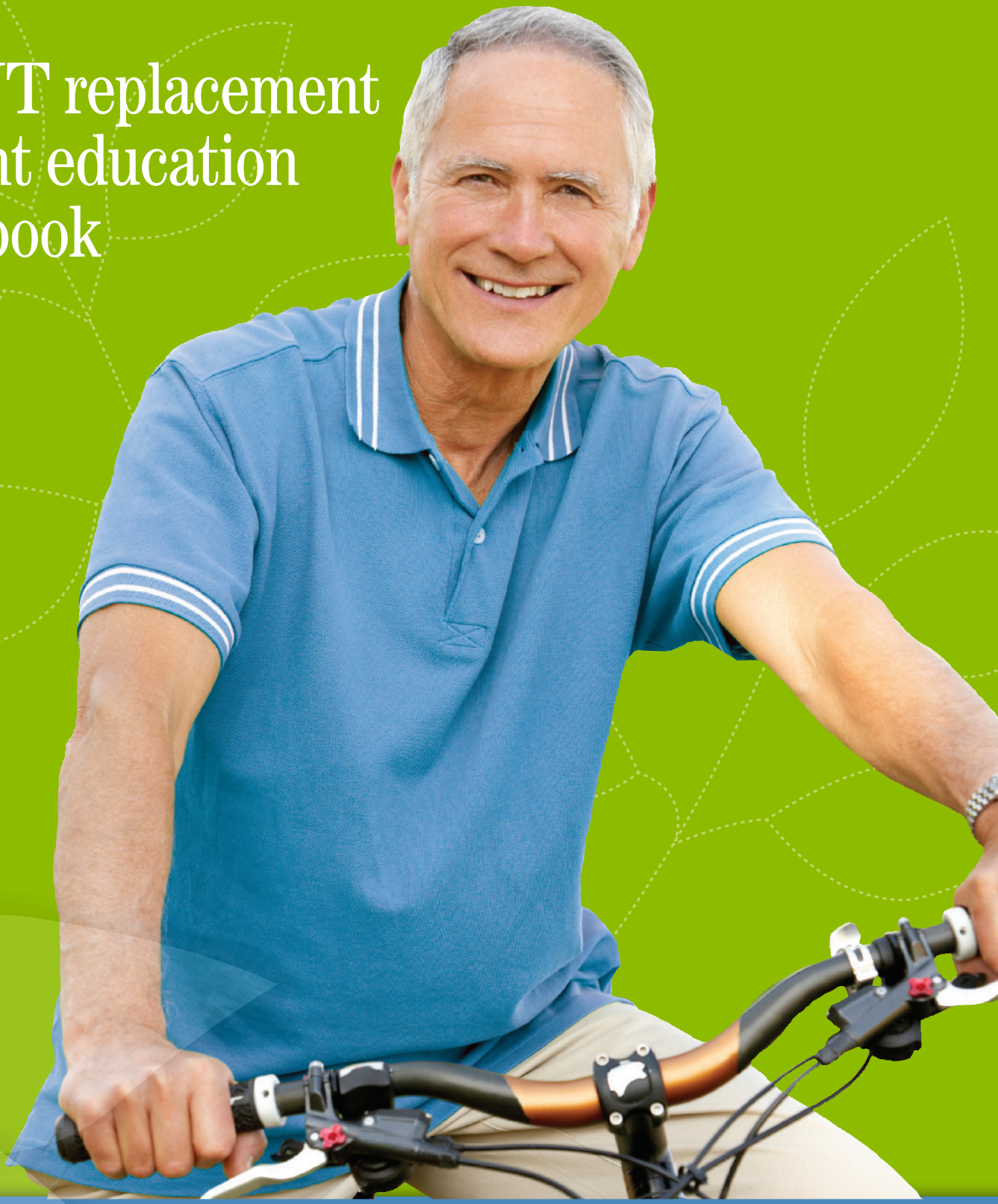
JOINT replacement patient education handbook



Oklahoma
Spine & Orthopedic Institute
@ HILLCREST

IMPORTANT TELEPHONE NUMBERS

(PRESENTED IN THE ORDER THAT FOLLOWS THE SURGICAL PROCESS)

Pre-Registration Nurses.....918-579-5050
Joint Clinic Educator: Lisa, RN.....918-579-6087
Surgery Check-In/Information.....918-579-4400
Nurses Station.....918-579-4444
Discharge Planning/Case Management.....918-579-4436 and 918-579-8561
24/7 Patient Assistance Line.....918-579-8020
Patient Experience Line.....918-579-8020

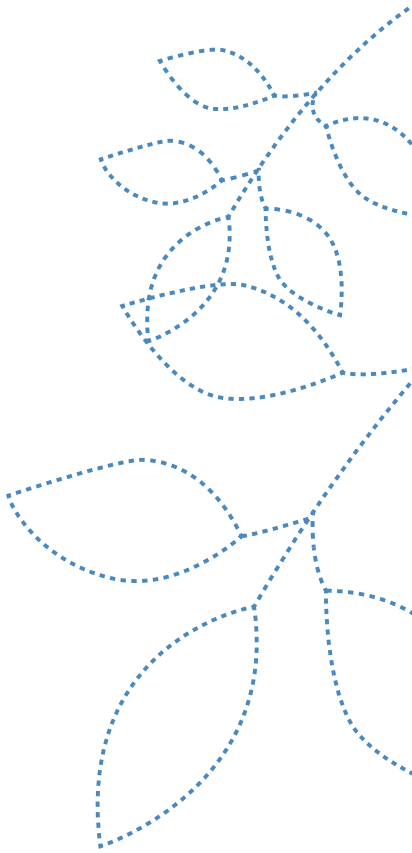
PHYSICIAN INFORMATION

Name:_____

Telephone: _____

OKLAHOMA SPINE & ORTHOPEDIC INSTITUTE

1120 S. Utica, 4th Floor
Tulsa, OK 74119



Welcome to Oklahoma Spine & Orthopedic Institute at Hillcrest. As leaders in patient-centered care, we are committed to providing excellence in orthopedic services by combining physician expertise with advanced technology and innovative treatment solutions.

Building on Hillcrest Medical Center's foundation of providing exceptional health care services to residents of Tulsa and northeastern Oklahoma for nearly 100 years, Oklahoma Spine & Orthopedic Institute established a joint replacement clinic that integrates sophisticated surgical technology with a comprehensive model of patient care.

Multiple medical specialists from orthopedic surgery, nursing, pain management, and physical and occupational therapy work together to improve the quality of life for patients by reducing chronic pain and increasing mobility, flexibility, and strength of their knee and hip joints.

Our focus is to ensure patients have the information, care and support needed every step of the way toward full recovery.

Thank you for choosing Oklahoma Spine & Orthopedic Institute at Hillcrest. Please let us know about your hospital experience; suggestions on how we may improve our services are always appreciated.

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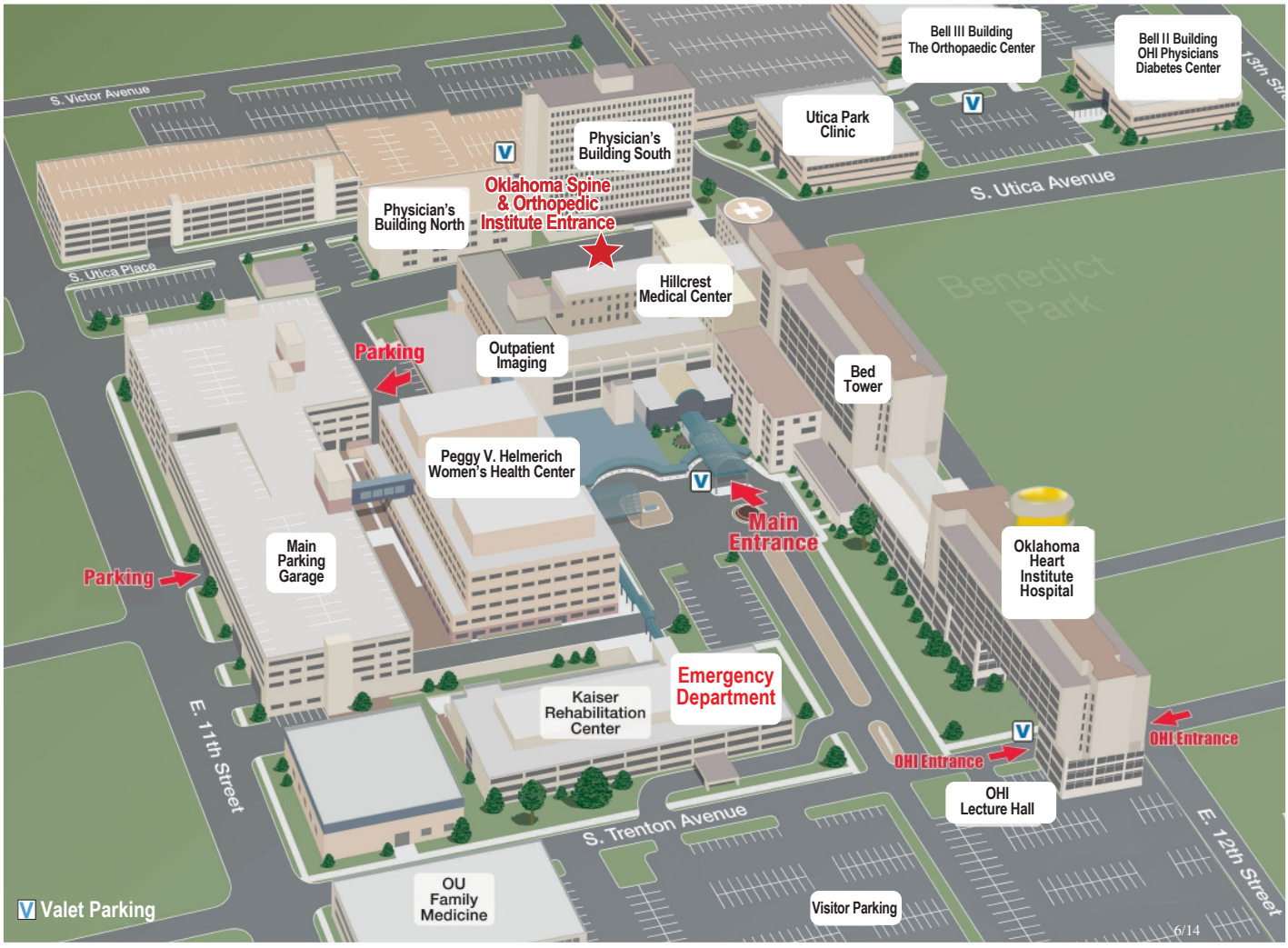
HILLCREST MEDICAL CENTER

Campus Map



= Valet Parking; Main Entrance of Hillcrest Medical Center

= Patient Drop-Off and Pick-Up for Oklahoma Spine & Orthopedic Institute

This Joint Replacement Education Handbook is an important resource for the patient; it will help you understand what to expect during and after your surgery. Bring this handbook to the hospital with you on the day of surgery. As you move through the surgical process, you may find it is helpful to have these informative details at your fingertips.

An active partnership between you - the patient, your physician, nursing and therapy staff, and family members or other caregivers is vital to the success of your surgery. Remember, our goal as an active partner is to help you achieve measurable positive results; we are committed to assisting you throughout this process.

JOINT EDUCATION CLINIC

Patients scheduled for joint replacement surgery are to attend the Joint Education Clinic for a 1 hour instructor-led pre-surgery education session, during which hospital registration and pre-operative tests will also be completed. It is highly recommended that the family member or friend who will serve as caregiver or coach be familiar with the information shared during Joint Education Clinic.

In addition to completing hospital registration and pre-operative tests, details from these key subjects will be covered during Joint Education Clinic:

- Joint Replacement Basics
- Team of Medical Specialists
- Pre-Surgical Skin Prep
- Packing for Your Hospital Visit
- Hospital Equipment You Can Expect
- Home Health Care Equipment
- Plan of Care in Hospital
- Post-Surgery Care/Discharge Planning
- Questions & Answers
- Exercises—Before and After Surgery
- Preparing Home for Your Return - Begin Today!

ORTHOPEDIC SURGEON

Our orthopedic surgeons are highly skilled and experienced in the latest surgical advances. Beginning the day after surgery, your surgeon or his/her physician assistant will visit you daily. The surgeon's assistants and nurses will be thoroughly involved in overseeing your care and will maintain close contact with your surgeon. You may also have a hospital physician (hospitalist) who will handle aspects of care not associated directly with your orthopedic procedure, such as diabetes or hypertension.

SURGICAL SERVICES TEAM

The surgical services team is comprised of several medical professionals: registered nurses, scrub technicians, nurse aides, certified registered nurse anesthetists (CRNA) and an anesthesiologist. The team serves in three areas: pre-anesthesia, the operating room (OR) and post-anesthesia. The pre-anesthesia team gets you ready for surgery, the OR team assists your surgeon and attends to you during the procedure, and the post-anesthesia team receives you from the OR and provides care in the immediate post-operative phase. The anesthesiologist oversees your pain management throughout surgery.

JOINT CLINIC COORDINATOR

The joint clinic coordinator serves as a liaison and patient advocate throughout the entire hospital stay. Patients receive regular visits from the joint clinic coordinator.

NURSING TEAM

You will have a nursing team assigned to your care throughout your hospital stay. The team consists of an RN or LPN and a nursing aide. Members of your nursing team will communicate your progress and needs with one another and with other healthcare professionals.

PHYSICAL THERAPISTS

Dedicated physical therapists specializing in joint motion and exercise provide evaluation and treatment daily. Physical therapy begins the day of surgery, if possible, and continues for the duration of your hospital stay. Therapists will review your home exercise program prior to your hospital discharge.

OCCUPATIONAL THERAPISTS

Occupational therapy is focused on your abilities to perform daily activities such as bathing, dressing and cooking. Therapists provide individualized teaching plans and recommendations for equipment and adaptive aides to make these activities more comfortable for you.

DISCHARGE PLANNING/CASE MANAGEMENT

Hospital discharge planners work with patients to help identify and meet their healthcare needs. A discharge planner from case management will meet with you the day after surgery to discuss the home health equipment and post discharge therapy that will be needed after joint replacement surgery. Discharge planners assist with making the arrangements for the equipment and therapy so the patient may experience a smooth transition from hospital to home.

Your surgeon's office will call you the day before your surgery and let you know what time you are to report to the 4th floor Surgery Information Desk at Oklahoma Spine & Orthopedic Institute.

THINGS TO BRING TO THE HOSPITAL

- This Joint Replacement Patient Education Handbook
- Patient information folder from your surgeon's office
- Photo identification or other valid ID card
- Insurance and/or Medicare cards
- Current medications list **(Do not bring medications unless eyedrops or inhalers)**
- Personal hygiene items, toothbrush, hairbrush, razor or electric shaver
- A few sets of comfortable, loose clothing that can be pulled over surgical site — no denim
- Any needed orthotic or orthotic inserts
- CPAP machine if applicable
- Front-wheeled walker (5 inch wheels preferred) if you have one *
- Eye glasses/contact lenses, partial and full dentures and hearing aids **

* If you have a front-wheeled walker, bring it for delivery to your room after surgery by a friend/family member. If you do not have a front-wheeled walker already, an order for one will be written while you are in the hospital.

** These items are for your use after surgery; they are not allowed in the operating room and are to remain with family/friends until you are out of surgery and in your hospital room.

THINGS TO LEAVE AT HOME

- Large amounts of money and credit cards
- All jewelry: rings, earrings, necklaces, bracelets, anklets and body piercing jewelry

START PREPARING YOUR HOME NOW

Your home will require some changes before your return from the hospital. Obstacles can easily cause falls which can be very serious.

Before your day of surgery, thoroughly evaluate your home and take action with these precautions:

- Identify obstacles including steps, narrow doorways, handrails, and tight corners that would impede a walker, and create a plan of access that works around these obstacles.
- Be mindful of children and pets moving around you and underfoot.
- Wear rubber-soled shoes to prevent slipping.
- Remove all throw rugs and tape down the edges of large area rugs.
- Pick up all loose electrical cords and secure hanging cords from draperies.
- Prepare and freeze meals in advance for easy preparation after surgery.
- Store food and frequently used items between waist and shoulder level.
- Practice the exercises shown in this Joint handbook.
- Review your handbook for information and expectations after surgery.

HOME HEALTH CARE EQUIPMENT

Following joint replacement surgery, patients need certain medical devices and products for assistance with daily activities at home.

Hospital discharge planners and therapists from occupational and physical therapy work with patients to identify the specific equipment needed for continuing their recovery safely at home. The equipment most commonly used:

- Walker with 5” diameter wheels on front - Required
- Some type of non-slip surface for the bottom of shower or tub*
- Continuous Passive Motion (CPM) Device*
- Ice Machine for cold therapy*
- Elevated/Raised toilet seat (For hip patients) (Not covered under insurance)
- Shower chair or bathtub transfer bench (For hip patients) (Not covered under insurance)
- Hip Kit (Not covered under insurance)
    - Long handled shoe horn
    - Claw reaching tool or “reach-n-grab”
    - Long handled bath sponge
    - Sock aid

Items not covered by insurance can be purchased at most pharmacies or medical equipment supply stores.

We want you to be familiar with a typical plan of care for surgery, recovery and discharge to home for continuing your recovery. Care plans are tailored to the patient; the following is an overview of a typical plan.

PRE-SURGERY PREPARATION

Do not eat or drink anything after midnight, the night before your surgery, unless told otherwise. This includes coffee, water, candy, gum, mints, cigarettes or any form of tobacco. You may brush your teeth, but do not swallow.

Follow the skin prep instructions given to you during Joint Education Clinic.

ITEMS NOT ALLOWED IN SURGERY

To reduce risk of infection, the following personal care products and items are prohibited in surgery.

- Make-up, nail polish, deodorant, lotions, colognes or perfumes on the body
- Full and partial dentures, hearing aids, contact lenses and eye glasses
- All jewelry: rings, earrings, necklaces, bracelets, anklets and body piercing jewelry

DAY OF SURGERY

Take only the medications that the pre-registration nurse, your medical doctor, or nurse anesthetist has told you to take with a sip of water. If you are diabetic, do not take your insulin or diabetes medication. If you begin to feel your blood sugar is low, please call Pre-Op nursing at 918.579.4447; the nurses will discuss your situation and determine the appropriate treatment.

Report to Oklahoma Spine & Orthopedic Institute at the time stated by your surgeon's office. When you check-in, you'll meet with a registration representative to sign consent forms and complete any other requests for information.

A pre-op nurse will finalize your paperwork and prepare you for surgery; personal items such as dentures, glasses, contact lenses, hearing aids and jewelry will be removed.

An anesthesiologist will visit with you about anesthesia and pain management during surgery.

The surgical suite/operating room can be bright and cold, so you will be given a warm blanket. You will be introduced to the operating room nurse, asked to verify the procedure you are having and confirm the location of the operation. This nurse will be with you throughout surgery and the anesthesiologist and scrub technician will also be in the room with you.

Most likely, you will have a drain inserted next to your incision. This drain tube will remain with a vacuum type chamber attached to it until your surgeon approves removal. All drains are removed prior to hospital discharge.

After surgery, you will be moved to the recovery room. The staff will monitor your condition and pain level until you are ready to go to your room. Once you have arrived in your room, you will meet your nursing care team, which consists of an RN or LPN and a nursing technician.

You and your nurse will be active partners in your pain management needs. This means you must communicate with your nurse about the level of pain you are experiencing. Do not wait until the pain is unbearable – be an active participant in the pain management process.

Your diet will progress slowly after your surgery. You'll have clear liquids after surgery and your regular diet will resume post-op day 1.

Typically, IV fluids are given until the next morning to ensure that you are getting enough fluid during this critical phase. You will be instructed to use your Incentive Spirometer right away to help keep your lungs clear.

PHYSICAL THERAPY

A physical therapist or staff member will get you up to walk or move to a chair on the day of surgery. Do not attempt to get out of bed until you have been cleared to get up. Walking should be performed with staff members only unless specified by your physical therapist. Put as much weight on your operative leg as directed. The physical therapist will increase your activity of walking more each day, and typically, three therapy sessions occur on your first full day after surgery.

KNEE

If you have a partial knee replacement or MAKOplasty procedure, you may have one or two therapy sessions prior to your discharge from the hospital.

After discharge from the hospital, you will continue the exercises prescribed by your surgeon and physical therapist; throughout recovery, you are to diligently follow knee precautions including no squatting down, kneeling or twisting of the operated knee in your daily activities.

HIP

Throughout recovery, you are to dilligently follow hip precautions including:

- No crossing of your legs at the knee or ankle (you may cross ankles at 3 months)
- No bending of operated hip past 90 degrees
- Do not turn the leg with operated hip inwards. Do not turn the knee or toe inwards either.
- Use a foam abduction pillow between your legs while sleeping (and use pillows between knees for 3 months while in bed)
- Use elevated toilet seat for 3 months after surgery

DISCHARGE FROM HOSPITAL

Pain medication and blood thinner prescriptions will be provided with your discharge instructions. Any post discharge physical therapy will be arranged by your discharge planner prior to your departure from the hospital. **You must have someone available to drive you home from the hospital.**

PAIN MANAGEMENT

Take your prescribed pain medications as ordered by your surgeon or doctor. Once you are no longer taking blood thinning medications such as Aspirin, Coumadin, Eliquis or Xarelto, you may take an anti-inflammatory type of medication like Aleve, Ibuprofen or Advil, if you do not have a history of gastric problems. (NOTE: To refill prescribed medications, please contact your orthopedic surgeon. Requests must be made prior to 11 a.m. on Thursdays, to allow time for approval and refill before the weekend).

ALERT ON DENTAL PROCEDURES

You must inform your dental care provider – prior to dental procedures – that you have had a total joint replacement. For all dental procedures a pre-treatment of antibiotics is strongly recommended to prevent infection and serious problems with your joint replacement. Therefore – you must be an active participant in post surgery care of your total joint by remaining vigilant and communicating with your dental provider prior to any dental procedures.

BATHING AND SHOWERING

Sponge bathing is required until a dressing is no longer necessary. Aquacel dressing allows showering since it is waterproof. Once showering is allowed, the incision must still remain dry for 3 weeks after surgery. This may be done by wrapping or covering the site prior to showering. Plastic wrap may be placed over your incision, making sure to secure all sides with tape. After your staples, sutures, or steri-strips are removed and no drainage is present, you may lightly wash your incision with soap and water. No dressing is needed at this stage.

BLOOD CLOT AWARENESS

Surgery may cause the blood flow to slow and coagulate in the veins in your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners. Prompt treatment usually prevents the more serious complication of a blood clot moving to your lungs.

SIGNS OF BLOOD CLOTS IN LEGS

- Swelling in thigh, calf or ankle that does not go down with elevation and use of ice.
- Pain, heat and tenderness in the calf, back of the knee or groin area (NOTE: Blood clots can form in either leg).

PREVENTION OF BLOOD CLOTS IN LEGS

- Foot and ankle pump exercises
- Walking and post surgery exercises
- Blood thinners as ordered
- Adequate fluid intake
- TED hose (NOTE: You must wear the hose fulltime until your follow-up appointment with your surgeon, 3-4 weeks after surgery.) To clean TED hose, hand wash with cold water and hang to dry. You may have them off for no more than an hour. TED hose must be worn at night.
- When riding in any vehicle, car or plane, it's important to get up or stop and get out of vehicle and move around every 45 minutes.

BLOOD CLOTS IN LUNGS (PULMONARY EMBOLISM)

A blood clot could break away from the vein and travel to the lungs. This is an emergency situation and you should CALL 911 if it is suspected.

SIGNS OF BLOOD CLOTS IN LUNGS

- Sudden chest pain
- Difficult and/or rapid breathing
- Severe shortness of breath not relieved by resting
- Sweating
- Confusion

PREVENTION OF BLOOD CLOTS IN LUNGS

- Prevent blood clots in legs
- Walking and post surgery exercises
- Proper fluid intake
- Wear TED hose as instructed

CARE OF YOUR INCISION

Proper care of your incision helps to prevent infection; it is very important to keep your incision clean and dry until your follow-up appointment with your surgeon, 3-4 weeks post surgery. Do not use any creams, lotions, ointments or alcohol near your incision. Check the incision daily to be sure it is clean and dry. Also check it for redness and swelling; some redness and swelling is normal. Do not let others touch or rub the incision.

Be aware of the signs of complications or infection. If you see a sudden increase in swelling, redness or warmth, or are running a fever of 101.5 degrees for more than 24 hours, contact your surgeon.

Keep the impervious dressing in place for 10-14 days.

PRECAUTIONS TO PREVENTING INFECTION

- Take proper care of your incision as explained in your discharge instructions.
- Take preventive/prophylaxis antibiotics when having dental work or other potentially contaminating procedures.
- Notify your physician and dentist that you have had joint replacement surgery.
- Obtain a prescription for antibiotics from your primary care physician or dentist prior to having dental work.
- Do not let anything get into the wound (For example: pet hair).

POSITIONS FOR SITTING AND SLEEPING

KNEE

It is fine to sit in a comfortable chair, but sitting in a chair with side arms or with a pillow in the seat will make it easier to get out. If you sleep with a pillow under your leg to raise it, do not place the pillow under your knee, however, you may place it under the ankle.

HIP

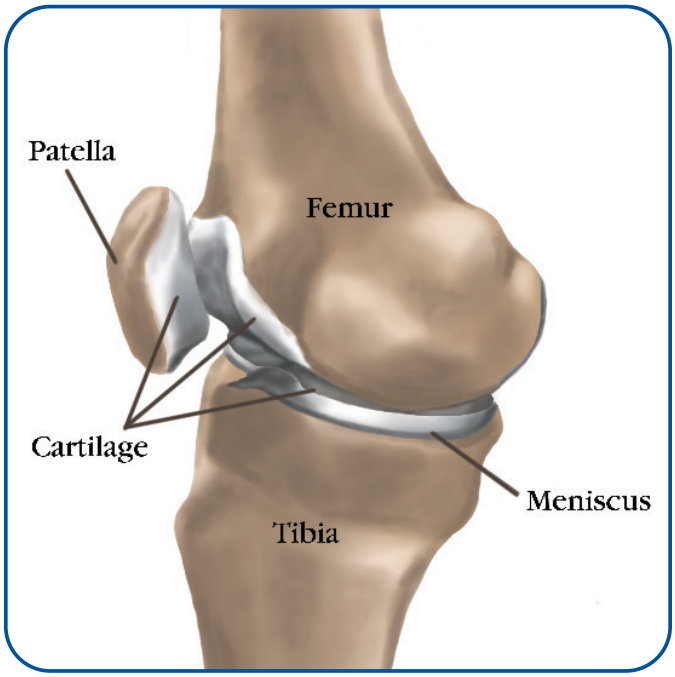
To sit down, back up until you feel the bed or chair against your legs. Reach back for the bed or armrests of the chair and slide your operated leg straight out in front of you. Don't lean forward as you sit. When you stand up, push up from the bed/chair, keeping your operated leg straight out in front of you. Raise yourself without leaning forward. It is in standing up from sitting that you have to concentrate the most on not bending your hip more than 90 degrees. You may place thick blankets in your chair to give it height.

When you lie down, keep a pillow or abduction wedge between your legs. Keep your legs 3 – 6 inches apart while sitting or use your wedge or pillow. Put a pillow between your legs when you lie on your side. Do not sleep on your surgical side.

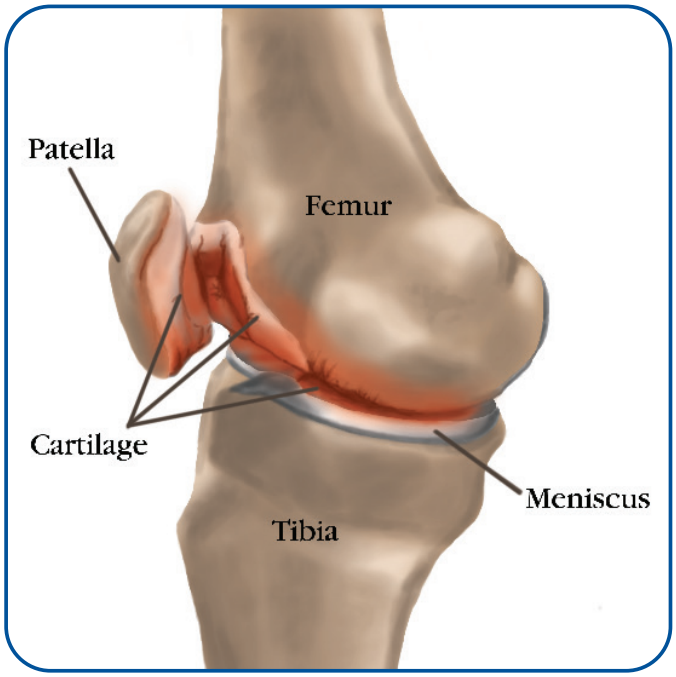
SWELLING

You are encouraged to continue using ice (or Ice Machine) therapy at intervals of 20 minutes on and 20 minutes off, on your surgical site, with a cloth placed between your skin and the ice following discharge from the hospital. This is the most effective treatment following exercise to decrease swelling and pain.

Also, elevation of the operative leg will help if swelling is persistent. Elevate your operative leg above your heart by using bed pillows in a lengthwise manner. If applicable, do not place anything directly under your operative knee that will keep your knee in a bent position for an extended period of time.



The Healthy Knee



The Arthritic Knee

The ability to walk easily depends upon the intricate workings of the knee joint. The knee joint is formed by the junction of three bones; the femur (thigh bone), the tibia (shin bone), and the patella (kneecap). These bones are connected to each other by strong ligaments. Smooth, slippery, white cartilage covers the contacting surfaces of the knee joint, permitting it to bend and straighten.

Arthritis affects over 70 million Americans; half of these are age 65 or older. The most common form of arthritis is osteoarthritis, which is known as 'wear and tear.' The knee joint is affected more than any other joint by osteoarthritis because it is a large, weight-bearing joint with a complex pattern of motion and a common site of injury to ligaments and the meniscus.

Osteoarthritis of the knee is a progressive disease that can lead to impairment and reduced quality of life. Certain lifestyle changes can slow the progression of disease but eventually these changes and conservative treatment methods no longer provide relief from the chronic pain. With no cure, osteoarthritis of the knee can become a disabling condition for the individuals who are affected by the disease. New technologies have made surgical treatment options more available and acceptable at an earlier age for many people affected by osteoarthritis.

PARTIAL KNEE REPLACEMENT

Partial knee replacement is for patients with arthritis in only one or two compartments of the knee; it is a type of minimally invasive surgery where only the most damaged areas of cartilage from the joint are removed and implants are placed in the joint to allow the knee to move smoothly again.

MAKOPLASTY PARTIAL KNEE RESURFACING

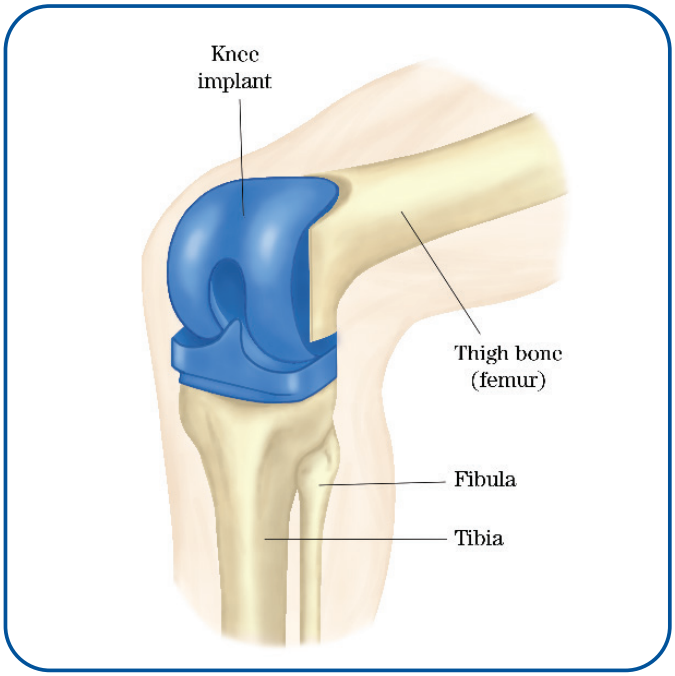
MAKOplasty partial knee resurfacing is an advanced technology procedure for which the surgeon uses the MAKO RIO/interactive robotic arm and intra-operative guidance system to resurface arthritic portions of the knee and position the implants with precision.

TOTAL KNEE REPLACEMENT

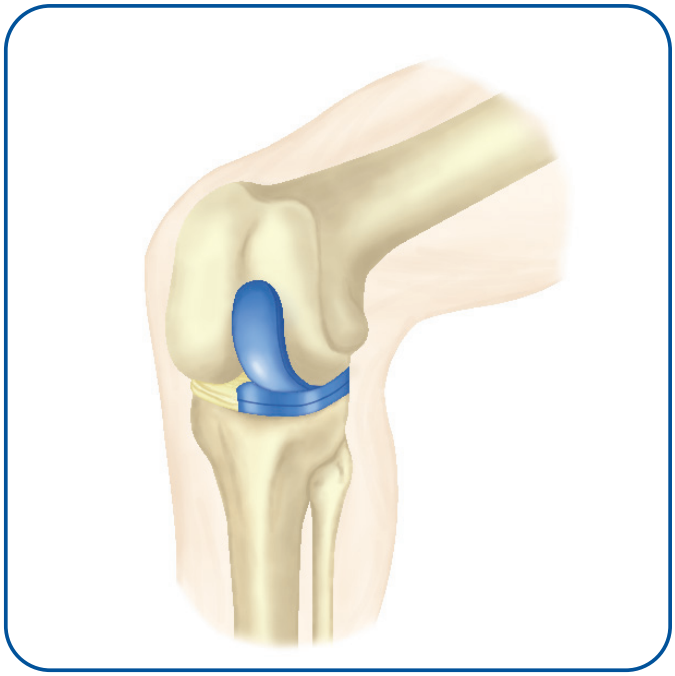
Total knee replacement is for patients with no cartilage – it's just 'bone on bone' and new parts have to be added. The tibia, the bone below the knee, and the femur, the bone above the knee, are both shaved down surgically. A metal implant is then secured into the femur and a plastic spacer is inserted in the tibia. Sometimes, the kneecap is resurfaced with a plastic kneecap and the new parts move freely and smoothly against each other.

COMPUTER ASSISTED SURGERY

The use of computer navigation in surgery has revolutionized total joint replacement procedures. With the utilization of computer navigation, artificial joint components are accurately placed, which allows incredible precision in overall limb alignment and a promise of increased longevity of the joint replacement. Joint replacement surgeries using computer navigation have smaller incisions which may also reduce the amount of operative trauma for patients.



Total Knee Replacement



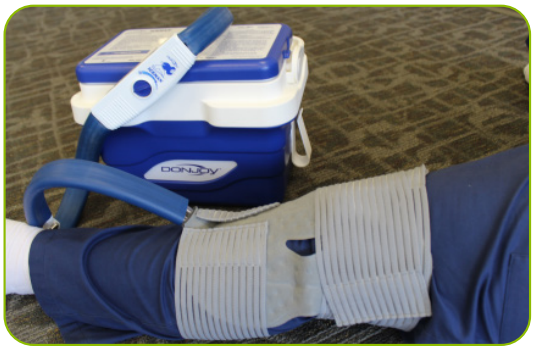
Partial Knee Replacement

CONTINUOUS PASSIVE MOTION (CPM) DEVICE

A **Continuous Passive Motion (CPM) Device** is a post-operative treatment method designed to aid recovery after joint replacement surgery. Joint motion after surgery typically causes many patients to feel a lot of pain. As a result, some patients fail to move the joint which can cause scar tissue to form resulting in a limited range of motion. Passive range of motion means that the joint is moved without the patient's muscles being used. Using the motorized CPM device to gradually move the joint can accelerate the patient's recovery time. The CPM will be used three times a day, for two hours at a time, during your hospital stay and recovery at home. One of the intervals for a CPM treatment may be during sleep, but you must have a break in between the intervals to reduce soreness from overuse.

ICE MACHINE

An **Ice Machine** will be provided for you following surgery for cold therapy of your knee. The Ice Machine has a tube that carries cold water through a wrap which is placed around the operative knee and helps reduce inflammation, pain, and swelling. The Ice Machine is utilized while you are in bed or sitting on a chair.



INCENTIVE SPIROMETER

An **Incentive Spirometer** is a breathing exerciser used to help you take deep breaths and keep your lungs clear after surgery. Deep breathing exercises open the air sacs in your lungs and may reduce the chance of developing breathing problems or pneumonia after surgery. Exercising with the Incentive Spirometer is important to your health, from pre-surgery prep through recovery.

HOW TO USE THE INCENTIVE SPIROMETER

- If possible, sit up straight or lean slightly forward. Try not to slouch.
- Hold the Incentive Spirometer in an upright position.
- Breathe out (exhale) normally.
- Close your lips tightly around the mouthpiece; slowly take a deep breath through your mouth.
- It is important to inhale slowly to allow the air sacs in your lungs time to open.
- Your Incentive Spirometer may have an indicator to let you know if you are inhaling too fast.
- After you breathe in as deeply as you can, hold your breath for 3 to 5 seconds then remove the mouthpiece from your mouth and breathe out normally.

WHEN TO USE THE INCENTIVE SPIROMETER

- Repeat this technique 10 times every hour while awake. Take your time. Take a few normal breaths between deep breaths.
- After you have completed a set of 10 breathing exercises, it is very important to take a deep breath and cough to clear mucus from your lungs. You should cough 2 to 3 times.

MY INCENTIVE SPIROMETER SETTING:_____

Caution: Breathing too quickly may cause dizziness. Take your time so you don't get dizzy or light-headed.

SEQUENTIAL COMPRESSION DEVICE (SCD)

The **Sequential Compression Device** helps prevent blood clots and DVT (Deep Vein Thrombosis). Decreased activity can cause the blood flow in your legs to slow down, which can lead to blood clots and a serious condition. The SCD lessens the risk of clotting by forcing air through sleeves that fit on both feet or both legs. By alternating pressure through the sleeves, the leg muscles pump the blood more efficiently. The SCD is utilized while you are in bed or sitting in a chair.

PRE-SURGERY KNEE EXERCISES

Start with 10 repetitions (reps) of each exercise and increase to 20 as you progress (except Knee Extension Stretch, which is timed). Repeat this routine twice a day. Exercises performed lying down should be done on a bed, table mat or couch. The exercises may be done on the floor, if the patient is able to get down and up without difficulty.

ANKLE PUMPS - 10 TO 20 REPS - TWO TIMES A DAY

Pump your foot up and down, like you were pushing on the gas pedal of your car.

Make sure to pull your foot up as far as you can and push down as far as you can.

Hold for three seconds in each direction and relax.

HEEL SLIDES - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with your legs straight.

Bend your non-operated leg with your foot flat on the mat to prevent lower-back strain.

Slide your heel towards your buttocks by bending your knee.

Keep your heel on the bed and return to the starting position.

ABDUCTION/ADDUCTION - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with legs straight and toes pointed to the ceiling.

Keeping your knee straight, slide your leg out to the side and back into the starting position.

GLUT SETS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with your legs straight.

Squeeze your buttocks together.

Hold for five seconds and then relax.

QUAD SETS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back (or sit as pictured) with legs straight.

Tighten the muscles on front of thigh and push the back of your knee into the bed.

Hold for five seconds and then relax.

SHORT ARC QUADS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with a rolled towel placed under your knee.

Raise your foot off the bed until your knee is straight, without lifting your knee off the rolled towel.

Hold 3 to 5 seconds, then relax.

KNEE EXTENSION STRETCH - 5 MINUTES - TWO TIMES A DAY

Lie on your back with a rolled towel placed behind your heel so your heel is slightly off the bed.

Lie in this position for five minutes and try to relax. You should feel a stretch behind your knee.

Remove towel from behind your heel.

STRAIGHT LEG RAISES - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with one knee bent and foot flat on the bed.

Lift your opposite leg off the bed, keeping your knee straight. Do not lift any higher than your bent knee.

Relax and lower your leg back down to the bed.

LONG ARC QUADS - 10 TO 20 REPS - TWO TIMES A DAY

Sit all the way back in a chair with your feet flat on the floor.

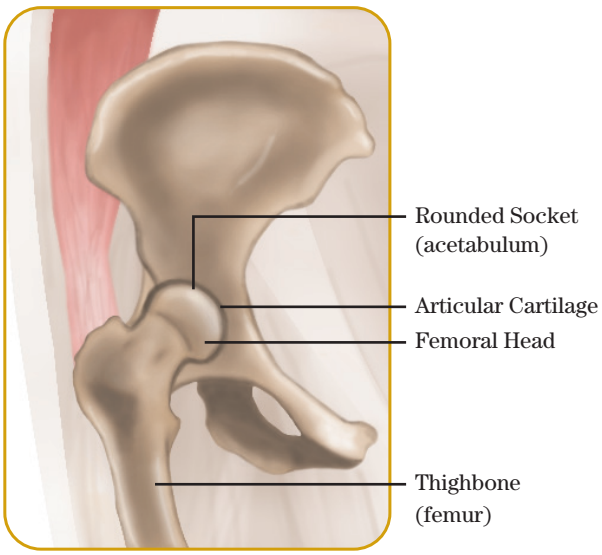
Raise your foot up off the floor until your knee is straight.

Hold for 3 to 5 seconds.

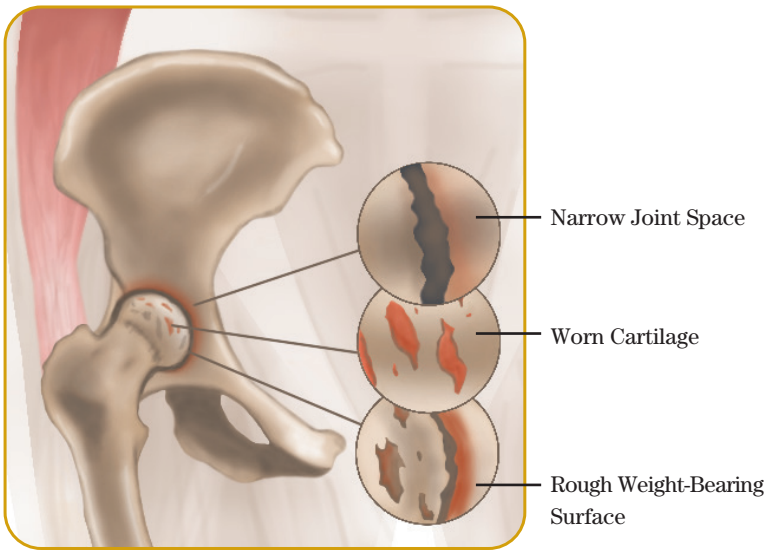
POST-SURGERY KNEE EXERCISES

You will perform the same set of exercises after your surgery as you did before your surgery, and the same number of repetitions and instructions apply - unless your physical therapist told you differently.

The muscles and ligaments of the knee will need strengthening after your surgery. Regular knee exercises will help get your knee in shape and ready for a return to your daily routine.



The Healthy Hip



The Arthritic Hip

The hip is one of the body's largest weight-bearing joints. It consists of two main parts: a ball, called the femoral head that is at the top of your thighbone, the femur. The ball fits into a rounded socket, the acetabulum, in your pelvis. Bands of tissue called ligaments connect the ball to the socket and provide stability to the joint.

The bone surfaces of your ball and socket have a smooth, durable cover of articular cartilage that cushions the ends of the bones and enables them to move easily.

There are different types of degenerative joint disease that may cause hip pain. These include, but are not limited to: osteoarthritis, post-traumatic arthritis, rheumatoid arthritis, avascular necrosis and hip dysplasia.

As degenerative joint disease progresses, pain increases, and with minimal or no relief from non-surgical treatments, a partial or total hip replacement is usually recommended.

PARTIAL HIP REPLACEMENT

Partial hip replacement, also called hip hemiarthroplasty, is a surgical procedure where only the femoral head or ball of the damaged hip joint is replaced; the acetabulum or socket is not replaced. Typically, broken and fractured hips are the reason for a partial hip replacement, as the treatment for degenerative arthritis is a total hip replacement.

TOTAL HIP REPLACEMENT

A total hip replacement is also called total hip arthroplasty. In this procedure, the ball-and-socket of the hip joint are replaced with implants by an orthopedic surgeon. The surgeon removes the diseased cartilage and bone of the hip joint and replaces it with artificial materials: a metal cup with a plastic liner replaces the socket and a metal cup or ceramic head attached to a metal stem implanted in the femur, replaces the ball.

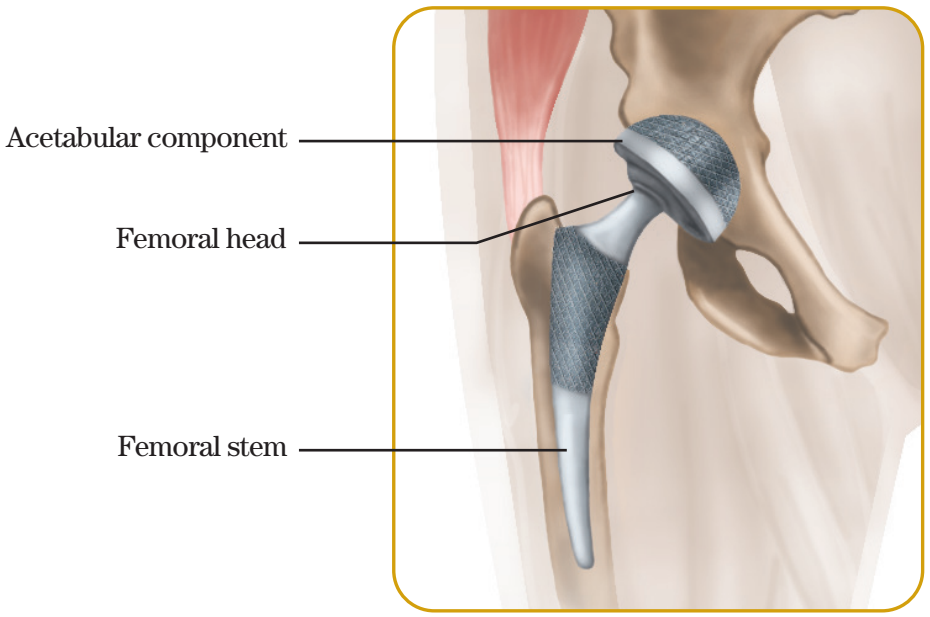
MAKOPLASTY TOTAL HIP REPLACEMENT

MAKOplasty total hip replacement is enabled by the RIO Robotic Arm Interactive Orthopedic System which creates a virtual model of the patient's hip from a CT scan. The RIO system can physically track the hip's position and match it with the virtual model on its computer. The RIO system provides a level of accuracy and reproducibility that is unattainable with conventional hip replacement procedures. Accurate placement and alignment of implant components are critical for a successful hip replacement.

COMPUTER ASSISTED SURGERY

Computer Assisted Surgery (CAS) technology has revolutionized total joint replacement procedures. With the utilization of computer navigation, artificial joint components are accurately placed, which allows incredible precision in overall limb alignment and increased longevity of the joint replacement. Joint replacement surgeries using computer navigation have smaller incisions which may also reduce the amount of operative trauma for patients.

TOTAL HIP REPLACEMENT

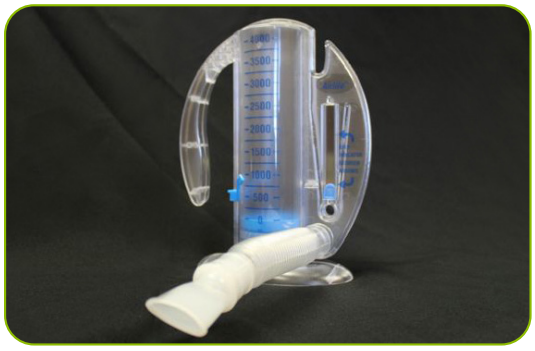


HIP ABDUCTOR WEDGE / PILLOW

Made of high-density foam, a **Hip Abductor** wedge or pillow keeps the patient's legs at just the right angle so that a new hip joint will not pop out of place. The wedge / pillow also helps prevent the patient from rotating the hip or pelvis too far in other directions. A Hip Abductor wedge or pillow is to be used for 3 months post surgery or until sufficient healing has occurred.

ICE MACHINE

An **Ice Machine** will be provided for you following surgery for cold therapy for your operated hip. The Ice Machine has a tube that carries cold water through a wrap which is placed around the surgical site and helps reduce inflammation, pain and swelling. The Ice Machine is utilized while you are in bed or sitting in a chair.



INCENTIVE SPIROMETER

An **Incentive Spirometer** is a breathing exerciser used to help you take deep breaths and keep your lungs clear after surgery. Deep breathing exercises open the air sacs in your lungs and may reduce the chance of developing breathing problems or pneumonia after surgery. Exercising with the Incentive Spirometer is important to your health, from pre-surgery prep through recovery.

HOW TO USE THE INCENTIVE SPIROMETER

- If possible, sit up straight or lean slightly forward. Try not to slouch.
- Hold the Incentive Spirometer in an upright position.
- Breathe out (exhale) normally.
- Close your lips tightly around the mouthpiece; slowly take a deep breath through your mouth.
- It is important to inhale slowly to allow the air sacs in your lungs time to open.
- Your Incentive Spirometer may have an indicator to let you know if you are inhaling too fast.
- After you breathe in as deeply as you can, hold your breath for 3 to 5 seconds then remove the mouthpiece from your mouth and breathe out normally.

WHEN TO USE THE INCENTIVE SPIROMETER

- Repeat this technique 10 times every hour while awake. Take your time. Take a few normal breaths between deep breaths.
- After you have completed a set of 10 breathing exercises, it is very important to take a deep breath and cough to clear mucus from your lungs. You should cough 2 to 3 times.

MY INCENTIVE SPIROMETER SETTING:_____

Caution: Breathing too quickly may cause dizziness. Take your time so you don't get dizzy or light-headed.

SEQUENTIAL COMPRESSION DEVICE (SCD)

The **Sequential Compression Device** helps prevent blood clots and DVT (Deep Vein Thrombosis). Decreased activity can cause the blood flow in your legs to slow down, which can lead to blood clots and a serious condition. The SCD lessens the risk of clotting by forcing air through sleeves that fit on both feet or both legs. By alternating pressure through the sleeves, the leg muscles pump the blood more efficiently. The SCD is utilized while you are in bed or sitting in a chair.

PRE-SURGERY HIP EXERCISES

Start with 10 repetitions (reps) of each exercise and increase to 20 as you progress. Repeat this routine twice a day. Exercises performed lying down should be done on a bed, table mat or couch, not the floor.

ANKLE PUMPS - 10 TO 20 REPS - TWO TIMES A DAY

Pump your foot up and down, like you were pushing on the gas pedal of your car.

Make sure to pull your foot up as far as you can and push down as far as you can.

Hold for three seconds in each direction and relax.

HEEL SLIDES - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with your legs straight.

Bend your non-operated leg with your foot flat on the mat to prevent lower-back strain.

Slide your heel towards your buttocks by bending your knee.

Keep your heel on the bed and return to the starting position.

ABDUCTION/ADDUCTION - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with legs straight and toes pointed to the ceiling.

Keeping your knee straight, slide your leg out to the side and back into the starting position.

GLUT SETS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with your legs straight.

Squeeze your buttocks together.

Hold for five seconds and then relax.

QUAD SETS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back (or sit as pictured) with legs straight.

Tighten the muscles on front of thigh and push the back of your knee into the bed or mat.

Hold for five seconds and then relax.

SHORT ARC QUADS - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with a rolled towel placed under your knees.

Raise your foot off the bed until your knee is straight, without lifting your knee off the rolled towel.

Hold 3 to 5 seconds, then relax.

LONG ARC QUADS - 10 TO 20 REPS - TWO TIMES A DAY

Sit all the way back in a chair with your feet flat on the floor.

Raise your foot up off the floor until your knee is straight.

Hold for 3 to 5 seconds.

STRAIGHT LEG RAISES - 10 TO 20 REPS - TWO TIMES A DAY

Lie on your back with one knee bent and foot flat on a bed or mat.

Lift your opposite leg off the bed, keeping your knee straight. Do not lift any higher than your bent knee.

Relax and lower your leg back down to the bed or mat.

POST-SURGERY HIP EXERCISES

The muscles and ligaments of the hip will need strengthening after your surgery. Regular exercise of your hip will help your recovery process and return to your daily routine. You will perform the same set of exercises after your surgery as you did before your surgery and the same number of repetitions and instructions apply - unless your physical therapist told you differently.

The muscles and ligaments of the hip will need strengthening after your surgery. Keeping a regular excercise schedule will help get your hip ready for a return to your daily routine.

WHAT ARE THE RISKS?

As with any major surgery, there are certain risks. Listed below are some of the conditions that can occur as a result of surgery.

BLADDER INFECTIONS

Bladder infections may occur, especially if you have had a urinary catheter. In the event a catheter is used, it is important to drink plenty of fluids to help prevent infection. The catheter will usually be removed the day after surgery.

BLOOD CLOTS/DEEP VEIN THROMBOSIS

With knee replacement surgery, circulation is impaired during the surgery and healing process. To counterbalance this effect and promote circulation, you will be asked to pump your feet and exercise your ankles. You will also wear special hose, called TED hose, following surgery and during the recovery period. A blood thinning medication that helps prevent blood clots will be prescribed. You may be asked to elevate your feet while sitting to prevent blood from pooling in the lower part of your legs.

Deep Vein Thrombosis/DVT is a condition resulting from the formation of a blood clot (thrombus) inside of a deep vein, commonly located in the calf or thigh. DVT can either partially or completely block the flow of blood in a vein. When the circulation of blood slows down due to reduced movement, there is a tendency for blood to gather or pool. The risk of DVT may be higher if you are hospitalized or off your feet for extended periods of time due to illness, injury or surgery.

DISLOCATION OF THE JOINT

Just like your real hip, an artificial hip can dislocate. Dislocation is when the ball comes out of the socket. There is a greater risk of dislocation right after surgery, before the muscles and tendons around the new joint have healed. However, there is always a risk of dislocation. The physical therapist will carefully instruct you on how to avoid activities and positions which increase the risk of hip dislocation.

INFECTION

With any surgery, there is a risk of infection. Pre-admission test results will affirm that you have no active infections before surgery and antibiotics administered to you before and after surgery will further help prevent infection.

LOOSENING OF THE JOINT

One reason that artificial joints eventually fail is the loosening of the joint where the implant meets the bone. There have been great advancements in extending the life of an artificial joint. Still, most joints will eventually require a revision. On average, you can expect 20 years of service from an artificial hip.

NUMBNESS

It is important to know that you will experience some type of numbness on both sides of your knee following surgery. Numbness of this type is normal and should not cause concern. During surgery, the nerves around the knee are disturbed. As these nerves heal, you may experience tingling sensations. You may also experience numbness in the area around your incision, but this will not affect the function of your new knee.

PNEUMONIA

To help prevent pneumonia, you will be asked to take very deep breaths and use an Incentive Spirometer to prevent congestion and fluids from pooling in your lungs. For the same reason, it is important to get out of bed often.

SEVERE COMPLICATIONS

As with any major surgery, there is a possibility of complications like those listed above or from anesthesia that could be severe enough to result in death. If you have any questions or concerns regarding complications, please discuss these with your physician, surgeon and/or anesthesia provider.

Following are questions that are frequently asked of the nurse educators and physical therapists during discussions at Joint Education Clinic. If you have additional questions or would like more details about a specific question or answer, please contact the Joint Clinic Educator at 918.579.4403.

AM I TOO OLD FOR THIS TYPE OF SURGERY?

As long as you are in reasonably good health and have the desire to devote time and effort to the rehabilitation process, you are a candidate for this type of surgery.

AM I TOO YOUNG FOR THIS TYPE OF SURGERY?

Knee replacement implants may last 20 years or more. Prostheses (artificial joint) manufacturers are addressing the needs of the younger patient and are working to develop longer lasting joints.

WHY SHOULD I EXERCISE BEFORE SURGERY?

It is important to build up the muscle memory of the operative knee prior to surgery because you will have soreness and stiffness afterward and it will require more effort for you to get up and move around. The exercises are to be performed according to instructions given by the physical therapist during Joint Education Clinic.

HOW PAINFUL IS JOINT REPLACEMENT SURGERY?

You will have discomfort after your surgery. Often a analgesic or block is given along with a general anesthetic to provide a patient with pain control for an extended period of time. The staff is specifically trained for post-operative pain management and your nurse will work closely with you to insure that you are as comfortable as possible.

HOW LONG WILL I ACTUALLY BE IN SURGERY?

Typically, the elapsed time from entering the operating room and exiting to recovery is two to two-and-a-half hours, including the start of anesthesia, positioning and surgical site preparation. The usual operating time from incision to closure is about one hour to an hour-and-a-half.

WILL I HAVE A SCAR FROM THE SURGERY?

Yes, you will have a scar from the surgical incision. The length of the incision will vary.

If you have knee surgery it will depend on the extent of your knee replacement procedure. Typically, an incision for a total knee replacement begins just above the knee joint and extends over and just below the bottom of the joint. Partial knee and MAKOplasty procedures have smaller incisions.

HOW LONG WILL I BE IN BED AFTER SURGERY?

On the day of your surgery, you will be assisted with dangling your legs, standing, moving to a chair, and/or walking. We have found that it takes less time for the body's hemodynamics (appropriate balance in blood pressure, pulse, hemoglobin level and fluid volume) to stabilize when patients get up and move about after surgery. Your first few times out of bed will require assistance from one or two staff members. Breakfast in bed is not an option; we will assist you out of bed and into a chair for all meals after your surgery.

WILL I HAVE TO USE A WALKER AFTER SURGERY?

You will need a walker for stability when you walk after surgery. Your surgeon will evaluate how long you will need to use a walker after your surgery. Do not discontinue the use of your walker without checking with your physical therapist. It is the physical therapist who will wean you from using the walker.

HOW LONG WILL I STAY IN THE HOSPITAL?

One to two days is the average stay following joint replacement surgery. However, with the establishment of the Joint Clinic, shorter hospital stays are more common and will depend upon your particular procedure and progress after surgery.

WILL I NEED HELP AT HOME AFTER SURGERY?

You will need some assistance and supervision with activities of daily living for a short amount of time. This amount of time varies with each patient. Some surgeries require a daily dressing change to your incision, which you will probably need help with. You should not need someone with you full-time at home. You may need periodic assistance in placing and removing your CPM treatment machine. Your occupational therapist will teach you how to handle daily activities prior to discharge.

WILL I NEED PHYSICAL THERAPY AT HOME?

Total joint replacement requires consistent exercise and stretching to loosen tight ligaments and prohibit stiffness and swelling. Your case manager handling discharge planning will discuss the frequency and duration of your home health and outpatient physical therapy.

It is very common to have a home health therapist three times a week for three weeks, followed by outpatient physical therapy for another month after surgery. Unless your health insurance company specifies where you need to go, several therapy providers are available. You will need to have transportation arrangements made for outpatient therapy sessions.

WHAT IF I LIVE ALONE?

Most joint replacement patients can return home with only a few modifications to the home and a few hours of assistance daily from a family member or friend. If you are not comfortable with being alone, there are skilled nursing facilities that offer temporary stays for a period of recovery. As your recovery progresses, you will become more confident with your ability to move and handle things again, and your need for assistance will decrease.

WHAT IF I LIVE IN A TWO-STORY HOUSE?

Typically taking stairs up or down is not prohibited after surgery; a handrail or banister is a must. If your bedroom is on the second floor, you may take the stairs up by leading with your good leg first, followed by your operated leg. Coming down the stairs, your operated leg goes first and your good leg goes last. If you are not comfortable trying the stairs after your surgery, make arrangements to sleep in a room on the first floor until your recovery progresses and you gain confidence to take the stairs.

HOW SOON WILL I SEE THE SURGEON AFTER DISCHARGE?

You will have an office appointment scheduled before you are discharged. Your first appointment will be within three to four weeks of your surgery. You will see your surgeon or physician assistant at intervals determined by your progress.

HOW DO I GET INTO THE FRONT SEAT OF A CAR?

Have the seat moved as far back as it will go. Have the car parked several feet away from the curb. With the door open, turn until your back is facing the seat. Carefully lower yourself keeping your operated leg out in front. Slide back until your knees are on the seat and then bring your legs around into the car, one at a time.

HOW DO I GET INTO THE BACK SEAT OF A CAR IF I HAVE KNEE SURGERY?

Have the front seat moved as far forward as possible. If your right knee was replaced, it's easier to enter from the passenger side. If your left knee was replaced, it's easier to enter from the driver side. Have the car parked several feet away from the curb. With the door open, turn until your back is facing the seat. Carefully lower yourself keeping your operated leg out in front. Slide back until your knees are on the seat and then bring your legs around into the car, one at a time.

HOW LONG UNTIL I CAN DRIVE AGAIN?

Your surgeon will instruct you on this prior to discharge. It is important to have discontinued use of pain medications and blood thinners, and feel confident that you can use your operated leg normally. Driving includes tractors, lawn mowers, boats, 4-wheelers, ATVs, motorcycles, and boats, as well as cars. You may ride in the passenger seat, but **you cannot operate any vehicle until the surgeon instructs you.**

WHEN CAN I RETURN TO WORK?

The time to return to work will be determined by your surgeon at your follow-up appointment. If you have specific questions about how to perform your job tasks once you can return to work, please ask the occupational therapist during your evaluation and treatment while in the hospital.

WHAT HIP PRECAUTIONS SHOULD I FOLLOW?

No crossing of your legs at the knee or ankle. When seated, sit with legs slightly separated with feet flat on the floor. You may cross ankles at 3 months.

No bending of operated hip past 90 degrees. This means keeping your knees below your waist whether you are sitting, standing or lying down.

WHAT ACTIVITIES ARE ENCOURAGED OR PERMITTED?

Initially, the only recommended activities are the exercises provided by your physical therapist and walking. Do not attempt cycling, dancing, golfing, swimming, bowling and gardening until cleared by your surgeon. If you wonder about further specific activities, please discuss with your surgeon, physician assistant, or physical therapist.

WHAT RESULTS CAN I EXPECT AFTER SURGERY?

The objective of joint replacement surgery is to relieve pain and restore the joy of motion. The most important component of joint replacement surgery is rehabilitation therapy after the procedure. Follow instructions from your physical therapist for using the CPM machine to decrease stiffness and soreness, and exercising to increase the motion and strength of your joint.

WHEN CAN I RESUME SEXUAL ACTIVITY?

When you are ready, you may resume having sex. Take it easy and adjust your positioning to keep pressure off your joint while it is healing. Check with your doctor if you have any questions or concerns.

HOW LONG WILL MY NEW HIP LAST?

A number of factors will affect the longevity of your hip replacement. Thus, there is no guarantee for a specific length of time for your implant to last. Factors that are under the control of the patient that can affect the longevity of a new hip joint include weight, activity level, and medical condition stability. Statistically, loosening or wear rates requiring repeat surgery are about 1 percent per year. In other words, greater than 90 percent of replacements will last at least 20 years.

WILL THIS NEW HIP JOINT FEEL DIFFERENT TO ME?

Often patients report that their new hip 'feels' normal to them. It is common to experience some variation in leg length. While most patients get used to this feeling, a few require a small lift in their shoe. Patients also report a range of feeling no pain to an aching discomfort in the operative leg for a few months after surgery.

Partners in Pain Management

We want to be partners in pain control while you recover from your surgery at Oklahoma Spine & Orthopedic Institute.

Your doctor, nurse and you are partners in the management of your pain. Finding early pain control is important, so we want to teach you about comfort level.

We may not be able to keep you 100% pain free. However, your doctor and nurse will work with you to set "your" comfort level.

Patient Responsibility

- Discuss your pain with your doctor and nurse.
- Discuss relief options with your doctor and nurse to develop a pain control plan.
- Ask for pain relief when pain first begins.
- Tell your doctor or nurse if pain is not relieved.
- Tell your doctor or nurse if you have any worries about taking pain medications.
- When you are discharged from the hospital, take your medications as ordered.

MAY WORSEN PAIN

- Stress
- Dwelling on pain
- Fatigue
- Improper body mechanics
- Improper body positions
- Overworked muscles

MAY HELP PAIN

- Relaxation
- Music or things that help you stop thinking of pain
- Balance rest with activity
- Physical therapy
- Good posture
- Heat and cold treatments

Pain Management is an important part of your care

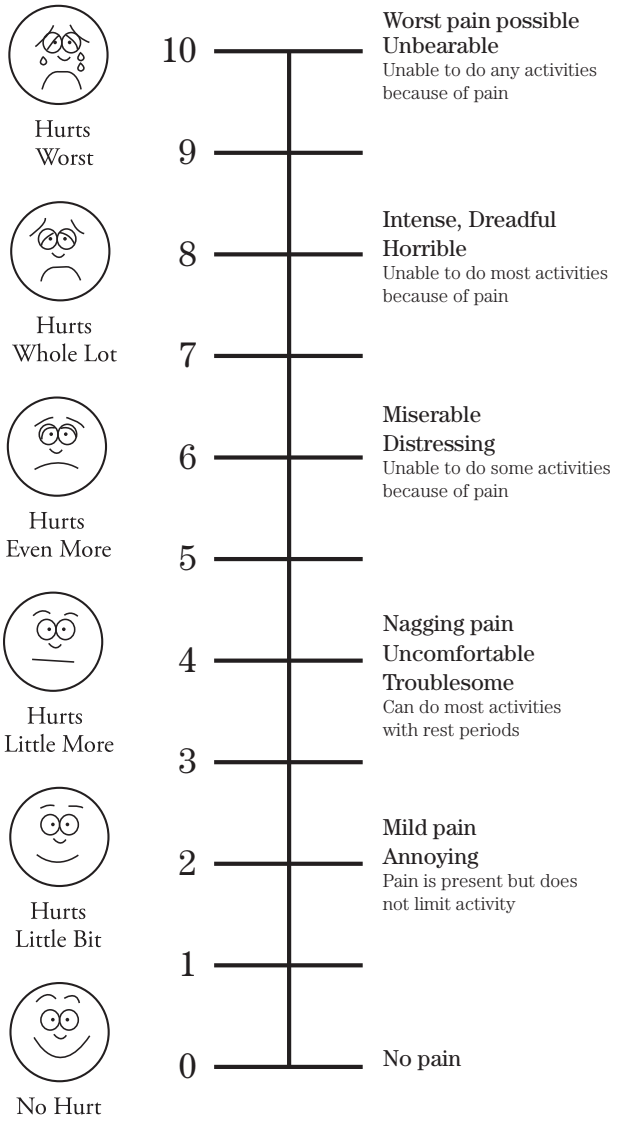
Your nurse will explain how to use the pain rating tool and work with you on setting a level of comfort. "Comfort level" means a pain rating that would not interfere with sleeping, eating, or performing necessary physical activities.

Example: What comfort level would allow for coughing, deep breathing, and moving after surgery? **2 or 3?**

Example: For constant, chronic pain, what comfort level would allow you to do the things you want to do? **3 or 4?**

PAIN ASSESSMENT SCALE

Use the Pain Rating Scale below to tell your doctor or nurse how your pain is affecting you.



Wong-Baker FACES® Pain Rating Scale

PAIN CHECKLIST

✓ **LOCATION:** Where does it hurt?

✓ **INTENSITY:** How bad is the pain? (rate your pain)

Now ..... (0-10)
Worst..... (0-10)
Best..... (0-10)
Acceptable..... (0-10)

✓ **ONSET:** When did the pain start?

✓ **DURATION:** How long have you had the pain?

✓ **QUALITY:** Is it constant or on-and-off? Dull or sharp? Burning or pressure?

What makes it worse?

What makes it better?

Does it affect your usual daily routine? Concentration? Mood?

This pain scale was developed by the Missoula Demonstration Project Pain as the fifth Vital Sign Task Force, a project supported by the Mayday Fund 1999.

Joint Replacement Progress Guide

	BEFORE SURGERY	DAY OF SURGERY	POST-OP DAY #1 DISCHARGE DAY	POST-OP DAY #2
Education	Attend Joint Clinic Education. Complete pre-registration, including lab work, chest x-ray, EKG, health history and information.	Meet with Anesthesiologist before surgery.	Physical therapy/ Occupational therapy (PT/OT) Education and Training. Instruction regarding blood thinners and interactions with your diet by dietitian.	Continue PT/OT Training.
Nutrition	No food or drink as instructed before surgery.	Clear diet as tolerated after surgery.	Diet as tolerated.	Diet as tolerated.
Activity & Rehab Therapy	Education and exercise practice during Joint Clinic. Expectations regarding daily progress discussed in Joint Clinic. Pack comfortable clothes for PT (velcro or snap pants preferred). Plan to have caregiver attend one PT session.	Ankle pumps. (DVT prevention) Use Incentive Spirometer. Physical therapy evaluation after surgery. Sit on side of bed or stand with help from member of staff. Begin use of CPM.❖ Use abductor wedge/ pillow in bed.❍	"Call, don't fall!" Up in chair for meals. Use Incentive Spirometer. Up to bathroom with staff assistance and walker. Continue CPM.❖ PT evaluation if not completed. AM: Perform exercises.❖ PM: Walk with PT and walker to group exercise class. Practice stairs. Continue use of CPM.❖	"Call, don't fall!" Up with help as needed and walker. Use Incentive Spirometer. Walk with PT and walker to Group exercises and activities. Practice stairs. Continue CPM.❖ Observe hip precautions. ❍
Pain Control	Education on pain management and pain rating scale provided in Joint Clinic.	General anesthesia and spinal or nerve block. Cold therapy.	Pain medication by mouth. IV pain medication if needed. Cold therapy.	Pain medication by mouth. Cold therapy. Prescription for discharge.

❍Hip only ❖Knee only

Joint Replacement Progress Guide

	BEFORE SURGERY	DAY OF SURGERY	POST-OP DAY #1 DISCHARGE DAY	POST-OP DAY #2
Routine Meds	Bring list of current medications to Joint Clinic. Stop taking Aspirin products, anticoagulants, vitamins, herbal products, diet pills, and hormone replacements per instruction.	Take morning medications prior to surgery as directed during Joint Clinic. Bring list of home medications. Leave all medications at home, except eye drops and inhalers. Blood thinner; IV antibiotics and home medication per orders.	Blood thinner per orders. Home medications per orders.	Blood thinner prescription at discharge if needed.
Discharge Plan	Begin preparing home as discussed in Joint Clinic: fix and freeze meals, identify caregiver, remove obstacles, arrange furniture, and transportation home from the hospital.	Referral made to discharge planners/case management.	Discharge planner meets with patient and determines needs. Arranges for home health equipment and services. Initiates evaluation for inpatient rehabilitation if needed.	Patient/caregiver provided written discharge instructions and prescriptions. Walker (and CPM❖) for home use. Discharge to home with Home Health services for three weeks.
Other Care	If desired, purchase optional toilet seat elevator and shower seat.	Oxygen, pulse oximeter, possible drains and autotransfusion. Thigh high TED hose. SCD Compression device/SCD. Arrange a ride home after hospital discharge.	Rounds by surgeon or assistant. Thigh high TED hose. Discontinue IV fluids. Drains removed, if applicable. SCD on while in bed. Have someone drive you home.	Rounds by surgeon or assistant. IV removed. TED hose on for discharge wear. Have someone drive you home.

❍Hip only ❖Knee only

MY JOINT PROGRESS JOURNAL

Week 1

Date of Surgery_____ Date of Discharge_____ Surgeon_____ Next Appointment_____

Home Health Agency_____Phone_____Physical Therapist_____

Nurse _____ Pain Medication_____Pharmacy Phone_____

DATE	DATE	DATE	DATE	DATE	DATE	DATE
Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°
Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____
Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____
Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____
Medication Times	Medication Times	Medication Times	Medication Times	Medication Times	Medication Times	Medication Times
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg

Activity and Questions _____

_____

MY JOINT PROGRESS JOURNAL

Week 2

Date of Surgery_____ Date of Discharge_____ Surgeon_____ Next Appointment_____

Home Health Agency_____Phone_____Physical Therapist_____

Nurse _____ Pain Medication_____Pharmacy Phone_____

DATE	DATE	DATE	DATE	DATE	DATE	DATE
Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°	Flexion_____°
Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____	Pain (0-10)_____
Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____	Exercise Reps_____
Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____	Breathing Reps_____
Medication Times	Medication Times	Medication Times	Medication Times	Medication Times	Medication Times	Medication Times
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____
Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg	Blood Thinner ___mg

Activity and Questions _____

_____

Oklahoma
Spine & Orthopedic Institute
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