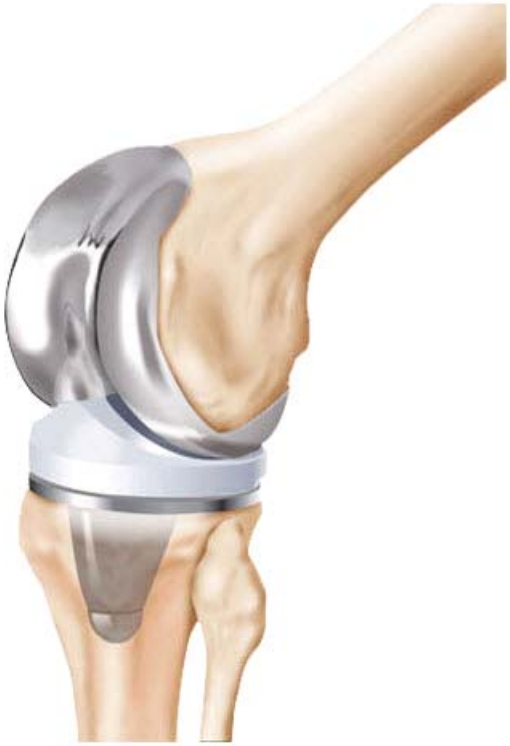
Total Knee Replacement



Portneuf
MEDICAL CENTER

We want you to know as much as possible about your knee surgery.
The information in this booklet will help explain the
total knee replacement surgery, recovery, and your rehabilitation.

Total knee Replacement

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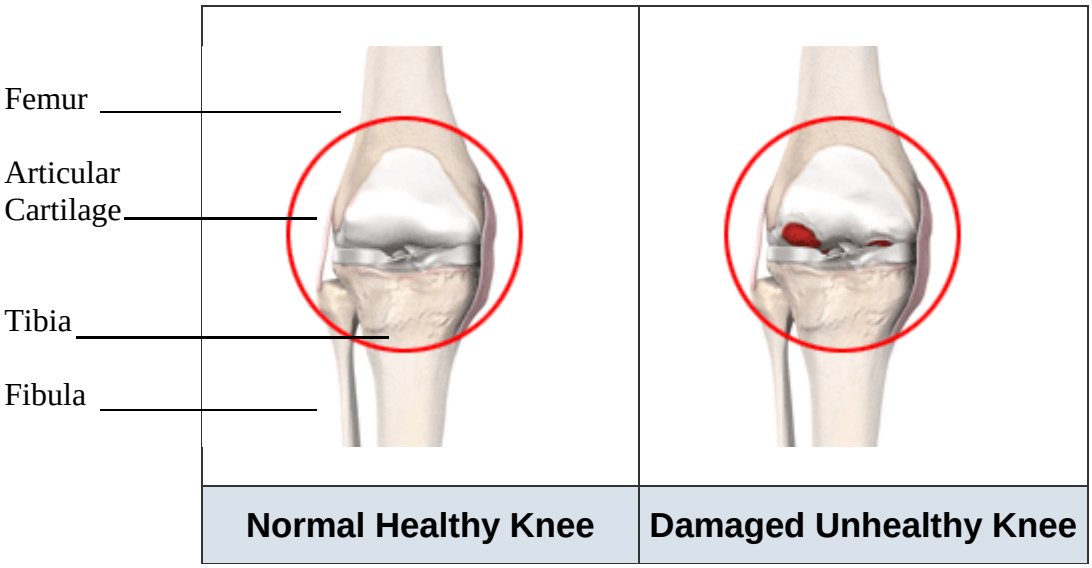
Understanding your Knee joint

The knee is a complex hinged joint that allows you to squat, kneel, sit and bend. Three bony parts make up the knee: The shin bone (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).

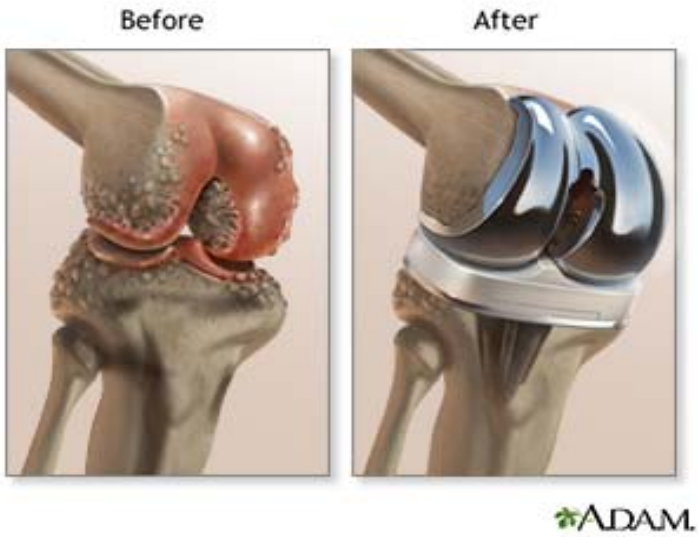
Healthy knee joints are made up of bones that are smooth and cushioned by healthy cartilage, fluid in the joint helps lubricate this cartilage. Strong muscles and ligaments are also needed for joint stability. All of these components create a healthy knee joint. Having a healthy knee joint allows for walking, turning, and squatting without pain.

Conditions such as arthritis, old fractures, abnormal stress, and aging can damage the joint and cause rough areas to develop. This creates pain and stiffness with movement.



Knee replacement

A total knee replacement, otherwise known as a total knee arthroplasty, 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 thighbone (Femur), shin bone (Tibia), and knee cap (Patella). Depending on your condition, one, two, or all three of these surfaces may be replaced. The type of surgery you have depends on age, the amount of damage to the knee, and medical history. The surgery improves mobility and function, but does not guarantee a normal healthy knee afterwards.



Helpful Tips

PLEASE bring this packet with you.

- Do not bring jewelry, money, or other valuables to the hospital.
- Do not wear eye make-up or lipstick the day of surgery.
- You may wear eyeglasses (no contact lenses) on the day of surgery. Please bring a case for glasses to be stored in.
- When packing for your stay, bring a knee-length robe that opens in the front, walking shoes with no heel, and slippers with non-skid soles. It is also a good idea to bring loose comfortable clothes and shoes to allow you to practice dressing.
- Please bring a complete list of all medications that you are currently taking, including any herbal remedies. The medication list should include:

    - Medication name
    - Medication dosage
    - How often you take the medication
    - Reason for taking the medication

- **If you bring any medication from home, they must be in the original container.**
- You may bring personal hygiene items (hairbrush, toothbrush, toothpaste, etc).
- Before the day of surgery, please contact the surgeon's office and confirm that the surgery has been authorized by your insurance. Contact your insurance company to request information regarding which Home Health agencies, Durable Medical Equipment providers, and/or Skilled Nursing Facilities are in-network, as well as what your coverage may include.

Care Agreement

You have the right to be involved in your plan of care, receive teaching about your health condition and how it may be treated, to discuss treatment options with your caregivers, and decide what care you want to receive. You always have the right to refuse treatment.

Getting Ready for Surgery

Please refer to the 'pre-surgery exercises' section (on the next page) for a list of exercises to perform before surgery. They can help speed your recovery.

Before surgery your doctor may order:

- Visits with other doctors
- X-rays
- See the Pre-Surgery Clinic
    - Electrocardiogram (EKG)
    - Blood and urine test, as well as a MRSA screening.
    - Medication and health history review.
    - Meet with a case manager/discharge planner.

The week before surgery:

- Ask a family member or friend to drive you home when you are discharged from the hospital.
- Ask someone to stay with you for the first week or two after surgery, in case you need help.
- You will need a walker or crutches to get around safely. Case management will help make these arrangements. You may need to move furniture around to make room for assistive devices that will be used after surgery.
- Keep all self-care items and most commonly used items within reach.
- You will not be able to sit or get up from low seating after surgery. Check to see if any chairs and toilet seats will cause problems.
- Ask your healthcare provider about other things you can do to make your home safer.

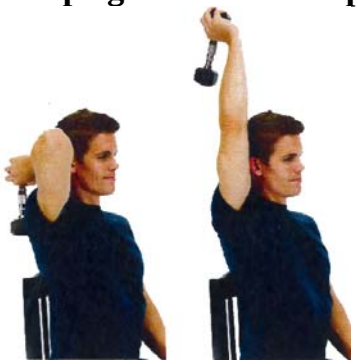
What are the risks of TKR?

You may bleed more than expected or get an infection. Nerves or blood vessels may be damaged during surgery. After surgery, your knee may be stiff or numb. You may continue to have knee pain. You may get a blood clot in your leg. This may become life-threatening. Your implant may get loose or move out of place. The implant may get worn out over time and need to be replaced.

Pre-Surgical Exercises

Performing the following exercises prior to surgery will aid in your recovery after surgery. If any exercise is painful, please stop! Do all exercise in a controlled manner. Perform exercises 2-3 times per day leading up to surgery.
Complete 10-15 repetitions for each exercise.

Upright Elbow Triceps Extension



Extend your elbow as shown while holding a free weight. Maintain upper arm in an upward direction and only bend and straighten from the elbow.

Quad Set – Towel Under Knee

Place a small towel roll under your knee, tighten the top thigh muscle to press the back of your knee downward while pressing on the towel.

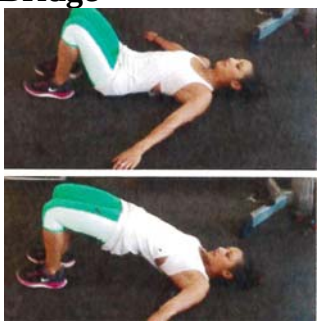
Straight Leg Raise 2-SLR

While lying or sitting, raise up your leg with a straight knee. Keep both knees straight the entire time.

Clam Shells

While lying on your side with your knees bent, draw up the top knee while keeping your feet together. Do not let your pelvis roll back during the lifting movement.

Bridge



Lie on your back with knees bent and heels close to your bottom. Slowly push up through the heels and raise the hips towards the sky until your body is in a straight line from your shoulders to the knees. Squeeze your buttocks at the top and hold for three seconds, then slowly lower back to the floor and repeat!

Your Healthcare Team

Listed below are members of the healthcare team who will guide you through surgery and rehabilitation.

Nurses

- Monitor your condition throughout your stay.
- Provide information and treatment needed for recovery.
- Organize and coordinate care.
- Answer questions or concerns.

Case Managers

- Discuss who is available to assist at home after discharge.
- Review discharge options; Home Healthcare or Skilled Nursing Facility [SNF] if necessary.
- Review equipment needs.
- Answer questions about insurance coverage.
- Review advanced directives; living will and durable power of attorney.

Occupational Therapists (OT)

- Instruct on how to use adaptive equipment for bathing/dressing.
- Teach safe techniques for transferring in/out of shower, on/off toilet, chair, or bed.
- Suggest tips for completing household tasks easily and safely.
- Help determine the durable medical equipment needed at home.

Physical Therapy (PT)

- Evaluate mobility and strength.
- Teach how to get out of bed, climb stairs, and get in/out of the car.
- Teach how to walk with a walker or crutches.
- Teach and provide exercises to increase your strength and improve range of motion.

Hospitalist

- The surgeon may request that an internal medicine doctor (hospitalist) see you to assist in managing care while in the hospital. There is a hospitalist available 24hrs per day.

The Day of Surgery

When you arrive at the hospital go to the main entrance. Once inside the main doors go to the right and take the elevator to the first floor. This will take you to the “same day surgery” waiting room. Register to begin the admission process. Once register you will be escorted to the pre-op area. One or two family members may accompany you. While in surgery, family may relax in the surgery waiting room. Surgery usually lasts one to three hours, but varies with each person.

In the pre-op area:

- You will be asked to change into a hospital gown.
- An IV will be started in the arm. Fluid and medications are given through the IV.
- Your surgeon and anesthesia provider will see you that morning and answer any questions that you may have. Afterwards, you will sign consent forms for surgery.
- Your surgeon will initial the surgical site.
- Medications are given to help with relaxing. You may feel hot, dizzy, or drowsy. This is normal.
- Once finished in the pre-op area you will be taken back to the operating room for the final pre-surgery prepping.
- The knee is scrubbed with an antiseptic soap.
- A Foley catheter (urinary catheter) may be inserted into the bladder to drain urine. It is usually removed the next morning after surgery.
- Anesthesia is administered at this time. The healthcare provider may use general anesthesia or a spinal block.
- Operating rooms are cold, and heated blankets are provided for comfort.

Surgery

Your healthcare provider may:

- Use medical cement to secure the implant in place.
- Use an implant that has a porous surface. This surface allows your own bone to grow into and fill the pores of the implant.
- Use both cement to hold the ball in place, and a porous socket implant.
- The incision may be closed with stitches or staples, but usually has internal stitches and glue to seal the incision, then covered with a bandage.

Immediately after Surgery

After surgery you will be taken to the Post Anesthesia Care Unit (PACU) for approximately 60 to 180 minutes, though, this time frame can be longer and varies by person. The doctor will inform family about your condition, and let them know that they will be able to see you once you have finished in the PACU and transferred to the Total Joint Center.

While in recovery area:

- Blood pressure, breathing, and other vital signs are watched closely.
- Medications for pain and nausea are available, if you need them.
- Anesthesia will place the pain ball, if prescribed.

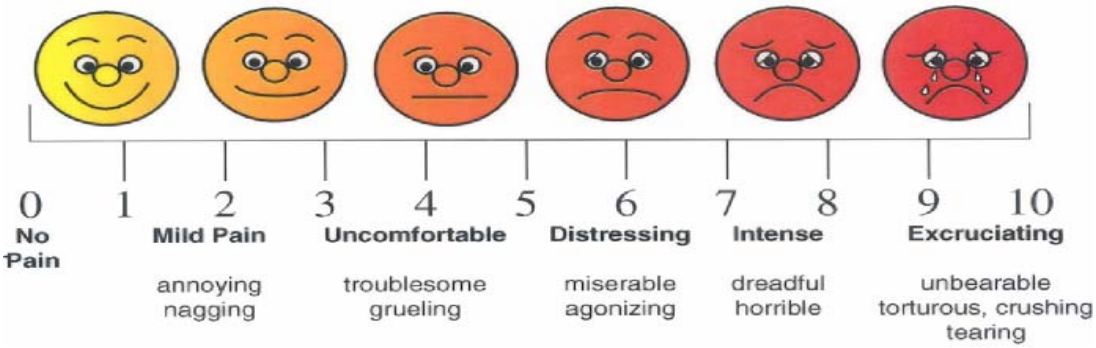
The pain ball has a very small catheter that is inserted into the femoral nerve of the thigh and is connected to a small ball that holds the medication. The ball is filled with Ropivacaine, which is a numbing agent, much like Lidocaine. The Ropivacaine helps in numbing the incision area and decreasing the amount of pain meds needed the first few days after surgery. The device will stay in place for approximately 48 hrs. Your nurse will remove the pain ball when it is scheduled to be removed.

Before you can be transferred to the 3rd floor, where the Total Joint Center is located, you must meet certain criteria in the PACU. Meeting these guidelines will ensure your safety and stability for transfer.

Pain Control

There will be some pain after surgery. Please note that, pain is not able to be eliminated completely, but can be reduced to a tolerable level. Our goal is to make your stay and recovery as comfortable as possible.

Everyone experiences pain differently. We ask that you determine what your pain goal would be. We use a pain scale to help describe pain (see chart below). This helps us determine the proper type and amount of pain medication to use. The pain scale below will be displayed on the whiteboard in each room. Reference this diagram to assist in determining your pain level.



There will be an IV placed prior to surgery, this will stay in place until it's time to leave the hospital. Your doctor may prescribe pain medicine given by mouth, IV, or intramuscular injection. Ideally we will be able to manage pain with oral pain medications. However, some people need extra medication for breakthrough pain. We have IV medications that are available for this purpose.

Pain is controlled best when medication is taken before the pain becomes severe. Be sure to tell your nurse when you are having pain. It is important to stay ahead of the pain. Your healthcare team will be communicating frequently with you regarding pain control.

Helping Circulation

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

These may include:

- TED hose. You will be fitted with support hose called, TED's. These help prevent blood clots from forming in the legs. Tell the nurse if you have any tight or burning areas beneath the hose.
- Venous pumps. These are fabric booties that fit over the feet and legs and massage them by inflating and deflating. This helps prevent blood clots.
- Pumping your ankles up and down is an easy exercise to help increase blood flow.

Blood thinning medication may be ordered to help prevent blood clots. Most patients are prescribed an oral and/or injection form of anticoagulant. It is important to take the anticoagulant medication around the same time each day.

During the first 24 hours after the operation, a nurse will monitor breathing, pulse, and blood pressure frequently. Nurses will apply a blood pressure cuff to the arm upon arrival to the floor. There will also be a device taped to the toe, or finger (likely attached to the operative extremity) to measure oxygen levels and heart rate. This is to remain on throughout the duration of your stay, especially at night. This allows nursing staff to track your status while sleeping. Nursing staff will be checking on you frequently through the day and night.

Preventing blood clots is an important part of care. You will be placed in mechanical devices that assist in preventing blood clots. One type is called a plexi-pulse that wraps around the feet and inflates with air to massage your feet and stimulate blood flow. The other type is called SCD's (sequential compression device), these wrap around the lower portion of the legs and will also inflate with air. Moving your feet and legs (as if pushing a gas pedal) also helps keep blood flowing through the legs.

You should also have white stockings (TED hose) to help prevent blood clots. These are to be worn the majority of the time until you see your surgeon for a follow-up visit. TED hose can be removed to shower, wash, and give your legs a rest during the day, but should always be reapplied.

Physical Therapists (PT) will help with getting out of bed, stand, and/or take a few steps the day of surgery. If you arrive to the floor late in the day, your PT visits will begin the next morning.

An ice pad is placed on the surgical site to relieve pain and prevent swelling and bleeding. This is called a CryoCuff and is yours to take home. Do not place the pad of the CryoCuff directly onto the skin, as it can cause damage to the tissue if too cold.

Supplemental oxygen may be needed after surgery. An Incentive Spirometer (I.S.) will be provided. The use of the I.S. will assist in preventing pneumonia and in decreasing the need for supplemental oxygen. The nursing and respiratory staff will teach the proper way to use the Incentive Spirometer.

It is very important that this is done 10 times per hour, when awake!

Pain control is an important part of your care. It is important to know that we may not be able to remove all the pain. However, we will do everything that we can to keep pain at a level that is tolerable. It is important to keep ahead of the pain. Your healthcare team will be asking about pain frequently, to ensure it is being managed properly. Pain will need to be controlled with oral pain meds prior to discharge.

Daily blood draws are done in the early mornings, to assist in monitoring status and dosing for Coumadin (if prescribed).

Post-Op Day 1

Most patients will go home on Post-Op day 1or 2. Certain criteria will need to be met prior to discharge (staff will cover this criteria). It's important to be medically stable prior to discharge. Your surgeon and the hospitalist will write discharge orders, if you're stable and safe to be discharged. The following is a list of things you can expect to happen on your second day in the hospital.

- Continue using Incentive Spirometer to facilitate in keeping lungs clear. 10 x per hour. Deep breathing and coughing will help, as well.
- PT will work with you two times throughout this day; once in the morning, and once in the afternoon. They will go over any precautions related to your surgery and teach exercises to be done at home.
- OT will see you today to review any precautions you may have and will begin teaching ways to complete daily activities safely.
- Case management will meet with you and assist in making any necessary arrangements for discharge to home, or another facility.
- If you have a urinary catheter it will be removed this morning. It's important to drink plenty of fluids to assist in being able to urinate after the catheter is removed.
- The knee dressing will be removed this day. A post-op knee will have a Jones Dressing. This dressing consists of a soft gauze beneath an ace bandage that starts at the ankle and goes up the leg to the top of the thigh. Beneath the Jones dressing there may be a flesh colored bandage (Mepilex) covering the incision, or no dressing at all. The underlying dressing will be determined by your surgeon.

Post-OP Day 2

- PT will work with you again today, at least once. This is when they will likely work on navigating stairs safely.
- If there is a pain-ball in place, it will be removed early this morning.
- If doing well, you may be discharged to home today.
- Nurses monitor your progress and coordinate with case management for any discharge needs. Most patients go home on post-op day 2.

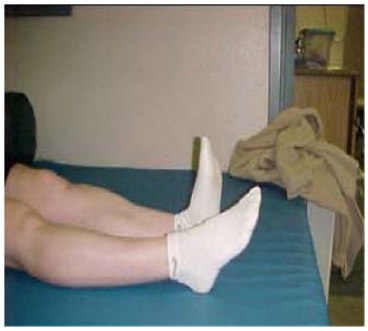
Post-Op Day 3

- The physical therapist assists with exercises and walking. If stairs were not done yesterday, you will do them today.
- The occupational therapist may be back today to review the use of equipment.
- If going home is not yet a safe option, you may be discharged to rehab or to a skilled nursing facility for a short time. If discharged to home you will likely be sent home with home health services. Case management will assist in making all of these arrangements.

Your nurse will go over all discharge instructions in detail before leaving the hospital. This includes, but is not limited to, follow-up appointments, blood tests, any new medications, safety, signs and symptoms of infection, signs and symptoms of blood clots, pain management. Any questions or concerns you have about recovery at home should be answered prior to discharge. We are here to answer any questions or concerns that may arise. Please, feel comfortable asking any questions, and/or asking us to clarify any instructions, or asking staff to demonstrate how something is to be done. We want you to feel confident and comfortable when you leave the hospital. If questions do arise after discharge, your home health nurse is a great resource. Do not hesitate to utilize them. They are knowledgeable about post-operative joint care and are happy to help you. You may also contact us any time with questions or concerns.

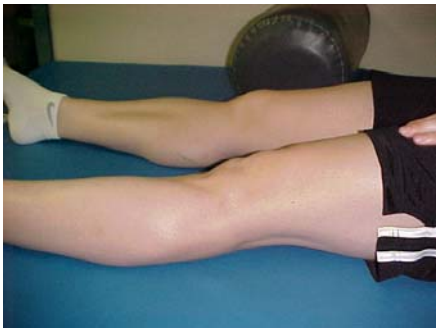
Post-Surgical Exercises

☐ **Ankle Pumps**



Lying on your back, point toes up and down.

☐ **Quadriceps**

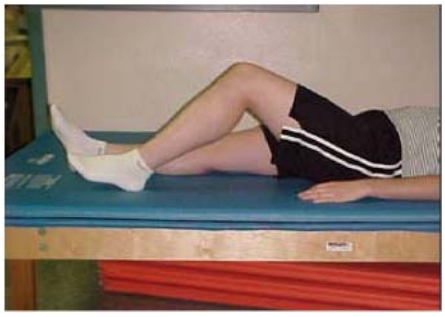


Push the back of your knee into the mat and hold for 5 seconds.

☐ **Hip Abductions**

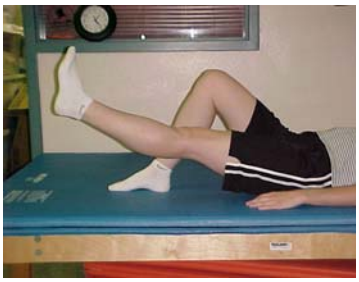
Lying on your back, bring leg out to the side, and then back in again.

☐ **Heel Slides**



Lying on your back, slide foot towards your buttocks. DO NOT bend hip more than 90 degrees.

☐ **Straight Leg Raise**

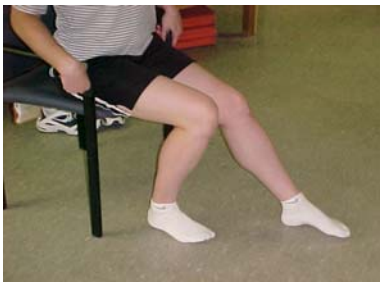


Lying on your back, lift your leg up and down keeping the knee straight.

☐ **Seated Extension Stretch**

Put your foot up on a stool or chair. Hold this stretch for 5-10 minutes.

☐ **Seated Knee Flexion**



Sit in a chair and bend your knee by sliding your foot along the floor.

☐ **Long Arc Quad**

Sit in a chair and lift your foot up and down.

☐ **Mini-squats**

Hold onto the counter, have feet should width apart and bend at the knees.

Recovery and Rehabilitation

An exercise program will be started the day of surgery, unless otherwise ordered by your doctor. There may be a feeling of weakness or dizziness at first, this is normal. There may be pain and stiffness when you first start to move. Let the therapist know if the pain is too severe. Remember to take pain medication and stay on top of the pain. Unless ordered otherwise, the surgical leg is weight bearing as tolerated.

Guidelines and precautions

- **Do not put pillows under your knees when you are lying down.**
- Do not twist your knee when standing.
- Avoid sitting for prolonged periods.

Do not strain your knee by excessive stooping and bending. Some stretching pains are normal when you exercise. Follow the exercise program as instructed. Do all exercises slowly in a controlled manner. Stop doing any exercise if it causes any sharp pain. Breathe normally during exercises. Do not hold your breath! Walk the distance that is tolerable each day. Do not become overly tired. Always use two crutches or a walker until instructed otherwise.

Call your doctor if you notice signs of redness, swelling, or increased pain in your knee or leg.

Transfers

- Scoot to the edge of the bed or chair before standing.
- Keep surgical leg in front when getting up from a chair or bed.
- Push up from the chair or surface in which you are sitting and reach back before sitting down.

Sitting

- Sit in chairs that are higher than knee height.
- Sit in a firm, straight-back chair with arm rests.
- Use caution when sitting on low chairs, rocking chairs, sofas, or stools.
- Avoid sitting for prolonged periods. Change position frequently to avoid developing stiffness in the knee.

Walking

- Continue to use your walker, crutches, or cane until your physician or therapist instructs otherwise.
- Wear well-fitting shoes with non-skid soles.
- Get up and move around every hour. Take short, frequent walks.
- Be careful on uneven ground or wet surfaces.
- Use a bag or basket on the walker to carry needed items. This allows both hands to be free which is safer.
- When walking, move the crutches or walker first. Step forward with your surgical leg while supporting yourself with your arms, then step through with your good leg.

Ice and Elevation Instructions

- Lie down several times throughout the day with the leg elevated higher than the heart (foot higher than knee, knee higher than hip) for 15-30 minutes.
- Apply ice to affected leg for 15-20 minutes while it is elevated. Do not ice more often than every 2 hours. Ice following every exercise session.
- Place a layer of cloth between the skin and cold pack to prevent injury to the skin.

Planning Your Discharge

The discharge planner (Case Management) will meet with you to review discharge options, discuss safety issues, equipment, and how you will be cared for upon discharge. The final decision takes into account your doctor's recommendations, individual needs, ability to tolerate physical activity, and insurance coverage.

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 medications. 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 perform daily activities.
- The number of home visits varies based on individual needs, medical necessity, and insurance.
- Your doctor may order additional outpatient therapy sessions after discharge from home health care if needed.

Skilled Nursing Facility (SNF)

If you are unable to care for yourself with assistance at home, you may qualify for a SNF. A SNF is usually located in a long-term care facility. It provides ongoing nursing care and rehab therapies that you may need to complete your recovery. In order to qualify for a SNF you must be evaluated by PT and OT in the hospital to establish medical necessity, and prior approval from your insurance (case management will help with this).

- The typical length of stay is 1-2 weeks.
- Nurses monitor your recovery.
- Medications are included in your stay.
- Physical and occupational therapy are provided several times per day.
- The SNF discharge planner arranges for any special equipment and/or home care you may need at discharge.

Home Equipment

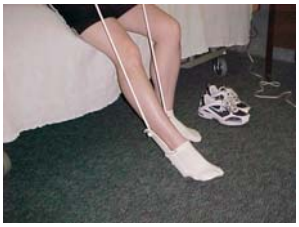
Dressing

- Use long-handled equipment to get dressed.
- Perform dressing while seated for safety.

Dressing the lower body with assistive devices.

- Place surgical leg into pants.
- Grasp back of pants or waistband with reaching device.
- Place non-surgical leg into pants.
- Pull-up pants with reaching device until you are able to grasp pants with your hands.
- Bring pants over your knees before standing.

- Stand-up, achieve your balance, and then pull one side of your pants up at a time.

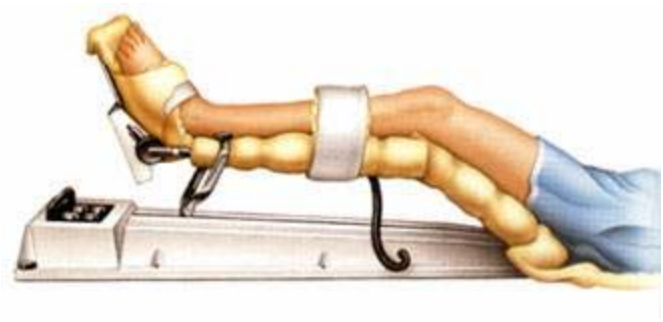


- Place effective foot stocking over sock aide
- Pull up sock over foot & sock aide
- Use reaching device to complete process.

Once knee range of motion knee improves, discontinue use of assistive device for dressing.

Continuous Passive Motion Machine (CPM)

Your doctor may order the use of a Continuous Passive Motion Machine, this keeps your knee joint in a very slow, continual motion. The CPM increases circulation and prevents your knee from becoming stiff. It is usually started on post-op day 1. The amount of time you use the CPM can vary up to 6 hours a day, as determined by your doctor. Staff is available to take you on and off of the CPM.
In the machine, your leg rests on a fleece "support" to prevent skin irritation and bruising. Staff will check your upper thigh and heel often for irritated areas, let them know if the CPM burns or hurts your leg.
You may take a CPM machine home when you are discharged from the hospital, to be used for a length of time specified by your physician.



CPM Instructions

- Use CPM 1-2 hours, 3 or more times a day for a total of 6 hours.
  - You may decrease time spent in the CPM at home as you increase your activity level.
- Make sure 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 the flexion (knee bending) as tolerated without increasing pain level. Try increasing one degree every 30 minutes.
- It is okay to turn the machine down if it surpasses your pain tolerance.
- It is okay to decrease flexion when you start each morning until your knee loosens up.

Increasing flexion on the K1 dial remote:

- Press Stop.
- While pressing the knee bend dial, turn it to the right to increase.
- Press the start button.
- If by chance you lock the hand controller: hold down the left 2 control knobs (extension and speed) at the same time for 3 seconds.

Increasing flexion on the K1 Optiflex remote:

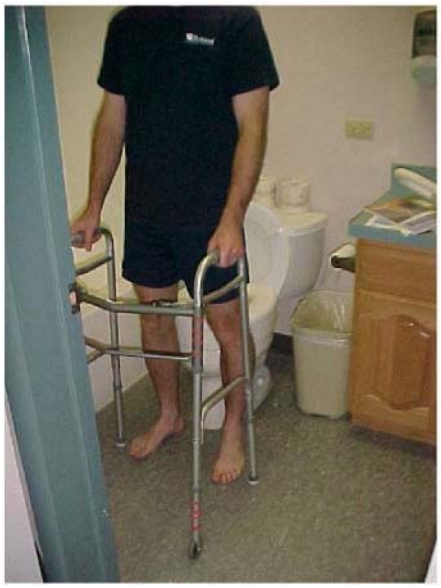
- Press the menu button.
- Press the black button underneath the flexion option (looks like a bent leg and will be to the far right of the screen).
- Push the + or – button. The largest number in the middle of the screen will indicate the new flexion limit.
- Press the start button to save the settings and start the machine.

Things to remember while the CPM is in your home:

- Keep hands, cords, children, pets and blankets away from moving bars and track.
- Have CPM in full extension (flat) when getting in and out of CPM.
- Keep the CPM on flat and stable surfaces. Do not place on edge of a bed or somewhere it can fall. If you do not have a footboard on your bed, you may have to turn around and place the machine against your headboard so it doesn't push away from you and fall off the bed.
- Do not pull on the cords and keep cords away from moving bars and the center track.
- Keep drinks and fluids away from electrical components.
- Please keep CPM clean at all times and free from debris or obstructions. Please do not smoke while using the CPM.
- Do not allow anyone else to use your prescribed equipment.
- Call the number on the base of the machine if you have any problems or when you are finished with it.

Getting on and off the toilet

To sit down on the toilet



- Square up with the toilet
- Reach back for the toilet, nearby vanity, or grab-bar and slide your surgical leg forward
- Slowly lower yourself down to the toilet

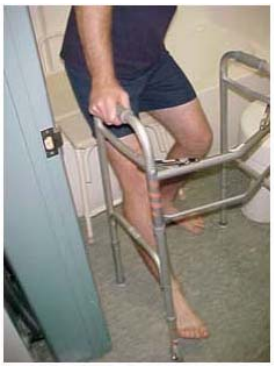
To stand up from a toilet

- Slide your surgical leg forward
- Push up from the toilet

Toileting

- Use a raised toilet seat at or above knee height. A regular toilet is generally more difficult to use after surgery, depending on your height.
- Avoid twisting during personal hygiene. Sometimes it is easier to complete this while standing.

Getting in and out of the tub

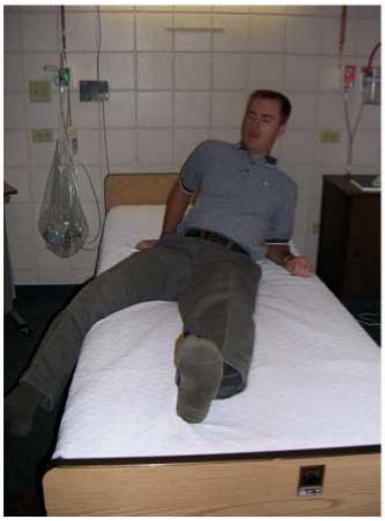



- Step back to the tub until the non-surgical leg touches the tub. Place surgical leg forward.
- Reach back for seat and sit down slowly. Keep shoulders back and surgical leg forward.
- Place non-surgical leg in tub. Scoot hips over onto seat.
- Lean back when swinging surgical leg into tub.

Bathing

- It is safer to get into and out of a dry tub.
- Purchase a tub seat or bench. You may use a walk-in shower.
- Place bath mat or adhesive strips on the bottom of the tub.
- DO NOT bend or squat to wash your legs or feet and use long-handled equipment to reach them such as a long-handled sponge or scrubby.
- Use liquid soap or place bar of soap in a knee-high nylon and tie nylon to tub seat or bench.
- DO NOT sit in the bottom of a regular bathtub, use a tub seat or bench.

Getting in and out of bed

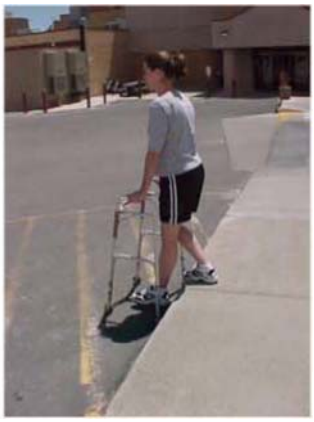




- Step back to the bed until non-surgical leg touches the bed. Position yourself close to head of the bed.
- Slide surgical leg forward.
- Reach back to the bed with your hands and sit softly with shoulders back.
- Scoot buttocks towards head of bed.
- Begin to lift surgical/non-surgical leg onto the bed (can use leg lifter if needed).
- You may bend knee of non-surgical side to lift yourself on the bed.
- Reverse technique to get out of bed.

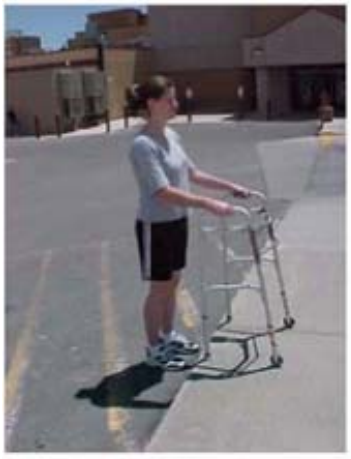
Maneuvering up and down a curb or steps

Square-up with the curb or step

Place walker completely onto the ground.



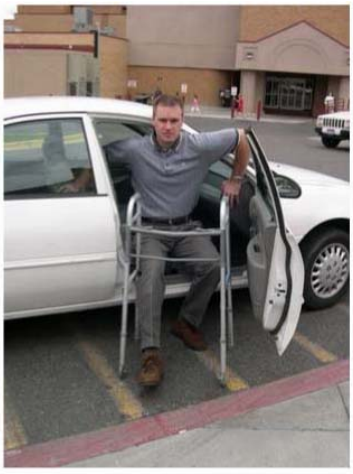
Put surgical leg down first, then your non-surgical leg down.



- Square-up with the curb or step.
- Place walker completely up on the curb or step.
- Put your non-surgical leg up first.
- Put your surgical leg up second.

- Hold onto the handrail.
- Turn your walker sideways.
- Go down with the “bad” leg and up with the “good” leg.
- Move the walker up or down after each step

Car Transfer


- Move front passenger seat as far back as possible.
- Square-up with the front passenger seat.
- Reach back for the dashboard and seat.
- Slide your surgical leg forward.
- Slowly lower yourself down into the car.
- Scoot yourself back into the car.
- Lean backwards as you lift your surgical leg into the car.
- Reverse to get out of the car.

Riding In a Car

- DO NOT drive until your physician medically releases you to do so.
- DO NOT enter your car while standing on a curb or step.
- Avoid long car rides. Get up and walk around every 2 hours.

Home Safety

The following equipment may be needed at home:

- Walker/crutches
- Shower chair (see photo at bottom of page)
- Toilet riser/commode chair (see photo at bottom of page)
- Grab bars in bathroom and/or shower
- Reachers, sock assist aid, long handled shoehorn, and gait belt

Case management will discuss equipment needs and coordinate with occupational therapy to assist you in obtaining the necessary items. Be advised that other than a walker, most medical equipment is not covered by insurance. Information is provided on local equipment companies and insurance coverage for medical equipment. Many people borrow equipment from friends or family and/or locate them in local thrift shops.

We suggest the following home safety tips:

- Use bag or basket on walker to carry needed items (phone, etc) this will allow both hands to be free which is safer.
- 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

Adaptive Equipment

Adaptive equipment may be necessary to create a safe home environment. Ask your therapist for more information.

Call your doctor if you have any of these symptoms:

- Temperature greater than 101.0 degrees.
- Shortness of breath or chest pain.
- Redness, swelling, warmth at the incision (more than expected from surgery), and/or foul-smelling drainage from incision.
- Trouble maintaining range-of-motion.
- Extreme pain
- Any change in muscle weakness, numbness, tingling.
- Swelling, pain, or redness in calf area, or sharp pain when you pull your toes toward your head. Remember to wear elastic stockings and remove them twice a day for 15 to 30 minutes while resting.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