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Welcome to TOC!

Thank you for choosing Tallahassee Orthopedic Clinic (TOC), we look forward to helping you feel better! At Tallahassee Orthopedic Clinic, we provide comprehensive pre-operative and post-operative rehabilitation services for our patients undergoing total joint replacement.

Our goal is to make your recovery and rehabilitation as easy and productive as possible. We are committed to keeping you informed and we will do everything we possibly can to make your time with us as pleasant as possible.

In this packet, you will find important instructions and information to prepare you for your surgery in educational packet. It will answer many questions you may have, and clearly outline the things you need to do before, during and after your surgery. Planning tools, advice on medications, diet and exercise are also included. Please take time to read the material carefully.

It is our pleasure to assist you in your operative experience and recovery. If you have any questions, please do not hesitate to call.

Sincerely,

Your TOC Joint Team

Important phone numbers
Tallahassee Orthopedic Clinic
Main Clinic .................. 850-877-8174
TOC Physical Therapy .......... 850-210-1808

tlhoc.com
Your Joint Replacement Team

Before, during and after your surgery you will come in contact with many different members of our orthopedic team. These are some of the people you may encounter during your stay:

Orthopedic Surgeon

Your orthopedist is the doctor who performs the actual joint replacement surgery and is responsible for your overall health during your hospital stay and following your surgery.

Physician Assistant and/or Nurse Practitioner

Your Physician Assistant and/or Nurse Practitioner assists the physician in performing procedures and follow up care during your hospital stay.

Anesthesiologist or Nurse Anesthetist

Your anesthesiologist is the doctor who administers anesthesia during your surgery, monitors your vital signs during and after your surgery, and oversees post-surgical pain control.

Nurse

Before and during your hospital stay, you will meet a number of nurses who perform different jobs. Some nurses attend to your daily health care needs in the hospital; others assist surgeons in the Operating Room, while others work in hospital admissions and, in some cases, visit patients at home. Nurses are among the most visible health care professionals in the hospital.

Medical Assistant/Patient Care Assistant

Your medical assistant/patient care assistant will help you and your registered nurse with all your daily needs.

Physical Therapist

Your physical therapist is trained to assist you in regaining strength and motion in your new joint. A physical therapist will work with you during your hospital stay and the first few weeks after you return home.

Occupational Therapist

Your occupational therapist is trained to teach you how to perform the activities of daily living, such as dressing and bathing after your surgery.

Nurse Case Manager

Your Nurse Case Manager will develop a discharge plan for you for optimal recovery.
Preparing for surgery begins several weeks before the date of the surgery. Completing these visits as scheduled will help avoid any delays or cancellations on the day of surgery. If instructed, appointments may include:

- **Pre-Operative Medical Clearance**: Approval from your primary care physician and/or indicated specialist is required for you to undergo surgery. This includes a physical examination and pre-admission testing.
  - Physician: ____________________
  - Date: ___________ Time: ___________

- **Pre-Operative Joint Replacement Education Class**: This class is designed to review important information covered in this guide and answer any questions you might have about your surgery.
  - Location: ____________________
  - Date: ___________ Time: ___________

- **Pre-Operative Physical Therapy Assessment**: Physical therapy is a key component of your recovery. Your surgeon may recommend you to one of our physical therapist who will complete an assessment and develop an exercise program designed personally for you.
  - Therapist: ____________________
  - Date: ___________ Time: ___________

- **Pre-Operative Appointment**:
  - Location: ____________________
  - Date: ___________ Time: ___________

- **Surgery**:
  - Location: ____________________
  - Date: ___________ Time: ___________

- **Post-Operative Appointment**:
  - Location: ____________________
  - Date: ___________ Time: ___________
Preparing Your Body

In the weeks before your surgery you may also be asked to:

- **Maintain a healthy diet.** Good nutrition is important before and after your surgery. This will help make sure you will have the strength post-surgery for rehabilitation. Please refer to page 20 for an example of a balance diet.

- **Stop smoking.** Smoking is a leading risk factor for surgical complications and problems with wound healing. Please stop smoking as far in advance of your surgery as possible.

- **Monitor your blood sugars.** If you are a diabetic, make sure you are closely monitoring your blood sugars. If they are consistently elevated, notify your Primary Care Physician. It may be best to postpone your surgery to avoid infection and problems with healing.

- **Eliminate certain medications.** Seven days prior to surgery, please stop taking any aspirin or anti-inflammatory products such as Advil, Ibuprofen, Motrin, Aleve, etc., or any herbal supplements containing vitamin E. This does not include Celebrex.

- **Stop eating and drinking.** Do not eat or drink anything after midnight the night before your surgery. This includes water, coffee, tea, gum, cough drops or breath mints. The morning of your surgery you may brush your teeth and rinse your mouth, but do not swallow. If you are instructed to take medications, please take them with a small sip of water only.

- **Have a dental examination.** Although infections in joint replacements are uncommon, one can occur if bacteria enter the bloodstream somewhere in your body. Therefore, you should arrange to have dental procedures prior to your surgery.

- **Begin exercising under a physician’s instructions.** Special exercise may lead to a faster recovery and help decrease complications. Your physical therapist will provide you with a home exercise program, please refer to page 7-10, that you can begin now.
Hip Replacement - Home Exercise Program

**Ankle Pumps**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds  |  Frequency: 2 times daily

**Preparation:**
- Find a comfortable position

**Execution:**
- Pump ankles up and down.

**Ankle Circles**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds  |  Frequency: 2 times daily

**Preparation:**
- Sit in a chair with good posture
- Rest the edge of your heel on the floor as shown

**Execution:**
- Trace clockwise/counterclockwise circles with your big toe
Hip Replacement - Home Exercise Program Continued

**Heel Slides**
Sets: 3 | Reps: 10 | Rest: 30 seconds | Frequency: 2 times daily

**Preparation:**
- Lie on back with knee straight

**Execution:**
- Keeping the heel in contact with the floor, slowly slide heel up toward buttocks
- Relax back to the start position.

**Hip Abduction Sidelying**
Sets: 3 | Reps: 10 | Rest: 30 seconds | Frequency: 2 times daily

**Preparation:**
- Lie on your side with your legs straight and hip tilted towards the bed
- Rest your feet overtop of each other

**Execution:**
- Lift your top foot up towards the ceiling until you feel your pelvis move
- Keep your toes pointed down and your knee straight
- Relax your leg back to the starting position

**Straight Leg Raise**
Sets: 3 | Reps: 10 | Rest: 30 seconds | Frequency: 2 times daily

**Preparation:**
- Sit on the ground with your legs stretched out in front of you. Support yourself by placing your hands behind your hips
- Bend your uninjured knee to 90 degrees, foot flat on the ground

**Execution:**
- Keeping your knee straight, lift your foot about 10 inches off the ground
- Gently lower your foot back to the ground

**Gluteal Sets**
Sets: 3 | Reps: 10 | Hold: 5 seconds | Rest: 30 seconds | Frequency: 2 times daily

**Preparation:**
- Lie flat on your back, knees straight

**Execution:**
- Tighten your buttocks
- Keep your knee straight

Contract gluteals
Knee Replacement - Home Exercise Program

**Knee Flexion AROM**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds

**Preparation:**
- Use a chair for support

**Execution:**
- Bend knee

**Knee Extension AROM**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds

**Preparation:**
- Sit in a chair with good posture

**Execution:**
- Straighten one knee

**Ankle Pumps**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds

**Preparation:**
- Find a comfortable position

**Execution:**
- Pump ankles up and down.
Knee Replacement - Home Exercise Program Continued

**Heel Slides**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds

**Preparation:**
- Lie on back with knee straight

**Execution:**
- Keeping the heel in contact with the floor, slowly slide heel up toward buttocks
- Relax back to the start position.

**Gluteal Set**
Sets: 3  |  Reps: 10  |  Hold: 5 seconds  |  Rest: 30 seconds

**Preparation:**
- Lie flat on your back, knees straight

**Execution:**
- Tighten your buttocks and hold for 5 seconds
- Keep your knee straight

**Straight Leg Raise**
Sets: 3  |  Reps: 10  |  Hold: 3 seconds  |  Rest: 30 seconds

**Preparation:**
- Sit on the ground with your legs stretched out in front of you.
  - Support yourself by placing your hands behind your hips
  - Bend your uninvolving knee to 90 degrees, foot flat on the ground

**Execution:**
- Keeping your knee straight, lift your foot about 10 inches off the ground
- Gently lower your foot back to the ground

**Mini-Squat with Chair**
Sets: 3  |  Reps: 10  |  Rest: 30 seconds

**Preparation:**
- Stand with good posture
  - Feet shoulder width apart, knees slightly bent
  - Rest hands on chair or counter for support

**Execution:**
- Initiate squat by bending at the hip
  - Squat as low as you can under control
  - Rise up straight
Home Planning and Preparation Recommendations:

- If your bedroom is upstairs, you may need to set up a temporary sleeping area on the first floor.

- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways/walking areas.

- Check your cabinets for items you routinely use and place them on a level where you will not need to bend or get on a step stool to reach them.

- Have extra pillows or pads for chairs, sofas and automobile seats to elevate the seat to insure proper alignment of your new joint.

- Safety bars in the shower and near stair railings may be helpful.

- Ensure you have all the necessary medical equipment you will need during your recovery. TOC will supply you with a 2 Wheel Rolling Walker at your pre-operative appointment. Other equipment to consider include:
  - Ice packs
  - Long handled bath sponge
  - Raised toilet seat
  - Shower/bath bench

- Consider activities that you will be able to perform during your recovery such as reading materials, electronics or hand crafts such as knitting.
## Preparing for Surgery

### SURGERY PREPARATION CHECKLIST

**Preparing for your return home:**
- Create a recovery environment at home
- Pick-up medical equipment from TOC
- Plan for transportation to and from the hospital
- Have a support team in place to assist you with any needs

**What TO take to the hospital:**
- This handbook
- Comfortable, loose-fitting clothing
- Supportive, slip on shoes with non-skid soles (No crocs, flip-flops, slippers or backless shoes)
- Toiletries
- Glasses, hearing aids and/or dentures with the necessary storage containers
- A list of medications, including the ones you have recently stopped taking at your physicians request
- Emergency Contact List with phone numbers

**What NOT to take to the hospital:**
- Medications, unless asked by your physician
- Valuables including jewelry, cash and credit cards

**The day before your surgery:**
- Do not eat or drink after midnight (unless instructed otherwise by your physician.)
- Shower with special soap that was provided to you at your pre-op appointment.
- Notify your physician if you develop a sore throat or fever.
- Get a good night’s rest. Set your alarm!

**The day of your surgery:**
- Brush your teeth and rinse, do not swallow.
- As instructed by your doctor, take routine medications with only a sip of water.
- Wear comfortable, loose-fitting clothing.
- Leave valuables at home or with a family member.
- Please arrive at hospital as your instructed time.
Risks of Surgery

As with any type of surgical procedure, there are certain risks associated with joint replacement surgery. Though complications are rare and extensive measures are taken to minimize these risks, it is important that you are aware of possible problems such as, but not limited to:

- Persistent Pain
- Change in leg length (slightly shorter or longer) after hip replacement
- Dislocation of implant
- Need for future surgery
- Nerve damage
- Bone fracture
- Infection
- Loosening or failure of implant
- Blood clots of the legs or lungs
- Stiffness
- Swelling

Your surgery team will review these risks with you and answer any questions you may have. Once you have discussed the operation thoroughly you will be asked to sign a consent form to confirm that you understand the risks and complications that could occur with having joint replacement surgery.
Anesthesia and Pain Control

Anesthesia for your surgery will be provided by an anesthesiologist and nurse anesthetist. There are several choices of anesthetic techniques that may be chosen for total joint replacement surgery. Typically general anesthesia is utilized for Total Hip or Total Knee Replacements. You and your orthopedic surgeon and/or anesthesiologist will discuss these options prior to surgery and agree upon a plan for your anesthetic.

**General Anesthesia**

In this case you are completely unaware of your surroundings and will not respond to stimulation. This can be provided in many different ways. The most common ways include:

- A continuous intravenous infusion that “keeps you asleep”
- An intravenous medicine that “puts you to sleep”. A breathing tube is then placed either into the back of your throat or further down into your trachea (windpipe) to protect your airway.

**Spinal Anesthesia**

- Involves the insertion of a hollow needle and a small, flexible catheter into the space between the spinal column and outer membrane of the spinal cord (epidural space) in the middle or lower back to achieve regional anesthesia.
- Blocks feeling of pain and sensation during surgery in cases where general anesthesia is not required or recommended.

**Pain Control**

Pain control begins in the Operating Room with the administration of medication directly into the surgical area. This is a combination of short and long acting local anesthetic that decreases postoperative pain after total joint replacement surgery.

The effects of this medication can last for up to 72 hours. Emphasis is to stay ahead of the pain. All patients experience pain differently and we will work together to promote comfort while you recover. You will receive additional pain medication on as needed basis.
Prepping for Surgery:

The day you come in for surgery is a very busy day. As much as 7 hours can pass until you are finished with your whole surgical process and sent to your hospital room. Please inform your family of this so they can be prepared for the long wait. Your surgery day includes:

- **Pre-admit testing: (1 – 2 Hours)** Here you will meet the nurse who will coordinate your pre-operative care and you all will review all of your paperwork, draw lab work and perform pre-operative teaching.

- **Pre-operation Holding Area: (1 – 2 Hours)** This is the area you will be in immediately before you are taken into surgery. While you are here, you will:
  
  o Meet with the anesthesiologist and surgical nurse about your surgery.
  
  o Have an IV started to give you fluids and antibiotics.
  
  o Have your surgical site marked by your surgeon and prepared for surgery.

**During Surgery:**

- **Surgery: (2 – 4 Hours)** Inside the operating room, you will be cared for by your anesthesiologist, nurse anesthetist and your operating team. The length of your surgery will depend upon the complexity of the procedure. Sometimes there are unforeseen delays in the surgery schedule that could also affect the length of time spent in the surgery area. After your surgery, your nurse anesthetist will slowly awaken you.

While you are in surgery, your friends and family can wait in the waiting room and your surgeon will notify them when your surgery is finished.

**After Surgery:**

- **Post Anesthesia Care Unit: (1 Hour)** After surgery you will be transported to the recovery room where the specially trained staff will care for you as you awaken from anesthesia.
  
  o Your blood pressure, pulse, respiratory rate and heart rate will be checked frequently to insure that you are stable.
  
  o Nurses will assess and treat your pain and any nausea you may experience.
  
  o Your new joint replacement will be x-rayed, your surgical site will be covered with a dressing and antiembolic stockings will be applied to your leg/legs.

When you are ready to leave the recovery room, you will be transported to your hospital room. Your family or friend will be able to join you at this time.
Commonly Asked Questions

• **How long will the surgery last?**
  
  o The actually surgery lasts about 2 to 4 hours. Your will be in a preoperative holding area approximately 2 hours before surgery and in the recovery room approximately 1 hour after surgery. In total, your entire surgical process can take between 4 to 7 hours.

• **Where does my family and friends wait while I’m in surgery?**
  
  o The preadmission nurse will direct your family and friends to the surgical waiting room.

• **How long will I be in the hospital?**
  
  o Everyone recovers from surgery differently but with preparation, good use of education materials and barring complications, you can expect your stay in the hospital to be approximately 2 to 3 days.

• **What should I expect after surgery?**
  
  o Due to medication, you will be drowsy for a few hours after surgery.
  
  o A physical therapist will visit you the day of your surgery.
  
  o Mobility will begin the day of surgery with assistance from your physical therapist or occupational staff.
The Road to Recovery

Pain management

Joint replacement surgery is designed to reduce the amount of pain you are currently experiencing. However, you will have some discomfort following surgery as your incision heals and you get used to your new joint. Our medical staff will do everything possible to attend to your comfort. Although not all pain can be eliminated, pain relief medication can safely lessen the pain you feel after surgery.

Communication with your health care team is essential. Tell your health care providers how you feel and how well pain relief measures are working for you.

Pain medications can be delivered in different ways:

- **Intravenous Line (IV):** Begin to work quickly but generally do not provide prolonged relief.
- **Oral Medications (Pain Pills):** Provide longer lasting pain control

Mobility

Getting up and moving is probably the most important part of your recovery and most effective way to decrease your risk of developing a complication after surgery and to decrease your overall pain. Your nursing and therapy staff will work together to get you moving. Until given permission by your physical therapist, always have a member of your health care team assist with activity.

Bladder Care

You will have a urine catheter inserted during surgery. Most patients catheter will be removed immediately after surgery but some will require the catheter to stay in for 24 hours depending on their medical needs.

Bowel Care

The narcotics you are taking for pain control can cause constipation. You will be on stool softener to avoid this. Other ways to keep your bowels regular are drinking water, including fiber to your diet and being active.

Respiratory Care

Following surgery, congestion in your lungs may occur, which can lead to pneumonia. To prevent pneumonia, your nurse will instruct you on coughing and deep breathing as well as using a device called an incentive spirometer (IS).

Getting Rest

It is important to find time to rest in order to participate effectively in your rehabilitation. During the day, you should create a balance between hard work in rehabilitation and restorative downtime.

Preventing Blood Clots

Blood clots can form when circulation is impaired. To prevent blood clots, you will have elastic stockings called TED Hose and compression sleeves called Sequential Compression Device (SCD) used while you are in bed during the hospital stay. Your surgeon will start you on a blood thinner.
Physical Therapy

During your hospital stay and following your return home, physical therapy will be critical to your recovery from joint replacement surgery. A physical therapist will be working with you the day of surgery to gradually increase your activity. You will work with physical therapy twice a day. Expect to feel tired, but remember that activity is vital to your recovery.

Here are the activities you can expect:

- **Day of Surgery:**
  - Your physical therapist will review beginning exercises with you.
  - With assistance from your physical therapist or nursing staff, dangle at the edge of the bed. You will be encouraged to take some steps with a walker and sit in a chair.

- **Day one after surgery:**
  - Sit up in the chair for at least two meals, practice exercise program and walk with a walker in the hallway in the morning and afternoon.
  - We encourage you to walk and exercise more frequently, if you are able, and to put on comfortable clothes.

- **Day two after surgery:**
  - Walk to the bathroom as needed.
  - Sit up for all of your meals.
  - Practice your exercises on your own and with the therapist twice a day.
  - Get in and out of the bed with minimal help.
  - Be instructed on and practice going up and down steps.
  - If you have met your therapy goals and are medically stable, you can discharge home following afternoon therapy.

- **Day three after surgery:**
  - Practice your exercises on your own and with the physical therapist.
  - Most are discharged home on this day following morning physical therapy.
Precautions after surgery

After your surgery, it is important that you follow the following precautions:

- Do not take aspirin products while you are on an anticoagulant (blood thinner) unless instructed by your surgeon or primary care physician.

- If you undergo a surgical procedure of any kind, inform your physician that you have had a total joint replacement so that you will be given antibiotics. You will be given antibiotics to take before having any dental work (cleaning, caps, extractions, etc.) or any other invasive procedure.

- Take pain medications only as needed. Tylenol is a component of prescribed medications such as Percocet, Vicodin, Lortab and Norco. Therefore, you should inform your physician of additional doses of Tylenol you may take over the counter. This will insure you are taking an acceptable amount of Tylenol.

- Antibiotic Prophylaxis is recommended prior to invasive procedures following Total Joint Replacements. Prophylactic antibiotic regimen includes administration of the antibiotic in one single dose prior to the procedure. This is a lifelong recommendation following Total Joint Surgery. Invasive and Surgical procedures are not recommended in the first 3 months while recovering from Total Joint Replacement.
Commonly Asked Questions

- **When do I see my doctor after surgery?**
  - Your surgeon or another staff member will visit you daily while you are in the hospital. You will have a post-operative appointment 10 to 14 days after your surgery so your surgeon can review your progress.

- **When do my stitches or staples come out?**
  - 10 to 14 days after your surgery.

- **What are the signs of infections I should watch for?**
  - Signs of infection include tense, painful redness, swelling and thick yellowish drainage from your incision. A persistent temperature of 101 degrees often accompanies the symptoms.

- **How long do I have to wear surgical stockings?**
  - For 2 to 4 weeks, unless instructed otherwise by your surgeon. If they are uncomfortable, you do not have to sleep in them and you may take them off a few times a day for one hour at a time.

- **When can I shower?**
  - The general recommendation is that you may shower once discharged home. Take precautions to not get surgical dressing (Aquacel/Mepilex) saturated or incision wet until after staples/sutures are removed.

- **What can I begin driving a car?**
  - Do not drive until you are no longer on pain medication and have approval from your surgeon.

- **When can I resume taking my normal medications?**
  - You may resume taking your medications as directed by your surgeon or primary care physician. Over-the-counter anti-inflammatory medications such as: Advil, Motrin, Ibuprofen and Aleve may be taken after the anticoagulant has been completed.
Leaving the Hospital

Together we will create a plan to meet your goals for a safe discharge. This plan will include assisting you to obtain any equipment or other support you may need.

Most patients return to their home on the third day after surgery. In order to go home you may need to meet the following criteria:

- Be in stable medical condition
- Be able to get in and out of bed with minimal help
- Demonstrate safety with mobility using walker

When you go home you will continue your rehabilitation with a home exercise program as instructed by your physical therapist during your preoperative evaluation and stay at the hospital. The goal of any Total Joint Replacement is to assist you return to normal functional activity. You will find it easier to normalize if you return to your routine activities at home.

Home Health Care Services

Your surgeon may determine that you need home health care upon leaving the hospital. If so, we will identify your needs and set up a program designed for you.

Many different home care agencies can provide the necessary services that includes in-home physical therapy.

Outpatient

Your surgeon may determine you are eligible for outpatient physical therapy. Patients are required to have a prescription from your surgeon for outpatient physical therapy. The purpose of this supervised therapy is to focus on increasing your strength and mobility.

Sub-Acute Rehabilitation at Skilled Nursing Facility

While many patients undergoing total joint replacement return directly to their homes after 2 to 3 days following their surgery, your surgeon may determine that you need more therapy before you can return home, and might recommend that you be admitted to a sub-acute rehabilitation facility for a short stay of 7 to 10 days. If you meet the criteria for admission, you can expect intensive therapy monitored by a physician and staff who specializes in rehabilitation.

The major goal of the rehabilitation unit is to improve your ability to perform normal activity of daily living. While at the rehabilitation hospital, you will be expected to:

- Do as much as possible for yourself, within safety guidelines.
- Participate in physical and occupational therapy sessions each day.
- Schedule visits and other activities around physical therapy times in order to receive maximum benefits from your sessions.
Discharge Instructions

Together we will create a plan to meet your goals for a safe discharge. This plan will assist you in the transition from hospital to your home.

- **Appointments:** Your first follow-up appointment with your surgeon is usually 10 to 14 days from the day of your surgery.

- **Medications:** at the time of your discharge, you will be given written prescriptions for any necessary medications. These may include the following:
  - **Anticoagulant (Blood Thinner)**
    - A blood thinner that may be prescribed during your hospital stay and possible for a few weeks following your discharge. While on blood thinners you **cannot** take any aspirin-containing or arthritic medications (unless instructed by your surgeon).
  - **Tylenol**
    - For milder pain, you may use Extra-Strength Tylenol. Follow directions on the Tylenol package and inform your surgeon of consistent use.
  - **Laxatives**
    - Since many pain medications can cause constipation, you may use an over-the-counter laxative and/or stool softener as needed until your bowel function returns to normal.
  - **Vitamins**
    - Ask your physician which vitamin supplements are important for your recovery and continued health. Vitamins C and E may be recommended.

- **Physical Therapy:** Physical therapy is required for all total joint replacement patients.

- **Walker:** All total joint replacement patients will be required to use a walker after being discharged from the hospital. Total joint patients should bear weight on the new joint side only as recommended by your surgeon. In most cases, you will be a walker for four to six weeks from the date of your surgery.

- **Exercises:** It is important that you continue your Home Exercise Program several times a day. As you feel stronger, increase the number of repetitions in each session. You may resume some recreational activities 4 to 6 weeks following your surgery.

- **Bruising:** some bruising might appear on your body due to the pooling of blood in different areas while you are resting in the hospital bed. Do not be alarmed at the bruising, it will go away in a week or so.

- **Swelling:** Some swelling over your incision is normal. To help minimize swelling, you can place ice packs over the incision. It is not uncommon for you to experience warmth at incision site for many weeks following surgery.
• **Antibiotics:**
  - Before you have any dental work, call your dentist’s office for a prescription of antibiotics that are to be taken 24 hours before your dental procedure.
  - See your primary care physician if you suspect any kind of active infections such as bladder infections, an infected wound or an upper respiratory infection. You may need antibiotics to fight these infections and protect your joint replacement.
  - If you are planning any surgical procedures, let your surgeon know that you have had a joint replacement and that you will need prophylactic antibiotics before, during and after your surgery. The orthopedic recommendation is to wait 3 months following total joint replacement surgery to have any elective invasive or surgical procedures done.

• **Hygiene:** Unless instructed differently by your surgeon, it is important not to get your incision wet, until your suture or staples are removed. If your surgical dressing is sealed, it is ok to shower but do not get your incision wet.

• **Care of Your Incision:**
  - Your incision should remain dry and clean. Do not get your incision wet until after your staples are removed.
  - Do not apply creams, lotions or powders to your incision while the staples are in or drainage is present.
  - After your dressing is removed at your post-operative appointment, Steri-Strips will be applied to your incision. Do not remove the Steri-Strips. They will fall off on their own. It is recommended to not shower for a full 24 hours after sutures/staples are removed.

• **Travel:** You will be allowed to travel approximately 4 to 6 weeks after your surgery. You may be given a “joint replacement” card to carry with you in case your replacement sets off security alarms at airports. The sensitivity of metal detectors is extremely variable. Personnel may not accept the card and may elect to screen you by using a hand held device. Most are responsive to the explanation that you have a total joint in place.
Post-Operative Physical Therapy Protocol - Total Hip Replacement

The goal of hip replacement surgery is so that you can return to your normal functional activities. Below you will find a physical therapy protocol designed to focus on your therapy goals and outcomes.

**Phase I (0-2 Weeks):**

Goals include:

- Minimize swelling, heal incision
- Hip precautions
- Increase range of motion
- Muscle Strengthening and Gait Training
- Advance to using cane

Criteria for progression to Phase II:

- Active hip range of motion from 0 to 90 degrees
- Voluntary quadriceps control
- Independent ambulation with an assistive device (2 wheel walker/cane), antalgia or deviations
- No assistance required with ambulation/transfers
- Independent with Home Exercise Program

**Phase II (3-6 Weeks):**

Goals include:

- Maintain minimal swelling
- Increase range of motion
- Maintain hip precautions
- Improve strength, endurance and stretch
- Advance to independent ambulation without an assistive device

Criteria for progression to Phase III:

- Independent ambulation without an assistive device, antalgia or deviations
- Active range of motion from 0 to 90 degrees
- Voluntary quadriceps control
- Mild complaints of pain and inflammation
- Ability to continue Home Exercise Program

**Phase III (6-12 Weeks):**

Goals include:

- Progress exercises by adding resistance and repetitions
- Continue all strengthening and stretching exercises as instructed by therapist and physician
- Independent step over step stair climbing
- Pain free active range of motion
- Independent with Home Exercise Program
Post-Operative Physical Therapy Protocol - Knee Replacement

The goal of knee replacement surgery is so that you can return to your normal functional activities. Below you will find a physical therapy protocol designed to focus on your therapy goals and outcomes.

Phase I (0-2 Weeks):

Goals include:

- Minimize swelling, heal incision
- Increase range of motion
- Gain Strength
- Advance to using cane

Criteria for progression to Phase II:

- Acceptable range of motion 0-5 extension, 90-110 flexion
- Adequate Strength 4/5
- Comfortable with cane/walker for ambulation
- No assistance required with ambulation/transfers
- Independent with cane up/down a few steps
- Independent with Home Exercise Program

Phase II (3-6 Weeks):

Goals include:

- Maintain minimal swelling
- Increase range of motion
- Improve strength and endurance
- Advance to independent ambulation without an assistive device

Criteria for progression to Phase III:

- Independent of assistive device for ambulation and transfers
- Improve range of motion 0 extension to 110-120 flexion
- Adequate strength of 4+/5
- Mild complaints of pain and inflammation
- Ability to continue Home Exercise Program

Phase III (6-12 Weeks):

Goals include:

- Continue all strengthening and stretching exercises as instructed by therapist and physician
- If accessible, continue with a stationary bike
- Continue with patella and scar mobilizations
- Independent with Home Exercise Program
- Minimal Pain
Nutrition After Your Surgery

Calorie and protein needs are greater after your surgical procedure. It is recommended that you aim for 3 meals a day and snacks as tolerated. It is also important to include 1 – 2 protein sources at each meal. Good nutrition may help with healing and help you maintain the strength you need to promote your recovery.

It is important to follow a balanced diet rich in nutrient dense foods before and after your surgery. Your guidelines for intake will depend on your size and calorie needs. In general, a balance diet will include:

<table>
<thead>
<tr>
<th>FOOD GROUP</th>
<th>DAILY INTAKE</th>
<th>EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dairy</td>
<td>2 – 3 servings (1 cup = 1 serving)</td>
<td>• Milk</td>
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<tr>
<td></td>
<td></td>
<td>• Yogurt</td>
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<tr>
<td></td>
<td></td>
<td>• Cheese</td>
</tr>
<tr>
<td>Fruits</td>
<td>2 – 4 servings (1/2 cup = 1 serving)</td>
<td>• Apples</td>
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<tr>
<td></td>
<td></td>
<td>• Oranges</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Bananas</td>
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<tr>
<td></td>
<td></td>
<td>• Berries</td>
</tr>
<tr>
<td>Vegetables</td>
<td>3 – 4 servings (1/2 cup = 1 serving)</td>
<td>• Spinach</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Carrots</td>
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<td></td>
<td></td>
<td>• Broccoli</td>
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<tr>
<td></td>
<td></td>
<td>• Onions</td>
</tr>
<tr>
<td>Protein</td>
<td>2 – 3 servings (3 ounces = 1 serving)</td>
<td>• Chicken</td>
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<tr>
<td></td>
<td></td>
<td>• Fish</td>
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<td></td>
<td>• Pork</td>
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<td>• Beef</td>
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<td></td>
<td>• Eggs</td>
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<tr>
<td>Fiber</td>
<td>6 – 10 servings (1/2 cup or 1 slice = 1 serving)</td>
<td>• Bread</td>
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<tr>
<td></td>
<td></td>
<td>• Cereal</td>
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<tr>
<td></td>
<td></td>
<td>• Rice</td>
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<td></td>
<td></td>
<td>• Potatoes</td>
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<td></td>
<td></td>
<td>• Beans</td>
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<tr>
<td></td>
<td></td>
<td>• Pasta</td>
</tr>
<tr>
<td>Fats &amp; Sweets</td>
<td>Use sparingly</td>
<td>• Oil</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Candy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Soft Drinks</td>
</tr>
</tbody>
</table>

*If your physician prescribed you any diet restrictions, it is important to always follow them.*
Important Things to Remember

- Make an appointment to see your surgeon 10 to 14 days after your surgery
- Eat well balanced meals and drink plenty of liquids
- Place ice packs over your incision to decrease swelling and pain. 20 minutes on, 20 minutes off, up to 6 times per day.
- Elevate your leg
- Call your surgeon if you experience:
  - A persistent temperature greater than 100.5°F
  - Severe pain that is not relieved by medication
  - Increased redness, swelling or tenderness in your incision
  - Persistent drainage from your incision
  - Chest pain or shortness of breath
- Do not drink alcohol or drive while taking pain medication

As part of TOC’s commitment to quality assurance and quality improvement, as well as satisfying Medicare guidelines, we are extending the reach of our post-operative care opportunities to include the collection of patient reported outcomes for patients receiving a total joint replacement. Please, throughout your recovery, continue to respond to our survey requests, so that we can maintain knowledge of your progress.