

# Virginia Mason Memorial Joint Advantage Patient Handbook



Virginia Mason  
Memorial

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## Important Phone Numbers at Virginia Mason Memorial

Business Office .....	509-575-8255
Rehabilitation Services .....	509-574-5963
Pre-op Clinic (Memorial).....	509-575-8318
Orthopedic Unit .....	509-575-8094

## About the Virginia Mason Memorial Joint Advantage Program

Today, Americans are enjoying longer, more active lives than at any time in history. Yet, as we age we start to realize a lifetime of activity takes a toll. Our bodies change, sometimes causing problems related to our joints and muscles. Painful, stiff joints can prevent many of us from participating in the daily activities we enjoy.

But not for long...

In Memorial's Joint Advantage program we work with your doctor to apply our clinical expertise to quickly establish an acute diagnosis for your pain and discomfort. We can then develop an individual plan of care that best corrects your particular problem.

Often, the best plan for care does not include surgery. However, for many suffering from joint pain, surgery is the best option. If you've scheduled joint surgery at Memorial, you can be confident that our team has the skill and experience needed to get your body back in motion quickly and safely.

Our Memorial Joint Advantage approach produces patient satisfaction and positive clinical results. Your primary doctor, surgeon and entire support staff work as a team to:

- Properly evaluate your condition
- Mentally and physically prepare you and your family for surgery
- Manage your process before, during and after your hospital stay

This handbook is intended as a companion to the pre-operative education class which will help explain the benefits of Memorial Joint Advantage. It will also ease some anxieties you may have about your upcoming procedure by:

- Letting you know what you can expect at the hospital and while recovering at home
- Discussing your medication and pain management options
- Answering some common questions
- Giving you the information you need to help us get your body back in motion more quickly

Our goal is simple: To help you return to your normal lifestyle quickly and safely. By combining extensive clinical expertise with compassionate staff and a caring treatment philosophy, we have created a quality focused program you can trust.

Our team has the ability to replace and care for all major joint replacements, which includes the hip, knee, shoulder, ankle and elbow.



The Joint Commission Certification with  
GOLD SEAL OF APPROVAL for:

- ✓ Total Knee Replacement
- ✓ Total Hip Replacement
- ✓ Hip Fracture Care

## Preparing for Surgery

### Before You Have Surgery

The exercises in later chapters of this book should be used to strengthen your muscles prior to surgery. Some people may have a faster recovery by working with a physical therapist prior to surgery. Your physician can make a referral to a local physical therapist of your choice.

You will want to identify a coach (someone who helps you both before and after surgery). It is helpful to have this person attend pre-operative appointments with you and help to make any arrangements needed. Knowing that someone else knows what is going on can be very reassuring.

Notify your surgeon if you have any changes in medication or health status between when you have your pre-surgery appointment and the actual surgery.

If you become ill (i.e., have a fever) please call your surgeon at least 24 hours prior to when your surgery is scheduled.

Some people find it helpful to purchase the recommended adaptive equipment prior to surgery and practice getting dressed. A sock aid, shower chair/bench, 'reacher' and walker bag or basket are strongly recommended. Think about elastic shoe laces or slip-on shoes, pants without elastic legs, and socks that are loose fitting.

If you don't already have a hand held shower, now is a good time to install one and have grab bars installed in your shower/tub. There are also some grab bars that clamp on the edge of the tub and can be removed when you no longer need them. You may want to remove sliding glass tub/shower doors and install a temporary spring loaded shower rod and curtain. Your occupational therapist will advise you as to the type of shower/tub bench to use after your surgery.

This is the most opportune time to remove any throw rugs, arrange furniture so there is ample space for a walker or crutches to move safely, and put frequently used items between eye and knee level. The less bending and reaching you have to do after surgery, the better.

Practice sitting and standing from your toilet (especially if you are having hip replacement surgery) without using the leg you are having surgery on. If you have a standard toilet that is only 15.5 inches tall, you will need an elevated toilet seat. Even with taller toilets, a riser can be helpful in those initial days after surgery.

Arrange for pet care during and immediately after your surgery. As much as you love and miss your animals, in their enthusiasm to welcome you home, they can create a problem when you are walking with your

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### **TIPS for the COACH:**

This is an important role in the recovery of a person having joint replacement surgery. You may be called upon to act as gatekeeper, cheerleader, memory, chauffeur, coach, personal shopper, drill sergeant, and/or negotiator at any time in this process. Sometimes the person may not be able to tell visitors that they are tired and need to rest, so you get to. They may forget what they've been told and need you there to hear what instructions they are given. They may become tired and frustrated and not want to try 'one more time', but with your encouragement and support they can. You are able to see further down the recovery path and ask questions that they may not even think of yet. You can help make sure that the vehicle selected to ride home in is large enough to get in and out of safely. You will have seen them through it all and will be able to gently push them to do as much for themselves as possible to speed their return to independence.

walker/crutches. It's best to have someone available to manage your pets' activity until you are very stable on your feet and that you are seated when they are around.

If you have steps to get into your home, these may present a significant challenge after surgery. Your physical therapist will teach you how to go up and down them safely before you leave the hospital but if you don't have something sturdy to hold on to, now would be a good time to have a railing built.

Have all dental work completed at least two weeks prior to your surgery. Ask your dentist's office staff to make a highly visible note in your chart that you have had joint replacement so that there will be no confusion later when you need antibiotics before your appointments.

If you have any indicators of potential dental problems (tooth or gum pain, mouth odor, etc. .), have a dental check up to make sure that you have no infection that could spread to your joint.

## Packing for the hospital

When you come for your surgery, bring:

- List of Medications/Supplements/Herbals/Over the Counter Medications
- CPAP (Continuous Passive Airway Pressure) machine if you use one
- Co-pay required by your insurance
- Bring a set of loose fitting clothing such as elastic waist shorts or knee length gown/robe (long pants make it difficult for nurses to check the bandage on your incision)
- Shoes (non-skid, low/no heel) that will accommodate swelling of your foot from the surgery, slip-on shoes are best
- Personal hygiene items (deodorant, electric razor, toothbrush, toothpaste, contact solution/storage case, comb/brush)

Stock up on food, household supplies, pet food, medication, reading/hobby material. Memorial is a tobacco-free campus so you will not be able to use tobacco in any form during your stay. Talk with your physician about alternative nicotine administration methods (patch, gum, etc.) ahead of time.

Plan your transportation home. Practice getting in and out of the vehicle that will take you home from the hospital (see instructions on pages 14-Knee and 20-Hips) while imagining what you will feel like 1-2 days after surgery. Try to maintain any precautions common for your type of surgery.

If you do not have any one to help you at home please talk with your physician. The option to go to a Skilled Nursing/Rehabilitation facility is very limited and is for **MEDICAL NECESSITY ONLY**. It is not always covered by insurance. If you need to arrange a ride, the nurse at the hospital can help arrange. Pending insurance and the service you choose there may be a fee.

- If you have a walker at home, your coach should label it and bring it so that it can be fitted to you

If you wear dentures, glasses, or hearing aids please label at time of surgery they will be removed by those preparing you for surgery but will be returned to you in the recovery room.

### Valuables

Please do not bring valuables such as credit cards, jewelry, wedding rings and large amounts of money to the hospital. The hospital cannot assume responsibility for the safekeeping of these items. If you are coming to the hospital for surgery, please remove all rings, in case of swelling, before leaving home.

## Your Stay at Virginia Mason Memorial

### What to expect after surgery

When you arrive in your room on the fifth floor, you are taking the first step in the journey of recovery. Your care team will be working with you to ensure that you have the best possible outcome. What follows are some of the things that you can expect during hospitalization.

### Your room

Every hospital room at Memorial is designed with patient safety in mind. We try to reduce the amount obstacles in the room, but sometimes the amount of equipment (IVs, walkers, polar care, etc...) that people need can make the room more crowded. There is built-in storage for your personal belongings. Each room has a computer that staff will use to chart when they give you medications, take your vital signs, etc. Each room is Wi-Fi enabled and you are welcome to use your personal device with our guest web access. Remember, Memorial is not responsible for lost belongings.

### Your roommate

You may be sharing a room with someone who had a surgery similar to yours. It is natural to compare your recovery to theirs, but try not to. No two people ever respond the same, no matter how similar their circumstances. We take many things into consideration when making room assignments and sometimes roommates have conflicts. We don't want anyone to suffer because of the behavior of a roommate or visitors and will attempt to quickly resolve issues that arise. We do ask, however, that everyone recognize that no one is at their best while they are in the hospital and be reasonably tolerant.

### Visitors

We ask that visitors be limited to your coach and no more than 2 other people at a time. With the exception of your coach, whom you may want there much of the time, you

may want to plan with nursing staff to limit visitors to certain hours of the day. This would allow you to focus on your recovery most of the time. Your visitors are welcome to purchase food in the Café and bring it to your room so that you can dine together. There are vending machines on each floor and an ATM is located in the vending area of the first floor. The Gift Shop carries a variety of snacks, magazines, flowers and gift items.

### Once you're settled in your room

- Fluids will continue to be administered intravenously to keep you hydrated.
- A urinary catheter may have been inserted to drain your bladder.
- You may have a drain to remove fluid from the surgical site.
- There will be an oxygen tubing (nasal cannula) that comes under your chin and up over your ears to prongs in your nose.
- Compression devices may be on your legs to prevent blood clots from forming.
- There may be a cold pack on your knee if you had knee replacement surgery.
- Ice bag to use for hip replacement surgery.

### Pain control

Your surgeon and nurses will work with you to decide what methods and medications are most effective for you. Some options include: repositioning, ice packs, IV medication, ambulation, oral medication, etc.

0	1	2	3	4	5	6	7	8	9	10
No Pain			Moderate Pain					Worst pain possible		

### Nutrition

Initially, you will have only clear liquids such as ice chips, tea, Jell-O, or broth. As you feel better, your diet will progress to solid food.

Once a diet has been ordered for you, you will receive a menu that will include instructions for calling our Diet Office to make your meal selections. You may place your meal orders between the hours of 7:00 am – 10:00 am

for breakfast, 11:00 am – 3:00 pm for lunch, and 4:00 pm– 7:00 pm for dinner. Our menu offers a variety of freshly prepared, nutritious foods for your enjoyment.

### **Activity**

To prevent blood clots and respiratory problems from forming, it is essential we follow certain precautions after surgery. Our nurses, therapists and care givers will assist you to:

- Pump your ankles up and down (aka ankle pumps) while you are in bed.
- Use the incentive spirometer 10 times per hour, while awake.
- Get out of bed and take a step or two to sit up in a chair for meals with staff at your side.
- P.T. may also complete an evaluation on the same day of your surgery. They may start teaching you on some exercises you can do in bed. They will discuss with you your precautions post-surgery. They will also talk to you about your therapy schedule while you are in the hospital.

### **First night after surgery**

We will let you sleep as much as possible, but we need to check your vital signs every two to four hours. At that time we will ask you about your pain level and give medication accordingly, check to make sure that you are getting enough fluids, and administer the IV antibiotics. You will also be awakened very early the next morning for lab work. Please feel free to talk with the nursing staff if you feel that anything is ‘not right’, including if you’re not getting adequate pain control. You may begin a blood thinning medication to prevent clotting.

### **The Day after Surgery**

Otherwise known as Post-Surgery Day One

This is a day of many activities, so take advantage of the knowledge and skills of the staff that work with you. Don’t try to

entertain several visitors, you need to use any breaks in the activity to rest and recover.

- Physical therapy will continue working with you on getting out of bed safely, walking and exercising. They will teach you how to move safely to protect your new joint while you heal and get stronger.
- The urinary catheter will be removed if you have one.
- You will be given blood thinning medication to prevent clotting.
- Remember to let staff know if your pain is not controlled. There is no way we can make the process completely pain free, but medication, changing position, and ice packs can help keep it at a manageable level.
- One of the side effects of anesthesia and pain medication is constipation. Be sure and drink lots of fluid to counteract this. You may be given medication to reduce the likelihood of constipation.
- Nausea is a possible side effect of anesthesia and pain medication. Some people are more prone to this reaction than others. Be sure and let your nurse know if you are nauseous so we can get it under control. When you are able to eat and drink, your IV fluids will be stopped.
- Remember to ask staff to help you get out of bed or out of the chair. Many of the beds have the call bell built in to the side railing (the red button). If that doesn’t work for you, let the staff know and we can get a different style of call bell for you.
- Someone from our Care Coordination Team will meet with you to talk about your discharge plans. Depending on your specific recovery process and resources at home, there are several options to consider.
- Continue the breathing and leg exercises you learned yesterday. We want you to do at least 10 of each every hour.

- Occupational therapy will complete an evaluation and talk with you about your routine activities, your home set-up and any challenges that you might face upon discharge. They will introduce you to some adaptive equipment and/or ways to modify those activities that will make your recovery more successful.
- You may have lab work drawn early in the morning.
- Your physician will visit you. They may examine your surgery site, move your leg to check your range of motion or ask you questions. Be truthful with them about how you are doing.
- If your pain is controlled and physical therapy has cleared you it is very possible you may go home.

### **Post-Surgery Day Two**

Because everyone's recovery is different, Day Two is hard to generalize. For the most part, many activities that began on Day One continue through Day Two. We anticipate that you will be feeling good enough to get into the clothes you brought and be "up" for most of the day. If, for some reason the drains, IVs or catheter were not removed on Day One, the team will be working to get everything in order so that those can come out as soon as medically reasonable.

You will continue to work with therapy services to increase your strength, functional mobility, safety and independence in self care. You will perform seated and standing exercises to facilitate joint mobility and strengthen muscles around the surgical leg. Stair training will be initiated in preparation for safe return home after discharge. You will practice walking in the hallway using the appropriate assistive device to ensure safety. We recommend the presence of your "coach" during therapy session, on post-surgery day 1, to educate them on how to assist you with mobility (if needed) as you recover from your surgery. There will be a strong focus on your discharge plan.

### **Discharge Guidelines**

**Discharge Home:** In order for you to be discharged to home without any assistance, you must be able to accomplish the following:

Be independent in activities of daily living, with or without adaptive equipment (NOTE: 24 hour assistance for the first two weeks after discharge is strongly recommended for your safety.)

- Perform transfers independently, including getting into and out of bed
- Walk with an assistive device independently for 200 feet
- Go up and down the number of stairs in your home environment safely
- Be independent and adherent to prescribed home exercise programs
- Follow joint precautions consistently
- Manage pain with oral medication as prescribed
- Have a means to obtain assistance for emergency and routine needs

## First Steps to Recovery

### Day of Discharge

- You may be discharged on either Day One or Day Two after surgery depending on when you meet your goals
  - The hospital staff will help you get dressed and get your belongings ready
  - Therapy staff will assist with ordering appropriate mobility devices, if you wish, and have it delivered to your room on the day of your discharge. They will also adjust your personal walker and check it for safety issues.
  - Potential equipment needs: walker/ crutches, elevated toilet seat, bath bench/ shower stool, reacher/ grabber, dressing stick, sock aid, long handled shoe horn, long handled sponge, intercom (baby monitor), stair railings/safety handles and hand held shower.
  - Discharge instructions will be reviewed with you and your coach. Some general instructions are listed below. Depending on your individual needs, your instructions may differ.
    - No driving until cleared by your physician
    - No smoking as it decreases circulation and slows healing. Ask your doctor about nicotine replacement therapy
    - Avoid soft or low chairs, rockers and sofas as they are hard to get up from. (A kitchen stool placed in the bathroom can take pressure off the surgery site while doing your personal care at the sink)
    - Keep the surgical area dry until your doctor says it is alright to get it wet. That means no shower, and definitely, no sitting in the bathtub. Depending on you surgeon you may have a water proof dressing.
  - Continue the breathing exercises every hour (while awake) for one week
  - Follow the home exercise program that physical therapy gave you
  - Keep bandages on until told by your doctor that they can come off
  - Keep bandages clean and dry. Change only as directed by doctor
  - Take pain medication only as prescribed
  - Take medication to prevent constipation as needed
  - Return to work only after released to do so by your surgeon
  - Follow specific precautions/instructions for the surgery you had.
- Call your doctor if you have questions or:
    - If you have any excessive redness around the incision area
    - If your temperature is greater than 100 .5 degrees for 24-48 hours
    - If you have any type of drainage at surgical site
    - There is increased swelling around the incision
    - You are taking the pain medication as prescribed and the pain worsens or is not relieved
    - Return to Emergency Room if your calf becomes swollen, painful and reddened or if you have any chest pain or shortness of breath.

## Now That You're Home

You are probably relieved to be home and also a bit anxious about how things will work. Remember, you have made significant strides since you had the surgery. Although there will be a few challenges along the way, you have overcome some pretty large ones already.

You're not ready to run any races, but you're well on the road to recovery.

Remember, safety comes first. If you have a cell phone, keep it charged and carry it with you as you move around in your home. If you rely on a land telephone line, make sure that you are as close to the phone as practical anytime you are alone. No one needs to be hurrying to answer a phone call and have an accident.

Recognize that you will need rest breaks and may feel exhausted by what seem like small tasks. Remind yourself that you have recently had major surgery and those rest breaks are needed for healing. That doesn't mean napping all day—it means sitting and resting more than you did before surgery, which is okay and necessary at this point.

Have someone move the food items most often used to the top shelf of the refrigerator. Things that are normally stored below counter height should be moved to a higher level until you are able to bend freely. Some items to consider temporarily relocating: dishwasher detergent, pots/pans, bowls, food storage containers, small appliances, bathroom supplies, laundry supplies, shoes and clothes in the bottom dresser drawers. Keep a reacher handy, perhaps attached to your walker, to pick up things that are too low. Remember to follow your precautions.

When moving around your home, use your walking aid and take small steps. Keep your toes pointed straight in front of you. Consider putting a kitchen/ bar stool in both the kitchen and bathroom (places we tend to stand for longer periods.)

Moving things from one place to another can be dangerous. Attach a bag or tray to your walking aid or wear an apron/clothing with large pockets to transport items. Carry liquids

in containers with tight sealing lids. Slide items along counter tops, rather than carry them whenever possible.

You will have left the hospital with a prescription for pain medication. Follow your doctor's instructions for when to take it and how much to take. Don't add over-the-counter medications (ibuprofen, acetaminophen, Aleve, aspirin, or other similar medications) without getting your doctor's approval first. Pain management is a fine line between

'too-much-pain' and a state of intoxication. You want to be aware of the surgery site/joint, but not overwhelmed by it. Sometimes, our fear of pain is stronger than actual pain and we take more medication than we need. One way we do this is by taking more at one time than it takes to make the pain manageable. This can create a medical crisis that will complicate recovery. Another way we create problems for ourselves is when we take the pain medication for a longer period of time than seems reasonable to the doctor. Use caution and talk to your doctor honestly about your pain and your concerns.

Do as much for yourself as you can. Sometimes you may have to remind your coach to not take such good care of you. Do leave the heavy work (vacuuming, yard work, changing sheets, etc.) to someone else until you are fully confident in your physical ability to resume these activities. Always check with your doctor before making big changes in your activity level.

It is important that all doctors and dentists caring for you know that you have had a joint replaced. This includes physician assistants, nurse practitioners, medical assistants, dental hygienists, denturists, phlebotomists, and others who may do any invasive procedures. You are at risk for infection in your joint when you have any infection in any other part of your body. Be sure and ask if your doctor wants you taking any antibiotic medication before every procedure. An infection in a replaced joint may result in additional surgery.

## Important Knee Surgery Information

### Goal:

Walk with normal gait so that no one notices your knee replacement, including you.

To do that, you must:

- Maximize the mobility of the knee, both bend and straighten as instructed
- Strengthen the muscles that support your knee

### Points To Remember:

As you exercise each day:

- Exercise on a firm surface
- Relax between repetitions
- Do the exercises three times each day
- Breathe regularly and fully

### As you walk:

- Stand upright and look ahead of you— Do not look at your feet
- Keep the length of step equal for both feet
- Keep toes pointed straight ahead
- As you bring your foot forward in the stride, bend your knee
- Come down heel first when you step
- Always walk with your walker
- When your physician approves using a cane or one crutch, use it on the side opposite of the replaced knee

### As you use stairs:

- Going up, lead with the non-surgical leg and follow with the leg that had surgery
- Going down, lead with the leg that had surgery and follow with the non-surgical one

### Total Knee Replacement

Start out by doing 10 of each exercise at least 3 times per day. Do the exercises slowly and relax the muscles between each one.

### Walking

Your Physical Therapist (PT), Occupational Therapist (OT) and Nurses will assist you in getting out of bed while in the hospital. You will begin walking with help from PT using a walker or crutches.

Since you will need to use a walker or crutches at home, it is important to learn to use them well while you are in the hospital. If you bring your own walker or crutches from home, the therapist will fit them for you and make sure they are in good condition. To allow tissue to heal you will need to use the walker or crutches for several weeks.

Do not place more weight on your new knee than instructed by your PT. Pay attention to your therapist's instructions.

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### Additional Instructions:

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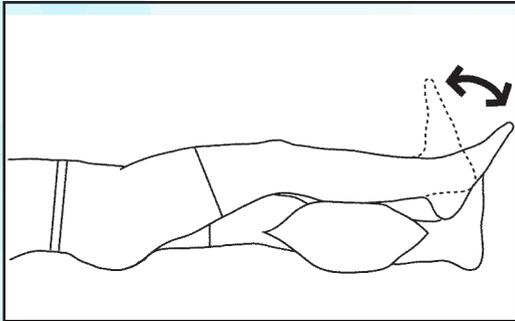
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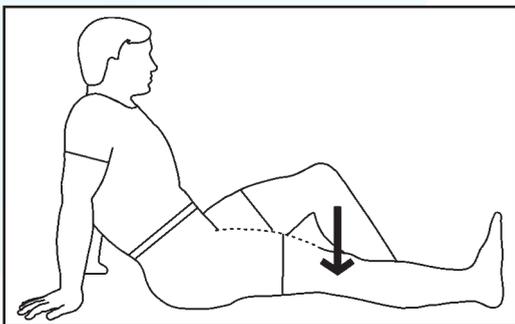
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### **Ankle Pumps**

Pull your toes up toward your head, and then point away from you.

Perform 1 set of 10 repetitions, three times a day.

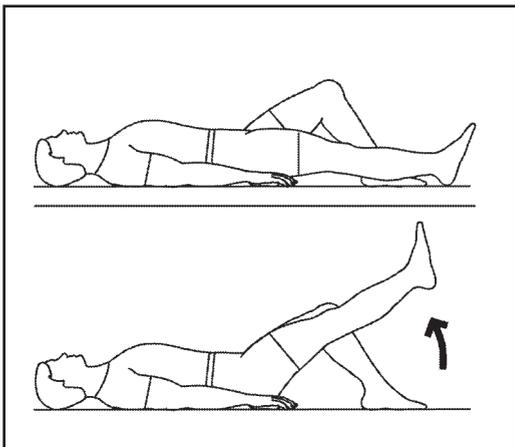


### **Quad Sets**

Contract your quadriceps (thigh) muscles, and push your knee down toward the bed.

Hold 5 seconds.

Perform 1 set of 10 repetitions, three times a day.



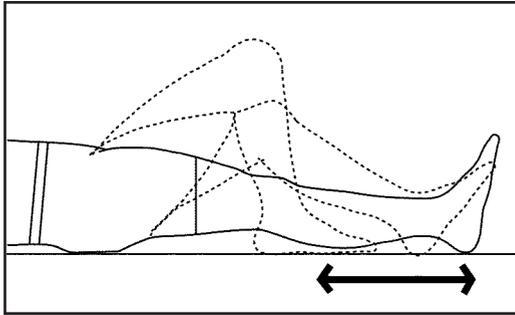
### **Straight Leg Raise**

Bend unaffected leg up.

Keeping your affected leg straight, raise the whole leg up, 6 to 8 inches off the bed, then lower.

Repeat.

Perform 1 set of 10 repetitions, three times a day.

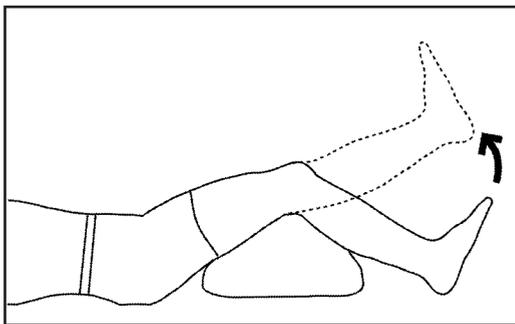


### Heel Slides

Slide your heel up toward your bottom, and slide back down until straight again.

Hold 3-5 seconds.

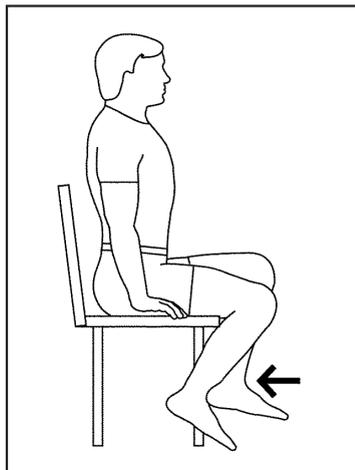
Perform 1 set of 10 repetitions, three times a day.



### Short Arc Quads

Roll a pillow or towel 6 to 8 inches and place it under the knee. Keep thigh on roll, straighten lower leg (like kicking a ball).

Perform 1 set of 10 repetitions, three times a day.



### Sitting Knee Range of Motion

To bend:

Cross good foot on top of affected leg and push leg back until you feel a strong stretch at knee.

Hold 5 seconds.

To straighten knee:

Hook good foot under affected leg, push affected leg straight.

Perform 1 set of 10 repetitions, three times a day.

## Daily Living Activities (ADL) With a Total Knee Replacement

### Sitting and standing:

- Sit in a firm, sturdy chair preferably with arm rests. Put a pillow on the chair if it is uncomfortably firm. Avoid low chairs, soft chairs or sofas that envelop you when you sit. Standing from a position at or below your knee level puts too much pressure on your new joint. Use wooden blocks or commercially available risers to elevate low furniture.
- Always approach the chair from directly in front of it and back up to it rather than from the side and having to turn on your new knee. When you sit, be sure to slide your surgical leg forward a bit, bend your non-surgical knee, reach back and get a hand on the chair before you fully commit your body to sitting.
- Scoot your hips toward the front of the chair before attempting to stand. Slide your surgical leg forward. With your hands on the armrests, use them and your non-surgical leg to rise. Get your balance before starting to walk with your walking aid.

### Transportation

It is recommended that you use the front seat of the vehicle (excluding small, low to the ground sports cars).

- Place a plastic garbage bag on the seat. (it's easier to slide on than upholstery)
  - Make sure that the passenger seat is pushed back to make the most space available for legs.
  - Using your walker (or crutches) back up to the seat until you feel the car on the back of your legs.
  - Reach back for the dashboard or door frame with one hand.
  - Reach back for the car seat with your other hand.
- Slide the surgical leg out in front of you.
  - Slowly bend your hips and your other knee at the same time, lowering yourself gently to the seat.
  - Scoot as far backwards on the seat as you can.
  - Turn (don't twist) your entire body to the left, slowly lifting your legs into the car.
  - Ask someone to secure the seatbelt for you and stow your walker/crutches.

Reverse the instructions above to get out.

### Getting Into bed

Your bed should be firm. Soft mattresses, like sofas, are hard to get up from. A piece of plywood between the mattress and box springs may solve the problem. A bed lower than 18 inches from the floor will put too much pressure on your new joint. Use wooden blocks or commercially available bed risers to raise it up.

- Walking with your walking aid, back up to the bed until you feel it with the back of your nonsurgical leg.
- Slide your surgical leg forward while reaching back to the bed with one hand and then slowly lower yourself.
- Scoot yourself back onto the bed as far as possible with your arms.
- Lower down onto your elbow closest to the head of the bed and lift your legs onto the bed one at a time, without twisting your knees.
- To scoot up in bed, take the pillow out from under your head, bend your non-surgical knee up and push its heel into the bed, prop yourself up on your elbows and push with both your arms and leg. Reposition your pillow.

## Toileting

- An elevated toilet seat is necessary if you have a low toilet. If you have a high toilet and shorter legs, you may need a small stool to prevent your surgical leg from dangling.
- Sitting on/rising from a toilet is similar to getting in and out of a chair but there may not be arm rests. Some toilet risers have arms built in. There are arm rests, or 'toilet frames' that can be purchased to fit around the toilet. A walker can be used as a 'guard rail' if placed over the toilet prior to sitting.

**NOTE: NEVER** use a towel rack or toilet paper holder to 'help' you get onto or off of the toilet. Similarly, suction cup grab bars do not consistently hold weight. Relying on these objects to support your full weight is dangerous. Take caution to not twist the replaced knee when adjusting positions.

## Dressing

In general, loose fitting clothing will serve you well during your recovery because it is easier to get on and off. Sit on a firm surface when you dress to prevent swaying and tipping—both of which put too much strain on your new joint. Dress your surgical leg first and undress it last.

### Socks:

You will need to use a sock aid if you can't reach your foot with your leg extended. Sock aids come in different sizes and are made out of different materials. One style does not work well for everyone. There are rigid frames for putting on compression hose.

- Slide the sock onto the sock aid so that the toe is tight against the toe end and the heel is underneath and centered toward the back end of the aid. Do not pull the sock over the back end of the aid.
- Hold the cords, drop the sock aid in front of your foot, and gently slide your foot into the aid. If using a rigid aid, be sure the handles are long enough that you can put it in place, or use a dressing stick or reacher to move it into position.
- Pull the cords (or the handles of a rigid frame); gently adjusting your pull until the sock is on your foot and the aid comes all the way out of the sock.
- If the sock needs further adjusting, use a dressing stick or reacher.
- To take socks off, you will need something to hook into the sock by your heel in order to push it off your foot. A dressing stick, reacher, yardstick (with the end padded to avoid scratches) or other object will work. Use your reacher to pick the sock off the floor.

### Underwear/Pants/Skirt

- Use a reacher or dressing stick to catch the waist of underwear or pants and lower them to the floor in front of your surgical leg.
- Put your leg into the garment, using the reacher or dressing stick to pull the garment to the knees where you can reach it with your hands.
- Put your non-surgical leg in and pull the garment up so that the waistband is high on your thighs and your feet are not standing on any part of it.

- Slowly stand, using the precautions you have been taught and pull the garment up over your hips. Some people find a suspender is helpful to keep pants from falling down while they operate the zipper. Other people have used a clothes pin or clamp-type paperclip secured at either end of a piece of light weight cord, about 12” long, for this purpose. They clip one end to their shirt and the other end to the waistband of the pants. This keeps the pants from falling any further than the length of cord.
- Taking off skirts/pants/underwear is essentially the reverse of putting them on. Stand at the edge of a firm bed or in front of the chair, release the fasteners on the garment and let it fall past your hips before you sit down. Take garments off your non-surgical leg first. A reacher or dressing stick can help push garments off your feet and pick them up.

### Shoes

Choose shoes that fit well and are easy to put on and take off for the first few weeks. Some people find Velcro closures work best for them. People who prefer lace up shoes have the option of purchasing elastic shoe laces that don't need to be untied/tied every time. If you wear boots but find you can't bend enough to pull them on, 'boot hooks' are a help. You may be able to lace up and tie your shoes loosely and then slip your foot in.

- If your shoes have a 'tongue', it will need to be secured before you put the shoe on. Slip it under the first cross of the laces, or Velcro strip to prevent it from being pushed into the shoe when you slide your toes in. A long handled shoe horn will help prevent the back of the shoe from being folded in as you settle your heel. Put your foot in straight; do not twist your knee.
- As with dressing and going down stairs, start with your surgical leg. Use the reacher

to put the tongue back in place and adjust your sock/pant leg as needed.

### Bathing

**NOTE:** Keep your incision dry until your doctor gives you clearance to bathe. There are many organisms in water that can create long lasting problems if they get into the surgical site. Do not sit on the bottom of the tub, getting down and up will put too much pressure on your new joint.

- Depending on your surgeon, you may have a water proof dressing which will allow you to shower. If a water proof dressing is not used, you will need to give yourself a sponge bath for the first few weeks. Be sure to maintain good body positioning and avoid twisting your knee or standing unsupported. A long handled sponge or bath brush comes in handy at this time.
- The shower and tub/shower combination is where it's important to have grab bars. There are many styles available commercially. Some, such as those that clamp onto the edge of the tub, are adjustable. Suction based hand holds/grab bars are not recommended due to the potential for the suction to inadvertently release when you need it most.
- If you have sliding glass doors on your tub or shower, please remove them before your surgery and use a curtain until you have regained enough strength and mobility to get in and out with the doors in place.
- A hand held shower attachment is especially helpful for rinsing your back and for shampooing. A non-skid mat on the bottom of the shower/tub is recommended. Some people find it helpful to take their walking aid into the shower/tub with them to help them balance. Be aware that getting the walker wet may cause it to rust and no longer be adjustable in height.

- Warm/hot water has a relaxing effect on muscles. You may feel good before you get into the shower and find that you are feeling weak in a very short period of time. Consider showering at a time of day when you have your most energy or overall strength. Always have a stool available to sit on in the shower. Having a person nearby to help the first few times is strongly advised. The long handled sponge or brush will continue to be useful at this stage of recovery.
- If you have a tub/shower combination, a ‘tub bench’ that extends a few inches over the outer edge of the tub is an important addition. These benches have two legs in the tub and two outside the tub on the bathroom floor. This takes away the

instability that is present when you try to step over the side of the tub. A bench allows you to sit down and then turn your body so that you are facing forward, bringing one leg at a time into the tub. The first few times you do this, you may need help lifting your surgical leg over the edge. If someone is not available to help, the gait belt that you received in the hospital can be an effective ‘leg lifter’ (or they are commercially available).

**HINT:** ‘Soap on a rope’ stays where you put it better than bars of soap and is always within reach. If you can’t find soap on a rope, drop the soap into a toe of a panty hose leg cut away from the rest of the garment. Tie the other end to your faucet.

## Important Hip Surgery Information

### Goal:

Walk with normal gait so that no one notices your hip replacement, including you.

To do that, you must:

- Maximize the mobility of the hip
- Strengthen the muscles that support your hip

### Basic Precautions:

#### Top Three Precautions

- Keep the angle between your torso and thigh at 90 degrees or less. Do not bend forward when seated or standing.
- Avoid crossing your legs or twisting your body.
- Be sure that your surgical leg does not turn either inward or outward. Keep your toe pointed 'up' or 'forward.'
- Keep your knees straight and toes pointed forward when sitting down or standing from a seated position
- Plan to use a chair with armrests and a seat height that allows you to sit with your knees level with or below the height of your hips
- Keep your feet and shoulders pointing in the same direction when performing activities

- Sleep with a pillow (or wedge) between your legs
- Maintain the degree of weight bearing on your surgical leg that your doctor prescribes

### Points To Remember:

As you exercise each day:

- Exercise on a firm surface
- Relax between repetitions
- Do the exercises three times each day
- Breathe regularly and fully

### As you walk:

- Stand upright and look ahead of you
- Do not look at your feet
- Keep the length of step equal for both feet
- Keep toes pointed straight ahead
- As you bring your foot forward in the stride, bend your knee and step down heel first
- When your physician approves using a cane or one crutch, use it on the side opposite of the replaced hip

### As you use stairs:

- Going up, lead with the non-surgical leg and follow with the leg that had surgery.
- Going down, lead with the leg that had surgery and follow with the non-surgical one.

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### Additional Instructions:

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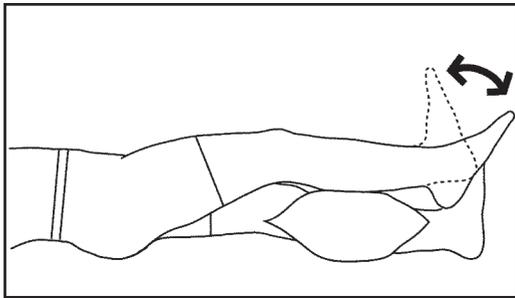
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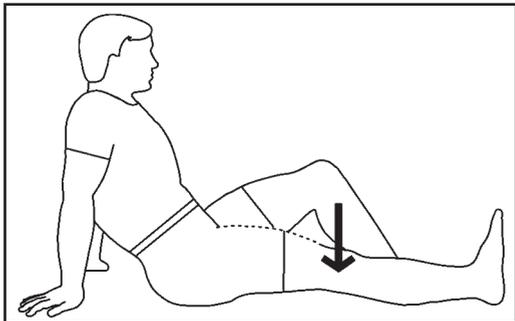
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### **Ankle Pumps**

Pull your toes up toward your head, and then point away from you.

Perform 1 set of 10 repetitions, three times a day.

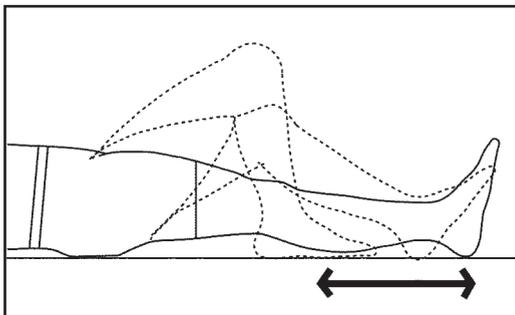


### **Quad Sets**

Contract your quadriceps (thigh) muscles, and push your knee down toward the bed.

Hold 5 seconds.

Perform 1 set of 10 repetitions, three times a day.

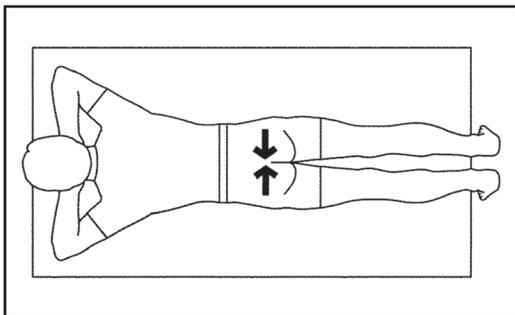


### **Heel Slides**

Slide your heel up toward your bottom, and slide back down until straight again.

Hold 3-5 seconds.

Perform 1 set of 10 repetitions, three times a day.



### **Glute Squeezes**

Lie on your back with your legs straight. Squeeze buttocks together.

Hold for 5 seconds.

Perform 1 set of 10 repetitions, three times a day.

## **Posterior and Anterolateral Total Hip Replacement / Anterior Total Hip Replacement**

Start out by doing 10 of each exercise at least 3 times per day. Do the exercises slowly and relax your muscles between each one.

### **Walking**

Your Physical Therapist (PT), Occupational Therapist (OT) and Nurses will assist you in getting out of bed while in the hospital. You will begin walking with help from PT using a walker or crutches.

Since you will need to use a walker or crutches at home, it is important to learn to use them well while you are in the hospital. If you bring your own walker or crutches from home, the therapist will fit them for you and make sure they are in good condition. To allow tissue to heal you will need to use the walker or crutches for several weeks.

Do not place more weight on your new hip than instructed by your PT. Pay attention to your therapist's instructions.

### **Hip Precautions for Posterior/Posterolateral Approach**

1. Do not bend the surgical hip past 90 degrees.
2. Do not move your surgical leg past the middle of your body.
3. Do not twist your surgical leg/foot in or out. Take small steps when turning.

### **Hip Precautions for Direct Anterior/Anterolateral Approach:**

In order to protect your new hip keep your toes pointed forward, and use small steps to turn.

1. Do not extend your surgical leg behind your body.
2. Do not move your surgical leg past the middle of your body.
3. Do not twist your surgical leg/foot in or out. Take small steps when turning.

## **Daily Living Activities (ADL) with a Total Hip Replacement**

### **Sitting and standing**

- Sit in a firm and sturdy chair, preferably with arm rests. Put a pillow on the chair if it is uncomfortably firm. Avoid low chairs and soft chairs or sofas that envelop you when you sit. Such furniture would create a potentially dangerous angle of your new hip. Your knees must be lower than your hips. Use wooden blocks or commercially available risers to elevate low furniture.
- Always approach the chair from directly in front of it and back up to it rather than approaching from the side and having to turn on your new hip. When you sit, be sure to slide your surgical leg forward a bit, slightly bend your non-surgical hip, reach back and get a hand on the chair before you fully commit your body to sitting. Slowly lower yourself into the chair using the arms of the chair.
- Keeping your back straight up, scoot your hips toward the front of the chair before attempting to stand. Slide your surgical leg forward. With your hands on the armrests, use them and your non-surgical leg to rise. Get your balance before starting to walk with your walking aid.

### **Transportation**

It is recommended that you sit in the back seat of a 4-door vehicle initially.

- Place a plastic garbage bag on the seat (it's easier to slide on than upholstery)
- Using your walker (or crutches) back up to the seat until you feel the car on the back of your legs
- Reach back for the door frame with one hand
- Reach back for the car seat with your other hand
- Slide the surgical leg out in front of you

- Slowly bend your hips and your other knee at the same time, lowering yourself gently to the seat
- Scoot as far backwards on the seat as you can with your surgical leg out straight on the seat
- Ask someone to secure the seatbelt for you and put your walker/crutches in the car.

Reverse the instructions above to get out.

If the seat of the vehicle is high off the ground, a short step may be needed to get out without jarring the joint.

If a 4-door vehicle is not available, the front passenger seat can usually be modified to accommodate the needs of the person.

### **Getting into the front seat of the car**

- Place a plastic garbage bag on the seat (it's easier to slide on than upholstery)

**NOTE:** The seat bottom may need to be 'built up' with pillows to maintain a newly replaced hip in a safe position, depending on how pronounced the seat angle is prior to positioning the bag

- If you use the front seat, the passenger seat should be pushed back to allow for as much leg room as possible under the dash.
- Recline the passenger seat back 30-40 degrees to add space for maneuvering and reduce the risk of hip dislocation. If the seat back doesn't move, a pillow at the low back helps create the angle needed.
- Back up using your walker/crutches until you feel the car touching the back of your legs.
- Put your left hand on the dash or door frame and right hand on the seatback.
- Gently slide your surgical leg out in front of you (with the assistance of hospital staff).
- Bend at the knees, keep your back straight and your head up and gently lower yourself to the seat.

- Slide back in the seat as far as possible
- If your left leg is the surgical leg, back as far against the reclined back of the passenger seat as possible and, with the assistance of hospital staff, bring your left leg into the car first followed by your right.
- If your right leg is the surgical leg, move your left leg into the car, lean back as far as possible into the reclined back of the passenger seat and, with the help of hospital staff, bring your right leg in to the car. You will be able to bend your knee because by leaning back, you are protecting your hip from bending too far

### **When you are getting ready to get out of the car**

- Turn, keeping your head straight, to face the door, leaning back with your shoulders as you (with the probable help of the driver) lift your legs out of the car
- Slide/scoot forward on the seat, slide operated leg out in front of you.
- Use one hand to push up from the seat and the other to steady the crutch or walker
- Push straight up with your non-surgical leg, pushing your weight over onto your hand and the walker/ crutch as soon as you are upright. Move your other hand to the walker/crutch to stabilize yourself.

### **Getting into bed**

Your bed should be firm. Soft mattresses, like sofas, are hard to get up from. A piece of plywood between the mattress and box springs may solve the problem. A bed lower than 18 inches from the floor will put too much pressure on your new joint. Use wooden blocks or commercially available bed risers to raise a low bed.

- If possible, position your bed so that when you are getting in to bed, your surgical leg will be first.

- Walking with your walking aid, back up to the bed until you feel it with the back of your nonsurgical leg.
- Slide your surgical leg forward while reaching back to the bed with one hand and then slowly lower yourself.
- Scoot yourself back onto the bed as far as possible with your arms so that more of your surgical leg is supported by the bed.
- Lean back, gently lift your legs onto the bed, and lay your upper body down. Be sure to keep your feet apart, and not cross your legs. A commercially available leg lifter can help with this process, or you might make one out of available materials.
- To scoot up in bed, take the pillow out from under your head, bend your non-surgical knee up and push the heel into the bed, prop yourself up on your elbows and push with both your elbows and heel. Reposition your pillow.

### Lying in bed

- Put the wedge pillow and/or pillows as instructed at the hospital between your legs when you lie down to remind you not to cross your legs in your sleep.
- It is recommended you lie on your back to sleep for four to six weeks after surgery. Be sure to have your toes pointed toward the ceiling.
- If you want to lie on your side, lie on your nonsurgical side and have someone put pillows behind your back and hips. Maintain safe hip and leg positions by using the abduction pillow.
- Ask your doctor when you can stop sleeping with the abduction wedge pillow.

### Toileting

- An elevated toilet seat is a necessary addition to most toilets after hip surgery, particularly since most toilets are too low.

- Remove reading material from the bathroom. Nothing should tempt you to lean forward and put your hip at risk.
- Sitting on/rising from a toilet is similar to getting in and out of a chair but there may not be arm rests. Some toilet risers have arms built in. There are arm rests, or 'toilet frames' that can be purchased to fit around the toilet. If you purchase a toilet frame, look for those that fit over the rim of the bowl rather than end with legs on the floor.

**NOTE: NEVER** use a towel rack or toilet paper holder to 'help' you get onto or off of the toilet. Similarly, suction cup grab bars do not consistently hold weight. Relying on these objects to support you is dangerous.

- Take caution to not twist the replaced hip or turn toes inward or outward. Stand to wipe.

### Dressing

- In general, loose fitting clothing will serve you well during your recovery because it is easier to get on and off. Sit on a firm surface when you dress to prevent swaying and tipping—both of which put too much strain on your new joint. Dress your surgical leg first and undress it last.
- Socks: You will need to use a sock aid because you can't safely bend far enough to reach your foot. Sock aids come in different sizes and are made out of different materials, but they all work essentially the same. When purchasing/making one, be sure that the handles are long enough to reach from your feet to your hands without compromising your hip. There are rigid frames for putting on compression hose. Again, be sure that the handles are long enough that you don't have to bend your hip to use it.
- Slide the sock onto the sock aid so that the toe is tight against the toe end and the heel is centered underneath and toward the back end of the aid. Do not pull the sock over the back end of the aid.

- Hold the cords/handles, drop the sock aid in front of your foot, and gently slide your foot into the aid. Do not bend your knee higher than your hip.
- Pull the cords (or the handles of a rigid frame); gently adjusting your pull until the sock is on your foot and the aid comes all the way out of the sock.
- If the sock needs further adjusting, use a dressing stick or reacher.
- To take socks off, you will need something to hook into the sock by your heel in order to push it off your foot. A dressing stick, reacher, yardstick (with the end padded to avoid scratches) or other object will work. Use your reacher to pick the sock off the floor.

### **Underwear/Pants/Skirt**

- Use a reacher or dressing stick to catch the waist of underwear or pants and lower them to the floor in front of your surgical leg.
- Without bending your hip, put your leg into the garment, using the reacher or dressing stick to pull the garment to the knees where you can reach it with your hands.
- Put your non-surgical leg in and pull the garment up so that the waistband is high on your thighs and your feet are not standing on any part of it.
- Slowly stand, using the precautions you have been taught and pull the garment up over your hips. Some people find a suspender is helpful to keep pants from falling down while they operate the zipper. Other people have used a clothes pin or clamp-type paperclip secured at either end of a piece of cord, about 12" long, for this purpose. They clip one end to their shirt and the other end to the waistband of the pants. This keeps the pants from falling any further than the length of the cord.
- Taking off skirts/pants/underwear is essentially the reverse of putting them on. Stand at the edge of a firm bed or in front

of the chair, release the fasteners on the garment and let it fall past your hips before you sit down. Take garments off your non-surgical leg first. A reacher or dressing stick can help push garments off your feet and pick them up.

### **Shoes**

- As with dressing and going down stairs, start with your surgical leg.
- Choose shoes that fit well and are easy to put on and take off for the first few weeks. Some people find Velcro closures work best for them. People who prefer lace up shoes have the option of purchasing elastic shoe laces that don't need to be untied/tied every time. If you routinely wear boots, it is recommended that you use different foot covering for the first several weeks of your recovery. Putting lace up boots on independently is dangerous to your new joint. You may be able to lace up and tie your shoes loosely and then slip your foot in.
- If your shoes have a 'tongue', it will need to be secured before you put the shoe on. Slip it under the first cross of the laces or Velcro strip to prevent it from being pushed into the shoe when you slide your toes in. A long handled shoe horn will help prevent the back of the shoe from being folded in as you settle your heel. Put the shoe horn into the shoe on the inside of surgical leg to keep from rotating your foot. Put your foot in straight; do not rotate your hip.
- Use the reacher to put the tongue back in place and adjust your sock/pant leg as needed.

### **Bathing**

**NOTE:** Keep your incision dry until your doctor gives you clearance to bathe. There are many organisms in water that can create long lasting problems if they get into the surgical site. Do not sit on the bottom of the tub, getting down and up will put too much pressure on your new joint.

Depending on your surgeon you may have a water proof dressing which will allow you to shower. If a water proof dressing is not used, you will need to give yourself a sponge bath for the first few weeks. Be sure to maintain good body positioning and avoid twisting your hip or standing unsupported. A long handled sponge or bath brush comes in handy at this time.

- The shower and tub/shower combination is where it's important to have grab bars. There are many styles available commercially. Some, such as those that clamp onto the edge of the tub, are adjustable. Suction based hand holds/grab bars are not recommended due to the potential for the suction to inadvertently release when you need it most.
- If you have sliding glass doors on your tub or shower, please remove them before your surgery and use a curtain until you have regained enough strength and mobility to get in and out with the doors in place.
- A hand held shower attachment is especially helpful for rinsing your back and for shampooing. A non-skid mat on the bottom of the shower/tub is recommended. Some people find it helpful to take their walking aid into the shower/tub with them to help them balance. Be aware that getting the walker wet may cause it to rust and no longer be adjustable in height.
- Warm/hot water has a relaxing effect on muscles. You may feel good before you get into the shower and find that you are feeling weak in a very short period of time. Consider showering at a time of the day when you have your most energy or overall strength. Always have a stool available to sit on in the shower. Having a person nearby to help the first few times is strongly advised. The long handled sponge or brush will continue to be useful at this stage of recovery.

If you have a tub/shower combination, a 'tub bench' that extends a few inches over the outer edge of the tub is an important addition. These benches have two legs in the tub and two outside the tub on the bathroom floor. This takes away the instability that is present when you try to step over the side of the tub. A bench allows you to sit down and then turn your body so that you are facing forward, bringing one leg at a time into the tub. The first few times you do this, you may need help lifting your surgical leg over the edge. Be sure to lean back, keep your feet apart and toes straight ahead. If someone is not available to help, the gait belt that you received in the hospital can be an effective 'leg lifter' (or they are commercially available) but you must not lean forward when you lift.

**HINT:** 'Soap on a rope' stays where you put it better than bars of soap and is always within reach. If you can't find soap on a rope, drop the soap into the toe of a panty hose leg cut away from the rest of the garment. Tie the other end to your faucet.

- Dry yourself in the bathtub as much as possible
- To get out of the tub, reverse the process. Lean back and turn on the bench while lifting your legs one at a time over the side of the tub. Do not bend at the hip more than 90 degrees or allow your leg to cross the mid line of your body as you do this. Scoot to the edge of the bench and stand as you would from a chair.

## Important Shoulder Surgery Information

**Goal:** To return range of motion to normal activity.

To do that, you must:

- Follow instructions given by physician.
- Follow exercises given by physician and physical therapy.

Points to Remember as you exercise each day:

- Exercise on a firm surface.
- Relax between repetitions.
- Do the exercises three times each day.
- Breathe regularly and fully.

As you are up moving around be sure to keep your immobilizer or sling in place as instructed. Your sling can be removed for dressing and bathing.

### Total Shoulder Exercise

Exercises will vary depending on your physician. Please follow instructions given by physical therapy and physician. See hand out for exercises.

Sitting and standing

- Sit in a firm, sturdy chair, preferably with arm rest with the surgical arm supported. Put pillow to support the arm if necessary. Do not sit on low chair.

To sit down, back up until you feel the chair at the back of your leg, reach back using the non-surgical arm and slowly lower yourself to the chair. To stand up, scoot your hips forward and push up from a chair with the non-surgical arm. Avoid using your surgical arm when attempting to sit or stand.

### Transportation

It is recommended that you use the front seat of the vehicle. (Excluding small, low to the ground sports cars)

- Place a plastic garbage bag on the seat. (It's easier to slide on than upholstery)

- Make sure that the passenger seat is pushed back to make the most space available for legs.
- Use an assistive device (cane, if needed) and back up to the seat until you feel the car on the back of your legs.
- Reach back for the dashboard, door frame or seat with non-surgical arm.
- Slowly bend your hips and your knees, lower yourself gently to the seat.
- Scoot as far backwards on the seat as you can.
- Turn (your entire body and slowly lift your legs into the car.
- Ask someone to secure the seatbelt for you.

Reverse the instructions above to get out.

### Getting Into bed

Your bed should be firm. Soft mattresses are hard to get up from. A piece of plywood between the mattress and box springs may solve the problem. Use wooden blocks or commercially available bed risers to raise it up.

- Back up to the bed until you feel it with the back of your legs.
- Scoot yourself back onto the bed as far as possible using both legs and nonsurgical arm
- Lower yourself down to the bed, lying on the non-surgical shoulder, lift your legs onto the bed.
- To scoot up in bed, take the pillow out from under your head, bend both legs and push your heels into the bed, prop yourself up on your non-surgical arm and push with your non-surgical arm and both legs. Reposition your pillow.

### Toileting

- An elevated toilet seat maybe necessary if you have a low toilet.

- Sitting on/rising from a toilet is similar to getting in and out of a chair but there may not be arm rests. Some toilet risers have arms built in. There are arm rests, or 'toilet frames' that can be purchased to fit around the toilet. A walker can be used as a 'guard rail' if placed over the toilet prior to sitting.

Wet wipes are nice after surgery and make wiping easier.

**NOTE: NEVER** use a towel rack or toilet paper holder to 'help' you get onto or off of the toilet. Similarly, suction cup grab bars do not consistently hold weight. Relying on these objects to support your full weight is dangerous.

### Dressing

In general, loose fitting clothing will serve you well during your recovery because it is easier to get on and off. Sit on a firm surface when you dress to prevent swaying and tipping—both of which put too much strain on your shoulder joint. Dress your surgical arm first and undress it last.

### Socks:

You will need to use a sock aid if you can't reach your foot with your leg extended. Sock aids come in different sizes and are made out of different materials. One style does not work well for everyone. There are rigid frames for putting on compression hose.

- Slide the sock onto the sock aid so that the toe is tight against the toe end and the heel is underneath and centered toward the back end of the aid. Do not pull the sock over the back end of the aid.
- Hold the cords, drop the sock aid in front of your foot, and gently slide your foot into the aid. If using a rigid aid, be sure the handles are long enough that you can put it in place, or use a dressing stick or reacher to move it into position.
- Pull the cords (or the handles of a rigid frame); gently adjusting your pull until the sock is on your foot and the aid comes all the way out of the sock.

- If the sock needs further adjusting, use a dressing stick or reacher.
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### Underwear/Pants/Skirt

- Use non-surgical arm to put on /take off underwear and loose fitting pants.
- It's recommended to wear pants with elastic waist band or dresses for ladies.

### Shoes

Choose shoes that fit well and are easy to put on and take off for the first few weeks. Some people find Velcro closures work best for them. People who prefer lace up shoes have the option of purchasing elastic shoe laces that don't need to be untied/tied every time. If you wear boots but find you can't bend enough to pull them on, 'boot hooks' are a help. You may be able to lace up and tie your shoes loosely and then slip your foot in.

- If your shoes have a 'tongue', it will need to be secured before you put the shoe on. Slip it under the first cross of the laces, or Velcro strip to prevent it from being pushed into the shoe when you slide your toes in. A long handled shoe horn will help prevent the back of the shoe from being folded in as you settle your heel. Put your foot in straight.

### Bathing

**NOTE:** Keep your incision dry until your doctor gives you clearance to bathe. There are many organisms in water that can create long lasting problems if they get into the surgical site. Do not sit on the bottom of the tub, getting down and up will put too much pressure on your new joint.

- Depending on your surgeon, you may have a water proof dressing which will allow you to shower. If a water proof dressing is not used, you will need to give yourself a sponge bath for the first few weeks. Be sure to maintain good body positioning. A long handled sponge or bath brush comes in handy at this time.
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- If you have sliding glass doors on your tub or shower, please remove them before your surgery and use a curtain until you have regained enough strength and mobility to get in and out with the doors in place.
- A hand held shower attachment is especially helpful for rinsing your back and for shampooing. A non-skid mat on the bottom of the shower/tub is recommended. It is best to use a shower chair to sit on when bathing and let your surgical arm rest in your lap.
- Warm/hot water has a relaxing effect on muscles. You may feel good before you get into the shower and find that you are feeling weak in a very short period of time. Consider showering at a time of day when you have your most energy or overall strength. Always have a stool available to sit on in the shower. Having a person nearby to help the first few times is strongly advised. The long handled sponge or brush will continue to be useful at this stage of recovery.
- If you have a tub/shower combination, a 'tub bench' that extends a few inches over the outer edge of the tub is an important

addition. These benches have two legs in the tub and two outside the tub on the bathroom floor. This takes away the instability that is present when you try to step over the side of the tub. A bench allows you to sit down, lift your legs over the tub edge and then turn your body so that you are facing forward.

**HINT:** 'Soap on a rope' stays where you put it better than bars of soap and is always within reach. If you can't find soap on a rope, drop the soap into a toe of a panty hose leg cut away from the rest of the garment. Tie the other end to your faucet.

## Important Ankle Surgery Information

**Goal:** To return range of motion to normal activity.

**To do that, you must:**

- Follow instructions given by physician.
- Follow exercises given by physician and physical therapy.
- Keep operative foot elevated.
- Follow restrictions as instructed by physician and physical therapy.

**Points to Remember as you exercise each day:**

- Exercise on a firm surface.
- Relax between repetitions.
- Do the exercises three times each day.
- Breathe regularly and fully.

**Total Ankle Exercise**

Exercises will vary depending on your physician. Please follow instructions given by therapy and physician. See hand out of exercises.

**Sitting and standing**

- Sit in a firm, sturdy chair, preferably with arm rests. Put a pillow on the chair if it is uncomfortably firm. Avoid low chairs and soft chairs or sofas that envelop you when you sit. Standing from a position at or below your knee level puts too much pressure on your new joint. Use wooden blocks or commercially available risers to elevate low furniture.
- Always approach the chair from directly in front of it and back up to it. Reach back and get a hand on the chair before you fully commit to sitting.
- Scoot your hips toward the front of the chair before attempting to stand. Slide your surgical leg forward. With your hands on the armrests, use them and your non-surgical leg to rise. Get your balance before starting to walk with your walking aid.

**Transportation**

It is recommended that you use the front seat of the vehicle. (Excluding small, low to the ground sports cars)

- Place a plastic garbage bag on the seat. (It's easier to slide on than upholstery)
- Make sure that the passenger seat is pushed back to make the most space available for legs.
- Using your walker (or crutches) back up to the seat until you feel the car on the back of your legs.
- Reach back for the dashboard or door frame with one hand.
- Reach back for the car seat with your other hand.
- Slide the surgical leg out in front of you.
- Slowly bend your hips and your other knee at the same time, lowering yourself gently to the seat.
- Scoot as far backwards on the seat as you can.
- Turn (don't twist) your entire body to the left, slowly lifting your legs into the car.
- Ask someone to secure the seatbelt for you and stow your walker/crutches.

Reverse the instructions above to get out.

**Getting Into bed**

Your bed should be firm. Soft mattresses are hard to get up from. A piece of plywood between the mattress and box springs may solve the problem. A bed lower than 18 inches from the floor will put too much pressure on your new joint. Use wooden blocks or commercially available bed risers to raise it up.

- Walking with your walking aid, back up to the bed until you feel it with the back of your nonsurgical leg.

- Slide your surgical leg forward while reaching back to the bed with one hand and then slowly lower yourself.
- Scoot yourself back onto the bed as far as possible with your arms.
- Lower down onto your elbow closest to the head of the bed and lift your legs onto the bed one at a time.

### Toileting

- An elevated toilet seat is necessary if you have a low toilet. If you have a high toilet and shorter legs, you may need a small stool to prevent your surgical leg from dangling.
- Sitting on/rising from a toilet is similar to getting in and out of a chair but there may not be arm rests. Some toilet risers have arms built in. There are arm rests, or 'toilet frames' that can be purchased to fit around the toilet. A walker can be used as a 'guard rail' if placed over the toilet prior to sitting.

**NOTE: NEVER** use a towel rack or toilet paper holder to 'help' you get onto or off of the toilet. Similarly, suction cup grab bars do not consistently hold weight. Relying on these objects to support your full weight is dangerous.

### Dressing

In general, loose fitting clothing will serve you well during your recovery because it is easier to get on and off. Sit on a firm surface when you dress to prevent swaying and tipping—both of which put too much strain on your new joint. Dress your surgical leg first and undress it last.

### Underwear/Pants/Skirt

- Wear loose fitting clothing with elastic waist band or dresses for ladies.

### Bathing

**NOTE:** Keep your incision dry until your doctor gives you clearance to bathe. There are many organisms in water that can create long lasting problems if they get into the surgical site. Do not sit on the bottom of the

tub, getting down and up will put too much pressure on your new joint.

- You will need to give yourself a sponge bath for the first few weeks. Be sure to maintain good body positioning and avoid standing unsupported.
- The shower and tub/shower combination is where it's important to have grab bars. There are many styles available commercially. Some, such as those that clamp onto the edge of the tub, are adjustable. Suction based hand holds/ grab bars are not recommended due to the potential for the suction to inadvertently release when you need it most.
- If you have sliding glass doors on your tub or shower, please remove them before your surgery and use a curtain until you have regained enough strength and mobility to get in and out with the doors in place.
- A hand held shower attachment is especially helpful for rinsing your back and for shampooing. A non-skid mat on the bottom of the shower/tub is recommended. You will need some type of chair to sit on to keep weight off the new joint.
- Warm/hot water has a relaxing effect on muscles. You may feel good before you get into the shower and find that you are feeling weak in a very short period of time. Consider showering at a time of day when you have your most energy or overall strength. Always have a stool available to sit on in the shower. Having a person nearby to help the first few times is strongly advised.
- If you have a tub/shower combination, a 'tub bench' that extends a few inches over the outer edge of the tub is an important addition. These benches have two legs in the tub and two outside the tub on the bathroom floor. This takes away the instability that is present when you try to step over the side of the tub. A bench allows you to sit down and then turn

your body so that you are facing forward, bringing one leg at a time into the tub. The first few times you do this, you may need help lifting your surgical leg over the edge. If someone is not available to help, the gait belt that you received in the hospital can be an effective 'leg lifter' (or they are commercially available).

**HINT:** 'Soap on a rope' stays where you put it better than bars of soap and is always within reach. If you can't find soap on a rope, drop the soap into a toe of a panty hose leg cut away from the rest of the garment. Tie the other end to your faucet. How long will I be in the hospital?

There are several goals to be reached before you leave the hospital. These are explained in the Preparing for Surgery section of this handbook. Most patients leave one to two days after their joint replacement surgery.

## Frequently Asked Questions

### **Will I have pain following joint replacement?**

Yes. Most people have pain following major surgery but your perception and tolerance of pain is unique to you. Pain control is important for healing and rehabilitation. You will receive information about pain control options before your surgery. Your doctor and nurses will work closely with you to assess and control your pain.

### **Will any part of the surgery not be covered by my insurance?**

In most cases, insurance covers all aspects of the surgery. However, you should discuss the surgery with your insurance company first to make sure it will be covered.

### **Will I need a blood transfusion?**

You may need a transfusion after surgery. Please discuss the details about this with your surgeon before surgery.

### **How long will I be laid up?**

At the very least, you will be up on the edge of your bed the day of your surgery. Unless

there are complications, the next morning you will be up sitting in a chair and walking with a walker or crutches.

### **Will I need special equipment at home after my surgery?**

Whether you will need assistive devices when you return home depends on several factors including your overall health, general strength, response to anesthesia, the environment you will be returning to and many others. In general, people who have total hip replacements need (at minimum) a toilet seat riser, reacher, dressing stick, sock aid, bath bench/ shower stool and walker or crutches. People who have knee replacements need at least a walker or crutches and a bath bench/shower stool. Many people who have knee surgery may not need the sock aid but will still benefit from having a reacher. Blocks or risers placed under their chair/bed is helpful. Pages 23–25 and 28–31 of this handbook include descriptions of common activities of daily living and the adaptive devices that can help you succeed at them.

### **Where will I go when I'm discharged?**

You, your physician, therapists, nurses and the care coordination team will discuss what is best for you. You may need help for several days when you return home. Your coach, or another person, should be able to stay with you 24 hours a day initially. As your strength returns and you are more comfortable with your new joint, you will need less assistance. It is still advisable to have someone check on you at least daily and for at least a week is there when you shower, once your doctor gives you the ok to get your incision wet.

### **Will I need physical therapy after surgery?**

Most people need some physical therapy initially for both hip and knee surgery and occupational therapy for hip surgery. The length of time varies with each person and will be decided by your doctor based on how you are progressing. Physical therapy can be provided in your home, or in a community based outpatient clinic, you may be given a

prescription for P.T. to bring to a facility of your choice or you physician may have already set you up for outpatient P.T.

### How long until I can drive?

Depending on the type of surgery you had, the leg involved, the type of car you drive, and the course of your individual recovery, you could be waiting 6 to 8 weeks before it is safe for you to drive. Your doctor will tell you when you are cleared for this activity.

## Glossary of Commonly Used Terms

Abduction pillow (wedge)	A triangular shaped foam pillow placed between the legs of some patients with a total hip replacement to keep legs from crossing
Anesthesiologist	Doctor responsible for administering and monitoring anesthesia during surgery
Assistive devices	Equipment or devices that enable people to do a task or activity safely (e.g., walker, crutches, sock aid, reacher, bath bench)
Caregiver	A certified nursing assistant (NAC) or licensed practical nurse (LPN) assigned to provide your basic care for a specific period of time
Care Coordination Team	Staff members who help facilitate the coordination of care in the hospital as well as help you with discharge planning. They can assist in arranging in-home care or transportation .
CMS	Circulation, movement and sensation. Nursing staff will assess this frequently after surgery.
Anticoagulation Medication	Medication that acts as an anticoagulant, “blood thinner,” to prevent blood clots from forming in your body. Such as Coumadin, aspirin, Lovenox, etc...
Hemovac	The name of a drain that collects blood and fluid from the surgical site; removed 24 hours after surgery.
Home Care	Visiting nurse, physical therapy, occupational therapy, social work, and/or home health aide who provides care and treatment to the patient in their home
Incentive Spirometer (I .S.)	Device you use after surgery to help expand your lungs
Intravenous Catheter (IV)	Allows liquid medication and other important fluids to be delivered through the blood stream
I & O	Intake and Output: Keeping track of the amount of fluid in (by IV and mouth) and out (through urination)
Urinary catheter (R .C.)	Tube used to drain urine from the bladder. May be used during surgery and for a short time thereafter. Sometimes called a “Foley or R/C Retention Catheter.” It is removed the morning after surgery.



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