

TOTAL JOINT CLINIC

Your Guide to Joint Replacement Rehabilitation



NORTHERN MICHIGAN

DOING WHAT'S BEST.®

Welcome to the McLaren Northern Michigan Total Joint Clinic

This program will provide you with the opportunity to partner with your physician and other health care providers who will be part of your successful surgical recovery.

The orthopedic surgeons at McLaren Northern Michigan were among the first in Michigan to offer joint replacement as an option for improved quality of life. This capability has grown over the years to encompass knee, hip, wrist, elbow, ankle, and shoulder replacements. Through years of experience, the team caring for patients has demonstrated some of the best outcomes in the state. The surgeons continually evaluate and incorporate alternatives for joint replacement that fit the specific needs of each patient. Hemi-knee and ceramic joint procedures are examples of the choices that can be considered for appropriate care.

Our multidisciplinary team has created a “pathway” for you that includes: Preoperative preparation, education, coordination of hospital care, and postoperative rehabilitation. This pathway begins with a program for you and anyone else who will be assisting you through your surgical preparation and recovery. The Total Joint Clinic program has been developed to inform our clients of what to expect before, during, and after their upcoming surgery. This program will help you understand what you can expect from the nursing staff, physicians, and other support staff. Information will be provided to ensure that you have the knowledge and tools to become an active participant in your recovery process. The more you and your family know about your upcoming surgery, the better prepared you will be.

Thank you for choosing McLaren Northern Michigan for your health care needs.

Sincerely,
Orthopedic Service Line



Total Joint Clinic

OBJECTIVES

The Total Joint Clinic has been developed to inform you of what to expect before, during, and after your upcoming surgery. You will understand what you can expect from the nursing staff, physicians, and other support staff, as well as what is expected of you.

The more you and your family know about your upcoming surgery, the better prepared you will be. Upon completion of this educational activity, you will be able to verbalize or demonstrate the following:

- Importance of antibiotic therapy before any dental, urologic, gastrointestinal, or other invasive procedure to treat infection
- Knowledge regarding your inpatient stay
- Importance of nutrition before, during, and after surgery
- Safe and independent ambulation
- Importance of exercise before and after your total joint replacement

AGENDA

8 – 9 a.m. Registration

- Laboratory Work
- EKG
- Registry Form

9 – 9:30 a.m. Physical and Occupational Therapy

- Strengthening Exercises
- Living with Your New Joint

9:30 – 10:30 a.m. Total Joint Program Overview

- Pre-admission Phase
- Surgery
- Post-operative Phase
- Discharge
- Diet Considerations

10:30 – 11 a.m. Wrap-Up

- Questions and Answers
- Evaluation
- Physician and Staff Information

I M P O R T A N T

Please note this material is subject to change due to ever-improving standards of care.

If at any time you have questions or concerns, please contact your physician.

Before Surgery

BLOOD TRANSFUSION AND BLOOD TEST

- You will receive a pamphlet called, "What if I Need a Blood Transfusion?" This pamphlet will answer many of your questions regarding blood products. If you need more information, please talk with your physician or call McLaren Northern Michigan at 800-248-6777.
- If a blood test called, "Type and Cross" or "Type and Screen" has been ordered for you, it is to let your physician know your blood type. According to Blood Bank policy at McLaren Northern Michigan, this test is to be done within seven days of your surgery. It may be necessary for you to return to McLaren Northern Michigan Laboratory Services to have this test completed. You may eat or drink before this blood test.

METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

What is MRSA?

MRSA is a bacteria called Staphylococcus aureus which has become resistant to multiple antibiotics. We all carry Staph aureus on our skin, but some people's Staph aureus has become resistant to several commonly used antibiotics. Some people can carry MRSA on their skin for weeks or months and never know it. Although these people do not get sick or have an infection, they still carry MRSA. This is called colonization or being a "carrier." Since you are having surgery and will be having an incision, we want to test you to see if you carry MRSA.

What does antibiotic resistance mean?

Antibiotics are drugs used to treat infections caused by bacteria. Over time, bacteria have been changing and sometimes commonly used antibiotics will no longer kill germs as they did in the past. This is called antibiotic drug resistance.

How do I know if I have MRSA?

Patients who are having elective surgery for joint replacement at McLaren Northern Michigan will have a test ordered by their surgeon. The test is obtained by swabbing inside both of the nostrils. This test is then sent to the lab for processing. Bay Street Orthopaedics will receive final test results within three days. If the results come back positive, this means you are a "carrier" of MRSA (colonized).

Why does your surgeon want to know if you are colonized or positive for MRSA?

If your test results are positive, this means you carry MRSA on your body. Your surgeon needs to know if you carry MRSA on your body so the appropriate antibiotic can be ordered before and after your surgery. The treatment plan may also consist of oral medications, cream to be applied to each nostril twice daily for five days, and/or special soap for showering five days in a row. The most common side effects of the treatment plan may include dry skin from the special soap and/or side effects from the antibiotic, such as nausea, loss of appetite, diarrhea, yeast infection, or rash.

What will this mean for your hospital stay?

All patients who have a positive culture for MRSA will be placed in isolation while they are in the hospital. A sign will be placed on the door to alert everyone as to what precautions are needed before entering your room. Hospital staff will wear gowns and gloves when caring for you. Visitors should report to the nurse's station for directions before entering your room. Both staff and visitors must remove their gowns and gloves and perform hand hygiene before leaving the room. All of these steps are to ensure that bacteria are not spread to others.

What will happen when I go home?

At home, in most cases, you only need to use good handwashing habits. Based on your discharge needs, instructions will be given by the nursing staff. We use these precautions in the hospital because patients have IV catheters, tubes in their bodies, and fresh surgical incisions. The risks for infection are much lower in the community setting. Healthy people are not likely to develop problems from MRSA.

PATIENT AND FAMILY STAPHYLOCOCCUS AUREUS (MSSA) INFORMATION

What is Staphylococcus aureus?

It is a germ that is commonly called "Staph" or "Staph aureus," which can be found normally in the nose and on the skin in 25 - 30 percent of healthy adults. In the majority of cases, the bacteria does not cause disease. However, when skin is punctured or broken, Staph germs can enter the wound and cause an infection.

How do I know if I carry Staph aureus?

Patients who are having elective surgery for joint replacement at McLaren Northern Michigan will have a test ordered by their surgeon. The test is obtained by swabbing the inside of both nostrils and is then sent to the lab for processing. Bay Street Orthopaedics will receive final test results within three days. If the results come back positive, this means that you carry the germ on your body (colonized).

What does being "colonized" or being a carrier mean?

It means that you carry the germ on your body as part of your normal bacteria but it does not make you sick or cause a problem. Everyone has germs on their skin and in their body.

Why does your surgeon want to know if you are colonized or positive for Staph aureus?

Having Staph aureus in your nasal passage can increase your risk for a surgical site infection. Studies show that if we take steps to eliminate or reduce the number of Staph germs in your nose and on your skin, you will have a decreased risk for a surgical site infection.

How do you eliminate or reduce the number of Staph aureus germs I carry before I have my surgery?

Your doctor will prescribe an antibiotic ointment called Bactroban, which is to be applied to each nostril twice a day for five days. Ideally, the final dose will be the morning of surgery. If it is not completed by then, we will complete it during your hospital stay.

You will be given a special antiseptic soap (Chlorhexidine gluconate) to for showering five days in a row before surgery. The final shower should be completed the morning of surgery. The most common side effect of the treatment plan may include dry skin from this soap.

NOTE: You play a very important role in helping to prevent surgical site infections. It is crucial that you follow the instructions and do not skip any steps.

Do I need to be concerned about being colonized with Staph aureus after the surgery?

Not usually, if all of the preventative measures listed above are followed. Once the surgery has been completed and the incision is healed, your skin will act as a barrier and the Staph aureus will probably return as part of your skin's normal germs. But remember, when skin is punctured or broken, Staph germs can enter the wound and cause an infection. It is important that you notify your physician of any signs of infection such as redness, swelling, drainage from a wound, or a fever greater than 101 degrees.

Prepared by Infection Prevention Department 7/22/2010.

SPECIAL INFORMATION CARD

- You will receive a Special Information Card to fill out with information and phone numbers. The card states, "This patient has a total joint implant and should be treated with antibiotics for any urology, gastrointestinal invasive, or dental procedures."
- Dental, urology, or gastrointestinal invasive procedures may lead to short-lived bacteria in the bloodstream. Patients undergoing these procedures should receive prophylactic (preventive) antibiotic treatment.
- Notify your physician of any signs of infection such as redness, swelling, drainage from a wound, and/or fever greater than 101 degrees.
- Special Information Card needs to be carried with you at all times.

DENTAL HEALTH

Patients who are about to have total joint replacement surgery should be in good dental health prior to surgery. If you have not seen your dentist within six months before your surgery date, you will need to have a dental exam with teeth cleaning.

Patients who have had joint replacement surgery should perform effective daily oral hygiene procedures to remove plaque (e.g. flossing, brushing with toothpaste) twice a day.

Once you have had a joint replacement, you will need to be on antibiotics when you have a dental appointment, depending upon physician preference. Typically the antibiotic will be a one-time dose taken one hour before the dental procedure. 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. Be sure to ask your dentist about preventive antibiotics before any dental procedure. Your dentist and your orthopedic surgeon, working together, will develop an appropriate treatment plan for you.

STOP SMOKING

For the health and safety of our patients, visitors, and colleagues, McLaren Northern Michigan is a tobacco-free campus.

Smoking, including the use of e-cigarettes, must be stopped before surgery and not resumed after surgery in order to reduce the risk of wound infection, delayed healing, and delayed recovery. Reduction, rather than cessation in smoking, is not adequate.

Nicotine narrows the blood vessels, which in turn increases resistance to blood flow and raises blood pressure. Nicotine can impair blood flow to the bones, and carbon monoxide can decrease the supply of oxygen to the tissue.

Smoking is a major surgical risk factor. Wound infection rates in patients with joint replacement surgery are higher in smokers than in non-smokers. Wound infections are never trivial.

If you need more information to help you stop smoking, contact McLaren Northern Michigan at 800-248-6777.

METAL DETECTORS

Patients have reported some experiences of setting off metal detectors. Be sure to identify yourself as having a metal implant.

PRE-OP ADMISSIONS PHONE CALL

A Surgical Admissions Nurse will instruct you on what medications to take the morning of surgery.

MEDICATIONS

Your Internal Medicine or Primary Care Provider should review all your medications before surgery.

- Anticoagulant or antiplatelet medication — If a cardiologist or medical physician has prescribed aspirin, Eliquis Xarelto, Ticlid, Plavix, Aggrenox, Coumadin, or any other anticoagulant or antiplatelet drug for you, the drug(s) usually need to be stopped seven days before surgery. You must check with your cardiologist or medical physician prior to stopping any medication.
- Insulin — Your McLaren Care Team should let you know your dosage for the day of surgery.
- Herbal Medication — Your McLaren Care Team should notify you as to whether medication should be stopped before surgery.

Day of surgery, bring all medications to the hospital that you are currently taking.

- Prescriptions — Tablets or capsules, inhalers, creams, and injections
- Investigational Medications
- Over-the-Counter Medications — Herbal and vitamin supplements

You will not need to keep your medications with you at the hospital. They are needed to get an accurate and up-to-date list of what you are taking. Please send medications home with your family and friends.

ALLERGIES — Bring list of allergies.

DRUG AND HERBAL INTERACTIONS

Some medications that you use may need to be stopped before surgery. These medications may be prescription or over-the-counter drugs. Just like drug-drug and drug-food interactions, herb interactions can happen. If you are using herbal medicines, you must inform your physician of the type and frequency.

If a cardiologist or medical physician has prescribed aspirin, Eliquis Xarelto, Ticlid, Plavix, Aggrenox, Coumadin, or any other anticoagulant or antiplatelet drug for you, the drug(s) usually need to be stopped seven days before surgery. **You must check with your cardiologist or medical physician before stopping any medication.**

- NSAID (Nonsteroidal Anti-inflammatory Agents) and/or aspirin products need to be stopped seven days before surgery. These medications can cause an antiplatelet or anticoagulant effect which can cause you to bleed more during surgery. These medications include:
 - Aleve, Alka-Seltzer with aspirin, Ascriptin A/D, aspirin, Ascriptin, Aspergum, Advil, Bufferin, Ecotrin, Excedrin IB, Exedrin with Asprin, Empirin, Haltran, Ibuprin, Ibuprofen, Medipren, Midol IB, Motrin IB, Naproxen, Nuprin, Pamprin IB, Trendar (NOTE: This is not a complete list. You must let your physician know all the medications you are taking so he/she can inform you of what you need to stop taking and when.)
- Natural medicines may cause an antiplatelet or anticoagulant effect and need to be stopped seven days before surgery. These medications can cause you to bleed more during surgery. These herbal medicines include:
 - Acerola, American Ginseng, Bromelain, Chlorella, Danshen, Dong Quai, European Mistletoe, Fenugreek, Feverfew, Fish Oils, Gamma Linolenic Acid, Garlic, Ginger, Ginkgo leaf extract, Goldenseal, Guar Gum, Horse Chestnut seed, Panax Ginseng, Papain, Siberian Ginseng (Eleutherococcus), Singing Nettle above ground parts, Tumeric Curcumin, Vitamin C, Vitamin E, Vitamin K (NOTE: This is not a complete list. You must let your physician know all the medications you are taking so he/she can inform you of what you need to stop taking and when.)
- Medications that can be used for pain seven days prior to your surgery:
 - Tylenol or any aspirin-free product
 - Celebrex can be taken up to the night before surgery
 - If Tylenol or any aspirin-free product is not effective, call your orthopedic surgeon or your medical physician for a prescription medication.

COMMON REASONS FOR SURGERY CANCELLATIONS

- Eating food after midnight, day of your surgery
- Drinking liquids after your cut off time, day of your surgery
- Opening in the skin, scratches, change or flare up with your psoriasis

NOTIFY YOUR SURGEON

Notify your surgeon at Bay Street Orthopaedics at 231-347-5155 immediately if you develop any signs and/or symptoms of being ill before surgery. This includes: Scratches or cuts on your arms or legs, upper respiratory infections, fever, any opening in the skin, cat or dog bites, or any significant change in the condition for which you are having surgery. Also, please notify your surgeon if for any reason your surgery is to be canceled.

SHAVING

Any necessary shaving will be done at the hospital prior to surgery. Shaving the surgical site with a razor before surgery can increase the risk of infection. Any small cuts from the razor can promote the growth of bacteria. The recommendation is to not shave your legs four days prior to surgery. You may shave your face and under arms. If you are having shoulder surgery, do not shave under your arms for four days prior to surgery.

REHABILITATION NEEDS

Rehabilitation should be considered if:

- There is a lack of support in your home environment
- You have been deconditioned prior to surgery
- You have other medical conditions that might require close supervision
- You experience slow or delayed postoperative progress

REHABILITATION SERVICES

- Admission to rehabilitation is based on bed availability at time of discharge and insurance authorization
- A Discharge Planner will assist in decision making
- Three rehabilitation choices are needed from the patient and his/her family
- Transportation and cost is the patient's responsibility
- A Discharge Planner will assist in transportation arrangements

WHAT YOU CAN EXPECT FROM A JOINT REPLACEMENT

- A hospital stay of one to two days for total joint replacement surgery
- A hospital stay of 24 to 48 hours for hemi-knee replacement surgery
- A recovery period of eight to 12 weeks
- Total knee patients: outpatient physical therapy
- Walker for four weeks followed by a cane
- Physician follow-up in two weeks, then one, three, six, and twelve months
- Decreased pain
- Increased function

SURGERY TIME

Surgery times vary with each individual patient. The day before surgery (between 12 p.m. and 2 p.m.), we will call you at the number you provided with a surgical arrival time. If you are unavailable, we will leave a message at this same number. Please see inside back cover (page 35) for surgery details and special instructions.

AREA LODGING AND TRANSPORTATION

Convenient overnight accommodations and transportation options are available for family members. Several lodging facilities offer reduced rates for patients and family members. For further assistance, please call McLaren Northern Michigan at 231-487-4000 and a representative will assist you.

PREOPERATIVE SHOWER INSTRUCTIONS

Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to be sure that your skin is as free of germs as possible before surgery. Following the instructions below will help make sure that your skin is clean before surgery.

Important: You will be asked to take **four showers** with a special soap called chlorhexidine gluconate (CHG)*. A common brand name for this is Hibiclens or Scrub Stat. **This soap is not to be used by people allergic to chlorhexidine.** If you are unsure if you are allergic to chlorhexidine, test a small area on the back of your hand to see how your skin reacts.

- Shower with CHG the **three nights** before your surgery **and** the **morning of your surgery**.
- Do not shave the area of your body where your surgery will be performed for at least four days before surgery.
- With each shower or bath, wash your hair as usual with your normal shampoo. Do this before using the CHG. Rinse your hair and body thoroughly after you shampoo your hair to remove the shampoo residue.
- Using a freshly laundered washcloth with each shower, apply approximately 25ml of the CHG soap to your entire body from the neck down. Do not use the CHG near your eyes or ears to avoid permanent injury to those areas.
- Turn the water off to prevent rinsing the soap off too soon. Gently wash your body for at least three minutes. Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard.
- Turn the water back on and rinse your body thoroughly.
- Do not wash with regular soap after you have used the CHG.
- Pat your self dry with a clean, freshly laundered towel.
- Do not apply any powder, deodorant, or body lotions afterward.
- Dress with freshly washed clothes.

NIGHT BEFORE SURGERY

- Bathe and scrub surgical site as instructed.
- Follow instructions from pre-op nurse.

MORNING OF SURGERY

- Bathe and scrub surgical site as instructed.
- Insulin: Take insulin as instructed by your McLaren Care Team.
- Do not take oral hypoglycemic medication.
- Take all other medications with a sip of water early the morning of surgery, unless your provider has given other instructions.

WHAT SHOULD I BRING?

Insurance Information

Please bring all hospital insurance identification cards/numbers.

Clothing

The goal is that you will be dressed in regular clothes the day after your surgery (post-op day one). This may not be appropriate for all patients. If your pain is well-controlled, your IV fluids have been discontinued, and you are not experiencing any nausea, getting dressed may help promote a well environment and be appropriate for you.

- One or two changes of comfortable clothing
- Comfortable walking shoes (not slip-ons)
- Non-skid slippers with backs
- Loose-fitting shorts with elastic waist (you may wear long pants when discharged from the hospital; shorts will work better while in the hospital)
- Loose-fitting shirt
- Undergarments (boxers, bra, underpants)
- Socks
- Pajamas/nightgowns
- Bathrobe/housecoat, that opens all the way down in front

Personal Belongings

- If you bring an electric razor, hair dryer, radio, etc. with you, please give it to the nursing staff when you arrive. All electrical equipment must be inspected to assure it meets hospital code prior to use.
- Personal toiletry items including a toothbrush, toothpaste, denture cleaner, denture adhesive, razor, shaving cream, deodorant, hairbrush/comb, etc.
- Eyeglasses and/or contacts
- Hearing aids/batteries
- Reading materials
- Please bring any special equipment to the hospital on the day of surgery, and be sure to label with your name. Some of these items may include: walker, shoulder immobilizer or sling, brace, special shoes, prosthesis, and CPAP machine (Continuous Positive Airway Pressure).

Leave your extra clothing and personal belongings in your car the day of surgery. Your family may bring the items in once you are assigned a room.

NOTE: McLaren Northern Michigan is fragrance-free. We also ask that you, family, and friends avoid wearing fragrances.

NOTE: Please leave large sums of money and valuables at home. The hospital is not responsible for the loss of these items.

CHECK IN

- As directed by pre-op nurse.

PRE-OP HOLDING AREA

- Surgical scrub
- IV and antibiotics
- Anesthesiologist
- General
- Spinal (Epidural, Intrathecal)
- Consent to Receive Anesthetics/Sedation

SURGERY

- Surgery will be scheduled for approximately two hours
- Types of Total Joint Surgery (your orthopedic surgeon will discuss this with you):
 - Total Shoulder
 - Reverse Total Shoulder
 - Total Knee
 - Hemi-Knee
 - Revision of Knee
 - Total Hip
 - Hemi-Hip
 - Revision of Hip

RECOVERY ROOM TIME

- General anesthesia requires a recovery time of one to one-and-one-half hours.
- Spinal anesthesia requires a recovery time of one to two hours.
- Your family should wait in the Surgical Waiting Room to meet with the surgeon after your operation. After speaking with the surgeon, your family may wait in the Surgical Waiting Room, Cafeteria, or visit the Gift Shop until you are taken to your room.

After Surgery

POST OP

- Transport aide will return you to your room.
- When you first arrive in the room, your family will be asked to stay out in the hall or wait in the waiting area until you are “settled in.”
- Vital signs are taken every fifteen minutes for one hour, every thirty minutes for one hour, then every hour for four hours.
- Drains (Hemovac) are removed within 24 hours, if present.
- Repositioning is done at least every two hours.
- Coughing, deep breathing, and Incentive Spirometer usage will be encouraged at least ten times an hour while awake. This is done to keep lungs clear.
- Oral Fluids
 - Clear liquids day of surgery, regular diet for breakfast if no nausea. (Clear liquids help control nausea.)
 - Diet will be advanced per physician’s orders.
- Bowel Movements/Urination
 - If you are unable to urinate after surgery, a bladder scan will be performed. (This is a non-invasive, painless procedure to assess the amount of urine in the bladder.)
 - Bladder protocol — If you are unable to urinate six hours after the time of surgery, a Foley catheter will be placed to drain the bladder. (The Foley catheter will be left in place overnight and removed the following afternoon.)
 - Bowel protocol
 - Colace: Twice a day
 - Dulcolax suppository: Post-day one
 - Miralax: As needed for constipation
 - Fleets enema: Can be used if suppositories are ineffective
 - Drink plenty of fluids
 - Activity is encouraged
- Lab work — Blood will be drawn daily.

PLAN OF CARE OF TOTAL JOINT REPLACEMENT

Day of Surgery

- IV fluids for 24 hours
- Intravenous, oral medication for pain control
- Coughing, deep breathing, and incentive spirometer use ten times an hour while awake
- Oral Fluids
- Turning/repositioning (with help)
- Cold therapy to incision
- Up at bedside day of surgery
- Physical Therapy begins if appropriate

Post-Op | Day One

- Up in chair for meals
- Dressing changed, if needed
- Drain removed, if present
- Diet advanced
- Blood thinner started
- Oral pain medication
- Physical therapy
- Bowel protocol started
- Discharge if goals met

Post-Op | Day Two

- Increase activity and independence
- Finalize discharge plan, reinforce plan of care
- Discharge if goals met

BLOOD CLOT PREVENTION

- Elastic stockings, hose, and compression devices are used to help prevent blood clots in the legs.
- Elastic stockings, hose, and compression devices are removed every day to check skin condition.
- Elastic stockings and hose are worn for approximately six weeks after surgery.
- Compression devices are used while in the hospital only.
- Ankle pumps (foot exercises) should be done every one-half to one hour while awake.
- Early and frequent walking is encouraged.
- No pillows under knees.
- Aspirin and/or low molecular weight Heparin may be used to help prevent blood clots after surgery.

Notify your physician of signs and symptoms of a blood clot:

- Increase in swelling or pain in the calves or thighs
- Increase in pain not relieved with your pain medicine
- Shortness of breath, chest pain, or coughing up blood. Call 911 and go to the nearest hospital. These symptoms could represent a serious complication.
- Check your temperature daily. Notify your physician if your temperature:
 - Has been 100 degrees F for three (3) days
 - Is more than 101 degrees F on any day

Pain Control

PAIN MANAGEMENT PROGRAM

The experience of pain usually means something is wrong. Each person is the best judge of their pain and how they experience the pain. Pain is rated in two ways: acute or chronic. Acute Pain is sudden and comes on fast, it may be caused by surgery, injury, or unexpected accident. Chronic Pain can last, on and off, for months or years. Chronic pain can affect a person's quality of life and ability to care for oneself. If you have chronic pain that is affecting quality of your life, you should consider seeing a physician to discuss a pain management program.

GOAL

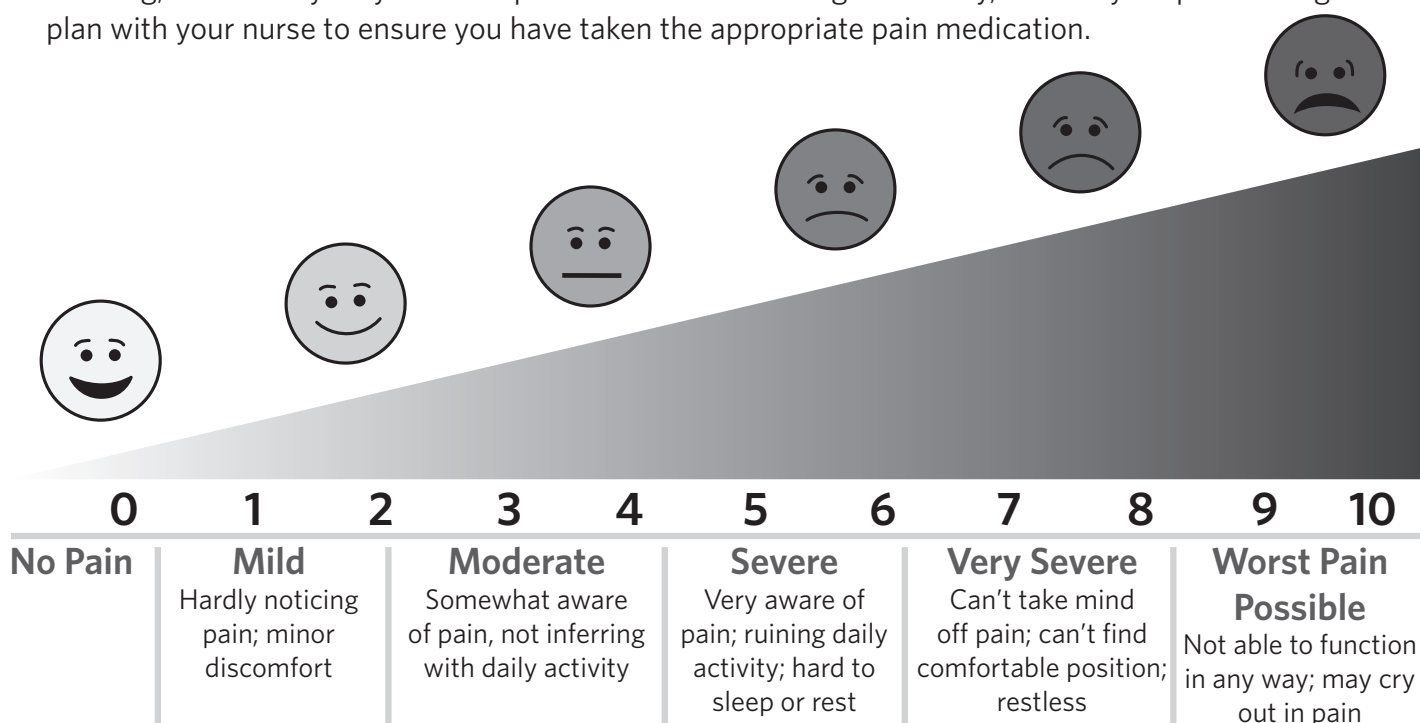
Our goal is to reduce pain to a comfortable and tolerable level, so that you can participate in daily care activities with excellent pain control. This does not mean that we can take away all pain; however we want you to be comfortable and safe, ensuring that you will be able to rest, sleep, and engage in recovery activities. An excellent pain management program can speed recovery and shorten hospital stay.

PAIN SCALE

McLaren Northern Michigan uses a Pain Assessment Tool (see below) to evaluate how well the pain management program is working. Pain is measured on a 0 to 10 scale, with 0 being no pain and 10 being the worst pain ever. The tool includes short descriptions to make it easier for you to describe your pain. This tool also helps nurses create a pain management program specific for your individual needs.

When entering the hospital, your nurses will ask, "What is your acceptable pain level?" Pain tolerance is different for everyone, and only you can determine an acceptable level. You will be asked to give a pain tolerance number based upon the chart below. With an individual pain management plan, you should be able to rest, sleep, and engage in activities to aide recovery. For example, if your pain level is a 6 and your acceptable level is a 3, your nurse knows that you need pain medication to decrease your pain level. The goal is to manage your pain to your stated acceptable level. This may mean that you will not be pain free.

Many activities, such as bathing, physical therapy, getting up for meals, walking, using the bathroom, dressing, and anxiety may increase pain level. Before starting an activity, discuss your pain management plan with your nurse to ensure you have taken the appropriate pain medication.



Types of Pain

The sensations or pain that you may experience may include any of the following:

- Radiating
- Burning
- Electric-like
- Shooting
- Tingling
- Stabbing
- Piercing
- Pressure
- Muscle spasms

Alternative Therapies for Pain Relief

Adequate control of pain may require drugs at regular scheduled times of the day as well as when needed before an activity. Alternative measures that may also provide some pain relief include:

- Decrease lights/noise level
- Comfortable bedding
- Eye masks, ear plugs, fans available upon request
- Decrease muscular tension
- Position to decrease pressure
- Cold therapy
- Imagery

Frequently used Medications for Pain Relief

The following is a list of the most frequently used medications at our hospital to control pain. Your pain management plan is individualized to your specific needs. Medications that may be ordered for you at regularly scheduled times include:

- Celebrex
- Tylenol
- OxyContin
- MS Contin

When you are having pain or anticipate pain due to an increase in activity, these are some of the medications you may request.

MILD PAIN CONTROL

- Tramadol
- Tylenol

MODERATE PAIN CONTROL

- Norco (Tylenol and Hydrocodone)
- Oxycodone
- Percocet (Oxycodone and Tylenol)

SEVERE PAIN CONTROL

- Morphine IR
- Dilaudid (Intravenous)
- Fentanyl

Complications related to poor pain control

Adequate pain management can reduce the complications of pain such as:

- Poor sleep patterns
- Depression
- Anxiety
- Pneumonia
- Blood clots
- Reduced participation in social or work activity

What you can do to Ensure Excellent Pain Control

Poorly treated pain is common in people who are unable or afraid to join in their pain management program. As a patient in the hospital, we expect you to join in your pain management program.

Some of the ways that you can join in and share your pain concerns are:

- Ask what to expect regarding pain and your pain management program
- Share any concerns you have about taking pain medication
- Use the Pain Assessment Tool to identify your level of pain
- Ask for medications or alternative measures when pain first begins

When patients participate and make their own decisions regarding pain management, their pain is better controlled. Providing a good pain management program not only improves your safety, it ensures that you will be able to rest, sleep, and engage in activities which aid in your recovery. A pain management program can speed your recovery and shorten your hospital stay.

ABDUCTION PILLOW (TOTAL HIP SURGERY ONLY)

- Pillows are used to keep the legs separated to maintain proper hip alignment.
- The pillows will be used for approximately six weeks after surgery. It is especially important to use the pillows at night.

COLD THERAPY

- Cold therapy will be used continuously.

GAIT TRAINING

- Weight bearing as indicated by your surgeon.
- The physical therapy department and nursing staff will assist and teach you how to walk with a walker.
- When walking up stairs, always lead with the good leg (unaffected), and when walking down stairs, lead with the bad leg (affected).
- Sit in firm chairs with arms (keep affected leg out in front when sitting).

PRECAUTIONS FOR TOTAL HIPS

- Do not bend your hip more than 90 degrees.
- Do not cross your operated leg over your other leg.
- Do not turn your operated leg inward (pigeon-toed).
- Do not use over-stuffed furniture or recliners.

PRECAUTIONS FOR TOTAL KNEES

- Do not rest your operated knee over a pillow. This can cause stiffness in both your hip and knee, making it harder to straighten your leg.
- Certain movements place undue stress on your new knee. In general, quick sharp movements, falls, repetitive impact activities, and large amounts of stress on the joint should be avoided to prevent damage.
- Ask your surgeon what activities are appropriate for you.

PRECAUTIONS FOR TOTAL SHOULDER AND REVERSE TOTAL SHOULDER

- Precautions for shoulder replacement surgery will be dependent on physician direction, based upon individual patient needs.
- Depending on these precautions, you will have limited range of motion or no range of motion at all for up to two weeks.
- Do not use your arm to push yourself up in bed or from a chair.
- Do not lift anything heavier than a glass of water.
- Do not overuse your shoulder. It is easy to do if this is the first time you have been pain free in a long time. Early overuse of shoulder may result in problems later.
- Do not move your shoulder away from the body.
- Do not rotate your arm farther away from body than "hand shake" position.

TOILETING AND DRESSING

- No showers or bath until advised by physician.
- Use elevated commode at home (Total Hip).
- Dress affected leg first (assistance will be needed with socks and laces).

Going Home

WOUND CARE

There are two kinds of dressings you may see after surgery: a silicone soft foam dressing and a traditional dressing of gauze and tape.

If you have a soft foam dressing, leave it in place for seven days. You may shower with this dressing on, but no tub baths or soaking until instructed by your surgeon. On day seven after your surgery, the soft foam dressing is removed just like a band aid and your incision may be left open to air if there is no drainage.

If you have a traditional dressing placed after surgery, then daily dressing changes will be needed. The first change will be demonstrated in the hospital. Once at home, wash your hands with soap and water before changing your dressing. Wash your wound daily with a liquid antibacterial soap and water. A dressing is necessary only if there is drainage. Supplies that you will need for the dressing change include:

- Small bottle of antibacterial soap (provided before surgery)
- One roll of tape
- One box of gauze, four inches by four inches

HELP AT HOME

- Family/Neighbor/Community services
 - Housekeeping/shopping
 - No driving for four to six weeks
- A Social worker or Discharge Planner can assist with arranging temporary rehabilitation or skilled nursing care if help at home is not available

BOWEL MAINTENANCE

Pain medication and decreased activity level can cause constipation. The following is a recommended bowel program:

- Drink plenty of fluids.
- Eat several servings of raw fruits and vegetables each day.
- Increase intake of whole grains either in cereals or breads.
- Colace — An over the counter stool softener
(Can be taken two times a day. Don't take if stool is loose.)
- Miralax — Can be taken once daily. Mix into water and drink.
- Dulcolax suppositories — Effective for constipation.
- Fleets enema — Can be used if suppositories are ineffective.
- Contact your physician if constipation persists.

HOME SAFETY

- Pathways should be wide enough for walker/crutches.
- Remove all throw rugs.
- Move electrical cords out of the way or tape them down.
- Store items within easy reach.

PETS

- Be aware that pets like to jump and get under foot.
- Confine pets when walking with walker or crutches.
- Enjoy pets while sitting in a less vulnerable position.

EQUIPMENT NEEDED

- Walker
- Toilet or bedside commode
- Consider installing handrails in the shower
- Shower chair for use in shower or tub
- Shoulder immobilizer or sling

SEXUAL RELATIONS

After a TOTAL HIP Replacement

After the replacement of my hip, how long will I have to wait until I am able to resume sexual relations?

- Generally, it is safe to resume intercourse six to eight weeks after surgery. This will allow time for the muscles and incision around your hip to heal. You can address your concerns with your surgeon at your follow-up appointment.

What positions are safe for me during intercourse?

- Total hip replacement precautions need to be observed during all activities of daily living, including sexual intercourse. These precautions are necessary to prevent the new joint from dislocating and to ensure proper healing. These precautions are:
 - Don't bend the operative hip more than 90 degrees.
 - When lying on your back, don't turn or roll your operative leg inward toward your other leg.
 - Don't turn the toes of the operative leg inward.
 - When lying on your side, keep both legs separated by placing pillows between them and don't let your knees touch.

How will I know if my hip is dislocated? What should I do if it is?

- You will experience pain if your hip becomes dislocated, the operative leg will appear shorter, and your foot will turn inward. Tell your partner to call an ambulance, lie down, and don't move.

After a TOTAL KNEE Replacement

After the replacement of my knee, how long will I have to wait until I am able to resume sexual relations?

- Generally, it is safe to resume intercourse four to six weeks after surgery. This will allow time for the muscles and incision around your knee to heal. You can address your concerns with your surgeon at your follow-up appointment.

What positions are safe for me during intercourse?

- There are no restrictions for activity after total knee surgery, but there are some positions that should be avoided. Those positions are any that require kneeling or are uncomfortable.

After a TOTAL SHOULDER Replacement

After the replacement of my shoulder, how long will I have to wait until I am able to resume sexual relations?

- Generally, it is safe to resume intercourse when you feel comfortable.

What positions are safe for me during intercourse?

- Avoid any position that places stress on your shoulder or that places your arm in an extreme position, such as behind your back or straight out to the side. Avoid any position that is uncomfortable.

Diet Considerations

Healthy choices when planning meals after surgery can increase the intake of protein, iron, and fiber. The following information can help in making those decisions.

PROTEIN

Adequate dietary protein is essential to help your body heal and fight infection following surgery. Extra protein prior to surgery will ensure that you are adequately nourished. This is necessary to help you through the postoperative period when your appetite is poor.

At this time, it is recommended that you consume the equivalent of six to eight ounces of meat, poultry, or fish. Lean meats contain more protein than high-fat meats and are a healthier choice.

In addition to meat, poultry, or fish, the following are excellent sources of protein:

- Cheese and eggs (one egg is equivalent to one ounce of meat)
- Cottage cheese (1/4 cup is equivalent to one ounce of meat)
- Yogurt (six ounces equivalent to one ounce of meat)
- Dried beans or legumes (protein varies, but generally a half a cup equals one ounce meat)

Hints to increase protein in your diet:

- Add dry powdered milk to liquid milk, scrambled eggs, and soups.
- Add cheese to vegetables, casseroles, or crackers.
- Snack on yogurt, cottage cheese, and peanut butter.

IRON

Adequate dietary iron enables red blood cells to carry oxygen to the body's tissues.

Iron Food Sources		
EXCELLENT 5 mg or more	GOOD 2 - 5 mg	FAIR 1 - 2 mg
Liver (3 oz)	Beef, lamb, pork, veal or ham (3 oz)	Poultry or fish (3 oz)
Kidney (2 oz)	Clams (3 oz)	Prune Juice (1/2 cup)
Heart (3 oz)	Dried Beans, cooked (1/2 cup)	Dried fruit (1/2 cup)
Oysters (3 oz)	Tofu (4 oz)	Peas, cooked (1/2 cup)
Instant oatmeal (one package)	Instant breakfast (1 cup)	Dark green leafy vegetables (1/2 cup)
Cream of wheat (1/2 cup)	Enriched corn tortillas (amount: 2)	Enriched rice or noodles (1/2 cup)
Enriched cereals (1 cup)	Liverwurst (2 oz)	Enriched breads (2 slices)

For your information

- In general, meats provide the most readily available form of iron. However, enriched cereal, bread, rice, or noodle products also contain iron.
- To enhance iron absorption, eat iron-rich foods with foods known to contain vitamin C (oranges, tomatoes, and potatoes).
- Check with your physician before taking iron supplements.
- Notify your physician if bowel function changes to constipation or diarrhea.
- Iron almost always turns stool black.

Recommended daily dietary intake of iron:

- 15 milligrams for adult women prior to menopause
- 10 milligrams for women after menopause
- 10 milligrams for adult men

FIBER

It is important to include fiber in your diet as you are recovering from surgery. Fiber plays a major role in preventing constipation, a common complication after orthopedic surgery.

What is dietary fiber?

Dietary fiber, also known as roughage or bulk, includes all parts of plant foods that your body can't digest or absorb by the stomach or small intestine. Fiber passes relatively intact through your stomach, small intestine, colon, and out of your body. Fiber provides bulk or roughage and helps promote regularity with bowel movements.

Benefits of a high-fiber diet

- Normalizes bowel movements
- Helps maintain bowel integrity and health
- Lowers blood cholesterol levels
- Helps control blood sugar level
- Aids in weight loss

Hints to increase fiber in your diet:

- Whole grain breads — Look for breads that use whole grains and are darker in color. White bread is typically too refined to be a good source of fiber.
- Fruits — Fresh fruit is an excellent source of vitamins and fiber.
- Vegetables — Vegetables are an excellent source of fiber and can be purchased fresh or frozen.
- Cereal — Not all cereal has high-fiber content. Check the label to avoid sugary or low-fiber cereal. Look for cereal with fiber in the name or stick with old-fashioned breakfast foods, such as oatmeal or cream of wheat.

High-fiber Foods

Looking to add more fiber to your diet? Fiber – along with adequate fluid intake – moves quickly and relatively easily through your digestive tract and helps it function properly. A high-fiber diet may also help reduce the risk of heart disease and diabetes.

Here's a look at the fiber content of some common foods. Read nutrition labels to find out exactly how much fiber is in your favorite foods. Recommended fiber amounts for women is 21-25 grams a day and for men is 30-38 grams a day.

Fruits	Serving Size	Dietary Fiber (grams)
Apple, canned, peeled	1/2 cup	2.1
Apple, with skins	1 large	4.0
Apricots, canned	1/2 cup	2.1
Apricots, with skins	2	1.4
Bananas	1 med	3.0
Blackberries	1/2 cup	5.0
Cherries	10 large	1.1
Cherries, cooked	1/2 cup	1.0
Cranberries	1/2 cup	4.0
Dates, dried	2	1.6
Figs, dried	1 med	3.7
Grapefruit	1/2	0.8
Grapes, purple	15	0.5
Melon	1 cup	1.5
Nectarine, with skin	1 small	1.5
Orange	1 small	1.6
Peach, canned	1/2 cup	1.8
Peach, with skin	1 med	2.3
Pear, canned	1/2 cup	2.0
Pear, with skin	1 med	4.0
Pineapple	1/2 cup	0.8
Plums, canned	4 small	1.9
Plums, with skin	3 small	1.8
Prune, dried	2	2.4
Raisins	2 Tbsp	1.5
Raspberries	1/2 cup	4.6
Strawberries	1/2 cup	1.6
Tangerine	1 large	2.0

Vegetables	Serving Size	Dietary Fiber (grams)
Asparagus	1/2 cup	3.5
Bean sprouts	1/2 cup	1.5
Beans, brown	1/2 cup	8.4
Beans, green, cooked	1/2 cup	2.1
Beans, kidney	1/2 cup	9.7
Beans, lima	1/2 cup	8.3
Beans, pinto	1/2 cup	8.9
Beans, white	1/2 cup	7.9
Beets, cooked	1/2 cup	2.1
Broccoli, cooked	1/2 cup	3.5

Vegetables	Serving Size	Dietary Fiber (grams)
Brussels sprouts, cooked	1/2 cup	2.3
Cabbage, cooked	1/2 cup	2.1
Carrots	1/2 cup	1.8
Cauliflower, cooked	1/2 cup	1.6
Celery	1/2 cup	1.1
Corn, fresh	1 med	5.2
Cucumber	1/2 cup	1.1
Lentils, cooked	1/2 cup	3.7
Lettuce	1 cup	0.8
Okra	1/2 cup	1.6
Onion	1/2 cup	1.2
Peas, canned	1/2 cup	6.7
Peas, split, cooked	1 cup	16.3
Pepper, green	1/2 cup	1.1
Potato, baked with skin	1 med	3.8
Radishes	1/2 cup	1.3
Spinach, cooked	1/2 cup	6.5
Squash, summer peeled, cooked	1/2 cup	2.0
Squash, winter, cooked	1/2 cup	3.5
Sweet Potato, cooked	1/2 med	2.1
Tomato, cooked	1/2 cup	1.5
Tomato	1 small	1.5
Turnip, cooked	1/2 cup	2
Yam, cooked	1/2 cup	3.9
Zucchini	1/2 cup	2.0

Breads	Serving Size	Dietary Fiber (grams)
Cornbread	1 square	1.1
French	1 slice	0.7
Pumpernickel	1 slice	1.9
Rye	1 slice	0.8
White	1 slice	0.7
Whole Grain	1 slice	2.1
Whole Wheat	1 slice	1.3

Pastas and Rice	Serving Size	Dietary Fiber (grams)
Macaroni, cooked	1/2 cup	0.6
Spaghetti, cooked	1/2 cup	0.8
Rice, brown, cooked	1/2 cup	2.4
Rice, white, cooked	1/2 cup	0.8

Cereals	Serving Size	Dietary Fiber (grams)
100% All Bran	1/3 cup	8.4
40% Bran Flakes	1 cup	6.0
Bran Chex	1 cup	8.2
Cheerios	1 cup	1.6
Corn Bran	1 cup	8.8
Corn Chex	1 cup	3.5
Cornflakes	1 cup	3.5
Grapenuts	1/3 cup	5.4
Oatmeal, instant, dry	1 package	3.3
Oats, whole, dry	1/4 cup	2.9
Puffed Wheat	1 cup	4.5
Shredded Wheat	1 biscuit	2.8
Total	1 cup	3.3
Unprocessed Bran	1 tsp	2.0
Wheat Chex	1 cup	3.0
Wheaties	1 cup	3.5

Nuts	Serving Size	Dietary Fiber (grams)
Almonds	1 Tbsp	1.1
Chestnuts	3 nuts	1.8
Peanuts, roasted	1 Tbsp	0.8
Pecans	1 Tbsp	0.5
Walnuts	1 Tbsp	0.4

Rolls	Serving Size	Dietary Fiber (grams)
Dinner, white	1 roll	0.8
Whole Wheat	1 roll	1.6

Occupational Therapy

HIP PRECAUTIONS

- Do not bend past 90 degrees (don't reach below your knees or beyond your knees when sitting).
- Do not cross your legs at the knees or the ankles.
- Do not turn your toe inward or twist excessively at the waist.
- Please talk to your physician about how long he/she anticipates that you will need to follow these precautions.
- Hip precautions are to remain in place at all times.

KNEE REMINDERS

- You may have trouble reaching your feet for awhile.
- Avoid low chairs or toilets.
- You may only be allowed to put limited weight on your leg after surgery.

SHOULDER REMINDERS

NOTE: Your range of motion is dependent upon your physician's preference, but here are some things to remember:

- Do not move your shoulder away from your body.
- Do not rotate your arm further than "hand shake" position.
- You should straighten your elbow at least once a day to relieve discomfort and stiffness.
- Loosen wrist strap of your immobilizer for active hand and finger exercises at least 10 times a day to reduce swelling.

GETTING DRESSED

Total Knee Replacement

You are encouraged to perform your self-care activities without the use of adaptive equipment.

Total Hip Replacement

You will need to use adaptive equipment to be independent in your self-care activities.

- Adaptive equipment includes devices that are used to assist with completing daily self-care activities (ex. reacher, dressing stick, elastic laces, long-handled shoehorn, walker, raised toilet seat, shower chair).
 - We recommend that you purchase adaptive equipment before surgery to allow ample time for practice.
- The instructions below apply to total hip replacement patients. Total knee replacement patients may find these techniques useful, but they are not required.
- **Pants/underwear** — Use a reacher or dressing stick to pull pants/underwear up to your knees and then use your hands to pull up the rest of the way when you're standing. Always dress your operated leg first and undress it last.
 - **Socks** — You may remove these with a reacher or dressing stick. You may be able to put them on by yourself with the use of a sock aide. If not, you will need assistance.
 - **Shoes** — After a hip replacement, patients cannot bend to tie their shoes. Try slip-on shoes or Velcro tennis shoes, which can be fastened and unfastened with a reacher. If you prefer to wear regular tennis shoes, remove the shoelaces and replace with elastic laces which you do not have to tie. All shoes need a non-slip sole and should be brought with you to the hospital for use after your surgery. A long-handled shoehorn can sometimes help (reach between legs rather than the outside when using shoehorn, reacher, or dressing stick to avoid turning knee and toe inward).

Total Shoulder/Reverse Shoulder Replacement

- Always dress your operated arm first and undress it last.
- It may be best to wear button-up or zip-up shirts until your range of motion is increased.
- Elastic pants may be easier to pull up while your shoulder is in an immobilizer or a sling.

USING THE TOILET

- You may need to add height to the toilet in order to get up easily. It is recommended that hip patients use a commode with arm rests or a raised toilet seat which can be placed over the toilet.
- Keep your reacher handy. If your clothes fall to the floor you will not be able to pull them back up without it.
- Cleansing yourself: Wipe between your legs rather than twisting and reaching from behind, as this motion can be dangerous for hip patients.

BATHING AND SHOWERING

Bathing

- You may need an adjustable seat in the shower or tub after surgery (especially if you cannot bear full weight on your operated leg).
- You should not get into the shower until your staples are removed.

Shower stalls

- You may walk into the shower with your walker if there is enough space.
- The best method is to back up to the seat, sit down, and swing both legs into the shower.

Tubs

- The best method is to back up to the edge of the tub, sit on the seat and lift both legs into the tub. (After knee surgery, you may be able to step into the tub, but having a seat is highly recommended.)

Hints

- Turn the water on before entering the shower/tub to ensure you can safely reach the knobs.
- Place a towel on the seat to make scooting in/out of the shower/tub easier. Use a long-handled sponge to wash below your knees (especially after hip surgery).

CARS

- Ride in the front passenger-side seat. Push seat all the way back and recline back of seat.
- Placing a plastic bag on the seat makes scooting easier.
- Back up to the seat, hold dashboard and back of seat, lower yourself down being careful to keep your operative leg out in front of you. Tuck your head and scoot toward the driver's side. Once seated, lift your legs into the car, keeping your operated leg and toes pointed outward.
- Riding in a truck or SUV (if no other vehicle option): Put a wide step stool in front of door, back up to step stool, use the walker to hold your weight through your arms as you step onto the stool with your uninvolved leg first (just like stairs). Once you are standing on the stool, sit down on the edge of the seat and lift your legs in as described above.
- Talk to your doctor to determine when you may resume driving.

EQUIPMENT

- Medical supply companies provide most of the necessary adaptive equipment. Medicare and private insurance companies **DO NOT** pay for most equipment (some or all needed equipment may be an out-of-pocket expense).
- You can purchase medical supplies and equipment at any McLaren Home Medical Equipment store. There are three convenient retail locations open Monday – Friday.
 - Petoskey — 9:30 a.m. – 6 p.m. | 2160 Anderson Road, Bear Creek Crossing (Lowe's Plaza)
 - Petoskey — 8:30 a.m. – 5 p.m. | 205 W. Mitchell Street (Next to the UPS store)
 - Cheboygan — 8:30 a.m. – 5 p.m. | 994 S. Main Street (Glen's Plaza)
 - Gaylord — 8:30 a.m. – 5 p.m. | 829 W. Main Street (Glen's Alpine Plaza)

USING MEDICAL EQUIPMENT

Transfers



- After your surgery you may need to use a tub bench to get into the shower. The tub bench will help if you are unable to put weight on your surgical leg.
- After your surgery, you may need to use an elevated toilet seat or bedside commode. Back up to the toilet until you feel the back of your knees touching it. Reach back for the armrests and slowly lower yourself onto the toilet. Remember to keep your operated leg forward.

Dressing



- Using the reacher, grab the waist of your pants. Lower the reacher to the floor and slip your leg into the pants.
- Slide your sock all of the way onto the sock aid. Hold onto the cords and drop the sock aid out in front of your operated leg. Slip your foot into the sock aid and pull the cords until your sock is on your foot. To take your socks off, use the nail on the end of the reacher to hook the back of the heel and push the sock off of your foot.



PHYSICAL THERAPY

Whether receiving a total hip replacement or a total knee replacement, it is expected that you will begin receiving physical therapy the first day after surgery and twice a day until discharge.

Physical Therapy Goals for You

- To be able to safely transfer out of and into bed as independently as possible.
- To walk on level surfaces and stairs using an appropriate assistive device and following the weight-bearing orders of the physician. Weight-bearing as tolerated or partial weight-bearing with a walker is typically ordered.
- To be able to perform your exercise program as independently as possible. Exercises will be provided to increase your range of motion and strength.
- For those who have total hip replacements, to know and be able to verbalize precautions, and relate them to your normal activity post-operatively. For example, when transferring into and out of bed, or into and out of the car. Total hip precautions are outlined in the occupational therapy section.

We know that you will be experiencing some pain. You will be better able to participate in therapy when your pain is under control.

The Physical Therapist will use a gait belt around your waist. This is a safety measure that allows the therapist to assist with your balance and allows you to support yourself on the walker.

TRANSFERS

- When getting out of bed and back to bed for the first time, you will have the appropriate amount of assistance and instruction for safe technique.
- When transitioning from sit to stand, straighten the operative leg, push off of the bed or chair, and reach for the walker.
- When transitioning from stand to sit, back up to the bed or chair until you feel the bed/chair on back of your legs, then reach back toward the bed/chair, extend the operative leg, and slowly lower yourself down.

WALKING

Level surfaces

- You will be allowed to bear weight as tolerated or partially bear weight using your walker, or as prescribed by your physician.
- Place the walker forward and be sure all four feet are down. Step forward with the operative leg, and while bearing weight on your hands, step forward with the other leg.
- Be sure to step only into the middle of the walker to avoid having the walker tip backward.
- Try to walk with a normal gait pattern, if possible, to avoid getting into the habit of limping. This will also help increase your range of motion and strength.

Stairs

- On stairs, the walker can be used as one railing when placed sideways with the open side nearest you. Place hand on the upper-most handgrip of the walker and the other hand on the stair railing.
- Step up first with the strong, non-operative leg.
- Step down first with the operative leg, placing your foot out toward the edge of the step.

GETTING INTO BED

Hip Replacement Patients:

- Back up to the bed until you feel the back of your legs touch the bed.
- Let go of the walker and reach back with your hands before lowering yourself to the mattress (do not flop onto the mattress). Move the walker out of the way.
- Scoot back onto the bed by supporting your upper body with your arms. Do not bend forward when sliding back in bed.
- Slide your surgical leg onto the bed first.
- Keep your legs apart when bringing them onto the bed (this can be done with the use of a pillow between your legs or with help from your partner).
- Slide back onto the mattress.
- Lower yourself onto the mattress.

Knee Replacement Patients

- Back up to the bed until you feel the back of your legs touch the bed.
- Let go of the walker and reach back with your hands before lowering yourself to the mattress (do not flop onto the mattress). Move the walker out of the way.
- Rest the operated leg on top of the un-operated leg when entering the bed. Support your upper body with your arms.
- Slide back onto the mattress.
- Lower yourself onto the mattress.

GETTING OUT OF BED

To get out of bed, reverse the process listed above for getting into bed.

Physical Therapy Exercises

- The purpose of exercise is to increase your strength and range of motion.
The sooner you gain your range of motion, the stronger and more flexible you become and the easier it will be for you to perform your normal daily activities.
- Recommended exercises are specific for the rehabilitation of the total hip or for the total knee.
- You should bring slippers with an enclosed heel and/or sturdy shoes, and if applicable, prescription footwear, orthotics, artificial limbs, your walker, and your pillow.

*The following pages detail exercises for
Total Knee, Total Hip, and Total Shoulder.*

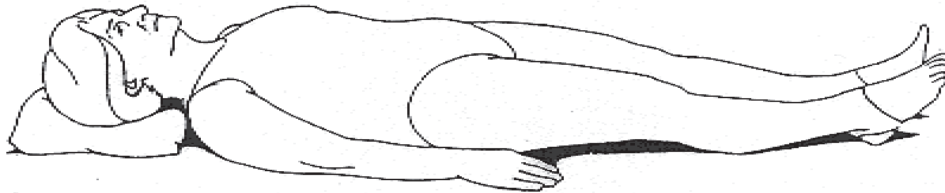
EXERCISES FOR TOTAL KNEE

You may begin the following exercises before surgery. If you experience any pain or discomfort, with any exercise, stop that exercising immediately.

Total Knee — Gluteal Set

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



- Squeeze buttocks muscles as tightly as possible for 10 seconds.

Total Knee — Ankle Pumps

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



- Bend ankles up and down, alternating feet.

Total Knee — Quad Sets

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

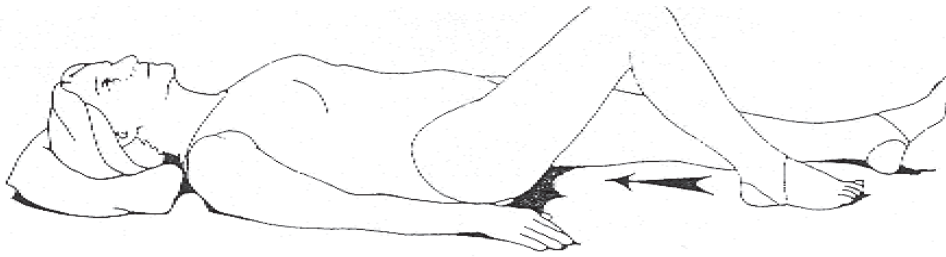


- Slowly tighten muscles on thigh of straight leg while counting to 10 out loud.

Total Knee — Heel Slides

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

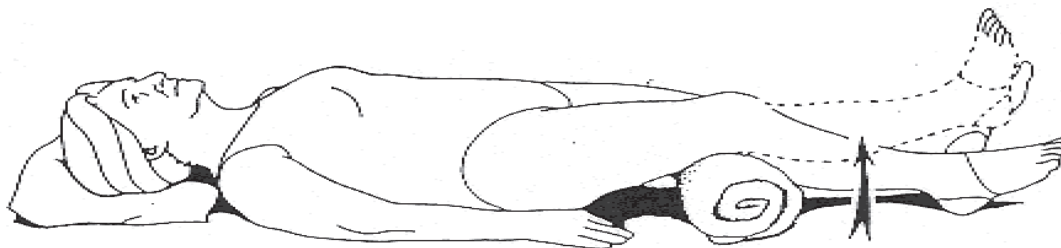


- Bend knee and pull heel towards buttocks.
- HOLD: 5 to 10 seconds or as tolerated. Return leg to floor.

Total Knee — Short Arc Quads

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

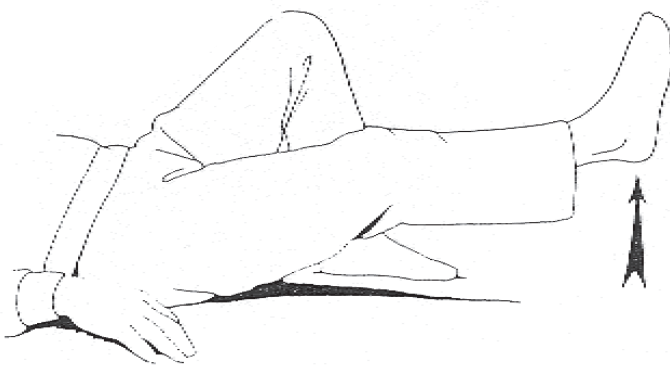


- Place large can or rolled towel under leg.
- Straighten knee and leg.
- Hold: 5 to 10 seconds or as tolerated. Relax knee and leg.

Total Knee — Straight Leg Raise

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



- Bend one leg.
- Raise other leg 6 to 8 inches with knee locked.
- Exhale and tighten thigh muscles while raising leg.
- Repeat using other leg.

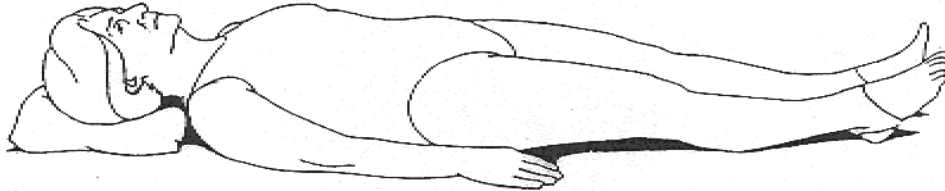
EXERCISES FOR TOTAL HIP

You may begin the following exercises before surgery. If you experience any pain or discomfort, with any exercise, stop that exercising immediately.

Total Hip — Gluteal Set

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



- Squeeze buttocks muscles as tightly as possible for 10 seconds.

Total Hip — Ankle Pumps

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

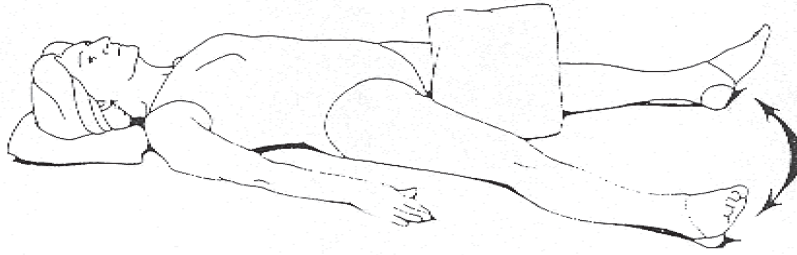


- Bend ankles up and down, alternating feet.

Total Hip — Hip Abduction

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

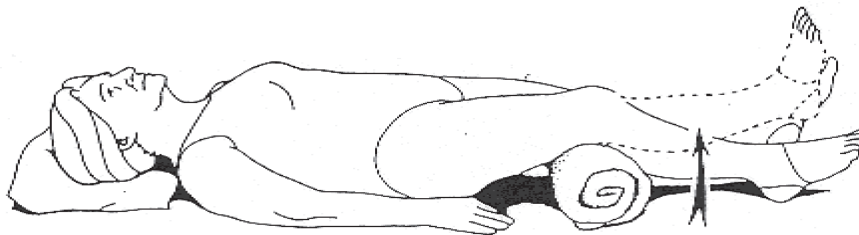


- Slide one leg out to the side.
- Keep kneecap pointing toward ceiling.
- Gently bring leg back to pillow.

Total Hip — Short Arc Quads

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



- Place a large can or rolled towel under leg.
- Straighten knee and leg.
- HOLD: 2 to 5 seconds or as tolerated. Relax knee and leg

Total Hip — Heel Slide

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

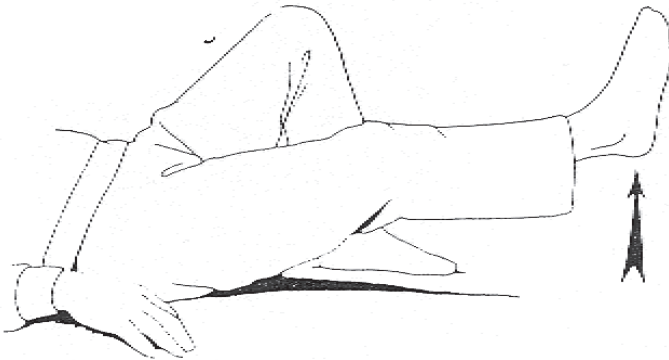


- Bend knee and pull heel toward buttocks.
- HOLD: 2 to 5 seconds or as tolerated. Return leg to floor.

Total Hip — Straight Leg Raise

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated

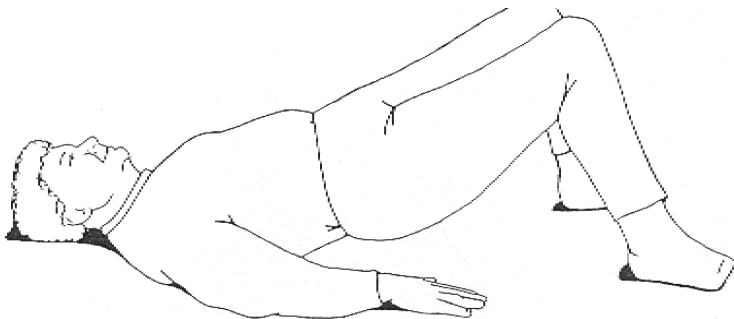


- Bend one leg.
- Raise other leg 6 to 8 inches with knee locked.
- Exhale and tighten thigh muscles while raising leg.
- Repeat using other leg.

Total Hip — Bridges

REPETITIONS: 5 to 10 times or as tolerated

REPEAT: Two to three times a day or as tolerated



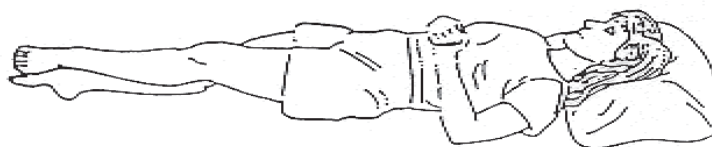
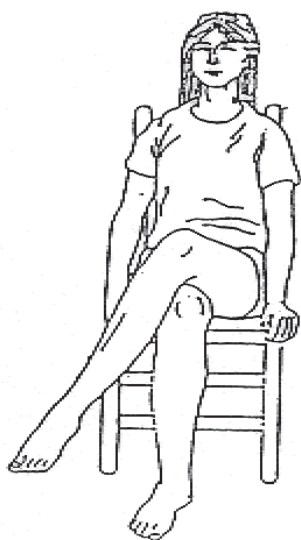
- Lie on back with feet shoulder-width apart.
- Lift hips toward the ceiling.
- HOLD: 2 to 5 seconds or as tolerated. Return to floor

Total Hip — Precautions

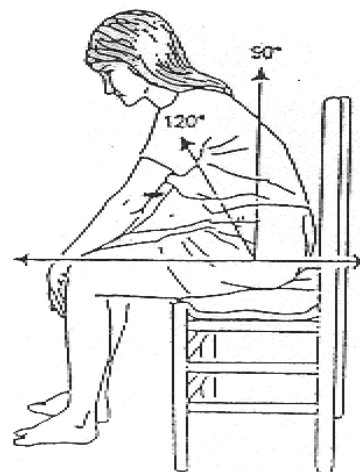
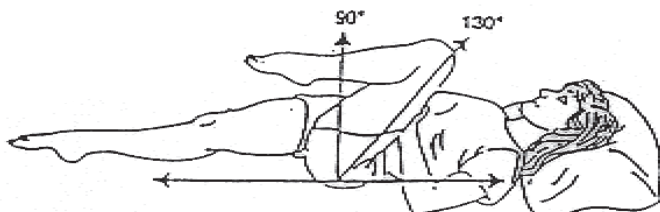
- Keep knees at least six inches apart.
- Do not cross legs.
- Keep knees lower than hips.
- Don't bend hip past 90 degrees.
- **Keep toes and knees pointed either straight up or outward, never toward the other leg.**

AVOID THESE POSITIONS AFTER TOTAL HIP REPLACEMENT

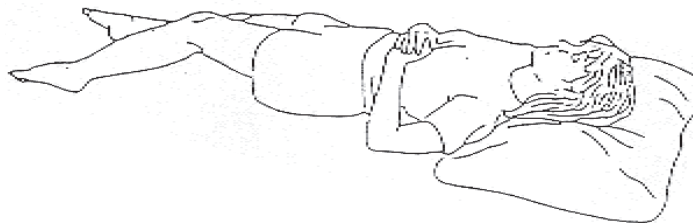
A. Operated leg across midline of body



B. Hip bent past 90 degrees



C. Operated leg rolled inward



Shoulder Instructions

SHOULDER IMMOBILIZER INSTRUCTIONS

1. Velcro the waist strap around your waist
2. Velcro the bicep cuff around your arm just above the elbow
3. Velcro the forearm cuff around your wrist and hand. The cuff should be just below your knuckles and supporting your wrist. Your wrist should not hang unsupported.
4. You should never feel like you are holding your arm. The immobilizer should do all of the work for you. If you are having pain or discomfort when using the immobilizer go through the steps again and re-adjust.



Shoulder Exercises

SHOULDER EXERCISE: PASSIVE FORWARD FLEXION

1. Lie on your back with your involved arm at your side
2. Your partner places his/her hand in your hand and the other hand just about your elbow
3. Your partner will then move your arm upward and then downward
4. Do not force or go past 90 degrees of shoulder flexion

Do this exercise three times a day with 15 to 20 repetitions each time.



SITTING SHOULDER EXERCISE: PASSIVE FORWARD FLEXION

1. Sit in a chair with your involved arm at your side
2. Your partner places his/her hand in your hand and the other hand just about your elbow
3. Your partner will then move your arm upward and then downward
4. Do not force or go past 90 degrees of shoulder flexion

Do this exercise three times a day with 15 to 20 repetitions each time.



SHOULDER EXERCISE PENDULUM

1. Find a sturdy table or counter top
2. Position your legs so one foot is in front of the other
3. Place your uninvolved arm on the table and bend over from the waist
4. Let your involved arm dangle down toward the ground and let it relax
5. Rock your body weight forward and backward
6. Allow the upper body motion to let your arm swing freely back and forth

Do this exercise three times daily 1 to 3 minutes each time



Glossary

- **Anesthesia** — Partial or complete loss of sensation with or without the loss of consciousness, as the result of administration of an anesthetic agent, usually by injection or inhalation.
 - General Anesthesia — Anesthesia that is inhaled and affects the entire body with loss of consciousness.
 - Epidural — Anesthesia that is injected into the peridural space of the spinal cord and affects the lower half of the body.
- **Anesthesiologist** — A physician specializing in the science of Anesthesia.
- **Antibiotic** — A medication that stops the growth of or kills bacteria.
- **Arthroplasty** — Surgical replacement or repair of a joint.
- **Arthroscopy** — Telescope placed in a joint (knee) while under anesthetic to clean out the joint.
- **Assistive Device** — Equipment used to help with daily activities, including canes, crutches, walkers, shoehorns, and zipper hooks.
- **Cartilage** — Dense, white connective tissue located in the joints.
- **Catheter** — A tube inserted into vessels, passageways, or body cavities to permit the injection or withdrawal of fluids.
- **Cold Therapy** — Helps control pain and swelling after surgery.
- **Connective Tissue** — Joint lining.
- **Extension** — To straighten.
- **Flexion** — To bend.
- **Hemiarthroplasty of the Knee** — Replacement of half of the knee joint, top and bottom.
- **Incentive Spirometer (IS)** — This is a breathing aid device that encourages you to breathe deeply and provides instant feedback to show how well you are doing. As you increase your lung capacity, you will see the ball rise higher. After mastering one level on the spirometer, aim for the next level of difficulty.
- **Intravenous (IV)** — Into a vein.
- **Low Molecular Weight Heparin** — This drug is used for the prevention of blood clots after total hip and knee surgery.
- **Occupational Therapy** — The health care profession concerned with therapeutic use of self-care work and play activities to increase function and enhance ability to perform activities of daily living, as well as prevent disability.
- **Osteotomy** — Reshaping the bones to improve alignment (primarily for knee).
- **Osteoarthritis** — Also called degenerative joint disease. This is a slow, progressive disease of the mobile joints, especially of weight-bearing joints such as hips and knees. It also affects any joint such as those in the hands and feet.
- **Patient Control Analgesic (PCA)** — A computerized box placed at the bedside for pain control. This allows the patient to administer pain medication when needed.
- **Physical Therapy** — The health care profession concerned with evaluation of disability and providing treatment, such as exercises, to help patients who are disabled by pain, disease, injury, or surgery.
- **Prosthesis** — Artificial joint such as a total knee or hip.
- **Sequential Compression Device (SCD)** — A machine with vinyl sleeves that wraps around the entire leg to apply pressure automatically by inflating and deflating, beginning at the ankles and moving up the legs. The purpose is to increase blood flow. This is used when the patient is in bed.
- **Staples** — A u-shaped metal loop used to join two surfaces or edges together.
- **Sutures** — Surgical stitches used to join two surfaces or edges together.
- **Total Joint Arthroplasty of the Knee** — Replacement of knee joint with a prosthesis.
 - End-stage osteoarthritis of the knee.
 - High patient satisfaction in relief of pain and restoring function.
 - The chance of a knee replacement lasting 15 to 20 years is roughly 95 percent.
- **Total Joint Arthroplasty of Hip** — Replacement of hip joint with prosthesis.
 - End-stage osteoarthritis of the hip.
 - Highly successful in relieving pain and restoring movement.
 - The chance of a hip replacement lasting 20 years is roughly 80 percent.

Resources

RESOURCE INFORMATION

McLaren Northern Michigan

416 Connable Avenue
Petoskey, Michigan 49770
800-248-6777 | northernhealth.org

Bay Street Orthopaedics

4048 Cedar Bluff Dr., Suite 1
Petoskey, Michigan 49770
231-347-5155

810 South Main St.
Cheboygan, Michigan 49721
231-627-3161

14695 Park Ave.
Charlevoix, Michigan 49720
231-547-7546

INTERNET RESOURCES

American College of Rheumatology

rheumatology.org

Arthritis Foundation

arthritis.org

Arthritis Foundation of Michigan Chapter Information

arthritis.org/Communities/Chapters/Chapter.asp?chapid=29

American Academy of Orthopedic Surgeons

aaos.org

American Pain Society

ampainsoc.org

National Institute of Arthritis and Musculoskeletal and Skin Diseases

niams.nih.gov

COMMUNITY RESOURCES

- **McLaren Adult Day Center** — Providing a safe and engaging daytime alternative to nursing home placement for those wishing to live at home, the Adult Day Center offers activities, socializing, exercise, and medication administration. For more information, call 231-348-0771.
- **Friendship Centers of Emmet County** — Providing an array of services for senior citizens. Services include:
 - Meals on Wheels
 - Senior Center
 - Transportation Assistance
 - For information regarding these services near you, call:
 - Alanson — 231-548-3890
 - Harbor Springs — 231-526-6061
 - Pellston — 231-539-8201
 - Petoskey — 231-347-3211

Notes

[illegible]

Please bring this booklet with you on the day of your surgery.

Scheduled Procedure(s): _____

Physician/Surgeon: _____

UNEXPECTED ILLNESS | RESCHEDULING | QUESTIONS

Notify your surgeon right away if you become ill before surgery or need to reschedule. Elective surgery illness guidelines include:

- New cold or flu symptoms: reschedule 2 weeks after recovery
- Pneumonia: reschedule six weeks after recovery
- Skin irregularity: any changes such as rash, cuts, blisters, or damage

PETOSKEY surgical patients: please call your surgeon's office with questions.

CHEBOYGAN surgical patients: please call 231-627-1541 with questions.

If you need to cancel your surgery after hours, please call the hospital operator at 231-487-4000 and ask to speak with the House Supervisor.

SPECIAL INSTRUCTIONS TO YOU FROM YOUR PHYSICIAN/SURGEON

- If your surgeon gave you special eating instructions, please follow them.
If no special instructions were given:
 - Please **DO NOT eat after midnight** the night before your surgery. Eating after midnight will cancel your surgery.
 - You may drink 8oz total of clear liquids (water, apple juice, gatorade, black coffee/tea) from midnight until _____. Drinking liquids other than what is listed above could cancel your surgery.
- The morning of your surgery you may take your usual prescription medications with a sip of water — the most important being anything for blood pressure, heart, breathing, and any special medicine given by your surgeon.
- Do not take medications that have been held.
- Insulin instructions (only for patients on routine insulin):

- No smoking or chewing tobacco after midnight.
- No alcohol 24 hours prior to surgery.
- No gum, hard candy, cough drops, or mints after midnight.
- Remove all polish from finger and toenails before surgery.



VERSION 1904

MISSION

McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.

VISION

McLaren Northern Michigan will be the recognized leader and preferred provider of health care services to the communities we serve.

GUIDING PRINCIPLE

McLaren Northern Michigan will provide health care as we expect for our own family.



DOING WHAT'S BEST