

COLQUITT REGIONAL

TOTAL JOINT

REPLACEMENT PROGRAM



FIRST IN THE REGION
TO EARN THE
JOINT COMMISSION
SEAL OF APPROVAL

PATIENT EDUCATION PACKET

WELCOME TO THE

TOTAL JOINT CENTER

AT COLQUITT REGIONAL

Thank you for choosing Colquitt Regional Medical Center for your knee or hip replacement surgery! Our Total Joint Replacement Program is the first in the region to receive the Gold Seal of Approval from the Joint Commission. This approval is a symbol of quality that reflects an organization's commitment to providing safe and effective patient care.

During your visit you will encounter physicians, nurses, radiology techs, respiratory therapists and dietary staff. These individuals will all work collaboratively to provide you with a comprehensive care plan.

Our team will work together with one goal in mind, to see you work towards an improved lifestyle. We ensure that the highest standard of medical care will be delivered. Our staff will work with you so that you stay informed during your visit. The collaborative team will encourage you to participate in your recovery and provide you with the tools you need to reach your recovery goals. We will do everything possible to ensure your stay is pleasant.

In this book, you will find information from pre-op to rehab. It will answer many questions for you and we will provide you with opportunities to ask further questions. During your stay, we will discuss the medications you are taking in the hospital and after you go home. Our physical therapy team will work with you to get you out of bed and walking. Social Services will follow your case and help with items you may need once you are at home or help to set up inpatient rehab. There is also a list of things to bring on the day of surgery.

If you have questions related to your surgery we ask that you contact your physician. You can also call the Surgical/ Orthopedic Unit on the fifth floor, where you will stay after surgery, at (229)890 3432. Once again, thank you for choosing Colquitt Regional Medical Center!



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OUR TEAM OF
HIGHLY-TRAINED
ORTHOPEDIC
SURGEONS LOOK
FORWARD TO
PROVIDING YOU
WITH EXCEPTIONAL
CARE!

PATIENT EDUCATION PURPOSE

This material will explain your responsibilities, things to bring on the day surgery, and pre-visits that you need to complete prior to the day of surgery. This class will provide you with a better understanding of what to expect, before, during, and after surgery.

This material will review:

- Total Joint Replacement procedures
- Pre and post surgery information
- Nutrition information
- An overview of your visit
- Post-surgery expectations

Bring this material with you:

- To office visits
- To your education class
- On the day of your surgery

Please keep this information. It will be a good reference point and will have important contact information that you will need in the future.

IMPORTANT PHONE NUMBERS:

IN-PATIENT REHAB

Colquitt Regional is able to offer in-patient rehab services allowing patients to continue their care right here with the same physical therapy team that worked with you after your surgery.

Colquitt Regional Swing Bed.....(229) 890-3587

Other providers are listed below:

Agape Health and Rehab.....(229) 985-3637

Pruitt Health at Magnolia Manor.....(229) 985-3422

Pruitt Health of Moultrie.....(229) 985-4320

Pruitt Health at Sunset.....(229) 985-7173

OUT-PATIENT REHAB

Vereen Rehabilitation Center.....(229) 890-3553

Colquitt Regional Home Care Services.....(229) 891-2128

Regional Therapy Service.....(229) 985-2080

MEDICAL SUPPLIES

Lincare.....(229) 891-2803

MRS Homecare.....(229) 890-6949

Regional Health Care.....(229) 985-2432

PREPARATION FOR SURGERY CHECK LIST

1. You must attend your Pre-Op appointment
2. Visit your primary physician for Risk Stratification
 - History and Physical • Lab Work
 - EKG • Other _____
3. Dental clearance from your dentist.
4. Attend your anesthesia consultation at Colquitt Regional Medical Center.
5. If you have a history of heart or lung problems you will need risk stratification from
 Heart Doctor Lung doctor Other
6. Education class _____
Date: _____
Time: _____
7. Make a pre-hab visit to the Vereen Center or other therapy provider.
8. Complete the medication list provided (please bring your medications with you). Your doctor will also want to know about any vitamins, herbs or natural products you are taking.
9. Complete your screening questionnaire.
10. Call on the date given to you by the pre-op nurse to confirm your surgery time.
11. The night before your surgery, do not eat or drink anything after midnight. Failure to do so will cause your surgery to be rescheduled.
12. Planning for discharge should begin as soon as you decide to have your surgery done. You should discuss with your surgeon and family about going home and completing outpatient rehab, going home with home care services visiting, or going to facility with a rehab program. You should set up appointments to pre-screen local facilities prior to surgery. Colquitt Regional Home Care Services can be arranged for you or we can provide you with a list of other home health providers in our area.

PREPARING YOUR HOME FOR AFTER SURGERY

- If your bedroom is upstairs, you should prepare a temporary sleeping area downstairs. Stairs are not impossible, but are difficult until you regain full mobility.
- Remove all throw rugs, loose rugs, electrical cords and clutter from hallways and area where you may have to walk. These are all trip hazards and increase your risk for falling.
- Arrange items in cabinets that you routinely use and place them at a level that will be easily accessible. You should avoid step stools.
- Have extra pillows or pads for chairs, sofas, and automobiles for sitting on to ensure that your hip will not bend past 90 degrees.
- Now is the time to install safety rails in tubs and showers or along stair cases.
- You may want to consider purchasing a shower chair, and long handled sponge for bathing.
- Make preparations for pets so that they are not under you as they will pose a trip hazard.
- Make arrangements for someone to stay with you the first few days after returning home as you adjust to life with your new joint.

PRE-ADMISSION TESTING – THINGS TO KNOW

- You will need to disclose all previous medical history.
- You will need to list all previous surgeries.
- Please bring all bottles for medications and supplements you are currently taking at home or a list with name, dose, and frequency.
- You will be asked about alcohol consumption- be honest.
- Please bring with you:
 - *Photo ID *Insurance Card
 - *Power of Attorney or Living Will, if you have one

THINGS TO BRING ON THE DAY OF YOUR SURGERY

- Shorts with an elastic waist band
- Pants that stretch enough to pull up over knee
- Shoes – rubber sole and closed heel (no flip-flops or crocs)
- Personal Items

* Colquitt Regional Medical Center is not responsible for lost personal belongings, please leave valuables at home

YOUR STAY AT COLQUITT REGIONAL MEDICAL CENTER

Our goal is to get you out of bed and transitioned home as quickly as possible. Our goal will be to transition you home within 48 hours of arriving to the floor.

Physical Therapy may visit with you on the day of your surgery if you arrive to the floor early in the day. They will visit on post-op day one in the morning and the afternoon and will get you out of bed and moving. Their goal will be to have you walking in the hall by the afternoon. Always call for assistance, do not get up without staff in the room with you.

You may have someone stay with you while in the hospital, if you wish.

Dietary will visit each day to help you with meal choices.

You will be visited by the director of the department, and may see someone from administration during your stay.

The nurses and nursing assistants will visit with you hourly during the day and every two hours at night to ensure that your needs are met.

If you feel like you need to speak with someone, you can ask for the department director, or if it is after hours, you may dial "0" from your room phone and ask for the nursing supervisor.

THE DAY OF SURGERY

ARRIVE AT THE HOSPITAL ON TIME

You will receive instructions on where to go when you attend your pre-op appointment and again when you confirm your surgery time.

UPON ARRIVAL:

- You will be escorted to a room where you will be asked to undress and put on a hospital gown.
- Your friend or family member may be asked to wait in the waiting area while they prepare you for surgery.
- A nurse will start your intravenous (IV) access, ask you some questions, and perform a physical assessment.
- You will receive IV antibiotics when it is time to move to the operating room.
- Once your preliminary care is over, your friend or family member will be allowed to wait with you until you go to surgery.
- Your surgical site will be identified, confirmed with you and marked prior to surgery.

FAMILY WAITING

- A designated member of your family will be given a pager that will alert them when the doctor is finished with the procedure.
- If your friend or family member is going to leave they should inform the nurse and provide contact information.
- Visitors will be asked to remain on the ground floor in one of the waiting areas or the waiting area for the floor you will be going to. A post-surgery room assignment may not be made until the patient is awake and ready to be transferred to the floor.
- The patient will go to the Post Anesthesia Care Unit (PACU) after surgery to be monitored until they are awake and vital signs are stable enough to be transferred to the floor. This period may sometimes take several hours.

AFTER YOUR SURGERY

SEQUENTIAL COMPRESSION DEVICES

While in recovery you may have wraps placed on your legs or feet that simulate muscle movement that would normally occur during walking. Your surgeon will decide what type is appropriate for you. These will help to reduce the risk of developing a blood clot, or deep vein thrombosis (DVT) while in the hospital. They are worn while in bed and not active and removed during physical therapy sessions.

SUPPORT STOCKINGS

Support stockings are also used to reduce this risk of blood clots, and are often used with sequential compression devices. You will need to continue to wear these stockings after you go home. They may be removed a couple times per day to bathe and for heel/skin assessment. Be sure to inform your nurse if you have pain or tenderness in your feet or heels during your stay. This could be a sign of too much pressure in the heel or decreased blood flow to the foot. It is best to keep your heels elevated while in bed to help decrease the risk. Pillows may be placed under your feet to achieve elevation.

ANTICOAGULATION

Prevention of blood clots is very important when having a joint replacement surgery. You will be placed on medication by mouth or injection while in the hospital. Your physician will monitor you for bleeding and doses may be adjusted. When you are discharged you will go home with an order for medication to keep your blood at optimum levels. This will reduce your risk of developing a blood clot. You will remain on the medication for up to a month.

BLOOD TRANSFUSIONS

If your blood count is too low or you experience a significant amount of bleeding, the surgeon may decide you need a blood transfusion. Please let us know before surgery if you do not accept blood or blood products.

COUGHING AND DEEP BREATHING

You will be encouraged to take deep breaths and cough after your surgery. This is an exercise that will help to expand your lungs and keep secretions from gathering and settling in your lungs, which can cause pneumonia. You will be given a device called an incentive spirometer to help you with your deep breathing exercises. You will be given instructions on how to use it and will be asked to use it every hour, at least 5-10 times while awake. Make yourself cough deeply at least once after each use.

OXYGEN

After surgery, you will receive oxygen therapy through a tube by nasal cannula (through your nose). This is usually supplemental until you are fully awake from your anesthesia medications. A pulse oximeter may be used to measure the oxygen levels in your body and adjust the amount of oxygen you receive. When fully awake you will be taken off the oxygen if you are maintaining your oxygen saturation.

ICE APPLICATION

Your doctor may order ice application for a few days over your dressing to help decrease bleeding and swelling. You may also request ice packs for comfort.

CONSTIPATION

Constipation often occurs when you are taking pain medication and are less active. It is important to drink plenty of liquids, even if you don't feel like it. If you do not have a bowel movement by the time you are ready to go home, the doctor may add a stool softener or laxative. It is important to keep your bowels active to prevent other complications, such as a bowel obstruction.

FALL PREVENTION

You will be evaluated on admission and at each shift for your risk of falling. You will be placed in a yellow gown, yellow socks, and a yellow armband if your risk of falling is high. Having pain medicine may elevate this risk. It is important that someone assist you in and out of bed during your stay. We ask that a physical therapist, nurse, or nursing assistant be with you while walking the hallways. Although family members are an important part of your recovery, our staff has been provided with training and proper technique in getting you in and out of bed. It is important to us that you do not have a fall. Falling may cause damage to the repaired joint and you will be at a more susceptible risk for bleeding if you are injured. If you have a question about your limitations, please ask your nurse.

PAIN CONTROL

Once you arrive to the floor, one of our primary goals will be to lessen your pain. You will be asked to rate your pain through the use of a pain scale of 0-10 (0 is no pain and 10 is excruciating pain). It is important to know that a score of 0 will be **unattainable** on the first few days after surgery. Patients have reported varying levels of pain from mild soreness to very sore. A score between 2 and 3 is an obtainable and acceptable goal for most patients. It is important to know that in most cases pain medication is ordered but not scheduled. You will have to let your nurse know when you need your medication. Once you notice your pain increasing, you should tell your nurse **before** it gets to a high level. It is harder to get your pain back under control at higher levels than to keep it controlled at a lower level.

Pain medication is available in different forms. Most of the time you will come to the floor with orders for both IV (intravenous) and oral (by mouth) medications. Colquitt Regional uses a multi-modal pain management approach that includes limited opioids and regional blocks in an effort to improve recovery time. The goal will be to eliminate the IV medication as soon as possible and begin using oral medications to control your pain. The sooner this happens the earlier you will transition home or to rehab.

AMBULATION AFTER SURGERY

In an effort to improve recovery times, early ambulation is necessary. We make every attempt to get you out of bed the day of surgery. The sooner you're able to ambulate the sooner you will be on the road to recovery. Physical therapy will do a minimum of two sessions a day with you. Your ability to ambulate is not limited to these sessions and you are encouraged to ambulate as much as possible.

GOOD NUTRITION CAN HELP YOU RECOVER!

If you have been an active, independent adult, suddenly finding yourself a patient can be difficult. Rehabilitation and recovery is different for everyone; however, good nutrition after surgery can speed wound healing, improve immunity, and ensure the best outcome. Focusing on nutrition can mean the difference between bouncing back

and a lengthy recovery.

Drugs, fatigue, and complications can make eating unappealing. The mouth and throat can be sore or dry, medicine can make food taste metallic, and even the sense of smell can be diminished. Even if you wanted to lose weight before surgery, it is best to wait until at least 6 weeks after surgery to try to lose weight.

You will need to get enough **PROTEIN** to repair tissue and prevent muscle breakdown, and enough **CALORIES** to try to maintain your weight within 5% of your pre-surgery weight.

SUGGESTIONS FOR INCREASING CALORIES AND PROTEIN

- Eat several small meals a day, rather than 3 large ones.
- Eat favorite foods at any time of the day. For example, if breakfast foods are appealing, eat them for dinner.
- Eat every few hours. Don't wait until you feel hungry.
- Take advantage of when you feel hungrier. For example, if you are hungrier in the morning, make breakfast your biggest meal.
- Drink nutritious drinks such as milkshakes and commercial liquid supplements.
- Drink fluids after meals or at the end of your meal. Drinking liquids at the beginning of your meal can make you feel full.

HIGH PROTEIN FOODS

Milk products: Eat cheese on toast or with crackers. Add grated cheese to foods you like. Use milk instead of water in recipes, and in mashed potatoes.

Eggs: Keep hard boiled eggs in the refrigerator. Chop and add to salads, casseroles, vegetables. Be sure to cook eggs well to avoid the risk of harmful bacteria.

Meat, fish, poultry: Add leftover cooked meat to soups, casseroles, salads.

Beans, legumes, nuts, seeds: If tolerated, add cooked beans to soups and salads, and include nuts, seeds, or peanut butter.

HIGH CALORIE FOODS

Butter & margarine: Melt over potatoes, rice, pasta or cooked vegetables.

Milk products: Add whipped cream to desserts and fruits.

Salad dressings: Use regular, not low fat or diet, mayonnaise and salad dressings.

Sweets: If you do not have diabetes, include jelly or honey on bread or crackers. But remember, high blood sugar can slow down healing.



TOTAL KNEE PROGRAM

TOTAL KNEE PRECAUTIONS

- Avoid heavy lifting or other unusual activities at home.
- Use walker or cane to walk until otherwise instructed by your therapist.
- Sit in a stable, high-seated chair.
- Use a reacher, dressing stick, long-handled shoe horn, long-handled sponge, and/or sock aid as instructed by your therapist.
- Adhere to weight bearing precautions if given/instructed.

PAIN CONTROL

- Use ice after exercises or if pain increases.
- Use rest & relaxation techniques.
- Maintain correct positioning.
- Take pain medications as prescribed by your physician.

EDEMA CONTROL

- Use ice for 20 minutes per hour (maximum), 3-4 times per day.
- Perform ankle pumps as instructed.
- Lie on back with entire leg elevated above heart level.
- Wear TED support hose if ordered by your physician.

DRESSING CHANGES

- Change your dressing daily unless otherwise instructed by your physician.
- Perform dressing change in a clean area, and use correct hand hygiene.
- Your therapist will demonstrate the correct technique for you.

HAND HYGIENE

- If using an alcohol-based hand sanitizer, apply to the cupped palm of one hand and rub hands together.
- Cover all surfaces – including in between fingers and on the fingertips and fingernails – until the hands are dry.

BLOOD THINNER PRECAUTIONS

- Take medication at the same time each day.
- Avoid alcohol intake.
- Take only **prescribed** over-the-counter medications.
- Use soft tooth brush and take care with flossing to avoid gum bleeds.
- Avoid sharp objects to prevent cuts.
- Use an electric razor.
- Falls may result in internal bleeding – inform your physician and therapist of any falls.

STAPLE REMOVAL

Your therapist will remove your staples if ordered by your physician. You may feel some discomfort, pulling, or stinging. Once staples are removed, steri-strips will be applied as a precaution. Often these curl up and fall off after a few days and most likely will not need to be re-applied.

Follow your therapist's instructions about steri-strip removal as well as when to shower, bathe, and swim. If it does not appear that the staples should be removed at the ordered time, your therapist will consult with your physician.

SIGNS & SYMPTOMS OF INFECTION

- Fever (101° +)
- Foul odor from wound
- Shaking
- Chills
- Increased redness, tenderness, or swelling around surgical incision
- Excessive drainage or pus coming from wound

** Notify your physician if you experience any of these symptoms.*

** Notify your physician of dental procedures, as you may have to take preventative antibiotics before dental work.*

SIGNS OF BLOOD CLOTS

- Sudden increase in swelling in thigh, calf, or ankle.
- Increased pain, redness, or tenderness in calf.

Note: Blood clots can form in either leg.

SIGNS OF BLOOD CLOTS IN LUNGS

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with cough

Your physician may have instructed you to wear TED hose which compress the veins in your legs to help control swelling and to decrease the occurrence of a blood clot. These stockings should be worn continuously as directed by your physician.

COMPLIANCE WITH REHABILITATION PROGRAM

To maximize your recovery potential, it is important that you follow through with your prescribed exercise program and are compliant with safety recommendations and precautions. It is also important that you report any changes, obstacles, or concerns to your therapist.



ELAINE HEMINGWAY
TOTAL KNEE REPLACEMENT

KNEE POST-OP • DAY 0

GOALS: 1. BED TO CHAIR

2. 1ST SESSION OF CPM

3. COMPLETE 1ST SET OF THERAPEUTIC EXERCISES

1. ANKLE PUMPS

- Move foot up and down at ankle as shown. • 1 Set of 10 Pumps • 2-3 Times/Day



2. QUAD SETS

- Sit/Lie with leg straight. Flex quadriceps muscle and attempt to press the back of your knee down into the bed. Hold for a 10-count and then relax. • 1 Set of 10 • 2-3 Times/Day



3. GLUTE SQUEEZES

- Lay on back. Squeeze gluteal muscles together. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



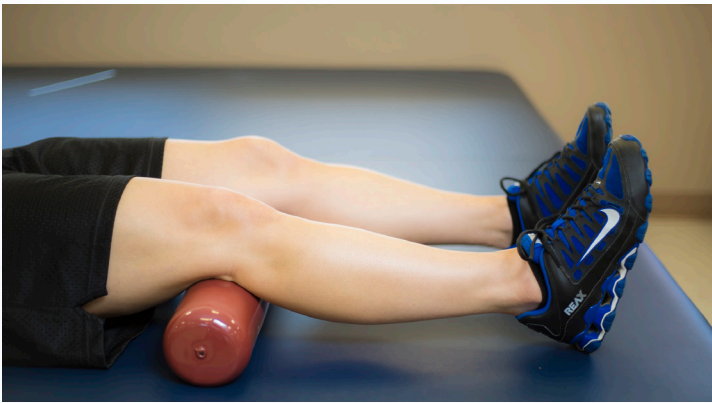
4. STRAIGHT LEG RAISES (ACTIVE-ASSISTED)

- Lie on back. Flex quadriceps muscles to straighten leg. Lift and hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



5. HEEL LIFT/TERMINAL KNEE EXTENSION

- Sit/Lie with bolster under knee. Flex quadriceps muscle to straighten leg and lift heel off bed.
- 1 Set of 10 • 2-3 Times/Day



6. STATIC HAMSTRING STRETCH

- Sit/Lie with leg straight and heel propped on bolster. Leave space under knee for leg to relax and hang as straight as possible.
- Hold position for 20 minutes
- 2-3 Times/Day



7. HAMSTRING SETS

- Lie on back. Slightly bend knee to press heel into bed. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



8. BED TO CHAIR AT BEDSIDE

- Stand with Therapist at bedside. Take 3-4 steps with walker, turning toward chair. Sit slowly.
- Therapist will apply ice to knee.
- 1 Time Daily

9. ICE PACK WITH COMPRESSION

- Nurse and/or Therapist will apply ice and compression as needed.
- 20 minutes per session

10. CONSTANT PASSIVE MOTION (CPM)

- As Ordered by Physician
- With Flexion to tolerance
- Approximately 60 minutes
- 1-2 Times/Day



KNEE POST-OP • DAY 1

- GOALS:**
1. AMBULATION GOAL = 100 FEET
 2. INCREASE OUT OF BED TIME AS TOLERATED
 3. KNEE FLEXION = 60°

1. ANKLE PUMPS

- Move foot up and down at ankle as shown. • 1 Set of 10 Pumps • 2-3 Times/Day



2. QUAD SETS

- Sit/Lie with leg straight. Flex quadriceps muscle and attempt to press the back of your knee down into the bed. Hold for a 10-count and then relax. • 1 Set of 10 • 2-3 Times/Day



3. GLUTE SQUEEZES

- Lay on back. Squeeze gluteal muscles together. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



4. STRAIGHT LEG RAISES (ACTIVE-ASSISTED)

- Lie on back. Flex quadriceps muscles to straighten leg. Lift and hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



5. HEEL LIFT/TERMINAL KNEE EXTENSION

- Sit/Lie with bolster under knee. Flex quadriceps muscle to straighten leg and lift heel off bed.
- 1 Set of 10 • 2-3 Times/Day



6. STATIC HAMSTRING STRETCH

- Sit/Lie with leg straight and heel propped on bolster. Leave space under knee for leg to relax and hang as straight as possible.
- Hold position for 20 minutes
- 2-3 Times/Day



7. HAMSTRING SETS

- Lie on back. Slightly bend knee to press heel into bed. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



8. BED TO CHAIR AT BEDSIDE

- Stand with Therapist at bedside. Take 3-4 steps with walker, turning toward chair. Sit slowly.
- Therapist will apply ice to knee.
- 1 Time Daily

9. ICE PACK WITH COMPRESSION

- Nurse and/or Therapist will apply ice and compression as needed.
- 20 minutes per session

10. CONSTANT PASSIVE MOTION (CPM)

- As Ordered by Physician
- With Flexion to tolerance
- Approximately 60 minutes
- 1-2 Times/Day



11. SEATED KNEE FLEXION

- Sit in chair. Slide heel back to bend knee to patient tolerance. Hold for a 10-count and then relax.
- 1 Set of 10 • 2-3 Times/Day



KNEE POST-OP • DAY 2

- GOALS:**
1. AMBULATION GOAL = 200 FEET
 2. INCREASE OUT OF BED TIME AS TOLERATED
 3. KNEE FLEXION = 75°
 4. INCREASE ALL EXERCISES TO 25 REPETITIONS 2-3 TIMES/DAY

1. ANKLE PUMPS

- Move foot up and down at ankle as shown. • 1 Set of 25 Pumps • 2-3 Times/Day



2. QUAD SETS

- Sit/Lie with leg straight. Flex quadriceps muscle and attempt to press the back of your knee down into the bed. Hold for a 10-count and then relax. • 1 Set of 25 • 2-3 Times/Day



3. GLUTE SQUEEZES

- Lay on back. Squeeze gluteal muscles together. Hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



4. STRAIGHT LEG RAISES (ACTIVE-ASSISTED)

- Lie on back. Flex quadriceps muscles to straighten leg. Lift and hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



5. HEEL LIFT/TERMINAL KNEE EXTENSION

- Sit/Lie with bolster under knee. Flex quadriceps muscle to straighten leg and lift heel off bed.
- 1 Set of 25 • 2-3 Times/Day



6. STATIC HAMSTRING STRETCH

- Sit/Lie with leg straight and heel propped on bolster. Leave space under knee for leg to relax and hang as straight as possible.
- Hold position for 20 minutes
- 2-3 Times/Day



7. HAMSTRING SETS

- Lie on back. Slightly bend knee to press heel into bed. Hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



8. BED TO CHAIR AT BEDSIDE

- Stand with Therapist at bedside. Take 3-4 steps with walker, turning toward chair. Sit slowly.
- Therapist will apply ice to knee.
- 1 Time Daily



9. SEATED KNEE FLEXION

- Sit in chair. Slide heel back to bend knee to patient tolerance. Hold for a 10-count and then relax.
- 1 Set of 10 • 2-3 Times/Day



10. ICE PACK WITH COMPRESSION

- Nurse and/or Therapist will apply ice and compression as needed.
- 20 minutes per session

11. CONSTANT PASSIVE MOTION (CPM)

- As Ordered by Physician
- Knee Flexion Goal = 75°
- Approximately 60 minutes
- 1-2 Times/Day

KNEE POST-OP • DAY 3

- GOALS:**
1. AMBULATION GOAL = 250 FEET
 2. INCREASE OUT OF BED TIME AS TOLERATED
 3. KNEE FLEXION = 90°
 4. PERFORM ALL EXERCISES AT 25 REPETITIONS 2-3 TIMES/DAY
 5. INDEPENDENT, SAFE AMBULATION UP AND DOWN 3 STEPS
 6. REVIEW HOME EXERCISE PROGRAM IN PREPARATION FOR DISCHARGE

1. ANKLE PUMPS

- Move foot up and down at ankle as shown. • 1 Set of 25 Pumps • 2-3 Times/Day



2. QUAD SETS

- Sit/Lie with leg straight. Flex quadriceps muscle and attempt to press the back of your knee down into the bed. Hold for a 10-count and then relax. • 1 Set of 25 • 2-3 Times/Day



3. GLUTE SQUEEZES

- Lay on back. Squeeze gluteal muscles together. Hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



4. STRAIGHT LEG RAISES (ACTIVE-ASSISTED)

- Lie on back. Flex quadriceps muscles to straighten leg. Lift and hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



5. HEEL LIFT/TERMINAL KNEE EXTENSION

- Sit/Lie with bolster under knee. Flex quadriceps muscle to straighten leg and lift heel off bed.
- 1 Set of 25 • 2-3 Times/Day



6. STATIC HAMSTRING STRETCH

- Sit/Lie with leg straight and heel propped on bolster. Leave space under knee for leg to relax and hang as straight as possible.
- Hold position for 20 minutes
- 2-3 Times/Day



7. HAMSTRING SETS

- Lie on back. Slightly bend knee to press heel into bed. Hold for a 10-count and then relax.
- 1 Set of 25
- 2-3 Times/Day



8. BED TO CHAIR AT BEDSIDE

- Stand with Therapist at bedside. Take 3-4 steps with walker, turning toward chair. Sit slowly.
- Therapist will apply ice to knee.
- 1 Time Daily



9. SEATED KNEE FLEXION

- Sit in chair. Slide heel back to bend knee to patient tolerance. Hold for a 10-count and then relax.
- 1 Set of 10 • 2-3 Times/Day



10. ICE PACK WITH COMPRESSION

- Nurse and/or Therapist will apply ice and compression as needed.
- 20 minutes per session

11. CONSTANT PASSIVE MOTION (CPM)

- As Ordered by Physician
- Knee Flexion Goal = 90°
- Approximately 60 minutes
- 1-2 Times/Day

HUGH WARD
TOTAL KNEE REPLACEMENT



TOTAL HIP PROGRAM

TOTAL HIP PRECAUTIONS

- Avoid heavy lifting or other unusual activities at home.
- Use walker or cane to walk until otherwise instructed by your therapist.
- Sit in a stable, high-seated chair.
- Use a raised toilet seat.
- Use a reacher, dressing stick, long-handled shoe horn, long-handled sponge, and/or sock aid as instructed by your therapist.
- Adhere to weight bearing precautions if given/instructed.

PAIN CONTROL

- Use ice after exercises or if pain increases.
- Use rest & relaxation techniques.
- Maintain correct positioning.
- Take pain medications as prescribed by your physician.

EDEMA CONTROL

- Use ice for 20 minutes per hour (maximum), 3-4 times per day.
- Perform ankle pumps as instructed.
- Lie on back with entire leg elevated above heart level.
- Wear TED support hose if ordered by your physician.

DRESSING CHANGES

- Change your dressing daily unless otherwise instructed by your physician.
- Perform dressing change in a clean area, and use correct hand hygiene.
- Your therapist will demonstrate the correct technique for you.

HAND HYGIENE

- If using an alcohol-based hand sanitizer, apply to the cupped palm of one hand and rub hands together.
- Cover all surfaces – including in between fingers and on the fingertips and fingernails – until the hands are dry.

BLOOD THINNER PRECAUTIONS

- Take medication at the same time each day.
- Avoid alcohol intake.
- Take only **prescribed** over-the-counter medications.
- Use soft tooth brush and take care with flossing to avoid gum bleeds.
- Avoid sharp objects to prevent cuts.
- Use an electric razor.
- Falls may result in internal bleeding – inform your physician and therapist of any falls.

STAPLE REMOVAL

Your therapist will remove your staples if ordered by your physician. You may feel some discomfort, pulling, or stinging. Once staples are removed, steri-strips will be applied as a precaution. Often these curl up and fall off after a few days and most likely will not need to be re-applied.

Follow your therapist's instructions about steri-strip removal as well as when to shower, bathe, and swim. If it does not appear that the staples should be removed at the ordered time, your therapist will consult with your physician.

SIGNS & SYMPTOMS OF INFECTION

- Fever (101° +)
- Foul odor from wound
- Shaking
- Chills
- Increased redness, tenderness, or swelling around surgical incision
- Excessive drainage or pus coming from wound
 - * Notify your physician if you experience any of these symptoms.
 - * Notify your physician of dental procedures, as you may have to take preventative antibiotics before dental work.

SIGNS OF BLOOD CLOTS

- Sudden increase in swelling in thigh, calf, or ankle.
 - Increased pain, redness, or tenderness in calf.
- Note: Blood clots can form in either leg.

SIGNS OF BLOOD CLOTS IN LUNGS

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with cough

Your physician may have instructed you to wear TED hose which compress the veins in your legs to help control swelling and to decrease the occurrence of a blood clot. These stockings should be worn continuously as directed by your physician.

COMPLIANCE WITH REHABILITATION PROGRAM

To maximize your recovery potential, it is important that you follow through with your prescribed exercise program and are compliant with safety recommendations and precautions. It is also important that you report any changes, obstacles, or concerns to your therapist.



"I'M WORKING IN MY YARD AGAIN! I AM SO THANKFUL FOR ALL OF THE FOLKS AT COLQUITT REGIONAL THAT HELPED WITH MY HIP REPLACEMENT. MY EXPERIENCE WAS VERY POSITIVE AND I WOULD RECOMMEND THAT ANYBODY WHO IS SUFFERING FROM JOINT PAIN, CALL SHAIN AND LET HIM TALK TO YOU ABOUT THEIR PROGRAM. I'M HAPPY AND MY WIFE IS HAPPY!"

- DARRELL HOOD, 72 YEARS OLD

HIP POST-OP • DAY 0

- GOALS:**
1. REDUCE PAIN LEVEL \leq 5-6/10
 2. AMBULATORY GOAL = 100 FEET
 3. BED TO CHAIR
 4. SIT UP IN CHAIR 2 HOURS

1. ANKLE PUMPS

- Move foot up and down at ankle as shown. • 1 Set of 10 Pumps • 2-3 Times/Day



2. QUAD SETS

- Sit/Lie with leg straight. Flex quadriceps muscle and attempt to press the back of your knee down into the bed. Hold for a 10-count and then relax. • 1 Set of 10 • 2-3 Times/Day



3. GLUTE SQUEEZES

- Lay on back. Squeeze gluteal muscles together. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



4. CHAIR PRESS-UPS

- While sitting in a chair with arm rests, push yourself upwards so that you lift yourself off the chair. Then slowly lower down back to normal seated position. • 1 Set of 10 • 2-3 Times/Day



HIP POST-OP • DAY 1

- GOALS:**
1. REDUCE PAIN LEVEL \leq 4-5/10
 2. AMBULATORY GOAL = 175 FEET
 3. BED TO CHAIR
 4. SIT UP IN CHAIR / OUT OF BED 4 HOURS
 5. BEGIN AMBULATION ON STAIRS

CONTINUE WITH DAY 0 EXERCISES AS DESIRED OR INSTRUCTED BY THERAPIST.

1. ANKLE PUMPS
2. QUAD SETS
3. GLUTE SQUEEZES
4. CHAIR PRESS-UPS

1. HEEL LIFT/TERMINAL KNEE EXTENSION

- Sit/Lie with bolster/pillow under knee. Flex quadriceps muscle to straighten leg and lift heel off bed. • 1 Set of 10 • 2-3 Times/Day



2. SUPINE HIP ABDUCTION

- While lying on your back, slowly bring your leg out to the side. Keep your knee straight the entire time. • 1 Set of 10 • 2-3 Times/Day



3. STRAIGHT LEG RAISES (ACTIVE-ASSISTED)

- Lie on back. Flex quadriceps muscles to straighten leg. Lift to level of other leg and then relax.
- 1 Set of 10
- 2-3 Times/Day



4. BRIDGE

- While lying on your back, tighten your lower abdominals, squeeze your buttocks and raise your buttocks off the floor/bed as creating a "Bridge" with your body
- 1 Set of 10
- 2-3 Times/Day



5. LEG EXTENSION/LONG ARC QUAD

- Sit in chair or on side of a bed and allow the lower leg to hang down so the knee is at a 90 degree angle.
- Straighten the leg until the knee is locked.
- 1 Set of 10
- 2-3 Times/Day



6. MARCH IN PLACE

- Stand beside bed with walker.
- March in place raising alternating knees as high as tolerated.
- 1 Set of 10
- 2-3 Times/Day



7. SEATED KNEE FLEXION

- Sit in chair. Slide heel back to bend knee to patient tolerance. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



8. SEATED HIP ADDUCTION/PILLOW SQUEEZE

- Sit in chair. Place a pillow (or bolster) between knees.
- Squeeze pillow very firmly. Hold for a 10-count and then relax.
- 1 Set of 10
- 2-3 Times/Day



HIP POST-OP • DAY 2

- GOALS:**
1. REDUCE PAIN LEVEL \leq 3-4/10
 2. AMBULATORY GOAL = 250 FEET
 3. BED TO CHAIR
 4. SIT UP IN CHAIR / OUT OF BED 6 HOURS
 5. CONTINUE AMBULATION ON STAIRS

CONTINUE WITH DAY 0-1 EXERCISES AS DESIRED OR INSTRUCTED BY THERAPIST.

1. ANKLE PUMPS
2. QUAD SETS
3. GLUTE SQUEEZES
4. CHAIR PRESS-UPS
5. HEEL LIFT
6. SUPINE HIP ABD
7. STRAIGHT LEG RAISE
8. BRIDGE
9. LEG EXTENSION
10. MARCH IN PLACE
11. SEATED KNEE FLEXION
12. SEATED HIP ADD

1. STANDING HEEL RAISE

- While standing, raise up on your toes as you lift your heels off the ground. • Use walker/chair for support if needed for balance and safety. • 1 Set of 10 • 2-3 Times/Day



2. STANDING HIP FLEXION

- While standing, kick your leg forward as shown. Keep knee straight during movement.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



3. STANDING HIP ABDUCTION

- While standing, raise your leg out to the side. Keep your knee straight and maintain your toes pointed forward the entire time.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



4. STANDING HIP EXTENSION

IF AUTHORIZED BY PHYSICIAN

- While standing, move your leg backward as shown.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



5. MINI SQUAT

- Start with feet shoulder-width apart and toes pointed straight ahead.
- Bend your knees to approximately 30 degrees of flexion. Return to original position.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



6. SEATED HIP ABDUCTION WITH YELLOW RESISTANCE BAND

- Sit on edge of seat with upright posture. Tie/hold band around knees.
- Maintain good posture and pull legs apart approximately shoulder width. Hold for 10-count and relax.
- 1 Set of 10
- 2-3 Times/Day



7. LEG EXTENSION/LONG ARC QUAD WITH YELLOW RESISTANCE BAND

- Sit in chair or on side of a bed and allow the lower leg to hang down so the knee is at a 90 degree angle.
- Anchor resistance band to chair and then loop around ankle.
- Straighten the leg until the knee is locked.
- 1 Set of 10
- 2-3 Times/Day



8. SEATED KNEE FLEXION WITH YELLOW RESISTANCE BAND

- Sit in chair. Anchor resistance band to chair and then loop around ankle. Slide heel back to bend knee to tolerance. Relax to starting position.
- 1 Set of 10
- 2-3 Times/Day



HIP POST-OP • DAY 3

- GOALS:**
1. REDUCE PAIN LEVEL $\leq 2-3/10$
 2. AMBULATORY GOAL = 350 FEET
 3. SIT UP IN CHAIR 6+ HOURS
 4. INDEPENDENT, SAFE AMBULATION UP AND DOWN STEPS
 5. REVIEW HOME EXERCISE PROGRAM IN PREPARATION FOR DISCHARGE

CONTINUE WITH DAY 0-2 EXERCISES AS DESIRED OR INSTRUCTED BY THERAPIST.

1. ANKLE PUMPS
2. QUAD SETS
3. GLUTE SQUEEZES
4. CHAIR PRESS-UPS
5. HEEL LIFT
6. SUPINE HIP ABD
7. STRAIGHT LEG RAISE
8. BRIDGE
9. LEG EXTENSION
10. MARCH IN PLACE
11. SEATED KNEE FLEXION
12. SEATED HIP ADD
13. STANDING HEEL RAISE
14. STANDING HIP FLEXION
15. STANDING HIP ABDUCTION
16. STANDING HIP EXTENSION

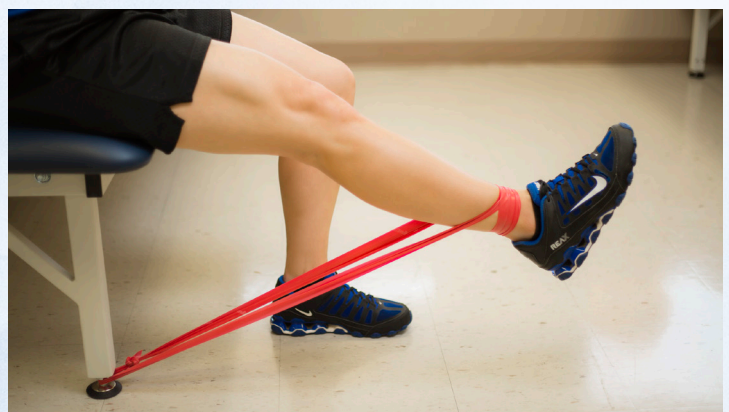
1. SEATED HIP ABDUCTION WITH RED RESISTANCE BAND

- Sit on edge of seat with upright posture. Tie/hold band around knees.
- Maintain good posture and pull legs apart approximately shoulder width. Hold for 10-count and relax.
- 1 Set of 10
- 2-3 Times/Day



2. LEG EXTENSION/LONG ARC QUAD WITH RED RESISTANCE BAND

- Sit in chair or on side of a bed and allow the lower leg to hang down so the knee is at a 90 degree angle.
- Anchor resistance band to chair and then loop around ankle. • Straighten the leg until the knee is locked.
- 1 Set of 10
- 2-3 Times/Day



3. SEATED KNEE FLEXION WITH RED RESISTANCE BAND

- Sit in chair. Anchor resistance band to chair and then loop around ankle. Slide heel back to bend knee to tolerance. Relax to starting position.
- 1 Set of 10
- 2-3 Times/Day



4. STANDING HEEL RAISE ON UNSTABLE SURFACE

- While standing on foam/pillow, raise up on your toes as you lift your heels off the ground.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



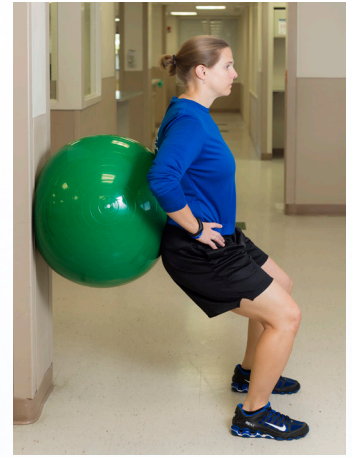
5. SIDE SQUAT/MINI SQUAT

- Start with feet shoulder-width apart and toes pointed straight ahead.
- Bend your knees to approximately 30 degrees of flexion as you step laterally. Return to starting position.
- Use walker/chair for support if needed for balance and safety.
- 1 Set of 10
- 2-3 Times/Day



6. BALL SQUAT

- Stand up and lean your low back against an exercise ball on a wall. Spread your feet about shoulder width apart.
- Bend your knees to approximately 30 degrees of flexion.
- 1 Set of 10
- 2-3 Times/Day

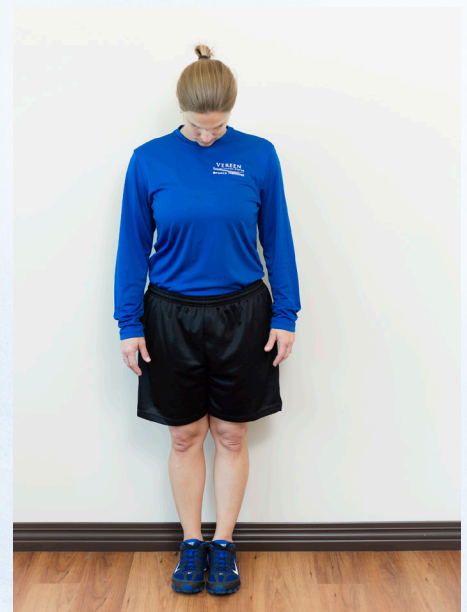


7. HEAD TURNS

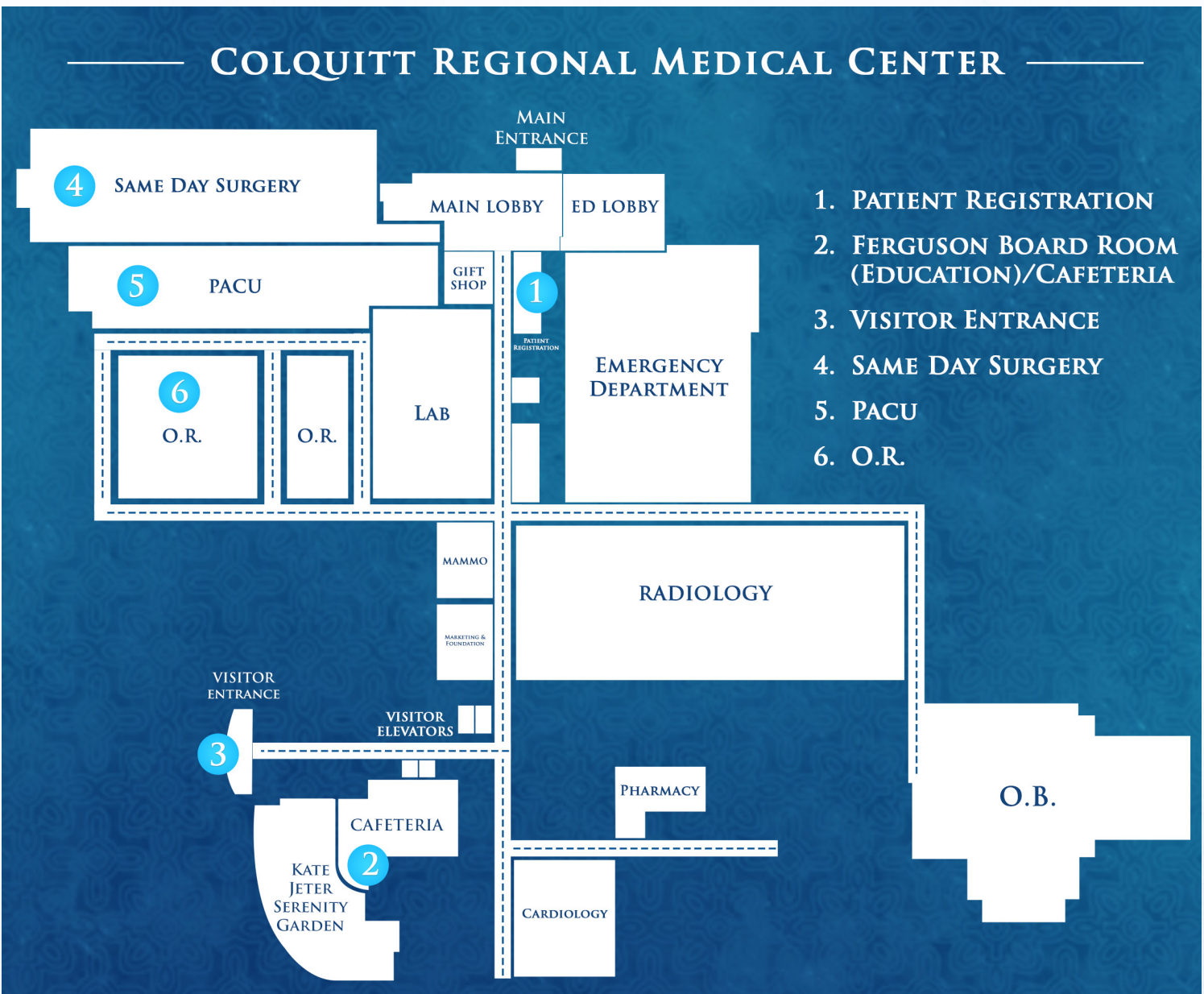
- Stand with feet together. Face forward with eyes open. • Turn head to right and left.



- Tilt head forward and backward. • 1 Set of 10 in each direction • 2-3 Times/Day



NOTES



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