YOUR GUIDE TO

KNEE & HIP REHABILITATION



UAB MEDICAL WEST
ACUTE CARE REHABILITATION

WELCOME

Welcome!

We are so excited that you have chosen UAB 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:

- Map (pg 2)
- A Patient's Guide to Early Preparation (pg 3-5)
- Preparation Checklists (pg 6-7)
- Total Knee/Hip Patient Instructions (pg 8-10)
- Therapy Exercises and Home Care Instructions (pg11-25)
- Pathway Picture Guide (pg 26)

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 UAB Medical West.

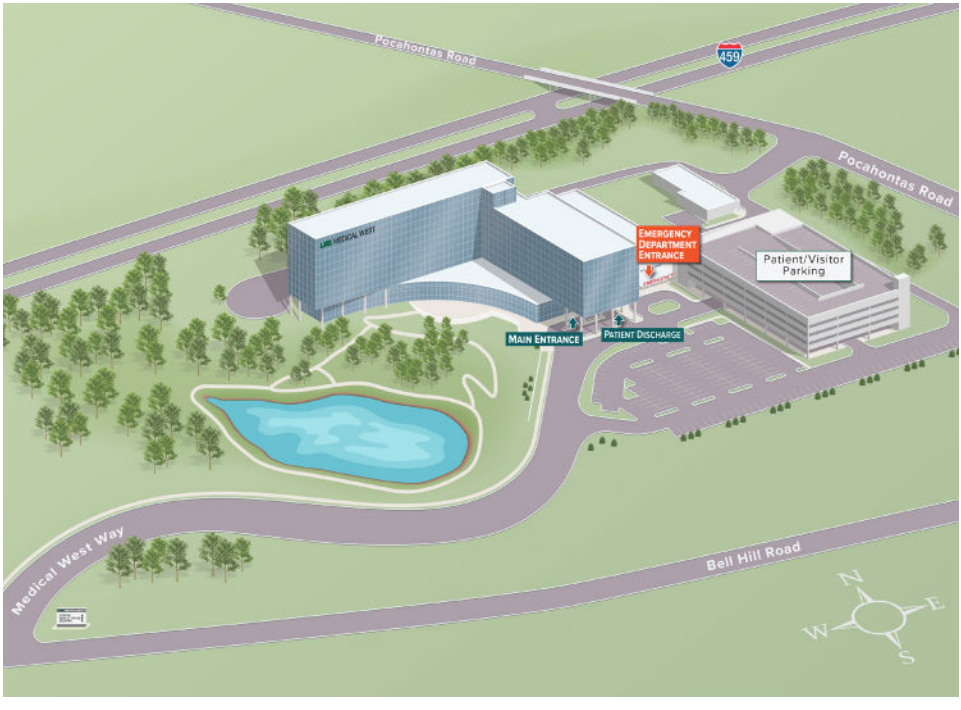
You are in charge of your care. Thank you for choosing us as your care team.

Sincerely,
Your UAB Medical West Acute Care Rehabilitation Team

MAP

To be prepared for your operation, take note of the map below to know where to:

- Park (front lot or parking deck)
- Register (1st Floor)
- Participate in pre-admission testing (1st Floor)
- Arrive for surgery (2nd Floor).



DEPARTMENT	FLOOR
Biomed	2
Business Office	7
Cafeteria/Dining	1
Cardiology Clinic	6
Chapel	2
Coffee Shop	2
Conference Center	3
Ear, Nose & Throat (ENT) Clinic	4
Emergency Department	1
Employee Health	7
Executive Suite	7
Gastroenterology Clinic	4
General Surgery Clinic	3
Geriatric Psych	5
Gift Shop	1
Health Information Management (HIM)	7
Human Resources	7
Imaging	1

DEPARTMENT	FLOOR
Inpatient Dialysis	6
Inpatient Rehab	6
Intensive Care Unit (ICU)	4
Labor & Delivery	3
Laboratory	1
Marketing	7
Materials Management	2
Multi Specialty Clinic	6
Neurosurgery Clinic	6
Nurse Administration	3
Nursing Education	7
Nutrition Services	7
OB/GYN Clinic	3
Oncology/Infusion Clinic	6
Orthopedic Clinic	4
Outpatient Therapy Services	5
Patient Registration	1
Patient Rooms/Med Surg	6,7,8,9

DEPARTMENT	FLOOR
Physician Relations	7
Primary Care Clinic	4
Psychiatry	3
Pulmonary Clinic	6
Quality /Infection Control/ Medical Staff Services	7
Retail Pharmacy	1
Sleep Center	5
Surgery Registration	2
Vendor Check In	1, 2
Volunteer Services	7
Women's Imaging	3
Women's Center	3
Wound Care Clinic	5

One Week Before Your Surgery

1. Attend your pre-admission testing appointment.
2. Arrange for a ride home from the hospital.
3. Arrange for someone to stay with you the first few days after your return home to assist with mobility.
4. Three days prior to your surgery, start taking the nutrition supplements as prescribed by your dietitian. (See page 5 for more details).
5. Get your house ready for your return home (see page 6).
6. Talk to your doctor about a discharge plan (home health or out-patient therapy).
7. If possible, walk or exercise daily to strengthen your muscles.
8. Begin exercises you learned at Joint Camp.
9. Avoid activities that could increase risk of injury.
10. Check with your insurance company for Co-pays or deductibles:
    - for equipment (rolling walker, bedside commode)
    - for outpatient or home health therapy visits for follow-up Physical Therapy
    - for any benefit/co-pay/deductible for SNF(Skilled Nursing Facility) or In-Patient Rehab in the event this is needed at Discharge.
11. Check with your pharmacy for co-pays for Xarelto and Eliquis at 5-10mg a day for 13 days for knees, 35 days for hips. You may be prescribed a 325mg aspirin by Dr. Seibert or Dr. Rowan.

The Day Before Your Surgery

Begin following the Total Knee/Hip Patient Instructions (see page 8).

After Your 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 1-2 hours.
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.

<u>You will experience some pain.</u>

- 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 oral pain medication when you get to your room.
- Pain medication is not scheduled, make sure to request it 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 mobililty and other activities of daily living.

<u>Be ready to move!</u>

- The day of your surgery, you will be expected to get up, with the help of nursing, and sit in a chair or at the edge of your bed for meals. The afternoon of your surgery, you will be evaluated, walk, and participate in physical therapy. 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 Occupational Therapy.

<u>Use the Incentive Spirometer provided by the nurse.</u>

- 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 BODY

Proper nutrition is crucial before and after joint replacement surgery. Consider pre-surgery nutrition as similar to getting your body ready for a marathon. You need to prepare yourself for the stress that surgery will put on your body by consuming nutrient dense foods, including high protein foods and nutrition supplements, before and after surgery.

The dietitian will advise you on which nutrition supplements to consume before and after your surgery.

At least 1 week before surgery, make sure to eat enough protein every day by consuming protein foods with your meals and snacks. Protein is important because it provides building blocks for our muscles and makes recovery after surgery easier. Below is a list of high protein sources you can include with your meals and snacks:

- Eggs
- Chicken breast
- Lean beef and pork (sirloin, tenderloin, roast beef)
- Fish
- Turkey
- Beans
- Nuts and seeds
- Peanut butter
- Cottage cheese
- Cheese
- Greek yogurt
- Milk
- Tofu
- Edamame
- Quinoa

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.
- ☐ Have clean sheets on the bed where you will be sleeping.

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 medication prescribed by the surgeon.
- Receive a phone call to confirm the time of arrival for surgery.
- Shower twice with the antibacterial soap provided by the hospital.
- Pack a bag to include loose, comfortable clothes, shoes that have a back, and toiletries. Bring a CPAP if needed.
- 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 at the time you were given during your Pre-Admission Testing appointment.

TOTAL KNEE/HIP
PATIENT INSTRUCTIONS CONTINUED

The Day of Surgery

At the Hospital:

1. A nurse will review your history, help you change into a hospital gown, start an IV, and prepare you for surgery.
2. You will then be interviewed by the team who will take you to surgery.
3. If you are having a total knee, you will have a nerve block during the surgery to help control pain after surgery. The team may discuss the option of having a spinal block. This is something that should be discussed between you and the physician.
4. Begin discharge planning.

Immediately After Surgery

1. You will experience pain. Tell your nurse before the pain becomes excessive. Ask for the pain pills first, then you can have IV medication between the pills. **Pain meds are not scheduled.**
2. Start breathing & coughing exercises (see guide on page 26).
3. Bend and straighten your knee as much as possible (if you had total knee surgery).
4. Let staff help you get up and sit in a chair using a walker or the edge of a bed.
5. A Physical Therapist will attempt to evaluate you the afternoon of your surgery.

TOTAL KNEE/HIP
PATIENT INSTRUCTIONS CONTINUED

1 Day After Surgery

1. Expect pain. The goal is to keep your pain at or below a level comfortable to you.
2. Continue your breathing and coughing exercises.
3. Sit in a chair or on the edge of the bed to eat all meals.
4. Ask for oral pain medication after breakfast to prepare for Physical and Occupational Therapy.
5. Start Occupational Therapy and continue with Physical Therapy
6. With assistance, get up and walk in the hallway at least two times daily. Always use a rolling walker when up.
7. Be out of bed, on and off, for at least 8 hours today.
8. If you have a catheter, it will be removed. Walk to the bathroom with a rolling walker to urinate. Call for assistance if needed.
9. Dr. Curtis, Seibert & Rowan: The top ace bandage will be removed the day after surgery. The Polar Pac can be removed when up and walking. When showering, you can remove the 2nd ace bandage wrap and the gauze. DO NOT scrub the mesh surgical bandage. Pat dry. The clear mesh bandage should remain on until your follow-up appointment, but you may trim any loose ends as it peels off. After showering, reapply an ace wrap over the clear mesh bandage to prevent blood clots and for compression. The clear bandage is waterproof.
10. When to Shower: Dr. Curtis: 1-2 days after surgery | Dr. Seibert: 2-3 days after surgery | Dr. Rowan: 3- 5 days after surgery
11. Use your ice machine after exercises or for pain control and as needed. DO NOT use heat for 2 weeks after your surgery.
12. Continue with nutrition supplements as prescribed by your dietitian.

USING A WALKER

Following a Total Hip or Total Knee Replacement surgery, you will need to use a walker to help you while walking for several weeks until the therapist advances you. 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. This could cause the walker to tip over.
- Once you are standing, then grab onto the walker.

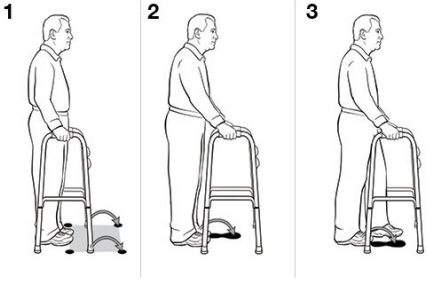


Sitting Down with a walker:

- 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
- 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.

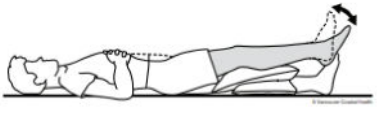


Exercises During Hospitalization:

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

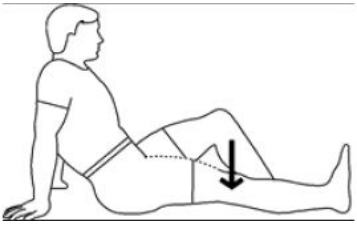
Ankle Pumps:

- 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.



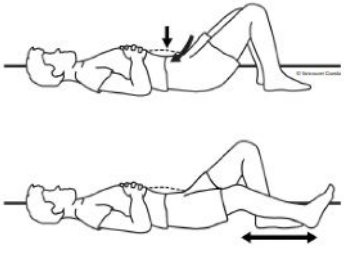
Quad Sets/Thigh Squeezes:

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



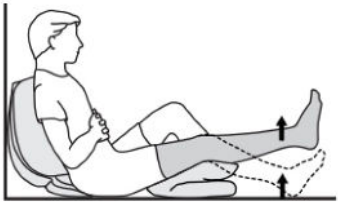
Heel Slides:

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



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 up 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.
- Keeping knee straight, raise entire operative leg off of the bed, and return slowly to the starting position.
- Relax between each repetition.



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 - 30 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.



Exercises After Discharge:

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

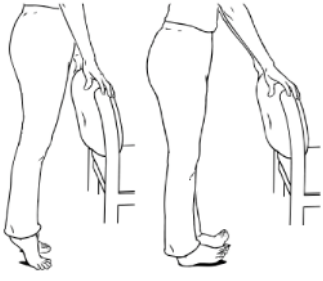
Seated Pillow Squeezes:

- 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.



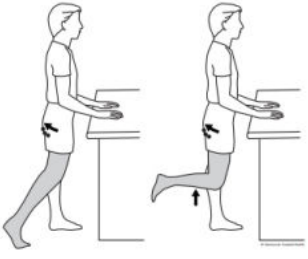
Standing Marching:

- 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:

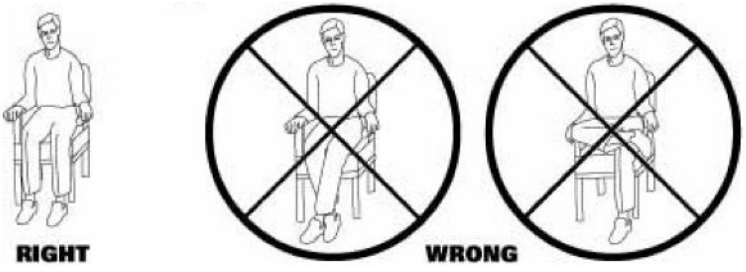
- Stand using a chair, walker, or counter for support.
- Slightly bend operative knee.
- Completely straighten knee, using thigh muscles.
- Hold in fully straight position for 5 seconds.
- Repeat.



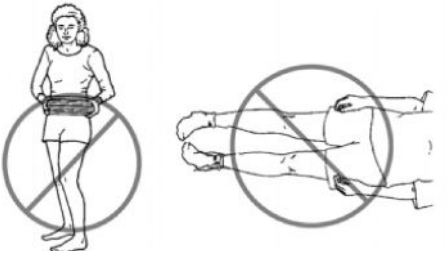
POSTERIOR TOTAL HIP POST-OPERATIVE PRECAUTIONS

For Dr. Curtis, Dr. Rowan, and sometimes Dr. Seibert's patients, follow these precautions for three months:

1. **DO NOT** **cross** your legs.



2. **DO NOT** **twist** or **rotate** your operative leg inward.



3. **DO NOT** **bend** operative hip past **90 degrees.**

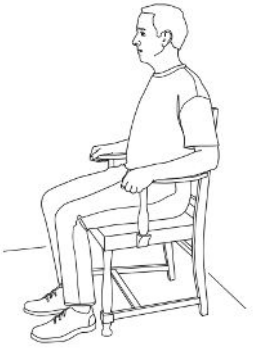


TIPS FOR PROTECTING YOUR NEW HIP

After a hip replacement, you must learn to perform daily tasks in a safe manner, following your **TOTAL 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.

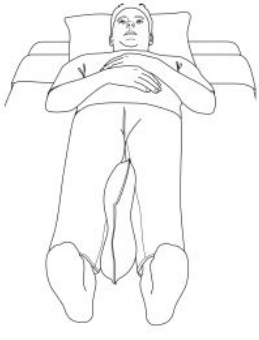
Sitting Down:

- 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:

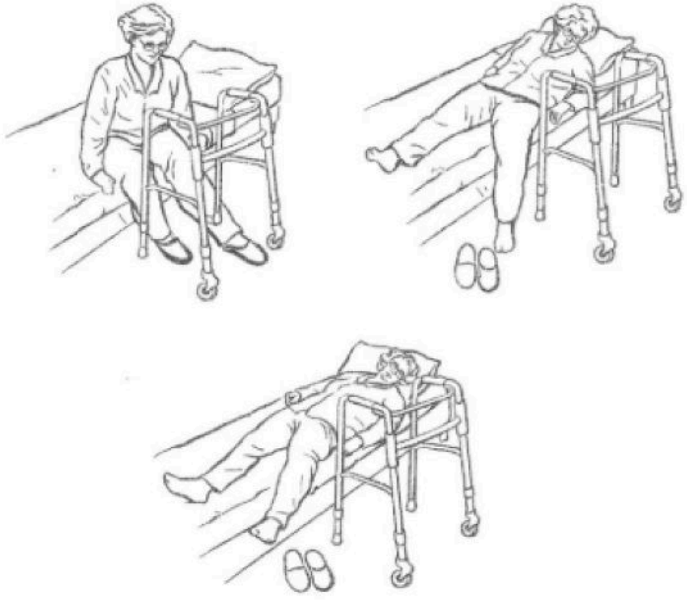
- It may be helpful to sleep with a pillow between your knees at first when you go home.
- If you lie on your side, you **MUST** have a pillow between your knees; however, it is **NOT** recommended to sleep on your surgical side.



TIPS FOR PROTECTING YOUR NEW HIP

Getting Out of Bed:

- To get out of bed, get out toward the side of your new hip, unless you have an Anterior Approach.
- Start by moving your operative leg toward the edge of the bed, followed by your non-operative leg.
- 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.**



TIPS FOR PERSONAL CARE

Getting Dressed:

- To put on pants or underwear, always begin seated.
- 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 or underwear above the knees. Make sure your feet are fully out of the pant legs.
- Hold the pants with one hand, then stand, having a walker available to steady yourself, and pull your pants or underwear the rest of the way up.



Putting on Socks:

- Always perform seated, gather your **sock-aid** and **reacher**
- **To put on socks using a sock-aid:**
  - Slide the sock over the open end of the sock-aid that does not have handles. The bottom of the sock should always be against the plastic. It may be easier to hold the sock-aid between your legs while sliding the sock over the sock-aid.
  - Slide the sock all the way onto the sock-aid until the sock reaches the rope (do NOT place sock over the rope knots.) Make sure the toe of the sock is tight at the top.
  - Holding the rope, drop the sock-aid to the ground and place your foot into the sock so that your toes are tight against the toe end of the sock.

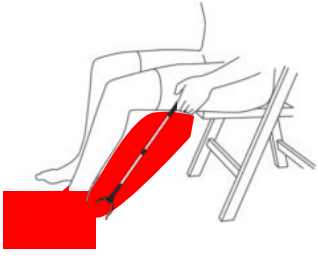
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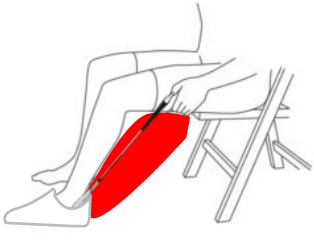


- Pull on the ropes and the plastic of the sock-aid will work the sock up your foot. You may have to move your foot slightly to help with this process.

- **To take off your socks using a reacher:**
  - Use the nose end of the reacher to push the sock over the heel of the foot.
  - Use the reacher to catch the toe end of the sock and pull it off the foot.

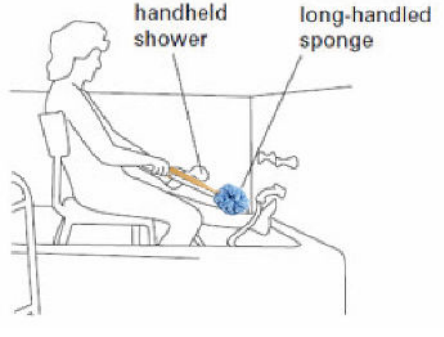


- **To put your Shoe on using a shoehorn:**
  - While holding the handle, place the end of the shoehorn against the heel tab of the shoe. Make sure the scoop will face the heel of your foot.
  - While holding the handle, slide your foot down the scoop into the shoe. The shoehorn will keep the heel tab from collapsing under your foot.
  - Remove the shoehorn when your foot is fully in the shoe.



<u>In the Shower:</u>

- Always perform seated
- Use a long-handled bath scrubber to reach your legs and feet if you cannot bend at the waist or have limited reach.
- Consult your surgeon's office prior to getting your surgical site wet and for proper precautions.



HELPFUL EQUIPMENT FOR AFTER YOUR SURGERY

Reacher

To help you reach things on the floor or help you get dressed and/or undressed if you cannot bend over at the waist or have limited reach.



Sock-aid

To help you put your socks on and off if you cannot bend over at the waist or have limited reach.



Long Handled Shoehorn

To help you put your shoes on if you cannot bend over at the waist or have limited reach.



Long-Handled Bath Scrubber

To help you bathe your lower body if you cannot bend at the waist or have limited reach.



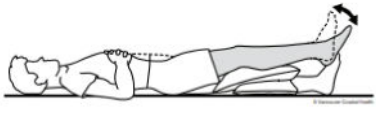
The Occupational Therapist will train you on how to use these items. You can find these items for sale at local pharmacies, retail stores, or order online.

Exercises During Hospitalization:

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

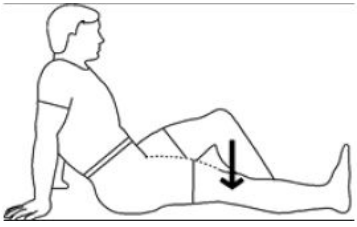
Ankle Pumps:

- 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.



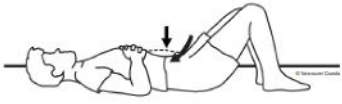
Glute Sets/Buttock Squeezes:

- 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.





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:

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

Seated Pillow Squeezes:

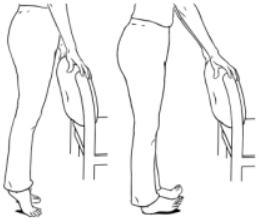
- Sit straight up in a chair.
- Place a thick pillow between your knees.
- Gently squeeze pillow with both legs.
- Hold the squeeze for 3 seconds, and then relax.

(Continued on page 25)



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.



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.

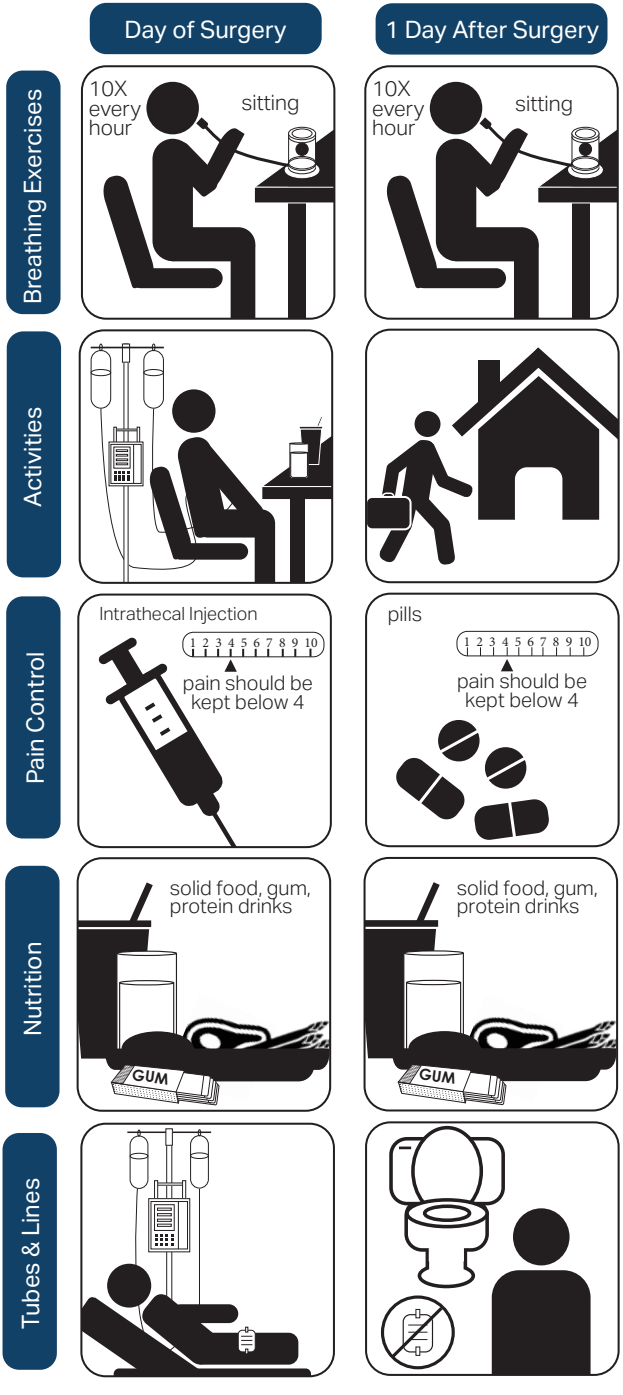


Standing Knee Flexion/Hamstring Curl :

- 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.**



PATHWAY PICTURE GUIDE



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