Salem Health’s Joint Replacement Center of Excellence is a partnership between Salem Health and the joint specialists from Hope Orthopedics of Oregon and Kaiser Permanente.
Name: ________________________________________________________________

Name of coach: ________________________________________________________

**Key appointment reminders**

Mandatory Joint Replacement Center of Excellence class, located in Building D, CHEC classroom 1:

______________________________________________________________

Did you first get your:

- ☐ EKG
- ☐ Dental check-up
- ☐ Blood drawn/lab work
- ☐ Physical exam
- ☐ Sleep study (if needed)
- ☐ Other

Phone appointment with Salem Health presurgical screening registered nurse (if needed):

______________________________________________________________

Complete your preoperative assessment. Your surgeon will send you an Email link to do this.

Preoperative appointment with surgical team member. Please arrive 15–20 minutes early to allow time for x-rays.

______________________________________________________________

Other important appointments (if needed):

- Primary care physician _____________________________________________
- Others ___________________________________________________________

______________________________________________________________

Date of surgery: ___________________________________________________

Check-in time: _____________________________________________________

First postoperative appointment: _____________________________________

Other postoperative appointments:____________________________________

______________________________________________________________

Outpatient physical therapy appointment (if needed):________________________
Welcome to Salem Health's Total Joint Replacement Center

**Working together to achieve success**

Congratulations on your decision to have your joint replacement surgery at Salem Health! This will improve your lifestyle, increase your mobility, and help relieve your pain. Our program uses a team approach where you and your coach are active participants in your surgical journey.

Our goal is to provide you with an exceptional experience and the best possible outcomes, using an evidence-based plan of care. We will provide you with in-depth education to prepare you and your family, and to help you accomplish your goals. We are here to help you throughout your joint replacement journey.
Agreement for Patients Undergoing Total Joint Replacement Surgery

As a team there are a few things we need to make sure happen to help achieve success (please initial each to indicate you have read and understand these requirements):

_____ Acquire clearance from your primary care physician prior to surgery.

- This will help prevent post-operative complications

_____ Review the entire Patient Resource Guide.

_____ Attend the Preoperative education class and turn in your Home Evaluation Questionnaire.

_____ Appoint a coach who:

- Will be available to attend therapy sessions while in the Joint Center
- Provides you support, encouragement, and companionship.
- Stays at home with you until your postoperative appointment.

_____ Attend all scheduled post-operative appointments with the surgeon and physical therapy.

_____ Follow all precautions, exercise and mobility instructions to help ensure a safe recovery.

_____ Take medication as instructed.

_____ Remain tobacco and alcohol free through your recovery.

_____ Call the surgeon’s office FIRST before visiting the ER with any questions or concerns with your incision/dressing (increased redness, warmth, drainage, and swelling), pain not controlled with medications or rest, calf pain/swelling, fever over 101.5 or nausea and vomiting.

_____ Go directly to the Emergency Room if you develop chest pain or shortness of breath.

Thank you for choosing the Salem Health Joint Replacement Center of Excellence. We look forward to partnering with you on your road to regaining an active lifestyle.

Patient Signature

Print name

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Surgery checklist

Two to three months before surgery:
☐ Schedule a physical exam with your primary care physician, if you haven’t had one in the past year or if you have health conditions that may affect your ability to proceed safely with surgery.
☐ Schedule a dental exam if you haven’t had one in the past six months.

One month before surgery:
☐ Stop smoking and use of any nicotine products.
☐ Complete any lab work or testing ordered by your surgeon.
☐ Start making preparations at home.

Two to three weeks before surgery:
☐ Attend your preoperative visit at your surgeon’s office to finalize your surgery plans and discuss any medication changes that may be needed for surgery.
☐ Attend Joint Replacement Center of Excellence class.
☐ Register yourself as a patient at Salem Health at 503-814-7737 or online at salemhealth.org/admit.
☐ Begin preoperative exercises as listed in this guide.
☐ Begin washing with antibacterial soap.

Ten days before surgery:
☐ Stop any nonsteroidal anti-inflammatory drugs (NSAIDs) such as Advil®, Ibuprofen, Aleve® naproxin, etc. Other over-the-counter medications, such as Claritin® and Benadryl®, are fine to continue. You may take Tylenol®, if necessary.
☐ If you take a blood thinner, such as Coumadin, warfarin or Plavix®, discuss with your surgeon and primary care provider when to stop the medication. It is important to coordinate your blood thinner needs between both providers so you will be off the medication for the shortest time necessary for your surgery.
☐ Stop taking any supplements or herbal medications as directed by your surgeon.
One week before surgery:
☐ Do not shave legs or use any hair removal products on the legs.
☐ Participate in your presurgical screening appointment (if needed) with a presurgical screening nurse. If you have any questions, please call 503-814-2468.

Two days before surgery:
☐ Start using a fiber supplement such as FiberCon® or Metamucil®.
☐ Increase your water intake to 64 ounces a day.
☐ Use the first packet of Hibiclens® (special cleanser provided to you) and wash from the neck down with a clean washcloth. Do not use on the face, hair or genitals; wash these areas as you normally do. Spend two or three minutes concentrating in the area you will be having surgery. Be sure to use a clean towel and put on clean clothes.

One day before surgery:
☐ Pack your bag for the hospital, including clean clothes and your resource guide.
☐ Use the second packet of Hibiclens® (special cleanser provided to you) and wash from the neck down with a clean washcloth. Do not use on the face, hair or genitals; wash these areas as you normally do. Spend two or three minutes concentrating in the area you will be having surgery. Be sure to use a clean towel and put on clean clothes.
☐ Remove fingernail polish.
☐ Someone from Salem Health will call you the evening prior to surgery with your arrival and surgery times.
☐ Drink 16 ounces of Gatorade®, the evening before surgery.
☐ Do not eat any food after midnight. This includes gum, mints or candy. This can cause your surgery to be postponed or canceled.

Day of surgery:
☐ Drink up to 16 ounces of Gatorade®. Make sure you are done drinking when you leave for the hospital.
☐ Use the third packet of Hibiclens® (special cleanser provided to you) and wash from the neck down with a clean washcloth. Do not use on the face, hair or genitals, wash these areas as you normally do. Spend two or three minutes concentrating in the area you will be having surgery. Be sure to use a clean towel and put on clean clothes.
☐ Do not wear colognes, perfumes or lotions of any kind; Salem Health is a fragrance-free facility. Wear eyeglasses instead of contacts. Come makeup-free.
☐ Brush your teeth and rinse with water.
☐ Take any required medications as instructed by your surgeon and/or anesthesiologist just after you wake up.
☐ Wear loose-fitting, clean, comfortable clothing that can be easily removed.
☐ Leave jewelry and valuables at home. Review your packing list to make sure you have everything you need.
☐ Report to the check in area on time.

Should you become ill with a fever, cold, sore throat, flu or any other illness, please contact your surgeon.
Congratulations on your decision to have joint replacement surgery to improve your lifestyle, increase your mobility and relieve your pain. Many of our patients tell us that it was a decision that has changed their lives.

As you approach the day of surgery, you probably have mixed emotions. Patients are often nervous about the procedure and the journey ahead. That is completely normal and to be expected. We hope you are excited about taking this important step toward a new life, and we want you to know that we are here to help you along your journey. The purpose of this guidebook is to prepare you and your family for your experience and to help you achieve your goals.

The experts at Salem Health have carefully planned every step of your care to help ensure a speedy and successful journey to recovery. Rest assured, you’re in excellent hands every step of the way. In fact, you’ve selected a Joint Replacement Center of Excellence that:

• Has expert orthopedic surgeons on the medical staff who perform approximately 1,500 total knee and hip replacement surgeries each year.
• Is nationally recognized as a top provider for total joint replacement surgery.
• Uses a multidisciplinary team approach to caring for you and your family. Our team members are specially trained to take care of patients having joint replacement surgery. This level of expertise results in a higher level of quality.
• Is recognized for outstanding patient satisfaction year after year. Our joint replacement team enjoys high ratings for overall quality of care, compassionate care, management of pain and highly trained clinicians.

*We wish you the best in your surgery and recovery.
Our goal is to give you an exceptional experience.*
To the Salem community

This book is a result of a collaborative effort between Salem Health and the joint replacement specialists at Hope Orthopedics of Oregon and Kaiser Permanente. Together, we have formed the Joint Replacement Center of Excellence to provide the best possible care for our patients.

The staff at the Joint Replacement Center of Excellence is dedicated to helping patients achieve the best possible outcomes by providing specialized quality care. This is evident in the awards and recognition that our program has received for patient satisfaction and excellence in care.

These excellent outcomes stem from our commitment to educate you as a patient so that you are able to be an informed and active participant throughout your preoperative and postoperative care. We believe that well-informed patients do better after surgery, and this book represents your guide to recovery.

Thank you for choosing the Salem Health Joint Replacement Center of Excellence.

Warmest Regards,

Mark M. Dolan, MD

Medical Director, Salem Health Joint Replacement Center of Excellence
The joint replacement program is a team effort focused specifically on you. Each one of our team members is specially trained to help ensure a safe and successful recovery. During your stay at the Joint Replacement Center of Excellence at Salem Health, here are a few team members who will be working together with you to ensure your best care.

- **Orthopedic surgeon**: Your orthopedic surgeon is the physician who will perform your joint replacement operation and will oversee your care throughout your Joint Replacement Center of Excellence stay.

- **Physician assistant/nurse practitioner**: Your physician assistant or nurse practitioner will assist your orthopedic surgeon with your joint replacement operation and with overseeing your care throughout your Joint Replacement Center of Excellence stay.

- **Coach**: Your coach is a person(s) that you designate as your support person(s) to help you prepare for and recover from your joint replacement procedure. This can be a spouse, friend or family member who will provide you support and encouragement throughout your journey. 

  *We strongly encourage your coach to attend the preoperative class and as many of the therapy sessions as possible. This helps them better prepare to assist you at home.*

- **Anesthesiologist**: Your anesthesiologist is responsible for administering the medications required to keep you asleep and comfortable throughout your surgery.

- **Primary care physician**: Your primary care physician (PCP) is your family physician and the team expert who manages your overall health when you are not in the hospital. Your primary care physician will be in contact with your orthopedic surgeon, if necessary, to stay informed regarding your progress after your discharge from the Joint Replacement Center of Excellence.

- **Hospitalist**: A hospitalist is a physician that may follow your medical care during your stay at the Joint Replacement Center of Excellence and will work with your orthopedic surgeon to meet your care needs.

- **Joint replacement center Registered Nurse (RN) navigator**: Your joint replacement center RN navigator is a registered nurse and an expert in the care of joint replacement patients. This expert will serve as your team leader and coordinator of care. The RN navigator will help you prepare for your surgery by educating you on what you and your coach need to know to have a successful experience. He or she will also follow you throughout your stay at the Joint Replacement Center of Excellence and help you prepare for your transition back to your home.
• **Registered nurse (RN):** Before, during and after your surgery, you can expect to meet many different nurses who perform many different jobs. Nurses will help prepare you for surgery and will be in the operating room with you throughout your surgery. After surgery, a team of nurses will carry out all orders given by your surgeon, as well as keep you comfortable and safe in the hospital. A member of the nurse leadership team will talk with you daily to ensure all your needs are being met.

• **Certified nursing assistant:** Your certified nursing assistant, or CNA, will help you with activities like bathing, dressing, or getting to the bathroom. CNAs will often help nurses with their jobs and are valuable members of the Joint Replacement Center of Excellence team.

• **Physical therapy team:** Your physical therapy team will help you gain strength and motion in your new joint and will help ensure that you do your exercises correctly. Your physical therapy team will also help teach you how to properly and safely use your walker or crutches and demonstrate techniques for getting in and out of the car after surgery.

• **Occupational therapy team:** Your occupational therapy team is trained to help you learn to safely and effectively perform activities of daily living like bathing and dressing.

• **Care manager/social worker:** Your care manager and social worker team will assist you with any equipment or discharge planning needs you may have during your stay at the Joint Replacement Center of Excellence.

• **Pharmacist:** A pharmacist assists with your medications while you are in the hospital and serve as a resource for your nurses.

Other team members that you may meet include lab techs, X-ray techs, patient transporters, respiratory therapists, dietitians, environmental services personnel, nutritional services staff and chaplains.
Preparing for your experience
Preparing for your experience

Your journey begins many weeks before your actual surgery. Long-term success starts in these early stages. By following the guidelines on the following pages, you will be well on your way to a rapid and safe recovery in your journey to improved health.

**Enrollment into the Joint Replacement Center of Excellence**

Shortly after your surgery is scheduled, you will be contacted by a team member. Please be prepared to provide the caller with the following information.

- Name, current address and phone number
- Marital status
- Insurance information including the name of the primary insurance holder and responsible party
- Group and policy number from your insurance card
- Patient’s employer, if applicable, including name and address
- An emergency contact
- Name of referring physician and/or primary care physician
- Ethnic background and religious preference or any other special needs

Fill all forms out found in the front pocket of the patient guide. Bring the Home Evaluation form to class. Mail the rest of the forms in the provided envelope.

The team member will also discuss co-pay amounts and deductibles with you at this time.

**Optimization for surgery**

You should have a current physical exam with your primary care provider. Now is the time to be sure you are in optimal physical condition for your surgery. This gives you the best chance for a safe and successful surgical experience. If your primary care provider identifies any conditions that need further workup or management, now is the time to take care of these issues. Having a current physical exam is essential to your safety during surgery.

In addition to your physical exam, you will also need to undergo a series of tests to help make sure you are healthy and ready for joint replacement surgery. These tests may include X-rays, blood and urine tests, a nasal swab, and a test of your heart function called an electrocardiogram (EKG). Your results will be shared with your physician and orthopedic surgeon for their review. If any of the tests reveal significant risk factors, you may need to undergo additional testing. Any abnormal results will be shared with you.

Patients with diabetes should focus on good blood sugar control before surgery and maintain this control through their recovery. It is best to have these things taken care of early in the journey toward surgery, so there is plenty of time to address problems that may be detected.
Preoperative class

This preoperative education class is designed to provide important information that you and your coach will need before your surgery and to allow you an opportunity to get your questions answered.

Recovering from total joint replacement isn’t easy. It’s even more difficult if you try to do it alone. Your coach’s support, encouragement and companionship can make all the difference, not just during your stay in the hospital, but also throughout the weeks before and after your surgery. It is strongly recommended that you bring your coach with you to your preoperative education class.

Class preparation

• Bring this patient guide with you.

• Complete the home evaluation form located in this patient guide and bring to class.

• Bring along your coach.

Class information

The class is located in Building D in the Community Health Education Center (CHEC), Classroom 1, at the hospital in Salem.

• Classes are held at various days and times throughout the month. Your surgeon’s office will schedule your preoperative class with you. If you have any questions about your class date or are needing to change your class, please contact your surgeon’s office.

• Wheelchairs will be available at the main entrance for your use, if needed.
Exercise

During your preoperative education class, you will learn more about the exercises you will need to do before and after surgery. Performing these exercises regularly and properly is perhaps the most important factor in speeding recovery and ensuring the long-term success of your new joint.

As part of the class, you will be given a home exercise program that has been designed by our physical therapists from the Joint Replacement Center of Excellence. These exercises will be demonstrated during your class session. Keep in mind that the exercises are designed to strengthen muscles around the joint and improve mobility.

The exercises are not always easy, but they are an important part of your treatment and recovery process. Some soreness in your joint is normal and will improve over time. If you experience sharp pain with any exercise, you should stop immediately and contact your surgeon.

In this guide book are pictures and descriptions of your exercises. Be sure to take notes during class to help you perform the exercises properly. Also bring this guidebook with you to your hospital stay to take notes during therapy.
Medications

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery. If you take medications that contain aspirin, anti-inflammatories (such as Ibuprofen®, Motrin®, Advil®, Aleve®), blood thinners (such as Coumadin® or Plavix®), arthritis medications, herbal medications or supplements, ask your surgeon if any changes are needed to your current medications. During your presurgical screening appointment, a nurse will review your list of medications and tell you which medications you should take the morning of surgery. You may take these medications as directed.
Infection prevention

There are several steps that you can take to help prevent surgical site infections. These steps start a few weeks before surgery.

Dental care

In the weeks before surgery, you should schedule a dental exam if you have not had one within the past six months. If you are found to need dental work, please discuss with your dentist whether the procedure is safe to do before surgery. Bacteria entering the body through the mouth can cause infection. Continue to brush and floss your teeth daily. If you’re planning a visit to the dentist in the first few months after your joint replacement, call your dentist’s office at least three to five days before your appointment, and let them know you’ve recently had a joint replacement. It is important that you discuss with your dentist if an antibiotic is needed for you prior to dental work to help prevent infection.

Showering

Approximately two weeks before your surgery, begin using an antibacterial soap when you shower. This will help reduce the amount of bacteria living on your skin.

Shaving

It is very important that you do not shave or use any hair removal products on your legs for one week prior to surgery. Studies show an increased risk of surgical-site infection associated with shaving. This is attributed to the microscopic cuts in the skin that allow for bacteria to enter.

Hibiclens® showers

You will be given three packets of Hibiclens® (Chlorhexadine) soap from your surgeon.

Two days before you have surgery, you will shower with the first packet. Use cleanser on a clean washcloth and wash from the neck down, avoiding the face, hair and genitals. Spend two to three minutes concentrating in the area you will be having surgery. Rinse and dry off with a clean towel and put on clean pajamas.

The night before surgery you will repeat this process with the second packet. Use a clean washcloth, dry off with a clean towel, put on clean pajamas, and have clean sheets on your bed. Do not use any lotions, perfumes or powders.

The morning of surgery repeat the process with the third packet.

At the hospital, in the presurgery area, you will receive a packet of wipes containing Chlorhexadine and will be given instructions to use them. Nursing staff will assist you to ensure all areas of your body are wiped before surgery. You will also receive mouthwash and a nose swab to further eliminate as much bacteria as possible before surgery.
Clean hands
Hand hygiene is very important. You will notice your caregivers using alcohol-based hand sanitizer when entering your room. We also strongly encourage your family and friends to use this cleanser as well as wash their hands frequently to prevent the spread of infection. After surgery, be sure to wash your hands before you touch anywhere around your dressing or incision.

Smoking
Smoking impairs oxygen circulation to your healing joint. It reduces the size of your blood vessels and decreases the amount of oxygen circulating in your blood. Smoking increases the risks of anesthesia problems during surgery. It also increases post-operative complications, including infection and blood clots. Quitting smoking before surgery increases your ability to heal and decreases the likelihood of post-operative complications.

Pets
Pets may increase your risk of infection after surgery. Wash your hands after any contact with pets. During recovery, always keep a barrier (such as a blanket) between you and your pet at all times. Do not sleep with your pet for six weeks.
Preventing the spread of MRSA and MSSA

Information for patients and family members

At Salem Health, we work to protect and improve the health of our patients, visitors and staff. To help keep you and other patients safe and healthy, we are taking measures to prevent infection and reduce the risk of spreading germs, including MSSA and MRSA.

What are MSSA and MRSA?

MSSA stands for methicillin-sensitive Staphylococcus aureus, a type of bacteria that can be treated with most antibiotics. MRSA stands for methicillin-resistant Staphylococcus aureus, a type of bacteria that is not easily treated with most antibiotics. Staphylococcus aureus, often called “staph,” is a bacteria commonly carried on the skin or in the nose of healthy people. Most of the time, staph is harmless, but sometimes it can cause an infection. Most of these are minor skin infections, such as pimples and boils. However, staph can also cause serious infections. Staph can infect the lungs and cause pneumonia. It can also cause infections in surgical wounds, the blood and elsewhere.

What can I expect at Salem Health?

At the time of your lab work before surgery, staff will swab your nose and perform a lab test to see if you have staph bacteria present. There are also other lab tests, such as urine tests or blood tests, which may tell us whether you have these organisms.

We test all joint replacement patients for staph. If you are found to have a positive result, there will be a specific process to try to eliminate the bacteria prior to surgery.
What if my test comes back positive?

If you are found to be positive for MSSA, your physician will discuss what type of treatment is recommended. No follow-up tests or interventions will be needed while in the hospital. If your test shows that you have MRSA, your physician will discuss what type of treatment is recommended. If after treatment a positive result is still present, you will be placed on an individual plan of care and therapy program, as well as “contact precautions.” All of these interventions will help to prevent the germs from being spread. While you’re in the hospital, there will be a sign placed outside your door as a reminder for anyone entering your room.

What do "contact precautions" mean and why do I need them?

MRSA is an infection that is harder to treat and cure. The spread of drug-resistant infections is a growing concern worldwide.

People who are in a hospital or other health care facility are at greater risk of getting an infection because they may have surgical wounds, catheters or a weakened immune system. We want to avoid the spread of these infections within our hospital.

MRSA may be spread by direct contact or by touching contaminated surfaces or objects. When you’re on contact precautions, your physician, our hospital staff, your family members and other visitors will be asked to do certain things to prevent spreading the germs to others.

Physicians and hospital staff will be expected to:

- Wear a cover gown and gloves while in your room.
- Take the gown and gloves off before leaving your room, and discard them inside the room.
- Clean their hands after removing the gloves by using an alcohol-based hand sanitizer or washing thoroughly with soap and water.

Visitors are encouraged to follow these same contact precautions to avoid spreading germs, especially if they will have direct contact with the patient or items in the room. At the very least, all visitors will be asked to wash their hands thoroughly before leaving the room.

Is there anything I should do after I return home?

It is not likely that you’ll need to take any special precautions when you are not in the hospital. However, some basic reminders can help prevent the spread of germs.

- Clean your hands often, and before touching others. Use an alcohol-based hand sanitizer or wash with soap and water.
- Avoid sharing personal items such as towels, razors or toothbrushes.
- Do not touch other people’s wounds or bandages.
- Talk with your physician if your incision has increased drainage, swelling, redness or if you have a fever.
- Any special home instructions that you will need to know about will be reviewed before you are discharged. Please ask your physician or other health care provider if you have any questions.
Planning to return home

Our goal is to help you return directly home with the support of your family and enter into outpatient physical therapy within a week of surgery if needed. You are ready to transition home when you are able to meet the following goals independently or with minimal help from your coach.

**Goals**

- Stable vital signs
- Any issue must be managed such as: nausea, dizziness or any other problems
- Pain management plan in place
- Activity
  - Get in and out of bed.
  - Get up and down from a chair and toilet safely.
  - Get in and out of the shower or tub safely.
  - Walk with a walker or crutches on a level surface for 100 feet or more.
  - Be able to safely get up and down stairs.
  - Get dressed.
  - Demonstrate the ability to do all exercises.

All patients should return directly home after their hospital stay. Over 75% of our patients return home the day after surgery. Patients that go directly home have a lower risk of infection, post-operative complications or a return visit to the hospital. You must have a coach(s) and transportation arranged before surgery.

**Transition to a skilled nursing facility**

A small number of patients may need further support for a safe recovery with a short stay in a skilled nursing facility. Typically this is for a week after surgery. You must meet certain criteria during your hospital stay for your insurance to cover a skilled nursing facility.
The drive home

You will need to arrange for your coach, family member or friend to drive you home. Riding in a compact car, sports car, or truck is not recommended. Your driver should move the passenger seat as far back as possible, recline your seat just slightly, if possible, and bring a blanket for you to sit on if your seat is not level. If your ride is long, we recommend you stop and stretch every hour to reduce your chance of developing a complication such as a blood clot.
Home preparation checklist

You and your family may want to consider these tips to help make your home safe and comfortable for your return.

☐ Check your home for tripping hazards. Remove throw rugs and secure cords out of your way.
☐ Determine what items from dressers, cabinets and shelves you’ll need immediately after returning home. Any items you use often should be moved to counter height to avoid excessive bending or reaching.
☐ Plan on using a cordless phone or plan to use a cell phone while at home. These phones can be tucked away inside a pocket and carried with you easily or set down close to you.
☐ Make sure stairs have handrails that are securely fastened to the wall.
☐ Pets can increase your risk of falls and infection. Be mindful to wash your hands after any contact with them, keep a barrier (such as a blanket) between you and your pet at all times, and remember to keep them at a safe distance when walking. If you have pets, it may be advisable to board them for a few days after you return home.
☐ You will want to change positions every one to two hours. Designating a place to safely sit during these times is important. You should keep your feet elevated when you sit, using a footstool or bench. A chair with arm rests that sits higher will help you stand easier. Chairs with wheels should not be used under any circumstances.
☐ If your bedroom is on an upper level you may want to consider arranging temporary sleeping quarters on the main level of your house as a backup plan. Physical therapy will work with you on stair safety and make final recommendations for your safety on stairs prior to discharge.
☐ In order to minimize cooking, prepare meals in advance and freeze them, or arrange for meals to be brought to you.
☐ Install nightlights in bathrooms, bedrooms and hallways.
☐ Arrange for upcoming outdoor work such as gardening or cutting the grass and for someone to collect your newspaper and mail.
☐ Attend to, and arrange for, household chores such as laundry, cooking, dishes, vacuuming/sweeping ahead of time. Don’t forget to put clean linens on your bed the night before surgery.
☐ Make arrangements for someone to stay at home with you from the time you are discharged from the hospital until the date of your postoperative appointment, which could be one to two weeks after surgery.
Packing for your hospital stay

The following checklist should help you pack for your hospital stay.

**Items to pack**
- ☐ Clean, comfortable, loose-fitting clothing like elastic-waist pants, shorts or jogging outfits. Shorts or loose-fitting pants and a t-shirt will be most preferable for therapy sessions. You may want to bring a jogging suit or similar outfit for your trip from the hospital to home.
- ☐ Tennis shoes, or slip on shoes with flat, rubber bottoms. Non-skid slippers are also acceptable. Do not bring tight-fitting footwear as your feet may swell following surgery. We do not recommend backless slippers or shoes.
- ☐ Eyeglasses, contact lens cases with solution, and denture storage.
- ☐ If you use CPAP, bring your mask, tubing and settings. Please leave your machine at home.
- ☐ Your personal walker or crutches, if you have them, labeled with your first and last name.
- ☐ You are welcome to bring your own pillows if they would make you more comfortable. To help keep them separate from hospital pillows, it is helpful if you place them in colorful pillowcases.
- ☐ Your advance directive, either a living will or durable power of attorney for health care. If you don’t already have an advance directive and want one, forms will be available at the hospital.
- ☐ This patient guide.

**Items to leave at home**

Credit cards, checks, jewelry, cash or valuables of any kind should be left at home or in the care of a trusted loved one.
Surgery preparation

Arriving at the hospital

The day of your surgery will be a busy one. There may be several hours that pass between the time you check in to the hospital and the time that your surgery is completed. Your family and coach should be prepared for a few hours wait.

- It is important that you arrive at the hospital with plenty of time to check in and prepare for surgery. You will be notified on your expected arrival time two days before surgery. If you are late, it may result in rescheduling your surgery.

- Please see the parking attendant on Salem Health campus on Oak Street to be directed to patient parking. For your convenience, a campus map is provided at the back of this guide (page 97).

- Take the East Elevators of Building A up to the second floor. Proceed to the surgery check-in desk.

- We strongly recommend that you ask your coach to accompany you.

- Your coach will be notified when your surgery is completed and will receive updates on your progress throughout the procedure.
After you check in at registration, you will be directed to the surgical preparation area. A wristband will be applied at this time. If you have any allergies, an additional wristband will be applied. It is important for you to verify that all information on your identification bracelet is correct. We’ll be asking you to confirm this information many times throughout your hospital stay as one way of ensuring your safety.

Once you’ve determined that your identification bracelet is correct, you’ll be asked to change into a hospital gown. Your clothes and any items you brought with you will be placed in a plastic bag with your name on it. If you wear eyeglasses, contact lenses or dentures, you’ll be asked to remove them. A nurse will review your medical records, perform a brief physical exam, ask several questions and make sure everything is in order. Sometimes, additional tests may need to be performed. A nurse will start an IV. This allows medication and fluids to flow directly into your bloodstream.

Your orthopedic surgeon and the anesthesiologist assigned to your care will visit you in the preoperative area before surgery. Among other things, your surgeon will ask you to point out which joint is being replaced and will mark the surgical site. Your anesthesiologist will also ask you a number of questions to help determine the best anesthesia for you. Both physicians will answer any questions you have.
Family

On the day of surgery, your coach will be able to stay with you until you’re ready to be transported to the surgery room. At this point, they will be escorted to a family waiting area where they will wait while you have your surgery.

Once your joint replacement is complete, a member of the surgical team will call your coach. At this point, they will be able to speak with your surgeon about your procedure.

Just after surgery, you will be taken to the recovery room where you’ll be monitored by specially trained nurses and your anesthesiologist. After you are fully awake and stable, you will be transported to your room in the Salem Health Joint Replacement Center of Excellence, where you will begin your recovery. Your family will be directed to your room so they may join you.

For all Visitors: Please wash your hands with hand sanitizer or soap and water prior to entering the patients room. This is to help protect the patient from acquiring infection. Thank you for doing your part with infection prevention!
Anesthesia

General information
Regardless of what type of anesthesia you and your anesthesiologist determine is best for you, our goal is to make you as comfortable and safe as possible.

Your anesthesiologist will meet you before surgery. At that time, the anesthesiologist will examine you, discuss your medical history, and determine the best plan for your anesthetic care. It is important that you tell your anesthesiologist of any prior problems or difficulties you have had with anesthesia, including nausea and vomiting.

Your anesthesiologist will discuss the risks and benefits associated with the various anesthetic options, as well as the potential side effects that can occur with each. You may experience some nausea and vomiting after your surgery; however, medications are available to treat both. Especially in elderly patients, anesthesia may cause temporary hallucinations after surgery, although these wear off over time.

General anesthesia
If a general anesthetic is used, a medication will be injected into your body through the IV inserted in your arm. This will keep you asleep through your entire surgery. After surgery, you may be very drowsy until the medication wears off completely.

Spinal anesthesia
Spinal anesthesia, sometimes called a spinal block, involves the injection of a medication into the area of your spine. It will numb the body below the chest, so it is often used for surgeries to hips and knees. You will first receive a local anesthetic to numb the skin. The anesthesiologist will then inject the spinal area, numbing everything below that area of your spine. You may not be able to feel or move your legs until the anesthetic wears off, sometimes for a couple of hours or longer. It is important that you do not try to walk without help until your nurse feels you are ready.

Intra-operative pain management
To help manage your pain effectively after your surgery, your orthopedic surgeon will administer an injection into the tissue surrounding the incisional area at the time of surgery. This medication usually lasts from 24 to 48 hours.
Surgery

The operating room

Inside the operating room, you will be cared for by a team of physicians, nurses and skilled technicians. The total time required for your surgery will be different depending on the complexity of your procedure. Generally, most joint replacement surgeries last between one to two hours, not including the preparation and recovery times.

The recovery room

After surgery, you will be transported to an area called the postanesthesia care unit (PACU) or recovery room. You will spend between one and three hours in the PACU while you recover from the effects of anesthesia.

In the PACU:

- Nurses will check your vital signs—like blood pressure, breathing and heart rate—and monitor your progress.
- Pain medications will be provided through your IV as needed.
- Nurses will check your bandages for drainage from your surgical site, ask you to move your feet and ankles, and encourage you to take deep breaths.
- After your stay in the PACU, you will be moved to your hospital room in the Joint Replacement Center of Excellence to begin your recovery.
Understanding your joint surgery

Common causes of joint problems

What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type, affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don’t rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache, especially after periods of activity.
- Pain that develops after overuse or when joints are inactive for long periods of time.
- Enlargements in the middle and end joints of the fingers.
- Joint swelling.

What causes osteoarthritis?

There are several factors that increase a person’s chances of developing osteoarthritis, including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse.
What is rheumatoid arthritis?
Rheumatoid arthritis is an inflammatory form of arthritis, meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

What are the symptoms of rheumatoid arthritis?
Symptoms of rheumatoid arthritis can include:
- Joint symptoms developing gradually over years or developing very quickly.
- Stiffness and joint swelling.
- Ligaments that stretch and become loose.
- Decreased range of motion.
- Pain.

What causes rheumatoid arthritis?
At this time, the exact cause of rheumatoid arthritis is unknown, but it may stem from a combination of family history, and environmental and hormonal factors. Something seems to prompt the immune system to attack the joints, causing them to swell. Researchers do not yet understand the role family history plays in rheumatoid arthritis, although people with a family history of the disease are more likely to develop it.
The risks of joint replacement surgery

Having a joint replaced requires major surgery.

Although advances in technology and medical care have made joint replacement very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks, with your orthopedic surgeon, primary care physician and your family.

Every measure will be taken by our team of experts to minimize the risks and avoid complications. Although complications are rare, they do sometimes occur. The most common risks include:

- **Blood clots:** Blood clots can form in a leg vein after joint replacement surgery and can be dangerous. Blood clots are more common in older patients, patients who are obese, patients with a history of blood clots, and patients with cancer.

- **Infection:** Infection is very rare in healthy patients having joint replacement. Patients with chronic health conditions, such as diabetes or liver disease, those who smoke or use nicotine products, or patients who are overweight, or who take some forms of corticosteroids, are at higher risk of infection after any surgery. Superficial wound infections are usually treated with antibiotics. Deeper infections inside the joint may require additional surgery, and in some cases requires removal of the artificial joint.

- **Nerve injury:** Very rarely, a nerve may be damaged near the site of the joint replacement. Generally, nerve injuries cause tingling sensations or numbness and may limit your ability to move certain muscles. Nerve damage usually improves with time and may eventually go away completely.

- **Slow wound healing:** Sometimes the site where the surgeon cuts to insert the artificial joint heals slowly. Problems like this are more common in people who take corticosteroids, smoke or use nicotine products, or who have diabetes or diseases that affect the immune system.

- **Limited range of motion:** You will begin exercises, soon after surgery to help improve your range of motion. The range of motion (or how far you can bend your joint after surgery) sometimes depends on how far you could bend it before surgery. Even after physical therapy and an extended recovery period, some people are not able to bend their joint far enough to do normal activities such as reaching their feet to put on socks or tie their shoes.

- **Dislocation of the joint:** Very rarely, the joint may move out of place. In the knee, the joint may pop back in as you bend your knee. Though usually not painful, it may feel unstable and uncomfortable. In the hip, if dislocation occurs, it will be painful. You will be unable to stand on it and it will be rotated in or out. Dislocation may require more surgery, and sometimes the joint surgery must be completely redone.

Expect a successful outcome!
• **Instability (knee surgery only):** Sometimes ligaments on the side of the knee get stretched due to the disease process. After surgery, the knee may feel unstable. This will normally strengthen as time passes. In rare cases, a second surgery may be required to properly align the parts of your new joint.

• **Changes in the length of your leg (hip surgery only):** Sometimes, in order to make the hip stable so that it won’t dislocate, your leg may end up slightly lengthened. The change is typically very small and usually is not noticeable.

• **Loosening of the joint:** Over the long term, loosening of the artificial joint is the most common risk associated with joint replacement. Loosening may occur when tissue grows between the artificial joint and your bone. Patients who experience loosening of the joint typically do not notice any symptoms. Only an X-ray can show if a joint is loose. In those rare cases where a loose joint causes severe pain, you may need another surgery.

**What results are typical?**

You can expect a successful outcome from your joint replacement surgery. Generally, patients experience less pain and more mobility, and can resume most of the activities they enjoyed before surgery. Typically, the artificial joint will last at least 10 and up to 20 or more years depending on your age, weight and activity level. Your artificial joint will last longer if you are not overweight and if you avoid impact activities like running and jumping.

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You can reduce/prevent your risks of these complications by eliminating the use of any nicotine products and alcohol, being compliant with managing your diabetes, maintaining a healthy diet, using good handwashing techniques, and following the exercise and activity program as recommended.
Your hospital stay

What happens after surgery?
You can expect to receive preventive IV antibiotics during your hospital stay, as well as medications for pain and to prevent blood clots. Sometimes, patients will feel nauseated or constipated. Both symptoms can be managed with medication, so it is important that you talk with your surgeon or nurse if you don’t feel well.

After surgery, you will have a bandage on your surgical site. You may also have a small tube called a catheter, inserted into your bladder, so you don’t have to get out of bed to urinate. You can also expect to have a compression pump on your lower legs. This pump will squeeze the leg at regular intervals to circulate blood and to help prevent clotting. If you do not feel the compression, be sure to let your nurse know. You will receive a device called an incentive spirometer. You will be instructed to use your spirometer 10 times every hour while awake. The spirometer helps to fully expand your lungs, which will decrease your risk of pneumonia.

Most of our patients are ready to sit at the edge of the bed, stand, walk with a walker and sit in their chair on the day of surgery.

The first few days
You should expect to start walking with assistance the day of surgery. You will use a walker and be able to bear weight on your joint as tolerated.

Your physical therapist will help you continue your exercise routine you learned in your preoperative class. These exercises are designed to help increase strength and flexibility in the joint. Ultimately, the goal is for you to safely perform activities of daily living, like walking, climbing stairs, and getting in and out of a bed.

You may be treated by an occupational therapy team member to work on activities of daily living and functional transfers, such as getting in and out of the shower.

To help ensure a successful recovery, it is important to attend all physical therapy sessions while you are in the hospital and after you leave. Your full participation is crucial to your journey to recovery, and we encourage your coach to attend all therapy sessions. Also, we ask that visitors, other than your coach, come see you after 5 p.m. each day so that you will be able to give your full attention and effort to your recovery.
Daily Joint Center routine

- Get dressed.
- Perform ankle pump exercises as instructed.
- Complete deep breathing, coughing exercises, and incentive spirometry 10 times every hour while awake.
- Eat as tolerated.
- Take medications as needed.
- Elevate your surgical leg, above the level of your heart, and apply ice.
- Participate in all therapy and education sessions.

Goals for discharge

☐ Stand and take steps day of surgery.
☐ Learn how to get safely dressed.
☐ Get in and out of bed without assistance.
☐ Safely get up and down from the chair and toilet.
☐ Participate in therapy and education sessions with your coach.

☐ Learn how to safely get in and out of a tub or shower with occupational therapy, if needed.
☐ Walk at least 100 feet with your walker or crutches.
☐ Use the stairs safely.
☐ Successfully perform your exercise program.
☐ Be able to describe dressing and incision care for home.
☐ Have needed equipment for home.
☐ Have needed prescriptions for home.
☐ Review instructions from surgeon with a nurse.
☐ Be able to describe home bowel care plan.
☐ Verify follow-up and outpatient physical therapy appointments are made.
☐ Maintain pain at tolerable level while performing mobility and range of motion exercises.

You will be able to leave the hospital when goals are being safely met.
Managing your pain

Setting realistic expectations

Keeping you informed about pain management is important to us! At Salem Health, we want to be sensitive and responsive to your pain. Pain management is an important part of your recovery. After surgery, pain is normal and to be expected. Understand that the goal of pain management is not to completely eliminate your pain, but to manage pain to allow you to comfortably tolerate activity and not risk unintentional injury or unnecessary side effects from taking excess pain medication. Communication is a key to helping us better manage your pain.

Your role in pain management

Work with your nurse to set pain goals for each postoperative day. Setting goals helps give direction to your recovery and allows us to better work together to provide the best care for you.

Help us understand your pain by using the pain scale explained to you by your nurse.

Communicate with your nurse as your pain begins to increase. It is more difficult to manage pain once it has increased to an intolerable level. Adjustments can be made to make you more comfortable.
Treating your pain
We follow current best practices by using many tools to manage pain and discomfort after surgery. These include:

- Ice packs
- Deep breathing
- Relaxation techniques
- Aromatherapy
- Walking
- Repositioning
- Distractions such as music, visitors, TV, puzzles and books
- Medications — "scheduled" and "as needed"

Doctors order medications in two ways. "Scheduled" means that you take your prescribed medication on a regular schedule. "As needed" means that you may have your medication at certain times, only if you need it. You must ask for "as needed" medications.

There are many non-narcotic medications we may schedule for you after surgery. Narcotic medications are reserved for when you need them.

Side effects of narcotic medications may include:

- Drowsiness
- Dizziness
- Nausea
- Vomiting
- Dry mouth
- Increased fall risk
- Itching
- Rash
- Constipation
- Sedation
- Confusion

To minimize side effects of narcotics, your team will try to manage your pain as best as possible with non-narcotic medications and other techniques.
Total Knee Replacement
Your knee is made of three basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the knee wears away or is destroyed, the knee joint requires replacement.

Total knee replacement surgery involves resurfacing the knee joint with an artificial joint—similar to getting a new pair of tires for your car. The materials used in your artificial joint are very strong and are designed to last a long time inside your body. Your orthopedic surgeon will consider many factors, such as age, bone density and the shape of your joints to determine the exact kind of knee replacement that is best for you.

Total knee replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new, artificial joint surfaces. In total knee replacement your orthopedic surgeon will replace the lower part of the femur (the long bone in the thigh of your leg) with a metal material. At the same time the top part of your tibia (the larger bone in your lower leg, your shin bone) will be replaced with a plastic and/or metal material. Your new joint will be attached with a cement substance. This cement attaches your new artificial joints to existing bone with very strong, permanent glue. This joint replacement will allow your knee to glide smoothly with movement.

Partial knee replacement surgery (unicompartmental)

Sometimes, the cartilage damage in your knee is limited to just one side or the other. When this happens, a partial knee replacement procedure may be more appropriate. A partial knee replacement procedure is similar to a total knee replacement except that only one side of the knee joint is resurfaced.
Exercises and mobility

The following pages contain a list of basic exercises and activities that you will be performing prior to and following your knee surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Completing these exercises before surgery will help increase your mobility after surgery, make post-surgery exercises easier and speed your recovery.

As a general rule, exercises should be performed with 10 repetitions and should be performed two to three times a day. Leg exercise should be performed on both legs if able. If you are having difficulty with exercising, talk to your physician or therapist. They can offer tips and other help in performing the exercise program.
Exercises to do before knee surgery

**Elbow extension**: While sitting or lying down, point elbow toward ceiling and support it with other hand. Straighten and lower hand slowly toward shoulder (may use small weight).

**Ankle pumps**: Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Seated pushup**: While sitting in a chair with armrests, put hands on arms of chair. Straighten your arms and lift your bottom off of the seat.

**Quad set**: Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Gluteal sets**: Squeeze your buttocks muscles together. Hold for five seconds.
**Heel slides:** Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.

**Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.

**Straight leg raises:** Pull your foot back, tighten the muscles on the top of your thigh, then lift your leg straight into the air. Lower slowly.

**Seated knee extension:** slowly lift your foot off the floor, lower slowly.
Exercises to do after knee surgery *(Perform 2–3 times a day)*

**Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.

**Propped knee extension:** Prop knee in extension by placing small towel or pillow under lower leg (not under the knee). Start at 5 minutes and increase to 10 minutes as tolerated.

**Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.

**Seated knee range of motion:** slowly slide your foot back on the floor to slowly bend your knee. Then slowly slide your foot out to straighten your knee.
Mobility

Bed mobility

Getting out of bed:

1. Use your arms to help sit up in the bed.

2. Slide your legs off the edge of the bed. You may use your nonsurgical leg to support your surgical leg as needed.

3. Lean forward and scoot your bottom to the edge of the bed until your feet touch the floor.

Getting into bed:

1. Slide your surgical leg forward for comfort and sit on the edge of the bed.

2. Scoot your bottom back on the bed and lift your legs into the bed. You may use your nonsurgical leg to support your surgical leg while lifting it into the bed.

3. Use your arms and nonsurgical leg to position yourself comfortably in the bed.

When lying on your side, we recommend that you lie on your nonsurgical side. When lying in this position, keep pillows between your legs for comfort.

Make sure you get up on your feet and take short walks every hour throughout the day. Three times a day, focus on walking longer distances and slowly increase the time and/or distance as your body allows. Increase in swelling/pain in your new joint is a good indicator that you need to increase ice and elevation time. Please review swelling prevention in the Going Home section (page 89).
Standing

1. Scoot to the edge of the seat, keeping your surgical leg forward for comfort.

2. Push from armrests or toilet to stand.

Sitting

1. Back up until both legs touch the chair or toilet.

2. Slide your surgical leg forward for comfort, reach back for the armrest, handle or toilet and then sit slowly.

When sitting and standing, begin to bend more and more each day. It is okay to feel a gentle stretch and tolerable pain.

Using your walker or crutches

- Move your walker (or crutches) first, then your surgical leg, followed by your other leg.
- Heel-toe gait: When walking with walker or crutches, stand tall (not looking at the floor), bend your knee and keep toes pointed straight ahead and set heel down first.

- For better balance, stay in the middle of your walker. Do not step beyond the front of your walker.

- You may bear weight, as tolerated, on your surgical leg, unless you have been instructed otherwise.

- Continue using a walker or two crutches at all times. Progress to a cane only when your outpatient therapy says it is safe.

How to adjust your walker to the correct height:

- Stand tall inside the frame of the walker.

- Allow your arms to hang straight down by your side.

- The hand grip should be level with the bend of your wrist.

- Raise or lower the legs of the walker to this height.

Stairs

- Go up with the nonsurgical leg first, then surgical leg.

- Go down with the surgical leg first, then nonsurgical leg.
Car transfers

Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a blanket on the seat to make it level. Two-door cars work best for access, but four-door cars are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle. If you cannot avoid using a tall vehicle, your therapist will discuss solutions with you.

1. Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.

2. Slide your surgical leg forward on the ground, for comfort as you sit down on the edge of the seat.

3. Scoot back on the seat as far as possible and lean back as you bring your legs into the car (Consider using your hands to lift your surgical leg if needed. It is okay to bend your knee.)

4. Bring the seat back up to a comfortable angle while the car is in motion. Your seat belt should be in the proper position.

5. To get out of the car, reverse the above procedure.
Activities of daily living

**Dressing**

Sit on the side of the bed or in a chair with arms.

Always dress your surgical leg first.

You are allowed to safely reach forward to put pants, socks and shoes over your feet as you can tolerate. If you are unable to reach your feet use a reacher or dressing stick to put your pants over your feet and pull them up until you can reach them.

Stand to pull pants over your hips using walker or crutches for support.

We recommend wearing closed-heel, slip-on shoes. Loosely tie shoe laces or use elastic shoe laces. If you cannot reach your feet, use the reacher or long handled shoe horn to assist in putting on or taking off your shoes. There is a sock aid available for assisting with putting on your socks.

It is okay to bend your knee to comfort while reaching your feet. We caution you to not force motion during this activity to help protect your incision while you are dressing.

**Toilet transfers**

1. Back up to toilet until both legs touch the toilet.

2. Slide your surgical leg forward and reach back for grab bars or the toilet and sit slowly.

If you are using a toiler riser, ensure it is securely fastened to the toilet prior to use. Be sure to reach back with both hands to prevent riser from tipping.

**Toileting**

You may wipe in either the standing or sitting position. If standing, be sure to use walker for balance prior to wiping.

If you are unable to wipe, your occupational therapy provider can show you alternative techniques including use of a toilet aid.
Shower transfers

Tub shower
1. Back up to the tub using walker or crutches until both legs touch tub.
2. Slide your surgical leg forward for comfort, reach back for the tub bench or shower chair and sit slowly.
3. Lift your legs, one at a time, over the edge of the tub.
4. Slide across bath bench or seat to center of seat.
5. To get out of the tub, reverse the above procedure.

Walk-in shower
1. Back up until both feet are near the shower lip.
2. Step backwards over the shower lip with your nonsurgical leg first.
3. Transition the back legs of the walker over the shower lip, the walker will be half in and half out of the shower.
4. Step with your surgical leg into the shower.
5. If you have space in the shower, you can move the walker into the shower to back up to the shower seat, or continue standing.

If available, use hand-held shower head, and/or long-handled sponge, if unable to reach lower legs.
Total Hip Replacement: Anterior
Total hip replacement surgery

Your hip is made of two basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement.

Total hip replacement surgery involves resurfacing the hip joint with an artificial joint—similar to getting a new pair of tires for your car. The materials used in your artificial joint are very strong and are designed to last a long time inside your body. Your orthopedic surgeon will consider many factors, such as age, bone density and the shape of your joints to determine the exact kind of hip replacement that is best for you.

Total hip replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new, artificial joint surfaces. In a total hip replacement, the damaged bone and cartilage is removed and replaced with prosthetic components. The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone. A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed. The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place. A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.
Precautions

Following your anterior hip surgery, your physician will have you follow a series of hip precautions to aid in the prevention of complications and other problems such as hip dislocation.

Hip precautions mean that you temporarily avoid the positions that were used during surgery to dislocate your hip. Compliance with the precautions is essential in helping you to regain your function while you are healing and to avoid dislocation. The following pages explain and demonstrate the hip precautions, as well as some positioning techniques, that may be used in your recovery.

Anterior approach

Hip precautions

1. No extreme hip extension (see left leg in pictures below).

2. No extreme hip extension and external rotation. For example, DO NOT take a large step forward and twist away from your surgical leg.
Exercises and mobility

The following pages contain a list of basic exercises and activities that you will be performing prior to and following your hip surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Completing these exercises before surgery will help increase your mobility after surgery, make post-surgery exercises easier and speed your recovery.

As a general rule, exercises should be performed with 10 repetitions and should be performed two to three times a day. Leg exercises should be performed on both legs if able.

If you are having difficulty with exercising, talk to your physician or therapist. They can offer tips and other help in performing the exercise program.

Exercise descriptions

**Elbow extension:** While sitting or lying down, point elbow toward ceiling and support with other hand. Straighten and lower hand slowly toward shoulder (may use small weight).

**Seated pushup:** While sitting in a chair with armrests, put hands on arms of chair. Straighten your arms and lift your bottom off of the seat.
Exercises to do before hip surgery

**Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Heel slides:** Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.

**Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.

**Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.

**Hip abduction:** Keep knee straight and pointed toward ceiling. Slide your leg out to the side then back to midline. Be sure not to lift your leg up off the bed during this exercise; focus on sliding.

**Seated knee extension:** slowly lift your foot off the floor, lower slowly.
Exercises to do after hip surgery

**Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.

**Seated ankle pumps:** With your feet on the floor, alternate lifting your heels and your toes.

Make sure you get up on your feet and take short walks every hour throughout the day. Three times a day, focus on walking longer distances and slowly increase the time and/or distance as your body allows. Increase in swelling/pain in your new joint is a good indicator that you need to increase ice and elevation time. Please review swelling prevention in the Going Home section (page 89).
Mobility

**Bed positioning**

Lying on your back is fine. When scooting your bottom over in bed you must have both legs in a bent position. This prevents hip extension of the surgical hip while moving your bottom. Use your good leg as the primary driver to lift and move your bottom.

When lying on your side, you should lie on your nonsurgical side. When lying in this position, keep pillows between your legs for comfort. Bend up both knees prior to rolling to your side.

**Bed mobility**

Generally, it is easier to get out of bed toward your nonsurgical leg although getting out on either side of the bed is okay. Your therapist will ensure you know the proper techniques for your home set up.

**Getting out of bed, using sitting method:**

1. Use your arms to help sit up.

2. Keep yourself in a sitting position while you pivot to slide your legs off the edge of bed.

3. Lean forward and scoot to the edge of the bed with your feet touching the floor.
Getting into bed, sitting:
1. Slide your surgical leg forward for comfort and sit on the edge of the bed.
2. Scoot your bottom back onto the bed. It is okay to lean forward during this motion.
3. Bring your legs up into the bed.
4. Once you are positioned where you want, use your arms to lower yourself into a lying position.

Getting out of bed, rolling onto nonsurgical side:
1. Bend both knees up prior to rolling, place a pillow between your legs for comfort.
2. Roll completely to your side, knees should remain in bent position squeezing the pillow.
3. Bring legs off side of bed and push with your elbow to sit up.
4. Remove the pillow. Lean forward and scoot to edge of bed with your feet touching the floor.

Getting into bed, rolling:
1. Slide your surgical leg forward for comfort and sit on the edge of the bed.
2. Scoot your bottom back onto the bed. It is okay to lean forward during this motion.
3. Lay to your side while bringing legs up, be sure to keep knees in bent position with a pillow between your legs.
4. Roll completely to back keeping knees bent.
Standing

1. Scoot to the edge of the seat, keeping your surgical leg forward and in neutral position for comfort.

2. Push from armrests or seat surface to stand, bending forward as needed.

3. Reach for the walker, one hand at a time.

Sitting

1. Back up with your non-surgical leg first (using a walker or crutches) until both legs touch the chair or toilet.

2. Slide your surgical leg forward for comfort, while reaching back for the armrest or seat surface and then sit down.
Using your walker or crutches

- Move your walker (or crutches) first, then your surgical leg, followed by your other leg.
- When walking with your walker or crutches, stand tall, not looking at the floor, with your toes pointed straight ahead.
- When turning, take small steps. Turn toward your surgical leg, if possible.
- To maintain your hip precautions, avoid stepping forward and away from your surgical hip.
- When stepping backward, step with your nonsurgical leg first.
- You will need to continue using a walker or two crutches all the time, until seen by your surgeon in the office for your postoperative follow-up visit.

Stairs

- Go up with the nonsurgical leg first, then surgical leg.
- Go down with the surgical leg first, then nonsurgical leg.
Car transfers

Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a blanket on the seat to make it level. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle. If you cannot avoid using a tall vehicle, your therapist will discuss solutions with you.

1. Back up to the car using your walker (or crutches). Reach back to the car seat or dashboard for support.

2. Bend normally and sit down. Slide your surgical leg out for comfort as you sit down on the edge of the seat.

3. Scoot back on the seat as far as possible and lean back as you bring your legs into the car.

4. To get out of the car, reverse the above procedure.

5. Bring the seatback up to a comfortable angle while the car is in motion. Your seat belt should be in the proper position.
Activities of daily living

If available, use hand-held showerhead, and/or long-handled sponge, if unable to reach lower legs.

**Shower transfers**

**Tub shower**

1. Back up to the tub using walker or crutches until both legs touch the tub.
2. Slide your surgical leg forward for comfort, reach back for the tub bench or shower chair and sit slowly.
3. Lift your legs, one at a time, over the edge of the tub.
4. Slide across bath bench or seat to center of seat.
5. To get out of the tub, reverse the above procedure.

**Walk-in shower**

1. Have your coach or family place shower chair into the shower, if available.
2. Back up until both feet are near the shower lip.
3. Step backwards over the shower lip with your nonsurgical leg first.
4. Transition the back legs of the walker over the shower lip, the walker will be half in and half out of the shower.
5. Step with your surgical leg into the shower.
6. If you have space in the shower, you can move the walker into the shower to back up to the shower seat.

These are general techniques that work with most showers. Your occupational therapist will help problem solve any unique issues.
Toilet transfers

1. Back up to toilet using walker or crutches until both legs touch the toilet.

2. Slide your surgical leg forward for comfort and reach back for grab bars or the toilet and sit slowly.

Toileting

1. Wipe in a standing position.

2. It is recommended for you to bend slightly forward at your waist and wipe using the hand on your surgical side to avoid hip extension and external rotation.

3. If you are using a toilet riser, ensure it is securely fastened to the toilet prior to use. Be sure to reach back with both hands to prevent riser from tipping.

If you are unable to wipe, your therapist will show you alternative techniques including use of a toilet aid.

Dressing

Sit on the side of the bed or in a chair with arms. Have the adaptive equipment recommended by your occupational therapist within your reach if needed.

Always dress your surgical leg first, nonsurgical leg last.

You are allowed to safely reach forward to put pants, socks, and shoes over your feet as you can tolerate. Be sure to reach directly forward to avoid rotating your hip out. You are not to bring your surgical foot up onto your opposite knee during dressing until your surgeon releases you from hip precautions. If you are unable to reach your feet use a reacher or dressing stick to put your pants over your feet and pull them up until you can reach them.

Stand to pull pants over your hips using walker or crutches for support.

We recommend wearing closed-heel, slip-on shoes. Loosely tie shoe laces or use elastic shoe laces. If you cannot reach your feet, use the reacher or long handled shoe horn to assist in putting on or taking off your shoes. There is a sock aid available for assisting with putting on your socks.

You may find it helpful to place your foot up on a footstool while dressing to help reach your feet.
Total Hip Replacement: *Posterior*
Total hip replacement surgery

Your hip is made of two basic parts that move and work together to ensure a smooth motion and function. When arthritis sets in and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement.

Total hip replacement surgery involves resurfacing the hip joint with an artificial joint—similar to getting a new pair of tires for your car. The materials used in your artificial joint are very strong and are designed to last a long time inside your body. Your orthopedic surgeon will consider many factors, such as age, bone density and the shape of your joints to determine the exact kind of hip replacement that is best for you.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new, artificial joint surfaces. In a total hip replacement, the damaged bone and cartilage is removed and replaced with prosthetic components. The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or "press fit" into the bone. A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed. The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place. A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface.
Safe positions and positions to avoid

Following your posterior hip surgery, your surgeon will want you to temporarily avoid certain positions to aid in the prevention of hip dislocation.

Hip precautions mean that you temporarily avoid the positions that were used during surgery to dislocate your hip. Avoid positions that combine the motions of bending your hip more than 90 degrees, hip adduction (crossing your legs), and hip internal rotation (turning your leg in). Compliance with the precautions is essential in helping you to regain your function while you are healing. The following pages explain and demonstrate safe positions, as well as positions to avoid, during your recovery.

Posterior approach

Hip precautions

• You may sit in a chair of comfortable height

• DO NOT rise from a chair or commode with your knees touching

• DO NOT reach back behind your leg to the outside of your ankle to shave your leg or fix your sock or shoe

• You may pick up an object that is between your feet (keeping knees apart)
The following pages contain a list of basic exercises and activities that you will be performing prior to and following your hip surgery. These activities are vital in helping you return to your normal activities and are designed to help increase leg strength, flexibility and function. Completing these exercises before surgery will help increase your mobility after surgery, make post-surgery exercises easier and speed your recovery.

As a general rule, exercises should be performed with 10 repetitions and should be performed two to three times a day. Leg exercises should be performed on both legs if able. If you are having difficulty with exercising, talk to your physician or therapist. They can offer tips and other help in performing the exercise program.

**Exercise descriptions**

**Elbow extension:** While sitting or lying down, point elbow toward ceiling and support with other hand. Straighten and lower hand slowly toward shoulder (may use small weight).

**Seated pushup:** While sitting in a chair with armrests, put hands on arms of chair. Straighten your arms and lift your bottom off of the seat.
Exercises to do before hip surgery

**Ankle pumps**: Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Quad set**: Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Heel slides**: Slide your heel on the surface up toward your buttocks. This will cause your knee and hip to bend.

**Gluteal sets**: Squeeze your buttocks muscles together. Hold for five seconds.

**Hip abduction**: Keep knee straight and pointed toward ceiling. Slide your leg out to the side then back to midline. Be sure not to lift your leg up off the bed during this exercise; focus on sliding.

**Seated ankle pumps**: with your feet on the floor, alternate lifting your heels and your toes.

**Seated knee extension**: slowly lift your foot off the floor, lower slowly.
Exercises to do after hip surgery

**Ankle pumps:** Slowly point your feet up and down. You should feel a gentle stretch in your calf when your toes are pointed up.

**Quad set:** Tighten knee muscles by pushing the back of the knee down. Hold for five seconds.

**Gluteal sets:** Squeeze your buttocks muscles together. Hold for five seconds.

**Seated ankle pumps:** with your feet on the floor, alternate lifting your heels and your toes.

Make sure you get up on your feet and take short walks every hour throughout the day. Three times a day, focus on walking longer distances and slowly increase the time and/or distance as your body allows. Increase in swelling/pain in your new joint is a good indicator that you need to increase ice and elevation time. Please review swelling prevention in the Going Home section (page 89).
Mobility

Bed positioning

When lying on your side, we recommend that you lie on your nonsurgical side. When lying in this position, keep two to three pillows between your legs to prevent crossing or twisting of your surgical leg.

To roll on your side, bend up both knees and place the pillows. Keep knees bent and roll to your non-surgical side. Have someone roll a pillow behind your back to support you in this position.

Generally, it is easier to get out of bed toward your nonsurgical leg. Your therapist will ensure you know the proper techniques for your home setup.

Bed mobility

Getting out of bed, sitting method:

1. Bend your non-surgical knee so your foot can help scoot your bottom and hips to the edge of bed. Easiest to stay lying down for this.

2. Use your arms to help sit up, keep your hands behind you to avoid excessive bending past 90 degrees.

3. Turn and slide your legs off the bed. Continue to lean backwards slightly on your hands.

4. To get your feet on the floor, scoot your bottom forward by leading with your hips and leaning back on your hands.
Getting into bed, sitting:
1. Slide your surgical leg forward slightly and sit on the edge of the bed.
2. Scoot your bottom backward by leaning back on your hands.
3. Angle your hips toward the pillow and get your surgical leg up onto the bed. Make sure you are leaning back on your hands with surgical leg toes pointing upward to avoid twisting.
4. Bend your nonsurgical leg to help scoot you back or up into bed. Make sure you are still leaning back on your hands or are down on your elbows during this motion.
5. Once you are positioned in bed, lower yourself into a lying position.

Getting out of bed, rolling:
1. Bend both knees up prior to rolling, place a pillow between your legs.
2. Roll completely to your nonsurgical side, knees should remain in bent position.
3. Bring legs off side of bed and push with your elbow to sit at the edge of the bed.
4. To get your feet on the ground, scoot forward by leading with your hips and leaning back on your hands to avoid bending.

Getting into bed, rolling:
1. While sitting at the edge of the bed, scoot your bottom backward by leaning backward on your hands.
2. With a pillow between your legs, lay down on your side while bringing your legs up onto the bed.
3. Roll completely to back, while keeping knees bent.
**Standing**

1. Scoot to the edge of the seat, keeping your surgical leg forward for comfort.

2. Push from armrests or seat surface to stand.

3. Reach for the walker, one hand at a time.

**Sitting**

1. Back up (using a walker or crutches) until both legs touch the chair or toilet.

2. Slide your surgical leg forward for comfort, reach back for the armrest or seated surface, and then slowly sit down.
Using your walker or crutches

- Move your walker (or crutches) first, then your surgical leg, followed by your other leg.
- When walking with your walker or crutches, stand tall, not looking at the floor.
- When turning, take small steps. Turn away from your surgical leg, if possible.
- If turning toward your surgical leg, turn your surgical leg out first.
- You will need to continue using a walker or two crutches all the time, until seen by your surgeon in the office for your postoperative follow-up visit.
- Your therapist will personalize your stair teaching for your home environment.

Stairs

- Go up with the nonsurgical leg first, then surgical leg.
- Go down with the surgical leg first, then nonsurgical leg.
Car transfers

Slide the seat of your car as far back as possible and if able, recline the seat. If needed, place a blanket on the seat to make it level. Two-door cars work best for access, but sedans are fine for car transfers. SUVs and trucks should be avoided for transfers due to the difficulty of getting in and out of the vehicle. If you cannot avoid using a tall vehicle, your therapist will discuss solutions with you.

1. Back up to the car using your walker (or crutches).

2. Slide your surgical leg forward for comfort. Reach back to the car seat or dashboard for support as you slowly sit down on the edge of the seat.

3. Scoot back on the seat as far as possible and lean back as you bring your legs into the car.

4. To get out of the car, reverse the above procedure.

5. Bring the seatback up to a comfortable angle while the car is in motion. Your seat belt should be in the proper position.
Activities of daily living

If available, use hand-held showerhead and/or long-handled sponge to avoid excessive bending.

**Shower transfers**

**Tub shower**
1. Back up to the tub using walker or crutches until both legs touch the tub.
2. Slide your surgical leg forward for comfort, reach back for the tub bench or shower chair and sit slowly.
3. Lift your legs, one at a time, over the edge of the tub, leaning back slightly to avoid excessive bending.
4. Slide across bath bench, continuing to lean back slightly until in the tub.
5. To get out of the tub, reverse the above procedure.

**Walk in shower**
1. Back up until both feet are near the shower lip.
2. Step backwards over the shower lip with your nonsurgical leg first.
3. Transition the back legs of the walker over the shower lip, the walker will be half in and half out of the shower.
4. Step with your surgical leg into the shower.
5. If you have space in the shower, you can move the walker into the shower and back up to a shower seat, or continue to stand.
**Toilet transfers**

1. Back up to toilet until both legs touch the toilet.
2. Slide your surgical leg forward slightly for comfort and reach back for grab bars or stable surface, and then slowly sit down.
3. To stand, scoot forward to the edge of the seat. Keep your surgical leg forward. Make sure your surgical leg is not rotated inward.
4. Push up from a stable surface.
5. If you are using a toilet riser, ensure it is securely fastened to the toilet prior to use. Be sure to reach back with both hands to prevent riser from tipping.

**Toileting**

Sit or stand to wipe. Make sure you can always see the inside of your surgical leg and are not rotating it in.

If you are unable to wipe, your occupational therapy provider can show you alternative techniques including use of a toilet aid.
**Dressing**

Sit on the side of the bed or in a chair with arms. You may slowly reach down in between you knees to thread your underwear or pants. You should always be working from, and looking at, the inside of your foot. Do not push into pain or tightness. If you cannot comfortably reach your feet for any reason, we recommend the use of adaptive equipment to assist. If you are using adaptive equipment, have it within reach.

**Putting on pants/underpants**

1. Begin with your surgical leg.
2. You may use a reacher and or dressing stick to put your pants over your feet and pull them over your knees.
3. Stand carefully, and pull your pants over your hips.

**Taking off pants/underpants**

1. While standing, lower clothing off your hips.
2. Sit on the edge of the bed or chair.
3. Remove the clothing from your legs. Make sure you are reaching down between your knees. Remove from your nonsurgical leg first. You may use the reacher and/or dressing stick to assist.
To put on and take off your socks and shoes, slowly reach down in between your knees. You should always be working from, and looking at, the inside of your foot. Do not push into pain or tightness.

If you cannot reach your feet as shown above for any reason, we recommend using adaptive equipment to assist.

**Socks (using adaptive equipment)**

1. Put sock onto sock aid.

2. Holding the cord ends, position the sock aid straight out in front of your leg.

3. Slide your foot into the sock. Evenly pull on cords until sock is in place and the aid slides out of the sock.

4. To remove your socks, position the equipment on the inside of your heel and push your sock off.

**Shoes**

We recommend wearing closed-heel, slip-on shoes. Loosely tie shoe laces or use elastic shoe laces.

If needed, use your reacher and long handled shoe horn to assist in putting on and taking off shoes. Position the equipment on the inside of your leg. Be careful not to twist your surgical leg inward during this activity.

It may be easier to stand and balance with your walker to slide on your shoe.
Going home
Equipment for home use

Equipment you may need when you leave the hospital

The following is a list of equipment that may be needed after a joint replacement. Your therapists will assist you in evaluating the type of equipment you will need following your surgery. Equipment recommendations are based on the individual needs of each patient. Care management staff can assist you in ordering equipment during your hospital stay. Borrowing equipment from family or friends or buying used equipment is also an option to consider. If you borrowed a walker, please bring it in for evaluation if not completed prior to surgery.

Walking aids
- Walker, two-wheeled
- Crutches

Toilet equipment
- Raised toilet seat or commode
- Grab bars or armrests around the toilet
- Toilet aid

Bathing equipment
- Bath bench or chair
- Grab bar

Dressing equipment/self-care aids
- Reacher and/or dressing stick
- Sock aid
- Long-handed shoe horn
- Elastic shoe laces
- Walker basket

Insurance coverage for equipment

In general, insurance companies will not pay for dressing, toilet and bathing equipment, but usually will pay some or all of the cost of walking aids. Remember, care management staff is here to assist you with ordering equipment during your hospital stay. Your insurance plan may dictate which equipment company must be used when ordering your equipment. Dressing, toilet, and bathing equipment can be purchased from a medical supply company or a pharmacy in your community.

Please check with your insurance company prior to admission if you have any concerns about equipment coverage policies.
The dressing aids listed can be an important part of your recovery. You may need some of these items temporarily after surgery to increase your independence and strength.

If you are unsure of your specific needs, your therapist can help you identify those during your hospital stay. These items are available for purchase. For your convenience, the Salem Health retail pharmacy in Building C keeps all items in stock.

**Pharmacy hours are 7:30 a.m. to 6 p.m., Monday through Friday, 503-814-0412.**

**Total joint replacement home equipment convenience package**

- 27-inch 6.5 oz. FeatherLite Standard reacher
- 24-inch shoe horn
- Round, long bath sponge
- Wooden dressing stick
- Easy-pull sock aid (terry cloth aid)
- Homecraft toilet aid

This equipment, as well as other medical equipment, may also be available at the following community providers. We recommend you call to determine availability.

**Access Technologies Assistive Technologies**

2225 Lancaster Dr. NE
Salem, OR 97305
800-677-7512

**Apria**

2050 Vista Ave. SE
Suite 100-110
Salem, OR 97302
503-480-1100
800-422-7005 (Portland)

**Care Medical**

1944 McGilchrist SE
Salem, OR 97302
503-378-1756 (24-hour number)
800-785-7756

**Foothills Medical Supply**

304 N. First St.
Silverton, OR 97381
503-873-4083
800-871-4083

**Linn Care Inc.**

3535 Del Webb Ave. NE
Suite 130
Salem, OR 97303
503-566-8763
800-362-8122

**Pacific Medical Supply**

1090 Commercial St. NE
Salem, OR 97301
503-585-2027

**Providence Home Services**

800-762-1253 (Portland)

**Online:**

North Coast Medical
Sammons and Preston

The above list may not include all community vendors. Salem Health does not have a financial relationship with any of the listed providers, nor do we recommend any provider over another.
Your recovery continues at home

Congratulations! You’ve achieved an important milestone on your road to recovery—you’re headed home! A big part of your journey is now behind you, although another is just beginning. There are some important considerations for you to keep in mind as you enter this next phase of recovery.

The amount of time needed to fully rehabilitate a joint replacement varies from patient to patient, but can last several months as both strength and endurance increase.

You will have pain after surgery, possibly more than you would like at times. Please refer to the Pain Management section on page: 92 for information on keeping your pain under control.
Swelling prevention

Keep in mind that some swelling and bruising is normal after surgery and should not be a cause of concern. This can include your joint, as well as your entire leg and foot, and can worsen after you leave the hospital. It is common for swelling to be better in the morning and worse later in the day. It is important that you watch for signs of increased or abnormal swelling and/or bruising each day. Notify your surgeon’s office immediately if anything seems out of the ordinary.

There are several strategies to help keep normal swelling to a minimum.

- Use ice packs. The cold helps reduce swelling and relieves pain.
- You should keep your foot elevated when you sit, using a footstool or bench.
- Elevate your leg above the level of your heart. You can do this safely by doing the following:
  - Lay flat on a couch or bed.
  - Stair step pillows for elevation while maintaining a straight leg.
  - Do this at least three times a day, an hour each time.
  - Okay to use this position more frequently, anytime you are resting in between activity and exercises.
  - If swelling increases, increase ice and elevation time.
- You should limit the time you spend in a straight back chair with legs down to meal times and when getting dressed. A chair that sits higher and has arm rests will help you stand easier. Chairs with wheels should not be used under any circumstances.
- When using a recliner, follow these guidelines:
  - It is okay to sit in a recliner during the daytime for short periods.
  - DO NOT sleep in the recliner. Adjust the recliner back all the way to maintain proper blood flow through the hip and pelvis region. You must not sit in an “L” position. This helps manage swelling.
  - Change positions every one to two hours, by standing, marching in place, or walking to maintain proper blood flow to your legs.
- Continue doing your ankle pump exercises even when you are sitting still. These exercises are designed to help reduce swelling and boost circulation.
Caring for your incision

Your surgeon will choose the dressing that is best for you. Your nurse will provide dressing education for you prior to discharging home.

Important general information: Please wash your hands thoroughly before touching the area around your dressing or incision; this is one of the best ways to prevent infection. Keep your incision and dressing clean and dry when not showering. Please keep your pets away from your dressing and incision. Check the area around your incision daily and note any significant changes in how it looks or feels.

Instructions for waterproof dressing:

- Your dressing is waterproof and you are able to shower with it on. Remember, no soaking or tub baths until cleared by your doctor, typically six weeks after surgery.
- Remove your dressing seven days after it was applied, following these instructions:
  - Use a small amount of water to help loosen and raise up an edge of your dressing.
  - Push down on your skin with one hand, while gently pulling and stretching the edge of the dressing with your other hand to break the adhesive seal.
  - Continue to pull and stretch around the entire edge of your dressing until you are able to easily remove your dressing.
  - Once you have removed your dressing, as long as there is no drainage coming from your incision, you may leave it uncovered. You may have small pieces of tape (steri-strips) or staples along your incision. Please leave them in place; they will be addressed at your follow up appointment. If they come off, simply watch the site and make sure the incision does not come open. If it comes open or you notice drainage, notify your surgeon’s office immediately.
- When to call your surgeon’s office:
  - The dressing is coming loose.
  - There is drainage that has reached the borders of the absorbent middle of the dressing.
  - Your skin is hot to touch or red around the dressing.
  - There is an odor coming from your incisional area.
  - You are having difficulty removing the dressing from your skin.
  - You have drainage after you remove your dressing.
Following your surgery, there are many factors that contribute to constipation. These may include narcotic medications, immobility, pain, and alterations in food and fluid intake. Beginning a simple bowel routine immediately following your surgery will help prevent constipation. Use the guidelines below, as needed, to help you feel more comfortable. All medications are available over the counter.

**Daily after your surgery:**
- Get up and walk at least three times per day to help encourage bowel motility
- Drink at least 6-8 glasses of water per day
- Over the counter Senokot-S (Senna-docusate 8.6mg/50mg) take two tablets twice daily (hold for loose stools). Onset of action: 6-12 hours
  *You may also buy Senna and Docusate separately, take two tablets of 8.6 mg Senna twice daily and two tablets of 100 mg Docusate sodium once daily
- Take a fiber bulking agent 1-3 times daily
  (Metamucil, FiberCon, Benefiber)

**First Line as needed over the counter:**
- Miralax (Polyethylene Glycol) 17 grams dissolved in 8 ounces of water, juice, or tea once daily as needed. Onset of action: 1-3 days
- Dulcolax (Bisacodyl) 10 mg orally once daily as needed. Onset of action: 6-12 hours
- Milk of Magnesia (Magnesium Hydroxide) 30 ml orally twice daily as needed. Onset of action: 30 minutes – 8 hours

**Second line as needed over the counter:**
- Fleet Enema (Phosphate Enema) 120 mg rectally once daily as needed. Onset of action 15-60 minutes
- Magnesium Citrate 150 to 300 ml (1.745g/30 ml solution) orally once daily as needed. Onset of action: 1-6 hours
- Dulcolax suppository (Bisacodyl suppository) 10 mg rectally once daily. Onset of action: 15-60 minutes

**Additional Tips**
- Try to limit narcotic pain medication.
- Increasing dietary fiber and eating more fruits and vegetables is the best way to manage constipation.
- If you develop any of the following symptoms call the surgeon’s office for further instructions.
  - Your constipation lasts more than 4 days or gets worse.
  - You have abdominal or rectal pain.
  - You have excessive nausea and vomiting.
Blood clot prevention and warning signs

• A first line of defense is performing ankle pumps by moving your ankles up and down. This action circulates the blood from your legs back to your heart, preventing a clot. Do this action often, not just when you are formally exercising. Remember to also change position every one to two hours to help maintain proper blood flow to your legs.

• After surgery, you will be on some type of blood thinner, such as Aspirin or other medication. Blood thinners are preventive treatment for blood clots. **You will continue taking blood thinners at home. Review your hospital discharge instructions for this information.**

• Be sure to watch for signs of bleeding from your incision or nose, and in your urine or stool, as well as excessive bruising and prolonged bleeding times. If these occur, notify your surgeon.

• Signs of deep vein thrombosis, called DVT, include localized swelling, warmth and redness of the leg or calf on one side, and pain that is noticeably worse when standing or walking. This occurs when a blood clot forms in one or more of the deep veins of your body, usually in your legs.

• If you have a blood clot in your lungs, you may experience shortness of breath or chest pain. If you experience these symptoms call 911 or go to the nearest emergency room immediately.

Pain management at home

Your pain regimen includes careful use of narcotic medication, non-narcotic medication, ice, elevation, repositioning, and walking. Using a combination of these will help you successfully manage your pain at home. Don’t let your pain get away from you. It is important to use the pain management techniques discussed in the hospital and described on pg. 40–41 to successfully manage your pain.

• You may receive prescriptions that will need to be taken to your pharmacy to be filled before returning home from the hospital.

• Your nurse will give you complete instructions for all medications before you leave the hospital.

• Keep a log of your pain medication use, time and how much you took. This will help ensure you are safely using your pain medication as directed by your surgeon. Please refer to the last page of the book for a pain log you can use.

• Don’t overdo it during physical activity. Performing physical activity to the point of unmanageable pain or exhaustion, or “pushing through the pain” is not helpful. Regular motion with breaks, changing position, and stretching throughout the day can all help with healing.

• Practice relaxation techniques. Pain causes stress and stress intensifies pain.

• Enjoy your favorite music or television program as a distraction and ensure you have a good social support system. Having contact with close friends or family can play an enormous part in helping you feel better.
**Difficulty sleeping after total joint surgery**

It is very common for patients to have trouble sleeping after joint replacement surgery. This can be caused by a number of reasons: narcotic use, restricted movement and continuing pain.

- Following your pain management routine as taught in the hospital is a key piece to managing your pain and helping you get enough sleep. Sleep is an essential part of your healing process.
- You will find in the second to fourth weeks after surgery you may be having even more difficulty sleeping. This goes hand-in-hand with increasing your activity and decreasing your narcotic use.
- Practicing good sleep habits will also help you have a more restful night’s sleep. Avoiding television or computer work in bed before sleep, stopping caffeine at or before lunch and avoiding daytime napping can all help you sleep better.

**Signs and symptoms to watch for include:**

If you notice any of these signs or symptoms, contact your **surgeon’s office first**.

- Drainage that has reached the borders of the absorbent middle of your dressing.
- The dressing is coming loose.
- Your skin is hot to touch or red around the dressing or incision.
- Fever greater than 101.5 degrees.
- There is an odor coming from your incisional area.
- You have drainage after you remove your dressing.
- Increased pain that is not relieved by your pain management plan.
- Increased swelling that is not relieved by ice and elevation.
- Your constipation lasts for more than four days or gets worse.
- You have excessive nausea and vomiting.
- Calf pain, swelling, warmth or redness in either of your legs.

If you have the following symptoms, please call 911 or go to the nearest **emergency room**:

- Chest pain, especially when you cough or take deep breaths.
- Shortness of breath or problems breathing.

**Signs of dislocation (for hip replacement patients)**

Contact your surgeon’s office immediately or seek immediate medical attention if you have:

- Sudden onset of severe hip pain followed by continued pain and muscle spasms when you move your hip.
- Obvious shortening and inward or outward rotation of the surgical leg.
- Difficulty putting weight on surgical leg.

**Someone is available by phone 24 hours a day, 7 days a week:**

**Hope Orthopedics: 503-540-6300**

**Kaiser Permanente: 503-361-5400**
Your follow-up appointment

Typically, these appointments are scheduled at your preoperative appointment and take place two weeks after you leave the Joint Replacement Center of Excellence. If you did not schedule an appointment or cannot remember if you did, please call your surgeon’s office to confirm a follow-up time.

In addition to checking your new joint for strength, flexibility and overall progress, your surgeon will also provide a new set of care guidelines and a list of activities you may now begin. As always, be sure to ask any questions you have. A care plan and additional follow-up appointments will also be established at this time.

Hope Orthopedics:
503-540-6300

Kaiser Permanente:
503-361-5400
Here are some important things to remember in the first few weeks after surgery as you recover at home.

Be sure to do the following:

• Continue your exercise and walking program as directed. The more dedicated you are to performing your exercises correctly and on-schedule, the more successful you’ll be in the long run.

• Continue your ankle pump exercises any time you are sitting and after long periods of inactivity.

• Eat a balanced diet and drink plenty of fluids.

• Take walks as directed by your physical therapist.

• Continue bowel care until you are having regular bowel movements.

• For total knee replacement patients: Continue to focus on your knee range of motion, both bending and straightening.

• For total hip replacement patients: Maintain hip precautions with daily activity and movement.

It’s also important that you DO NOT do the following:

• DO NOT go long periods of time without moving. To help prevent stiffness and swelling, it is important that you get up and move at least every hour or so while awake.

• DO NOT sit in chairs that are low to the ground or chairs with wheels.

• DO NOT bend over to pick up items on the floor. Use your grabber tool, or other assistive devices, as needed.

• DO NOT drive a car until cleared to do so by your surgeon.

• DO NOT soak your new joint in water. You should not take tub baths, swim or use a hot tub.

• DO NOT have sex or play sports until cleared by your surgeon.

• For total knee replacement patients: When you sit or lay down, DO NOT place a pillow under your new knee, creating a bent position. Doing so may cause you to lose the ability to straighten your knee, which may create complications.
Ongoing care

Traveling
When traveling long distances, you should attempt to change position or stand about every hour. Some of the exercises from your follow-up program, like ankle pumps, can also be used should you need to sit for long periods of time.

Because your new artificial joint contains metal components, you will likely set off the metal detector at airports or the security systems used in shopping malls and department stores.

Exercises and activity
Exercise and maintaining an active lifestyle are important parts of health. Most patients with artificial joints are able to enjoy many activities, though some should be avoided. In general, high impact exercises, like running, jumping, skiing, heavy weight lifting, or contact sports must be avoided. Participating in these activities, or activities like them, may damage your joint or cause it to wear down much more quickly. Low impact activities like swimming, walking, hiking, gardening and golf are encouraged. If you have any questions about specific activities, ask your surgeon.

Dental care
It is important that you notify your dentist that you have a joint implant so you can discuss if an antibiotic is needed for you prior to dental work to help prevent infection. You may need to remind your dentist before every scheduled appointment in the future so that you reduce your risk of developing an infection in your joint.

The importance of antibiotics
To reduce your risk of infection, antibiotics may need to be administered before you have other medical or dental procedures depending on your medical history or infection risk. Please alert your dentist or other health care providers prior to undergoing other medical and dental procedures that you have an artificial joint replacement.

Please call your surgeon with any questions
Hope Orthopedics: 503-540-6300
Kaiser Permanente: 503-361-5400
Medication log

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