

An X-ray of a human knee joint is the background of the top half of the page. Overlaid on the X-ray is a 2x2 grid of squares. The top-left square is orange and contains the text 'KNOW BONES ABOUT IT'. The top-right square is orange. The bottom-left square is dark blue. The bottom-right square is bright blue.

# KNOW BONES ABOUT IT

YOUR GUIDE  
TO TOTAL JOINT  
REPLACEMENT.



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# Total Joint Replacement Information

Welcome to Kaweah Delta Medical Center's Joint Replacement Class. We hope the information contained in this booklet and pre-operative class will assist you to prepare for your upcoming surgery. Your surgeon and the staff of KDMC want you to be comfortable and well informed during your stay. Your speedy recovery is our goal. We encourage you to bring this booklet to the hospital for use and review during your post-operative surgery.


#### Disclaimer:

The information in this binder is general information only. Your care may vary based upon your own medical history and physician preference.



# Pre-surgery Planning

It is very helpful to plan ahead and prepare for your arrival at home after surgery. The following tips can assist you in this process:

- 
- Go shopping for food and have groceries stocked in the house.
  - Prepare meals before surgery and freeze them for availability after surgery.
  - Remove throw rugs and secure floor coverings.
  - Remove any cords or clutter in the walkways.
  - Assure you have good lighting.
  - Handrails and steps should be secure, not wobbly
  - Arrange frequently used items within safe, reachable distance.
  - Plan care for pets. You may want to consider having your pet(s) boarded or watched by a friend or neighbor. They may get underfoot and cause you to trip while walking.
  - If you have a two-story home, prepare a place to sleep on the first floor.
  - If you are the care provider for young children, a disabled person, or any other person, make arrangements for their care during your hospital stay. It may also be helpful to have the assistance of someone to help you when you are discharged.



Community Resources  
available through  
Kaweah Delta  
Health Care District:

## Home Health

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## Private Home Care

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## Short Stay Rehabilitation

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## Out Patient Therapy

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For more information  
on these resources  
please call 1 (877) KAWEAH 1  
or visit us on line at  
[www.kaweahdelta.org](http://www.kaweahdelta.org)

A listing of community resources is available to you if you require additional assistance after your surgery. You may require an additional stay in a skilled nursing facility but our goal for you is for you to return to home under the care of your family. Home health care may be an option after you get home. These possible care options will be discussed with you during your stay.

You will use your arms and upper body to move in bed and transfer from bed to chair after surgery. Upper body strengthening exercises done before surgery can help strengthen these muscle groups.

# What to Bring to the Hospital

You may wish to bring personal items to use during your hospital stay. You are encouraged to leave valuables at home. Please be aware that you are responsible for any items brought into the facility.

Things that are necessary to bring to the hospital include:

- Current list of medications (prescription, over the counter, vitamins, and herbal medications), dose, how often taken, and time last dose taken
- A good, solid, low-heeled pair of shoes (no open back or strapless shoes)
- Hearing aids
- Glasses
- Dentures or partials
- Loose fitting clothes (for discharge)
- Bathrobe (optional)
- Personal items such as your toothbrush, toothpaste, deodorant, lotion, comb, or brush

We encourage you to leave personal items of value such as jewelry, purses, wallets, money, credit cards, and electronic devices at home.



# Total Joint Replacement Check List

Completion Dates	
1. Pre-surgery visit to Medical Doctor	_____
2. Pre-surgery visit to Orthopedic Doctor Bring a list of your current prescriptions and over-the-counter medications including vitamins, supplements and herbal medications for your surgeon's review.	_____
3. Blood donation #1 made (3-4 weeks pre-op, if recommended by your physician)	_____
4. Blood donation #2 made (1-2 weeks pre-op, if recommended by your physician)	_____
5. Total Joint Replacement Class attended	_____
6. Pre-admission assessment at Kaweah Admission & Testing Services (KATS)	_____
7. Bring copy of Advance Directive if you have one	_____
8. Admission to hospital for surgery	_____

# Decision Making: Common questions and answers

Kaweah Delta Medical Center supports our patients' right to make informed medical treatment decisions regarding their care. The District complies with California laws and court decisions on Advance Health Care Directives. We do not condition or otherwise discriminate against anyone based on whether or not you have completed an Advance Health Care Directive. We have formal policies to ensure that your wishes about treatment will be followed.

## Who decides about my treatment?

Doctors provide you with information and advice about treatment, but you have the right to choose which treatment option(s) will be followed. You can say "Yes" to treatments you want, and "No" to any treatment you don't want – even if the treatment that you refuse might improve your health or keep you alive longer.

## How do I know what I want?

Doctors must tell you about your medical condition, explain what different treatments can do for you and what "side effects" they may cause. Your doctor must offer you information about any serious problems that medical treatment is likely to cause.

Often more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available, but he or she can't choose for you. You will ultimately decide which treatments/interventions you agree with and receive.

## What if I'm too sick to decide?

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. But sometimes everyone doesn't agree on what to do. That's why it is helpful if you specify in advance what you will want to happen in case you are unable to speak for yourself later. There are several kinds of "advance directives" that you can use to say what you want and who you want to speak for you.

One kind of advance directive under California law lets you name someone to make healthcare decisions for you when you can't. This form is called a DURABLE POWER OF ATTORNEY FOR HEALTHCARE.

## Who can I name to make treatment decisions when I'm unable to do so?

You can choose an adult relative or friend you trust as your "agent" to speak for you when you're too sick to make your own decisions. Among those people you CANNOT designate as your agent is your healthcare provider or any employee of your healthcare provider unless that person is a friend employed by the same provider as the patient, completing the durable power of attorney for healthcare.







# Decision Making: Common questions and answers

## How does this person know what I would want?

After you choose someone, talk to that person about what you want. You can also write down in the DURABLE POWER OF ATTORNEY FOR HEALTHCARE the circumstances when you would or wouldn't want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give copies of the person named as your primary agent, any alternative agents as well as family members. Take a copy with you when you go into a hospital or other treatment facility.

Sometimes treatment decisions are hard to make and it truly helps your family and your doctors if they know your wishes when you're unable to communicate for yourself. The DURABLE POWER OF ATTORNEY FOR HEALTHCARE also gives them legal protection when they follow your wishes.

## What if I change my mind?

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

## Must I complete one of these forms?

No, you don't have to fill out any of these forms if you don't want to. You can just talk with your doctors and ask them to write down what you've said in your medical chart. And, you can talk with your family. But people will understand your treatment wishes more clearly if you write them down.

## Will I still be treated if I don't fill out these forms?

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that A DURABLE POWER OF ATTORNEY FOR HEALTHCARE allows you to name someone to make treatment decisions for you. That person can make most medical decisions – not just those about life-sustaining treatment – when you can't speak for yourself. Besides naming an agent, you can also use the form to specify when you would and wouldn't want particular kinds of treatment.

## How can I get more information about advance directives?

If you would like more information or complete an advance directive prior to your surgery, please go to: [www.ag.ca.gov/consumers/general/adv\\_hc\\_dir.htm](http://www.ag.ca.gov/consumers/general/adv_hc_dir.htm). KDMC also has forms available. KDMC Patient Family services can also assist you in this process.



# Your Hospital Experience

Once you arrive in KDMC Ambulatory Surgical Center (ASC), you will be admitted to the ASC and prepared for surgery. The following is a list of activities that will occur before surgery, at the time of admission, and after surgery.

## Before surgery

- You will begin your surgical stay in ASC, located on the first floor of the hospital right off of Willow Street.
- You will be given a parking permit, which is good for one day only, to park in the designated Special Services parking area.
- If you are scheduled to arrive after 7:00 AM, please stay at home so you can be easily contacted in the event your surgery time needs to be adjusted due to being ahead of schedule or unanticipated delays.
- It is very important that you do not eat or drink anything after midnight the day of your surgery unless instructed otherwise by your surgeon.
- Your surgeon will let you know which medications may be skipped prior to surgery and which should be taken. If your surgeon advises that you take a medication, please do so with a small sip of water.
- If you are diabetic, please check your blood sugar as you normally would, but be sure to check with your surgeon before taking any insulin or pills.
- When you are admitted, please make sure to communicate to the nurse any medications you took that morning along with your complete medical history.

## At the time of admission

- You will be asked to change into a hospital gown and get onto a gurney. There are other patients in the ASC, but curtains will provide for your privacy.
- Because of various risks during surgery, all personal clothing and jewelry must be removed. We will ask that a family member be responsible for your personal items until they can be safely returned to you.
- A nurse will start an intravenous line (I.V.) in your hand or arm so that fluids and medications can be given to you during and after surgery.
- Once you are prepared for surgery, your family members may rejoin you in ASC until it is time to be taken to the operating room suite.
- Due to special constraints and to decrease noise, visitors in the ASC must be limited to 1 at a time. Visitors may take turns to accommodate larger groups.
- The anesthesiologist will discuss with you what type of anesthesia is most appropriate for you during the surgical procedure. The operating room staffs of KDMC follow Universal Protocol for Correct Side/Site Surgery. In accordance with this protocol, the operating room nurse will interview you, verify the correct procedure, and side prior to your surgery. The surgeon will then mark his or her initials on the correct side.
- The nurse will be able to answer any questions or address any concerns you may have.



- When the operating room is ready, you will be taken down a hallway into the suite where your surgery will be performed. It is cool in the surgical suite and the nurse will provide you with warm blankets as needed.
- If you would like to visit with one of our chaplains prior to your procedure, please notify your nurse and a call will be made to our chaplain services.

### After surgery

- You will wake up in the Recovery Room.
- Your family will be notified when you arrive in the Recovery Room and again when you are transferred to your room.
- During your stay in the Recovery Room, you will be continuously monitored and cared for by a Registered Nurse.
- Your I.V. will have fluids running in and you will receive any needed medications through the I.V. as well.
- You will have other equipment applied to monitor your vital signs, including a blood pressure cuff, heart, and oxygen monitor.
- You may have a foley catheter draining your bladder.
- You may have a mask or nasal cannula on your face to deliver supplemental oxygen until you are more awake and alert.
- Your bed may have a bar overhead to assist you with moving around.
- Most total knee patients will have a Continuous Passive Motion machine (CPM), which will be set up in the recovery room.
- You may have various compression devices on your legs to prevent blood clots due to immobility. These may include tight stockings (TED hose) or alternating leg pressure systems (ALPS).
- When you are awake and alert enough to leave the Recovery Room, you will be taken to either 4 South or the Broderick Pavillion on 3 East, depending on bed availability.



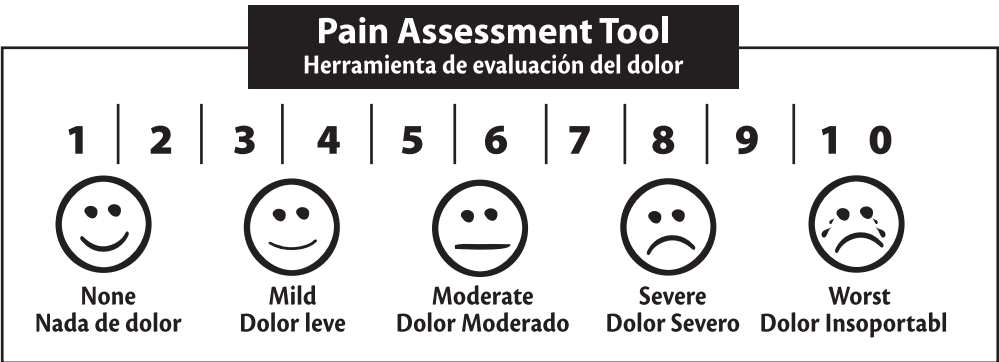
# Care after surgery:

## What you can expect once you arrive in your room

Upon arrival to the nursing unit, the nursing staff will monitor many areas during your recovery. These will include:

### Pain Control

You will experience discomfort after surgery. The nurses will ask you about your pain. Please describe your pain by using a scale of 0-10 (0 being no pain and 10 being intense pain). Communication of the discomfort you experience is essential. No one can feel the pain except you, so you must describe it. You may also use the following picture to describe your pain:



Pain medication will be ordered and may be given in the form of a pill, an injection into a muscle, through your I.V., or intravenously by a machine called a PCA (patient controlled analgesia) that you control by pushing a button to give yourself the medication. If your surgeon orders your pain controlled by a PCA, it is important that only you, the patient, press the button, never your family or visitors. Pills are usually ordered one to two days after surgery.

The nurse will frequently assess your pain; however, it is important to let the staff know if your pain medication is not effective. You must tell the nurse when you hurt and need something for the pain. The nurse will not routinely bring in the medication unless you request it. If the medication is not effective the nurse can discuss this with the doctor.

### Neurovascular Assessment

A neurovascular assessment consists of the following:

Checking for:

- Ability to flex and extend the ankle and toes in your operative leg.
- Checking the pulse on the top of your foot and the pulse behind the inner aspect of your ankle bone.
- Asking you if you have any numbness or tingling between your first and second toes.





These findings are compared to those on your uninvolved foot. Report any changes in your ability to move your foot or any numbness or tingling to your nurse immediately.

### Vital Signs

Your vital signs (temperature, pulse, respirations and blood pressure) will be taken every 30 minutes or more for the first two hours once you return to your room. You may have a blood pressure cuff on your arm that is monitored by a machine.

### Intake and Output

You will be observed for “intake and output,” which means the nurses will be watching your fluids (oral fluids, IV fluids, and urine output). You will have an IV in your arm infusing fluids which has a port to allow the nurse to give you medications. If you have a catheter, it will drain your bladder. If you do not have a catheter, you can use a bedpan or urinal. It is important that your family does not empty any urine, as the nurse will still need to monitor everything going in or out of your body.

It is important to know how much fluid you take in by IV and/or how much you drink and compare it with how much urine you put out. We want you to remain in proper balance by not having too much or too little fluid.

### Drains

You may have a special drain that will collect blood from your surgical site. The drain will be discontinued and removed when you no longer have drainage.

### Blood Transfusions

If you donated your blood prior to surgery, you will most likely, but not always, have this blood infused in the postoperative phase. Infrequently a blood transfusion from the Blood Bank may be required if you are experiencing a low blood count, low blood pressure, feel light-headed or dizzy when you get up. If you have questions about blood transfusions, please consult with your physician prior to surgery.

### Other medication

You may be on a blood thinner to prevent blood clots, which are a risk due to the surgery and immobility. Most commonly used medications are given by injection or given in pill form.

It is very important to inform the nurse if you are not receiving the daily medication that you take at home. The nurse will follow up with the doctor to determine if you should take the medication during your hospitalization.



## Nausea Control

You may feel nauseated after surgery. If so, let the nurse know so medication and/or other action can be taken to help make you feel more comfortable.

## Constipation

Constipation (slowing of the bowels) may occur due to the effects of anesthetic medications you are taking, reduced activity, and poor appetite. Let your nurse know if you feel you are constipated. There may be an order for a stool softener, laxative, suppository or enema. Your nurse will need to know if you have a bowel movement as well.

## Mobilization

It is VERY important that you move around both before and after surgery. Mobilization helps to speed your recovery by:

- Preventing respiratory complications, such as pneumonia. Mobilization improves breathing and lung expansion. Your doctor and nurses want you to cough and deep breathe and use the incentive spirometer every 1-2 hours.
- Improving circulation and decreasing pain.
- Decreasing risk of blood clots.
- Preventing bed sores and skin problems.
- Preventing constipation and helping bowels get moving after surgery.
- Promoting physical and emotional healing through a more rapid return to your normal activities of daily living.

## General Information

- Resource folders are provided to every patient upon arrival to the nursing unit. These contain helpful information regarding pain control, TV channels, phone numbers of nursing supervisors, and the mission and values of Kaweah Delta Medical Center.
- Staff is available on the unit 24 hours a day to provide you with the care you will require. Our goal is to provide you with a caring, healing experience. If you have any questions or concerns, please inform your nurse. We are committed to providing you with very good care and assisting you in achieving a speedy recovery.
- Confidentiality of health care information is important. Your privacy is protected while you are a patient with us. Minimal general information can be given over the phone, such as patient condition only. Any other information will need to be provided by you or your family members.

## Visiting Hours

10:00 AM to 8:00 PM daily.

Visits by children under the age of 12 may have seasonal restrictions. We would like to ask that you help us create a healing environment for you as well as other patients by keeping your voices low.

Personal Cell phones are not permitted in patient care areas and must be turned off.



Cell phone use in patient areas can cause equipment failure.

# A BALANCED DIET

A healthy, well-balanced diet is important for all people. You should be consuming a variety of foods from all the major food groups. Nutritional supplements might be beneficial if you find that your appetite is poor, you are having difficulty chewing, or if you are experiencing weight loss. Your physician may recommend nutritional supplements to supplement your diet until your appetite returns to normal.

By the time you leave the hospital, you should be eating your normal diet. Avoid excessive intake of vitamin K while you are taking the blood-thinner medication. Foods rich in vitamin K include broccoli, cauliflower, Brussels sprouts, liver, green beans, garbanzo beans, lentils, soybeans, soybean oil, spinach, kale, lettuce, turnip greens, cabbage, and onions. Try to limit your intake of coffee and alcohol. You should watch your weight to avoid putting more stress on the joint.

For more information visit: <http://www.eatright.org>

## Adding Fiber To Your Diet

Fiber is a non-digestible material, also known as roughage or bulk, found mainly in fruits, vegetables, whole grains and legumes. It is probably best known for its ability to prevent or relieve constipation. Dietary fiber provides other health benefits as well, such as lowering your risk of diabetes and heart disease. Pain medication, anesthesia, iron supplements, decreased activity, and reduced food intake can cause constipation.

It is recommended that you gradually eat more fiber-containing foods until daily intake reaches 20-30 grams of fiber.

Fiber works best when it absorbs water, making your stool soft and bulky. Without the added water, you could become constipated.

Drink plenty of water, at least 8 cups every day, if you are not on fluids restriction by your doctor.

So what foods are high in Fiber? This list shows the amount of dietary fiber in several types of foods.

FOOD ITEM	FIBER CONTENTS IN GRAMS
Split peas, cooked, 1 cup	16.3 gm
Red kidney beans, boiled, 1 cup	13.1
Raspberries, raw, 1 cup	8.0
Whole-wheat spaghetti, 1 cup	6.3
Oat bran muffin, medium	5.2
Broccoli, boiled, 1 cup	5.1
Apple, medium with skin	4.4
Oatmeal, quick, regular, or instant, cooked, 1 cup	4.0
Green beans, cooked, 1 cup	4.0
Brown rice, cooked, 1 cup	3.5
Popcorn, air-popped, 2 cups	2.3
Whole-wheat bread, one slice	1.9

Source: USDA National Nutrient Database for Standard Reference, 2007





# Nutrition Therapy For Anemia

Iron is a mineral found in food. It is an important part of your red blood cells which is needed to carry oxygen to all parts of your body. You need iron to prevent iron-deficiency anemia. If your doctor or health care provider thinks that you have iron deficiency, you might be told to eat more iron-rich foods. Your health care provider may also prescribe an iron supplement for you.

## So what foods are high in Iron?

This list shows the amount of Iron in several types of foods.

Food, Standard Amount	Iron (mg)	Calories
Clams, canned, drained, 3 oz	23.8	126
*Fortified dry cereals (various), about 1 oz	1.8 to 21.1	54 to 127
Cooked oysters, cooked, 3 oz	10.2	116
Organ meats (liver, giblets), cooked, 3 oz	5.2 to 9.9	134 to 235
*Fortified instant cooked cereals (various), 1 packet	4.9 to 8.1	Varies
*Soybeans, mature, cooked, ½ cup	4.4	149
*Pumpkin and squash seed kernels, roasted, 1 oz	4.2	148
*White beans, canned, ½ cup	3.9	153
*Blackstrap molasses, 1 Tbsp	3.5	47
*Lentils, cooked, ½ cup	3.3	115
*Spinach, cooked from fresh, ½ cup	3.2	21
Beef, chuck, blade roast, cooked, 3 oz	3.1	215
Beef, bottom round, cooked, 3 oz	2.8	182
*Kidney beans, cooked, ½ cup	2.6	112
Sardines, canned in oil, drained, 3 oz	2.5	177
Beef, rib, cooked, 3 oz	2.4	195
*Chickpeas, cooked, ½ cup	2.4	134
Duck, meat only, roasted, 3 oz	2.3	171
Lamb, shoulder, cooked, 3 oz	2.3	237
*Prune juice, ¾ cup	2.3	136
Shrimp, canned, 3 oz	2.3	102
*Cowpeas, cooked, ½ cup	2.2	100
Ground beef, 15% fat, cooked, 3 oz	2.2	212
*Tomato puree, ½ cup	2.2	48
*Lima beans, cooked, ½ cup	2.2	108
*Soybeans, green, cooked, ½ cup	2.2	127
*Navy beans, cooked, ½ cup	2.1	127
*Refried beans, ½ cup	2.1	118
Beef, top sirloin, cooked, 3 oz	2.0	156
*Tomato paste, ¼ cup	2.0	54

Food sources of iron are ranked by milligrams of iron per standard amount; also calories in the standard amount. (All amounts listed provide 10% or more of the Recommended Dietary Allowance (RDA) for teenage and adult females, which is 18 mg/day.)

\*These are non-heme iron sources. To improve absorption, eat these with a vitamin-C rich food. Source: USDA/HHS Dietary Guidelines for Americans, 2005

## What can I do to prevent iron deficiency?

Iron in food comes from: meats, vegetables, and fruits. Iron from meat, poultry, and fish is absorbed two to three times more efficiently than iron from vegetables and fruits.

In general, you need to eat a healthy diet that includes good sources of iron. A healthy diet includes fruits, vegetables, whole grains, fat free or nonfat milk and milk products, lean meats, fish, dry beans, eggs, nuts, and is low in saturated fat, trans fats, cholesterol, salt, and added sugars.

In addition to a healthy diet that includes good sources of iron, you can also eat foods that help your body absorb iron better. Vitamin C helps your body to absorb iron better. For example, you can eat a fruit or vegetable that contains a good source of vitamin C with foods rich in iron (see table for Dietary Sources of Iron).

Sources of vitamin C include: broccoli, sweet potatoes, peppers, greens, tomatoes, oranges, strawberries, cantaloupe, orange juice, and other vitamin C fortified juices.

# After You Are Discharged From the Hospital

## HELPFUL EQUIPMENT

Your Occupational Therapist can make recommendations for helpful and necessary equipment. Some equipment may require a doctor's order for reimbursement and our discharge planners can help arrange for delivery of this equipment.

*The following list of equipment can help assist you at home:*

- Long handled sponge
  - Long handled grabber/reacher
  - Long shoe horn
  - Dressing stick
  - Sock aide
  - Raised toilet seat / bedside commode
  - Shower chair / stool
  - Tub transfer bench
  - Walker bag / basket / tray
  - Grab bars for shower or toilet
  - Shoes with Velcro fasteners
  - Liquid soap or bar soap on rope
  - Hand held shower hose
- equipment can be purchased at the hospital before discharge or at any medical supply store
- Front wheeled walker and bedside commode are often covered by insurance



## Total Hip Replacement / Total Knee Replacement

- If you develop calf tenderness, swelling, or redness, notify your primary physician.
- If you develop chest pain or shortness of breath, call 911.
- Notify your surgeon if your temperature goes above 100.5 degrees or your incision swelling increases, becomes red, warm to touch, or drainage is present.
- Continue exercises at home as instructed by Physical Therapy and Occupational Therapy.
- Follow your total hip precautions (ie. posterior or anterior lateral approach)
- Avoid baths until your staples are removed.
- Don't lift heavy objects.
- Avoid kneeling
- No driving until approved by your physician.
- Continue medications at home as prescribed by your physician.
- Use a walker or cane for balance and safety.
- Inform your dentist you have had a total hip replacement. You must take prophylactic antibiotic prior to any dental care (including teeth cleaning) to prevent an infection from developing in your replaced hip.

# Getting in and out of the car

Getting in and out of a car requires a good deal of bending. The following tips will make it easier for you.

1. Sit in the car so that your knees are lower than the level of your hips. If the height of the car seat causes your knees to be higher than your hips when you are seated, use a firm pillow to raise the seat
2. When entering the car, park it several feet away from the curb. Standing on the street, turn your back to the car and give your walker or crutches to your escort.
3. Place your right hand on the back of the car seat and your left hand on the car dashboard before entering the car.
4. Carefully lower yourself onto the car seat, and slide back until your knees are on the seat.
5. Bring your legs into the car by alternately moving each leg a few inches at a time with your hands.
6. Continue to slowly do this until you are facing forward.
7. Your doctor will inform you when you can resume driving safely.
  - Don't sit in cars with low seats. If possible choose cars with higher seating systems. (ie. SUV, truck)
  - Use an extra pillow/cushion with a plastic bag on top to ease pivoting in and out of the car.
  - Recline seat and move entire seat as far back as possible
  - Back yourself up to the seat and lower yourself to sit using the same safe technique as when lowering to a chair.
  - Lean shoulders back and pivot legs into car, being careful to keep the leg as straight as possible.

## Dressing

### Pants

#### For Total Hip:

- First catch the pant leg at opening with a reacher or stick, lower pants to the floor
- Extend the operated leg so that the pants are slipped over this foot first
- Pull pants to the knee and then do the same for the non-operated leg
- Do not lift the knee up or twist the leg inward during dressing
- Pull the pants up over the knees
- Stand with the walker in front of you and then hike your pants over your hips (standing to pull up both underwear and pants makes things easier)
- When undressing, remove clothing from non-operated leg first
- Stand only when shoes and socks are on or if barefoot, NOT on a slippery surface

#### For Total Knee:

- Sit to dress and place pants over the operated leg first. If you experience difficulty reaching over your foot, long handled reachers would be helpful. When undressing, take the pants and underwear off the non-operated leg first.



# Socks

## For Total Hip

- Socks are put on by using sock aid
- Feed the sock onto the aid so the heel is towards the back and the toe is completely against the end. Do not pull the top of the sock over the top of the aid.
- Lower aide to the floor using cords, do not bend down
- Point your toes and slide foot into aid, pull up on cords until sock feeds completely on, keeping knee extended
- Use dressing stick to arrange
- Talcum powder can help foot slide better, but don't get on floor where it may be slipped on

## For Total Knee

- Using a footstool when putting on shoes and socks might be helpful. Slip on shoes or elastic shoelaces in tennis shoes may be easier during your recovery period. A sock aide may be useful as well.

# Shoes

- Use easy slip on shoes with a good rubber bottom and firm heel backing
- Elastic shoe laces may replace regular ones to make a tie shoe into a slip on type
- A long handle shoe horn may help work on your heel from between your legs instead of reaching around the outside

# Bathing

- Use a long handled brush or sponge to clean the operated leg and avoid twisting or bending.
- Use a non-slip mat, hand held shower hose and firmly anchored grab bar (do not use towel rack or soap dish)
- Sponge bathing may initially be recommended until staples are removed and/or standing endurance improves.
- Do not sit in the tub without a bench or stool.
- A stool may also be needed for a walk-in shower if your standing endurance or balance is not adequate for a full shower. There must be enough room in the shower for the stool and for extending the operated leg out.
- Adjust water before sitting and use soap on a rope (you may place a bar of soap in an old nylon or mesh bag, tie to a grab bar)
- Specific methods of transferring in and out of the shower should be worked out with your therapist
- A bedside commode can also be used as a shower chair if it fits into the shower





## Toileting

- Use a raised toilet seat clamped on or a commode chair set over your regular toilet. A commode can also be used at the bedside or in a walk-in shower if they are the three in one type.
- Complete a safe transfer as described for sitting in a chair.
- Clean and wipe yourself when standing, reach the back by reaching behind the non-operated side.

## Cooking and Food Prep

- A sturdy, tall kitchen stool may be used at counter for food preparation.
- Slide bowls, containers, pots and pans along the counter.
- Use a utility cart to transport items.
- Use an apron with big pockets or a walker bag / basket / tray to transport items.
- Use containers with lids.
- If possible, move table closer to counter top for ease of transporting items.
- Cook and bake with smaller containers to decrease weight.
- Cook in microwave or on back burners or stove to reduce risk of burns.
- Store refrigerator items at safe reachable heights and in small, manageable containers.

## Recommended Suggestions

- Rest often. Do not over exert yourself.
- Good lighting creates a safer environment.
- Sit to work for tasks longer than 5 minutes.
- Organize work centers having all necessary supplies for various activities in one location.
- Gather all supplies before starting the task.
- Let gravity help you when possible.
- Slide objects instead of lifting.
- Avoid over reaching.
- Avoid holding objects such as mixing bowls. Use a damp towel on working surfaces to secure the object in place.
- Analyze the importance of a task. Does it have to be done? Do I have to do it or can someone do the task for me? Can the task be done more simply?
- Combine tasks when possible. Put on both underwear and pants, and then stand to pull over hips.
- Do not stand on wet floor after bathing. Dry off or try rubber soled aqua shoes/slippers.
- Avoid swivel or rocking chairs.
- Use a reacher to pick items up from the floor.
- Take out small plastic bags of trash by tying these to your walker.
- Take your laundry to the washer by using a cart or in small loads with a walker bag/basket.
- When opening your oven or dryer, avoid reaching below knee level and use the reacher as needed. (ie. Add a chair next to the dryer to remove items from dryer. This will assist in maintaining your hip precautions. This technique can also be utilized with loading and unloading the dishwasher).





# Sex after joint replacement

Returning to sexual activity can be difficult when recovering from joint replacement surgery. It is recommended to refrain from sexual intercourse until fully recovered from surgery. If sexual intercourse is desired, there are some precautions that need to be followed to ensure a safe experience.

## Precautions for hip patients:

Patients recovering from anterior or posterior hip surgery have many limitations when it comes to positioning for sexual activity. Following regular hip precautions will not allow most positions due to the hip positioning. What is **important to remember** during sexual activity is the position of the hip needs to remain in the same form as it would be if the person was standing or walking a normal gait. The **only position** that follows this and does not increase risk of hip dislocation is when both people lie on their sides (for the patient that would be the non-surgery side), one lies in front of the other and intercourse is from the back. This allows intercourse with no widening of the hips or hip flexion more than 90 degrees, with no forced or extended pressure onto the hip.

## Precautions for knee patients:

There are no precautions for knee replacements so patients have more options for sexual positioning. Patients can use any position that is comfortable for them as long as it does not include bending or flexing their surgical knee placing pressure on it. This will only cause discomfort for the patient.

\*If during any sexual activity the patient feels any sharp, severe pain at the surgery site, the action should be stopped. Please refer to your orthopedic doctor if you have any questions regarding sexual activity following your joint replacement surgery.



# Total Joint Replacement Program

## Total Hip Replacement for Posterior approach and Anterior lateral approach

Your doctor has probably told you a great deal about your surgery and why you require the procedure, but the following information may be helpful as a review or a reminder.

### THE PROBLEM

The hip joints are parts of the body which experience many stresses and strains on a daily basis. It is no surprise then that after years of use the wear and tear on the bones and tissues may become a painful problem.

### Some of the things the hip joints do include:

Support body weight

Move thousands of times a day

Allow you to walk, run, jump, crawl and crouch down

The hip joint is a simple “ball and socket” located between the thighbone (femur) and the hipbone (pelvis).

The “ball” at the top end of the thighbone is called the femoral head. This ball fits into the “socket” or the acetabulum, which is a part of the pelvis. This structure allows the leg to move forward and awkward, to the sides, and in a rotating fashion.

The ball glides or moves easily in the socket because of the special tissue allied articular cartilage, which covers it and lines the socket. In a healthy hip, this allows movement without pain. In a “problem” hip, articular cartilage wears away and leaves the bones unprotected, causing pain and stiffness.

Another protection in the hip joint is a synovial lining, which secretes synovial fluid, a lubricant. This tissue lines the entire hip joint. If the joint becomes worn and inflamed, more than the normal amount of synovial fluid is produced and the excess can cause swelling and damage to the joint.

Any part or all of the hip joint can be damaged to the point that the hip does not function and must be replaced. In recent years, many advances in surgical procedures have proven helpful to people with hip problems.



# THE SURGERY

Joint replacement surgery replaces the problem hip with a prosthesis or “artificial hip.” The basic parts of prostheses are:

A stem (femoral component)  
A ball (femoral head component)  
A socket (acetabular cup component)

This prosthesis is extremely strong and made of special long-lasting material which is easily placed inside the body. Your surgeon will choose the right size for your body, and will secure the prosthesis in place by a method which best suits your situation.

## POST-OPERATIVELY

A knee immobilizer brace and/or abduction pillow (a large triangular foam wedge) may be used to keep your hip in proper alignment while it heals.

**Please communicate with your doctor as to which approach was performed.**

# Total Hip Replacement Precautions

## Posterior approach

Following surgery for a total hip replacement, you need to limit certain movements of your hip to avoid dislocation of the new hip implant. These restrictions may interfere with the completion of activities of daily living. The purpose of this section is to describe the restricted movements of your hip and to instruct you on completing your daily activities safely within these restrictions. You should follow these instructions for approximately three months after your surgery and then check with your physician for instruction on performing additional activities.

1. **Do not bend your hip beyond a 90° (right) angle**, especially when you sit. Do not sit in low chairs, stools or toilet seats. Proper seating is at least 21 inches off the floor. Do not kneel or squat.

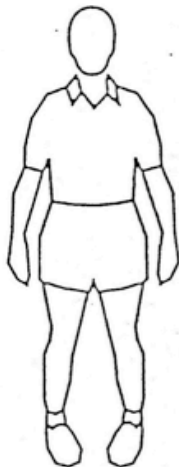
Do not bend over to touch your feet or pick up things from the floor. For awhile, expect to need assistance from other people or to use special equipment for retrieval of objects and putting on shoes and socks.

2. **Do not cross your legs.** Sleep with a pillow between your legs. Do not lie on unaffected side without a pillow between your legs. (See picture on following page)

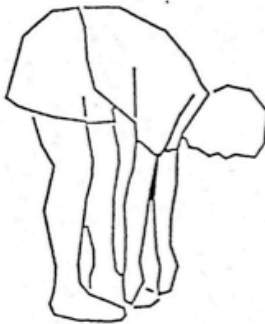
3. **Do not turn your toes inward on your operative leg.** When making a turn while walking, turn away from the operative side to avoid twisting your body and operative hip in the wrong position.

If turning towards your surgery leg, make sure to turn surgery leg first, before shifting body towards walker.

# Posterior hip precautions



DO NOT Stand  
with toes turned in



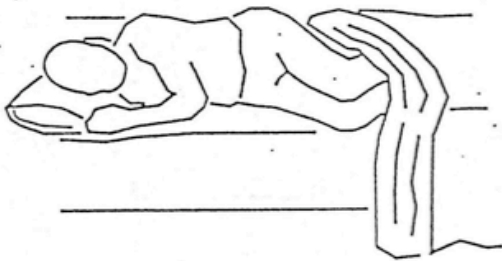
DO NOT Bend  
way over



DO NOT  
Cross legs



DO NOT Pull blankets  
up like this



DO NOT Lie without pillow  
between legs



DO NOT Get up  
like this



DO NOT Sit on a low  
toilet or chair

## Anterior lateral approach.

Following surgery for a total hip replacement, you need to limit certain movements of your hip to avoid dislocation of the new hip implant. These restrictions may interfere with the completion of activities of daily living. The purpose of this section is to describe the restricted movements of your hip and to instruct you on completing your daily activities safely within these restrictions. You should follow these instructions for approximately three months after your surgery and then check with your physician for instruction on performing additional activities.

### Anterior Hip Precautions

Do NOT extend your hip past neutral.

Do NOT laterally rotate your leg. (Turning leg outwards).

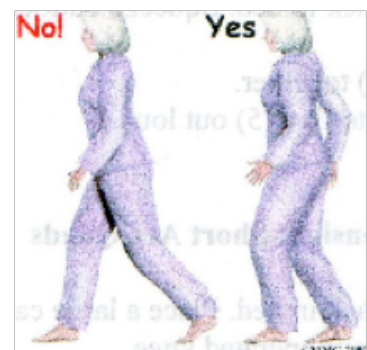
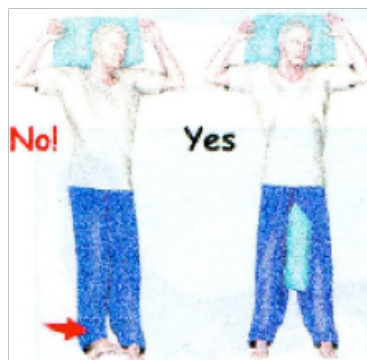
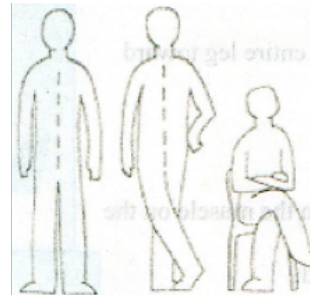
Do NOT twist your body away from your operated hip.

Do NOT cross your leg past midline.

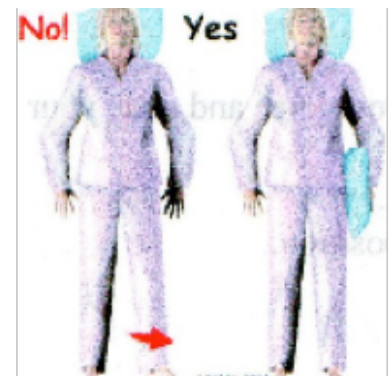
Do NOT cross your operated leg across the midline of your body (in toward your other leg)

DO NOT lie down without a pillow between legs.

DO NOT stretch your hip back. Walk with short steps.



DO NOT turn your foot out. Place a pillow next to your hip and leg to keep your leg from turning or rolling out while lying on your back in bed.



# Weight Bearing Status

This term refers to the operated extremity and the amount of weight allowed to be placed upon that extremity after surgery.

*Weight bearing may vary for many reasons, for example:*

1. The type of surgery performed;
2. The amount of reconstruction performed;
3. The patient's healing ability.
4. Proper weight bearing is important after surgery because it provides optimum healing potential for the operative extremity without damaging the surgery.
5. Weight bearing status is individual and specifically selected for the patient by their doctor. Again, it refers to how much weight may be placed on the operated extremity.

## Weight Bearing Status and Total Hip Precautions

1. Precautions are assigned to each patient by their doctor and will be adhered to until your doctor states it is safe to increase the weight bearing status or discontinue your precautions.
2. It is important that the patient understands the rationale for the precautions of their particular surgery.
3. These precautions will be taught to the patient and demonstrated safely before the patient is discharged.

*Examples of different weight bearing might be:*

Non weight bearing

- no weight bearing allowed on operative limb.

Toe touch weight bearing

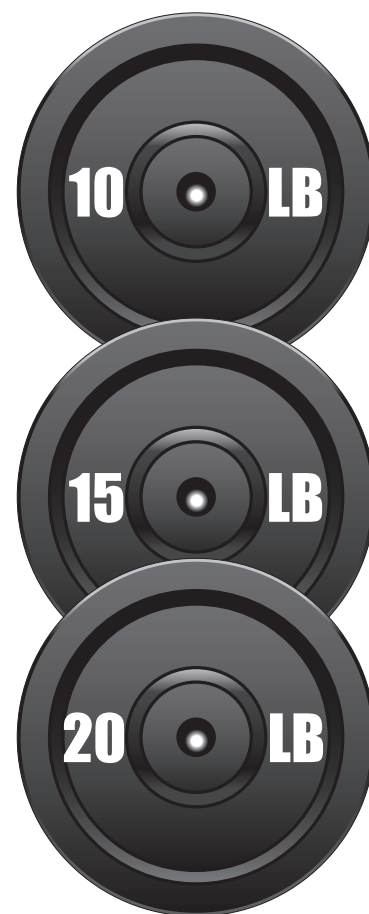
- no greater than 10% of body weight allowed on operated limb.

Partial weight bearing

- no more than 25% of body weight allowed on operative limb.

Weight bearing as tolerated

- patient able to bear weight on operative limb to comfort level.





# Total/Prosthetic Hip Program

## THINGS TO REMEMBER

### POSTERIOR APPROACH

#### DON'T

1. Cross your legs
2. Lie on your operated side
3. Raise your knee higher than your hip
4. Bend forward while sitting
5. Turn your operated leg inward
6. Sit in a low and/or soft chair
7. Sit on a low toilet or in a bathtub
8. Drive a car
9. Ride a bicycle
10. Pivot on operated leg (**do** take small steps when turning)

### ANTERIOR LATERAL APPROACH

#### DON'T

1. Turn leg outward
2. Lift the leg with the foot outward
3. Lie on your operated side
4. Extend your hip past neutral
5. Twist your body away from your operated hip
6. Cross your leg pass midline
7. Drive a car
8. Ride a bike
9. Pivot on operated leg (**do** take small steps when turning)

#### DO:

1. Contact your physician if you have any evidence of infection:
  - redness
  - heat in joint
  - persistent swelling
2. Do your exercises regularly, 2-3 times per day, as instructed by your Physical Therapist.
3. Try to walk as much as possible, beginning with short sessions and progressing as your endurance allows.
4. Use your walker, crutches, or cane until your therapist or doctor tells you otherwise.
5. Take small steps and use extra caution when you are turning on or are on stairs.
6. Increase your activities gradually. Pain will tell you when you are overdoing it.
7. Take frequent, short walks rather than long ones.
8. Sit on pillows while riding in a car.
9. Use a raised toilet seat and shower chair.
10. Keep a pillow between your knees when sitting or lying down and sleeping.
11. Keep the foot on the operated leg out in front of you when you sit or stand.
12. Maintain your weight bearing status of (determined by your MD).
13. Use lower body dressing equipment unless someone is doing this for you.

Most of the above restrictions will be lifted as your hip heals. Check with your doctor before discontinuing any of them.





# Posterior Hip Replacement Protocol

## 1. Ankle Pumps

Slowly push your foot up and down. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



## 2. Ankle Rotations

Move your ankle inward toward your other foot and then outward away from your other foot. Repeat 5 times in each direction 3 or 4 times a day.



## 3. Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Repeat 10 times 3 or 4 times a day.



## 4. Buttock Contractions

Tighten buttock muscles and hold to a count of 5.  
Repeat 10 times 3 or 4 times a day



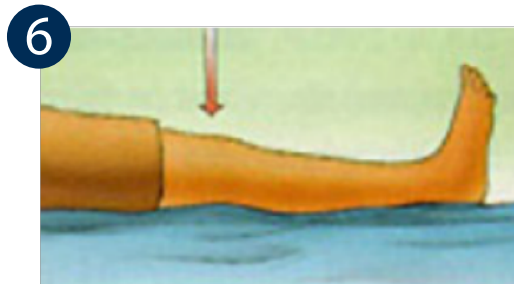
## 5. Abduction Exercise

Slide your leg out to the side as far as you can and then back.  
Repeat 10 times 3 or 4 times a day



## 6. Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.  
Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.



# Advanced Posterior Hip Standing Exercises

## 1. Standing Hip Abduction

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.

**Repeat 10 times 3 or 4 times a day**



## 2. Standing Hip Extensions

Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.



### 3. Shoulder Push-Ups

Sitting in a chair with armrests, push yourself up using your arms. Begin by using your feet to assist you, then, progress to putting more weight onto your arms to lift yourself up. Hold 3 seconds. Repeat 10 times per session.



### 4. Semi Squat

- Stand with feet shoulder width apart
- Slowly Squat down. Be careful to not let the knees collapse inwards as you squat downwards.
- Slowly stand back up without the use of your hands if possible.

**Attempt: 3 sets of 10**



### 5. Calf Raises

- Stand with feet shoulder width apart.
- Slowly rise up onto the balls of the feet and then slowly lower down.
- The hands can hold onto a chair or other object if balance is an issue.

**Attempt: 3 sets of 10**



### 6. Hamstring Curls

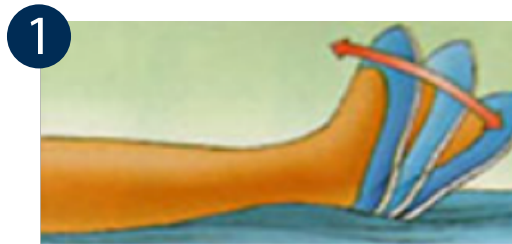
- Using your arms to balance, stand on the non-involved leg.
- Raise the heel of the involved leg up behind you.

**Attempt: 3 sets of 10**

# Anterior Lateral Hip Replacement Protocol

## 1. Ankle Pumps

Slowly push your foot up and down. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



## 2. Ankle Rotations

Move your ankle inward toward your other foot and then outward away from your other foot. Repeat 5 times in each direction 3 or 4 times a day.



## 3. Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Repeat 10 times 3 or 4 times a day.



## 4. Buttock Contractions

Tighten buttock muscles and hold to a count of 5.  
Repeat 10 times 3 or 4 times a day



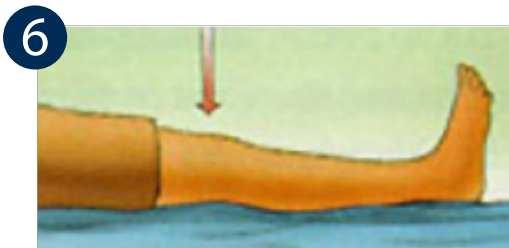
## 5. Abduction Exercise

Slide your leg out to the side as far as you can and then back.  
Repeat 10 times 3 or 4 times a day



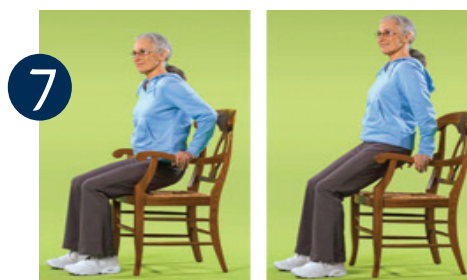
## 6. Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.  
Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.



## 7. Shoulder Push-Ups

Sitting in a chair with armrests, push yourself up using your arms. Begin by using your feet to assist you, then, progress to putting more weight onto your arms to lift yourself up. Hold 3 seconds. Repeat 10 times per session.





# Advanced Anterior Lateral Hip Standing Exercises

Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding onto a firm surface such as a bar attached to your bed or a wall.

## 1. Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.

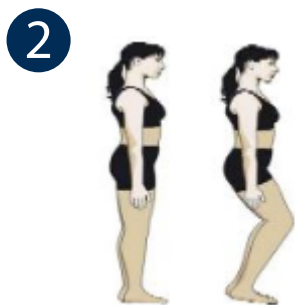
**Repeat 10 times 3 or 4 times a day**



## 2. Semi Squat

- Stand with feet shoulder width apart
- Slowly Squat down. Be careful to not let the knees collapse inwards as you squat downwards.
- Slowly stand back up without the use of your hands if possible.

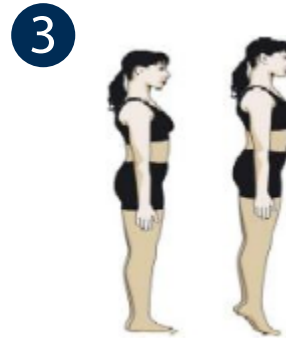
**Attempt: 3 sets of 10**



### 3. Calf Raises

- Stand with feet shoulder width apart.
- Slowly rise up onto the balls of the feet and then slowly lower down.
- The hands can hold onto a chair or other object if balance is an issue.

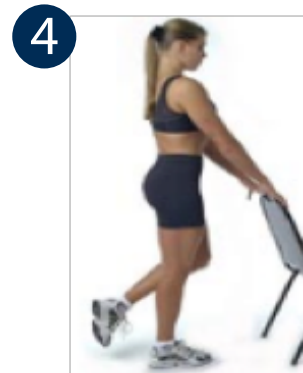
**Attempt: 3 sets of 10**



### 4. Hamstring Curls

- Using your arms to balance, stand on the non-involved leg.
- Raise the heel of the involved leg up behind you.

**Attempt: 3 sets of 10**



# Total Joint Replacement Program

## Total Knee Replacement

Your doctor has probably told you a great deal about your surgery and why you require the procedure, but the following information may be helpful as a review or a reminder.

The knee joints are parts of the body which experience many stresses and strains on a daily basis. It is no surprise then that after years of use the wear and tear on the bones and tissues may become a painful problem. Some of the things the knee joints do include the following:

- Support body weight
- Move thousands of times a day
- Allow you to walk, run, jump, crawl and crouch down

The knee joint is a hinge with some rotational ability. This joint glides or moves easily because of a special tissue called articular cartilage, which covers and lines the joint. In a healthy knee, movement is without pain. In a “problem” knee, the articular cartilage wears away and leaves the bones unprotected causing pain and stiffness.

Any part of the entire knee may be damaged to the point that the knee does not function and must be replaced. In recent years many advances in surgical procedures have proven helpful to people with knee problems.

Joint replacement surgery replaces the problem knee with a prosthesis or “artificial knee.” The basic parts of prosthesis are:

- Femoral component (thigh bone)
- Tibial component (shin bone)
- Patellar component (knee cap)

The prosthesis is extremely strong and made of special long lasting material, which is easily placed inside your body. Your surgeon will chose the right size for you and will secure the prosthesis in place by a method which best suits your situation.

Post-operatively your doctor may have you use a continuous passive motion devise (CPM) to help you regain your fullest range of motion. Your doctor will select parameters for setting the CPM use for your knee replacement immediately following surgery. The doctor may also want you to use a knee immobilizer to ensure stability of the knee while you recover. These devices are selected by your doctor depending on your needs.



## WHAT IS CONTINUOUS PASSIVE MOTION (CPM)?

A CPM is an electric motorized device that is fit and placed on your operated leg following your knee replacement surgery. The CPM moves your leg upward into the flexed position and downward into the extended position. We may use various speeds while producing the normal movement pattern for your knee. The benefits of the CPM are:

- Creates range of motion for your knee replacement.
- Decreases the swelling and pain to your knee replacement.
- Stimulates circulation in and out of the operated leg decreasing the opportunity for blood clots to form.
- Decreases the amount of post surgical scarring and adhesions to your new knee.

## WHEN USING THE CPM THE PATIENT WILL BE:

- Pre-medicated before application of the unit.
- Informed as to length of CPM treatment time, range of motion setting, and relaxation techniques to assist the patient during the treatment process.

At night, following the use of the CPM, the patient may use a straight leg knee immobilizer on their operated leg, to maintain extension and protect the leg while the patient sleeps.



# Total Knee Replacement Exercise Protocol

## 1. Ankle Pumps

Slowly push your foot up and down. Do this exercise several times as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you are fully recovered.



## 2. Ankle Rotations

Move your ankle inward toward your other foot and then outward away from your other foot. Repeat 5 times in each direction 3 or 4 times a day.



## 3. Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your heel on the bed. Do not let your knee roll inward. Repeat 10 times 3 or 4 times a day.



## 4. Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Repeat 10 times 3 or 4 times a day.





## 5. Abduction Exercise

Slide your leg out to the side as far as you can and then back. Repeat 10 times 3 or 4 times a day

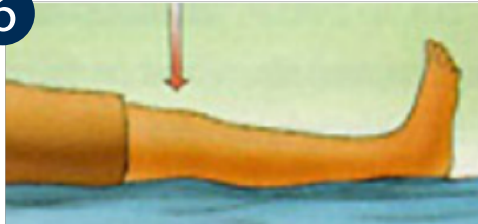
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## 6. Quadriceps Set

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Repeat this exercise 10 times during a 10-minute period, or continue until your thigh feels fatigued.

6



## 7. Straight Leg Raises

Tighten your thigh muscle with your knee fully straightened on the bed. As your thigh muscle tightens, lift your leg several inches off the bed. Hold for 5 to 10 seconds. Slowly lower.

**Repeat until your thigh feels fatigued.**

7



## 8. Shoulder Push-Ups

Sitting in a chair with armrests, push yourself up using your arms. Begin by using your feet to assist you, then, progress to putting more weight onto your arms to lift yourself up. Hold 3 seconds. Repeat 10 times per session.

8



# Advanced Total Knee Standing Exercises

Soon after your surgery, you will be out of bed and able to stand. You will require help since you may become dizzy the first several times you stand. As you regain your strength, you will be able to stand independently. While doing these standing exercises, make sure you are holding onto a firm surface such as a bar attached to your bed or a wall.

## 1. Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts and put your leg down.

**Repeat 10 times**  
**3 or 4 times a day**



## 2. Standing Hip Abduction

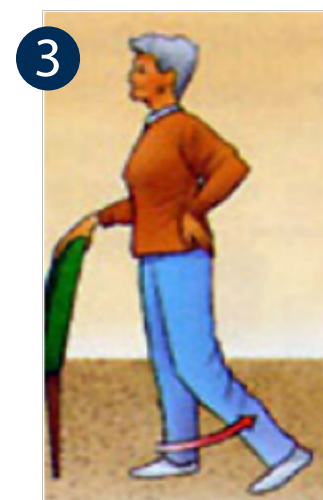
Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor.

**Repeat 10 times**  
**3 or 4 times a day**



## 3. Standing Hip Extensions

Lift your operated leg backward slowly. Try to keep your back straight. Hold for 2 or 3 counts. Return your foot to the floor.



# Advanced Total Knee

## Stage 2 - Standing Exercises



### 1. Semi Squat

- Stand with feet shoulder width apart
- Slowly Squat down. Be careful to not let the knees collapse inwards as you squat downwards.
- Slowly stand back up without the use of your hands if possible.

**Attempt: 3 sets of 10**



### 2. Calf Raises

- Stand with feet shoulder width apart.
- Slowly rise up onto the balls of the feet and then slowly lower down.
- The hands can hold onto a chair or other object if balance is an issue.

**Attempt: 3 sets of 10**



### 3. Marching on the Spot

- Standing on the uninvolved leg
- Slowly lift the involved knee upward, attempting to reach 90° angle at the hip and knee.

**Attempt: 3 sets of 10**



### 4. Hamstring Curls

- Using your arms to balance, stand on the non-involved leg.
- Raise the heel of the involved leg up behind you.

**Attempt: 3 sets of 10**



# Notes



Kaweah Delta  
HEALTH CARE DISTRICT  
More than medicine. Life.