



NORTHERN ARIZONA HEALTHCARE



Knee and Hip Replacement Guidebook

The Ultimate Guide to
Your New Joint

Improving health, healing people.

Always better care.

Every person, every time...**together.**



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Welcome

Welcome to Northern Arizona Healthcare's Joint Replacement Program!

The Joint Replacement Program you are about to enter will give you specialty care throughout your joint replacement journey. We want to help you improve your quality of life by giving you personalized care.

Our goal is to help you live with greater independence and movement.

In order to do this, we focus on four major points:

- Helpful and timely education
- Living a life of wellness
- High motivation
- Attentive and dedicated staff

Meet your Team

Your healthcare team includes your orthopedic surgeon and office staff, anesthesiologist, operating room staff, a nurse navigator, an orthopedic trained nursing staff, physical and occupational therapists and care coordinator experts. Your overall care and wellness during your joint replacement experience is important to us, so it is a group effort between the medical team, laboratory, radiology, environmental and nutrition services. Our team will follow you throughout your stay and after discharge to help you have a successful recovery experience.

If you have any questions or comments, please call the nurse navigator (*Cottonwood (928) 639-6297* or *Flagstaff (928) 214-2812*) or your orthopedic surgeon's office. We look forward to meeting you and your loved ones and welcoming you to our program. Thank you for letting us help you with better bone and joint health.

Sincerely,

Northern Arizona Healthcare

Purpose of the Guidebook

The purpose of this Guidebook is to start you off in the right direction, answer your questions and address any concerns.

Preparation, education, consistent care and a pre-planned discharge are important for best joint replacement surgery results. This Guidebook is a teaching tool for you and your loved ones. In reading this entire Guidebook and attending Joint Replacement Class, you and your loved ones will be prepared for great results. See the colored boxes in the Guidebook for reminders, tips and more resources.

We want you to know:

- What to expect every step of the way.
- What you need to do.
- How to care for your new joint for life.

Please remember this is just a guide.

Your surgeon, nurse navigator, therapists or care coordinator will work with you one-on-one to help build a plan for your best outcomes. Always listen to their advice and tips. Bring your Guidebook with you to the hospital and keep it as a handy tool for the first year after your surgery.

Helpful Reminders

We highly recommend visiting NAHealth.com/jrp-spine to read more helpful information that is not included in this Guidebook before your surgery.

If you have a smart device, go to your camera and hold the lens over the QR code to the right. It will give you a pop-up to our website.



You will be required to attend our in-person or online Joint Replacement or Spine Program Class before surgery.

Tips

You will find tips in the green boxes. Remember, these are only suggestions. Please ask your surgeon, therapists or nurse navigator if you have any questions.



Frequently Asked Questions: Knee Replacement

Below is a list of the most commonly asked questions, along with their answers. If you have more questions, please ask your surgeon or nurse navigator.

What is arthritis and why does my knee hurt?

In the knee joint, there is a layer of smooth cartilage on the lower end of the femur (thighbone), the upper end of the tibia (shinbone) and the undersurface of the kneecap (patella). This cartilage works as a cushion and allows for smooth motion of the knee. Arthritis is a wearing away of this smooth cartilage. With time it wears down to bone on bone. Rubbing of bone against bone causes pain, swelling and stiffness.

What is a total knee replacement?

A total knee replacement is really a cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought, but rather an artificial replacement for the cartilage is inserted on the ends of the bones. This is done with a metal alloy (mix) on the femur, titanium baseline on the tibia, and plastic spacer on the tibia and kneecap (patella). This creates a new smooth cushion and an working joint that does not hurt.



What are the major risks?

Most surgeries go well, without any problems. Infection and blood clots are two serious complications. To avoid these complications, you will be given antibiotics and a blood thinner. The hospital staff takes many steps to lower the risk of infection. Early walking, doing ankle pumps and moving around reduce the chance of a blood clot.

Do I need to be put to sleep for this surgery?

Most patients will be given a regional anesthetic, or nerve block, which results in numbness, loss of pain or loss of feeling to your leg. You may also be given a general anesthetic, which many people call “being put to sleep.” Your surgeon and anesthesiologist will talk about anesthesia with you in pre-op.

Will I need help at home?

You will need someone to help you for a few days to a few weeks after your hospital stay. The length of time help is needed depends on your progress. You will need someone to help you with meal preparations, house cleaning, applying and removing compression stockings and your home exercise program. If you prepare before your surgery, you can lower the amount of extra help you will need. It is best to have the laundry done, house cleaned, yard work done, clean linens put on the bed and single-portion frozen meals made.

Why should I quit smoking before surgery?

Many surgeons tell their patients to stop smoking before surgery and to think about quitting for good. Tobacco products have a bad effect on blood vessels, which can limit the body's ability to heal wounds and bones. The risk of infection and lung problems after surgery is also greater for patients who use tobacco. Many helpful sources of information are available, both online and off, to help people quit smoking.

How long until I can drive and get back to normal?

The ability to drive depends on whether surgery was on the right knee or left knee, and the type of vehicle you have. If the surgery was on your left knee and you have an automatic transmission, you could be driving two weeks after surgery. If the surgery was on your right knee, you may not be able to drive for as long as six weeks. Your surgeon and therapists will give you the OK to drive. Remember, it is illegal to drive while under the influence of narcotics.

How long will the knee continue to hurt and swell?

The pain after joint replacement usually decreases rapidly during the first month. Sometimes there is a dull ache after long walks (this may happen for up to 18 months after surgery). "Startup" pain (pain with the first few steps after standing up) may be felt for a while. This gets better on its own and does not mean the implants are loosening or failing.

Swelling usually increases during the first days at home from the hospital. This is improved by spending at least one hour in the morning, in the afternoon and in the evening with your leg elevated above the level of the heart. Ice your new joint 20-30 minutes at a time, many times throughout the day.

Please ask questions at any time.

Use the following space for more questions:

Helpful Reminder

Visit NAHealth.com/jrp-spine to read **more** frequently asked questions and advice/ tips from other patients.



Frequently Asked Questions: Hip Replacement

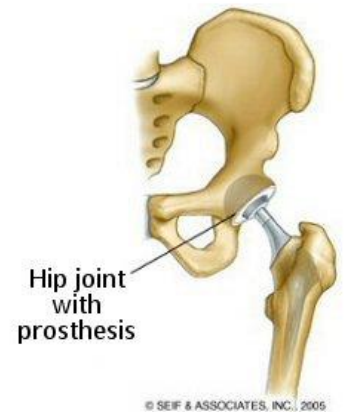
Below is a list of the most commonly asked questions, along with their answers. If you have more questions, please ask your surgeon or nurse navigator.

What is arthritis and why does my hip hurt?

In the hip joint, there is a layer of smooth cartilage on the ball of the upper end of the thighbone (femur) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth motion of the hip. Arthritis is a wearing away of this smooth cartilage. With time it wears down to bone on bone. Rubbing of bone against bone causes pain, swelling and stiffness.

What is a total hip replacement?

A total hip replacement is an option that removes the ball/head of the femur as well as damaged cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic liner that is usually fixed inside a metal shell. This creates a smoothly working joint that does not hurt.



What are the major risks?

Most surgeries go well, without any problems. Infection and blood clots are two serious complications. To avoid these complications, you will be given antibiotics and a blood thinner. The hospital staff takes many steps to lower the risk of infection. Early walking, doing ankle pumps and moving around reduce the chance of a blood clot. Dislocation of the hip after surgery is a risk. Your surgeon will discuss ways to reduce that risk.

Do I need to be put to sleep for this surgery?

Most patients will be given a regional anesthetic, or nerve block, which results in numbness, pain relief or loss of feeling in your leg. You may also be given a general anesthetic, which many people call “being put to sleep.” Your surgeon and anesthesiologist will discuss anesthesia with you in pre-op.

Why should I quit smoking before surgery?

Many surgeons tell their patients to stop smoking before surgery and to think about quitting for good. Tobacco products have a bad effect on blood vessels which can limit the body’s ability to heal wounds and bones. The risk of infection and lung problems after surgery is also greater for patients who use tobacco. Many helpful sources of information, both online and off, are available to help people quit smoking.

How long will the hip continue to hurt and swell?

The pain after joint replacement usually lessens rapidly during the first month. Sometimes there is a dull ache after long walks (this may happen for up to 18 months). “Startup” pain (pain with the first few steps after standing up) may be felt for a while. This gets better on its own and does not mean the implants are loosening or failing.

Swelling usually increases during the first few days at home from the hospital. This is improved by spending one hour in the morning and one hour in the evening with your feet elevated above the level of the heart. Ice your new joint 20-30 minutes at a time, many times throughout the day. Remember to follow your hip precautions

Will I need help at home?

You will need someone to help you for a few days to a few weeks after your hospital stay. The length of time help is needed depends on your progress. You will need someone to help you with meal preparations, house cleaning, applying and removing compression stockings and your home exercise program. If you prepare before your surgery, you can lower the amount of extra help you will need. It is best to have the laundry done, house cleaned, yard work done, clean linens put on the bed and single-portion frozen meals made.

What are my hip precautions?

Hip precautions (safety limits) depend on your surgeon and the way he or she completes your hip replacement. Please refer to your surgeon’s instructions for precautions after your surgery. Depending on the approach taken, hip precautions may include:

- Anterior Approach: Do not turn your knee or foot outward, do not move your leg to the side and do not move your leg backward/behind you.
- Posterior Approach: Do not bend your hip past 90 degrees, do not turn your knee or foot inward and do not cross your leg past the midline of your body.

Taking care of your hip is a lifetime process. Your surgeon will decide the length of time you will need to follow your hip precautions to prevent dislocation. See the ‘Considerations for Knee and Hip Patients’ section to view more information about hip precautions.

Please ask questions at any time.

Use the following space for more questions:

Helpful Reminder

Visit NAHealth.com/jrp-spine to read **more** frequently asked questions and advice/ tips from other patients.



Before your Surgery Checklist

Complete this checklist to be ready for your surgery.

☐ Step 1

Know your surgery date and time. Your surgeon's office will tell you the surgery date only.

Cottonwood: You will receive a phone call one to two business days before your surgery with the final date and time. If you have questions about your surgery date and time, you may call (928) 639-6426.

Flagstaff: Your surgeon's office will tell you your pre-admissions appointment date and time, which will be two to three weeks before your surgery. This can be over the phone or in person at the hospital. If you have questions about your surgery date and time, you may call (928) 773-2048.

☐ Step 2

Complete paperwork sent from your surgeon's office. (*Cottonwood* location only). There will be paperwork to complete inside your Guidebook. Bring the completed papers and your Guidebook to your Joint Replacement Class.

☐ Step 3

Attend Joint Replacement Class. Please attend the mandatory class (*Cottonwood* patients are **highly recommended** to attend in-person class) or take the online class one to three weeks before your surgery. The online class can be found at the following link: <http://tinyurl.com/nahlearn> or scan the QR code. ➔



☐ Step 4

Start asking people to help care for you for the first weekend and up to two weeks or more after surgery. This may include people traveling to town to help you, creating a rotation of helpers or paying a private caregiver. Research shows that going home is the best place for you to recover.

☐ Step 5

Become familiar with your exercises. You will learn your exercises in Joint Replacement Class. It is important to practice these exercises to speed up your recovery. Your surgeon will let you know if you should skip any exercise. In the "Activity and Exercise" section you will find your exercises. Before surgery, do each exercise twenty times, two times a day, as best as you can.

☐ Step 6

Prepare your home. Prepare your home for your return from the hospital. Remove throw rugs and tack down loose carpeting. Remove electrical cords and other obstacles from walkways. Install night lights in bathrooms and hallways. Prepare meals at home that can easily be reheated. Set up any adaptive equipment (toilet seat, shower chair, etc.)

□ **Step 7**

Stop all vitamins and herbal supplements 7 days before surgery. You will receive other written medication instructions from your nurse navigator in class (*Cottonwood*) or during your pre-admissions appointment (*Flagstaff*).

□ **Step 8**

Pack for your hospital stay.

- Insurance cards.
- Copy of advanced directive (if you have this).
- Your Joint Replacement Guidebook.
- Personal hygiene items.
- Glasses, hearing aids and dentures with your name on containers.
- A few **loose** fitting shirts and stretchable pants or shorts, under garments, a pair of safe shoes (closed back walking/gym shoes with or without laces).
- Your front wheeled walker (**not** a four-wheeled walker) and adaptive equipment purchased in Joint Replacement Class (if you have this).
- Do not bring valuable items (jewelry, large amounts of money, medications unless told to).

□ **Step 9**

Follow the pre-operative instructions. Please review and carefully follow the pre-operative instructions you received in the Joint Replacement Class (*Cottonwood*) or from your pre-admissions appointment (*Flagstaff*). The instructions will include using a special shower soap/wipes before surgery.

□ **Step 10**

Carefully follow the fasting and food/drink instructions. This is important to avoid problems or cancellations of your surgery.

Tips

Prepare yourself for surgery.

- Stop smoking as this slows healing and increases risk of infection. For help contact:
 - Coconino County Health Department (928) 679-7222
 - Yavapai County Health Department (928) 639-8130.
- Stop drinking alcohol as this can mix poorly with anesthesia, cause bleeding or dehydrate you. For help contact:
 - Flagstaff Guidance Center (928) 527-1899
 - Cottonwood Spectrum Healthcare (928) 634-2236
- Do not bring your home medications with you to the hospital unless otherwise instructed. This is for your safety.



Hospital Maps

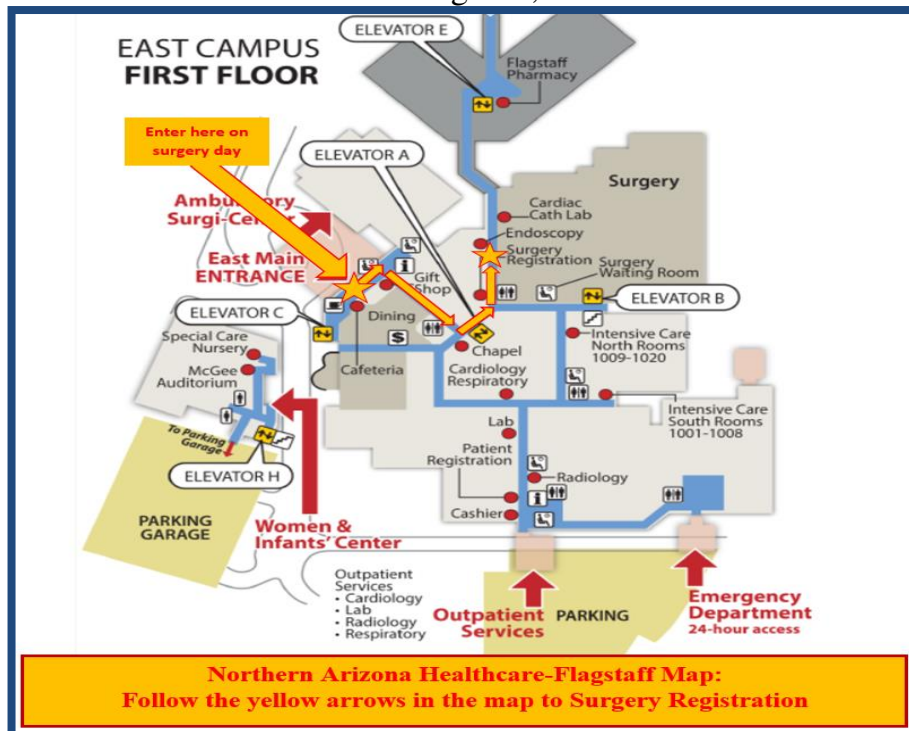
Northern Arizona Healthcare- Cottonwood

269 S. Candy Lane in Cottonwood, AZ 86326



Northern Arizona Healthcare-Flagstaff

1200 North Beaver Street in Flagstaff, Arizona 86001



Pre-operative Joint Replacement Class

The purpose of class is to prepare you and your loved ones for this surgery.

You will be **required** to attend Joint Replacement Class one to three weeks before your surgery. Depending on the location of your surgery, you will need to attend in-person or online. The online class can be found at the following link: <http://tinyurl.com/nahlearn> or by scanning the **QR code on page 8**. It is available any time and you can take the class as many times as you would like. Call (855) 624-4855 if help is needed with the online class.

The class schedule is as follows:

- An overview PowerPoint of the Joint Replacement Program
- Physical therapist presentation
- Occupational therapist presentation
- (Online class) To receive credit for attending class, you must complete the test at the end.

Northern Arizona Healthcare-Cottonwood

NAH-Cottonwood will be held in-person, staying safe distances from each other. If unable to attend in-person, you may attend online. For the in-person, you will meet your nurse navigator who will help you walk through this journey. Class is held Tuesdays at 8 a.m. in one of the Conference Rooms at Northern Arizona Healthcare-Cottonwood. Class may last one to two hours. This class will also include:

- One-on-one instructions with your nurse navigator and medication technician
- Pre-operative tests completed after class, pending your surgeon's request

Northern Arizona Healthcare-Flagstaff

The online class is available for you and your helper to attend at anytime and as many times as you would like. Due to community health, there may not be an in-person class available for NAH-Flagstaff. Your pre-operative tests are scheduled through the surgeon's office. This includes your pre-admissions appointment where a nurse will review your health history and medication list. You will be given important instructions to follow before surgery.

Please bring the person who will care for you after surgery to class so he or she can hear the same information you do. This will prepare him or her to best help you during your recovery.

If you have any questions regarding the pre-operative class, contact the nurse navigator: Cottonwood (928) 639-6297 or Flagstaff (928) 214-2812.



Checklist for Joint Replacement Class

If having surgery at Northern Arizona Healthcare-*Cottonwood*, please bring the following with you to the pre-operative class:

- ☐ The person who will help you after surgery
- ☐ This Guidebook
- ☐ Your **completed** paperwork from this Guidebook
 - a. Physical Therapy Questionnaire: Koos Test
 - b. History and Physical Questionnaire
- ☐ Medication and Allergy List (See example below)
- ☐ A copy of your Advanced Directive (if you have this)
- ☐ Card or cash if you plan on purchasing adaptive (helping) equipment
 - Reacher
 - Sock Aid
 - Dressing Stick
 - Long Handle Shoe Horn

Example of a Medication and Allergy List

Allergy/Reaction: Penicillin (rash on chest), morphine (difficulty breathing)

Medications:

- Aspirin - 325 mg tab – 1 tab at 9 a.m. and 1 tab at 9 p.m.
- Lasix - 10 mg tab – 2 tabs at 9 a.m.
- Vitamin E - 100 units – 1 capsule at 9 a.m.
- Milk of Magnesia – 2 tablespoons at 7 a.m.
- Glucosamine - 500 mg tab – ½ tab at 9 a.m., noon and 5 p.m.
- Warfarin - 2 mg tab – 1 tab on M, W, F and 2 tabs on T, TH, SA, SU

Your medication list should include all prescription medications with the dosage, time and how often you take the medicine. It should also include over-the-counter medications; vitamins; food supplements such as glucosamine; and natural herbs.

Daily Events/ Schedule while Hospitalized

Evening before surgery

- Shower the evening before surgery with the soap/wipes you received at your pre-admissions appointment or Joint Replacement Class.
- Do not eat solid foods or drink dairy products/ juices with pulp after midnight.

Surgery day

- Complete your final shower with the special soap/wipes at home.
- Follow the instructions you were given that tells you which medications, if any, are OK to take with a sip of water.
- Arrive at the pre-op waiting room at the time given to you on your instructions.
- Wait in the holding area, meet the anesthesiologist and see your surgeon.
- Go to the operating room.
- Wake up in PACU (recovery room); loved ones updated.
- Transfer to your room, or complete your recovery in PACU and discharge home.
- Diet will be increased as you can tolerate, starting off with ice chips or clear liquids.
- Pain will be managed with oral and IV medications; communication with your nursing staff is key.
- Sit at edge of bed, stand or transfer to chair in the care of a therapist or nursing staff (if medically stable).
- *Possibly* have one or two more visits from physical or occupational therapy.
- Vital signs will be taken frequently; you may rest in the recliner for the evening.
- **If OK'd by your surgeon, you may discharge home the day of surgery.**

First day after surgery/ Discharge day

- Early morning lab work.
- Get up to sit in recliner before breakfast arrives.
- See and talk to the physician assistant and/or surgeon.
- Eat breakfast.
- Individual/ group therapy services in room dependent on schedule and facility.
- Eat lunch sitting up in recliner.
- More therapy if needed.
- Rest, ice, ankle pumps and elevate operated leg. Ankle pumps.
- Discharge home when allowed by your medical team.

Helpful Reminders

Visit NAHealth.com/jrp-spine to see helpful hints from staff and a pain management and safety overview.



Discharge day

- Your surgeon and/or your physician assistant will write discharge instructions and talk about them with you. Plan to go home with a loved one/helper staying with you through the first weekend up to two weeks or longer. Your loved one can help with light activities at home.
- When going home, your discharge time may be late morning to afternoon. Please plan and talk with your loved one/helper to have a ride home ready, before your surgery.
- New prescriptions may be filled at our retail pharmacy for your ease. Plan to bring cash or card to pay for what insurance may not cover.

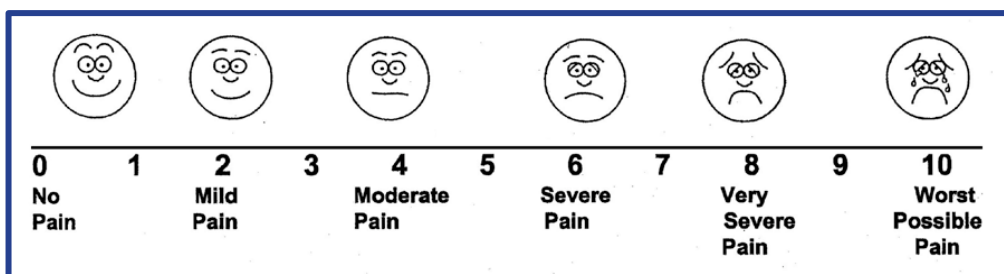
Plan to discharge home the day of surgery or the day after surgery.

Call! Don't Fall!

After your surgery, there is a greater chance to fall when you move. Do not get out of bed or up from the chair by yourself. We will help you move from the bed, to the chair, or to the bathroom. There will be a call light within reach to use to call for help.

Managing your Pain

While you are in the hospital, open communication between you and your health care team is the **key** to better pain management. Everyone handles pain differently. Expect some discomfort/pain after your surgery. Our goal is to lower your pain to an OK level so you can do therapy and live your life. As your pain level increases slightly, tell your health care team so they can help you in ways to lower your pain: medications, positioning, cold therapy and relaxation techniques. We may use a number scale, as seen below, to help better communicate your pain level.



Coughing and Deep Breathing

You will receive directions to take deep breaths **ten times every hour** while awake, with a device called an Incentive Spirometer. You will learn more about the importance of coughing and deep breathing while in the hospital. These activities will help fully open your lungs and avoid post-operative respiratory infections. Use your Incentive Spirometer for two weeks after discharged from the hospital.

Activity and Exercises Overview

As listed on your “Daily Schedule” section, you will *likely* have physical and occupational therapy sessions while you are in the hospital. You will begin individual and/or group exercises the day of surgery.

Depending on our visitor rules, please have a loved one at one of these sessions, so he or she understands your exercises and precautions (safety limits) as well.

The following pages include tips and exercises OK’d by your therapists and surgeon.

Safety is first.

The following are included within this section:

- Using a walker
- Standing up or sitting down
- Going up and down stairs
- Getting in and out of bed
- Getting in and out of a shower stall or tub
- Getting in and out of a car
- Lower body dressing
- Consideration for knee replacement patients
- Precautions/limits for hip replacement patients
- Exercises with your knee replacement
- Exercises with your hip replacement



Activities of Daily Living

Using a walker

- Front-wheeled walkers are the **only** walkers safe for this surgery.
- Before walking, make sure you are balanced and not light-headed.



Step 1: Move the walker one step in front of you.

Step 2: Step forward with your operative leg.

Step 3: Follow through with your non-operative leg.

Tips

- Allow your arms to take some of the weight off when you are standing on your surgical leg.
- Keep your home safe for walker use: remove rugs, have well-lit rooms, minimize electrical cords and move unnecessary furniture.
- Be sure to search for a front-wheeled walker appropriate to your height and/or weight:
 - Junior Walker: less than 5'4"
 - Adult Walker: 5'4"- 6'5"
 - Bariatric Walker: greater than 6'5" or 300 lbs.
- Keep your body positioned between the back two legs of the walker.

Standing up or sitting down

- Make sure the surface you are sitting on is steady and will not slide out from under you.
- Keep your walker on all four points at all times.



Step 1: Step your surgical leg out in front of you.

Step 2: Reach back with your arms to slowly move your body up or down.



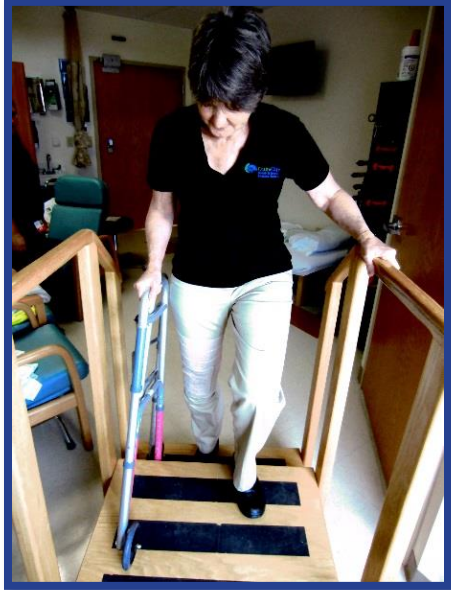
Tips

- If needed, raise the surfaces you are sitting on (toilet riser, chair risers) so your hips are above your knees.
- An extra walker can be placed over a toilet, as pictured, to help you stand up.

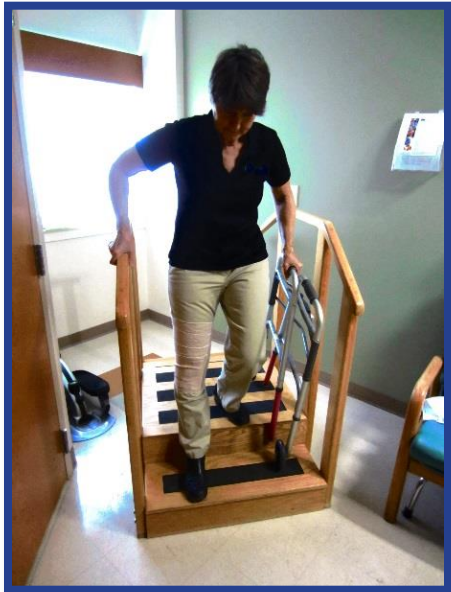


Going up and down stairs

Move up with the non-surgical leg first (“good leg”).



Go down with the surgical leg first (“bad leg”)



Tip

Use this fun quote to help you remember which leg goes first:

“Up with the good and down with the bad.”

Getting in and out of bed

Step 1: Sit down only when you feel the bed behind both your legs.

Step 2: Reaching back with both hands, slide back into the center of the bed.



Step 3: Lift your operative leg into bed, using your arms and non-surgical leg.

Step 4: Lie down and scoot your hips over until you are centered in bed.



Tips

- Repeat these steps in reverse order to get out of bed.
- You may sleep on your side; be sure to use pillows to protect your new joint, as seen below.





Getting in and out of a shower stall or tub



Tips

- Refer to the “Getting up or sitting down” section.
- A shower seat may be a safe option for you. If using a shower seat, read the following tips:
 - Place the shower seat in the tub or shower stall facing the faucets (the woman in the photo would turn herself to face the faucet before starting her shower).
 - Keep your walker within arm’s reach.
 - Adjust the leg height of the shower seat so that your hips are slightly higher than your knees.
- Along with a shower seat, please consider:
 - Installing grab bars.
 - A long-handled sponge to help reach your feet.
 - A hand-held shower hose to make bathing easier and safer.

Getting in and out of a car

Step 1: Back up to the car using your walker until you feel the car touch the back of your legs.

Step 2: Reach back for the car seat and lower yourself down.

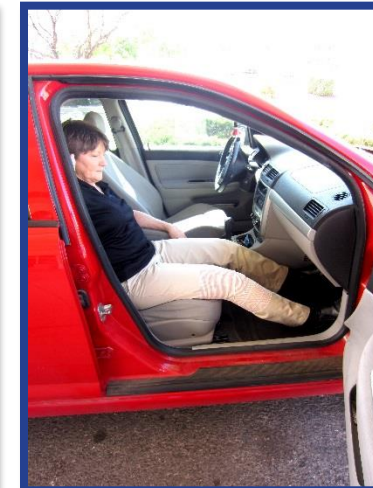
Step 3: Keep your surgical leg straight out in front of you and duck your head if needed.



Step 4: Remove the walker and slide your bottom back in to the car seat.

Step 5: Slowly turn frontward, leaning back as you lift your surgical leg into the car.

Step 6: Apply seatbelt and travel safe.



Tips

- Be sure the car seat is as far back as it can go before getting in.
- Consider reclining the seat, raising it back up when travelling.
- Place a plastic trash bag on the seat of the car to help you slide and turn frontward easier.
- Remember to do your ankle pumps during longer rides.



Lower body dressing

Putting on pants/underwear with a reacher:

Step 1: Place your surgical leg in the pant leg first, followed by your non-surgical leg.

Step 2: Stand with the walker in front of you and pull your pants up.



Putting on socks with a sock aid:

Step 1: Slide the sock onto the sock aid with the toe of the sock tight at the end.

Step 2: Hold the cord and drop the sock aid in front of your foot. Slip your foot in the sock.

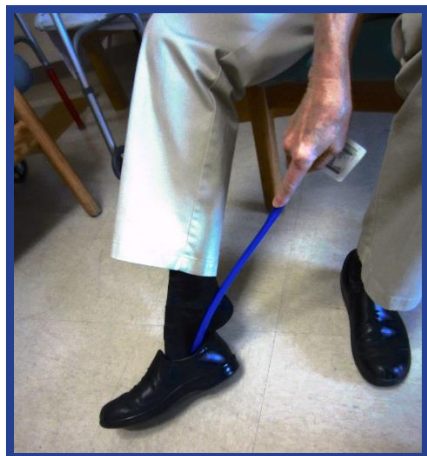
Step 3: Point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



Putting on shoes with a long-handled shoe horn:

Step 1: Use your shoe horn to help slide your shoe in front of your foot. Place the shoe horn inside your shoe against the heel. Have the curve of the shoe horn match the curve of your shoe.

Step 2: Slide your foot into the shoe and push down, sliding your heel down the shoe horn.



Tips

- Wear sturdy, closed-toe shoes that are not too tight.
- Wear shoes that are easy to slip on, with Velcro closures or elastic shoe laces.
- Do not wear high-heeled shoes or shoes without backs.
- Keep tools close and within reach for ease of use: adaptive equipment, walker, cell phone, water and paper and pen.

Considerations for a Knee Replacement



Helpful Reminder

Remember motion is lotion!

Bend and straighten your new joint as much as possible.

Note: The rolled towel/blanket is called a “tootsie roll.” You should use a tootsie roll under your Achilles area during daytime while resting for up to 6 weeks. This will help your knee heal straight.

DO NOT put a pillow or tootsie roll under your knee.

You do not have any knee precautions (safety limits). Bend and straighten the knee as much as possible.

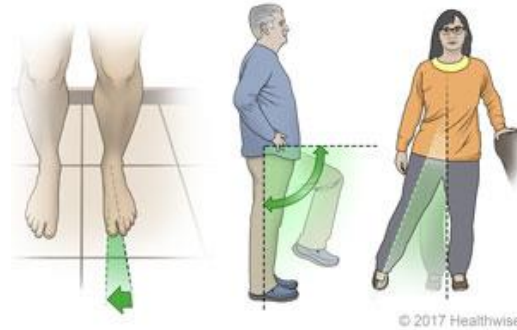


Considerations for a Hip Replacement

Anterior Hip Precautions

Safe positions for your hip

1. Keep your toes pointing forward or slightly in. Don't rotate your leg too far out to the side.
2. Move your leg or knee forward. Try not to step back.
3. Keep your knees apart. Don't cross your legs.



Try not to stretch your hip too far back

1. Don't step backward or bend backward.
2. Avoid lying on your stomach.



Don't cross your legs

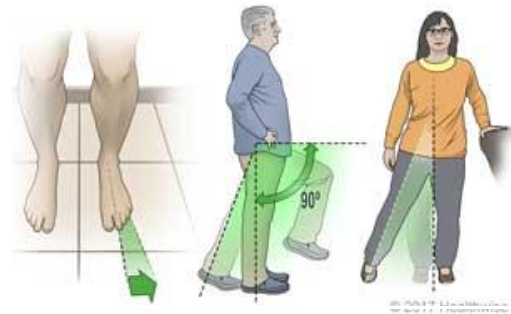
1. Imagine there's a line running down the middle of your body. Keep your legs from crossing over it.
- Don't cross your legs when you sit.
 - Don't cross your ankles while lying down.
 - It may help to keep a pillow between your knees when you're in bed.



Posterior Hip Precautions

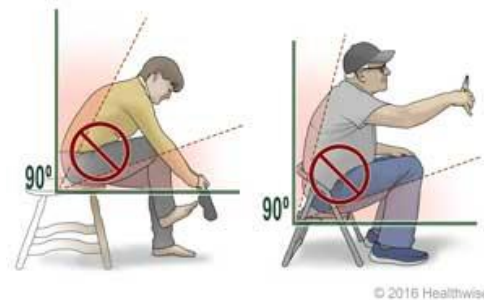
Safe positions for your hip

1. Keep your toes pointing forward or slightly out. Don't rotate your leg too far to the inside.
2. Do not bend your hip more than 90 degrees.
3. Keep your knees apart. Don't cross your legs.



Don't bend your hip too far

1. Don't lean forward while you sit down or stand up, and don't bend past 90 degrees (like the angle in a letter "L"). This means you can't try to pick up something off the floor or bend down to tie your shoes.
2. Don't lift your knee higher than your hip.
3. Don't sit on low chairs, beds, or toilets. You may want to use a raised toilet seat for a while. Sit in chairs with arms.



Don't cross your legs

1. Imagine there's a line running down the middle of your body. Keep your legs from crossing over it.
- Don't cross your legs when you sit.
 - Don't cross your ankles while lying down.
 - It may help to keep a pillow between your knees when you're in bed.



Helpful Reminder

Visit NAHealth.com/jrp-spine to view information on resuming sexual activity after surgery and tips for completing household chores.



Knee Exercises

Safety is first.

Please remember to follow your surgeon and therapist's instructions.



Seated Ankle Pumps

REPS: 10 | SETS: 3 | WEEKLY: 3x | DAILY: 1x

Setup

- Begin sitting upright with one leg straight forward.

Movement

- Slowly pump your ankle, bending your foot up toward your body, then pointing your toes away from your body, and repeat.

Tip

- Make sure to move your foot in a straight line and try to keep the rest of your leg relaxed.



Seated Knee Flexion Slide

REPS: 10 | SETS: 2 | HOLD (SEC): 0 | WEEKLY: 7x | DAILY: 3x

Setup

- Begin sitting upright in a chair with one leg bent and your other leg straight.

Movement

- Slowly slide one heel backward as far as you can. Then return to the starting position and repeat.

Tip

- Make sure to keep your back straight during the exercise. Only bend your knee as far as you can without causing pain.



Leg Kicks

REPS: 10 | SETS: 2 | HOLD (SEC): 5 | WEEKLY: 7x | DAILY: 3x

Setup

- Begin sitting upright in a chair.

Movement

- Slowly straighten one knee so that your leg is straight out in front of you. Hold, and then return to starting position and repeat.

Tip

- Make sure to keep your back straight during the exercise.



Seated Knee Extension Stretch with Chair

REPS: 10 | SETS: 2 | HOLD (SEC): 5 | WEEKLY: 7x | DAILY: 3x

Setup

- Begin sitting upright with a chair directly in front of you.

Movement

- Lift one leg off the ground and rest your foot on the chair, then begin to relax your leg, allowing your knee to straighten, and hold this position.

Tip

- Make sure to keep your back straight during this stretch.



Seated Quad Set

REPS: 10 | SETS: 3 | HOLD (SEC): 5 | WEEKLY: 5x | DAILY: 3x

Setup

- Begin sitting upright on the edge of a chair and your involved knee slightly bent.

Movement

- Tighten the muscles in your thigh as you straighten your leg. Hold briefly, then relax and repeat.

Tip

- Make sure to keep your back straight and do not lock out your knee.









Image from MEDBRIDGE, NAH-Cottonwood's contracted partner for therapy

Visit NAHealth.com/jrp-spine to access valuable resources.

Hip Exercises

Safety is first.

Please remember to follow your surgeon and therapist's instructions.

 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Seated Ankle Pumps REPS: 10 SETS: 3 WEEKLY: 3x DAILY: 1x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin sitting upright with one leg straight forward. <p>Movement</p> <ul style="list-style-type: none"> Slowly pump your ankle, bending your foot up toward your body, then pointing your toes away from your body, and repeat. <p>Tip</p> <ul style="list-style-type: none"> Make sure to move your foot in a straight line and try to keep the rest of your leg relaxed.
 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Seated Gluteal Sets REPS: 10 SETS: 2 HOLD (SEC): 0 WEEKLY: 7x DAILY: 3x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin in a seated upright position. <p>Movement</p> <ul style="list-style-type: none"> Tighten the muscles in your buttocks, then relax and repeat. <p>Tip</p> <ul style="list-style-type: none"> Make sure to maintain good posture during the exercise and do not hold your breath as you tighten your muscles.
 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Seated Isometric Hip Abduction REPS: 10 SETS: 2 HOLD (SEC): 0 WEEKLY: 7x DAILY: 3x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin sitting upright in a chair. <p>Movement</p> <ul style="list-style-type: none"> Place your hand on the outside of one knee, then push your leg outward, resisting the movement with your hand. <p>Tip</p> <ul style="list-style-type: none"> There should be no movement with this exercise.
 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Seated Hip Adduction Isometrics with Ball REPS: 10 SETS: 2 HOLD (SEC): 0 WEEKLY: 7x DAILY: 3x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin sitting in an upright position with both feet flat on the floor and a ball between your knees. <p>Movement</p> <ul style="list-style-type: none"> Gently squeeze both legs inward against the ball. <p>Tip</p> <ul style="list-style-type: none"> Make sure not to arch your back during this exercise.

[Extra] Possible posterior approach hip exercises ONLY





 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Standing Hip Extension with Chair REPS: 10 SETS: 2 HOLD (SEC): 0 WEEKLY: 7x DAILY: 3x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin in a standing upright position holding onto a chair for support. <p>Movement</p> <ul style="list-style-type: none"> Lift one leg straight backward, then bring it back to the starting position and repeat. <p>Tip</p> <ul style="list-style-type: none"> Make sure to keep your abdominals tight and your hips facing straight forward during the exercise.
 <p>STEP 1</p>	 <p>STEP 2</p>	<p>Standing Hip Abduction REPS: 10 SETS: 2 HOLD (SEC): 0 WEEKLY: 7x DAILY: 3x</p> <p>Setup</p> <ul style="list-style-type: none"> Begin in a standing upright position holding onto a stable object for support. <p>Movement</p> <ul style="list-style-type: none"> Lift one leg out to your side, then slowly return to the starting position and repeat. <p>Tip</p> <ul style="list-style-type: none"> Make sure to keep your shoulders and hips facing straight forward during the exercise.

Image from MEDBRIDGE, NAH-Cottonwood's contracted partner for therapy

Visit NAHealth.com/jrp-spine to access valuable resources.



Discharge Planning

Discharge planning is an important part of your education. The hospital provides a safe place for patients. Going home may lead to feelings of fear or doubt. To look after your home needs, your medical team will follow your improvement and help with all the needed arrangements, including plans for therapy and guiding you to the right equipment.

Depending on your surgeon, you may need to have outpatient therapy or home health therapy after discharge.

Our team will help make your discharge and move back home as smooth as possible. **Most patients will go directly home after discharge.**

The nursing and therapy staff will give you word-of-mouth and written discharge instructions before you leave the hospital. These instructions will cover activities, follow-up appointments and home medications. Please ask your nurse and therapists any questions you may have about the discharge instructions. It is important you and your helper read over the written instructions word for word.

After your joint replacement surgery, it is important to follow up with your surgeon on a regular basis. Failure to regularly check your implant could cause problems in the future.

Be on the Look Out

1. Tell your surgeon if:

- You have a fever greater than 101 F.
- You have *new* pain in the calf of your leg (blood clot).
- You have *sudden* pain or swelling at the operation site.
- You have a change in the color or odor of the drainage from the operation site.
- Chest pain, hard time catching your breath (call 911).

2. Prevent blood clots with walking, ankle pumps and compression stockings (for 6 weeks on both legs; take them off at least once per day to check your skin). Your nurse may give you an extra pair to take home, hand wash and drip dry. If your surgeon allows, you may buy extra compression socks at a pharmacy, store or online.

Take blood clot preventing medication as directed. You may see bruising or swelling of the operative leg. This is normal for patients taking blood thinners, and this will get better when the

medication is completed. Elevate the leg many times during the day to help with swelling. Lie down and raise the leg above heart level for 30 to 60 minutes.

3. **Take the prescribed pain medication as directed** by your surgeon. If you are extremely sleepy, have shallow breathing, a slow heartbeat, or feel light headed like you might pass out, seek help and do not take more pain medication. Write down when you take medications. It is recommended to take pain medications 30 to 45 minutes before the start of therapy. As the pain lessens, take less pain medication. [Use ice for pain control](#), no longer than 30 minutes at a time each hour.
4. **Avoid constipation** by eating foods high in fiber, by drinking plenty of fluids and walking. Foods high in fiber include: prunes, fruits, vegetables, whole grains, and beans. Pain medications can cause constipation so you may use over the counter stool softeners or laxatives as needed. You may not feel hungry. Drink plenty of fluids such as water, juice, milk, protein shakes and light soups to keep from getting dehydrated. Your appetite will return.
5. **You may have difficulty sleeping**; this is common. Avoid sleeping or napping too much during the day. You may have lower energy levels for the first month. Do not take sleeping medication within six hours of taking pain medication. This can make you too sleepy, causing a medical emergency.

Moving to Independence

☐ Weeks 1 to 2

Your goals for this period of time are to:

- Independently get in and out of a bed and a chair.
- Walk 300 to 500 feet with a walker.
- Complete your daily home exercise program.
- Get into and out of a car with help of one person.
- Control pain with the use of pain medications and ice.
- Manage swelling and decrease risk of a blood clot by wearing compression stockings during the daytime, as advised by your surgeon.
- Independently shower and dress.
- Be able to go up and down a flight of stairs.
- [Start lowering the amount of prescription pain medication you are taking, if possible.](#)
- **For total hips:** Follow your hip precautions/limits.

☐ Weeks 2 to 4

Your goals for this period of time are to:

- Continue doing your 1 to 2 week goals.



- Walk for longer distances or as much as comfortable.
- Get into and out of a car independently.
- Control pain with the use of ice and/or over the counter medications.
- Manage swelling and decrease risk of a blood clot by wearing compression stockings during the daytime, as told by your surgeon.
- Restart light household chores.
- **Be off prescription pain medication mostly, or only use before therapy and exercising.**
- **For total knees:** Achieve at least 90 degrees of flexion and 0 degrees of extension, if you had this pre-operatively.

☐ **Weeks 4 to 6**

Your goals for this period of time are to:

- Continue doing your previous goals.
- Walk with a cane without limping.
- Walk for longer distances, around a half of a mile, or as much as comfortable.
- Go up and down stairs normally, if comfortable.
- If your surgeon allows, discontinue the use of compression stocking at the six week mark.
- Drive a car with your surgeon/therapists' OK. Right total knee replacement may be up to six weeks, left total knee replacement when comfortable.
- Restart household chores.
- **Be off prescription pain medications completely.**

☐ **Weeks 6 to 12**

Your goals for this period of time are to:

- Continue doing your previous goals.
- Walk normally; walking without a cane and without a limp.
- Walk about one mile comfortably.
- Restart most activities after 12 weeks with your surgeon's OK.

Exercise Options

- Recommended exercise classes.
- Regular one to three mile walks.
- Home treadmill without incline.
- Stationary bike with good seat elevation.
- Nordic Track or elliptical glider.
- Regular exercise at a fitness center if OK'd by your surgeon/therapists.
- Low impact sports: golf, bowling, walking, gardening, dancing, etc.

Exercises to Avoid

- Do not run or engage in high impact activities.
- **Ask your surgeon or outpatient therapists if you have questions about other activities.**

Tip

Nutrition is very important for wound healing. Consider drinking a nutritional shake twice a day for one week before surgery and one week after surgery. Shake options may include Richocet, Nestle IMPACT Advanced Recovery Immunonutrition Shakes or Ensure Surgery Immunonutrition Shakes.

Notes from Joint Replacement Class

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Thank you for trusting us with your care.



Northern Arizona Healthcare

Visit NAHealth.com/jrp-spine to access valuable resources.