

Total Joint Replacement



**Seton Medical Center
Harker Heights**

A partner of the Seton Healthcare Family

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Welcome to Seton Medical Center Harker Heights

The quality of care you receive during your stay and your participation in your care here at Seton Medical Center Harker Heights are very important to us. Our goal is to ensure that we provide you with excellent care. In order to reach this goal, we utilize a proactive approach to patient care. We strive to make regular rounds in hopes to anticipate and meet your needs in a timely and effective manner. Safety is our priority.

During your stay you can expect to be visited by one of our staff members according to the following schedule:

- In Pre-Op, nursing staff will be updating you at least every hour on any delays, and we will be checking to ensure your needs are being met.
- In the Post-Anesthesia Care Unit (PACU), nursing staff will be providing care to you on a continuous basis and updating you on your plan of care. Your PACU nurse will also be updating your family/support person on your status at least hourly.
- In the hospital, nursing staff will be rounding on you at least every hour to ensure your needs are being met. Your nurse will carry out physician orders, update you on your plan of care, communicate with your family about your care, and provide support as needed. A nursing leader will also round on you during your visit to ensure you are receiving excellent care and to answer any questions you may have about your stay.

When a caregiver comes into your room for regular rounds they will do the following:

- Check on your wellbeing, comfort, and pain level.
- Assist you with your personal needs such as getting up to use the bathroom, access to items, etc.
- Help you move or change to a new position
- Update the communication board
- Answer any questions you or your visitors may have

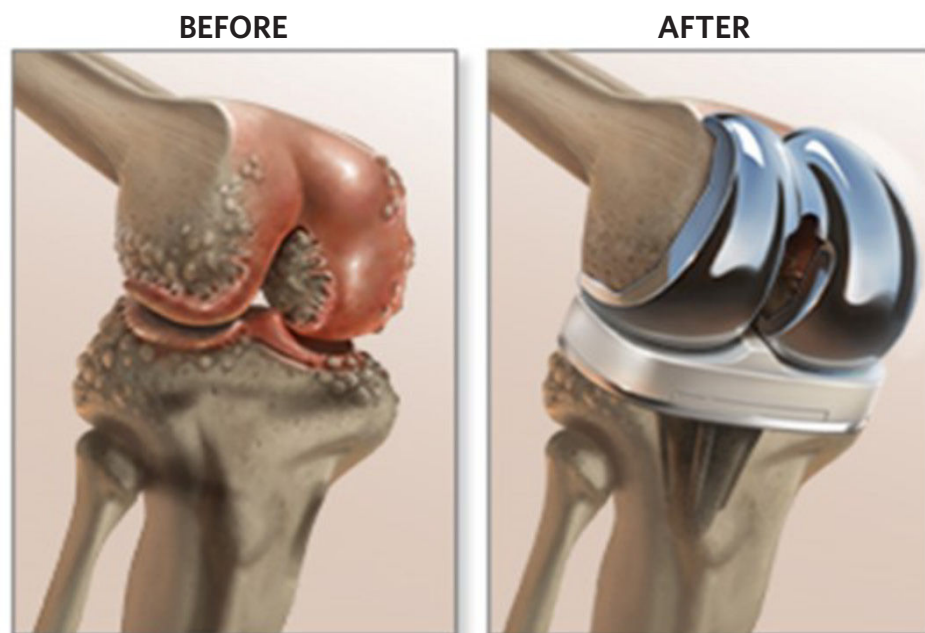
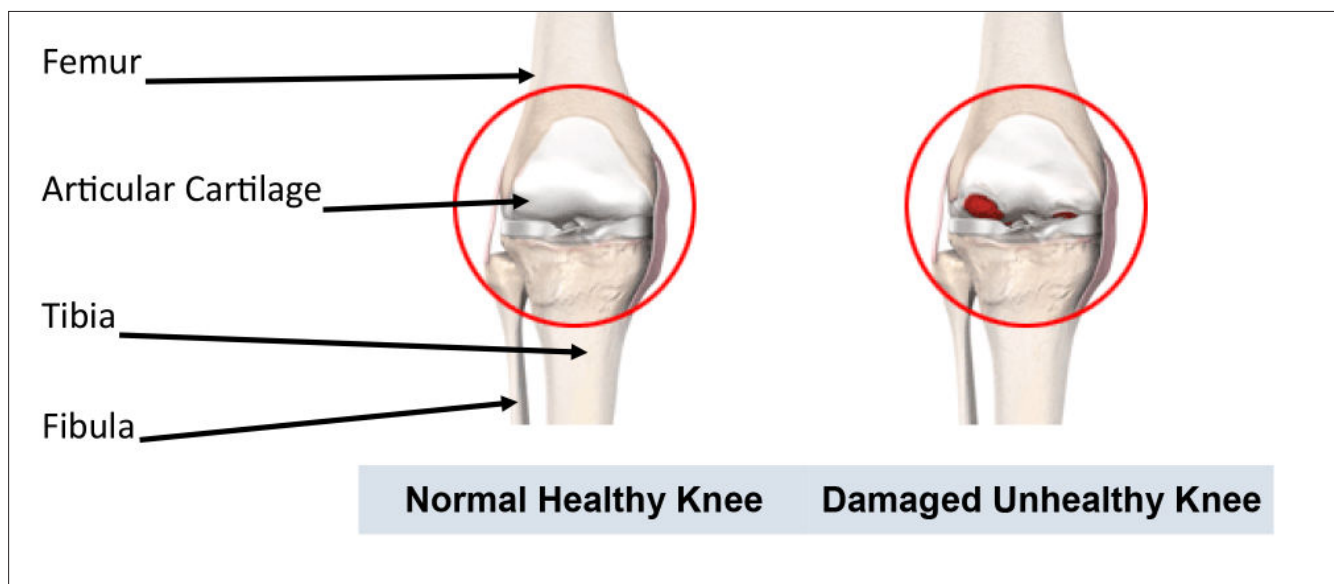
If at any time during your stay you feel you are not receiving excellent care, please let us know immediately so we can address your concerns. You may voice your concern with any member of your healthcare team including your Nurses Aide, Nurse, Charge Nurse, House Supervisor, Physician or Nurse Director.

**Our mission is to serve our patients with dignity and respect
while delivering world-class care, every patient, every time.
Thank you for choosing Seton Medical Center Harker Heights.**

Understanding your Knee Joint

The knee is a complex hinged joint. This type of joint allows for stability during flexion and extension. The joint is made up of three bony parts: the shin bone (tibia), the thigh bone (femur), and the knee cap (patella). The bottom of the femur meets the top of the tibia and is cushioned by cartilage. The cartilage is lubricated by fluid in the joint. These components, along with strong muscles and ligaments create a healthy knee joint. Having a healthy knee joint allows for walking, kneeling, sitting, and squatting without pain.

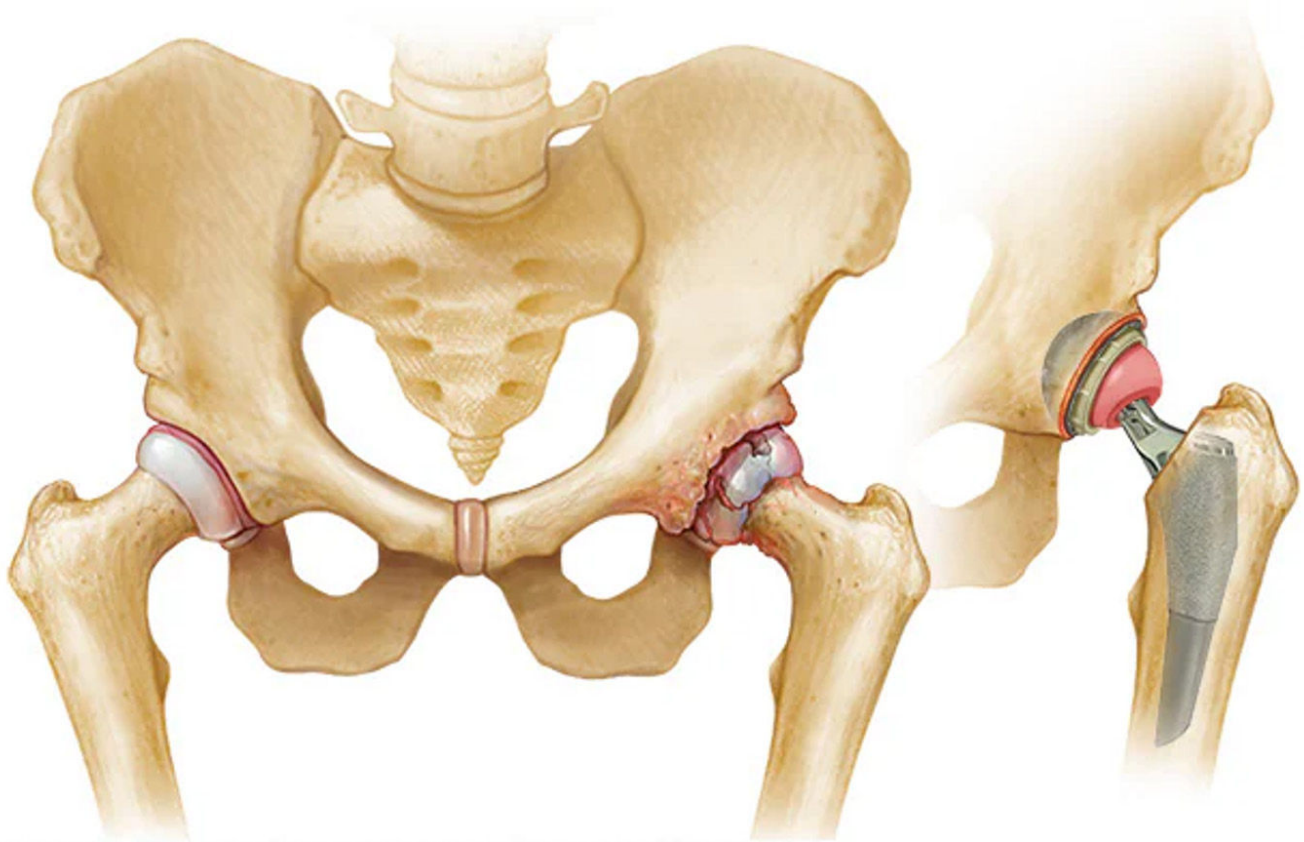
Conditions such as arthritis, old fractures, abnormal stress, and aging can damage the knee joint and cause rough areas to develop. This creates pain and stiffness with movement.



Understanding your Hip Joint

The hip is a complex ball and socket joint. This type of joint allows maximum mobility in flexion, extension, and rotation. The joint is made up of the thigh bone (femur) and the socket of your pelvis (acetabulum). The top of the femur (head) meets the acetabulum (socket) and is lubricated by cartilage that surrounds the head of the femur and interior surface of the acetabulum. The hip joint is also made up of and surrounded by thick ligaments, tendons, and muscles that improve joint stability without sacrificing mobility. Having a strong, healthy hip joint allows for standing, walking, sitting, and squatting without pain.

Conditions such as arthritis, old fractures, abnormal stress on the joint, and aging can damage the hip joint and cause the cartilage to degenerate. This causes pain, stiffness, and overall immobility.



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Do's and Don'ts of Surgery

Surgery Do's

- Shower before you arrive and wear loose, comfortable clothes.
- Plan to give a urine sample the morning of surgery if you are female between 8-65 who has not had a hysterectomy.
- Bring your ID and insurance card. Remember your co-payment if you have one.
- Bring your advanced directive or living will if you have one.
- **Bring your CPAP** if you have one.
- **Bring your inhaler** if you have one.
- Please **bring a complete list of all medications that you are taking**, including any over-the-counter medications, vitamins, supplements, and herbal medications. On your list, please state the name, dose, time, and reason for taking each medication. **If you bring any medication from home, it must be in the original container.**
- You may bring personal hygiene items such as hairbrush, toothbrush, toothpaste, etc.

Surgery Don'ts

- **Do not eat or drink anything after midnight the night before your surgery.** This includes any gum, mints, suckers, cough drops and tobacco products. (You may have a small sip of water with any medications you were instructed to take the morning of surgery.)
- **No smoking** while at Seton Medical Center Harker Heights. We are a smoke-free facility. This includes all tobacco products including vaping.
- Do not use recreational drugs prior to surgery. Please stop these as soon as you know you might be having surgery.
- Don't bring jewelry, money, or other valuables to the hospital.
- Don't wear eye makeup or lipstick the day of surgery.
- Do not try to have surgery **if you are sick.** **Please contact your surgeon's office** as soon as possible to reschedule your surgery. It is important that you feel well .



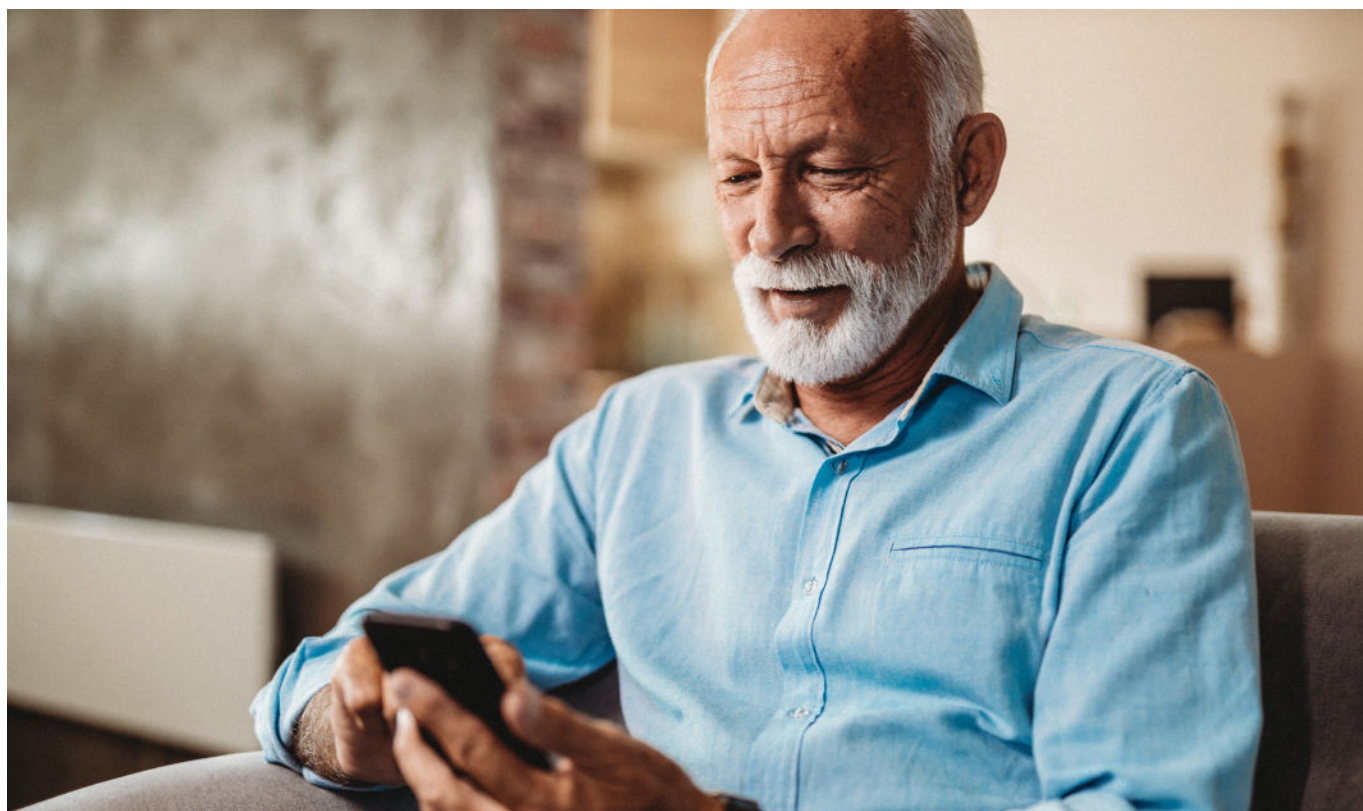
Getting Ready for Surgery

Prior to Surgery

- Contact your physicians office to confirm surgery authorization by your insurance. Contact your insurance for information regarding Home Health agencies, Durable Medical Equipment providers, and/or Skilled Nursing facilities that are in network.
- Practice “pre-surgery exercises” explained further in booklet to help prepare your muscles for surgery and speed your recovery
- Participate in Revive Orthopedic Program
- Have a discharge plan. Arrange to have a friend or family member pick you up when discharged from the hospital. Plan to have a friend or family member stay with you for the first several days after surgery. Move all self-care items and most commonly used items within reach. Assure that elevated seating is available, low seating will be difficult to get out of post-op.

Surgery Time

You will be called several days prior to surgery concerning what time to check in for surgery. These calls are usually made after 2:00 pm. Your check in time is about 2 hours prior to your scheduled surgery time. This allows adequate time for you to check in and get ready for surgery. Your surgery time may change if there are delays, emergencies, or same-day cancellations; we will keep you updated the best we can if these situations arise.

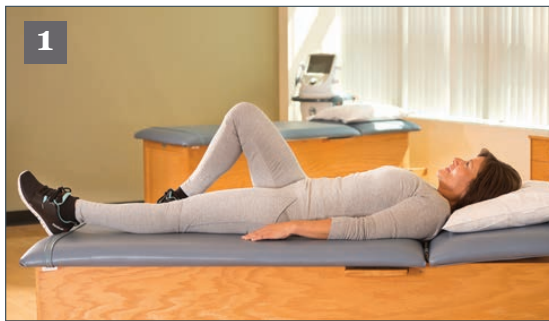


Pre-op Exercises

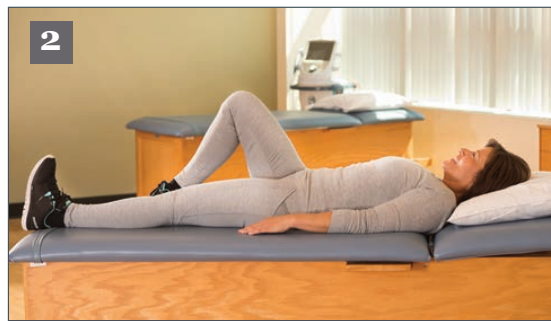
Exercising Before Surgery

It is important to be as fit as possible before undergoing a joint replacement. This will make your recovery much faster. Six exercises are shown below that you should start doing now and continue until your surgery. You should be able to do them in 10-15 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this as a minimum amount of exercise prior to your surgery. If you have not been in an exercise or physical therapy program, **you may need to start with only five times of each exercise, building up to 10-20 times.** Please remember to do all exercises with both legs to increase strength in both legs.

Ankle Pumps



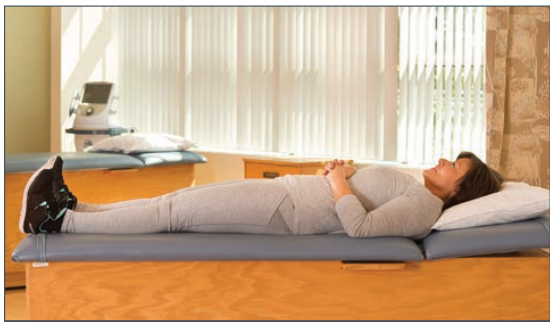
Point: Bend your ankles pointed away from your torso.



Flex: Bend your ankles flexed toward your torso.

- Goal 10-20 times.
- These may be done frequently throughout the day.

Strengthening Hip Muscles: Glute Set



- Lie on a bed.
- Squeeze your bottom together.
- Do not hold breath.
- Hold for 10 seconds.
- Relax.
- Start with five times, with a goal of 10-20 times.

Quad Sets: Knee Pushdowns



- Press your knee down so you are tightening the muscle on the front of your thigh and hold for five seconds.
- If this is not comfortable, you may lay flat on your back.
- Start with five times, with a goal of 10-20 times.

Heel Slide



- Lie on back.
- Slide heel towards your bottom.
- Hold for 10 seconds.
- Slide heel forward and relax.
- Start with five times, with a goal of 10-20 times.

Hip Abductions



- Lie on back.
- Slide leg out to side.
- Keep toes pointed up and knee straight.
- Bring leg back to starting point, do not cross midline.
- Start with 5 times, with a goal of 10-20 times.

Straight Leg Raises



Start: While lying, bend your unaffected leg, keeping your foot flat.

Finish: Lift your affected leg keeping your knee straight and toes pointed towards your head.

- Start with 5 times, with a goal of 10-20 times.

Knee Extension: Long Arc Quads



- Sit with knee bent to 90°.
- Straighten leg at the knee.
- Slowly lower leg back to 90° bend.
- Start with five times with a goal of 10-20 times.

Seated Hamstring Stretch



- Sit on a chair with your operative leg extended and your back straight.
- Bend forward at the hips. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint.*
- Now lean forward until a gentle pull is felt along the back of your legs.
- Hold for 20-30 seconds.
- Relax.
- Repeat five times.

Strengthening Your Arms for Using Crutches or a Walker



- Sit in an armchair.
- Place hands on armrests.
- Straighten arms, raising bottom up if possible; nose over toes. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint.*
- Start with five times, with a goal of 10-20 times.

Your Healthcare Team

Nurses

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

Case Managers

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

Occupational Therapists (OT)

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

Physical Therapy (PT)

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

Hospitalist

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

Day of Surgery

Pre-op

Enter the main entrance of the hospital. Proceed to the main information desk and tell the receptionist that you are here for your total knee or hip replacement. Provide information and treatment needed for recovery.

- Once checked in, you and a support person will be brought to your pre-op room. Here you will change into a hospital gown and an IV will be placed in your arm. A nurse will review your medical history and current medication list, addressing last time each medication was taken. The nurse will complete a head-to-toe assessment.
- The surgeon will come visit with you prior to surgery to ensure all of your questions are answered. He will initial the surgical site to ensure that the surgery will be performed correctly.
- Many patients will receive a nerve block to help with pain control during and immediately after surgery. This is typically performed in the preoperative area or in the post-operative care unit. This temporarily causes numbness and difficulty moving the affected limb. There will be some pain after the nerve block wears off. Pain is typically worse over the first few days following surgery.
- Our Anesthesia team will also come visit with you; either an Anesthesiologist (Doctor of Anesthesia) or a CRNA (Certified Registered Nurse Anesthetist). They will do a brief assessment and will discuss what kind of anesthesia you will receive during your procedure along with its risks. Listed are a few examples of the different types of anesthesia:
 - **General anesthesia** is used to induce unconsciousness during surgery. It is either inhaled through a breathing mask or administered through an IV line. A breathing tube is inserted into the windpipe to maintain proper breathing during surgery.
 - **Spinal anesthesia** is an injection into the subarachnoid space of the spine causing loss of sensation below the area injected. Medications for sedation are also given to keep you relaxed and unaware of what is going on. With this type of anesthesia a breathing tube is not inserted.

Surgery

In the operating room:

- The joint is scrubbed with an antiseptic soap.
- A Foley catheter (urinary catheter) may be inserted into the bladder to drain urine. It is usually removed after your first session of physical therapy.
- Anesthesia is administered at this time. The healthcare provider may use general anesthesia or a spinal block.

- The surgeon will use an implant with a porous surface, allowing for bone to grow into and around the pores of the implant. The implant may then be secured using medical cement. This surface allows your own bone to grow into and fill the pores of the implant.
- The incision will be closed with internal stitches and glue to seal the incision. In some cases stitches or staples may be used. The incision will then be covered with steri-strips and a bandage.

Post Anesthesia Care Unit (PACU)

Length of stay: 60-180min (time varies by patient)

Your surgeon will inform your family of your condition and inform them that they will be able to see you once admitted to the medical-surgical unit.

- Blood pressure, breathing, and other vital signs are watched closely.
- Medications for pain and nausea are available if needed.
- Anesthesia will place a **single-shot injection nerve block** to your affected joint to assist with pain management. The block will help with pain control for up to 24hr hours and will support your oral pain regimen.

Before your transfer to the medical-surgical unit, you must meet certain criteria in the PACU. Meeting these guidelines will ensure your safety and stability for transfer.

Medical-surgical unit

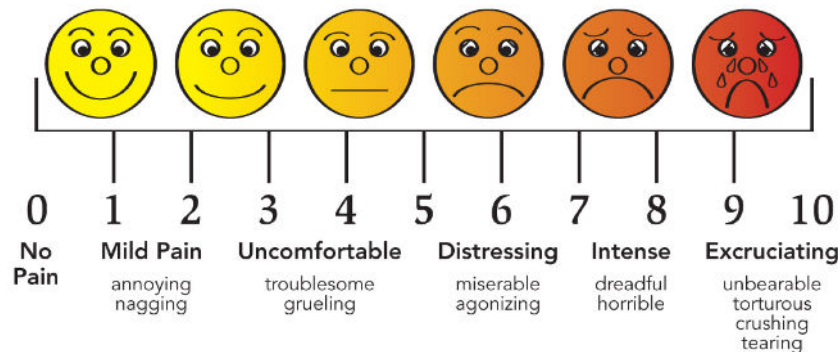
Once admitted to the floor, your family is welcome to visit.

- Breathing, pulse, and blood pressure will be monitored frequently. A blood pressure cuff will be applied to the arm to monitor blood pressure. A pulse oximeter sticker probe will be applied to your toe (likely attached to the operative extremity) to measure oxygen levels and heart rate. The pulse oximeter will remain on throughout the duration of your stay.
- Supplemental oxygen may be needed after surgery. An **Incentive Spirometer (IS)** will be provided to help decrease the need for supplemental oxygen and to help prevent pneumonia. The nursing and respiratory staff will teach about Incentive Spirometry. It is very important that this is done 10 times per hour, when awake.
- Physical Therapy (PT) will work with you. They will assist you getting out of bed, standing, and/or take a few steps the day of surgery. If you arrive to the floor late in the day, your PT visits will begin the next morning.
- Daily blood draws are done in the early mornings, to assist in monitoring labs and dosing for medications.

Pain Management

Pain Management is an important component to the healing process. You will have pain after surgery, but it is our goal to make your stay and recovery as comfortable as possible. To help achieve this, our staff will help you set a pain goal to enable better understanding of what level of pain is tolerable for you. We will use a combination of oral and IV pain medications.

Please point to the number that best describes your pain.



Prior to surgery, discuss with your surgeon:

- Previous experiences with pain. Mention what has worked for you and what has not in regards to decreasing pain.
- Ask how severe the pain typically is after this type of surgery and how long it lasts.
- What kind of pain medications will be given before and after surgery? What are the possible side effects of these medications? What can be done to minimize side effects?
- Can you use non-prescription pain medication? Many times it is OK to use ibuprofen and/or Tylenol either in addition to or in place of stronger medications.
- If you have chronic pain this should be discussed as there may be some special considerations for post-surgical pain management.
- Be honest about your alcohol and drug use.

Together you and your surgeon can make a plan that will work the best for you.

Good pain management

allows your body to heal, helps you return to normal activities,
allows you to breathe more deeply,
and typically requires less narcotic to manage pain.

Using a combination of these strategies to control surgical pain can be very helpful and can provide better pain relief than medication alone.

Stay ahead of the pain. Do not wait until your pain is severe before you take your medication. Most oral medications take at least 30 minutes to start working.

Take pain meds prior to any physical activity that will cause pain, such as physical therapy.

In the days immediately following your surgery, try taking your pain medication as prescribed by your surgeon. As your pain improves, you can extend the time between doses until you are able to quit using it altogether.

Apply ice using your elastic, Velcro cold pack or Cryo-cuff for 15-20 minutes every hour or as directed to decrease swelling and pain. Do not ice more often than every 2 hours. Do not put ice directly on your skin.

Increase physical activity slowly. Overdoing it increases your pain level and makes it difficult to recover.

Don't sit too long. Get up and walk every hour while awake to help keep your muscles from getting stiff and promote blood circulation.

Get enough sleep. Adequate sleep improves your ability to cope with pain, speeds healing, and can actually reduce pain.

Reduce stress as it can increase pain. Surgery is a type of physical stress, and while that cannot be avoided, many other stresses can be minimized.

Distraction techniques such as deep breathing, relaxation exercises, listening to music, playing cards, visiting, watching TV and meditation can all be beneficial in redirecting your attention from pain.

Be aware that **Pain Medications can be a cause of Constipation**

What is constipation? Constipation is when you have hard, dry bowel movements, or when you go longer than usual between bowel movements.

Signs and symptoms of constipation: difficulty pushing out your bowel movement, pain or bleeding during your bowel movement, a feeling that you did not finish having your bowel movement, nausea, bloating, and headache.

Managing constipation

- ⇒ Drink liquids: the average adult should drink approximately 8 glasses of water a day
- ⇒ Eat high fiber foods: such as fruits, vegetables, whole grains and beans.
- ⇒ Physical Activity: get up and walk frequently.
- ⇒ Medications: over the counter stool softeners, laxatives or a fiber supplement may help produce a bowel movement.

Please contact your surgeon or go to the nearest emergency room if your constipation gets worse.

Preventing Surgical Site Infections

Practice good hygiene.

- **Do not shave** near where you will have surgery. Shaving with a razor may irritate your skin and make it easier to develop an infection. **The nursing staff at the hospital will assist with hair removal prior to surgery using electric clippers in the area the surgeon will be working.**
- **Shower** prior to coming in for surgery; be as clean as you can be. Your surgeon may recommend that you use a chlorohexidine body wash prior to surgery to help reduce the germs that are naturally on your skin.

At the Hospital

- **Hold everyone accountable for good hand hygiene.** Make sure all healthcare providers, as well as friends and family, clean their hands with soap and water or hand sanitizer prior to visiting with you. **If you do not see them do this, please ask them to do so.**
- **Your surgeon may prescribe an IV antibiotic to be given before the surgery,** your surgical site will be scrubbed and hair in the area clipped.

After Surgery.

- **Make sure you understand how to care for your surgical dressing before you leave the hospital.** The dressing protects the incision from dirt and bacteria, controls drainage and keeps medication on the site. Your doctor or nurse will explain everything you need to know about taking care of your surgical dressing.
- **Always wash your hands** prior to doing anything with your surgical site. Use gloves if you have them. Do not let anyone else (people or animals) touch it unnecessarily.
- Practice **good hygiene** such as keeping fingernails short, clean, and well maintained. Keep urine, stool, and other body drainage away from your surgical site. Do not sneeze or cough on your surgical site.
- Keep your **environment clean.**
- Ask your surgeon before taking a bath, getting in a hot tub, or swimming.

Recognize Signs and Symptoms of Infection and report them immediately to your surgeon or go to the nearest emergency room!

- Pus or cloudy fluid draining from the incision
- Redness or red streaks spreading from the incision (may look like a rash)
- Swelling or warmth at the surgical site
- Increased pain or tenderness (ie. Pain that was controlled with medications and now is not)
- Fever over 101.5 degrees or chills



Preventing Blood Clots

With any surgery you are at increased risk for developing a blood clot. They can lodge in a vein of an arm or leg or become mobile and travel to other parts of the body such as the heart, lungs or brain and cause serious problems.

What puts you at risk for a blood clot:

- If you have had surgery or will be spending a lot of time resting in bed or are sedentary
- Have a history of serious illnesses like heart, lung, or kidney problems
- Have a history of blood clots
- Have been traveling and sitting for more than 2 hours at a time, especially on an airplane
- Smoke
- Are overweight

To prevent blood clots, keep your blood moving and promote good circulation by using the following tips:

- ⇒ Get up and move around every 1 to 2 hours while you are awake. Avoid sitting for long periods of time.
- ⇒ When sitting or laying down, pump or wiggle your feet and ankles and avoid crossing your legs.
- ⇒ While in the hospital, the doctor may order a special machine that will squeeze and release on your legs (sequential compression device (SCDs) or plexi boots) and/or compression socks (TED hose). If you are sent home with compression socks, wear them day and night until your follow up appointment.
- ⇒ You will be sent home on a form of anti-coagulation therapy via medication. Medications may vary depending on your medical history.

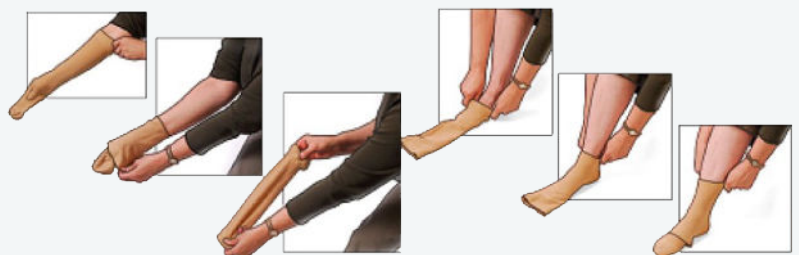
Signs and symptoms of blood clots:

- Redness
- Hot to the touch
- Increased pain
- Swelling

Use and Care of Compression Socks

1. Make sure your legs and feet are clean and dry prior to putting them on.
2. You may apply powder lightly to your legs to decrease irritation and help the stocking slide on more easily.
3. Don't use lotion or oils on your legs as these can cause the elastic in the socks to wear out. Also be careful to avoid stretching or pull on socks more than necessary.
4. Make sure you put the socks on straight. Twisted socks will not provide the proper support.
5. Remove stockings at least daily and wash your legs. Check your legs and feet for change in color, temperature, sensation (numbness), irritation, skin sores, tenderness, or pain. These are signs of decreased blood flow.
6. Wash socks every 3 days. Machine or hand wash with only soap and water, do not bleach. Dry socks by laying them flat or machine dry on low.

How to put socks on: Pinch heel and fold sock inside out to the point. Put sock on just the foot. Next pull the rest of the sock up. Ensure there are no wrinkles.



Fall Prevention

Seton Harker Heights is focused on providing safe and excellent care.

We need you and your family's help to achieve this goal.

Patient falls are one of the leading causes of adverse events in hospitals throughout the U.S.

Surgery, anesthesia, pain, and nausea medications increase your risk for falling.

To keep you safe we ask that you:

- Do not get out of bed without staff assistance. Do not allow family members to help you get out of bed.
- Use your call light. It should always be within reach.
- Ensure personal items are in reach.
- Slowly sit up and then stand. Don't be in a hurry.
- Use assistive devices as directed, such as a gait belt, cane, walker, or wheelchair.
- Wear socks or shoes that have good grip and fit well.

Our hospital staff

- We strive to round on each patient at least every hour.
- During our rounds we will check on the following needs: pain control, positioning, potty (toileting), proximity of personal belongings, and privacy.
- We will stay within arm's reach of you while toileting, transferring, and/or walking. During these times, we will use a gait belt to better keep you safe.



Prior to Discharge

Most patients will go home the day of surgery or on Post-Op day 1 at the latest. Certain criteria will need to be met prior to discharge (staff will cover this criteria). The following is a list of things you can expect to happen prior to going home:

- Continue using the Incentive Spirometer to facilitate in keeping lungs clear. 10 x per hour. Deep breathing and coughing will help as well.
- PT will work with you to assess stability and walking patterns. They will go over any precautions related to your surgery, teach exercises to be done at home, and educate on how to maneuver on the stairs.
- OT may see you to review any precautions you may have. They will also educate on how to perform daily activities safely and as independently as possible.
- Case management will meet with you to assist in arranging for discharge. They may discuss home health and/or ordering of DME (durable medical equipment).
- If you have a urinary catheter, it will be removed prior to discharge. It's important to drink plenty of fluids to assist in being able to urinate after the catheter is removed.
- Your initial surgical dressing will be removed and replaced with a waterproof dressing. This waterproof dressing will fall off gradually over time or will be replaced at your follow-up office visit with your surgeon.

When this criteria has been met, and you are medically stable, your surgeon will write discharge orders. Your nurse will go over all discharge instructions in detail before leaving the hospital. This includes, but is not limited to, follow-up appointments, blood tests, new medications, safety, signs and symptoms of infection, signs and symptoms of blood clots, and pain management. Please ask questions and/or for clarification on any instructions if they are unclear. We want you to feel confident and comfortable when you leave the hospital. If questions do arise after discharge, your home health nurse is a great resource.

Planning Your Discharge

A discharge planner (Case Manager) will meet with you to review discharge options, discuss safety issues, equipment, and how you will be cared for upon discharge. Your discharge plan takes into account your doctor's recommendations, individual needs, ability to tolerate physical activity, and insurance coverage. Your Case Manager will make appropriate referrals once a decision is made.

Home Health Care

Home health care may be ordered for those patients who are homebound but do not require intensive medical or rehabilitative care.

- Home care nurses monitor your recovery, including pain management, home safety, and medications. They also consider whether you need additional help with your self-care routines.
- A physical therapist checks your progress and helps with your exercise program.
- An occupational therapist is available to evaluate your home and your ability to perform daily activities.
- The number of home visits varies based on individual needs, medical necessity, and insurance.
- Your doctor may order additional outpatient therapy sessions after discharge from home health care if needed.

Skilled Nursing Facility (SNF)

If you are unable to care for yourself with assistance at home, you may qualify for a Skilled Nursing Facility (SNF). A SNF will provide ongoing nursing care and rehab therapies that you may need to complete your recovery. In order to qualify for a SNF, you must be evaluated by PT and OT in the hospital to establish medical necessity. Prior approval from your insurance will be needed (case management will help with this).

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

Recovery and Rehabilitation

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

Guidelines and precautions

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

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

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

Transfers

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

Sitting

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

Walking

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

Ice and Elevation Instructions

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

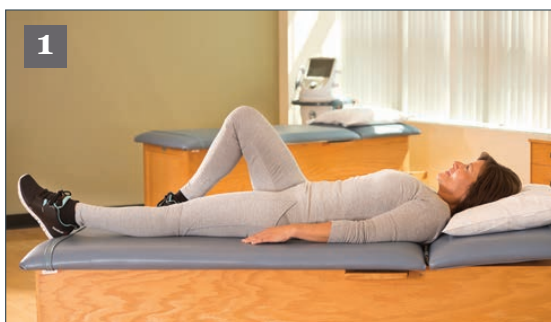


Post-op Exercises

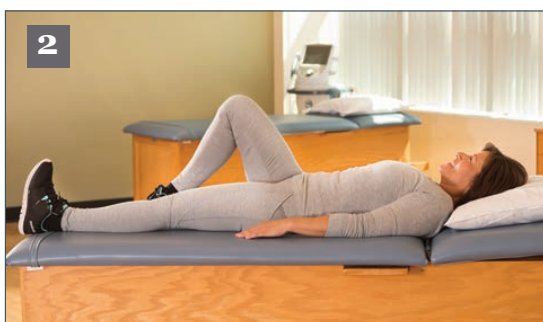
Exercising After Surgery

The six exercises below are also appropriate to perform starting the same day as your surgery. As before surgery, it is recommended that you try to perform all of them twice per day. Likewise, if you have not been in an exercise or physical therapy program, **you may need to start with only 5 repetitions, building up to 10-20 repetitions of each exercise.** Please remember to do all exercises with both legs to increase strength on both sides. Please ask your surgeon or physical therapist if you have any questions about these exercises.

Ankle Pumps



Point: Bend your ankles pointed away from your torso.



Flex: Bend your ankles flexed toward your torso.

- Goal 10-20 times.
- These may be done frequently throughout the day.

Strengthening Hip Muscles: Glute Set



- Lie on a bed.
- Squeeze your bottom together.
- Do not hold breath.
- Hold for 10 seconds.
- Relax.
- Start with five times, with a goal of 10-20 times.

Quad Sets: Knee Pushdowns



- Press your knee down so you are tightening the muscle on the front of your thigh and hold for five seconds.
- If this is not comfortable, you may lay flat on your back.
- Start with five times, with a goal of 10-20 times.

Heel Slide



- Lie on back.
- Slide heel towards your bottom.
- Hold for 10 seconds.
- Slide heel forward and relax.
- Start with five times, with a goal of 10-20 times.

Hip Abductions



- Lie on back.
- Slide leg out to side.
- Keep toes pointed up and knee straight.
- Bring leg back to starting point, do not cross midline.
- Start with 5 times, with a goal of 10-20 times.

Straight Leg Raises



Start: While lying, bend your unaffected leg, keeping your foot flat.

Finish: Lift your affected leg keeping your knee straight and toes pointed towards your head.

- Start with 5 times, with a goal of 10-20 times.

Knee Extension: Long Arc Quads



- Sit with knee bent to 90°.
- Straighten leg at the knee.
- Slowly lower leg back to 90° bend.
- Start with five times with a goal of 10-20 times.

Seated Hamstring Stretch



- Sit on a chair with your operative leg extended and your back straight.
- Bend forward at the hips. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint.*
- Now lean forward until a gentle pull is felt along the back of your legs.
- Hold for 20-30 seconds.
- Relax.
- Repeat five times.

Strengthening Your Arms for Using Crutches or a Walker



- Sit in an armchair.
- Place hands on armrests.
- Straighten arms, raising bottom up if possible; nose over toes. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint.*
- Start with five times, with a goal of 10-20 times.

Home Safety

The following equipment may be needed at home:

- Walker/crutches
- Shower chair
- Toilet raiser/commode chair
- Grab bars in bathroom and/or shower
- Reacher, sock assist aide, long handled shoehorn, and gait belt.

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

We suggest the following home safety tips:

- Use bag or basket on walker to carry needed items (phone, etc) this will allow both hands to be free which is safer.
- Move electrical cords out of the way
- Remove throw rugs
- Add firm pillows to low chairs
- Store items within easy reach
- Use a cart to move items
- Watch for small pets or objects on the floor
- Install rails along stairs if needed
- To avoid injuring yourself, always think before you move

Adaptive Equipment



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

Home Equipment

Dressing

- Use long-handled equipment to get dressed (hip kit).
- Perform dressing while seated for safety.

- **Dressing the lower body with assistive devices.**



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



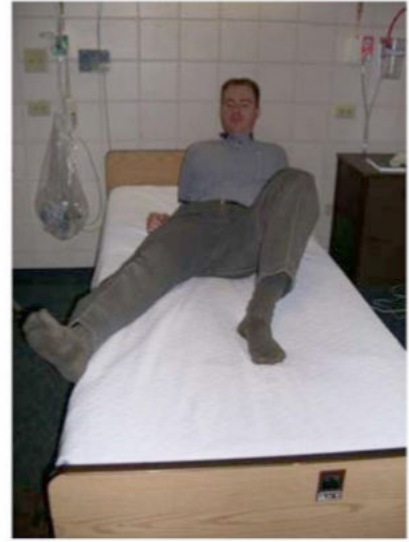
- Stand-up, achieve your balance, and then pull one side of your pants up at a time.



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

Once surgical joint range of motion improves, discontinue use home dressing device.

Getting in and out of bed



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

Getting on and off the toilet

To sit down on the toilet



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

To stand up from the toilet

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

Toileting

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

Getting in and out of the bathtub



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

Bathing

- It is safer to get into and out of a dry tub.
- Purchase a tub seat or bench.
- DO NOT bend or squat to wash your legs or feet. Use long-handled equipment (loofah or sponge) to reach them.
- Use liquid soap or place bar of soap in a knee-high nylon and tie nylon to tub seat or bench.
- DO NOT sit in the bottom of a regular bathtub, use a tub seat or bench.

If you are able to tolerate standing for an entire shower, you may not need a shower chair or tub bench. Some symptoms including lightheadedness, dizziness, or weakness will warrant the need for these items.

Car Transfer

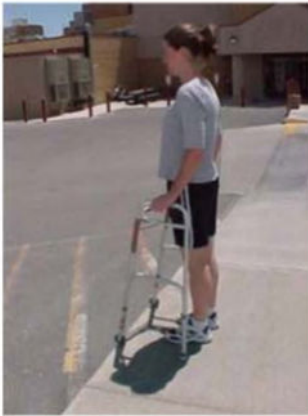


- Move front passenger seat as far back as possible.
- Square-up with the front passenger seat.
- Reach back for the dashboard and seat.
- Slide your surgical leg forward.
- Slowly lower yourself down into the car.
- Scoot yourself back into the car.
- Lean backwards as you lift your surgical leg into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

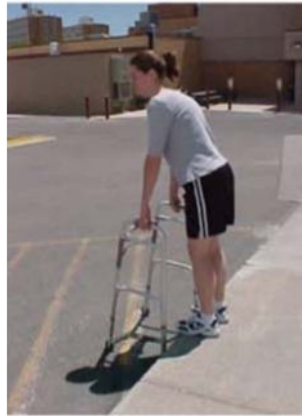
Riding In a Car

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

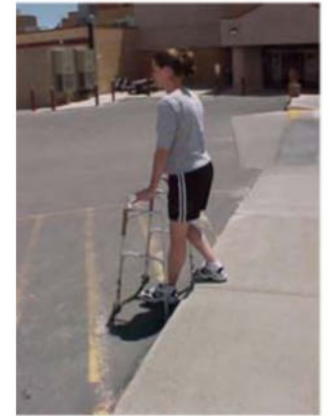
Maneuvering up and down a curb or steps



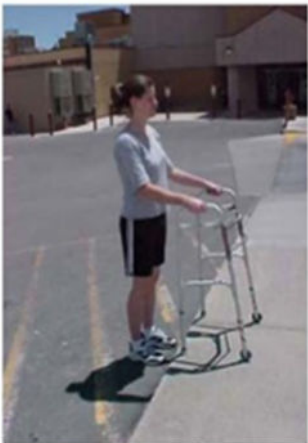
Square-up with the curb or step.



Place walker completely onto the ground.



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



Square-up with the curb or step. Place walker completely up on the curb or step.



Put your non-surgical leg up first. Then your surgical leg.



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

When to Call the Doctor

- Fever/temperature greater than 101.5 degrees
- Shortness of breath or chest pain
- Swelling, pain or redness in the lower leg
- Signs or symptoms of infection: Redness, swelling, drainage, warmth at the incision site
- Pain that is not controlled
- Itching, rash, or nausea from your medication
- If you have any questions or concerns



Sources:

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