do the job for you.
- Leave heavy housework to someone else.
Carrying Things

- There are many different bags, packs and pouches you can purchase that will assist you with carrying your items.
- An apron or jacket with several large pockets will be helpful as you carry items within your house.

You may need to use some adaptive equipment for a short period of time to help you complete your activity. Your therapist can help you decide which aids you may need. The therapist and case manager will give you a list of stores that sell this equipment. Much of the equipment that can be used in the bathroom is not covered by insurance or Medicare. Often equipment is available to borrow from lending closets. Discuss this possibility with your case manager if this is of interest to you. Please refer to the following equipment list to view items.

**EQUIPMENT**

- Walkers
- Crutches and Cain
- Shower Chair
- Elevated Toilet Seat with Arms
- Tub Transfer Bench
- 3 in 1 Commode
Wheelchair

Platform Walker

Tub Railing

Hand Held Shower and Shower Chair

Long Handled Shoehorn

Reacher

Long Handled Sponge

Sock Aid

Leg Loop
Advanced Directive
An Advance Directive is a legal document that allows you to convey your decisions about end of life care ahead of time. It provides a way for you to communicate your wishes to family, friends and health care professionals.

Anesthesia
Condition of having sensation (including the feeling of pain) blocked for the short term.

Anesthesiologist
A physician who is responsible for administering and monitoring anesthesia.

Care Manager
Beginning with the preoperative education/evaluation the care manager is the nurse who assists the patient and family through the joint replacement surgery process. The care manager will assist with insurance issues and help you and your family obtain the equipment recommended by the therapist. He/she will be available to answer questions during the entire process.

Continuous Passive Motion (CPM)
The CPM is a device that is used to gently flex and extend the knee joint.

Epidural
A form of regional anesthesia involving injection of drugs through a catheter placed into the spine. The injection can cause both a loss of sensation and a loss of pain.

Home Service Coordinator
A person who will assist you in contacting the appropriate agency for a smooth transition home.

Incentive Spirometer
Breathing device used to help your lungs expand.

Intravenous (IV) Catheter
A small plastic tube inserted in your vein to allow fluids and medication to be delivered through your bloodstream.

Nerve Block
A form of a local anesthetic that is injected into or around a nerve or into the spinal column to control pain. The area may feel numb.

Occupational Therapist
A trained professional who will assist you in regaining independence with activities of daily living (ADL’s) such as dressing, grooming, bathing and toileting. They may make recommendations for equipment needs.

Obstructive Sleep Apnea (OSA)
Condition in which a person has episodes of blocked breathing during sleep.

OrthoPat
A machine which collects blood lost during surgery and washes it with a sterile saline solution prior to transfusion back to the patient. The system can also be used to recover blood from the wound after surgery and washes this blood as well. The nurse will infuse the blood into the patient.

Pain Ball
Pain relief method where the device automatically and continuously delivers a local anesthetic, at the surgical site, to relieve post-op pain, through an antimicrobial catheter.

Primary Care Physician (PCP)
A medical doctor who provides both the first contact for a person with any health concerns as well as continuing care of any other medical conditions.

Sequential Compression Device (SCD)
SCD is an intermittent pneumatic compression system that includes inflatable compression sleeves to reduce risk of clot formation, such as deep vein thrombosis, in the legs of hospitalized patients.

Social Worker
The social worker is part of the care management team and works in collaboration with the care manager. If issues arise related to skilled nursing placement, financial or resources, the social worker may be called in to assist.

Surgical drain
A portable wound suction device that is compressed to provide gentle suction. The drain collects blood from your surgery and is placed near your incision. It will be removed in one to two days.

Urinary catheter
Tube used to drain urine from the bladder. The tube is usually placed during surgery preparation will be removed by the nurse once the patient getting up and moving around.

Vital signs
Temperature, heart rate, respirations, blood pressure and oxygen level are basic to assessing a patient’s general medical condition.
DIRECTIONS to the Pre-Op Clinic:
From the main entrance, walk past the information desk, up the ramp, through the doors. The Pre-Op Clinic, Outpatient Lab will be on your right.

DIRECTIONS to Pre-Admit Testing at St. Francis Medical Center:
Please park your car with FREE valet at the main entrance to the hospital. Valet hours are from 7am – 8:30pm. Once inside St. Francis Medical Center, you will pass the volunteer desk on your left and proceed to the registration desk which will be on your right (across from the Coffee Shop). Check-in will take 5 – 10 minutes. Once check-in is complete you will be asked to take a seat in the waiting area. A representative from the Pre-Admit Testing Office will come and get you for your appointment.

DIRECTIONS to the Surgical Center the Day of Your Surgery:
You can park your car with FREE valet at the main entrance to the hospital. Valet hours are from 7am – 8:30pm. Once inside St. Francis Medical Center, you will pass the volunteer desk on your left and proceed to the registration desk which will be on your right (across from the Coffee Shop). Once registered you will be directed back to the main entry where you will take a left to the main elevators. Take the main elevators to the second floor. Once on the second floor, exit the elevators and go to your right where you will see the Surgical Waiting Area. There will be a volunteer at the check in desk who will assist you back to the surgery suites. Family and friends may stay in the surgical waiting area.
## IMPORTANT NUMBERS

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<tr>
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<th>PENROSE HOSPITAL</th>
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