

A COMPLETE GUIDE

FOR YOUR KNEE AND HIP
REHABILITATION AT MEDICAL WEST



 **MEDICAL WEST**
an affiliate of the **LAB** HEALTH SYSTEM

Discover the Difference

ENHANCING YOUR RECOVERY.

Welcome!

We are so excited that you have chosen Medical West to meet your surgical needs. Your well-being is important to us. Our goal is to provide you and the members of your support system with excellent care. This packet is filled with information that will help you get back to your normal daily activities as soon as possible.

The documents included in this booklet are:

1. Map
2. Getting Ahead of the Game: The Patient's Guide to Early Preparation
3. Prepare Your Home Checklist
4. Total Knee/Hip Patient Instructions
5. Therapy Exercises and Home Care Instructions
6. Pathway Picture Guide

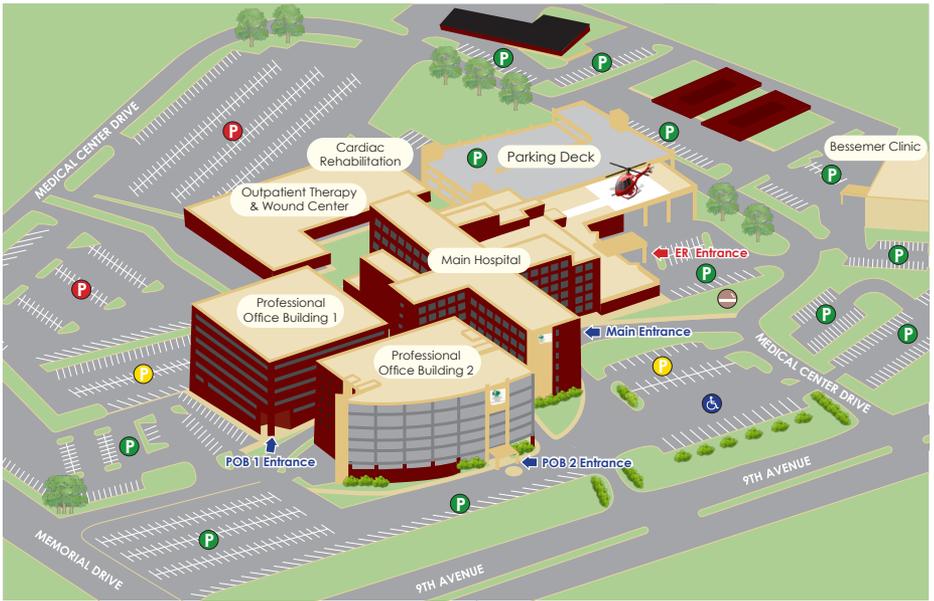
Each document is provided to help you completely understand your plan of care. Please share the plan with the care partner who will be helping you recover. A care partner is a family member or close friend that you hand-pick to help you and it is important that they also know what to expect during your stay at Medical West.

You are in charge of your care. Thank you for choosing us as your care team.

Sincerely,
Your Medical West Rehabilitation Team

Map

To be prepared for your operation, take note of the map below to know where to park, register, participate in pre-admission testing, and arrive for surgery.



Legend | Physician Parking Employee Parking Visitor & Patient Parking Handicap Parking Smoking Area

GETTING AHEAD OF THE GAME: THE PATIENT'S GUIDE TO EARLY PREPARATION

One Week Before Your Surgery

- Attend your pre-admission testing appointment.
- Arrange for a ride home from the hospital.
- Arrange for someone to stay with you the first few days after your return home to assist with mobility.
- Get your house ready for your return home (*see page 4*).
- Talk to your doctor about a discharge plan (home health or out-patient therapy).
- If possible, walk or exercise daily to strengthen your muscles.
- Begin exercises you learned at Joint Camp.
- Avoid activities that could increase risk of injury.

The Day Before Surgery

- Begin following the Total Knee/Hip Patient Instructions (*see page 6*).

After Surgery

Immediately after your surgery, you will recover in the Post-Anesthesia Care Unit (PACU) and be closely monitored and cared for by a nurse before being taken to your hospital room. While in the PACU, your vitals will be monitored and you will be given stockings or boots to help prevent blood clots. If you have had knee surgery, your surgical site will be wrapped with a cold pack to reduce swelling and pain. You can take this cold pack home with you. The average time in the PACU is about an hour.

After your stay in the PACU, you will be moved to a nursing unit. It is normal to drift in and out of sleep until the anesthesia wears off.

You will experience some pain.

- The nursing staff will ask you to rate your pain level on a scale of zero to ten; our goal is to assist you in keeping pain at or below a level comfortable to you.
- Ask for pain medication before activities such as showering or walking.
- Ask for pain medication before your pain becomes excessive.
- You will have more pain the second day after surgery. This is normal and to be expected as the nerve block and anesthesia wear off. You will need someone at home with you to assist with mobility and other activities of daily living.

Be ready to MOVE!

- With nursing assistance, you will be expected to get up and sit in a chair for at least 2 hours and for meals the afternoon of your surgery. Moving around on the day of surgery will help decrease the amount of pain you feel.
- The day after surgery you will be expected to get up and walk the hall two or more times per day with a rolling walker and assistance. This process will continue until you are discharged. Moving will speed your recovery.
- You will start Physical Therapy and Occupational Therapy.

Use the Incentive Spirometer provided by the nurse.

- The Incentive Spirometer will help you keep your lungs healthy while in the hospital and prevent you from developing pneumonia.
- Use the spirometer 10x per hour while hospitalized.
- Take it home and use it until you are up and moving more than 50% of your day.

Prepare Your Home Checklist

Follow this checklist to help get your home ready for your return home from surgery. Making modifications to your home prior to surgery will decrease your risk for falls or injury.

General:

- Have your routine prescriptions filled.
- Buy groceries and pet food.
- Clean the home, do laundry, and put it away.
- If needed, perform yardwork or arrange to have it done.
- Set up someone to collect your mail and care for your pets if needed.
- Have a portable phone with emergency numbers easily at hand.
- Find a chair in your home with good back and arm support that you can get in and out of easily. Dining room chairs are ideal. Place this chair in the area where you will spend most of your waking hours. If you had hip surgery, avoid any chair that is low to the ground or that places your knees higher than your hips.
- Make sure all walkways are free of clutter. Clear any clutter and move any furniture that may make it hard to walk with a walker.
- Remove throw rugs and tack down loose carpet.
- Remove electric or phone cords from the walkway or tape them securely to the floor.
- Consider having nightlights in the hallways, bedrooms, and bathrooms.

Prepare Your Home Checklist

Kitchen:

- Put cooking supplies, cups, plates, and utensils in a place easy to reach at waist level.
- It may be helpful to prepare and freeze meals prior to the surgery.

Bedroom:

- Have a lamp and phone within reach of the bed.
- Keep a clear path from the bedroom to the bathroom.
- Your mattress should be firm. If you are having a hip replacement, you may wish to place a piece of plywood between the box springs and mattress to make your bed firmer. If your bedroom is on the upper level of your home, you may wish to prepare a sleeping area on the main level to use when you first come home.

Bathroom:

- You may wish to install grab bars in the bathtub or shower area.
- Place skid-resistant strips or a rubber non-skid mat in the tub/shower.
- If you have a tub/shower combo, consider taking off the door and using a rod with shower curtain for a while. This will make it easier to get in and out of the shower.
- Your occupational therapist may recommend a shower bench, raised toilet seat, or bedside commode.

TOTAL KNEE/HIP PATIENT INSTRUCTIONS

The Day Before Surgery

- Review and follow your pre-operative instructions.
- Eat and drink as you normally would until midnight. Do NOT eat or drink after midnight.
- Take any laxative and/or medication prescribed by the surgeon.
- Receive a phone call to confirm the time of arrival for surgery.
- Shower with the antibacterial soap provided by the hospital.
- Pack a bag to include loose, comfortable clothes. Include a pack of your favorite gum.
- Continue the exercises you learned at Joint Camp.

The Day of Surgery

At Home:

- Do not eat or drink anything today.
- Shower again with antibacterial soap.
- Brush your teeth but do not swallow any water.
- If you are on blood pressure/reflux medication, you may take this medicine the morning of surgery with small sips of water only. No other medication should be taken the morning of surgery unless your surgeon directed you to do so.
- Do not take any aspirin or aspirin products.
- Bring a list of medications, amount, and daily dose with you. Also bring a list of drug allergies.
- Do not wear makeup.
- Wear loose, comfortable clothing.
- Leave valuables at home.
- Bring your insurance card, driver's license and co-pay.
- Arrive with your driver two hours before your scheduled surgery time.

At the Hospital:

- A nurse will review your history, help you change into a hospital gown, start an IV, and prepare you for surgery.
- You will then be interviewed by the team who will take you to surgery.
- You may have a nerve block to help control pain after surgery.
- Begin discharge planning.

Immediately After Surgery

- You will experience pain. Tell your nurse before the pain becomes excessive.
- Start breathing & coughing exercises (*see guide on page 21*).
- Bend & straighten your knee as much as possible (if you had total knee surgery). You will be given a continuous passive motion machine (CPM) to use during your hospital stay.
- Let staff help you get up and sit in a chair for at least 2 hours.
- If applicable, chew gum for at least 30 minutes.

1 Day After Surgery

- Expect pain. The goal is to keep your pain at or below a level comfortable to you.
- Continue your breathing and coughing exercises.
- Continue using your CPM while in bed (if you had knee surgery.)
- Sit in a chair or on the edge of the bed to eat all meals.
- Start Physical and Occupational Therapy.
- With assistance, get up and walk in the hallway at least two times daily. A rolling walker will be used.
- Be out of bed, on and off, for at least 8 hours today.
- Have your catheter removed. Walk to the bathroom with a rolling walker to urinate. Call for assistance if needed.
- If applicable, chew gum.
- If cleared by your physician, plan to discharge home this evening.

Using a Walker

Following a Total Hip or Total Knee Replacement surgery, you will need to use a walker to help you while walking at least for a couple weeks. The walker helps to provide stability and safety as you get used to walking on your new hip or knee.

Standing up using a walker:

- **Always** push from the surface you are sitting on when standing, **do not** pull on the walker to help stand. Pulling on the walker could cause the walker to tip over.
- Once you are standing, then grab onto the walker.

Sitting Down with a walker:

- When sitting down, **ALWAYS** reach back for the armrests on your chair, and use your arms to lower yourself into the chair in a slow, controlled manner.
- Never “plop” into the chair



***Note: If needed for comfort, you may put your operative leg out in front of your non-operative leg to reduce the amount your leg bends as you sit or stand.**

Walking around using the walker:

- When standing, the walker handle should be approximately level with your hip, and your arms should be slightly bent when you grasp the handles standing straight up.
- Follow the pattern pictured below when walking:
 1. First move the walker
 2. Then move your operative leg
 3. Then move your non-operative leg past your operative leg
- This pattern allows the walker to best support your operative leg.



The Continuous Passive Motion Machine (CPM)

WHAT: The CPM is an electronically controlled unit that is placed on the bed with your leg resting in it. It slowly bends and straightens out your leg **PASSIVELY** with no effort from you.

WHY: A CPM is prescribed by your Doctor and used post-operatively to reduce pain and swelling of your new knee and to improve range of motion of the joint.

WHERE: The CPM machine is used either immediately after surgery or on the first day after surgery.

WHEN: You will be using your CPM while in bed. You will be out of your machine for bathing, meals, physical therapy and at night (unless otherwise specified). As your rehabilitation progresses, you will be out of the bed more often and time in the CPM will be decreased, however, when you are back in bed, keep your leg in the machine as much as possible to get the most benefit from the CPM.

HOW: The CPM and your leg must be properly aligned. Keep your foot against the footplate and leg positioned with the knee and foot pointing upright, not excessively in or out. The unit is set to control the amount of flexion (bending) and extension (straightening) of your knee. The unit is adjusted within a limited amount of motion, initially determined by your physician, and usually advanced 5-10 degrees daily. If your surgeon chooses for you to continue the CPM at home, you will want to continue to increase the flexion daily at home. The maximum flexion the machine will attain is 120 degrees. Increase the machine by holding the flexion button down and pressing the up arrow for each degree. Some units require a different set up. If needed, your therapist will show you prior to discharge.

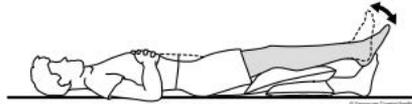
Total Knee Replacement Post-Operative Exercise Program

Perform each of these exercises 2-3 times per day.
For all exercises, start with 5-10 repetitions, and build up to 20.

Exercises During Hospitalization:

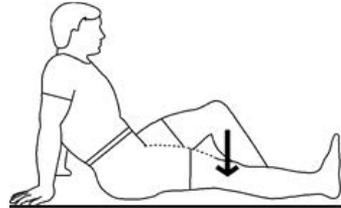
Ankle Pumps:

- Lie on back with pillow under leg to raise foot off of bed.
- Move ankle up and down as far as possible, similar to the motion you would use to press a gas pedal.



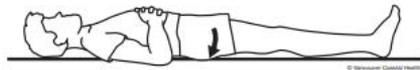
Quad Sets/Thigh Squeezes:

- Sit/Lay with leg extended.
- Tighten your thigh muscles by pushing your knee down into the bed.
- Hold for 3 seconds, then relax.



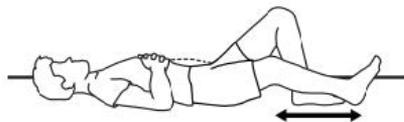
Glute Sets/Buttock Squeezes:

- Lay on back, legs straight.
 - Tighten buttock muscles by squeezing them together.
- DO NOT CONTRACT WITH MAXIMUM FORCE WHEN FIRST STARTING THIS EXERCISE.**
- Hold for 3 seconds, then relax.



Heel Slides:

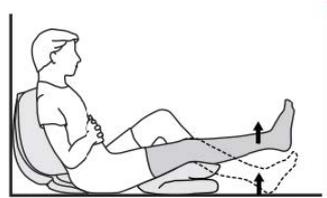
- Lay on back, legs straight.
- Slide operative leg up to bring heel towards buttocks.
- Return to straight position.



Total Knee Replacement Post-Operative Exercise Program

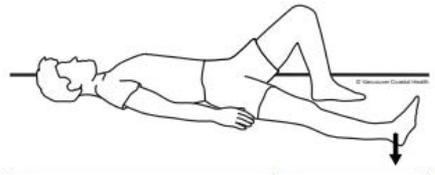
Knee Extension/Short Arc Quad:

- Perform exercise sitting up or lying in bed.
- Place pillow under knee to allow knee to bend.
- Raise foot off bed by straightening knee.
- Return to starting position slowly.



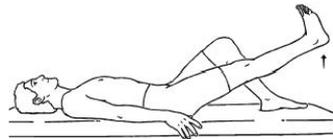
Hip Abduction:

- Lie on back with non-operative knee bent as pictured.
- Keeping knee straight, move leg out to the side.
- Return to starting position.



Straight Leg Raise:

- Lie on back with non-operative leg bent up as pictured. Keep Abs Tight.
- Keeping knee straight, raise entire operative leg off of the bed, and return slowly to the starting position.



Total Knee Replacement Post-Operative Exercise Program

Seated Stretch to Hamstrings

- Sit on firm surface with surgery leg on chair, ottoman, etc.
- Slowly lean forward, bending at the hips, trying to touch toes. Pull toes up for further stretch.
- Hold for 15 seconds.
- Perform 1 set of 5 repetitions.



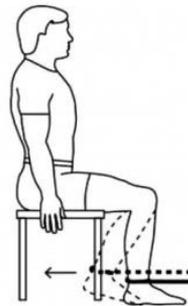
Seated Knee Extension:

- Sit up straight in chair, feet flat on the floor.
- Straighten operative knee completely, lifting foot off of the ground.
- Hold exercise at the top for 3 seconds, then slowly return to starting position.



Seated Knee Flexion:

- Sit up straight in chair, feet flat on floor.
- Keep your thigh on the chair, and slide your foot back under the chair as far as possible, until you feel a stretch in your thigh.
- Hold this position for 5 seconds, then return to the starting position.



Total Knee Replacement Post-Operative Exercise Program

Exercises After Discharge:

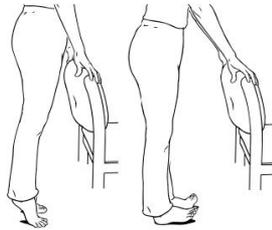
Seated Pillow Squeezes:

- Sit straight up in a chair.
- Place a thick pillow between your knees.
- Gently squeeze pillow with both legs.
- Hold the squeeze for 3 seconds, and then relax.



Standing Heel Raises:

- Stand using walker, chair, or counter for support.
- Lift your heels off of the floor as high as you can while keeping your knees straight.
- Return slowly to the starting position.



Standing Hip Abduction:

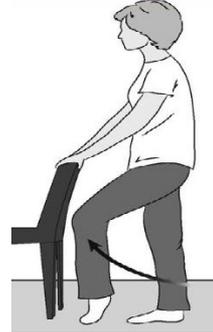
- Stand using walker, chair, or counter for support.
- Keep leg straight and raise out to the side, **WHILE KEEPING YOUR TRUNK UPRIGHT.**
- Return slowly to the starting position.



Total Knee Replacement Post-Operative Exercise Program

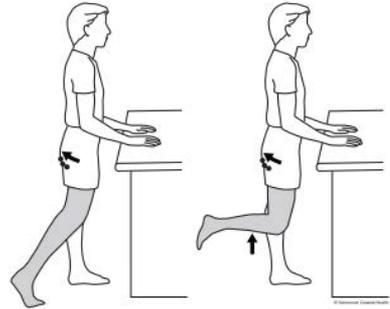
Standing Marching:

- Stand using walker, chair, or counter for support.
- Bend hip and knee, and raise leg up in a marching motion.
- **Do not go past 90 degrees of hip flexion.**
- Return to starting position, and repeat with other leg.



Standing Knee Flexion/Hamstring Curl :

- Stand using walker, chair, or counter for support.
- Bend knee, and raise foot up behind you as far as you can.
- Return slowly to starting position.
- **KEEP TRUNK UPRIGHT DURING EXERCISE.**



Standing Terminal Knee Extension:

- Stand using a chair, walker, or counter for support.
- Slightly bend operative knee.
- Completely straighten knee, using thigh muscles.
- Hold in fully straight position for 5 seconds.



Total Hip Precautions

1. Do not cross legs



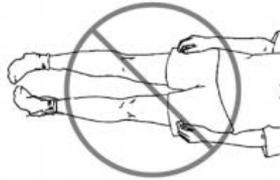
RIGHT



WRONG



2. Do not rotate your operative leg inward or twist on the leg



3. Do not bend operative hip past 90 degrees



Tips for Protecting Your New Hip

After a hip replacement, you must learn to perform daily tasks in a safe manner, following your **HIP PRECAUTIONS**. Simple tasks such as sitting down, getting into and out of bed, and getting dressed must be modified from what you are used to doing. Here are some helpful tips.

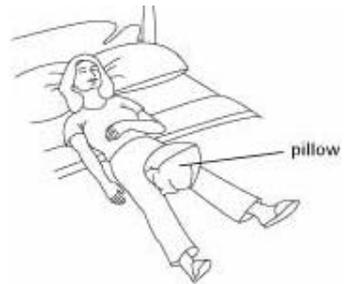
Sitting Down:

- Choose a chair with a firm seat, and armrests.
- Use armrests to lower yourself slowly into the chair, and to help push up when standing.
- **Keep your knees even with or below your hips.**
- When sitting, you should bear weight on the two big “sit-bones” in your buttocks.
- Use a towel roll to provide support for your low back if needed.
- **Don't sit on chairs that are too soft or too low.**



Sleeping:

- It may be helpful to sleep with a pillow between your knees at first when you go home.
- If you lie on your side, you **MUST** have a pillow between your knees; however, it is **NOT** recommended to sleep on your surgical side.

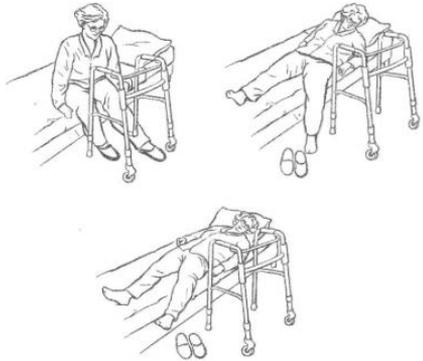


Getting Out of Bed:

- To get out of bed, **get out toward the side of your new hip.**
- Start by moving your operative leg toward the edge of the bed, followed by your non-operative leg.

Tips for Protecting Your New Hip

- Use your elbows to help bring your upper body off of the bed, while simultaneously bringing both legs off of the side of the bed.
- When standing, use your hands to help push up by pushing on the bed - **DO NOT PULL UP ON THE WALKER.**



Getting Dressed:

- To put on pants, sit on the chair, or the edge of the bed.
- Use a **reacher** to catch the waist of the pants.
- Use the reacher to slip the pants onto your operative leg first, then slip your other leg into the pants.
- Use the reacher to get the pants above your knees.
- Hold the pants with one hand, then stand, having a walker available to steady yourself, and pull your pants the rest of the way up.



Putting on Socks:

- Use a **sock aid** to help put on socks.



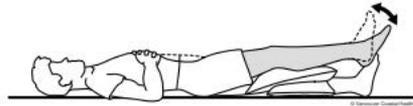
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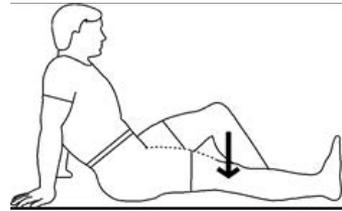
Ankle Pumps:

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- Move ankle up and down as far as possible, similar to the motion you would use to press a gas pedal.



Quad Sets/Thigh Squeezes:

- Sit/Lay with leg extended.
- Tighten your thigh muscles by pushing your knee down into the bed.
- Hold for 3 seconds, then relax.



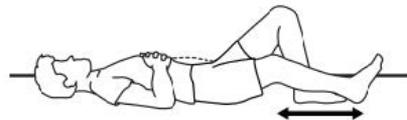
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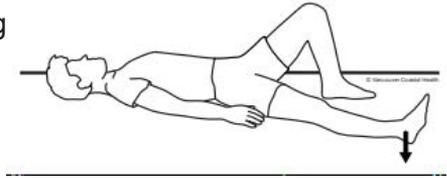
- Lay on back, legs straight.
- Slide operative leg up to bring heel towards buttocks.
- Return to straight position.



Total Hip Replacement Post-Operative Exercise Program

Hip Abduction:

- Lie on back with non-operative knee bent up as pictured.
- Keeping knee straight, move leg out to the side.
- Return to starting position.
- **Remember not to go past the starting point.**



Seated Knee Extension:

- Sit up straight in chair, feet flat on the floor.
- Straighten operative knee completely, lifting foot off of the ground.
- Hold exercise at the top for 3 seconds, then slowly return to starting position.



Exercises After Discharge:

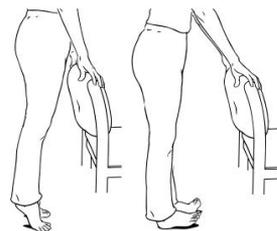
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Standing Heel Raises:

- Stand using walker, chair, or counter for support.
- Lift your heels off of the floor as high as you can while keeping your knees straight.
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Total Hip Replacement Post-Operative Exercise Program

Standing Hip Abduction:

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- Return slowly to the starting position.



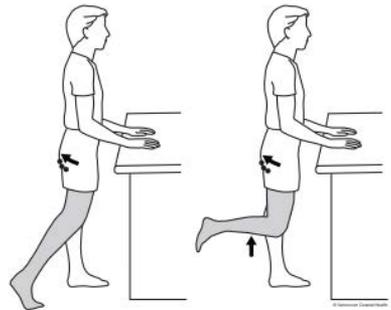
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- Return slowly to starting position.
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Pathway Picture Guide

Day of Surgery

1 Day After Surgery

Breathing Exercises



Activities



Pain Control



Nutrition



Tubes & Lines

