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 Orthopedic & Spine Institute!

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 of patient and helper(s)
- Attentive and dedicated staff

Meet your team

Your health care 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 ensure you have a successful recovery experience.

If you have any questions or comments, please call the nurse navigator in Flagstaff at **928-214-2812** or in Cottonwood at **928-639-6297**. You may also email **JRPSpineRN@NAHealth.com** or call your orthopedic surgeon's office. We look forward to meeting you and your helper(s) and welcoming you to our program. Thank you for letting us help you achieve better bone and joint health.

Sincerely,

Northern Arizona Healthcare
Orthopedic & Spine Institute

Purpose of the Guidebook

The purpose of this Guidebook is to start you 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 helpers. In reading this entire Guidebook and attending the joint replacement class, you and your helpers 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

You will be required to attend the Joint Replacement Class before surgery. The in-person class is highly recommended.

In-person class: Email JRPSpineRN@NAHealth.com if you are not yet scheduled.

Online class: If unable to attend in-person, use the QR code to find the website quickly.

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You can also type the link: **https://www.bit.ly/NAHJoint**

The online class works best with Google Chrome, Mozilla Firefox or Microsoft Edge internet browsers.

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

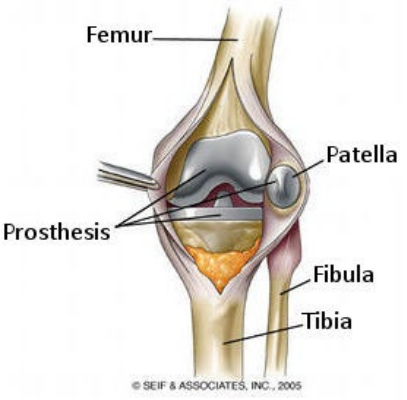
Below is a list of the most commonly asked questions, along with their answers. If you have more questions, please ask your surgeon or nurse navigator.

What is arthritis and why does my knee hurt?

The knee has smooth cartilage on the lower end of the femur (thigh bone), the upper end of the tibia (shin bone) and the undersurface of the patella (kneecap). 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 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 material on the femur, a titanium baseline on the tibia, and a and a polyethylene plastic spacer on the tibia and patella. This creates a new smooth cushion and a 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 clot preventing medication. 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 spinal anesthetic and/or nerve block (regional anesthetic). This results in numbness, loss of pain or loss of feeling to your leg. Another option is a general anesthetic, which many people call “being put to sleep.” Your surgeon and anesthesiologist will talk about what type of anesthesia is safest for you before surgery.

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 reduce 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 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 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 is pain with the first few steps after standing up, and you may feel this for a while. This gets better on its own and does not mean the implants are loosening or failing. The joints above and below your knee (such as lower back, hips and ankles) may ache during your recovery. This is a temporary, healing pain, as your body learns to move with your new and straightened knee.

Swelling usually increases during the first week at home from the hospital. This is improved by spending one hour, four times a day, with your leg elevated above the level of the heart. Ice your new joint 20 minutes at a time, many times throughout the day. You may receive an ice machine from the hospital to take home and use. Save about 10 frozen plastic bottles for the machine.

Helpful Reminder

You **must** bring your front-wheeled walker with you the day of surgery.

Please ask questions at any time.

Use the following space for more questions:

Frequently asked questions: hip replacement

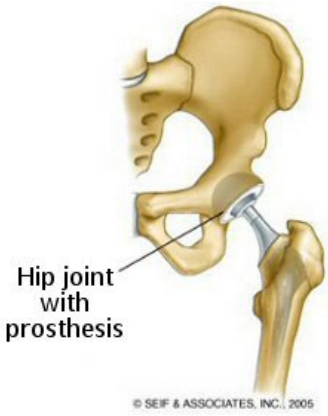
Below is a list of the most commonly asked questions, along with their answers. If you have more questions, please ask your surgeon or nurse navigator.

What is arthritis and why does my hip hurt?

The hip joint has a layer of smooth cartilage on the ball of the upper end of the femur (thigh bone) and another layer within your hip socket. This cartilage serves as a cushion and allows for smooth hip motion. Arthritis is the 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 polyethylene 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 clot preventing medication. 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 spinal anesthetic that results in numbness, loss of pain, or loss of feeling to your legs. Another option is a general anesthetic, which many people call “being put to sleep.” Your surgeon and anesthesiologist will talk about what type of anesthesia is safest for you before surgery.

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

The ability to drive depends on whether surgery was on the right or left hip, and the type of vehicle you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving two weeks after surgery. If the surgery was on your right hip, 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 hip 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 is pain with the first few steps after standing up, and you may feel this for a while. This gets better on its own and does not mean the implants are loosening or failing. The joints above and below your hip (such as lower back, knees and ankles) may ache during your recovery. This is a temporary, healing pain, as your body learns to move with your new and straightened hip.

Swelling usually increases during the first week 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. **Remember** to follow your hip precautions (see below). Ice your new joint 20 minutes at a time, many times throughout the day.

Will I need help at home?

You will need someone to help you for a few days or up 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 reduce 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 are your safety limits and 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 move your leg backward/behind you, avoid moving your leg too far out to the side, and do not turn your knee or foot outward.
- **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 lifelong process. Your surgeon will decide the length of time you will need to follow your hip precautions to prevent dislocation. See the section of this guidebook regarding considerations for knee and hip patients for more information about hip precautions.

Helpful Reminder

You **must** bring your front-wheeled walker with you the day of surgery.

Please ask questions at any time.

Use the following space for more questions:

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. You will receive a pre-admissions phone call one-to-two weeks before your surgery and a nurse will provide you with a tentative surgery time. The time may change, so you will receive another phone call one to two business days before surgery to give you the final check-in time.

If you have questions about your surgery date and time in Flagstaff please call 928-773-2048.

If you have questions about your surgery date and time in Cottonwood please call 928- 639-6426.

☐ **Step 2**

Attend the Joint Replacement Class. Complete the class one-to-four weeks before surgery. We highly recommend attending in-person for personalized education related to your surgery type and surgeon. Please email JRPSpineRN@NAHealth.com or call your navigator to get more information for the in-person class. If you are unable to attend in-person, find the online class at the following link: **https://www.bit.ly/NAHJoint** or scan the QR code. The link works best with Google Chrome, Mozilla Firefox or Microsoft Edge internet browsers.

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☐ **Step 3**

Start asking people to help care for you for the first couple of 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 your own home is the best place to recover.

☐ **Step 4**

Become familiar with your exercises. You will learn your exercises in joint replacement class. It is important to practice these exercises before surgery to improve your recovery. Your therapist 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 20 times, two times a day, as best as you can.

☐ **Step 5**

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 (elevated toilet seat, shower chair, grab bars, etc.)

☐ **Step 6**

Stop all vitamins and herbal supplements seven days before surgery. You will receive other medication instructions during your pre-admissions phone call/appointment.

☐ **Step 7**

Pack the following for your hospital stay.

- ☐ Insurance cards
- ☐ Copy of your advanced directive (if you have this)
- ☐ **Your front-wheeled walker** (not a four-wheeled walker), adjustable to your height, labeled with your name
- ☐ Dressing equipment (if you have this) labeled with your name
- ☐ Home CPAP/BiPAP machine (if told to bring)
- ☐ Your Joint Replacement Guidebook
- ☐ 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 or gym shoes, with or without laces).
- ☐ Do not bring valuable items, such as: jewelry, a large amount of money or medications (unless told by your care team). Weapons are not permitted on our campuses.

☐ **Step 8**

Follow the pre-operative instructions. Please review and carefully follow the pre-operative instructions you received from your pre-admissions appointment. The instructions will include using special shower soap/wipes before surgery.

☐ **Step 9**

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

Tips

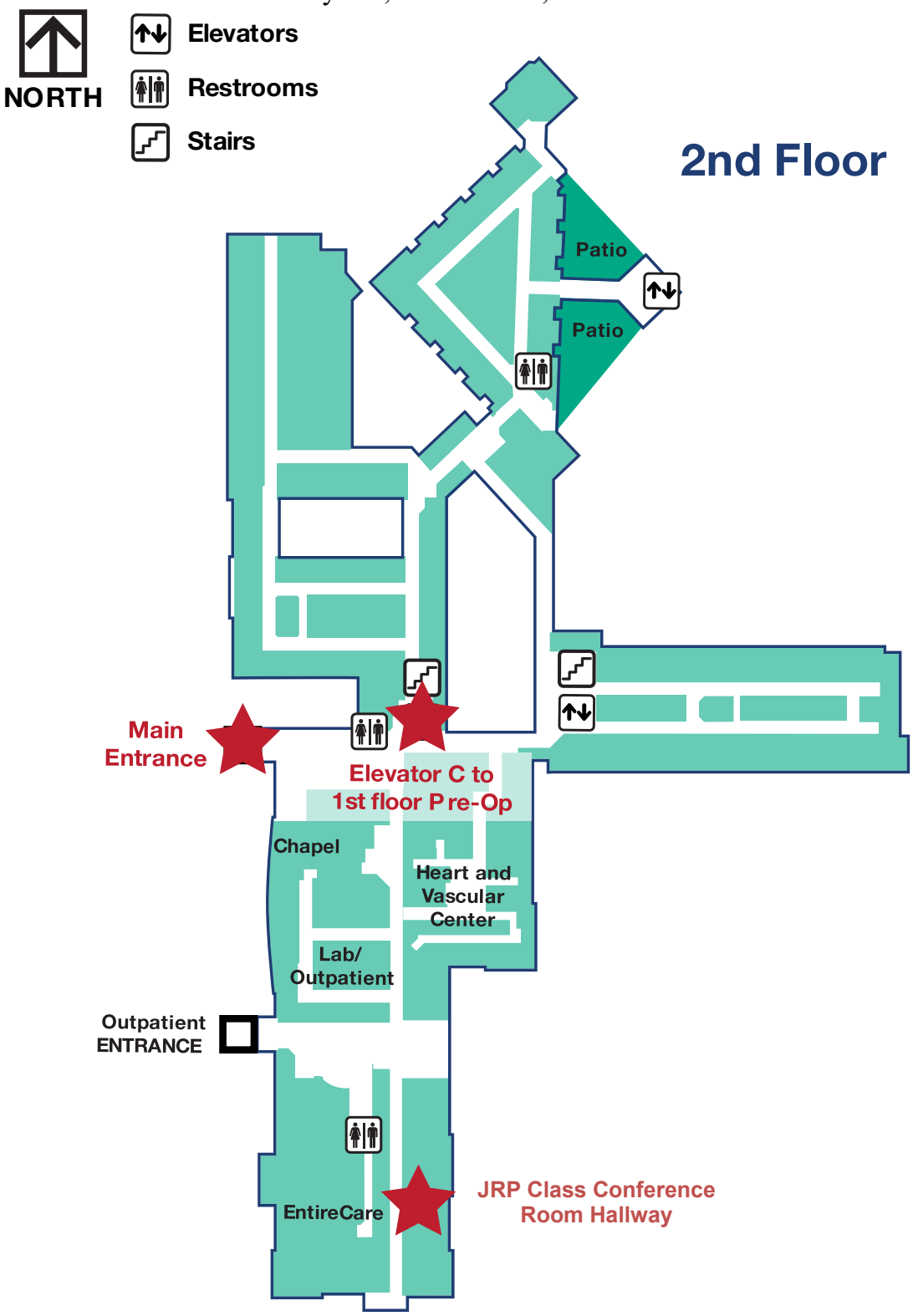
Prepare yourself for surgery; your life depends on it.

- **Stop smoking** as smoking slows healing and increases risk of infection. For help and safe weaning tips contact:
  - Coconino County Health Department 928-679-7222.
  - Yavapai County Health Department 928-639-8130.
  - CDC Free Coaching and resources 1-800-QUIT-NOW (1-800-784-8669).
- **Stop drinking** alcohol as it can mix poorly with anesthesia, cause bleeding or dehydrate you. For help and safe weaning tips contact:
  - Flagstaff Guidance Center 928-527-1899.
  - Cottonwood Spectrum Healthcare 928-634-2236.
  - National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL (1-800-622-2255).
- **Do you need help** with housing/shelter, expenses/utilities, food, disaster recovery, mental health, transportation, etc.? Dial 211 or visit 211arizona.org.
- Ask your nurse navigator for a local community resource guide, including places to find discounted equipment.

Hospital maps

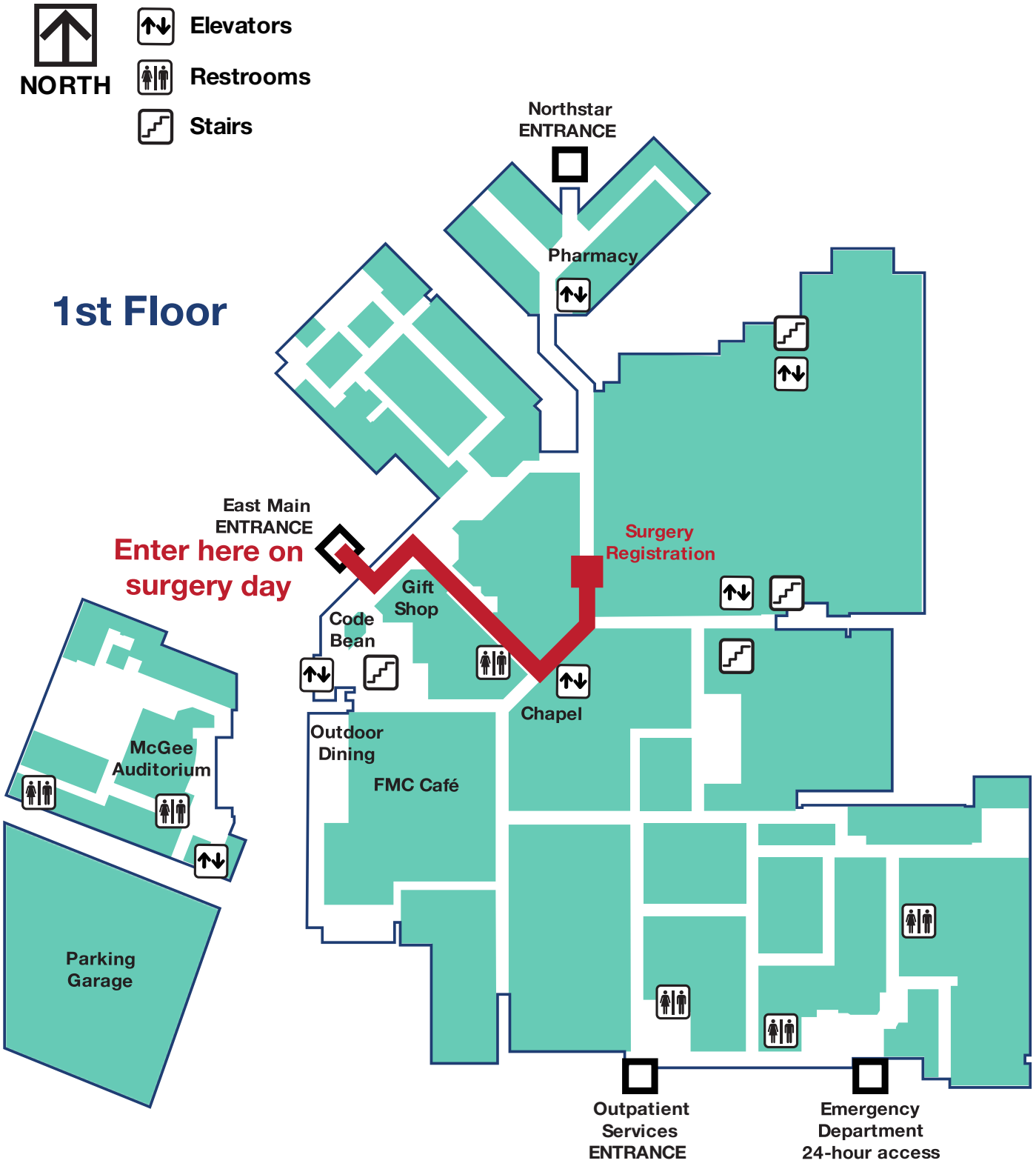
Verde Valley Medical Center

269 S. Candy Ln., Cottonwood, AZ 86326



Flagstaff Medical Center

1200 N. Beaver St., Flagstaff, Arizona 86001



Pre-operative joint replacement class

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

You are required to attend the joint replacement class one-to-four weeks before your surgery. Your surgery may be postponed if you do not complete the class and prepare yourself. We recommend coming to the in-person class with your helper, if possible.

Benefits of the in-person class. You will:

- Set yourself up for the best recovery possible.
- Complete pre-op testing in one stop (you **must** request this).
- Experience lower anxiety and worry levels.
- Learn ways to prepare your body/home/helper.
- Create a safe recovery plan with your team.
- See where to go on your day of surgery.
- Meet your care team.
- Be able to ask questions in real-time.
- Receive personalized information.

If you or your helper are unable to attend in person, the online class can be found at the following link: **https://www.bit.ly/NAHJoint** 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. It works best with Chrome, Firefox or Edge browsers.

The class format is as follows:

- Nursing presentation.
- Physical therapist presentation.
- Occupational therapist presentation.

In-person classes are offered in Flagstaff and Cottonwood. You may be scheduled to complete your pre-operative testing before or after the in-person class (urine, MRSA nasal swab, non-fasting blood work, and an electrocardiogram). If you are coming to the in-person class, bring the following:

- ☐ The person who will help you after surgery
- ☐ This Guidebook

If you have any questions regarding the joint replacement class information, contact the nurse navigator in Flagstaff at 928-214-2812 or in Cottonwood at 928-639-6297, or email JRPSpineRN@NAHealth.com.

Daily events/schedule

Evening before surgery

- Shower the evening before surgery with the soap or wipes you received from the office or in the mail.
- Do not eat solid foods or drink dairy products/juices with pulp after midnight.

Surgery day

- In the morning, complete your final shower with the special soap or wipes at home.
- Follow the instructions you were given that tell you which medications, if any, are OK to take with a sip of water.
- Arrive to 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 the recovery room; your helpers will be updated.
- Sequential compression devices (SCDs) will be placed around your calves or feet. They gently squeeze your muscles. This improves blood flow to help prevent blood clots in your legs.
- Transfer to your hospital room or complete your stay in the recovery room and then discharge home.
- Increase diet as you can tolerate, starting off with ice chips or clear liquids.
- Pain will be reduced (*not* eliminated) with oral and/or IV medications. Communication with your nursing staff is important for pain management.
- Sit at the edge of the bed, stand, walk, 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.

First day after surgery (if still in hospital) or discharge day

- Lab work will be taken early in the morning.
- With help, get up to sit in the chair before breakfast arrives. Always call for help before moving.
- See and talk to the physician assistant and/or surgeon.
- Eat breakfast sitting up in the chair. Ice your joint and do ankle pumps.
- If your surgeon orders, a therapist will work with you. This may include physical therapy and/or occupational therapy.
- Eat lunch sitting up in the chair. Rest and ice. Do ankle pumps.
- Discharge home when allowed by your medical team.

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 helper staying with you through the first weekend up to two weeks or longer. Your helper can assist with light activities at home.
- When going home, your discharge time may be late morning to afternoon. Please plan and talk with your helper to have a ride home ready, before your surgery. You are invited to wait in the discharge lounge until your ride arrives.
- 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.

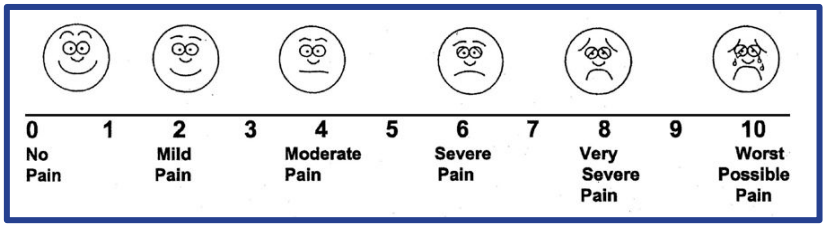
Plan to discharge home the day of surgery or the day after surgery.

Call! Don't fall!

After your surgery, there is a greater chance you may fall when you move. Do not get out of bed or up from a 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. At home, let your helper make sure the path is clear before walking. Sit in a chair or lie down if you feel lightheaded or dizzy.

Managing your pain

You will have pain after surgery. Everyone handles pain differently. Expect some discomfort or pain after your surgery. While you are in the hospital, open communication between you and your health care team is the **key** to better pain management. Our goal is to lower your pain to a level you can tolerate. We may use a number scale, as seen below, to help better communicate your pain level. Let your health care team or helper know if your pain level increases, so they can help lower your pain with medications, positioning, cold therapy and/or relaxation techniques.



Ice is very important in pain management and reducing swelling. Apply ice for 20 minutes, many times per day, especially the first three days. After the first three days, ice when you have increased pain. Use ice as needed the first year after surgery. Knee replacements may receive an ice machine to take home; and need to elevate the knee above the heart for 30-to-60 minutes, three to four times per day.

Coughing and deep breathing

You will receive directions to take deep breaths **10 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-surgery respiratory infections. Use your incentive spirometer for one-to-two weeks after you are discharged from the hospital.

Activity and exercises overview

You will have physical and/or occupational therapy sessions while you are in the hospital. You will be safe to work on your exercises the day of surgery.

Depending on our visitor rules, please have a helper at one of these sessions so they understand your exercises, as well.

The following pages include tips and exercises approved 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
- Considerations 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 surgical leg.
Step 3: Follow through with your non-surgical leg.

Tips

- Find a front-wheeled walker **before surgery**. For a cost-effective approach, consider borrowing from a friend or family member or look for one at a secondhand store.
- **You must bring your walker with you to the hospital.**
- Be sure to search for a front-wheeled walker appropriate to your height and/or weight:
  - Patients 5'4" or less, use a junior walker.
  - Patients 5'4"-6'5," use an adult walker.
  - Patients greater than 6'5" or greater than 300 pounds, use a bariatric walker.
- Keep your body positioned between the back two legs of the walker.
- 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.

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.

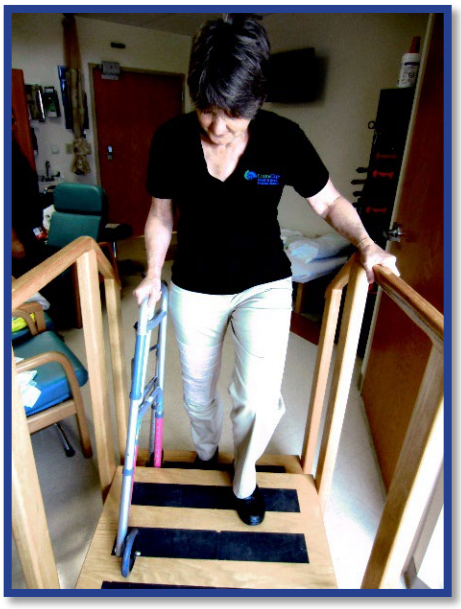

Step 1: Step your surgical leg out in front of you.
Step 2: Reach back with your arms to slowly move your body up or down.


Tips

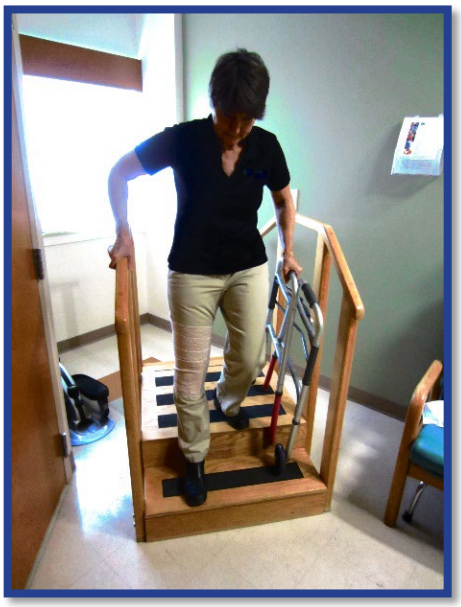
- If needed, raise the surfaces you are sitting on (toilet riser, chair risers) so your hips are above your knees. The lower the seat, the harder time you will have standing up. Posterior hip patients must have a higher seat to protect your hip.
- An extra walker can be placed over a toilet, as pictured, to help you stand up.

Going up and down stairs

Go up with the non-surgical leg first.



Go down with the surgical leg first.



Tip
Use this fun quote to help you remember which leg goes first: **"Up with the good and down with the bad."**

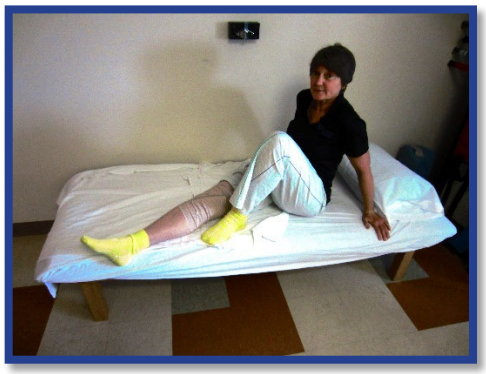
Getting in and out of bed

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 surgical 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 "standing 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 reach.
  - The lower the seat, the harder it is to stand up.
  - 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. Do not hold onto the door.
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 into 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 to help prevent blood clots.

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.

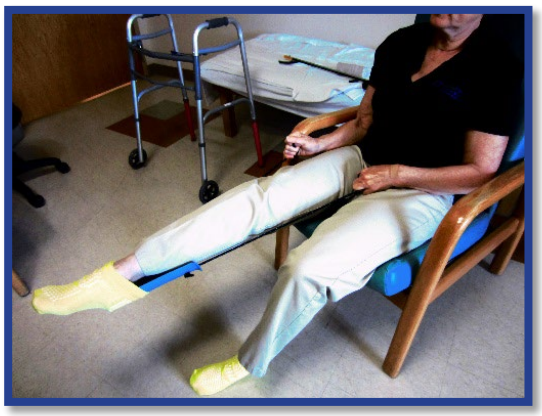
Putting on socks with a sock aid:

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.

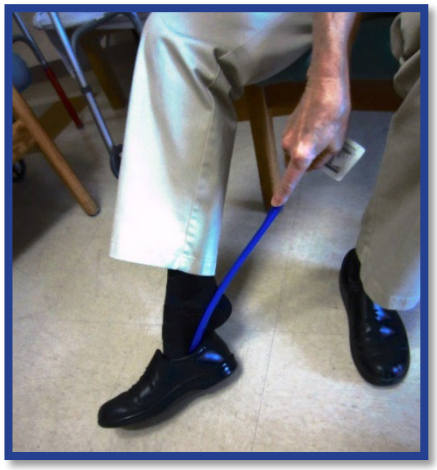
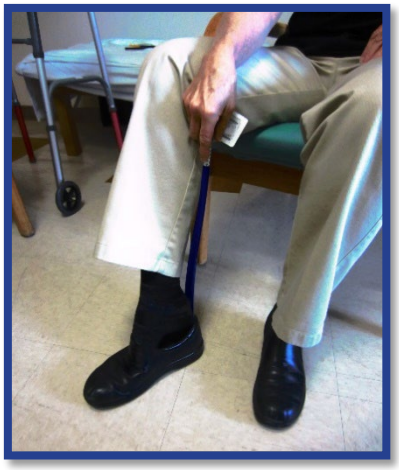





Putting on shoes with a long-handled shoe horn:

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 shoelaces.
- 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

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.

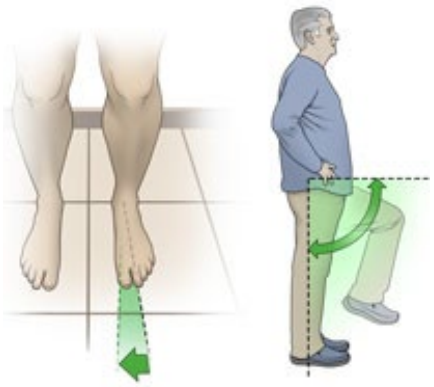
Helpful Reminder
Remember motion is lotion! Walk, bend and straighten your new joint as much as possible.

Considerations for a hip replacement

Anterior hip precautions

Safe positions for your hip

1. Keep your toes pointing forward or slightly in.
2. It is okay to move your leg or knee forward and bend the hip to where it is comfortable.
3. Keep your knees together, whether you are getting in or out of bed or a car and while you are sitting.



Unsafe positions for your hip

1. Do not move your surgical leg backward and do not bend backwards.
2. Avoid moving your surgical leg too far out to the side.
3. Avoid letting your surgical leg roll outward. While sitting, keep your knees together. Do not sit with your ankle resting on your non-surgical knee.

Images and information are from our contracted partner Healthwise.

Posterior hip precautions

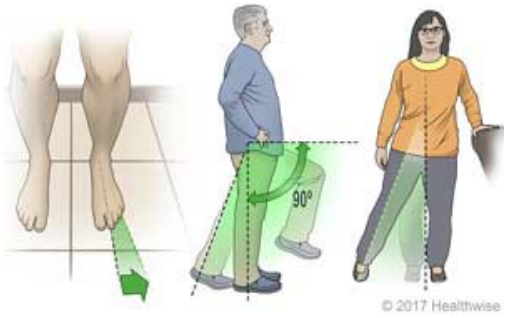
Safe positions for your hip

1. Keep your toes pointing forward or slightly out.

2. It is okay to bend your hip. Stop when your hip is at 90 degrees (like the angle in a letter "L").

3. Keep your knees apart. Use a pillow between your knees when you are lying down.

4. You can lift your leg out to the side.



Unsafe positions for your hip

1. Do not bend your hip more than 90 degrees.

   - Avoid leaning forward too far while you sit down or stand up. Do not lift your knees above your hips.

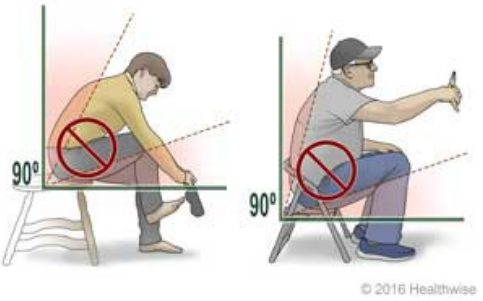
   - Do not bend at the hips to pick something up off the ground or when getting dressed.

   - Do not sit on low chairs, beds or toilets. You will need a toilet riser if your seat is too low. Sit in chairs with arms.

2. Imagine there is a line running down the middle of your body. Keep your legs from crossing over it.

   - Do not cross your legs/ankles when sitting or lying down. Use a pillow between your legs while lying down.

   - Avoid letting your surgical leg roll inward.



Images and information are from our contracted partner Healthwise.

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.

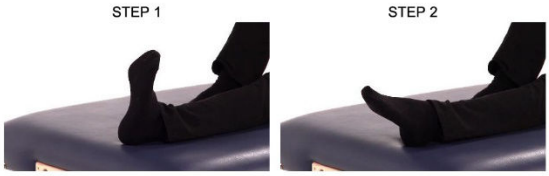
Movement
- Tighten the muscles in your thigh as you straighten your leg. Hold briefly, then relax and repeat.

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

Image from MEDBRIDGE, Verde Valley Medical Center's contracted partner for therapy.

Hip exercises-anterior

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



Supine Ankle Dorsiflexion and Plantarflexion AROM

REPS: 30 | DAILY: 2

Setup
Begin lying on your back or in a recliner chair.

Movement
Press your foot away from your body, hold briefly, then relax and repeat. Do this with both lower extremities.

Gluteal and Quad set

REPS: 10 | SETS: 1 | HOLD: 5 | DAILY: 2

Setup
Begin lying on your back with your hands resting comfortably.

Movement
Tighten your buttock muscles, and thigh muscles as if straightening the knee, release and repeat. Don't arch your low back or hold your breath as you tighten your muscles.

Straight Leg Raise

REPS: 10 | SETS: 1 | DAILY: 2

Setup
Begin lying on your back with one leg bent and your opposite leg straight.

Movement
Keep your leg straight, raise your leg to the same height of your bent knee. Slowly lower and repeat. Don't let your leg or pelvis rotate to either side or arch your back.

Knee Extension/Long Arc Quads

REPS: 10 | HOLD: 5 | DAILY: 2

Slowly straighten operated leg and hold for 5 seconds. Bend knee, taking foot under chair if possible. Assist with Theraband if needed. Coach's Note: Encourage patient to completely straighten knee.

Standing Weight Shift

REPS: 10 | DAILY: 2

Standing on your operative leg, step forward and back with your non-operative leg to simulate normal walking. Do not pick up your operative foot. You should feel a stretch in the front of your hip. Coach's Note: Have erect posture.

Standing Heel Raise with Support

REPS: 30 | HOLD: 5 | DAILY: 2

Setup
Begin in a standing upright position holding onto a stable surface in front of you for support.

Movement
Slowly raise heels off the ground, then back, lift toes off the floor then back, and repeat. Maintain your balance.

Standing Partial Squats

REPS: 10 | DAILY: 2

Holding on to an immovable surface, slowly bend knees. Keep both feet flat on the floor. Coach's Note: Encourage erect posture, with eyes forward. Do not bend at the waist.

Image from MEDBRIDGE, Verde Valley Medical Center's contracted partner for therapy

Hip exercises-posterior

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 Gluteal Sets

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

Setup
- Begin in a seated upright position.

Movement
- Tighten the muscles in your buttocks, then relax and repeat.

Tip
- Make sure to maintain good posture during the exercise and do not hold your breath as you tighten your muscles.

Seated Isometric Hip Abduction

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

Setup
- Begin sitting upright in a chair.

Movement
- Place your hand on the outside of one knee, then push your leg outward, resisting the movement with your hand.

Tip
- There should be no movement with this exercise.

Seated Hip Adduction Isometrics with Ball

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

Setup
- Begin sitting in an upright position with both feet flat on the floor and a ball between your knees.

Movement
- Gently squeeze both legs inward against the ball.

Tip
- Make sure not to arch your back during this exercise.

Standing Hip Extension with Chair

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

Setup
- Begin in a standing upright position holding onto a chair for support.

Movement
- Lift one leg straight backward, then bring it back to the starting position and repeat.

Tip
- Make sure to keep your abdominals tight and your hips facing straight forward during the exercise.

Standing Hip Abduction

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

Setup
- Begin in a standing upright position holding onto a stable object for support.

Movement
- Lift one leg out to your side, then slowly return to the starting position and repeat.

Tip
- Make sure to keep your shoulders and hips facing straight forward during the exercise.

Image from MEDBRIDGE, Verde Valley Medical Center's contracted partner for therapy

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 health needs, your medical team will follow your improvement and help you with the necessary arrangements, including plans for therapy and guiding you to the right equipment. You may think about staying at a helper's home or a hotel for the first week if you have an outdoor bathroom, numerous stairs or do not have running water or electricity.

Depending on your surgeon, you may need to have outpatient therapy or home health therapy after discharge. If your surgeon directs you to set up outpatient therapy, you **must** do so. Many therapy locations have a wait list. Please act early. You may choose a therapy location close to your home.

Our team will help make your discharge from the hospital as smooth as possible. **Most patients will go directly home after discharge.**

The nursing and therapy staff will give you verbal 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 the written instructions word for word.

After your joint replacement surgery, you must 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 100.4 degrees F.
   - You have new pain in the calf of your leg (this can be a sign of a blood clot).
   - You have persistent, severe pain or swelling at the operation site after using pain meds or pain reduction methods.
   - You observe a change in the operation site: increased or persistent drainage, change in color or odor of drainage, or incision site opens up.
   - If you experience chest pain or difficulty catching your breath, call 911 immediately.

2. **Prevent blood clots** with walking and ankle pumps. You should also wear compression stockings on both legs. You should wear the socks daily and take them off at least once a day to check your skin. Your nurse may give you an extra pair to take home. Plan on wearing compression socks for four-to-six weeks. Additional socks can be purchased at the pharmacy, store or online.
   Take blood clot preventing medication as directed. You may see bruising or swelling of the surgical 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 your heart 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 lightheaded 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 20 minutes per spot 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 are to:

- Independently get in and out of a bed and a chair.
- Walk 300-to-500 feet with a walker (your therapist may change this goal depending on your physical status before surgery).
- Complete your daily home exercise program.
- Get into and out of a car with help from one person.
- Control pain with the use of pain medications, ice and elevation.
- 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. Follow your surgeon's instructions for showering.
- 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 hip replacements:** Follow your hip precautions/limits.

☐ **Weeks 2 to 4**

Your goals for this period are to:

- Continue doing your 1-to-2-week goals.
- Continue doing your previous 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 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 care team's approval. Right total knee or hip replacement may be up to six weeks, left total replacement when comfortable.
- Restart household chores.
- **Be off prescription pain medications completely**.

Weeks 6 to 12

Your goals for this period 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 approval.

Exercise options

- Recommended exercise classes.
- Regular one-to-three-mile walks.
- Home treadmill without incline.
- Stationary bike with good seat elevation.
- Low-impact trainer or elliptical machine.
- Regular exercise at a fitness center once approved by your care team.
- 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 therapists if you have questions about other activities.**

Tip

Nutrition is very important for wound healing. It is recommended to drink a nutritional shake, with increased levels of protein, twice a day for one week before surgery and one week after surgery. A few choices include Ricochet, Nestle IMPACT Advanced Recovery and Ensure Surgery Immunonutrition Shakes.

Medication log

Use a medication log after surgery to prevent medication errors. You may not have been prescribed a medication for each category listed below. Use the 'Other' columns to fill in any over-the-counter or routine medications you take.

Medication type	Example	Blood clot prevention	Antibiotic (if ordered)	Pain management	Stool softener/ laxative	Other	Other
Medication dose frequency	Oxycodone 5-10 mg As needed, Every 6 hrs						
Date time	5/25 8 a.m.				Start evening on surgery day		
	5/25 8 p.m.						
	5/26 3 a.m.						
	5/26 12 p.m.						

Notes from the joint replacement class

Thank you for trusting us with your care.