



Patient Guide

Total Hip/Knee Replacement

stjoesoakland.org

WELCOME TO ST. JOSEPH MERCY OAKLAND

The Joint Care Center

For more than 75 years, the medical team at St. Joseph Mercy Oakland (SJMO) has been dedicated to improving the health and well being of the southeastern Michigan community. In support of this effort, SJMO orthopedic physicians have developed the nationally renowned Joint Care Center (JCC).

St. Joseph Mercy Oakland's JCC provides a comprehensive and personalized program for patients undergoing elective surgery for total knee or hip replacement. With highly skilled orthopedic surgeons, nurses, therapists and technicians using state-of-the-art technology, the JCC is proud to serve as a model for other joint care programs across the country.

We Are With You Every Step Of The Way

From the day you and your doctor decide you should have a new joint, through the surgery, to your final rehabilitative therapy session, you will receive exceptional service and support from the dedicated staff at St. Joseph Mercy Oakland's JCC.

This book, along with the video and class, were created to help you prepare for your orthopedic patient experience. Take time to review the materials before coming to the hospital. Feeling nervous or scared is normal; we hope this information about what to expect during your hospital stay and your recovery process will alleviate your fears.



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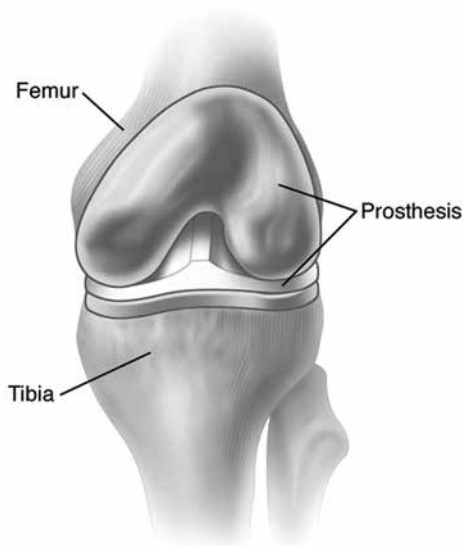
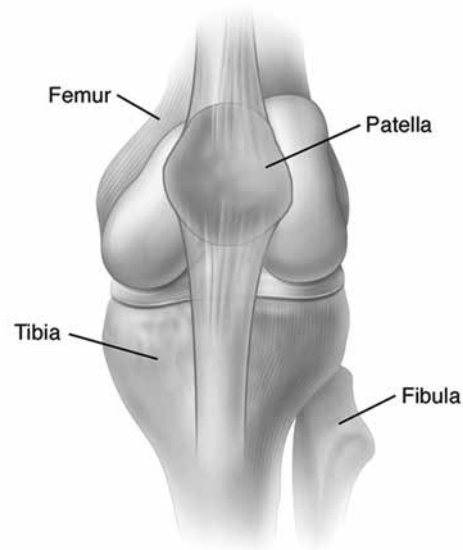
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QUESTIONS AND NOTES

ANATOMY OF THE KNEE

The Knee Joint

The knee joint is a major weight bearing joint in your body. This joint is formed where the upper leg bone, called the femur, and the bones of the lower leg, called the tibia and fibula, meet. Over the center and in the front where the femur and tibia meet is the knee cap or patella. The knee is surrounded and held together by muscles, ligaments and other soft tissues. Beneath the bones of the knee, cartilage cushions the knee and allows the joint to move in a smooth and free manner.



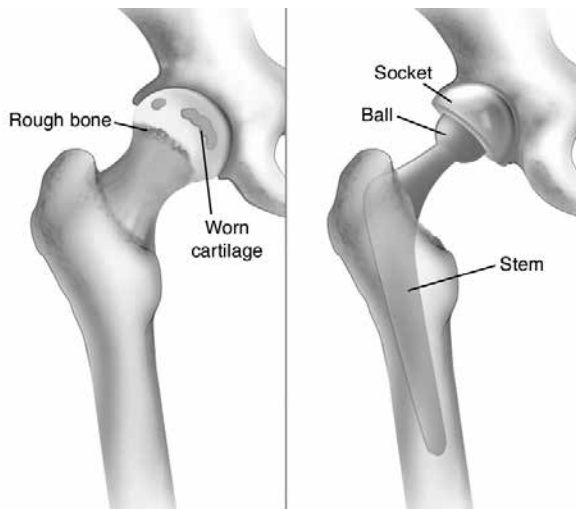
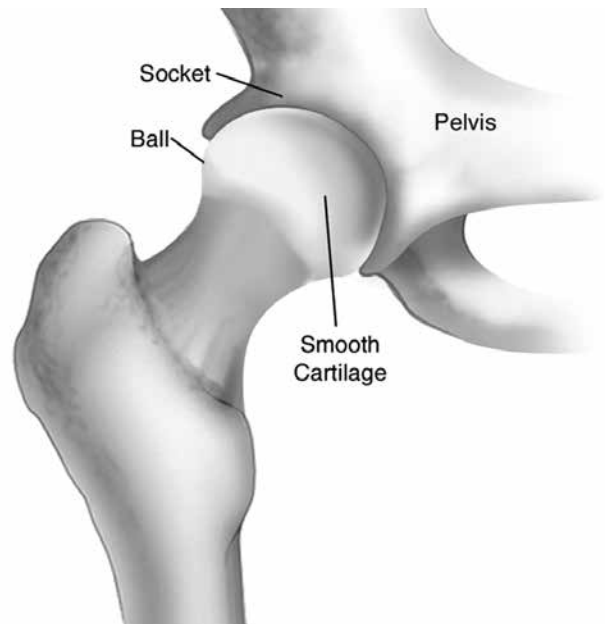
Total Knee Replacement

Disease and/or injury can damage the knee joint. You and your doctor have decided that a total knee replacement is likely to decrease your pain and make walking easier. During this operation, the diseased portions of the joint are resurfaced and covered with an artificial joint called a metal prosthesis which is cemented in place. This type of operation usually takes about 1 to 1-1/2 hours.

ANATOMY OF THE HIP

The Hip Joint

The hip joint is the largest weight-bearing joint in your body. It is called a ball-and-socket joint. This joint is formed where the thigh bone and the pelvis meet. The ball-shaped head of the upper leg, or femur, fits into a socket-shaped ring in the pelvis, or acetabulum.



Total Hip Replacement

Disease and/or injury can damage the hip joint. You and your doctor have decided that a total hip replacement would likely decrease your pain and make walking easier. During this operation, the ball-and-socket of your hip joint will be removed and replaced with an artificial joint, called a prosthesis. This prosthesis can be made of smooth metal or porous metal. Your doctor, with your help, will decide which type is best for you.

PLANNING FOR SURGERY

Pre-Operative Visits

You should have an appointment with your orthopedic surgeon sometime before your surgery date. The office will confirm that we have your lab work, EKG and chest x-ray, if needed.

You will participate in an educational joint replacement class that is 1-1/2 hours long. We recommend you have someone, a coach, with you for this visit. Your coach can be a friend, relative or neighbor. These classes are every Monday 10:30 a.m. to 12:15 p.m.

Your coach should accompany you to pre-op class, come to two of the therapy sessions while in the hospital, and will assist you once you go home.

Planning for Discharge

It is very important to plan for your discharge needs before surgery. You should discuss with your family the care that you will need and make plans for this care ahead of time. You will receive education in this book and in the joint replacement class to help you understand what your needs will be.

In order to return home when you are discharged from the hospital you should:

- Have someone available for at least 3 – 4 days; sometimes you may need this care for a longer period
- Be able to walk far enough to get into and around your home
- Be able to climb steps to enter your home and get to your bed
- Have a reacher to use for your immediate recovery at home
- The Joint Care Center staff will assist you during your hospitalization by obtaining any needed equipment for use and by making arrangements for home care therapy, (if your physician orders it). You may instead go to outpatient therapy.

BEFORE YOUR SURGERY

- Do your pre-op exercises
- Get medical/cardiac clearance for your surgery
- Make a list of all the medications you are currently taking and the times you take them; bring this list with you anytime you go to the doctor or hospital

Valet Services are free for you and your coach on the day of surgery and day of discharge.

PLANNING FOR SURGERY

Pre-Op Checklist

Remember to bring the following items with you to the hospital.

- **Pre-Op Education Manual**
- **Walker** – if you have one
- **Toiletries** – toothbrush, toothpaste, comb or brush, electric razor and non-powder deodorant
- **CPAP machine** – if you use one
- **All of your home medications in their bottles:**
 - Do not bring pain pills/Coumadin or vitamins
 - If you are on insulin, know the type, dose and times administered
 - **Note:** Nursing staff will verify all of your medications on the day of surgery and then your family can take them home. Occasionally you will have to take your own medications if we don't carry them.
- **Your insurance card(s)**
 - You may fill any new prescriptions at our outpatient pharmacy
- **A check or credit card to pay for home medical equipment**
- **Power of Attorney papers and/or living will papers if you have them available.**
- **Please bring a pillow and plastic garbage bag to help you transfer into your vehicle on discharge day**

DAY OF SURGERY

Please bring all your belongings with you on the day of your surgery. Your family will bring those up after you are admitted to your room.

Male patients having hip replacements can bring swim trunks in addition to shorts. Swim trunks are easily washable with inside netting.

Clothing

As part of the JCC program, we require you to dress in regular clothing. Doing this helps to speed up your recovery process and gives you the opportunity to practice dressing yourself before you go home. Please remember to bring clothing that is loose fitting and comfortable. All clothing stands the chance of being soiled by incisional drainage or an IV. We recommend that you bring the following clothes:

At least four changes of clothing including:

- Shorts, loose athletic pants, or capris with elastic waistband; male patients may bring swim trunks
- Short sleeve shirts; women may wear dresses
- Cardigan or sweater that buttons in front for extra warmth
- Loose fitting undergarments – at least five changes; no support girdles
- Bathrobe and pajamas are optional

HINTS FOR BREATHING

Breathe deeply and use your incentive spirometer ten times every hour while you are awake.

HINTS FOR ACTIVITY

Do ankle pumps and circles every hour while awake.

GOALS

1. Get out of bed or dangle
2. Manage Pain
3. Physical therapy evaluation
4. Initial gait (walking training)

Activity

- You will need to follow and refer to your “Hip Precautions” at all times (see pages 32-33).
- You will also be helped by the therapist or nurse to sit on the side of the bed or chair or possibly walk during the evening of surgery.
- You will have special pump stockings on both of your legs to help with blood circulation and to prevent blood clots.
- You should begin your ankle pump exercises immediately after surgery.
- You will be evaluated by a physical therapist the day of surgery.

Breathing Exercises

- Breathe deeply and cough ten times every hour while you are awake. It is very important to exercise your lungs and this will help minimize your risk for pneumonia.

Diet

- You will have a clear liquid diet for lunch/dinner. If you tolerate this, you will be advanced to a regular diet.
- Room service is available between 6:30 a.m. – 7:00 p.m. by calling 248.858.FOOD (3663). It may take approximately 45 minutes to receive your tray.

Tubes and Drains

- An intravenous flexible catheter will be placed in your vein to give you fluids and medications.
- A catheter to drain your urine will be placed in your bladder during your operation.

COACH

Please be present morning and afternoon group therapy sessions to observe the patient's progress and receive instructions from nursing and physical therapy staff.

GOALS

- Manage Pain
- Walk in the halls with minimal assistance
- Plan for discharge

Activity - Day 1

- Your blood will be drawn today to check your blood count.
- Maintain your hip precautions while getting in and out of bed.
- An occupational therapist may see you to work on bathing, dressing, and other functional tasks.
- You will be out of bed throughout the day. The staff will help you to walk in the hallway.
- Continue to ice your hip or knee frequently.
- Continue to do ankle pump and circle exercises while in bed.
- The nursing staff will wake you occasionally during the night to observe your condition and monitor vital signs.

Breathing Exercises

Continue to breathe deeply and cough ten times every hour while you are awake. Doing this exercises your lungs, helps minimize your risk for pneumonia.

Activity - Day 2 (All the same as Day 1, plus)

- Most patients can take showers this morning. You will get dressed in your own clothes.
- You will learn how to go up and down stairs this morning.

Planning Your Discharge

- You will be discharged today after morning therapy
- Your ride home should be at the hospital for pick up by 11:30 a.m.

MANAGING PAIN

Managing pain is a major concern for many facing surgery. People used to think that severe pain after surgery was something they “just had to put up with.” But with current treatments, that is no longer true. Today, you can work with your nurses and doctors after surgery to help keep your pain at a **mild to moderate level**.

Facts About Pain Management

Take action as soon as the pain starts. It is important to ask for pain medication before the pain becomes severe since it is harder to get pain under control once it has become severe.



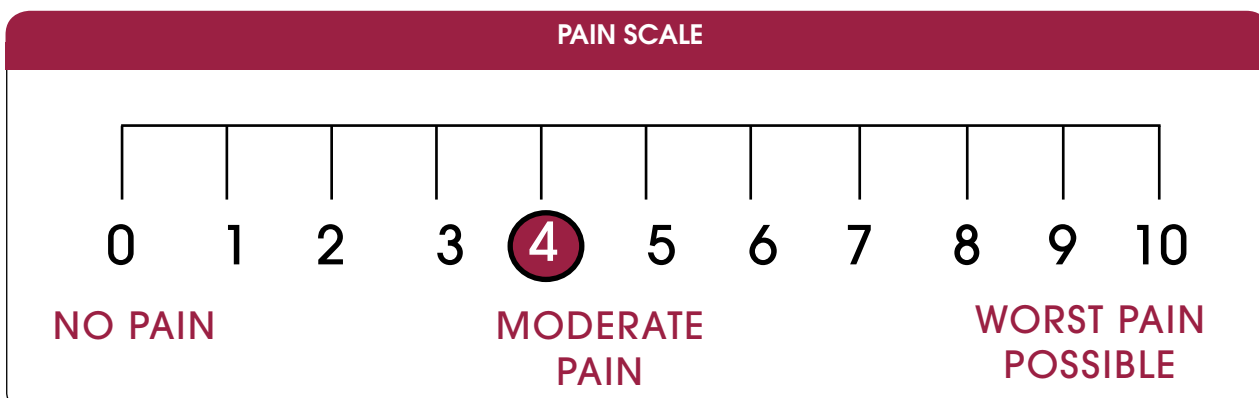
MANAGING PAIN

Pain Management Can Help You

- Get well faster – With less pain, you can start walking, doing your exercises and participating in physical therapy.
- Improve your recovery phase – People whose pain is well managed seem to do better after surgery and discharge.

Pain Management Ideas

- We will help manage your post-op pain using a combination of IV and oral pain medications.
- Ice therapy is a good complement to pain medications
- Elevating your legs is also helpful in reducing swelling and thus decreasing pain.
- Some pain is to be expected. Total joint replacement is a big surgery; however, your goal is to be at a pain scale level of four or less.
- Remember, it is okay to ask for pain medication.



Your nurse will ask you to describe your pain on a range from 0 to 10 as shown on the scale above. We want you to be as comfortable as possible. Ask for pain medication before your pain increases, or when you are getting ready to exercise.

ANTICOAGULATION

After your total joint replacement your doctor will prescribe an anticoagulant. An anticoagulant is a medication that helps to reduce the risk of blood clots. There are several different options for anticoagulation and your doctor will decide which is the best for you. The following are three medications we commonly use.

Aspirin

Aspirin is a pill that should be taken at the same time each day. No special testing occurs with Aspirin.

Lovenox® (enoxaparin sodium)

This is an injectable anticoagulant. It is dispensed in a pre-filled syringe. You will be shown in the hospital how to give the injection to yourself or your coach may give you the injection. We suggest that you have it filled at our outpatient pharmacy. Please read your instructional booklet and view the video before leaving, ask the nurse any questions that you may have. If you do not have prescription coverage, please notify your surgeon's office before surgery.

Coumadin® (warfarin)

This is a pill that is taken at the same time each day. You will be given this medication in the afternoon. It is important that the level of Coumadin® in your body is monitored. INR is a blood test that measures this level. Dosing for Coumadin® may change depending on your INR, so pay attention to your instructions when you are discharged. When you go home after leaving the hospital, your doctor will tell you how much Coumadin® to take each evening. If you are going home after leaving the hospital, you will have your blood checked two times a week by home care personnel. A staff member from our Anticoagulation Pharmacy Department will contact you about changes in your Coumadin® dose. The testing of your blood is important so do not miss a blood draw. Please read your Coumadin® instructions before leaving the hospital and ask the nurse and pharmacist any questions you have.

MEDICATIONS



Your medications are ordered by your surgeon. Each surgeon has his/her own medication protocol.

DO NOT TAKE ANY OF THESE MEDICATIONS, WHILE TAKING ANTICOAGULANTS UNLESS DIRECTED BY YOUR DOCTOR:

- Aspirin or aspirin-containing products, including ointments or skin creams
- Other platelet inhibitors such as clopidogrel (plavix)
- Salicylates (aspirin-like products)
- Nonsteroidal anti-inflammatory drugs (NSAIDS)
- Cold or allergy products or pain relievers containing any of these drugs

CALL 911, IF YOU HAVE CHEST PAIN, SHORTNESS OF BREATH, RAPID OR UNUSUAL HEARTBEAT.

While Taking Anticoagulants

Taking these medications can increase the time it takes for your blood to clot and can increase your risk for bleeding.

If you have or develop any of the following, notify your doctor immediately.

- A serious fall or if you hit your head
- Bleeding from a cut or your nose that you cannot stop
- More bleeding than usual when brushing your teeth
- Heavier than normal menstrual period or other vaginal bleeding
- Blood in your urine or stool
- New and significant bruising
- Fever, sickness, severe diarrhea or nausea
- Dizziness or confusion
- Call 911 if you have chest pain, shortness of breath, rapid or unusual heartbeat

If you experience a fall, are involved in a motor vehicle accident or hit your head, go directly to the emergency department. It is very important that you notify the ER that you are currently taking anticoagulants. These medications may put you at an increased risk for bleeding and, without immediate medical treatment, serious side effects may occur.

Blood Clots

Although there is a very low risk of blood clots after surgery one should know the signs and symptoms. These include:.

- New or sudden pain or swelling in your leg; this could include your non-operated leg
- Warmth of the calf or the leg
- Shortness of breath or chest pain

If you have any of these signs or symptoms, notify your doctor immediately.

DISCHARGE INSTRUCTIONS

Pain Control

- You will get a prescription for pain medication before your discharge
- Use pain medication as directed – especially before doing your exercises
- Elevate your leg to help reduce swelling and/or pain
- Do not drink alcohol while taking pain medication
- Do not drive while taking pain medication
- Call your doctor if increased pain is not relieved by pain medication

Temperature

- Take your temperature once a day
- You can purchase a thermometer at any pharmacy or larger grocery store
- Call your physician if your temperature is over 101

Activity

- Use crutches or a walker as directed until your doctor/therapist indicates otherwise
- Gradually increase your activity each day
- While sitting, elevate your leg to reduce swelling
- Perform your ankle exercises, as instructed by your nurse, to promote circulation
- Do your exercise program three times a day
- If possible, obtain or use a recliner chair during your immediate recovery time at home
- Continue to use adaptive equipment until hip precautions are lifted by your doctor
- Walk as much as you can daily, every 1/2 hour, within your comfort level to avoid becoming too stiff

Note: Your new hip or knee prosthesis is metal, and you may activate metal detection devices at the airport.

LOWER EXTREMITY

Call your doctor if you experience any of the following signs and symptoms for:

BLOOD CLOTS

- Pain in your calf
- Redness, swelling or warmth in leg or calf
- Chest pain
- Shortness of breath

INDICATORS OF INFECTION

- Increased temperature
- 100 degree temperature for three days
- 101 degree temperature for one day. Increased drainage from your wound
- Foul odor from your wound
- Redness, swelling and/or warmth of your wound
- Increased pain in your wound

Call your doctor if you experience any of these indicators.

DISCHARGE INSTRUCTIONS

Infection

The possibility of infection in your artificial joint may exist after the following situations:

- Any dental procedure
- Liver biopsy
- Sigmoidoscopy or Colonoscopy
- Kidney surgery
- Any infection
- Genitourinary instrumentation
- Tonsillectomy
- Bronchoscopy
- Barium enema
- Prostate and bladder surgery

NARCOTIC PAIN MEDICATION

The information that follows is for use as an educational aid and does not cover all possible uses, precautions, side effects or drug interactions. For more complete information about the prescribed medication you are taking, ask your pharmacist or doctor.

Some of these preparations are combination products and may contain other medications such as Tylenol or Aspirin. Do not take extra Tylenol in combination with your pain medication. You should never take more than 4000 mg of Tylenol (Acetaminophen) in a 24-hour period.

Narcotics/Pain Medications

Norco, Vicodin, Tylenol #3, Percocet, Oxycontin

What do they do?

They depress pain signals from your brain.

What are they used for?

Most products are used to control moderate to severe pain.

What are the side effects?

Gastrointestinal symptoms including nausea, vomiting, decreased appetite, constipation and cramps are the most common side effects. Other common side effects include lightheadedness, dizziness and sleepiness.

INFECTION PREVENTION

- Wash your hands frequently
- Take a shower and let the water run over your incision. Pat it dry.

Notify your physician or dentist for antibiotic treatment before these and other medical procedures. This you must do for a lifetime. Please discuss this with your orthopedic surgeon.

DISCHARGE INSTRUCTIONS

Laxatives and Stool Softeners

Laxatives and stool softeners help prevent constipation and are recommended for short-term use after surgery or a hospital stay. It is important to maintain a high fiber diet and to drink plenty of fluids. Take plenty of walks daily.

The stool softeners help fat and water to mix and causing stool to soften. They include Colace (docusate sodium) and surfak (docusate calcium). The normal dose is one or two capsules, twice a day. All products listed may be purchased at your local drug store.

Bulk-producing products allow your stool to hold more water causing the urge to have a bowel movement. They include Metamucil/Fiberall (psyllium), Fibercon (polycarbophil) and Miralax. The normal dose is found on each product package and is usually mixed with water or juice. Start with the smallest recommended dose unless you have taken the laxative on a regular basis before surgery. All the products listed may be purchased at your local drug store.

Stimulants and Stimulant/Stool Softener

These products directly stimulate the bowel. You should not use these products until you have first tried other laxatives or stool softeners or unless ordered by your doctor. They include:

- Pericolace (docusate/casanthrol)
- Correctol (docusate/phenolphthalein)
- Doxidan (docusate/phenolphthalein)
- Senokot (senna)
- Dulcolax (bisacodyl)

For direction in their use, read the label carefully. Long-term use of these stimulants may cause dependence. Therefore, you should discontinue their use when your bowel habits return to normal.

NOTE:

- Senna and cascara can discolor your urine yellow-brown, pink-red, red-violet or red-brown
- Swallow bisacodyl tablets whole and avoid milk products or antacids within one-hour of a dose

BOWEL MANAGEMENT

RECIPE FOR SEVERE ONGOING CONSTIPATION

Mix together:

- 1 cup applesauce
- 1 cup coarse unprocessed bran
- 3/4 cup prune juice

This mixture will be like a thick paste. Keep it refrigerated in a covered container. Take 1 to 2 tablespoons of the mixture every day with a glass of water. Take it in evening for a morning bowel movement. Increase the bran mixture by two tablespoons each week until your bowel habits are regular. Always drink one large glass of water with the mixture.

Eating a diet high in fiber and drinking at least 6 to 8 cups of water daily can also help with bowel management during your recovery period.

RECOVERY AT HOME

GENERAL INFORMATION

Diet

Follow your prescribed diet. Remember to drink plenty of water.

Bowel Function

You may use a mild laxative such as Milk of Magnesia or stool softeners.

Bathing

You may shower after discharge. Do not sit in a tub, pool or jacuzzi.

Wound Care

Keep your incision clean and dry. Let the shower water run over your incision, then pat it dry. Wash your hands before touching your incision.

Walking

Gradually increase the amount of walking you do at home. If you progress to using only one crutch or a cane, use it on the side opposite of your surgery. Walk every 1/2 hour.

Sitting

Sit on firm chairs with arm supports. Follow total hip precautions. Use a recliner to help keep your legs elevated.

Household Chores

Limit housework to light chores that can be done while on crutches or a walker for example, light dusting. Remember to use your reacher.

Return to Work

Check with your doctor.

Automobile Trips

Once you are home, limit your riding to short trips. Do not drive until your doctor authorizes it.

HINTS FOR RECOVERY AT HOME

- Have a cordless or cell phone by your recliner and bed.
- Have someone assist you in reorganizing your home to avoid having to reach low. For example, put kitchen pots and pans from lower cupboards out on a counter or table to make them more accessible.
- Arrange your refrigerator to put most things on the top shelf or upper tray of door.
- Avoid low drawers; put things out on dresser tops.
- Keep walker close to your bed.

Guidelines for Bed Mobility

- You will not need a hospital bed at home. A firm mattress is best. No waterbeds, please.
- Most people will need some assistance when they first get home. Your therapist can instruct your caregiver while you are in the hospital.
- Plan several rest periods during the day when you can lie down and rest.

Exercise

After checking with your doctor, playing golf with a cart, swimming, doing upper body exercise and other moderate activities are usually permitted. More active sports such as tennis and skiing are not recommended.

Sexual Activities

You can safely resume sexual activity between one and two months after surgery.* During the first month of recovery the wound will begin to heal and skin sensitivity to friction will start to decrease. During this time the muscles of the hip are recovering from the operation and still need to be protected from excessive motion.

Keep in mind that dislocation of total hip replacements is one of the most common complications after surgery. At first, the partner who has had surgery should participate in a passive position. After a few months, you can resume sexual activity in any comfortable position.

**Be sure to check with your surgeon.*

Pets

- Make sure your pet doesn't jump or scratch your surgical leg.
- Do not allow your pet to lick your incision

RECOVERY AT HOME

Home Equipment

If you need a walker or other equipment for your personal care and home environment, the Joint Care Staff will help you order these items.

You will need a walker at home. A percentage of the cost is usually covered by insurance. You will also need a raised toilet seat, which is not covered by insurance. Other items pictured below are helpful for home recovery and are not covered by insurance.



Leg Lifter



Reacher



Raised Toilet Seat



Shower Chair



Walker

Standard or with wheels in the front (only) is recommended

You will use a standard walker (pictured).

HINTS FOR RECOVERY AT HOME

Even when using an elevated toilet seat with arms, you will need to revise the way you wipe yourself – you will be instructed during your stay in the hospital.

Helpful suggestion: Get flushable wipes to use as they are easier and safer to use than toilet paper.

Watch your “Total Hip Replacement” DVD weekly as a review. Remember, you will need to maintain your Hip Precautions for 2 to 3 months regardless of how good your hip feels.

EXERCISES - BEFORE SURGERY

Keep stomach muscles tucked in for ALL exercises

**SITTING
EXERCISES TO
BE DONE IN A
STURDY CHAIR
WITH A FIRM
BACK AND ARMS.**



Armchair Push-Ups

Sitting, grip the arm rests of your chair. Straighten arms, raising your bottom up. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.

Scapular Adduction

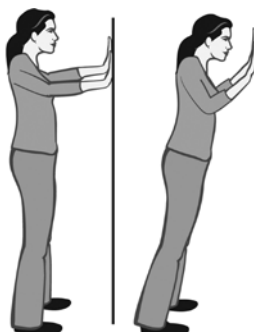
Pinch your shoulder blades together, but do not shrug your shoulders. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.

Seated Bicep Curls and Tricep Press

Bring your arms down beside your body. Bend from your elbows bringing the palms of your hands up toward your shoulders, squeezing and tightening the bicep muscle. Hold for 6 counts. Then straighten your elbows turning your palms so your hands face toward the back of your body—squeeze and tighten the tricep muscle. Hold for a count of 6. Repeat the sequence 10 times, 3 – 4 times daily.

Wall Presses

Stand with your feet hip distance apart, facing a wall. Place your hands on the wall at shoulder height. Your elbows should be straight, but NOT locked. Bend your elbows, bringing your nose toward the wall and hold a few seconds. Return to starting position. Repeat 10 times, 3 – 4 times daily.



EXERCISES - BEFORE SURGERY AND IN-HOSPITAL

Quad Set

Lying on your back, push the back of your knee down into the bed. Hold for a count of 6. Relax. Bend the non-surgical leg to protect your back. Repeat 10 times, 3 – 4 times daily.



Straight Leg Raise

Lying on your back with the knee of your non-operated side bent and foot flat on the bed, lock the knee of the operated side and raise your straight leg to be equal to your other knee. You may need assistance. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.



Heel Slides

Lying on your back, start with both legs straight. Slide the heel of your operated leg toward your body, bending your hip and knee as much as possible, but not past 90 degrees. Hold for a count of 6. Slowly slide heel back to starting position. Repeat 10 times, 3 – 4 times daily.



**DO YOUR
EXERCISES AT
LEAST**

**3 – 4 TIMES A
DAY.**

**REPEAT EACH
EXERCISE 10
TIMES.**

The purpose of these exercises is to increase motion and strength in your operated hip. We recommend you take your pain medication 30 to 45 minutes prior to doing these exercises.

EXERCISES - BEFORE SURGERY AND IN-HOSPITAL



Ankle Pumps

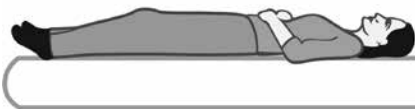
Lying on your back, push your heel. Relax your foot, then point your toes. Alternate pushing with your heel and then pointing your toe in a pumping action. Repeat 10 times every hour, 3 – 4 times daily.



Hip Abduction/ Adduction with Straight Knee

(Cannot be performed by those who have had the anterior approach)

Lying on your back, slide your operated leg out to the side. Keep toes pointed up and your knee straight. Bring your leg back to the starting point. Repeat 10 times, do 3 sets per day.



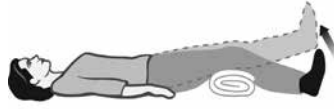
Buttocks Squeeze

Tighten your buttocks muscles. Hold for a count of 6. Repeat 10 times every hour, 3 – 4 times daily.

EXERCISES - BEFORE SURGERY AND IN-HOSPITAL

Short Arc Quad

Lying on your back, place a large towel roll under your operated knee. Straighten the knee completely; hold for a count of 6. Relax. You may need assistance to bend your knee a little further. Repeat 10 times, 3 – 4 times daily.



You may apply ice to your hip after you are done exercising. Ice can help with the pain and swelling. Always have a layer of clothing or a towel between your skin and the ice pack. Apply it for about 20 minutes.

Long Arc Quad

Sit in a chair with your thigh supported. Straighten your surgical knee completely. Hold for a count of 6. Relax. You may need assistance. Repeat 10 times, 3 – 4 times daily.



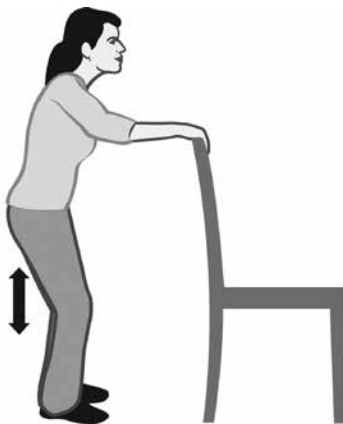
EXERCISES - TAUGHT IN A - HOSPITAL FOR HOME CARE

For all standing exercises, hold onto a table or countertop, not your walker.



Heel-Toe Raises

Standing, hold onto a table or counter top. Raise up on your toes. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.



Short Squats

When you bend, be careful not to let your knees go over your toes. Keep your weight on your heels, not through toes. Hold for a count of 9. Repeat 10 times, 3 – 4 times daily.



Standing Hip Extension

(Cannot be performed by those who have had the anterior approach)

Stand with your feet shoulder-width apart. Tighten your buttocks. Keeping your knee straight, lift your surgical leg straight back. Return to standing position. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.

EXERCISES - TAUGHT IN A - HOSPITAL FOR HOME CARE

Hip Abduction

(Cannot be performed by those who have had the anterior approach) Standing, hold onto firm surface. Raise your surgical leg out to side. Keep your toes pointed straight ahead. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.



Hip Flexion

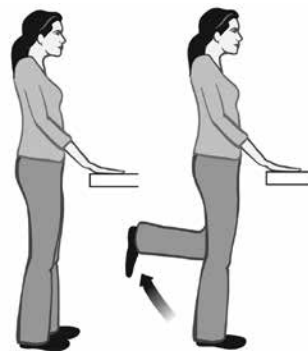
Standing, hold onto a firm surface.

Lift your surgical leg up toward you, but not past 90 degrees. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.



Knee Flexion

Standing, hold onto a firm surface. Bend your surgical leg up behind you. Hold for a count of 6. Repeat 10 times, 3 – 4 times daily.



Straight Leg Raise

Standing, hold onto a firm surface. Move your surgical leg forward at the hip. Hold for 6 seconds. Repeat 10 times, 3 – 4 times daily.



You will perform standing exercises on both legs with a home care therapist, as indicated.

EXERCISES - HOME CARE ONLY



Wall Slides

Stand with your back to a wall. Keeping your stomach pulled in. Slide down to stretch your quadriceps (front of thighs). Hold 15 to 30 seconds, then return to a standing position. Repeat 3 – 4 times daily.



Forward Step-Up

Using a stair or stool, step up with your surgical leg first, then down with your non-surgical leg first. Repeat 10 times, 3 – 4 times daily.

EXERCISES - HOME CARE ONLY

Backward Step-Up

Step up backward leading with your surgical leg and then step down leading with your surgical leg. Repeat 5 times,

3 – 4 times daily.



**DO YOUR
EXERCISES AT LEAST
3 – 4 TIMES A DAY.**

**REPEAT EACH
EXERCISE 5 – 10
TIMES.**

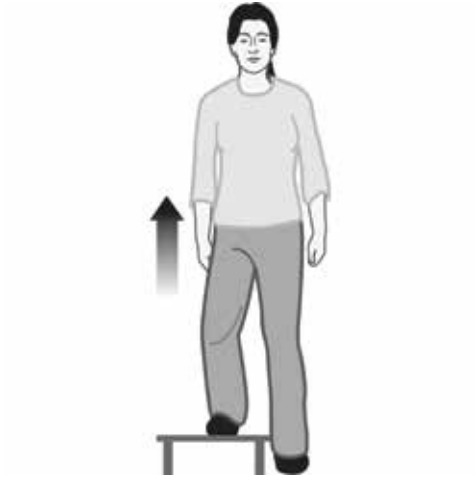
The purpose of these exercises is to increase motion and strength in your operated hip.

One Foot Balance

Attempt to balance on your involved leg. Begin with your eyes open and then attempt to perform the exercise with your eyes closed. Hold for 2 counts. Repeat 10 times, 3 – 4 times daily.

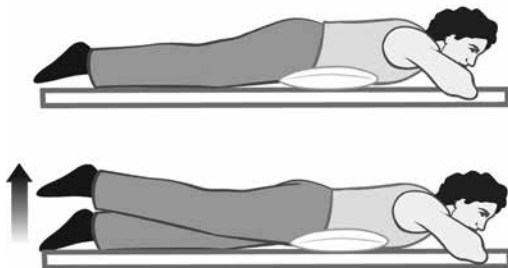


EXERCISES - HOME CARE ONLY



Single Leg Step-Up

With the foot of your involved leg on a step, and the other leg on the floor, straighten your involved leg. Repeat 5 times, 3 – 4 times daily.



Hip Extension

(Cannot be performed by those who have had the anterior approach)

Lie on your belly with legs straight and a pillow beneath you. Raise the leg of your surgical hip off the floor, keeping the leg of your non-surgical hip straight. Hold for 6 counts. Repeat 10 times, 3 times daily.

EXERCISES - HOME CARE ONLY

*None of these exercises can be performed by those who have the anterior approach.

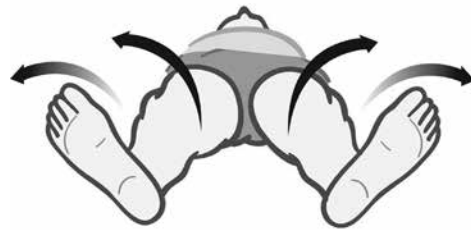
Side Lying Hip Abduction

Lie on the floor and place pillows between your legs. Roll your hip slightly forward. While on your side, tighten the muscle in front of your thigh, then lift your leg 8 to 10 inches away from the floor. Hold for 2 counts. Repeat 10 times, 3 – 4 times daily.



Hip External Rotation

Lie on your back, slide your surgical-side heel toward your bottom. Slowly bring the bent knee outwards towards the side as far as you can go. Hold for 6 counts, then return your knee to a neutral/ceiling position. Repeat 10 times, 3 – 4 times daily.



EXERCISES - HOME CARE ONLY

*None of these exercises can be performed by those who have the anterior approach.



Hip Flexion

Lie on your back with your legs straight. Slowly bend the surgical hip, raising your knee. Stop when your knee is over your hip, being careful not to go past 90 degrees. Repeat 10 times, 3 – 4 times daily.



Hip External Rotation and Abduction

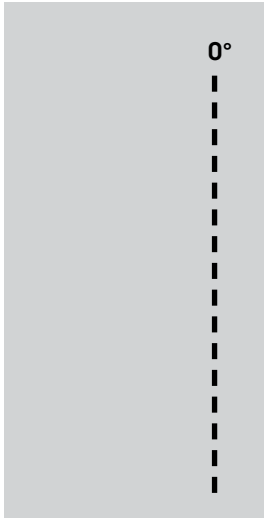
Lie on your back, slide your surgical side heel toward your bottom. Slowly bring the bent knee towards the side as far as you can go. Hold for 6 counts, then return to neutral/ceiling position. Repeat 10 times, 3 – 4 times daily.



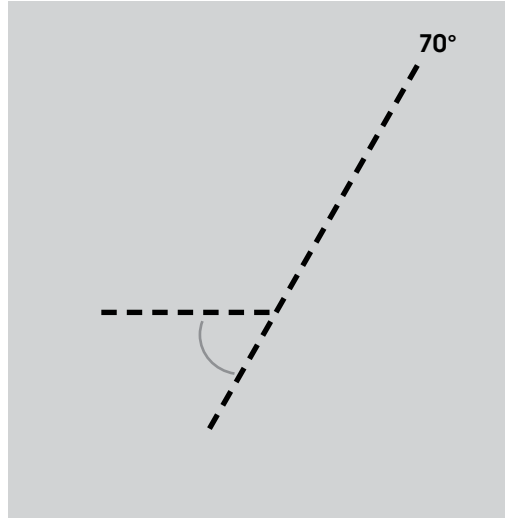
TOTAL HIP PRECAUTIONS

Total Hip Precautions

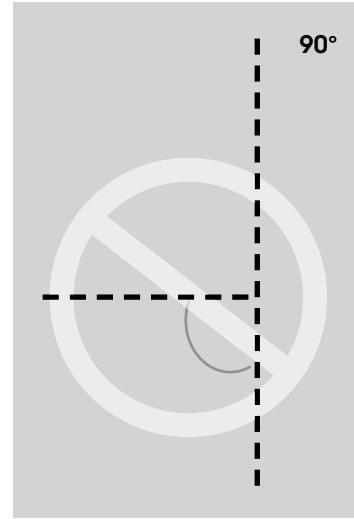
After hip replacement surgery there are some positions you must avoid to prevent dislocation of your hip. It is possible to dislocate your hip after hip surgery because the muscles and ligaments that hold your hip in place were weakened by cutting and stretching. These restrictions on movement will last six to twelve weeks or until your doctor allows you to resume normal activities.



Hip at 0 degrees.



Hip at 70 degrees.



Hip at 90 degrees.

This is maximum bend!

Basic Movements

There are some basic movements that you will need to avoid following your total hip replacement.

You are NOT to:

- Cross your legs
- Turn your hip in
- Bend your hip more than 90 degrees (see diagram)
- Kick your leg backwards or turn your toes out (anterior lateral approach patients only)

TOTAL HIP PRECAUTIONS

Getting Up From Sitting

You must always put your surgical leg out straight, when going from sitting to standing or from standing to sitting, to avoid bending the hip too far. Remember to push up from the chair, not to pull from the walker.

Furniture

Avoid sofas, loveseats, low chairs or chairs without arms; use raised toilet seats with arms. Some furniture can be modified with pillows. Recliners in general work well.

Dressing/Bathing

You will not be allowed to reach the foot of your surgical leg because to do so you will bend too far. Instead, use a reacher, sock aid, dressing stick or have someone help. An occupational therapist will instruct you on these activities.

Sleeping

Keep a pillow between your legs and roll onto your surgical side – provided your mattress is relatively firm. You may sleep on your operated leg with a pillow between your knees as instructed by your therapist.

Getting In and Out of a Car/Van:

Car transfer education will be given during your therapy sessions.

Avoid Twisting Your Trunk When Turning

Take small steps when turning; do not pivot. Avoid reaching across your body and twisting your trunk.

Be Especially Cautious of Combined Movements

Take caution when crossing/twisting/bending.

HOW HIP PRECAUTIONS AFFECT ACTIVITIES

HINTS FOR REACHING AND ORGANIZING

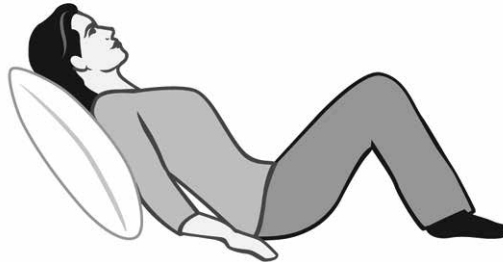
- Use a reacher to pick up anything off the floor
- Organize your home so that you don't have to reach into low cupboards, drawers or the bottom of the refrigerator

TOTAL HIP PRECAUTIONS

TOTAL HIP GUIDELINES WHILE IN BED

HINTS TO REMEMBER

- Every hour do ankle pumps and circles – move your ankles through your full range of motion and wiggle your toes on both legs

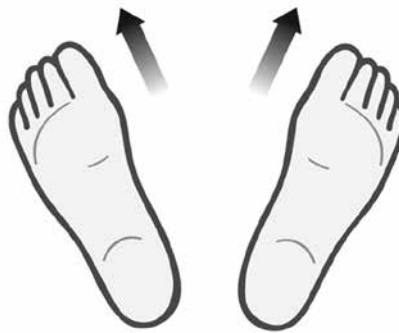


DO NOT bring the knee of your surgical leg up if the top portion of your bed is elevated. Avoid hip angles greater than 90 degrees.

DO NOT keep your toes pointed inward.

TURN ONLY ONTO YOUR SURGICAL SIDE

Your bed must be flat. If you experience too much pain, you may sleep on your un-operated side with a pillow between your legs as indicated by your therapists.



Ways to Manage Steps

- Using one crutch or a cane and one sturdy rail is probably the best way to manage steps. You have good leverage for bearing weight on your arms and the rail helps provide balance.
- If you have room to set a walker on each step, landing or threshold, then using the walker to get up or down steps works quite well.
- Having two rails can be the best option; however, many times the two rails are too far apart to be helpful.

Other Options for Stairs

- If your stairs have no handrails, you may use two crutches. This option takes more balance and you will need assistance.
- Do not try scooting up or down stairs on your bottom; this is too much of a risk for dislocating your hip.
- Your physical therapist will help assess the best option for helping you manage your steps at home. You will practice before you go home.
- You may want to consider having a rail installed anywhere you have two or more steps in a row.

USING STAIRS AFTER SURGERY

SEQUENCE FOR STAIRS

When going up the stairs, always step up with your non-surgical “good leg” first. When going down the stairs your surgical “bad leg” goes first. Remember, “good goes up, bad goes down.”

STEPS FOR...GETTING OUT OF BED



STEP 1

You may bend the knee of your unoperated leg to help slide towards the edge of the bed.



STEP 2

Push yourself to a partial sitting position using your arms. At the same time, bring your legs over the edge of the bed.



STEP 3

Sit on the edge of the bed supporting yourself with your arms. Keep your operated leg straight in front of you. Place the foot of your unoperated leg flat on the floor.

Additional Steps

STEP 4

Push from the bed with your arms. Stand up on your unoperated leg.

STEP 5

Hold onto the walker while bringing your operated leg under you. Stand on both legs.

STEPS FOR...GETTING INTO BED

You may get in and out of either side of the bed, as long as you are careful not to bend too far forward or cross your legs. You will likely need help with this for several days after getting home.



STEP 1

Sitting on the edge of the bed, keep your operated leg straight while bending your unoperated leg.



STEP 2

As you bring your legs onto the bed, use your arms to lower yourself to a lying position. You may need to use a leg lifter or sheet to lift your operated leg into bed.



STEP 3

Lie in bed.

STEPS FOR...GETTING INTO AND OUT OF A CAR

You must follow total hip precautions while getting in and out of the car until your hip precautions are lifted. A midsize or large car with reclining seats is the most comfortable and the safest. Before entering the car, place a plastic garbage bag on the seat, slide the front passenger seat back as far as possible, and recline the seat to 45° or more.

STEP 1

Back up to seat until you feel the seat touch the back of your leg.

STEP 2

Place your right hand on the seat or the outside of the door frame, waist high. Place your left hand inside car on dashboard.

STEP 3

Extend your operated leg forward and lower yourself slowly onto the seat. Tuck your head inside the door frame.

STEP 4

Lean back on your arms and push yourself back towards the driver's side using the unoperated leg.

STEP 5

Swing your legs into the car, one at a time, keeping your toes pointed out and knees apart. Slightly bend your knee to clear the door.

STEP 6

Once legs are inside the car, reposition yourself into the seat, maintaining hip precautions. To get out of a car, reverse the process.



AUTOMOBILE OBSTACLES & SOLUTIONS

• BUCKET SEATS

Add a pillow on the seat to level and raise its height.

• SEATS DON'T RECLINE

Place a pillow behind your hips and slouch in the seat.

• BUCKET SEATS WITH 4" CONSOLE

Recline the seat fully, sit on upper half of the seat before swinging legs into the car.

• OWN A VAN OR SPORTS UTILITY VEHICLE

Build a platform 4" x 4" x 6" or purchase a sturdy step stool to use as a step-up into the vehicle.

STEPS FOR...BATHING AT HOME

HINTS FOR BATHING

- Use a flexible shower hose with an on/off switch
- A long handled sponge will let you wash all parts without bending
- Place a rubber mat in bottom of tub
- A grab bar inside your tub is helpful to prevent slipping

If you can place your full weight on your operated leg, you do not need a tub chair.

STEP 1

Step over the bathtub wall with your operated leg by turning sideways, bending your knee back.



STEP 2

While holding onto the grab bar, bring the other leg into the tub.



STEPS FOR...BATHING WITH A TUB BENCH OR SHOWER STOOL

After your hip surgery it is important that you do not fall. Getting in and out of a bath tub or shower can be frightening. With proper instructions you can succeed. If you are not permitted to place all your weight on your new hip you will need a tub bench or shower stool.



STEP 1

Back up to bench.



STEP 2

Place operated leg forward and sit down.



STEP 3

Sit on front edge of bench with operated leg extended.



STEP 4

While leaning back, swing your legs into the tub.

STEPS FOR...PUTTING SOCKS/KNEE HIGH STOCKINGS (ON AND OFF)

You will need a sock aid.



STEP 1

Place a sock over sock aid. Pull the sock on until the toe of the sock is stretched across the end of the sock aid.



STEP 2

Drop the sock aid to the floor and slip your foot into the sock.



STEP 3

Keep toes pointed down and pull up on the ropes until your sock is on completely.



STEP 4

Release the strap.

To remove socks you will need to use the reacher to push the sock off of your foot.

STEPS FOR... PUTTING ON PANTS AND SHOES



STEP 1

Sit on the edge of your bed and use a dressing stick or reacher to place your underwear onto your operated leg.



STEP 2

Place underwear onto your other leg.

PUTTING ON SHOES

Use a long handled shoe horn. Keep your toes pointed out.



HINT FOR SHOES

If your foot sticks, put some talcum powder in your shoe.



STEP 3

Place your pants on your operated leg first, then on your other leg.



STEP 4

Stand up and pull clothes up.

QUESTIONS AND NOTES

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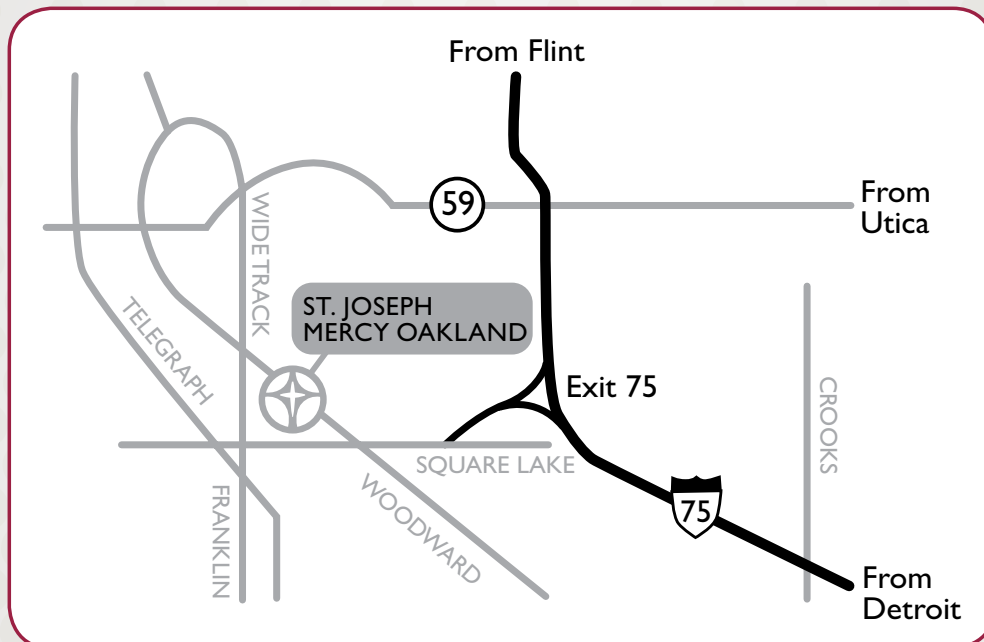
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OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.