

TOTAL KNEE REPLACEMENT

Club Ortho



M
MADISON
MEMORIAL HOSPITAL

**FREE
Club Ortho Class**

open invitation
Monday's at 2:00 pm

Madison Memorial Hospital
- Meeting Room

Questions? Call (208) 359-6565

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CLUB ORTHO CHECKLIST

Please Check the tasks completed as you progress toward greater mobility

- Surgery Scheduled
- Received Club Ortho Book
- Select Coach
- Pre-Surgical Admission Visit
(Madison Memorial Hospital- lab, X-ray, EKG)
- Attend Club Ortho Class OR the On-line Education
- Surgery Complete
- Met Discharge Criteria
- Transition to Home or Facility to Aid in Your Recovery

WELCOME TO “CLUB ORTHO”

Thank You for choosing Madison Memorial Hospital to help restore you to optimal comfort, independence and health. The Staff at Madison Memorial are confident that your experience with our facility will be a positive one. Madison Memorial Hospital is pleased to be a partner with you as you move forward with the decision to have a total knee replacement.

We believe that you play an invaluable role in ensuring your successful recovery. We want you to know as much as possible about your knee surgery. That’s why our goal is to involve you in every step and every detail of your treatment- from education before your surgery to managing your healing after surgery. The information presented as part of the CLUB ORTHO program is designed to provide you with information and answer questions about the total knee operation, recovery, and rehabilitation.

To enhance a successful outcome we ask that you choose a Coach. This person knows you best and will be an added support to you as we navigate towards a successful recovery. Your Coach can be a family member, significant other, or a friend. Your coach is someone who will partner with you and your healthcare team and we will ALL work together to support you through your journey. The Coach that you select will receive education right along with you as to what to expect and the steps to recovery. Your Coach will be a valued team member.

We want you to have success every step of the way and we are committed to making sure you have the best possible experience with us at Madison Memorial Hospital. Thank You for entrusting Madison Memorial Hospital with your orthopedic care. We congratulate you for walking the path to greater mobility!

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Case Management
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About this Patient Guide

Please remember that this is **only** a guide.

Preparation, education, continuity of care and a preplanned hospital discharge are all essential to ensure the best possible results following your joint surgery. This guide is designed as a resource, to provide information so you know:

- What you need to do to prepare for your surgery
- What you should expect after your surgery
- How to care for your new joint

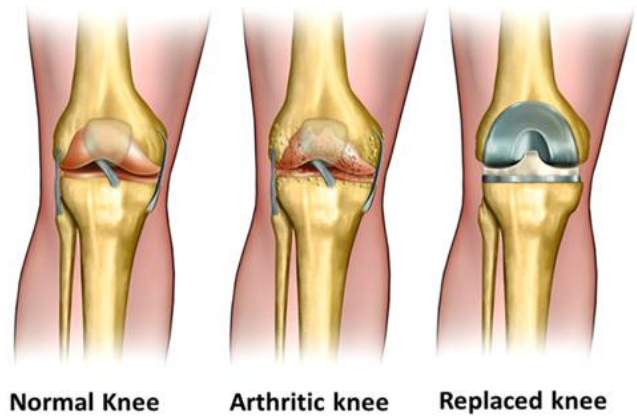
Your Physician, nurse or therapist may add to or change any of the recommendations. **ALWAYS** consider their recommendations first and ask questions if you need clarification. Keep this guide close by as handy reference, at least for the first several months after your surgery.



The Knee Replacement

The knee is a complex, hinged joint that allows you to squat, kneel, sit and bend. Three bony parts make up the knee: the shinbone (tibia), the thigh bone (femur), and the knee cap (patella). A total knee replacement is a surgical procedure that replaces your knee with an artificial joint (prosthesis).

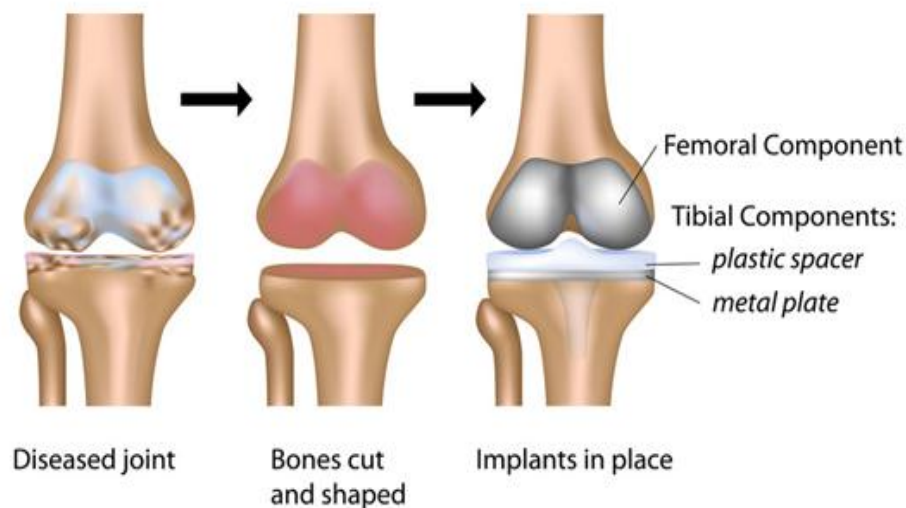
You can only walk easily and without pain when the bones are smooth and cushioned by healthy cartilage. Fluid in the joint helps lubricate the cartilage. Strong muscles and ligaments are also needed for joint stability.



Conditions such as arthritis, old fractures, abnormal stress and aging may damage the joint and cause rough areas to develop. This creates pain and stiffness when moving the knee. This could even result in the knee “giving out” during normal activities.

A total knee replacement is an effective way to relieve the pain and restore movement in damaged knees. The replacement involves resurfacing the bones of the knee joint. There are three bony surfaces that can become rough and painful: the femur, tibia, and patella (knee cap). Depending on your condition, one, two, or all three of these surfaces may be replaced. The type of surgery you have depends on your age, the amount of damage to your knee, and your medical history. The surgery improves mobility and function but, does not guarantee a normal healthy knee.

Total Knee Replacement



Your Coach

Choose a **COACH** that can support you as you transition through your plan of care. The coach can be a friend, a spouse, or a family member of your choice. The coach will be a big part of the care team.

Your coach can use this booklet with you as they are part of the care team. The coach will find tools to help you prepare for surgery, assist during your hospital stay, and support for the transition home.

Your coach can help support nursing care and staff to promote the exceptional patient experience. The Coach will continue to monitor your care after the transition out of the hospital. It is our goal to support and educate both you and your coach. Together we will achieve great outcomes.



COACH: _____



PREPARING FOR SURGERY

Pre- Surgical Admission Visit

You will be scheduled for a pre-surgical admission visit at Madison Memorial Hospital.

Please bring with you:

- Driver's license (or other form of picture Identification)
- Insurance Cards
- The name of your Primary Doctor and any specialists that you see.
- Medications in original bottles OR a complete list of each medication (prescription and non-prescriptions), doses and times that the medications are taken
- A list of your medical and surgical history
- Any information about cardiac tests that you have had in the last three years (facility, date, results)
- If you have one, bring a COPY of advanced directives (i.e. Durable Power of Attorney, Healthcare Representative)- please do NOT bring the original paperwork
- Check book/ credit card- you will be asked to pay all or a portion of your insurance co-payment
- Your COACH- a family member, significant other, or a friend to receive valuable education as we partner together for a successful recovery.

During this visit, if ordered by your Doctor, you may have LABS, EKG and possibly an X-Ray. You will then be escorted to the Surgery area to see a nurse for some pre-surgery information gathering that will include obtaining your health history, (Allergies, Anesthesia History, Surgery history, Family History, Medication list). The nurse will have you sign a consent for the procedure. Our team will give you a time that you are to arrive for the scheduled surgery. The Surgery Nurses will explain to you any preoperative instructions as well as provide additional teaching on NPO status- not eating or drinking after midnight before surgery. A special soap will be given to you called Hibiclense and you will receive instructions on how to use the soap. This visit will last approximately one hour.



Medications

Make sure that you have given the nurse in the pre- surgical area a complete list of your medicines. You may be asked to stop taking certain medications before surgery (if they are used to thin your blood). Also, you may be asked to take certain medications the day of surgery with a little sip of water. **BE SURE YOU UNDERSTAND THE MEDICATION DIRECTIONS**, if you don't understand Please ask your nurse for more information.

If you have a cardiac stent placed, please tell your surgeon. Following American Heart Association guidelines, your cardiologist, surgeon and anesthesiologist will decide whether or not you should stop any medications before surgery.

“Club Ortho” Pre-Operative Education Class

You will be asked to attend a CLUB ORTHO pre- operative education class on Mondays at 2:00 p.m., or complete an online education module before surgery. Hospital education is offered at the time of your pre- admission visit. To complete the online module, go to [madisonmemorial.org/club-ortho](https://www.madisonmemorial.org/club-ortho)

Preparing Your Home

It is a good idea to have your house ready for your arrival back home. Ahead of time you should consider:

- Removing all throw rugs and tacking down loose carpeting if needed.
- Preparing meals in advance and freezing them in single serving containers.
- Installing nightlights in bathrooms, bedrooms and hallways.



- Arranging kitchen/ bathroom supplies at waist level/height to avoid bending down. If you need to place items lower, be sure they are lighter items that can be accessed with a reacher (e.g., boxed food, soup cans, hair supplies).
- Paying attention to your position when you sit (up and down) in a chair, on a couch, or on a toilet.
- Cleaning, including doing laundry and putting it away.
- Putting clean sheets on your bed.
- Mowing the grass and/or tending to the garden or other yard work.
- Removing electrical cords and other obstructions from walkways.
- Arranging for someone to collect your mail/ newspaper delivery.
- Arranging to have someone care for your loved ones or pets if necessary.
- Installing a handrail by your stairs and/or in the bathtub/shower.

Exercises

Many patients suffering from arthritis overprotect their painful joints, which can cause weakening and interfere with recovery. **That is why, before your scheduled surgery, it is vital that you begin the exercise program in this guide.** Completing these exercises can help speed your recovery. Please start doing the exercises to help strengthen your arm and leg muscles before surgery. If you are unable to do an exercise or it causes you more pain, decrease the amount that you are doing or stop that exercise.

Constipation Prevention

Constipation is a common side effect from decreased activity, use of pain medications and often decreased oral intake after surgery. During the week before surgery, increase your fiber and fluid intake, including fruit juices. In addition, you may consider some type of laxative a day or two before surgery if your bowels have not moved. Our nurses will monitor you very carefully after your surgery in order to prevent constipation. You may want to have some type of laxative on hand for when you get home from the hospital.



Discharge Planning

You will need help at home when you leave the hospital. For at least 24 hours, you need to have your COACH with you to assure that you can do all of the activities necessary to stay in your home. If you do not have help at home or need additional inpatient care, arrangements can be made for you to transfer to another care facility for short term rehabilitation. If you know in advance that you cannot return home right away, please let us know in advance so we can be proactive in discussing and arranging alternative care options with you. We ask that you choose 2 or 3 facilities that are acceptable to you in case one does not have a bed available when needed. We can provide you a list of facilities- Please let us know if you would like one.



Discharge Planning & Case Management

Meet Your Team

The caring staff at Madison Memorial Hospital will try to put your needs at the center of all that they do. Each person on your care team has a special medical skill to offer- YOU AND YOUR COACH ARE THE EXPERT- and together we make a great team!

NURSES

- ▶ Monitor your condition throughout your stay.
- ▶ Provide information and treatments needed for your recovery
- ▶ Organize and coordinate your care
- ▶ Answer all questions and concerns

CASE MANAGEMENT

- ▶ Assist in planning your transition as you are released from the hospital.
- ▶ Answer questions about insurance coverage
- ▶ Provide counseling about possible lifestyle changes

You can also discuss:

- ▶ Who can help at home after your transition from the hospital
- ▶ Discharge options, including home health care or rehabilitation center.
- ▶ Meals on Wheels program
- ▶ Home delivery of groceries and medicines
- ▶ Insurance coverage
- ▶ Equipment needs
- ▶ Advance directives, such as Living Will and Durable Power of Attorney
- ▶ Temporary disabled parking permits
- ▶ Referrals to other community resources

OCCUPATIONAL THERAPISTS (OT)

- ▶ Evaluate your ability to do your normal activities safely at home
- ▶ Teach you strategies and use of adaptive equipment to maximize your independence for self-care (i.e. dressing, bathing, toileting)
- ▶ Teach you strategies to assist with following your knee precautions during all daily activities, including home maintenance and community activities.
- ▶ Provide guidelines for home safety, transition to home, and modifying your environment for maximum independence

PHYSICAL THERAPY (PT)

- ▶ Evaluate your mobility and strength
- ▶ Teach you how to get out of bed, climb stairs, and get in and out of the car
- ▶ Teach you how to walk with crutches or a walker
- ▶ Give you exercises to increase your strength and improve your knee's range of motion
- ▶ Educate you on continuous passive motion (CPM) machine controls and usage



The Day Before Your Surgery

Do Not Eat or Drink

For morning surgery cases, do not eat or drink anything after midnight, INCLUDING WATER, HARD CANDY OR GUM unless otherwise instructed to do so. You may be asked to take some of your routine medications with a sip of water on the morning of your surgery. If your surgery is scheduled in the afternoon, please follow the instructions given to you by the pre-anesthesia screening nurses.

Antibacterial Shower

You will be given a bottle of antibacterial soap at your pre- surgery visit at the hospital. Use this soap to take a shower the night before surgery day. Please follow the directions given to you when you receive the Hibiclense. You will also be cleaned very well by the surgery team before your surgery.



How to Clean with HIBICLENS

Keeping yourself clean is about more than looking and feeling good. Washing your hands often and cleansing your body every day will help you stay healthy by removing harmful germs.

GENERAL INSTRUCTIONS

- Read the instructions your doctor or nurse gave you. Begin cleaning as directed.
- Do not use HIBICLENS on your head or face. Keep it out of your ears, eyes and mouth.
- Do not use HIBICLENS in the genital area.
- Do not use HIBICLENS if you are allergic to CHG (chlorhexidine gluconate) or any of the other ingredients listed on the packaging.

SHOWERING THE NIGHT BEFORE YOUR SURGERY

- Use regular shampoo when you wash your hair. Completely rinse your hair and body to remove any leftover shampoo.

- Wash your face only with water and regular soap.
- Apply the minimum amount of HIBICLENS needed to cover your skin and wash gently for three minutes. Use HIBICLENS like you would any other liquid soap. Completely rinse yourself with warm water.
- Do not use regular soap after using HIBICLENS.
- Do NOT shave your legs prior to surgery- if shaving is needed for the surgery, it will be done once you arrive at the hospital.

AFTER YOUR SHOWER

- Do not use lotions or perfumes. DO NOT use lotions or creams on your legs the day of surgery.
- Wear clean undergarments.
- Sleep with clean sheets on your bed.
- Do NOT sleep with your pets.



Other Helpful Tips

- DO NOT get a pedicure before surgery. This could lead to an increased risk of infection
- Notify your surgeons office if you have any of these conditions before surgery: cold, fever, rash or other skin problems, vomiting, diarrhea or other illness symptoms
- Remove all nail polish, jewelry (including all piercings), make-up, lipstick and deodorant prior to arrival at the hospital
- You will be asked to arrive about 1 ½-2 hours prior to your scheduled surgery time. PLEASE ARRIVE ON TIME. If you are late, it may create a significant problem with starting your surgery. In some cases, lateness can result in moving your surgery to a much later time or date
- Do not bring jewelry, money or other valuables to the hospital
- You may wear eyeglasses (no contact lenses) on the day of surgery

What to Bring to the Hospital

- Clean, comfortable, loose-fitting, elastic waist clothes for each day that you are in the hospital. (Please try to avoid long sleeve shirts as they may interfere with IV access) Hospital gowns are provided- but you may wear your own clothes for comfort for physical therapy.
- When packing for your stay, bring a knee length robe that opens in the front, walking shoes with low heels and slippers with non- skid soles. It is a good idea to bring a regular set of clothes to practice dressing.
- There is NO need to bring any medication with you from home unless directed by your Doctor. (If you are instructed to bring medication from home, it must be in the original container.)
- Please bring any personal hygiene items that would help your stay be more comfortable (Hairbrush, toothbrush, toothpaste, etc.) The hospital has items for your use, but if you are partial to a specific item, please bring it with you.
- CPAP machine- if you have one (for sleep apnea)
- Walker and/or crutches that you already have and plan to use after surgery. You may or may not need other equipment (i.e. raised toilet seat, reacher, sock aide). If you do not already have these items, do not purchase them. Our staff will help decide after surgery if they are needed. Please remember to label walkers/crutches and other personal items with your name. It is best to leave personal equipment in car until transition from the hospital.
- If you would like, bring something you enjoy to help pass the time; reading materials, playing cards, handheld games or needlework, iPod, MP3 player and / or music player with your favorite music. Listening to music can be helpful with relaxation and pain control. Laptop computers are welcome. Internet service is free to use. All personal electronic equipment brought in is your responsibility.

It is our goal to make your stay be as comfortable as possible. If there is anything that we can do to make your stay a more exceptional experience - please let us know. We will do everything in our power to accommodate your needs.



The Day of Surgery

- When you arrive, you will be escorted to the surgery area to prepare for the operation. One or two family members may come with you- This person will be the Coach that you have selected to help the care team facilitate your care. Your Coach is welcome to stay the night with you if you wish.
- You will receive a warm welcome from the Day Surgery team
- Often times two IV's will be started in your arm. Two because one is used for a possible reinfusion of blood from the drain.
- Your physician may order an IV Medication – Tranexamic Acid. This medication reduces blood loss and auto transfusions in patients undergoing a total joint orthopedic surgery. Blood loss with joint surgery can be decreased with use of this medication if prescribed by your surgeon.
- A member of the anesthesia team visits and will answer any questions- Decisions regarding anesthesia are tailored to your personal needs. The types of anesthesia are: General anesthesia, which results in the loss of consciousness (you will be asleep the entire procedure) and Regional anesthesia, which provides an injection of local anesthetic for numbness, loss of pain and loss of sensation to a large region of the body
- Right before surgery, you will receive medications to help you relax. You may feel hot, dizzy, or drowsy. This is normal.
- Operating rooms are cool. Heated blankets are provided for your comfort.



Surgery

Surgery usually lasts one to three hours, but varies with each person. While you are in surgery, your family may relax in the day surgery room, the surgery waiting room, or the Paragon café. After surgery, you will be taken to the recovery room for 30-60 minutes. The doctor will inform your family about your condition. The Surgeon will try to meet your Family members in the patient room on Day Surgery.

While resting in the recovery area:

Your Breathing, blood pressure and other vital signs are watched very closely. Medicines for pain and nausea are available if you need them. Your family may see you once you are transferred from the Recovery Room to your room on the Medical Surgical floor.

Medical Surgical Floor

On the Medical/Surgical floor, you will be brought up by an RN from the recovery unit to a private patient room on the Med/Surg unit. You will be introduced to your new floor nurse. She will greet you and orient you to the new space. Vital signs will be started every 15 min and will gradually taper to every 4 hours. Nurses will be assessing your status frequently.



Occasionally some patients will experience itching after surgery. This is a possible side effect of the anesthesia. Your nurse on the Med Surg floor can administer medication to alleviate your symptoms if ordered by your doctor. As you rest, the nurse will provide a fresh drink and simple foods as you are able to tolerate and not feel nauseated. This is a good time to relax and let your body heal as much as possible. You potentially will have: 2 IV's, drains from your incision, a urinary catheter, oxygen, foot pumps for circulation, or an ice machine attached to your leg.



Physical therapy will begin the next day. If at any time you need assistance, you can call your nurse. Depending on your doctor, a pain medication regimen will be started to help with pain management. **You will experience pain after surgery; however, we will do our very best to keep your pain at an acceptable level so you can rest.**



Care After Surgery

During the first 24 Hours after surgery, a nurse will monitor your breathing, pulse, and blood pressure frequently, and change your body position as needed.

You are asked to move your feet and legs often to help blood flow in your legs.

Staff will help you get out of bed, stand, and /or take a few steps the day after surgery.

Your family/ Coach may help you with your personal hygiene needs if desired.

You will have a dressing in place after surgery. The Nurses will assess this very closely for drainage and change the dressing as needed.

A urinary catheter (tube) may be inserted into your bladder during surgery to drain urine. It is usually removed in 2 days.

You may need supplemental oxygen for 1-2 days after surgery. This is normal. Respiratory therapy may help with any respiratory needs.

Preventing pneumonia- Breathing exercises are important the first few days after surgery. You are asked to cough, breathe deeply, and perform other lung exercises to prevent fluid from collecting in your lungs. You may be asked to use an Incentive Spirometer to help aid the lungs and avoid fluid from accumulating.



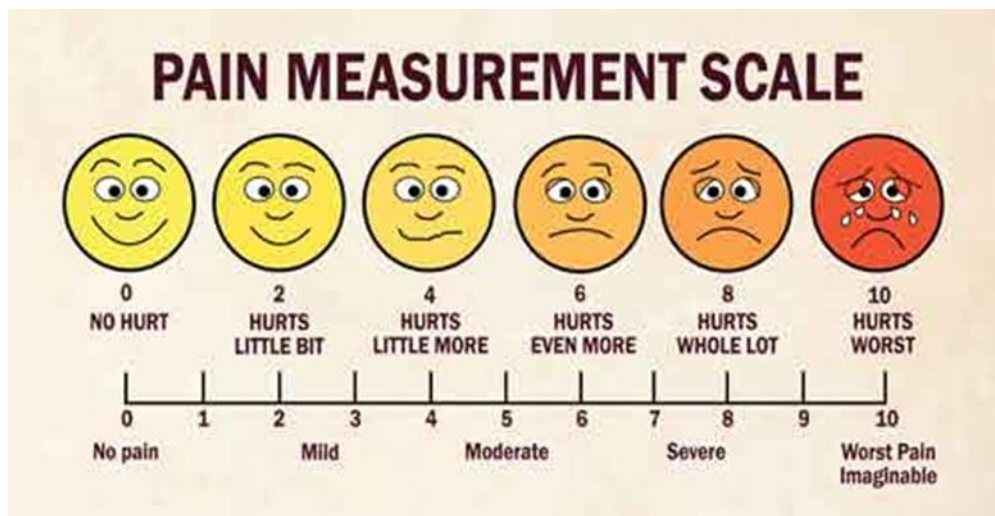
Incentive Spirometer

Gas pains and constipation are common after surgery. Increasing your physical activity, eating a high fiber diet, and drinking plenty of fluids help prevent these problems. If you need a stool softener or a laxative during your hospital stay, please tell your nurse.

Pain Management

It is common to have some pain after surgery. Pain is not eliminated completely, but can be reduced to a slight-to-moderate level. **OUR GOAL IS TO MAKE YOUR STAY AND RECOVERY AS COMFORTABLE AS POSSIBLE.**

Everyone experiences pain differently. We ask you to decide what your pain goal is. We use a pain scale to help describe your pain. This helps us determine the proper type and amount of pain medication to use. Pain management is key. Work with nursing staff to keep your pain level less than 4 on a 0-10 scale. Pain pills will be started to prevent a sudden wearing off of medications given in surgery.



Your Doctor may prescribe pain medicine given by mouth, injection through your IV, through a tube placed in your back (epidural), or a spinal medication.

Pain is controlled best when you take medication before the pain becomes severe. Be sure to tell your nurse when you are having pain. It is important to stay on top of your pain. It is advised to take your pain medication early in the morning so it will be easier to get out of bed and move around.

Take medications in advance, if possible, before your physical therapy so that you can maximize your sessions to further your success and have the pain controlled throughout your therapy.

Take pain medication with food. The Medication may irritate your stomach and cause nausea, crackers are a good idea i.e. saltine crackers or graham crackers.

Helping Circulation

Good circulation is important to promote healing. There are several things that are done during your recovery to help prevent circulation problems in your legs.

These may include:

TED Hose- You may be fitted with support hose called TEDs. These help prevent blood clots from forming in your legs. Tell the nurse if you have any tight or burning areas beneath the hose.

Blood thinning medicine may be ordered to help prevent blood clots; it may be given to you daily.

Venous pumps- Fabric booties that fit over your feet and massage them by inflating and deflating. This helps prevent blood clots.

Pumping your feet up and down is an easy exercise to help increase blood flow.

It is VERY IMPORTANT that you begin ankle pumps and deep breathing exercises on the day of surgery.

A pillow should NEVER be used under your knee as this greatly increases your risk for blood clots.



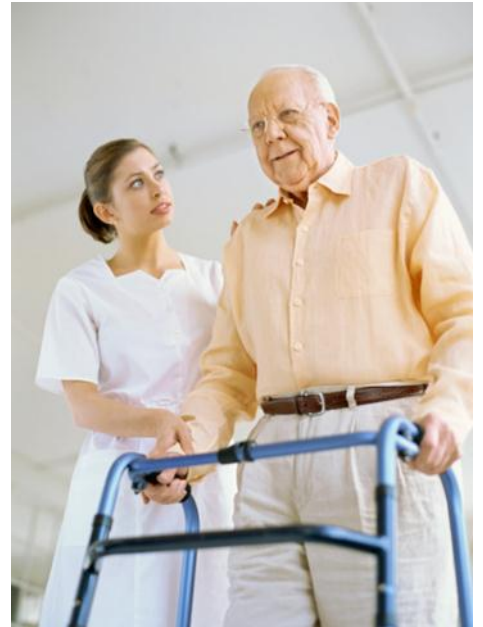
Venous Pump

Recovery and Rehabilitation

You begin an exercise program the day of surgery or the day after surgery, unless otherwise indicated. Your doctor will decide when you should begin. You may feel weak or dizzy at first. This is normal. There may be some pain when you first start to move. Let your therapist know if the pain is too severe. Remember to take your pain medication and stay on top of pain. Coordinate with your nurse so that you can be medicated before Physical Therapy comes to work with you.

The Doctor decides how much weight you can put on your operated leg. It is important to follow these restrictions to allow proper healing of your new knee.

You will have therapy twice a day unless otherwise ordered by your Doctor.



Refer to the exercise section of this booklet

AFTER SURGERY: Day 1

This is the first day after surgery. The morning starts with breakfast around 8 A.M. and nurses will help provide morning hygiene cares and have medications for you including your home regimen and additional pain medication as ordered. Physical Therapy typically comes up around this time to begin therapy. Physicians make their rounds during the day to check your progress and answer questions, although not at set times. Nursing Staff will continue to manage your pain and other side effects from Anesthesia as needed. You will be able to rest at various times through the day, and we encourage you to take advantage of that time. Physical Therapy will see you again in the afternoon for your second session. Your Physical Therapist and nurse will teach you exercises to do on your own throughout the day. We encourage you to be proactive through the day. If you have been receiving IV pain medication, we try to transition you to oral pain pills, which will allow a smoother transition at home.

- Blood is drawn in the early morning for testing
- The nurse monitors how well your pain medicine is working and makes adjustments as necessary.
- You are asked to use your incentive spirometer - this will help in taking in those deep breaths. You are asked to cough and take deep breaths often to help keep your lungs clear.
- At least twice during the day, the hospital Physical Therapist teaches you how to get out of bed and helps you walk a few steps. You also learn some exercises.
- A Case Manager may visit to discuss your progress and help plan for the transition after your hospital stay.
- Bed baths are given until your staples come out.



Incentive Spirometer



CPM Machine



Develop the Plan of Care

Continuous Passive Motion Machine (CPM)

Your Doctor may order the use of a Continuous Passive Motion Machine. It keeps your knee joint in a very slow continual motion. This increases circulation and prevents your knee from becoming stiff. The CPM is started 1-2 days after surgery.

The amount of time you use the CPM can vary from as little as 6 hours to 23 hours a day determined by your doctor. You may have to sleep in the CPM. Let the nurse know if you get tired of being on your back.

In the machine, your leg rests on a fleece “support” to prevent skin irritation and bruising. The nurse checks your upper thigh and heel often for irritated areas. Let the nurse know if the CPM burns or hurts your leg.

CPM INSTRUCTIONS

Use the CPM 1-2 hours, 3 or more times a day for a total of 6 hours.

Make sure that your foot is firmly against the footplate to allow for proper alignment. Place the strap around your thigh to maintain optimal positioning while the machine is in motion.

Increase flexion (bending) degrees as tolerated.

It’s okay to turn the machine down if it surpasses your maximum pain tolerance.

The Physical therapist will instruct you on proper usage of the CPM controls.

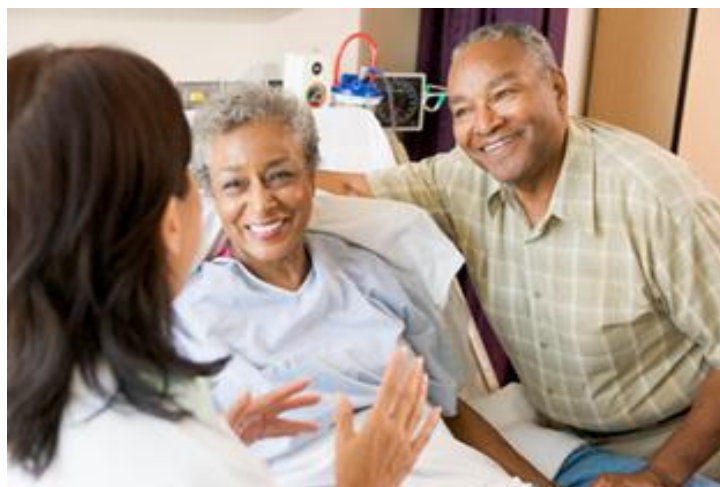


AFTER SURGERY: Day 2

This is the second day after surgery and is very similar to the previous day. Physical Therapy will see you in the morning and afternoon. Your Dr. will come and typically takes out your drain, changes your dressing and has the Foley catheter removed. Pain management will be a priority and medications will be available as prescribed to meet your pain level goal throughout the day.

- Blood is drawn early in the morning for testing
- The Physical Therapist (PT) is usually back twice today. The therapist assists with exercises and walking in your room and down the hall.
- The Occupational Therapist (OT) may visit to assess current function and review precautions to follow when you use your new knee. The therapist also discusses what type of equipment might be helpful at home.
- If you have a urinary catheter, it is removed today. As well as the drain.
- You are asked to drink plenty of fluids. This helps you urinate- after the urinary catheter is discontinued.

Your Coach will assist the Care team in making sure you have an exceptional patient experience.



AFTER SURGERY: Day 3

- For many, this is the day to transition home
- If you are not quite ready to go home, you may be discharged to rehab or a skilled nursing facility for a short time
- Typically patients go home on the third day if the following requirements have been met:



- Pain controlled with oral tablets
 - Able to transfer in and out of bed and ambulate with minimal assistance.
 - Vital signs and lab work are stable.
 - Able to urinate
 - Able to maintain oxygen levels up without it being supplemented.
-
- Blood is drawn early in the morning for testing
 - The Physical therapist continues your exercise program and discusses ideas for making your home safer when using a walker or crutches. The therapist assists with exercises and walking in your room and down the hall. You may practice climbing the stairs. The Doctor may order outpatient Physical Therapy.
 - A Case Manager visits with you regarding your discharge needs.
 - Most people go home with prescriptions for pain pills and blood thinning medication (2-4 week supply)
 - Your nurse discusses your discharge, including follow-up appointments and blood tests, if needed. Any questions or concerns you have about your recovery at home are answered.

Planning your Discharge

The discharge planner from Case Management will meet with you and your coach to plan your discharge. Safety issues, equipment, and the physical layout of your home are discussed. Suggestions are made to make your recovery safer and easier.

DISCHARGE IS DEPENDENT ON MEETING THERAPY GOALS

Several discharge options are reviewed. The final decision takes into account your doctor's recommendations, your individual needs, ability to tolerate physical activity, and insurance coverage.

REHABILITATION FACILITY

- A Rehab unit works with you to restore strength, endurance, and skills needed to resume everyday activities.
- Most patients stay 4-10 days on the Rehab unit.
- Physical, occupational, and other therapies are part of your daily routine.
- Nursing care is provided 24 hours a day, encouraging patient independence.
- At discharge from the Rehab Unit, you may be referred for home or outpatient therapy services. Your health care team helps with necessary arrangements or equipment needs.

SKILLED NURSING FACILITY (SNF)

- A SNF is usually located in a nursing home or long term care facility. It provides ongoing nursing care and rehab therapies that you need to complete your recovery.
- Typical length of stay is 2-3 weeks
- Nurses monitor your recovery.
- Physical and occupational therapy are provided.
- The discharge planner arranges for any special equipment and/or home care you may need at discharge.

HOME HEALTH CARE

- Home health care may be ordered for those patients who are homebound but do not require intensive medical or rehabilitative care.
- The discharge planner discusses preferences and makes appropriate referrals.
- Home care nurses monitor your recovery, including pain management, home safety and medicines. They also consider whether you need additional help with your self-care routines.
- A physical therapist checks your progress and helps with your exercise program.
- An occupational therapist is available to evaluate your home and your ability to do daily activities.

- The goal of home health is to help you reach a higher level of independence that is safe while your knee heals.
- The number of home visits varies based on individual needs.
- Your Doctor may order additional outpatient therapy sessions after discharge from home health care if needed.

Possible Home Hazards

You can make your recovery safer by becoming more aware of hazards in the home.

- ✓ Move electrical cords out of the way
- ✓ Remove throw rugs
- ✓ Add firm pillows to low chairs
- ✓ Store items within easy reach
- ✓ Use a cart to move items
- ✓ Watch for small pets or objects on the floor
- ✓ Install rails along stairs if needed.
- ✓ To avoid injuring yourself, always think before you move
- ✓ Place night lights for extra precaution at night



Home equipment / Adaptive Equipment

At home you may need the following equipment:

- ✓ Walker/crutches
- ✓ Tub transfer bench
- ✓ Toilet riser/ commode chair
- ✓ Grab bars in bathroom and/or shower

The discharge planner discusses equipment needs with you and helps make arrangements to get the necessary items. Information is provided on local rental providers, equipment companies, and insurance coverage for medical equipment. Many people borrow equipment from friends or family.

Caring For Yourself at Home

When you go home, there are variety of things you need to know for your safety, recovery and comfort.

CONTROLLING YOUR DISCOMFORT

- Continue to take pain medication the way you were in the hospital for the first few days that you are home. Use the chart provided on page 32 to help monitor when your next pain medication dosage is due. **TAKE YOUR PAIN MEDICATION AT LEAST 30 MINUTES BEFORE EXERCISE SESSIONS.**
- Call your surgeon if your discomfort is not controlled with the ordered pain medication.
- Gradually wean yourself from prescription medication. Most people are able to reduce the amount of pain medicine being taken after the first few weeks at home. Remember that you still need to complete exercises twice each day. Contact your surgeon if you have questions.
- Change your position every 1-2 hours throughout the day- this will reduce stiffness and cramping
- Side effects of narcotic pain medication may include: constipation, drowsiness, dry mouth, difficulty urinating, headache, dizziness, nausea.
- Avoid Alcohol. Drinking alcohol can increase the side effects and / or actions of pain medicines.



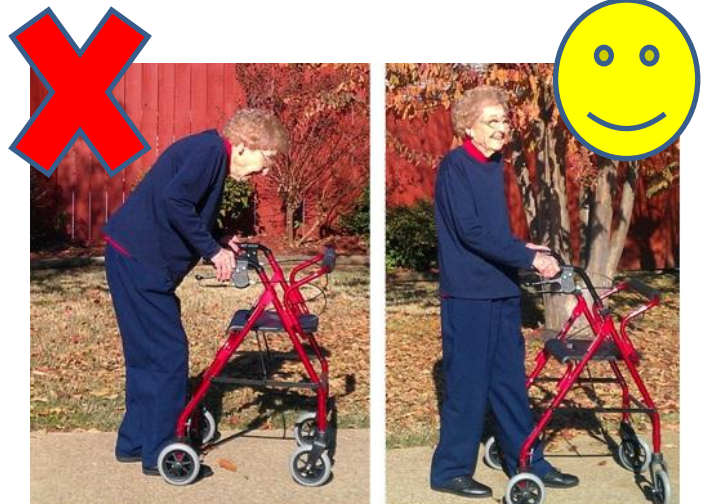
How to Use a Walker

Instructions

1. Adjust the walker to be high enough that you can hold it comfortably with your arms slightly bent at a 45-degree angle. If you have to stoop down or bring your arms up high to reach the walker, adjust it up or down an inch or two until you find a comfortable and safe position. The top of the walker should come to the crease in your wrist.
2. Lock the walker into place so the frame is rigid. Folding walkers usually have a latch or button that needs to be pushed into place for the walker to be functional. Make sure your walker is completely open before you walk with it.
3. Place your hands on the walker handles at parallel positions on either side of the walker. This will equally distribute your weight on both feet and on both sides of the walker, making it easier for the walker to support you when you move.
4. Lift the walker and move it in front of you a distance equal to one footstep. Move it a small distance if you're limited to taking small steps close together. Mimicking your gait with the movement of the walker will enable you to use the walker comfortably and naturally. You should never feel like you're "catching up" to your walker.



5. Step into the frame of the walker with both feet, keeping both hands firmly on the walker's handgrips. Once you've completed a step this way, begin the next step by moving the walker forward again.



Ice Therapy

- Use a flexible ice pack 5-6 times per day for 20 minutes each time
- Use it before and after your exercise sessions and 2 or three more times throughout the day
- A bag of frozen vegetables wrapped in a pillow case makes an ideal ice pack. Mark the bag and return them to the freezer for re-use later
- Another re-usable ice bag can be made by mixing 2 cups of water and 2 cups rubbing alcohol- mix in gallon Zip lock bag and freeze (this stays a little slushy, so it molds well to your joint)
- *Caution* – Alcohol is flammable



Activity

- Continue to follow your exercise program as recommended by your surgeon- your program will likely change some as you progress or as you participate in outpatient physical therapy
- Continue use of walker/ crutches until told otherwise by your physician
- If you are not allowed to bear full weight on your surgical leg at time of discharge, follow your surgeon's directions as to when and how much to increase weight bearing over time

Incision Care and Bathing

- WASH HANDS before changing dressings, handling your incision site or any time you may be in contact with the surgical site. If you have someone help you, gently remind them to wash their hands before contact with your incision.
- If your incision is closed with staples, DO NOT get the incision wet until staples are removed. Then you may wash gently with mild soap and water.
- If you have only tapes closing the incision, you may wash the incision gently with mild soap and water. If showering, stand/sit so the water is directed away from your incision.
- **DO NOT** tub bathe until your surgeon has given you the approval to do so:
 - TIPS**
 - ✓ Place a chair in the shower in case you need to sit
 - ✓ Make sure the bathroom floor and shower have non-slip surfaces
 - ✓ A hand-held shower head makes showering easier
- **DO NOT** apply any creams or ointments to your incision until approved by your surgeon. If there is no drainage, you may leave the incision open to air; otherwise, apply clean dry gauze as needed.
- Keep your incision dry.
- If your incision is still draining, keep it covered with a light, dry dressing until the drainage stops.
- If you have staple closures at your incision site, they will most often be removed at the first postoperative visit to your surgeon's office.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if your temperature reaches 101 degrees F or greater.

Changing Your Dressing



- 1- Wash hands.
- 2- Open all gauze pads.
- 3- Remove old dressing. Discard dressing and wash hands-
- 4- Inspect incision for the following:
 - ✓ Increased redness
 - ✓ Increase in clear drainage
 - ✓ Thick drainage of any color
 - ✓ Odor and surrounding skin that is HOT to the touch.
- 5- Pick up gauze pad by one corner and lay over incision. Avoid touching the inside of the dressing.
- 6- Tape the dressing in place.



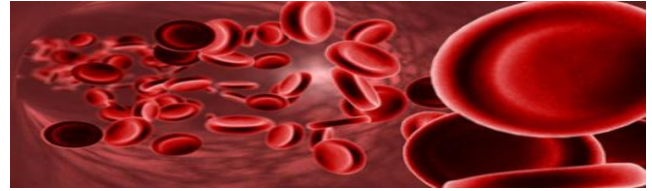
Body Changes

- Keep in mind that your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- It isn't normal to have difficulty sleeping. Try not to sleep or nap too much during the day
- You may not feel great for several days after surgery. REMEMBER that you have had a major surgery and your body needs time to heal and rebalance after anesthesia.
- Your energy level may be decreased for a few weeks
- Pain medications contain narcotics, which increase the risk of constipation.

Increase your fiber intake and drink plenty of fluids, including fruit juices. Use stool softeners or laxatives, such as milk of magnesia, if necessary.

Anticoagulants (Blood Thinners)

You will be given a medicine to prevent formation of blood clots. You will need to continue taking it after your hospital stay for a varied amount of time, depending on your individual situation. Your Doctor will prescribe the medication right for you.



Arixtra and Lovenox are injectable medications given once or twice each day, possibly for several weeks. Coumadin is another option and the amount you take may change depending on how much your blood thins. Therefore, it will be necessary to do blood tests once or twice weekly to determine your dosage. Another possibility is Xarelto, this medication may need an authorization through your insurance. Work with your care team in advance so there is not a lapse in treatment due to your insurance coverage.

DO NOT discontinue the anticoagulant prescribed by your surgeon unless directed to do so.

Side effects of blood thinning medicine: bruising and bleeding. You may bleed more easily and for longer periods of time with small cuts (such as from shaving) or from a bloody nose.



Swelling and Bruising

- Some swelling and bruising to your leg(s) is expected and may not start until after you return home
- To prevent swelling and bruising and to help ease pain, elevate your legs above heart level for 20-30 minutes 5-6 times each day (you may want to coordinate this with ice therapy times). You need to lie flat on the bed or sofa and raise your leg so that your lower leg and foot are above the level of your heart.



Recognizing and Preventing Complications

Wound Infections - *Signs and Symptoms*

- Increased swelling, redness at incision site (beyond normal post-surgery signs)
- Change in color, amount, and odor of drainage
- Increased pain
- Fever greater than 101 degrees F

When it comes to infection, prevention is often the best medicine. While the risk is small, getting an infection before or after your surgery can be serious.

What are some of the things that Madison Memorial Hospital is doing to prevent infection?

To prevent infections, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or alcohol-based rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

IT IS OK TO REMIND STAFF AT MMH TO WASH THEIR HANDS



Before Surgery

Never be afraid to ask questions.

If you don't understand something, be sure to talk to your doctor or nurse.

Avoid the spread of germs by:

- Stopping any shaving of your under arms, legs, bikini line and all other areas of the body three days before your surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection. You may shave your face.
- Taking a shower the night before the surgery with the CHG (Chlorhexadine gluconate). HIBICLENSE
- Sleeping in clean sheets the night before your surgery.
- Brushing your teeth or dentures before your hospital stay.
- Washing your hands after you go to the bathroom.
- Not wearing lotion or perfume.

Tell your surgeon if you feel sick or think you have an infection.

Please be sure to tell your surgeon if you have cold symptoms or a sore throat. Any illness or sore may increase your risk of infection.

Watch your blood sugar.

If you have diabetes (or pre-diabetes), your risk of infection goes up, especially when your blood sugar is too high. Talk to your doctor about controlling your blood sugar.

Don't smoke.

Smoking or using tobacco makes it harder for you to heal. Patients who smoke are more likely to get infections. Quit smoking, even if only for the days before and after your surgery. If you need help quitting, visit with your doctor.



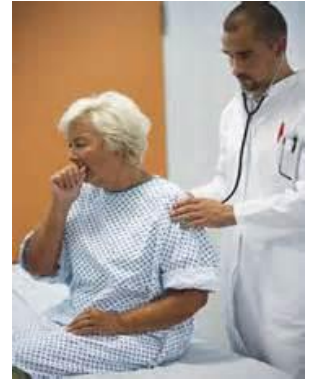
During Your Hospital Visit

Avoid the spread of germs by:

- Washing your hands before and after you eat, and always after you go to the bathroom.
- Ask your Coach, family or other visitors to wash their hands and stay home if they are feeling sick.
- Not touching your incision or bandage. Keep your incision and bandage clean. Make sure your doctor or nurse has washed his/her hands and is wearing gloves before touching your incision.

Cough and breathe deeply.

This helps to keep your lungs open and prevent pneumonia.



Move it or lose it.

Moving will help you heal and gets your blood flowing. Your nurse will help you get out of bed as soon as it is safe. If you can't get up, pump your feet up and down during every TV commercial to help keep blood moving in your legs.



When You Go Home

Avoid the spread of germs by:

- Washing your hands before and after you eat, whenever you have to touch your incision, and always after you go to the bathroom.
- Asking your family members to wash their hands before touching your incision or bandage.
- Telling your family and friends not to visit if they are sick.
- Keeping your pets away from your incision and bandage. **DO NOT SLEEP WITH YOUR PETS.**

Call your surgeon if:

- Your incision is red, warm to the touch or you notice pus.
- You have fever or chills.

Blood Clots

Blood thinners are ordered following surgery to reduce the potential for blood to slow and coagulate in the veins, creating a blood clot. Blood clots can form in either leg. In many cases, prompt treatment can prevent the more serious complications of blood clots.

Signs/Symptoms

- Excessive swelling in thigh, calf or ankle that does not go down with elevation of the extremity and ice therapy
- Pain/tenderness in calf

How to prevent blood clots:

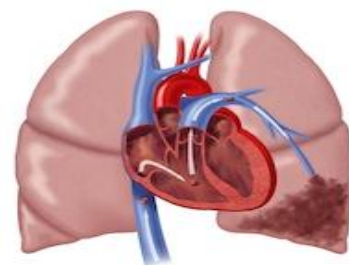
- Foot and ankle pumps
- Walking
- Blood thinner medication

Pulmonary Embolus

If unrecognized, a blood clot can break away from the leg and travel to the lungs. This is called a pulmonary embolus and is considered a medical emergency. If you experience any of the symptoms below, call 9-1-1 immediately.

Signs/Symptoms

- Sudden Chest Pain
- Shortness of breath
- Difficult and/or rapid breathing
- Sweating
- Confusion



How to Prevent Pulmonary Embolus

- Make every attempt to follow your doctor's orders and prevent a blood clot from forming in your legs
- Learn to recognize the signs of a blood clot in the leg and call your physician promptly

Additional Recovery Tips

Although each person's healing journey is different, below are some general tips that may help you strive toward recovery:

- It may be helpful to use our tracking tools at the end of this booklet. Each day tends to look like the day before and you may find it difficult to keep track of how many times you have completed your exercises, ice therapy, rest and elevation each day. Also, it is important to keep track of how often you are taking pain medication. By using the tools provided, you will see the progress you are making towards a healthy recovery.
- You can expect to be able to increase your exercises and amount of walking every few days to every week.
- **Dietary Hints** -This will help prevent constipation and promote healing.
 - ✓ Avoid dehydrating liquids such as coffee, tea, soda, and alcohol
 - ✓ Eat high fiber foods such as:
 - ✓ Fruits: apples, apricots, raspberries, bananas, strawberries, oranges, prunes
 - ✓ Vegetables: artichokes, peas, broccoli, corn, brussel sprouts
 - ✓ Whole grains: oats, whole wheat pasta, bran, whole grain bread, popcorn
 - ✓ Beans, nuts, seeds: split peas, lentils, black beans, lima beans, baked beans
 - ✓ Eat high calcium foods for bone health:
 - ✓ Dairy products: yogurt, milk, cheese
 - ✓ Other: sardines, tofu, spinach or other greens, orange juice
 - ✓ Eat high protein foods for healing:
 - ✓ Beans, dairy, fish, poultry, grains

Website help: www.mypyramid.gov



The Importance of Follow-Up Care

After performing hundreds of total joint replacements each year at Madison Memorial Hospital, we have discovered that some people do not follow up with their orthopedic surgeons on a regular basis—even though they should.



When to Follow Up

- Every year, unless instructed differently by your physician.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain that requires medication

There are two other important reasons why following up with your orthopedic surgeon is a good idea:

- 1- If you have a cemented prosthesis, the integrity of the cement needs to be evaluated. With time and stress, cement may crack. Because this can happen slowly over time, you may be unaware that this cracking is happening. In many cases, this does not occur during the first 15 years, but after 15 years of use, the incidence of cracking significantly rises. While finding a crack in the cement doesn't necessarily mean you need another surgery, it does mean you should be followed more closely, as your prosthesis could loosen and create pain. The cracked cement could also cause osteolysis, a reaction that may result in bone thinning. The sooner the orthopedic specialists learn about any problems you're having, the better equipped we are to effectively deal with them and help you avoid more serious complications.
- 2- The second reason why follow up is important concerns the plastic liner in your joint. If the plastic lining wears, particles can sometimes get into the bone and cause osteolysis. Replacing a worn liner early can prevent this from happening.

X-rays taken at your follow-up visits can quickly and accurately detect either of these problems, so if you haven't visited your orthopedic surgeon in a while, call to schedule an appointment today. We are confident they would be glad to hear from you.




































USEFUL TOOLS

Stay Hydrated



**Drink eight 8 oz Glasses of water each day!
(Mark them off as you complete them)**

| | | | | | | | | |
|-----------|---|---|---|---|---|---|---|---|
| SUNDAY |  |  |  |  |  |  |  |  |
| MONDAY |  |  |  |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |  |  |  |
| THURSDAY |  |  |  |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |  |  |  |
| SATURDAY |  |  |  |  |  |  |  |  |

Postoperative Exercise Log

Exercise 1:

Enter # of repetitions

| | | SUN | MON | TUE | WED | THURS | FRI | SAT |
|----------|----|-----|-----|-----|-----|-------|-----|-----|
| + Week 1 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 2 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 3 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 4 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 5 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 6 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 7 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 8 | AM | | | | | | | |
| | PM | | | | | | | |

Exercise 2:

Enter # of repetitions

| | | SUN | MON | TUE | WED | THURS | FRI | SAT |
|----------|----|-----|-----|-----|-----|-------|-----|-----|
| + Week 1 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 2 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 3 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 4 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 5 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 6 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 7 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 8 | AM | | | | | | | |
| | PM | | | | | | | |

Exercise 3:

Enter # of repetitions

| | | SUN | MON | TUE | WED | THURS | FRI | SAT |
|--------|----|-----|-----|-----|-----|-------|-----|-----|
| Week 1 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 2 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 3 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 4 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 5 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 6 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 7 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 8 | AM | | | | | | | |
| | PM | | | | | | | |

Exercise 4:

Enter # of repetitions

| | | SUN | MON | TUE | WED | THURS | FRI | SAT |
|--------|----|-----|-----|-----|-----|-------|-----|-----|
| Week 1 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 2 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 3 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 4 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 5 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 6 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 7 | AM | | | | | | | |
| | PM | | | | | | | |
| Week 8 | AM | | | | | | | |
| | PM | | | | | | | |

Pain Medication Monitoring



STAY AHEAD OF THE PAIN

Monitor when your next pain medicine is due:
 Mark the time and dosage for each dose
 Take pain medication with food: May cause nausea on an empty stomach

| | TIME | MEDICATION NAME | DOSAGE |
|-----------|----------------------|-----------------|--------|
| SUNDAY | 1. 2. 3. 4. | | |
| MONDAY | 1. 2. 3. 4. | | |
| TUESDAY | 1. 2. 3. 4. | | |
| WEDNESDAY | 1. 2. 3. 4. | | |
| THURSDAY | 1. 2. 3. 4. | | |
| FRIDAY | 1. 2. 3. 4. | | |
| SATURDAY | 1. 2. 3. 4. | | |

Postoperative Walking Log

Fill in the distance you walk every day.

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|---------|-----|-----|-----|-----|-----|-----|-----|
| WEEK 1 | | | | | | | |
| WEEK 2 | | | | | | | |
| WEEK 3 | | | | | | | |
| WEEK 4 | | | | | | | |
| WEEK 5 | | | | | | | |
| WEEK 6 | | | | | | | |
| WEEK 7 | | | | | | | |
| WEEK 8 | | | | | | | |
| WEEK 9 | | | | | | | |
| WEEK 10 | | | | | | | |
| WEEK 11 | | | | | | | |
| WEEK 12 | | | | | | | |

TIPS

- Use assistive device (walker, crutches, cane) until surgeon discontinues
- Walk on paved, even surfaces
- Avoid grassy surfaces until safe without assistive devices
- Wear comfortable shoes with a back on them (avoid flip-flops, clogs)
- Work to swing surgical leg through into a full step ahead
- Weight bearing as directed by your surgeon
- Keep your head up and eyes ahead



Resume Living

Life after a Joint Replacement

Typically, the recovery process takes six weeks to three months while most patients continue to gain improvement up to one year after surgery. Your physician will recommend the most appropriate level of acuity following joint replacement surgery.

Activity levels Following Surgery

| Expected Progression Milestones | | |
|---|----------------------|---------|
| Getting out of bed >> Day 1 (hospital) | | |
| Walking Short Distances >> Day 2 (hospital) | | |
| Driving >> 4-6 Weeks+ | | |
| Dancing >> 6-8 Weeks+ | | |
| Golfing >> 3 Months + | | |
| ACCEPTABLE LONG TERM RECREATIONAL ACTIVITIES | | |
| Walking | Swimming | Bowling |
| Bicycling | Golfing | Dancing |
| RESTRICTED RECREATIONAL ACTIVITIES | | |
| Jogging | High Impact Aerobics | |
| Running | Skiing | |
| Singles Tennis | Contact Sports | |

- Discuss physical activity goals with your doctor and Physical Therapist to ensure they are appropriate for you and the appropriate time.
- You may want to discuss sexual activity with your doctor as well.
- The vast majority of people who undergo joint replacement surgery experience a dramatic reduction in joint pain and a significant improvement in their ability to perform activities of daily living. CONGRATULATIONS on your new quality of life!

EXERCISE GUIDE

Madison Memorial Therapy Services

Physical Therapy and Occupational Therapy

General Precautions:

- TDWB- Touch Down Weight Bearing for the first few weeks (per physician)
- Internal rotation to 0degrees only (1-12 weeks post-op)
- Adduction to 0 degrees only (1-12 weeks post-op)
- Hip flexion to 90 degrees only (1-12 weeks post-op)

Day 1

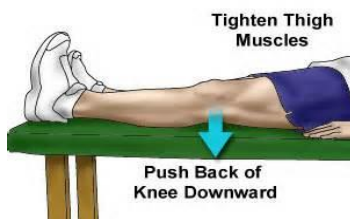
Goals

1. Appropriate control of pain and swelling.
2. Active use of associated muscles.
3. Ability to get in/out of bed.
4. Understand the scope of surgery and upcoming rehab.
5. Demonstrate understanding of hip precautions.

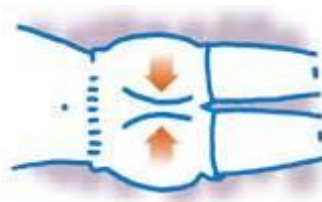
Exercise

1. **QUAD SETS**- Tighten knee muscles of out stretched leg by pushing the back of the knee into the bed, hold five seconds.
 2. **GLUTEAL SETS**- squeeze buttocks together, hold 5 seconds.
 3. **ANKLE PUMPS**- pump ankles to move feet back and forth.
 4. **STRAIGHT LEG RAISES**- bend the opposite knee (nonsurgical) to relieve pressure off of the lower back. Lift ankle of surgical knee up towards ceiling and return to starting position.
 5. Modalities such as Ice and Electrical Stimulation as needed or requested.
- **Above exercises to be done lying on back and repeated 20 times.**

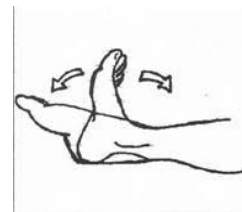
Quadricep Setting



Quad Sets



Gluteal Sets



Ankle Pumps

Day 2-7

Goals

1. Appropriate control of pain and swelling.
2. Maintain appropriate weight bearing precautions.
3. Safe Ambulation with walker crutches or cane on level surfaces and stairs.
4. Independent transfers.
5. Appropriate use of adaptive equipment (if necessary).
6. Complete home evaluation/questionnaire
7. D/C from hospital

Exercise

1. **QUAD SETS**- Tighten knee muscles of out stretched leg by pushing the back of the knee into the bed, hold five seconds.
 2. **GLUTEAL SETS**- squeeze buttocks together, hold 5 seconds.
 3. **ANKLE PUMPS**- pump ankles to move feet back and forth.
 4. **STRAIGHT LEG RAISES**- bend the opposite knee (nonsurgical) to relieve pressure off of the lower back. Lift ankle of surgical knee up towards ceiling and return to starting position.
 5. **HEEL SLIDES**- slide heel towards buttocks in a smooth and fluid motion.
 6. **SHORT ARC QUADS**- put a 6 inch towel roll under knee. Straighten lower leg until knee is fully extended and hold for 5 seconds. Then relax and slowly bend the knee back to original position.
 7. **LONG ARC QUADS**- seated, let legs bend to 90 degrees, straighten lower leg until knee is fully extended. Then relax and slowly bend knee down to original position.
- **Above exercises to be done lying on back progressing to standing when instructed by Physical Therapist, repeated 20 times.**



Straight Leg Raises



Heel Slides

Weeks 2-3

Goals

1. Maintain appropriate weight bearing precautions.
2. Safe ambulation with walker, crutches or cane on level surfaces and stairs.
3. Proper scar management.
4. Independent transfers in and out of car.

Exercise

1. **QUAD SETS-** tighten knee muscles of out stretched leg by pushing the back of the knee into the bed, hold 5 seconds.
2. **STRAIGHT LEG RAISES-** bend the opposite knee (nonsurgical) to relieve pressure off of the lower back. Lift ankle of the surgical knee up towards the ceiling and return to starting position.
3. **THREE-WAY HIP SETS** - flex (bend) hip while keeping the knee straight, now move it out the side, then to the back.
4. **HEEL UP/ TOE UP SETS-** raise up on toes by lifting the heel, then raise up on heels by lifting toes.
5. **QUARTER SQUATS-** flex (bend) hips and knees as if sitting in a chair but descend only a quarter of the distance.
6. **FRONT/BACK FITTER BOARD-** stand on fitter board and raise heel then toes.
7. **STEP UPS WITH AND WITHOUT BALANCE PAD-** Step up to raised surface (approx. 9 inches), followed by stepping up to blue balance pad.
8. **RESISTED KNEE FLEXION/ EXTENSION-** Straighten and bend knee while under the resistance of approx. 5-10 lbs. (as directed by PT)
9. **STATIONARY BIKE-** If tolerated.

*First five exercises to be done lying on back and repeated 20 times.



Weeks 3+

Goals

1. Safe ambulation with walker, crutches or cane on level surfaces and stairs.
2. Knee range of motion flexion (0-125 degrees), and extension (0 degrees).
3. Continue physical therapy for exercise instruction, gait training and scar/swelling management.

Exercise

1. **STRAIGHT LEG RAISES**- no greater than 2 lbs. (flexion, abduction, adduction).
2. **HAMSTRING CURLS**- while standing bend your knee and bring the ankle towards your buttocks.
3. **LEFT/RIGHT FITTER BOARD**- stand on fitter board and shift weight to left and right while bending every other knee.
4. **FRONT/BACK FITTER BOARD**- stand on fitter board and raise heel then toes.
5. **STANDING TERMINAL KNEE EXTENSIONS**
6. **BRIDGES**- lie on back with hips and knees flexed (bent) and raise hips off of mat.
7. **STATIONARY BIKE**- if tolerated
8. **SHORT ARC QUAD**- put 6 inch towel roll under knee. Straighten lower leg until knee is fully extended and hold for 5 seconds. Then relax and slowly bend knee back to original.
9. **POOL THERAPY**- as instructed by aqua therapy instructor.



Weeks 12+

Goals

1. Safe ambulation without assistive device or gait deviation on level surface
2. Independent with all activities of daily living.
3. Independent with advanced home exercise program

Exercise

1. **SQUATS** (as able)
2. **SINGLE LEG BALANCE**- flex or bend left hip and knee while standing on right for 30 seconds, repeat other side.
3. **FORWARD STEP UPS**- (advance in 2 inch increments)
4. **FORWARD STEP DOWNS** (advance in 2 inch increments)
5. **AGILITY EXERCISES**- forward/backward and left/right change of direction activity for 30 seconds and change direction.
6. **STATIONARY BIKE**- Position seat appropriately and pedal on low to medium resistance.
7. **POOL THERAPY**- as instructed by aquatic therapy instructor.
8. **TREADMILL WALK**- 10 minute continuous walk at approved speed.

DISCHARGE CRITERIA:

- Safe Ambulation without assistive device
- Ascend and descend stairs independently
- Independent home exercise program
- Normal ADL function

REMINDER FOR STAIR USE:

- Upstairs- the non-operative leg goes first, then the operative leg, lastly the crutches or cane
- Downstairs- the crutches or cane go first, then the operative leg, lastly the non-operative leg.



Congratulations

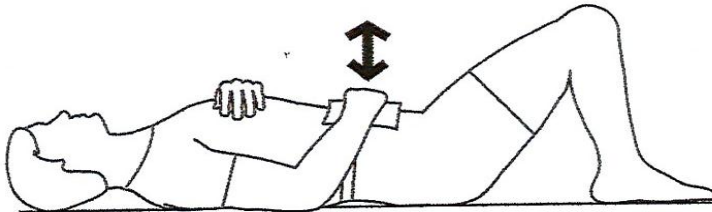


We hope that you are pleased with the care received at Madison Memorial Hospital. Thank you for allowing us be a partner with your new joint replacement.

EXERCISES

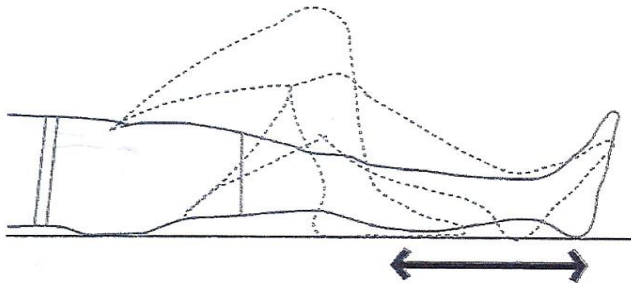
Exercise 1. Deep Breathing

- Take 3-4 deep breaths
- Let your belly rise as you breathe in



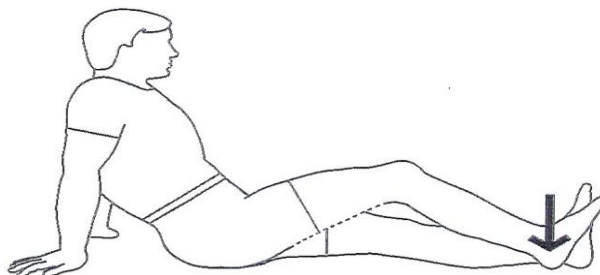
Exercise 2. Heel Slides

- Slowly slide your heel toward your bottom
- Your therapist may allow you to use your hands to help



Exercise 3. Ham Sets

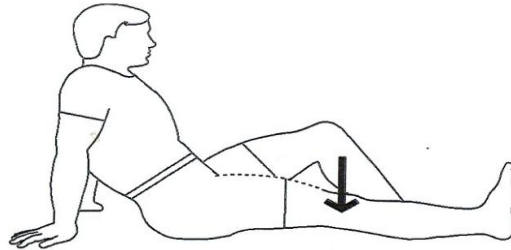
- Press heel down into the bed
- Hold 3-5 seconds



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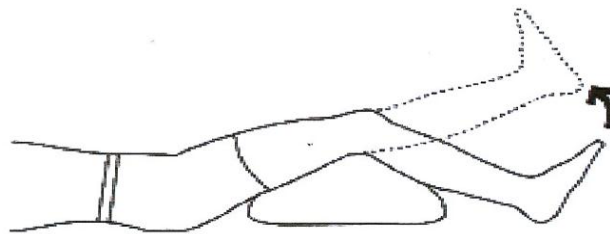
Exercise 4. Quad Sets

- Press knee down firmly into the bed
- Hold 3-5 seconds



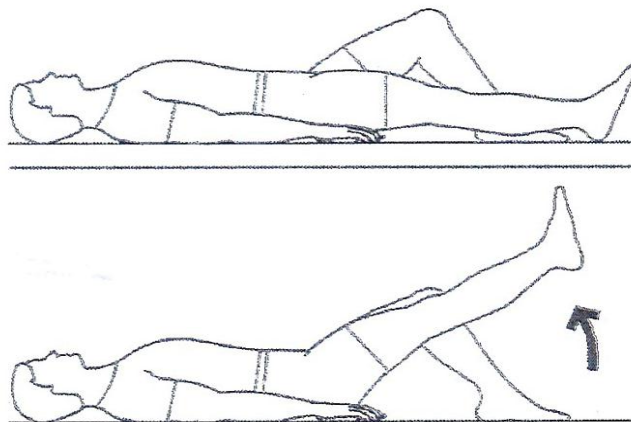
Exercise 5. Short Arc Quads

- Slowly raise your lower leg and straighten knee
- Slowly return to starting position



Exercise 6. Straight Leg Raise

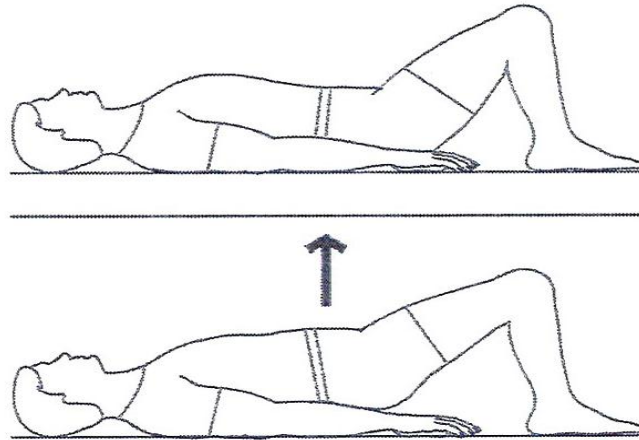
- Tighten tummy
- Slowly Raise perfectly straight leg



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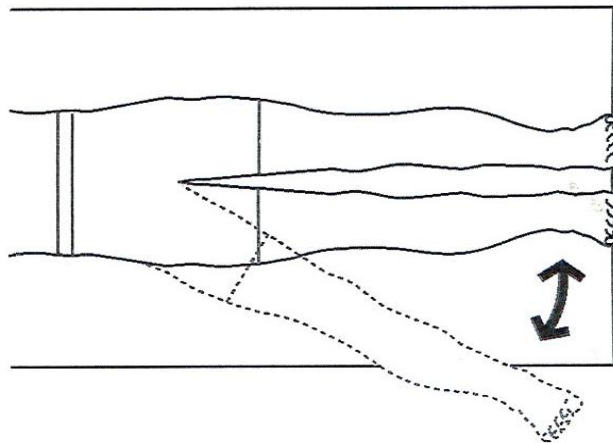
Exercise 7. Bridge

- Tighten tummy
- Slowly raise bottom off bed



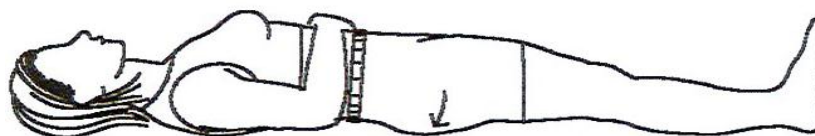
Exercise 8. Hip to the Side

- Slowly move leg outward with toes up to the ceiling



Exercise 9. Buttocks Squeeze

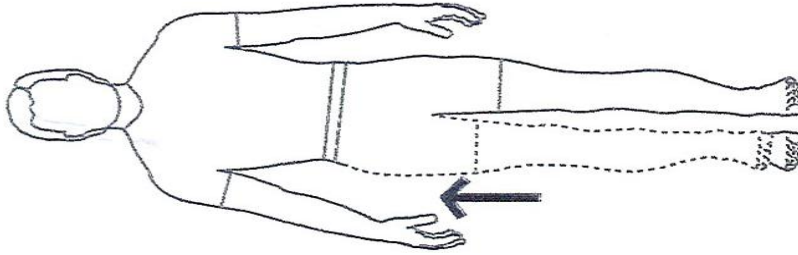
- Tighten buttocks
- Hold 3-5 Seconds



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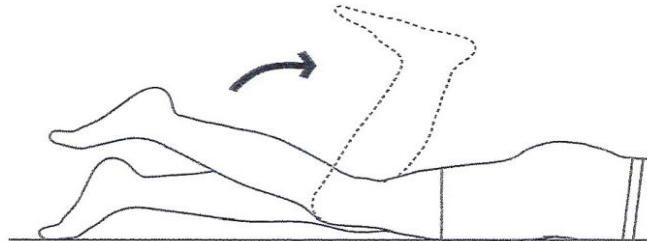
Exercise 10. Hip Hike

- Slowly raise one side of your pelvis, then return



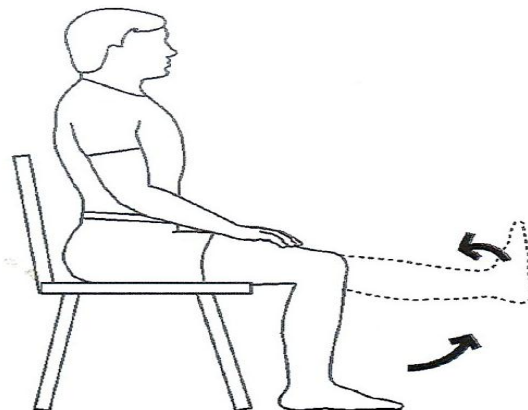
Exercise 11. Prone Knee Bend

- From your tummy
- Bend knee as far as is comfortable



Exercise 12. Long Arc Quad

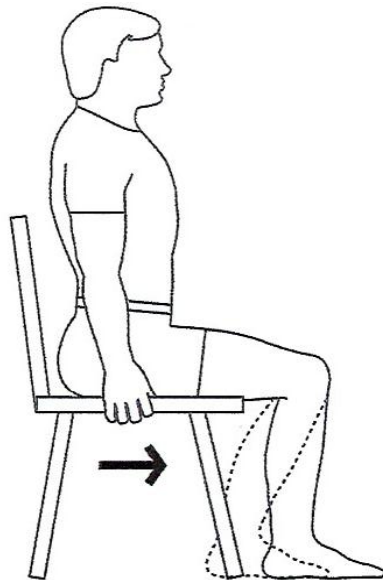
- Raise toes off ground
- Straighten knee as far as comfortable



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Exercise 13. Knee Stretch

- Slide foot back as far as comfortable
- Carefully scoot bottom forward to increase the stretch
- Hold 10-20 seconds



Exercise 14. Move Your Knee Cap

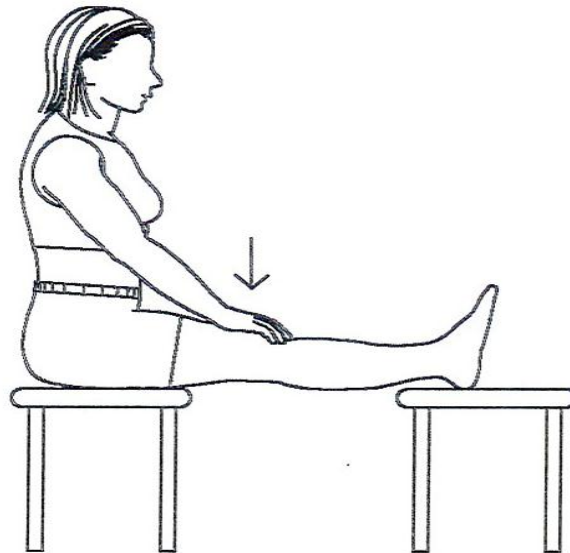
- Side to side
- Up toward your hip
- Down toward your foot



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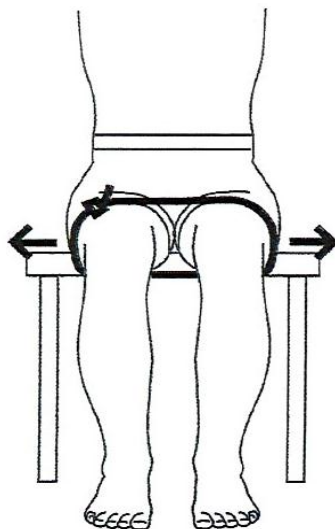
Exercise 15. Knee Stretch #2

- Straighten knee on a stool
- Gently apply pressure until a good stretch is felt
- Hold 10-20 seconds



Exercise 16. Hips Apart

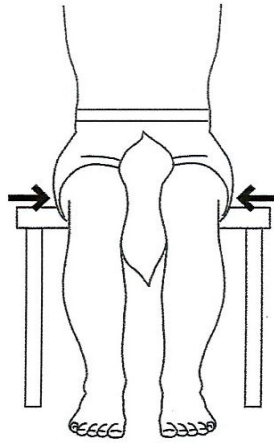
- Place a belt or band around your knees
- Gently press knees against belt or band
- Hold 3-5 seconds



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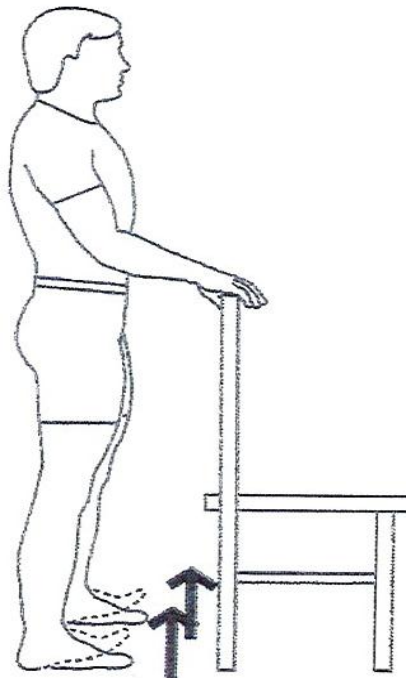
Exercise 17. Pillow Squeeze

- Press knees against pillow
- Hold 3-5 seconds



Exercise 18. Toe Raises

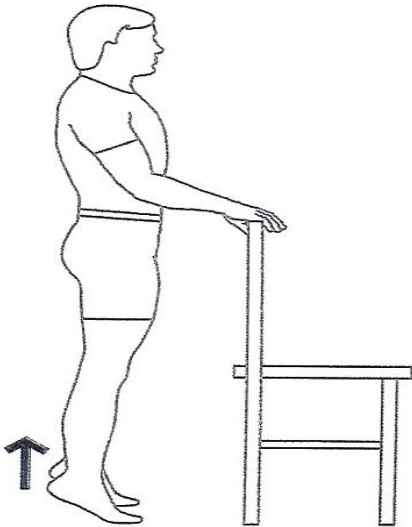
- Slowly lift toes and forefoot off floor



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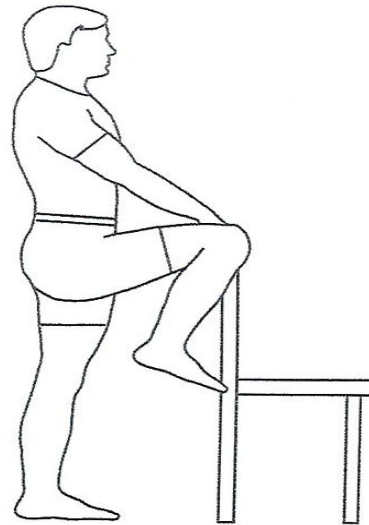
Exercise 19. Heel Raises

- Slowly lift heels off the floor



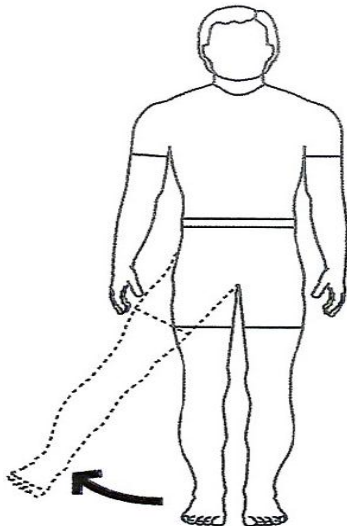
Exercise 20. Marching

Slowly Raise one knee to hip height



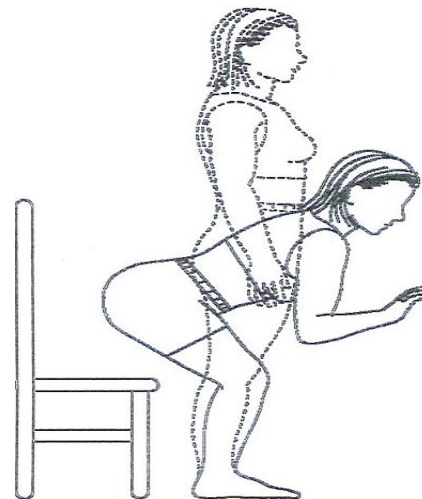
Exercise 21. Move leg Outward

- Slowly move leg out to side
- Keep toes pointed ahead



Exercise 22. Sit to Stand

Tighten tummy, use good posture
Stand up with good form
Use hands if needed

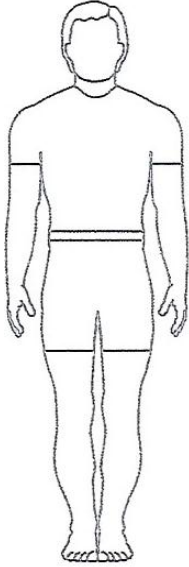


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Exercise 23.

Standing Balance

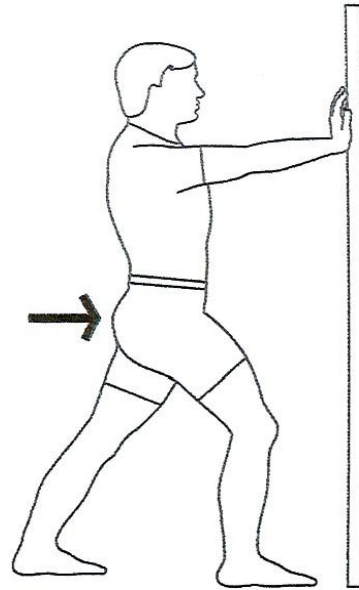
- Feet together
- Hold steady balance
- Close eyes if instructed to do so
- Hold position 30-60 seconds



Exercise 24.

Stretch Calf

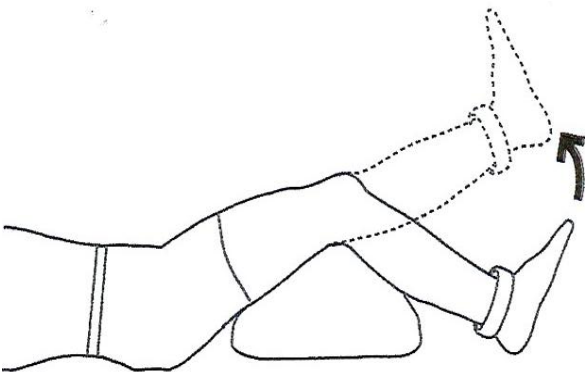
- Put one leg back
- Heel on floor
- Move hips forward to increase stretch



Exercise 25.

Short Arc Quad #2

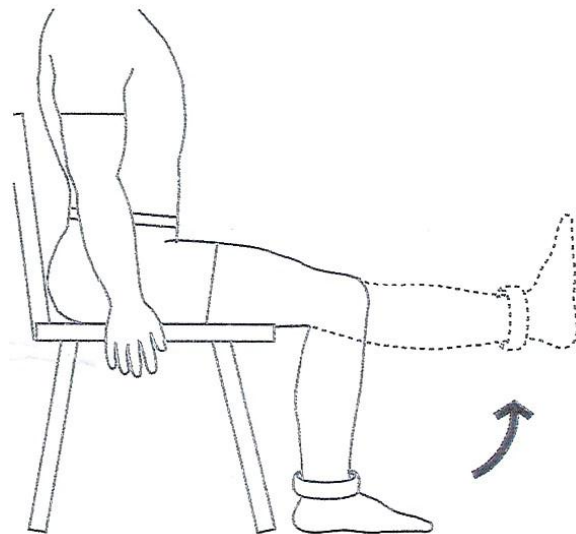
- Apply weight as instructed
- Slowly raise/lower the foot



Exercise 26.

Long Arc Quad #2

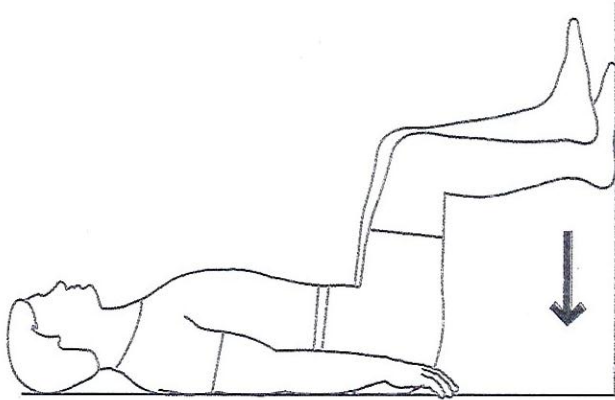
- Apply weight as instructed
- Slowly raise/lower the foot



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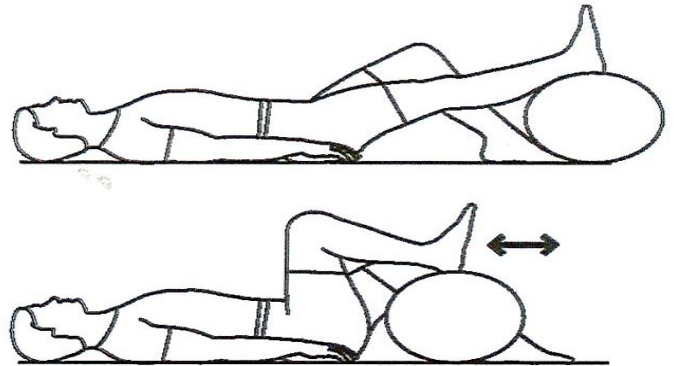
Exercise 27. Knee Stretch #3

- Use good leg to slide the other foot down the wall
- Slowly increase stretch as tolerated
- Hold 10-20 seconds



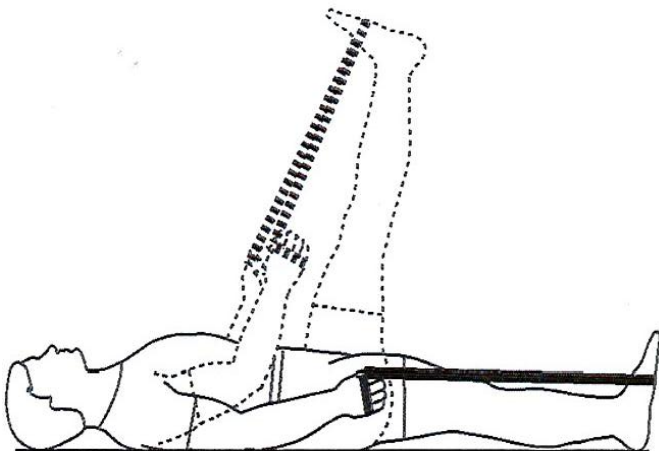
Exercise 28. Knee Stretch #4

Slowly bend straighten the knee on a ball
Hold stretch 10-20 seconds



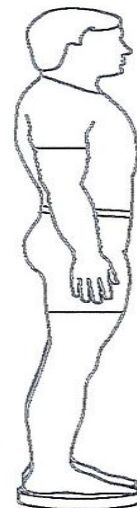
Exercise 29. Hamstring Stretch

- Slowly stretch leg as shown
- Hold 10-20 seconds, repeat as instructed



Exercise 30. Post Op Balance and Proprioception

Balance on foam pad or/pillow/cushion
30-60 seconds

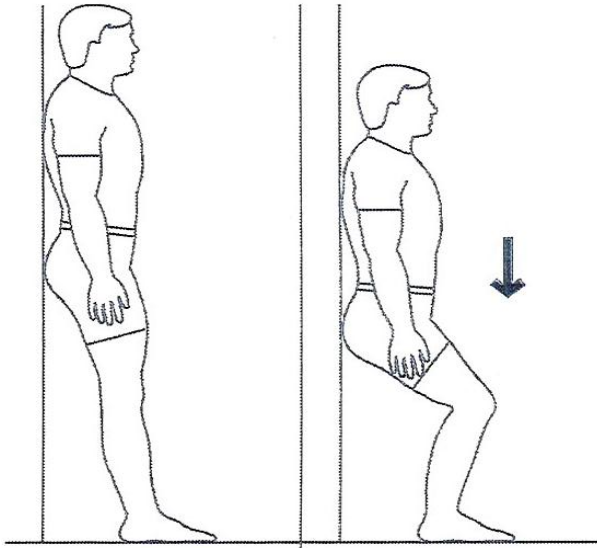


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Exercise 31.

Wall Slides

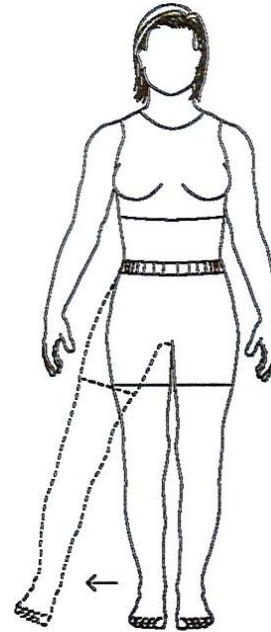
- Carefully slide down wall as instructed
- Slowly return to starting position
- DO NOT GO TOO LOW!



Exercise 32.

Side Stepping/Coordination

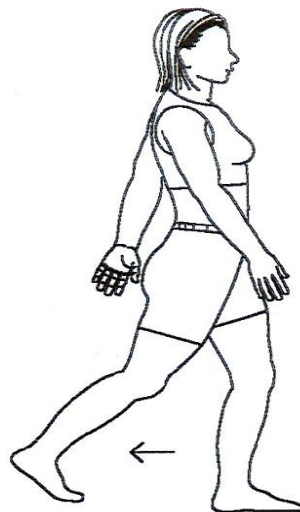
- Side-step right/ left as instructed
- Use device as needed



Exercise 33.

Backward Walking/ Coordination

- Slowly walk backwards as instructed
- Use device as needed



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CLUB ORTHO

THIS CERTIFIES THAT

HAS SUCCESSFULLY COMPLETED THE "CLUB ORTHO" PROGRAM
AND IS THEREFORE AWARDED THIS

Certificate of Completion

Bring this certificate in to the MMH *paragon* Cafe
and let us treat you and your coach to a **FREE Meal**

Value up to \$20.00

GIVEN THIS ___ DAY OF _____, 20__

_____ AUTHORIZED SIGNATURE