



➤ Total Joint Replacement

 **McLaren**  
ORTHOPEDIC HOSPITAL



ORTHOPEDIC HOSPITAL

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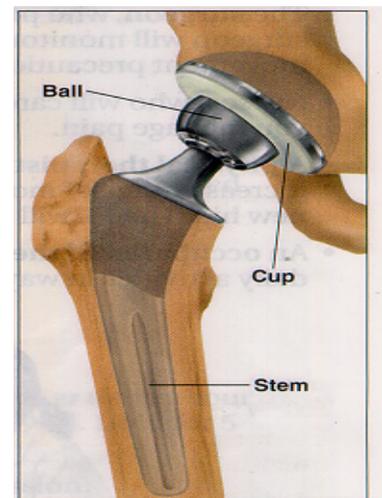
## What is a Total Knee Replacement?

A knee replacement is a surgical procedure to remove a worn or damaged knee joint and replace it with an artificial one. Cartilage wears away from the knee due to inflammation, trauma and usage. The worn cartilage no longer allows the joint to glide freely, causing stiffness and pain.



## What is a Total Hip Replacement?

A total hip replacement is a surgical procedure to remove a worn or damaged hip joint and replace it with an artificial one. Surgery is usually done when the smooth, soft tissue that covers the ball of the thigh bone and lines the socket cartilage cracks or wears away. Damage to the cartilage is caused by normal wear (osteoarthritis), inflammation, (rheumatoid arthritis), or an injury (bad fall causing a fracture).



## **The night before your surgery:**

- Take a shower or bath the night before your surgery with antibacterial soap. This will help reduce the risk of infection.
- Do not shave the surgical area and do not wear any make-up, jewelry, lipstick, nail polish, or fake fingernails.
- Do not eat or drink anything after midnight. You will be informed about whether or not to take your medication during your pre-admission testing.

## **Bring a hospital bag.**

### **Some of the items you should bring from home are:**

- Good non-skid walking shoes. (Preferably shoes with a back and that can loosen or tighten throughout your stay.)
- A loose-fitting sweat suit, jogging suit or shorts.
- Personal care items such as a hair brush, denture case, eyeglass case, contact lens case, hearing aid case.
- Walker

***Leave your cash, credit cards and jewelry at home.***



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## The morning of your surgery:

Before leaving home, take any medications you have been instructed to take with a small sip of water.

When you arrive on the day of your surgery, enter the building at the Patient entrance, and go directly to the admitting desk. Admitting will get you registered for surgery and contact the Same Day Surgery department upon your arrival. Your family will be reunited with you in Same Day Surgery when your surgical preparation is complete.

- You will be asked to put on a hospital gown, and remove all jewelry or valuables and give them to your family.
- You will be asked to mark your surgical site, and several different staff members will verify this with you.
- An IV (intravenous) line will be started to provide fluids and medication needed during surgery.
- Only two visitors at a time will be allowed in the pre-op holding area.
- An Anesthesiologist will come and talk to you about your anesthesia and answer any questions about that part of the procedure. You will be asked to sign consents at this time.
- Any repeat tests that may need to be performed will be done to insure your health is optimal.
- When everyone is satisfied and the operating room (OR) is ready, someone from the OR will come to get you.
- Before you go back to the OR, you will have the opportunity to see your family again. At this time we will ask you to remove dentures/partials, and glasses/contacts. (Give these items to your coach or loved one.)

## Surgery Time

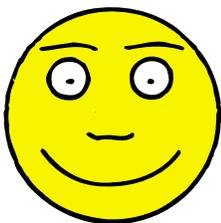
A procedure time has been assigned to each patient depending on their anticipated needs. At times, situations arise beyond our control and the expected surgery time may be adjusted. We may call and move the time of your surgery up, or there may be some delay. Every effort will be made to respect you and your families' time.

## Recovery after Surgery:

- You will be taken to the recovery room for approximately 1 hour for observation. Don't worry if you are in the recovery area longer than 1 hour, everyone is given as much time as they need in this area.
- It is normal to have pain after surgery; however, we strive to make sure it is not severe. You will be asked frequently to rate your pain level, using the following Pain Scale.

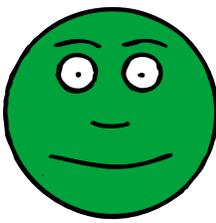
## Please rate your pain - Por favor, evalúe su dolor

Faces pain rating scale - Las caras muestran la dase de dolor en escala



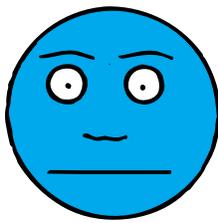
**0**

0 = no pain  
0 = no dolor



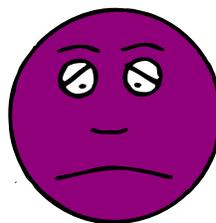
**1-2**

mild pain,  
dolor moderado  
annoying,  
molesto  
nagging,  
incomodo



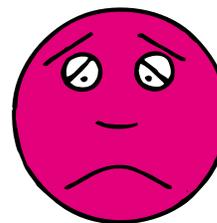
**3-4**

discomforting,  
incomodo  
troublesome,  
enfadoso  
nauseating,  
repugnante  
grueling, difícil  
numbing,  
adormeciéndose



**5-6**

distressing,  
sufriendo  
miserable,  
miserable  
agonizing,  
agonizando  
gnawing,  
masticando



**7-8**

intense, intenso  
dreadful, terrible  
horrible, horrible  
viscious, vicioso  
cramping,  
acalamdrado



**9-10**

excruciating,  
extremadamente  
unbearable,  
intolerable  
torturing,  
torturando  
crushing,  
aplastante  
tearing,  
desgarrando

Rating your pain will assist nursing in providing you with appropriate pain medication.

## **Patient Controlled Analgesia (PCA)**

- You can press a button that will give you medication through your IV when you feel pain or discomfort.
- You will be encouraged to take pain pills along with your IV pain medication. When your pain is controlled, your PCA will be discontinued.
- You will continue to have an IV for pain medications and antibiotics, if needed.
- Sometimes the pain medicine can make you feel sick to your stomach. If this happens let us know and your doctor can order something to make you feel better.

## **Surgical Dressing**

You will have a dressing applied to your surgical area. Your doctor will instruct the nurse when to change the dressing. The dressing will be removed and your incision may be left open to air when the drainage is gone. If you have a drain, it will be removed prior to discharge.

- Ice will be applied to your surgical area for 24-48 hours post operatively.

## **Breathing exercises**

When you wake up you will be asked to breathe deeply and cough. You will be given a device called an incentive spirometer, which will assist you in breathing exercises that need to be completed 10 times an hour. These simple but important breathing exercises are to prevent problems with your lungs.

- You may have oxygen for 24 hours after surgery to help you breathe better.

## Preventing blood clots

To improve circulation in your legs and reduce the risk of blood clots, you will be asked to:

- Wiggle your toes and flex your ankles every hour
- **Ankle Pump:**  
Slowly push your foot up and down.  
Do this exercise several times a day.  
This exercise can begin immediately after surgery and continue until you are fully recovered
- Take the medication that will be ordered by your doctor to prevent clot formation
- Wear compression devices that are applied to each calf to increase circulation, which are worn while in bed.
- Orthopedic Residents and Physician Assistants will visit you daily. They will monitor and discuss your progress with your surgeon.



### **Diet:**

You may resume your normal diet.

### **Hygiene:**

You may shower if your incision is dry and not draining.  
Use an antibacterial soap.

***Do not take a tub bath !***

## Medications

- A prescription for pain medication will be given to you. Take your medication as directed. Call your doctor if pain is not controlled. Avoid taking over the counter pain medication along with any prescribed pain medication unless directed by your doctor.



**Pain medicine causes sleepiness.  
Do not drive or operate machinery.**



- Constipation is a common side effect of pain medication.
- Your medical doctor will tell you which of your regular medications need to be continued when you are discharged home.

**Remember:** For the **FIRST TWO** years after a joint replacement, **ALL** patients may need antibiotics for all high-risk dental procedures. After two years, only high-risk patients may need to get antibiotics for high-risk procedures.

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your artificial joint. This increases your risk of contracting an infection. Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you.

## Anticoagulants:

### What is an Anticoagulant?

- An anticoagulant is a substance that prevents clotting of the blood. You will be prescribed a “blood thinner” which will lessen the chance you getting a blood clot in your leg.

### Types of Anticoagulants

- Lovenox (injection)
- Arixtra (injection)
- Xeralto
- Fragmin (injection)
- Coumadin
- Aspirin

**Your physician will prescribe the anticoagulant that will best meet your needs**

### How long will I be on an anticoagulant?

- You will be on an anti-coagulant for approximately 14-21 days, post operatively.

### Signs to watch for on a blood thinner

- Bleeding, increased bruising

**Call you physician if the above occurs**

## After You Are Discharged

### Driving

- Do not drive after your surgery until approved by your orthopedic surgeon.

### Work/Activities

- You can return to work as instructed by your doctor.
- Instructions for safely resuming sexual activities are available from the Physical Therapist.

### Nutrition Tips

Please visit the following website for nutritional tips to promote healing:

- Go to [my.pyramid.gov](http://my.pyramid.gov)

Please note: during your hospital stay a dietitian is available for consultation at your request.

Quote of the Day:

“Take one step  
at a time”

## What to Expect Post Op Day 0 (The day of your surgery)

### Good Morning....

You may still be feeling sleepy and not have much of an appetite- that’s normal. Continue to drink lots of fluids. Discomfort is normal – you have a new joint!! Your doctor has prescribed special pain medication – be sure to let your nurse know how it is working.

### Today’s Goal

- Your Physical Therapist may work with you this afternoon to walk and increase your comfort in moving your new joint.
- Please invite your loved one or friend to attend the therapy sessions. Try to be up in your chair as much as possible for the next few days.
- Don’t forget to use your incentive spirometer and take three deep breaths 10 times every hour.

- Remember to move those feet and ankles to keep the blood circulating. Try doing ankle pumps – we do not want any blood clots. (Exercise on page 26 or 30)
- Have your coach bring you comfortable street clothes (i.e. t-shirts, sweatshirt and gym shorts/ sweatpants).



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### Day Zero

#### ■ BATHING

Be sure to shower and wash your hair at home before surgery.

#### ■ DIET

Liquids and diet as tolerated after surgery

#### ■ DRESSING

You will have a dressing covering your incision.

#### ■ COLD THERAPY

Your doctor may order ice bags, which will keep your surgical area cool and help reduce swelling and discomfort.

#### ■ IV MEDICINES & PAIN MANAGEMENT

You will have an IV solution along with antibiotics to help prevent infection. You may have a PCA pump, delivering pain medication. It is important for you to let your nurse know when you feel discomfort. Tell your nurse if you are sick to your stomach. Medication may be given to decrease nausea.

#### ■ BLOOD CLOT PREVENTION

Blood-thinning medicine is given to reduce the risk of blood clots. Your doctor will order compression devices or foot pumps to reduce the risk of blood clot formation.

Quote of the Day:

“Never look back,  
since you are not  
going that way.”

### FOR HIP Patients:

You will work with your occupational therapist today to help increase independence in self-care.

### Inform your nurse if you are having:

- Pain that is not controlled.
- Nausea/vomiting
- dizziness



## What to Expect Postoperative Day One

It's time to get your new joints moving!!  
Today will be a busy day for you.

- Your nurse will assist you in getting dressed.
- Team therapy is scheduled in the am and again in the pm, your appointment times should be written on your dry erase board today. Don't forget to invite your loved one or friend to come help and learn with you.

### Day One

#### ■ COLD THERAPY

You may continue with ice bags.

#### ■ BOWELS

Your doctor has ordered medication to assist with bowel function. Constipation is a common problem.

#### ■ DEEP BREATHING

Continue to use your incentive spirometer, and take deep breaths every hour while awake.

#### ■ MEDICATION

Your pain medication will be changed to pills. In general pain pills are prescribed to be given every 4 hours as needed. Please ask your nurse for pain medication as soon as you feel discomfort. Please do not wait until the pain is severe.

#### ■ BLOOD CLOT PREVENTION

Your blood-thinning medication will continue. Continue to wear compression devices while in bed, and do ankle pumps.

- Members from our team will finalize your equipment needs, transfer plans and all other final details for going home.

# DISCHARGE DAY!

(Post Operative Day Two)

## CONGRATULATIONS YOU HAVE REACHED YOUR GOAL!!

**Good Morning...** today is discharge day!! There are some details we need to take care of before you can go home.

- Your orthopedic surgeon and/or residents will be in to see you and make sure you are safe to go home.
- Your medical doctor will be contacted as well.
- You will attend therapy today and – you will need to pass physical therapy before you can go home (be able to go up and down steps, walk, get in and out of bed and get to the bathroom safely).

### ■ MEDICATION

When discharged, you will be given a prescription for pain pills and a blood thinner to be taken as directed.

- Has your appointment to begin outpatient Physical Therapy been made?

Quote of the Day:  
“ We are all in  
charge of our  
attitudes.”

It has been our pleasure  
to work with you!!

### Some tips to help you when you are at home

- Use your walker or crutches to assist with walking.
- Continue normal walking activities at home.
- Continue your therapy exercises.
- Take your medication as directed.
- Keep your return appointment with your orthopedic surgeon.
- DO NOT overdo your activities.
- DO NOT sit in the bathtub. Take showers or sponge baths.
- DO NOT drive until approved by your orthopedic surgeon.
- DO NOT use a pillow under your knee.
- Please read your discharge instructions you receive from your nurse.
- Continue with your cold therapy.

## Therapy & Exercise:

- Exercise **before** and **after** surgery will strengthen your muscles and increase the flexibility in your joints.
- Practicing the exercises described below before surgery will make your recovery after surgery easier and quicker.
- Your therapy program while in the medical center will consist of walking with a walker, practicing transfer techniques, continued education and exercises. You will begin your therapy program the day of surgery and in some cases, the day after surgery. You will have therapy two times per day, beginning the first day after surgery.
- Bring your “coach” to your therapy sessions so they can cheer you on and learn how to help you at home.
- If you have had your knee replaced, you will be referred to outpatient physical therapy three times per week for four to six weeks. McLaren Greater Lansing has several convenient therapy locations to serve your needs. Please see map at the back of this book. Ask a Physical Therapist for details.
- If you have had your hip replaced, typically you will not require outpatient physical therapy but will be required to continue your exercises at home.

## Hip Replacement Exercises:

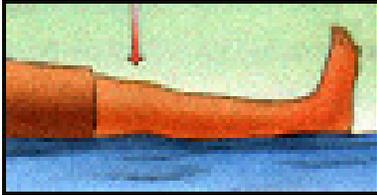


**Ankle Pumps:** Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



**Buttock Contractions:** Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.

## Hip Replacement Exercises Continued:



**Quad Sets:** Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



**Bed-Supported Knee Bends:** Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do 3 sets of 10, at least 3 times per day.



**Abduction Exercise:** Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day.



**Short Arc Quads:** You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower.

### Standing Knee Raises:

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts before lowering down. Do 3 sets of 10, at least 3 times per day.

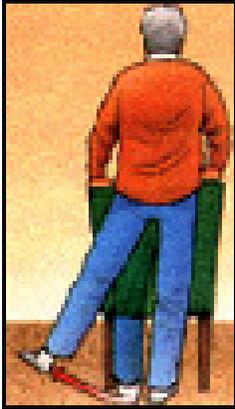


### Standing Hip Extensions:

Lift your operated leg backward slowly. Keep your back and knee straight. Hold 2 or 3 counts. Return your foot to the floor. Do 3 sets of 10, at least 3 times per day.

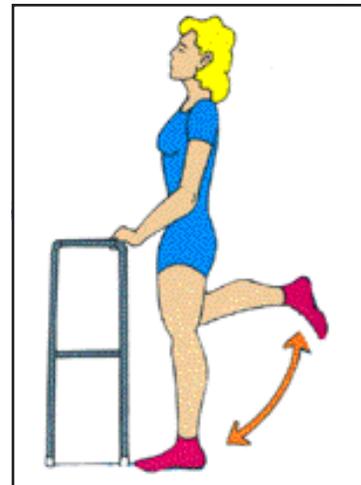


## Hip Replacement Exercises Continued:



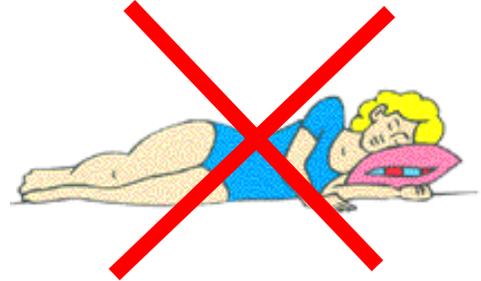
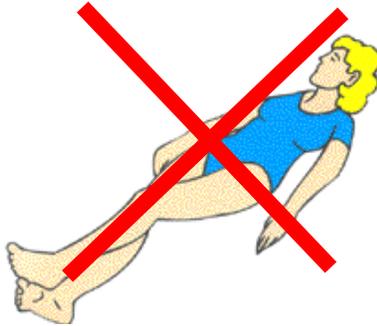
**Standing Hip Abduction:** Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor. Do 3 sets of 10, at least 3 times per day.

**Knee Flexion:** Stand straight, holding onto the back of a walker. Bend knee up towards buttocks. Keep hip straight!! Lower leg straight!! Lower leg to standing. Do 30 times.

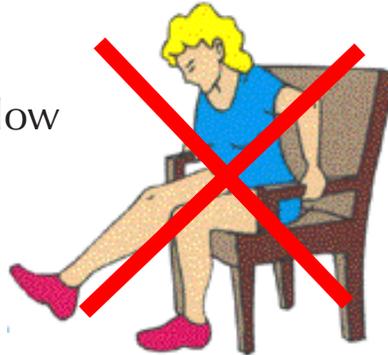


**FOR HIP PATIENTS****Remember Your Hip Precautions!!**

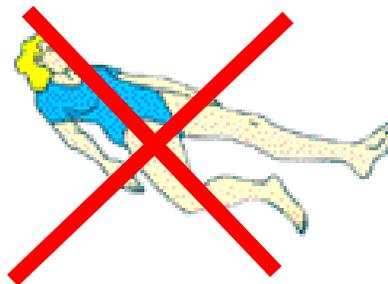
- **DO NOT** sit or lie with legs crossed.



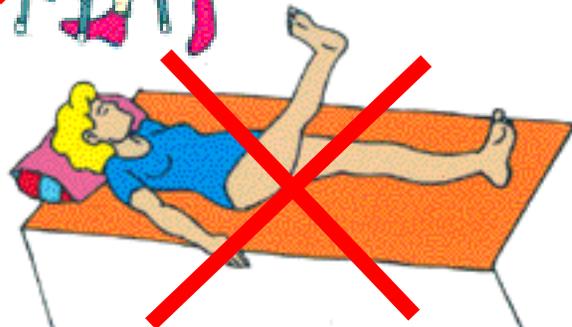
- **DO NOT** bend/sit on low surface and **DO NOT** lean forward to push yourself up.



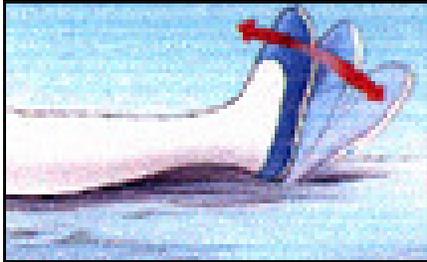
- **DO NOT** let toes roll outward or inward when walking or lying in bed.



- **DO NOT** straight leg raise or lift leg from the hip with knee straight.



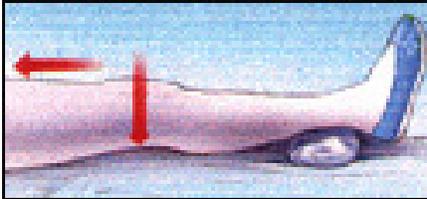
## Knee Replacement Exercises:



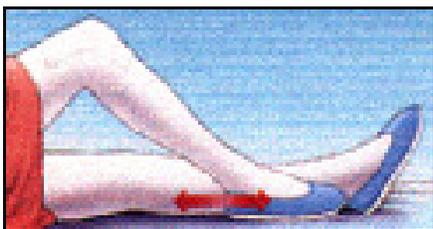
**Ankle Pump:** Slowly move your foot up and down. Do this exercise several times, as often as every 5 to 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



**Buttock Contractions:** Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.



**Quad Sets:** Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.

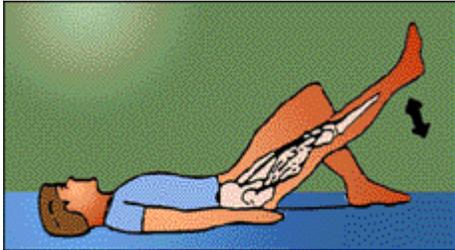


**Bed-Supported Knee Bends:** Bend your knee up as much as possible while sliding your foot on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten. Do 3 sets of 10, at least 3 times per day.



**Abduction Exercise:** Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day.

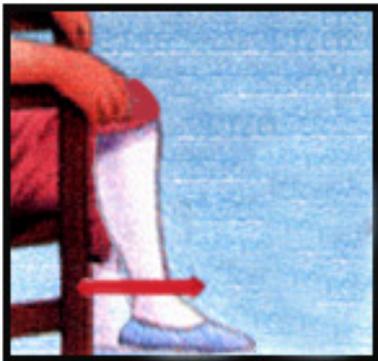
## Knee Replacement Exercises Continued:



**Straight Leg Raises:** Bend your NON-operative knee and put your foot flat on the bed. Lift up your operated leg with your knee straight. Slowly lower. Do 3 sets of 10, at least 3 times per day.



**Short Arc Quads:** You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower.



**Sitting Knee Bends:** While sitting at bedside or in a chair, bend your knee back as far as you can. To increase the bend in your knee, plant your foot on the floor and slide your upper body forward. Hold 5 to 10 seconds, then straighten your knee fully. Do 3 sets of 10, at least 3 times per day.

## Knee Replacement Exercises Continued:

**Pain or Swelling after Exercise:** You may experience knee pain or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel. Exercise and activity should consistently improve your strength and mobility. If you have any questions or problems, contact your orthopedic surgeon or physical therapist.



**To Get Maximum Knee Motion:  
(Full extension - 0 degrees)  
Do NOT leave your knee bent  
in bed.  
Do NOT put a pillow under  
your knee.**

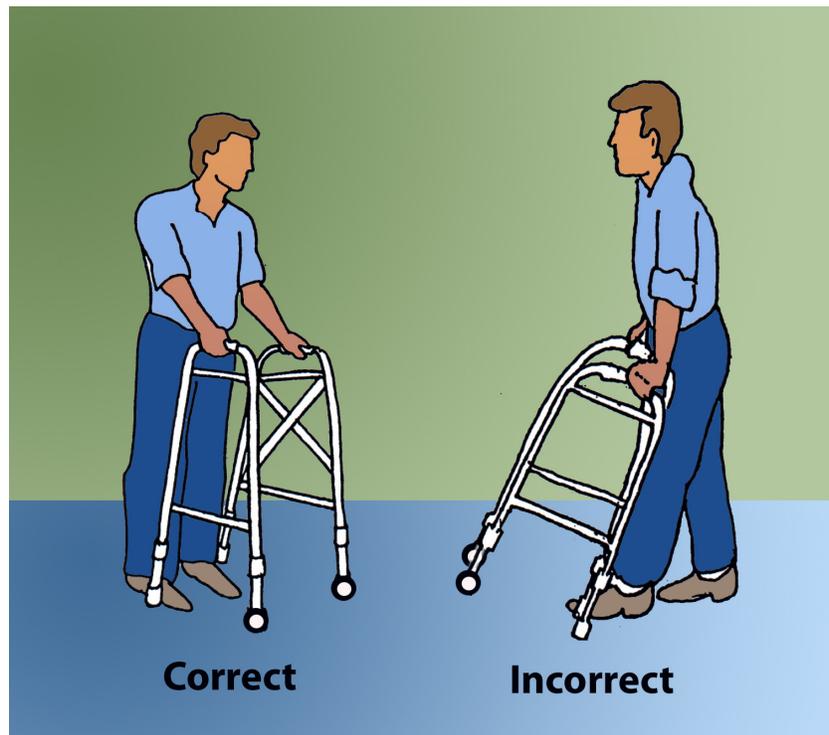
## Using a Walker

When using a walker you, place your walker forward first followed by your operated leg and then your “good” leg. All four legs of the walker should be flat on the floor before moving your feet.

You should also have your feet facing forward rather than turned outward or inward.

When turning around, **DO NOT TWIST OR PIVOT on your operated leg.** Instead, take several small turning steps.

When getting up from a chair, do not pull up on the walker. Use the arms of the chair to push yourself up before reaching for the walker. Reach back for the armrest before sitting down.



## Using a Walker continued

### Walking on Stairs with a Walker

Always begin by adjusting the walker so that the front legs are two notches longer than the back legs. This will make the walker steady enough for short distance walking on level surfaces, while still allowing you to move up and down the stairs safely.

#### 1. Going Up the Stairs

- Back up to the stairs until you feel the back of your heel against the step.
- Move your walker so the back legs are on the first step.
- Move your hands backwards on the grip of the walker. This will help to balance yourself better.
- Push on the walker and raise your non-operated leg up to the first step. (Up with the “good”.) Now bring up the operated leg, and then move the walker up on the next step.
- Repeat steps A through D.
- When you reach the top of the stairs, do not immediately bring your walker up to the top with you. Instead, step backwards two steps and then bring your walker up. This will assure good balance at the top of the stairs.



#### 2. Going Down The Stairs

- Walk forward to the stairs.
- Move the front two legs of your walker down one step. Place the walker legs near the edge of the step to leave space for your legs.
- Place your operated leg down on the step first. (Down with the “bad”.)
- Push on the walker and lower your non-operated leg down onto the step.
- Repeat steps A through D.



If you still feel nervous on the stairs, or if your Physical Therapist feels that you need assistance, have someone stand in front of you and hold your walker steady while you are walking up and down the stairs.

## Car Transfers

Keep in mind, it is usually easier to sit in the front seat than the back seat (more leg room) and two-door cars are usually easier than four-door cars (wider door opening).

Two different methods for car transfers are detailed below. Use the method which works best for you.

### 1. Front Seat Method

- a. Move the seat as far back as possible to allow maximum use of the door opening.
- b. Using your walker, back up to the seat and gently sit on the edge.
- c. Scoot back on the seat to get well into the car.
- d. Gently lift your legs into the car.
- e. Fasten your seat belt.



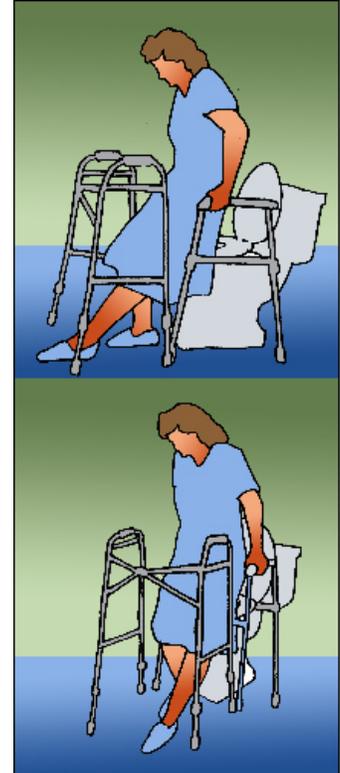
### 2. Rear Seat Method

- a. Move the front seat as far forward as allowable to increase rear seat leg room.
- b. Using your walker, back up to the seat and gently sit on the edge.
- c. Scoot back on the seat to get well into the car.
- d. Gently lift your legs into the car.
- e. Fasten your seat belt.

## Toilet transfers

There are several pieces of adaptive equipment available for the toilet. You may need to purchase some type of toilet equipment if you are taller than 5 foot 3 inches.

1. Back yourself up until you feel your legs touching the toilet.
2. Keep one hand in the center of the walker and reach for the back edge of the raised toilet seat with the other hand.
3. Gently lower yourself to the toilet seat.
4. To get off the toilet, reverse the above procedure. Make sure you have your balance before taking hold of the walker with the other hand.



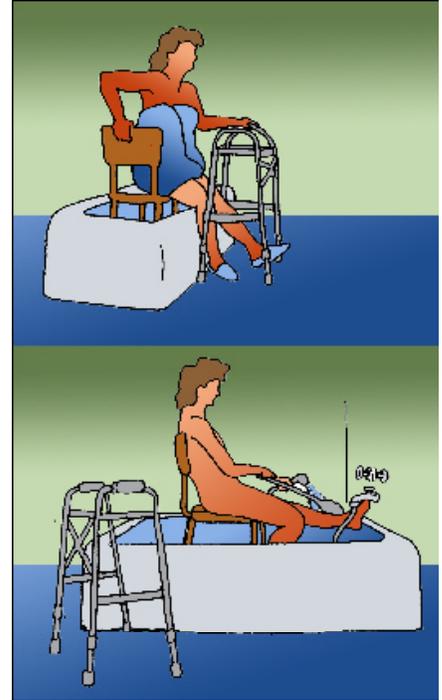
## Shower transfers

For your safety, you will need a seat to sit on. Several types of seats are available. The most appropriate type for you will be determined the day of your class.



## Tub Transfers

1. Using your walker, walk to the side of the tub. Stop next to the seat and turn so you are facing away from the tub seat.
2. Reach back with one hand for the seat. One hand should remain on the walker (see diagram)
3. Sit down on the seat keeping your operated leg straight out.
4. Lift legs over the side of the tub and turn to sit facing the faucet.
5. To transfer out of the tub, turn in your seat while lifting legs over the side of the tub. Stand up outside the tub pushing off from the seat. If you are having a hip replacement, you may need a belt to assist you with maintaining a 90 degree angle at your hip. (see diagram)



**Hip Patients** will need a long handled sponge to be independent in bathing. A hand held shower may also be helpful.

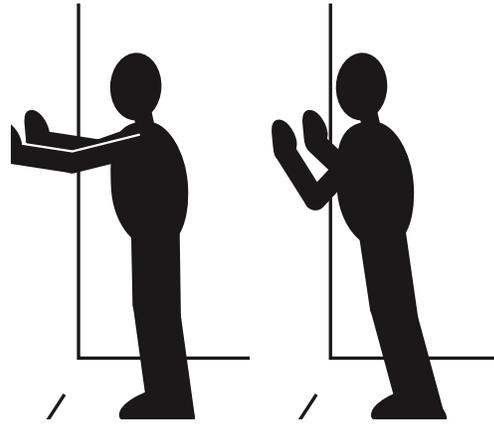
## Strengthen Your Arms!

Begin these exercises before your total joint surgery. They will help strengthen your arms and prepare you for using the walker or crutches. Do these exercises 1-2 times per day. Do each exercise 10-30 times.



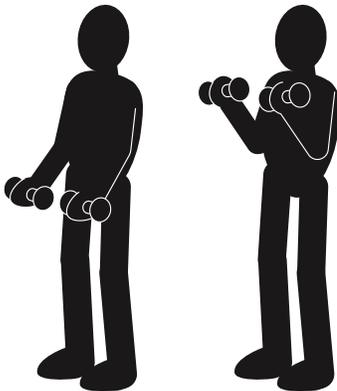
### Chair Push-Ups

Push yourself up from the chair, using your arms. Try not to use your legs.



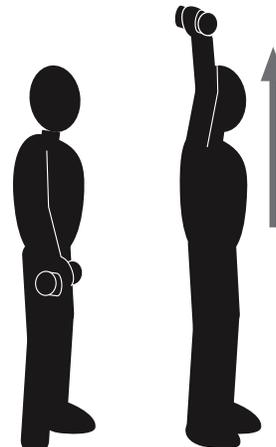
### Wall Push-Ups

Place your hands on a wall. Slowly lean toward the wall. Then, push away from wall to return to the starting position.



### Biceps Curl

Bend your elbows, bringing your hands to your shoulder. Slowly lower back down. Hold a weight or a can of soup to increase the resistance.



### Arm Raises

Raise your arm up overhead as far as you can then slowly lower. If you are strong enough, hold a weight or can of soup in your hand.

**Icing** your joint replacement is an important part of your recovery process. It will help control swelling and provide some pain relief. You should make sure to apply ice or a cold pack to your new joint after every completed exercise routine or activity.

### How To Make Your Own Cold Pack

1. Pour 3 cups of water in a 1 gallon zip lock bag.
2. Add 1 cup of isopropyl alcohol.
3. Close the bag making sure to let out as much air as possible.
4. Mix the contents.
5. Place the bag in another bag, closing securely to prevent leakage.
6. Place the bag in the freezer.

The contents should turn into a slushy mixture. If it is too solid, add more alcohol. If it is too watery, add more water.

Another alternative is to use a bag of frozen peas or corn.

### How To Apply Your Cold Pack

**Whatever method you choose.....**

1. Always use a washcloth or towel between the cold pack and your skin. Placing the cold pack over thin clothing is also fine.
2. Apply for only 10-20 minutes at a time.
3. The cold pack may be reapplied as often as needed as long as you wait one hour between applications.
4. The best position for icing is with your leg straight and elevated above the level of the heart. A towel roll or pillows may be placed under the ankle for comfort. (see below)



## Getting Your Home Ready:

Getting your home ready before surgery will make it easier for you to recover. Consider the following tips:

- You will need to have family/ friends stay with you to help for the first week after going home.
- Get rid of uneven surfaces and remove obstacles from pathways both inside and outside your home.
- Make note of potential slippery/wet spots and take precautions as necessary.
- Be sure there are sturdy handrails for steps at the entrance to your home.
- Remove throw rugs and secure extension cords out of pathways.
- Make sure lighting is good to prevent falls. Install nightlights.
- Place emergency numbers on or near the phone. Use a portable phone for safety.
- Have a comfortable chair with arms and a firm seat. Do not sit in a soft chair, a rocking chair, or sofa.
- Use containers of liquid soap to prevent difficulties with dropping the soap in the shower.
- Be sure your bed mattress can hold you without sagging while you sit at the edge; the bed must also allow your feet to touch the floor. You may need to place a board under the mattress. The bed may need to be raised with an extra mattress or blocks under the legs. A hospital bed is not needed.
- Make sure you have a non-skid surface in the bottom of your bathtub or shower.
- Choose footwear that is secure on your feet with non-skid soles.
- Have a walker bag to assist with carrying objects.

## **Getting Your Home Ready: continued**

- Place the clothing you will wear the most in waist height drawers.
- Consider having friends or family care for your pets during your recovery so you do not trip on them.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, water pitcher and cup, reading materials and medications should all be within reach.
- If you do not already have a parking permit for a disabled person, apply for a temporary permit several weeks prior to your surgery. Contact the Department of Motor Vehicles, or your doctor’s office may have an application form.
- You will need to have your own transportation arranged prior to discharge from the medical center. You also will have to have your own transportation to your outpatient physical therapy.

## **Kitchen:**

Arrange your kitchen so that you don't have to do heavy lifting, bending or reaching.

- Prepare meals ahead of time and stock up on food.
- Prepare simple meals using stove top or counter level appliances to avoid bending.
- Store items that are needed most on upper shelves of the refrigerator.
- Use a Lazy Susan for easier reach.

## **Bathroom**

- Tubs and showers must have non-skid surfaces or safety mats both inside and outside. Watch for wet on the tile floors.
- A hand held showerhead allows greater independence with showering tasks.

## **Equipment**

- Special equipment will be necessary to help maintain safety and independence. There are many options available to you. We encourage you to purchase items before surgery so you can practice with them at home.

## Care at home:

### Clothing

- It is recommended that you wear comfortable loose clothing. Ideas include sweat suits, jogging suits, shorts, and shirts. You will also need socks and shoes with non-skid soles.

### Dressing (Hip Patients Only)

- If you are having a **hip replacement** an orthopedic Hip Kit and/or dressing tools are available for a nominal fee. The kit is recommended and includes a reacher, long handled shoehorn, long handled sponge, and a sock aid. Occupational therapy will provide you with more information. Using the tools will allow you full independence with lower body dressing. **If you are having a knee replacement you will not need this equipment.** Your doctor may order ice bags, which will keep your surgical area cool and help reduce swelling and discomfort.

### Pants and Underwear (Hip Patients Only)

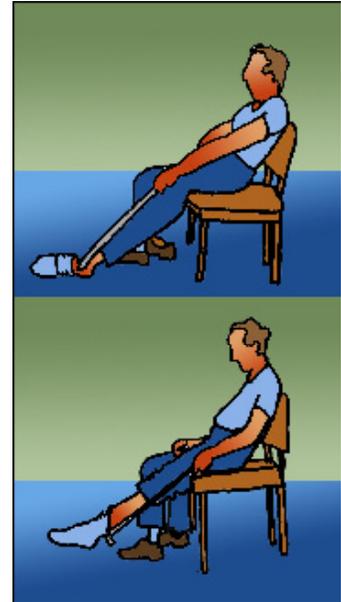
1. Sit in an armchair to get yourself dressed.
2. Put on underwear and pants first. Using the reacher catch the waist of the underwear or slacks. Lower the reacher to the floor and pull on the operative leg first. Then do the same for the non-operative leg (see drawing)
3. Pull the slacks up over your knees. Stand with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off your non-operative leg first, reversing step 2 above.



## Socks and stockings (Hip Patients Only)

Knee- high or ankle socks are recommended for both men and women. Top of socks should not be tight.

1. Slide sock onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come up past the knots on the plastic piece.
2. Holding onto the cords, drop the aid in front of the operated foot. Slip your foot into the sock and pull it on (see diagram). You may put the sock on the non-operative leg as usual. *Be sure that you do not bend more than 90 degrees at the hip.*
3. To take socks off, use the hook on the reacher to push the back of the sock down and over the heel. Now grasp the side of the sock and push it off your foot.



## Shoes (Hip Patients Only)

To put shoes on, you will again need to use the tools. Elastic shoelaces are required if you plan to wear lace-up shoes. The elastic shoelaces can be purchased at the department, drug, or the grocery store.

1. Using the reacher, hold onto the tongue of the shoe and place it over your toes.
2. Place the long handled shoehorn at the back of your heel, and push your foot down into the shoe the rest of the way.





Patient Name: \_\_\_\_\_ Surgeon: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Surgery date: \_\_\_\_\_  
 Out-patient Therapy Site: \_\_\_\_\_ Home Care Agency (if indicated): \_\_\_\_\_  
 Site Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Weight bearing status: \_\_\_\_\_

## Total Knee Replacement Physical Therapy Diary

Your inpatient Physical Therapist will start this diary on the day of your discharge from the hospital. Take this diary to your ongoing physical therapy sessions so your therapists can continue to record your progress. Your Orthopedic Surgeon will need to see this information each time you have a follow-up appointment so DON'T FORGET to take this diary with you.

|   | ROM                                       |   | WALKING  |        |          |        | STAIRS   |  | OTHER<br>(ie. transfer, bed mobility) |
|---|---|---|----------|--------|----------|--------|----------|--|---------------------------------------|
|   | Active<br>(example:<br>10°-106°<br>#1-#2) | Passive<br>(example:<br>8°-110°<br>#3-#4) | Distance | Device | Comments | #Steps | Comments |  |                                       |
| Hospital Discharge<br>Date: _____<br>Therapist: _____<br>Phone: _____                     |   |   |          |        |          |        |          |  |                                       |
| (if indicated)<br>Home Care Evaluation<br>Date: _____<br>Therapist: _____<br>Phone: _____ |   |   |          |        |          |        |          |  |                                       |
| Home Care Discharge<br>Date: _____<br>Therapist: _____<br>Phone: _____                    |   |   |          |        |          |        |          |  |                                       |
| Outpatient Evaluation<br>Date: _____<br>Therapist: _____<br>Phone: _____                  |   |   |          |        |          |        |          |  |                                       |
| 6th outpatient visit<br>Date: _____   |   |   |          |        |          |        |          |  |                                       |
| Outpatient Discharge<br>Date: _____<br>Therapist: _____<br>Phone: _____                   |   |   |          |        |          |        |          |  |                                       |



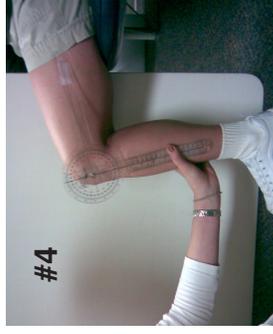
**#1**  
Active Extension  
(instruct patient to perform quad set)



**#2**  
Active Flexion



**#3**  
Passive Extension



**#4**  
Passive Flexion

**Outcome Goal:** 90% of TKR patients will achieve 90° of active sitting flexion in 6 visits.

Number of treatments to achieve 90°: \_\_\_\_\_

Total number of visits: \_\_\_\_\_

Number of visits patient missed: \_\_\_\_\_

Key: (example) 8°-110° degrees describes the patient's knee as lacking 8° from terminal knee extension and having 110° of flexion.

