

## 5. Rehabilitation and Home Recovery

It will take three to six months for your joint to heal. It may take up to a year to develop full motion and strength. For the first month or two you will be using a walker, crutches or a cane. Your exercise program is a vital part of recovery. How much strength and motion you regain depends on your level of commitment and how faithfully you do the exercises.

### Physical Therapy in the Hospital, SNF and Acute Rehabilitation will Include:

- Twice daily exercise sessions
- Walking and instruction on using the appropriate assistive device
- Transfers (getting in and out of bed or chair)
- Stair training (if appropriate)
- Balance training
- Instruction on your weight bearing and/or dislocation precautions

### Occupational Therapy in the Hospital, SNF, Acute Rehabilitation will Include:

- Learning how to do your day-to-day activities such as, toileting, bathing, dressing, etc
- Instruction on how to use adaptive equipment
- Instruction on what equipment you may need for showering, dressing, or any other self-care activity

### After the Hospital

One of our goals is to prepare you for a safe transition to home. A number of factors will influence whether you return directly home after your hospital stay and receive home health care or continue your therapy in a more structured setting. Your physician and case manager or social worker will determine which discharge plan is appropriate for you.

Before you go home, equipment may be recommended to help you use the bathroom safely and perform other self-care activities. Some of this equipment may be covered by your insurance plan and will be arranged by your case manager. In addition, your physician may refer nursing and

therapy staff from a home care agency to see you at home. Once you are no longer homebound, your physician may recommend outpatient physical therapy to continue your recovery.

If you are unable to go home after 3 days of having physical and occupational therapy, you may be transferred to a Skilled Nursing level of care for more rehab services, or if your medical needs are more complex, to the acute rehab unit. Your insurance may or may not authorize a short stay in a SNF or acute rehabilitation facility. Your case manager will help you in making these decisions and subsequent arrangements.

Here you will continue learning how to build strength and endurance, move about safely, and practice your home exercises. You may stay here for a few days or a couple of weeks depending on your progress. Your caregivers will have an opportunity to continue to be trained and to ask questions of the nurses and therapists.

### • Discharge Planning:

The case manager or social worker on the orthopedic unit will work with you to plan your discharge. This may mean home care or plans to transfer you to a SNF that is covered under your insurance plan for short-stay care and rehabilitation, or to the acute rehab program, depending on your needs. If you go directly home, your physician will order the services and the equipment you may need and it will be delivered to you if authorized by the insurance company. Later, outpatient therapy services may be ordered for you to continue your rehabilitation.

If you would like to discuss home care after you are discharged, please call the case management department at (510) 869-6160.

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- **Skilled Nursing Facility:**

We will make every effort to arrange your transfer to the SNF early on your day of discharge from the hospital to get you settled and so that you have the full course of daily therapy.

Nursing and Rehabilitation staff (physical and occupational therapists) in the SNF will work closely with you to provide the highly skilled coordinated care and rehabilitation to help progress you to your functional goals. Your stay may be from 5 to 10 days, depending on your progress and your medical needs. Your physician will determine your length of stay based on your progress with therapy and nursing care.

As you progress and are close to reaching your functional goals, you will be notified approximately 2 to 3 days prior to your anticipated discharge date, so you and your family can make appropriate discharge plans. The social worker (discharge planner) will assist you in planning for devices, equipment and services that you may need at home. You may qualify for in-home therapy and nursing assistance as well. If necessary, the social worker will coordinate with you and your family for continued long-term care if needed in a community facility.

- **Acute Rehabilitation:**

Our acute rehabilitation program is a highly structured, intensive, interdisciplinary program intended for patients with significant functional impairments. Our approach provides patients with a supportive, structured and coordinated rehabilitation program designed to improve the ability to perform independent activities of daily living. All patients receive an average of three or more hours of therapy per day, six days per week, depending on their individual goals.

The key to rehabilitation success includes a rehabilitation team that works together with the patient to design an individualized treatment program and establish goals based on the patient's current condition and needs. The team monitors the patient's progress closely and adjusts the treatment program with the patient to reach these rehabilitation goals. A rehabilitation plan of care is coordinated and carried out 24 hours a day by therapists, nurses, social workers, and physicians. Our dedicated staff of highly skilled professionals specializes in this intense level of rehabilitation.

- **Home:**

Once you are medically stable and no longer require care in a facility, your doctor will discharge you home. You will be more comfortable in your own environment and home health services will be arranged for you based on physician and therapist recommendation. Home health care generally includes follow-up care by nursing and therapy services. ***It does not include household tasks such as cleaning, laundry, and meal prep. These services need to be privately arranged. Your case manager will provide you with a list of resources if needed.***

- **Outpatient Therapy:**

Your physician may prescribe outpatient physical therapy for you. The timing of this will depend on how mobile you are. The therapist will design an exercise program to improve your walking and increase your mobility. Depending on your needs, the physician and therapist will determine the frequency and duration of your visits.

Regular follow-up and close communication with your physician ensure coordinated care to achieve your therapy goals. Therapy sessions can consist of a combination of individual and group (with other patients recovering from hip surgery).

Our key to your success is that we promote an environment of wellness and teach you how to continue your rehabilitation program at home.

Many of our patients join our Open Gym program at the completion of their structured therapy with us. Call (510) 204-1788 for more information.

## Home Recovery

- **Wound Care**

After you return home, a home health nurse may visit to change your bandage and check your wound, or remove surgical staples if you have them. Talk to your case manager in the hospital about your needs.

Nurses will teach you to care for your incision. Inspect it daily after washing your hands. Wash it with soap and water and lightly pat it dry; do not rub. Keep it covered if it is draining. If there are steri strips (small tapes) across the incision let them fall off on their own at about two weeks; do not pull them off. Keep your incision out of the sun as it can burn easily. Do not use lotions, ointments, or creams until approved by your surgeon. No swimming, hot tubs or baths until your surgeon allows.

- **Medication**

People experience differing degrees of pain following total knee replacement. Your physician may give you a prescription for painkillers depending on your tolerance. You may also be given an anti-coagulant or blood-thinning medication (Lovenox, Coumadin, Xarelto or aspirin), to prevent blood clots in the weeks after surgery.

Lovenox is a blood-thinning agent that is injected. You and a family member will be taught how to administer it before discharge. Expect to use it for 2 to 4 weeks based on surgeon preference and your medical condition.

Coumadin (Warfarin) is a blood thinner that is taken by mouth. Dosing is regulated by blood tests drawn one to two times weekly. You will be taking this medication from 4 to 6 weeks. There are dietary concerns and restrictions when using it, and you will be given a Coumadin education packet or Lovenox training kit while in the hospital.

Xarelto is a new blood thinner that is taken by mouth. You will be instructed on blood thinner precautions while in the hospital.

Talk to your physician or pharmacist before taking any drugs or medication if you have questions.

- **Diet**

In general, there are no specific diet restrictions following joint replacement. However, eating a well-balanced diet provides your body with the vitamins and nutrients necessary for the healing process. Your health care team may recommend calcium and vitamin D supplements to aid bone growth and healing.

- **Stop Smoking**

Smoking interferes with the body's ability to absorb oxygen and could slow your healing processes. Smoking increases risks for all complications.

- **Walking**

Your therapist will teach you how to use the device you will use for walking. Please continue to use this device until instructed otherwise. Walking can help your body function better, prevent complications, improve your mood and speed your recovery.

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- **Bathing**

Many surgeons allow showering 1 to 2 days after surgery if the incision is closed and no longer draining. Many incisions are closed with skin glue, which may allow for earlier showering. Please ask your surgeon first. If you have staples, they will be removed about 10 to 14 days after surgery. Water can carry microbes into the staple holes or an open wound putting your replacement at risk for infection. Therefore, your surgeon may not want you to bathe without covering the incision until these holes heal over; approximately 24 to 48 hours after the staples are removed. Please check with your doctor before showering.

Soaking in a bathtub or hot tub or swimming is NOT recommended for at least 30 days. Please discuss this with your surgeon.

- **Compression or Support Stockings (TED Hose - if ordered)**

Should be worn for at least the first month after surgery, to help prevent blood clots. Remove stockings twice daily and inspect skin. Do not allow them to roll down at the top edge as this will produce a tourniquet effect which will interfere with proper circulation and cause skin breakdown. Hand-wash and air dry socks. A dryer can shrink them. Use assistive devices or get help to apply and remove them.