

# Joint Journey

## Welcome to A New Kind of Care

We would like to thank-you for choosing Divine Savior Healthcare for your joint replacement. Deciding to have a joint replaced is a big life decision and we're honored to provide your care. We hope to serve you for all of your Joint Journey needs so that you can get back to living your life. At Divine Savior Healthcare we have developed a program to guide you in every aspect of your journey. Prior to getting your surgery, we would like you and your coach to attend our class to help prepare you for your upcoming surgery and recovery.

Prior to coming to class we ask that you fill out all of the paperwork located in the homework tab in your Joint Journey Guidebook. You will need to bring your book and "homework" with you to your class.

During your Joint Journey Class you will learn valuable information regarding what to expect during every step of your journey. During our class some of the things you will learn are how you can prepare your home prior to your upcoming surgery, the type of equipment you may need, the valuable role of your coach, and what to expect following your surgery.

The Joint Journey Classroom is located on the lower level of Divine Savior Hospital in Classroom AB in the eating area of our Cafeteria. There you will hand in your homework, and meet your Joint Care Coordinator, and other members of your Joint Journey Team. There will be a presentation outlining your Journey along with a question answer session. For your convenience other members of our team will meet with you individually to prepare you for your upcoming Joint Replacement procedure. The class may last up to two hours, and our goal is to prepare you for your upcoming Journey by guiding you every step of the way as efficiently as possible. If you have any questions along the way, please call your Joint Care Coordinator at (608) 617-5260. Hope to see you soon!

-Your Joint Journey Team





# Guidebook for Knee and Hip Replacement

## Your Patient Schedule

**PRE-OP SURGICAL APPOINTMENT** \_\_\_\_\_ at \_\_\_\_\_ AM PM  
**WITH DR.** \_\_\_\_\_

The Wellness Center  
2815 New Pinery Road - Suite 3  
(608) 745-6420

**JOINT JOURNEY CLASS** \_\_\_\_\_ **CHECK-IN TIME 12:45PM**  
**(Bring your Coach & Guidebook)**

Divine Savior Healthcare  
Main Hospital Entrance  
2817 New Pinery Road  
Café A/B - Take Elevator to Lower Level  
(608) 617-5260

**DATE OF SURGERY** \_\_\_\_\_ **CHECK-IN TIME** \_\_\_\_\_ AM PM

Divine Savior Healthcare  
Main Hospital Entrance  
2817 New Pinery Road  
Check-in at Registration  
(608) 742-4131

**OUTPATIENT THERAPY** \_\_\_\_\_ **WITH** \_\_\_\_\_

- ☐ **The Wellness Center**  
2815 New Pinery Road - Suite 1  
Portage, WI 53901  
(608) 745-6290
- ☐ **Crossroads Clinic**  
N4390 Crossroads Clinic Road  
Oxford, WI 53952  
(608) 589-5333



# Guidebook for Knee and Hip Replacement

## Campus Map



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## Quick Reference – Contact Numbers

Divine Savior Healthcare Main:	608-742-4131
Joint Care Coordinator:	608-617-5260
Orthopedic Clinic	608-745-6420
Concierge/Guest Services:	608-745-6239
Tivoli:	608-745-5900
Home Care:	608-745-6400
Rehab Services:	Portage: 608-745-6290
	Crossroads Clinic: 608-589-5333

## Section One: Before Surgery

### Welcome!

We are pleased you have chosen Divine Savior Healthcare's Joint Journey program to have joint replacement surgery.

The Divine Savior Healthcare Joint Journey Philosophy:

*The focus of the Divine Savior Healthcare Joint Journey Program is excellence, because that is what our patients deserve.*

*Providing excellence as a team throughout all phases of the journey gives our patients increased satisfaction, excellent surgical outcomes, peace of mind and increased quality of life.*

### Using the Guidebook

The Guidebook will assist you with:

- What to expect.
- What you need to do.
- How to care for your new joint.

Your doctor, nurse, or therapist may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.

### Joint Center Overview

We offer a unique program to encourage discharge from the hospital one to three days after surgery. Program features include:

- Nurses and therapists trained to work with joint patients
- Casual clothes
- Private rooms
- Group activities
- Family and friends as "coaches"
- Joint Care Coordinator who coordinates pre-operative care and discharge planning
- Patient Guidebook
- Quarterly luncheons for former patients and coaches
- Newsletters about arthritis and joint care
- Education seminars about knee pain



***We strive to enable patients to walk the first day after surgery and resume normal activity in six to 12 weeks.***

## About Joint Replacement

### What is osteoarthritis and why does my joint hurt?

Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Joint cartilage is tough, smooth tissue that covers the ends of bones where joints are located. It cushions the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Trauma from accidents or injuries, repetitive movement, or for no apparent reason, the cartilage wears down exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, swelling, and loss of motion.

### What is joint replacement?

**Knee Replacement:** The term total knee replacement is misleading. The knee is not replaced, but rather a metal and plastic implant is used to re-cap the worn ends of the bone. This is done by covering the end of the thigh bone and the top of the leg bone with metal. A piece of plastic is placed in between and on the knee cap. This creates a new, smooth cushion and a functional joint that can reduce or eliminate pain.

**Hip Replacement:** The term total hip replacement is misleading. The hip is not replaced, but rather an implant is used to re-cap the worn ends of the bone.

- Head of femur is removed.
- Metal stem is inserted into femur shaft and topped with a metal or ceramic ball.
- Worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner.
- No longer does bone rub on bone, causing pain and stiffness.

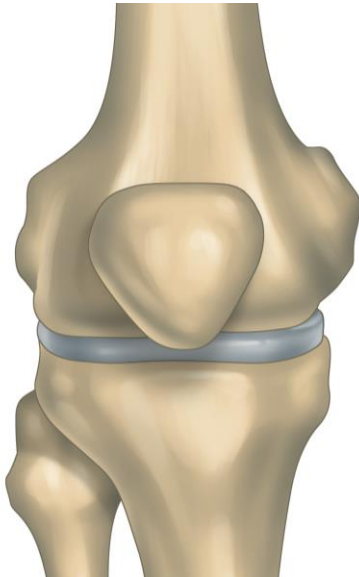
### How long will my new joint last and can a second replacement be done?

All implants have a limited life depending on an individual's age, weight, activity level, and medical condition(s). A joint implant's longevity will vary in every patient. An implant is a medical device subject to wear that may lead to mechanical failure. There is no guarantee that your implant will last for any specified length of time.

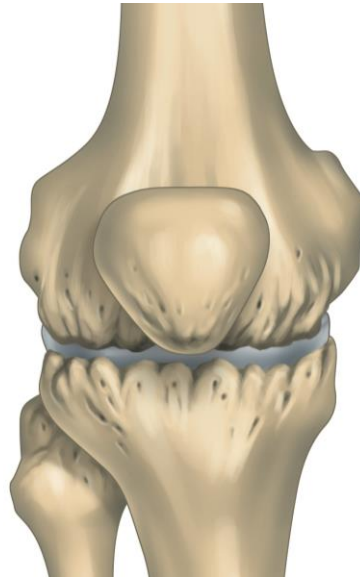
### What are the major risks?

Most surgeries go well, without complications. However, infection, blood clots and loosening are three serious complications. To minimize the risk of these complications, your surgeon will use antibiotics and blood thinners.

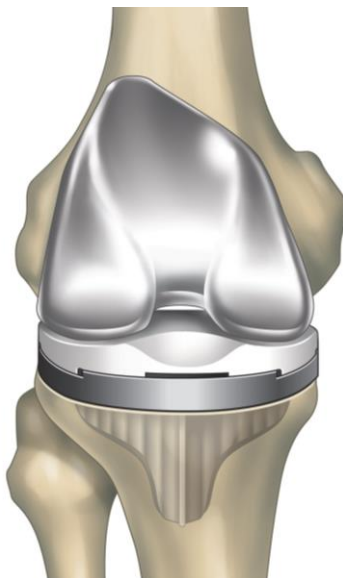
## Knee Replacement



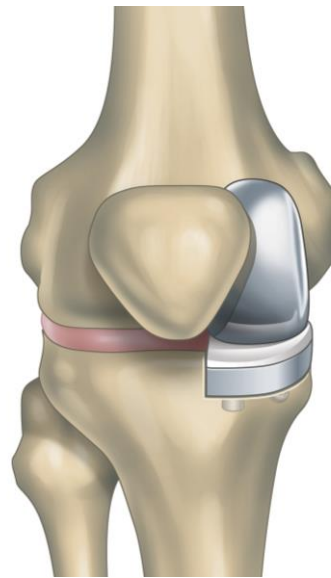
**Healthy**



**Arthritic**



**Total  
Knee**



**Partial  
Knee**

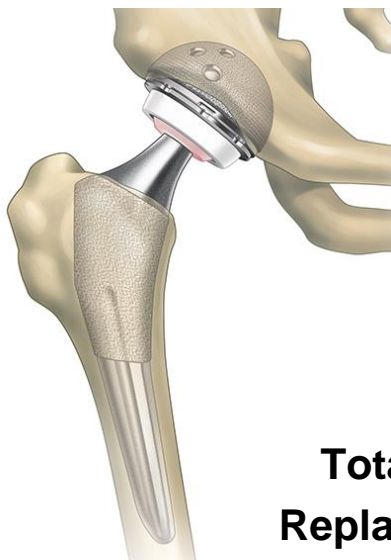
## Hip Replacement



**Healthy**



**Arthritic**



**Total Hip  
Replacement**

## How long will I be in the hospital?

Most patients will be hospitalized for one to three days after surgery. Mobility generally begins the day of surgery. Using a walker or crutches, your nurse or physical therapist will help you walk to the bathroom and sit in a chair. Patients are generally discharged to home once they are able to sit, stand and walk safely with a walker or other assistive device.

## What if I live alone?

Three options are available to you.

- Return home and receive help from a relative or friend.
- Have a home health nurse and/or physical therapist visit you at home a few times per week for two or three weeks.
- Stay in a sub-acute facility following your hospital stay.



## What happens during surgery?

The hospital reserves approximately one to two hours for surgery. Time will be taken by operating room staff to prepare you for surgery. You may have general anesthetic - “being put to sleep.” Some patients prefer a spinal anesthetic, which numbs the legs and does not require you to be asleep. The choice is made between you, your surgeon, and the anesthesiologist.

## Will surgery be painful?

You will have discomfort following surgery, but we will keep you comfortable with appropriate medication. Most patients will receive pills for pain with some additional IV medication for “breakthrough” pain.

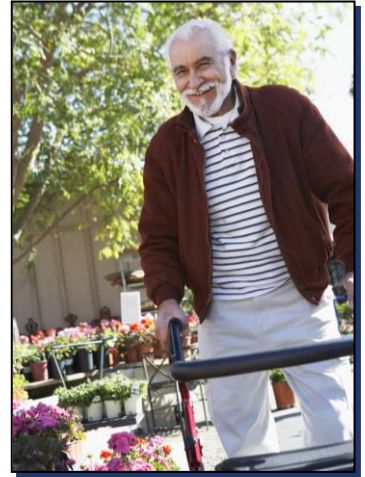
## How long and where will my scar be?

Surgical scars can vary in length, but your surgeon will discuss this with you. If you have previous scars, your surgeon may use this existing scar. There may be lasting numbness around the scar.

# Guidebook for Knee and Hip Replacement

## **Will I need a walker, crutches, or a cane?**

Patients progress at their own rate. We recommend you use a walker, crutches, or a cane for four to six weeks. Our team will assist you in arranging for equipment as needed. We recommend you have your equipment prior to your surgery if possible.



## **Where will I go after discharge from the hospital?**

Most patients are able to go home directly after discharge. Some patients may transfer to a sub-acute facility. The JCC, physical therapist and surgeon will help with this decision and make necessary arrangements. Check with your insurance company to see if you have sub-acute rehab benefits.

## **Will I need help at home?**

For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends need to be available to help. Preparing ahead before surgery can minimize the amount of help needed. Having laundry done, house cleaned, yard work completed, clean sheets and towels, and single portion frozen meals will reduce the need for help.

## **Will I need physical therapy when I go home?**

Yes, you will have physical therapy. Your JCC will help arrange for these appointments. Length of time for this type of therapy varies with each patient. In some instances, home health or a short stay at an inpatient rehab center may be indicated. Our team will assist in assuring a safe discharge plan from the hospital.



## **Will my new joint set off security sensors when traveling?**

Your joint replacement is made of metal and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you from there.

## Get Started - Six Weeks Before Surgery

### 1. Plan for Leaving the Hospital

The Joint Care Team will develop a discharge plan that meets your needs. Patients should expect to go directly home to recover in the privacy and comfort of their own surroundings.

### 2. Joint Care Team Call

After surgery has been scheduled, you will be contacted by a member of the Joint Care Team to:

- Discuss your pre-operative class and verify appointments for medical testing.
- Act as a liaison for coordination of your pre-operative care.
- Verify you have made an appointment, if necessary, with your doctor and have obtained pre-operative tests your doctor ordered.
- Answer questions and direct you to hospital resources.

### 3. Medical Clearance

It is important that you receive medical clearance in order to reduce any risks of complications that could occur during surgery. Your orthopedic surgeon's office may instruct you to see your primary care physician and/or specialist prior to surgery. They will also provide instructions on which pre-operative testing procedures must be performed. Following these instructions in a timely manner will ensure that your surgery will occur as planned without delay.

### 4. Laboratory Tests

When you are scheduled for surgery, your primary physician and the hospital will receive a laboratory-testing letter from your surgeon. It is necessary for you to complete all preoperative testing. Our Joint Care Coordinator may assist you with this process.

### 5. Check Medications

Your doctor should tell you when to stop any medications before surgery.

### 6. Herbal Medicine

Herbal medicines and supplements can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

## Importance of Your Coach

**Involving a friend or relative as your coach is very important.**

Your coach should plan to come with you to attend pre-operative class and to visit during your hospital stay to provide support during exercise classes, and keep you focused on healing.

# Guidebook for Knee and Hip Replacement

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.



## 7. Eat Well

While getting a joint replaced is no vacation, you should prepare for it like one. Do some pre-planning and shopping – for the right foods and drinks – to ensure you've packed your body full of the healing nutrients you will need. If you are on a prescribed diet by your physician, please follow it carefully. The key is to have nutrient-rich foods available in your body, to help reduce the inflammation that will occur after surgery. Starting now is important!

So what should you eat?

- Sugar, starches and fried foods promote inflammation and slows wound healing. Your body will thank you to limit or avoid fried, starchy or sugary foods, such as fried meats and fries, white pasta, potatoes, and sugar-laden drinks.
- Avoid processed or pre-packaged foods, which tend to be high in sodium.
- Eat fresh fruits and vegetables. Include dark, leafy green vegetables, tomatoes, broccoli, cauliflower, and peppers for increased vitamin C, a “power vitamin” to help with wound healing.
- As protein helps rebuild muscle, it is good to include lean meats, eggs, dairy, Greek yogurt, soy, legumes (beans) and nuts in your diet.
- Eat 5-6 smaller meals a day to help with digestion. This also promotes a healthy metabolism for your tissues.



Unless otherwise prescribed, continue this diet after surgery as well. Your wounds will heal faster, your bones and muscle tissue will rebuild, perhaps even healthier than before. Your body will thank you!

## 8. Stop Smoking<sup>1</sup>

**Smoking:**

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.



# Commit to Quit

Committing to quitting is half the battle.

Enjoy the benefits of life smoke-free. Reduce your risk of tobacco related diseases by participating in Divine Savior Healthcare's Smoking Cessation Course. This seven week course is led by Our Certified Smoking Cessation Specialists, who can help you break free from tobacco addiction. You will be supported with tips, tools and evidence-based methods to break free from tobacco, allowing you to begin a smoke-free life.

**Participants will attend one session weekly for seven weeks.**

**For more information on the next session  
or how to get started call **608-745-5918****



**A new kind of care**

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

***Smoking can impair oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.***

<sup>1</sup>Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <http://www.aaos.org/news/aaosnow/jun12/cover2.asp> Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

## 9. Social Service Support

Our social service staff is here to assist you during your Joint Journey process. They can provide you with resources and services you may need after your surgery. Below is a list of resources that may benefit you if indicated after your surgery. We encourage you to reach out to these agencies prior to your surgery to arrange for services if needed.

### Community Resources

- Aging and Disability Resource Center—your one stop shop for information and assistance regarding services available in your community including but not limited to private pay in home services and applying for public assistance programs.
  - Columbia County: 608-742-9233 or [www.co.columbia.wi.us/columbiacounty/adrc](http://www.co.columbia.wi.us/columbiacounty/adrc)
  - Marquette County: 608-297-3164 or [www.adrcinformation.org](http://www.adrcinformation.org)
- Medical Transportation (Commission on Aging):
  - Columbia County: 608-742-9213
  - Marquette County: 608-297-3104
- Home Delivered Meals:
  - Columbia County: 608-742-9233
  - Marquette County: 608-297-3146
- ABC Connections: An interfaith volunteer caregiver program serving the elderly and disabled in Columbia and southern Marquette counties. Please call 608-742-4039 for more information

## Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each. Our Social Services department at Divine Savior Healthcare can also assist in helping to explain these decisions.

- A Living Will explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- Appointment of a Healthcare Agent (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- Healthcare Instructions are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital. If you do not have this and would like assistance in completing, a member of our Social Services department can assist. You may download the document directly from the internet and complete on your own as long as you have 2 non-family members available to witness your signature.

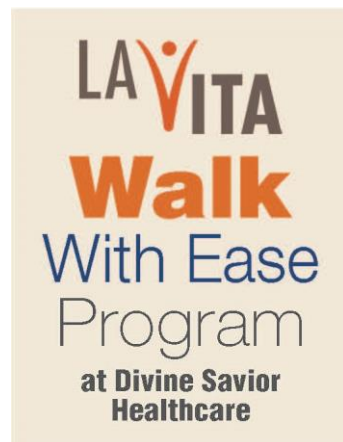
Instructions and the document can be found at:

<http://www.dhs.wisconsin.gov/forms/AdvDirectives/F00085.pdf>. The Social Workers at Divine Savior Healthcare are also able to assist you in drafting this document. Please call 608-742-4131 to schedule a time prior to your surgery.

## 10. Start Pre-operative Exercises

Many patients avoid using their painful leg causing muscles to become weaker which makes recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.

*It is important to be  
as flexible and  
strong as possible  
before having hip  
surgery.*



### Walk With Ease Program at Divine Savior Healthcare

Divine Savior Healthcare's Walk With Ease program can help relieve your symptoms and support your health care needs before your surgery.

Walk With Ease is both an educational and hands-on program, promoting self-management and getting you on-the-move to walking safely and comfortably.

Research shows that people with arthritis gain benefits if they walk at least 3 times a week.

The program is a 6 week program where walking is the main activity. You will meet 3 times a week for a total of 18 sessions. Each session starts with a pre-walk discussion about related topics on arthritis, exercise, or walking safely and comfortably, as well as motivational strategies for living with arthritis and group sharing. After discussion the group will do warm-up exercises and walk for 10 to 30 minutes, followed by a cool-down and final group discussion.

The Walk With Ease program is supported by the Arthritis Foundation. Staff leading the program have been trained and certified by the Arthritis Foundation.

**\*Find more information about the Walk With Ease program enclosed in this binder.**

Patients looking to have joint replacement that are overweight or obese may experience higher risks of delays in wound healing or even an increased risk of infection. Losing weight before joint replacement safely reduces these risks. Increasing physical activity and changing behaviors all important factors to being successful at weight loss. For safety, patients with obesity or a with BMI (Body Mass Index) of >40 may be required to lose weight safely before joint replacement can be scheduled. Your Joint Care team will discuss this with you if needed. Pave the Weigh is designed to help with these goals to help make your surgery a safe one, and provide long-lasting success for your health. It is a six week program, where you work with our LaVita team 3 days a week to help you lose weight. Contact LaVita for more information or to get started: (608) 745-3800.

# Guidebook for Knee and Hip Replacement



## Exercising Before Surgery

It is also important to strengthen your entire body, not just your legs, before surgery. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day. Strengthen your arms by doing chair push-ups because you will be relying on your arms when walking with the walker or crutches; getting in/out of bed and chairs; and on/off the toilet. The leg exercises we expect you to start doing and continue after your surgery are found in this guidebook.

Take 15 to 20 minutes, twice a day to do your exercises. Perform

exercises on both legs. **\*Exercises may be performed in bed or a recliner**

## Pre-operative Knee Exercises

**Complete 20 Reps, 1-2 times (Do not do any exercise that is too painful.)**

- |                            |                            |
|----------------------------|----------------------------|
| 1. Ankle Pumps             | 7. Heel Slides             |
| 2. Quad Sets               | 8. Long Arc Quads          |
| 3. Gluteal Sets            | 9. Heels Slides            |
| 4. Abduction and Adduction | 10. Knee Extension Stretch |
| 5. Short Arc Quads         |                            |
| 6. Straight Leg Raise      |                            |

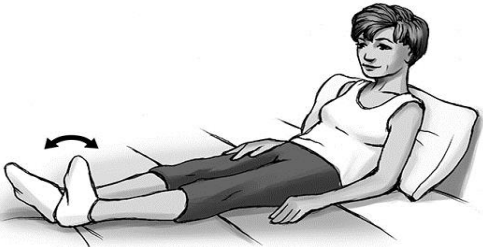
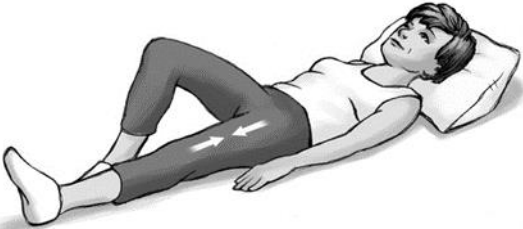




## Pre-operative Hip Exercises

**Complete 20 Reps, 1-2 times (Do not do any exercise that is too painful.)**

- |                            |                       |
|----------------------------|-----------------------|
| 1. Ankle Pumps             | 7. Straight Leg Raise |
| 2. Quad Sets               | 8. Long Arc Quads     |
| 3. Gluteal Sets            |                       |
| 4. Abduction and Adduction |                       |
| 5. Short Arc Quads         |                       |
| 6. Heel Slides             |                       |


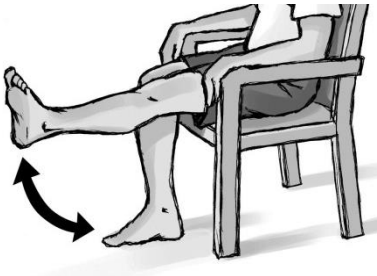


# Guidebook for Knee and Hip Replacement

## Knee Exercises

1. Ankle Pumps	2. Quad Sets
	
<p>Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly</p>	<p>Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 10 count. <i>Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.</i></p>
3. Glut Sets	4. Hip Abduction/Adduction
	
<p>Squeeze the buttocks together as tightly as possible. Hold for 10 count. <i>Coach's Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.</i></p>	<p>Slide leg out to the side. Keep kneecap and toes pointing toward the ceiling. Gently bring leg back to pillow.</p>
<p><b>5. &amp; 6. - Anterior Hip Patients only: Avoid this postop until therapy directs you to begin</b></p>	
5. Short Arc Quads	6. Straight Leg Raise
	
<p>Instructions Place a large can or rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count. <i>Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to the terminal extension.</i></p>	<p>Bend good knee, securing heel on surface. Keep affected leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from the surface and hold for 2 count. Lower it slowly, keeping the muscle tight. <i>Coach's Note: Make sure the straight leg is maintained and the knee does not bend with the lift. Go slowly. If needed, put hand under foot for assistance. Be sure patients are not holding their breath during this and all other exercises.</i></p>

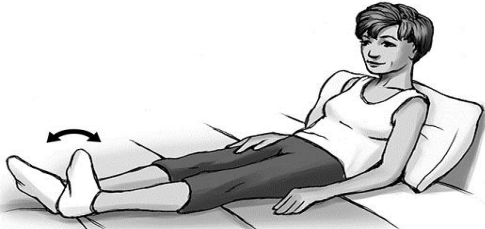





# Guidebook for Knee and Hip Replacement

## Knee Exercises


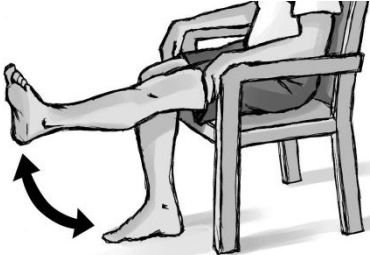
7. Heel Slides Laying/Recliner	8. Long Arc Quads
	
<p>Bend knee and pull heel toward buttocks. <i>Coach's Note: Patient should actively pull the heel up. Assist slide with theraband. Do not go beyond 90 degrees of hip flexion.</i></p>	<p>Slowly straighten operated leg and try to hold it for 5 count. Bend knee, taking foot under the chair. <i>Coach's Note: Encourage patient to completely straighten knee.</i></p>
9. Heels Slides- Sitting	10. Knee Extension
	
<p>Keeping feet on floor, slide foot of operated leg backward underneath chair, bending knee. With foot planted, move buttocks forward for final stretch. Hold for 10 count. <i>Coach's Note: Each time bend to the point of pain and then a little more, if possible. Be sure hips remain flat on chair.</i></p>	<p>Prop foot of operated leg up on chair. Put a roll under your ankle. Put 5 pounds on top of the knee. Sit back and try to relax. You may apply ice at the same time. <i>Coach's Note: When sitting for any length of time prop your foot as shown. Do not sit with your knee bent, except for short periods.</i></p>

# Guidebook for Knee and Hip Replacement

## Hip Exercises

<b>1. Ankle Pumps</b>	<b>2. Quad Sets</b>
	
<p>Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly</p>	<p>Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 10 count. <i>Coach's Note: Look and feel for the muscle above the knee to contract. Done correctly, the heel should come slightly off the surface. Be sure patients are not holding their breath during this and all other exercises.</i></p>
<b>3. Glut Sets</b>	<b>4. Hip Abduction/Adduction</b>
	
<p>Squeeze the buttocks together as tightly as possible. Hold for 10 count. <i>Coach's Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions. Be sure patients are not holding their breath during this and all other exercises.</i></p>	<p>Slide leg out to the side. Keep kneecap and toes pointing toward the ceiling. Gently bring leg back to pillow.</p>
<b>5. Short Arc Quads</b>	<b>6. Heel Slides- Laying/Recliner</b>
	
<p>Place a large can or rolled towel (about 8" diameter) under the leg. Straighten knee and leg. Hold straight for 5 count. <i>Coach's Note: Work for full extension (straightening) of the knee. Assist with band or hand if needed to the terminal extension.</i></p>	<p>Bend knee and pull heel toward buttocks. <b>DO NOT GO PAST 90 DEGREES HIP FLEXION.</b> <i>Coach's Note: Patient should actively pull the heel up. Assist slide with theraband. Do not go beyond 90 degrees of hip flexion.</i></p>

## Hip Exercises

7. Straight Leg Raise	8. Long Arc Quads
	
<p>Bend good knee, securing heel on surface. Keep affected leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 10 inches from the surface and hold for 2 count. Lower it slowly, keeping the muscle tight. <i>Coach's Note: Make sure the straight leg is maintained and the knee does not bend with the lift. Go slowly. If needed, put hand under foot for assistance. Be sure patients are not holding their breath during this and all other exercises.</i></p>	<p>Slowly straighten operated leg and try to hold it for 5 count. Bend knee, taking foot under the chair. <i>Coach's Note: Encourage patient to completely straighten knee.</i></p>

**Post-Op Anterior Hips DO NOT do these until cleared by your surgeon.**

## 10. Breathing Exercises

To avoid potential problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest. Techniques such as deep breathing and coughing may also help you recover more quickly.

## 11. Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10- 20 seconds.
- Take a break and then repeat the exercise 10 times.

***Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.***

## 12. Coughing

To help you cough:

- Take a slow deep breath. Breathe in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

## 13. Prepare Your Home

### Checklist:

☐ **Walking Device** - Use of a wheeled walker after your Surgery is recommended if having a Hip or Knee Replacement. Obtaining this device before the surgery is advised to identify any issues or concerns in advance with home maneuvering. Your surgeon can provide you a prescription for this device as it is generally covered by most insurances.

☐ **Entrance** - Identify the entrance you will use when you arrive home and any routes you will need to travel throughout your home daily. If you have steps, install or reinforce any existing rails to provide you more stability with entry/exit. Assure the steps are safe in inclement weather (ice/rain) to avoid slipping. If using a garage entrance, a handrail or grab-bar installed on the wall may be an option if a handrail on the steps is not feasible.

# Guidebook for Knee and Hip Replacement

- ☐ **Rugs** - Remove all throw rugs, as these may cause you to fall or trip. Rubber backed rugs or the use of double-stick tape on necessary rugs at the entrance or in your bathroom are acceptable. Replace or trim any worn or torn carpeting.
- ☐ **Furniture** - Arrange furniture for best access and remove any clutter to allow for clear and wide passageways for your walker. If furniture sits low, consider raising the furniture with the use of furniture risers or platforms. Extra bed pillows on chairs may also help with furniture heights.
- ☐ **Cords** - Place electrical, phone, and computer cords along walls where they will not trip you. To avoid the risk of fire, do not run wires under carpeting. Tape down any cords that may be trip hazards in pathways.
- ☐ **Lights** - Assure you have sufficient lighting, including night-lights, table lights that are easy to turn on/off.
- ☐ **Item Access** - Have frequently used items within easy reach. Do not use chairs or step-stools to reach items. Consider use of a reacher to assist in reaching items placed high or low.
- ☐ **Phone** - Use a cordless phone or cell phone that can travel with you for easy access. If you live alone or will be alone for long periods of the day, consider Lifeline to assist in support in case of a fall. Divine Savior Home Care can assist you with Lifeline set up if you are interested.
- ☐ **Bathroom** - You will be advised on bathing restrictions by your care team. Consider a toilet riser if your toilet sits low or is difficult to get on/off of. Tub/Shower- we advise a shower bench so you are safely seated while bathing. A hand-held shower helps to control water flow and improve comfort while bathing. A non-skid mat helps minimize slipping on a wet surface. Grab bars may be helpful and should be installed before returning home. Most of these items are generally NOT covered by insurance.
- ☐ **Ice** - Ice will be a key source to help you manage pain. Use of gel ice packs is also an effective way to manage pain, having 2 packs available so that one is ready / frozen while the other is in use is advised. **We will provide you with a complimentary gel ice pack set to use at home.**
- ☐ **Driving Support** - You will need someone to drive you home and to appointments following your surgery. Your driving limitation will be in place until your surgeon gives clearance for you to drive. If you need support for driving, consider others who can offer rides or public transportation such as taxi or medical transport services. See our Social Services section for resources.
- ☐ **Plan Ahead General** - Clean home, do laundry, prepare / freeze meals, stock up on non-perishable items, have the yard care pre-arranged, pre-pay bills if able, and have someone available to pick up your mail and tend to your pets while you are gone. Upon return home, you may still need support in some of these areas, plan ahead so your focus upon return home is on you and your recovery.

# Guidebook for Knee and Hip Replacement

## 14. Recommended Equipment

The equipment shown is recommended for a Total Hip or Total Knee Replacement.

\*\*Items denoted with asterisks are generally not covered by insurance. Items that are covered usually require a physician's prescription to purchase. Be sure to check with your insurance plan to know if the insurance specifies a specific vendor for coverage.

### Mobility

Wheeled Walker (2 or 4 wheel)



### Bathing/ Personal Hygiene

Long Handled Sponge (hospital provides for home use)

\*\*Bath Bench

\*\*Hand Held Shower

\*\*Elevated toilet

\*\*Sock Aide

\*\*Reacher



### Other (may not be required but may be helpful)

\*\*Furniture Risers

➤ Consider extra pillows in chair to raise self for sit to/from stand



# Guidebook for Knee and Hip Replacement

## Equipment Vendors/Resources

We are not able to sell equipment to you, as we are not a Durable Medical Equipment Supplier. We will provide you with recommendations regarding specific item(s) and where it might be obtained. We are not promoting or advertising any particular supply company or vendor and welcome you to investigate other options. Divine Savior Healthcare receives no financial incentive to promote any particular vendor as we are a non-for-profit institution. Please note, the list below is not inclusive to all vendors in our area and we are not promoting any one vendor to you.

Portage	Columbia County	Marquette County	Other
DSH Gift Shop 2817 New Pinery Road 608-745-5120	Pardeeville Hometown Pharmacy 135 N. Main Pardeeville, WI, 53954 608-429-2325	Bentley Pharmacy 201 S. Main St. Westfield, WI 53964 608-296-2877	Home Health United 800-924-2273
Wilz Drug & Home Health 140 E. Cook St. 608-742-3545	Poynette Hometown Pharmacy 317 N Hwy 51 Poynette, WI 53955 608-635-9456	Bentley Pharmacy 27 W. Montello St. Montello, WI 53949 608-297-2474	Community Home Medical 144 3 <sup>rd</sup> Street Baraboo, WI 53913 800-848-5572
Walgreen's 2700 New Pinery Road 608-742-5727		Marquette County Health Dept. Loan Closet Montello, WI 608-297-3135	Joints in Motion Medical <a href="http://www.jimmedical.com">www.jimmedical.com</a> 866-546-4276
Wal-Mart 2940 New Pinery Road 608-742-1670			Patterson Medical <a href="http://www.pattersonmedical.com">www.pattersonmedical.com</a> 800-323-5547
Goodwill - Portage 2902 Village Road 608-745-0616			
St. Vincent Depaul Store 1311 W. Wisconsin St. 608-742-5513			

# Guidebook for Knee and Hip Replacement

## Surgery Timeline

### Four Weeks Before Surgery

#### Start Vitamins, Iron

Once your surgery is scheduled, you should begin taking the following vitamins as recommended by your surgeon unless instructed otherwise:

- Multivitamin with iron, once daily
- An *additional* Vitamin B-12 (1000mcg), once daily
- An *additional* Folic Acid (800mcg), once daily

Depending on your pre-operative lab results, your surgeon may add an additional Ferrous Sulfate (iron) tablet. You will be notified if the surgeon wants you to begin additional iron.

### Two to Three Weeks Before Surgery

#### Pre-operative Class

Attend a class for joint surgery patients. Bring your coach. If you cannot attend, inform the JCC.

<b>Class Outline</b>	- Meet the Joint Replacement Team	- Review Pre-operative Exercises
	- Joint Disease	- Discharge Planning/Insurance/Equipment
	- What to Expect from Coach/Caregiver	-Complete Pre-operative Forms
	- Learn About Equipment Needs for Home	

### Seven to Ten Days Before Surgery

#### Pre-operative Visit to Orthopedic Clinic

Seven to 10 days before surgery you will have your blood checked to ensure that our blood bank has the necessary reserves ready for you in the event that you may need blood. It is not necessary for patients to donate their own blood. You may also see your surgeon at this visit.

## One Day Before Surgery

### Shower Prep

Before surgery, you will have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage 2% Chlorhexidine Gluconate Wipes.

Please follow the following instructions the evening before your surgery.

***If you have any scrapes, rash, scabs, infections, or breaks in the skin anywhere on or near your operative site, please contact your orthopedic surgeon before showering/bathing.***

### Sage Wipe Instructions for Surgical Skin Preparation

**What are SAGE wipes?** Sage Wipes [2% chlorhexidine gluconate (CHG)] are germ-killing (antiseptic) cloths used to wash your skin. It is very important in reducing infection risks for surgery patients! The living skin is a constant source of germs. CHG kills 99% of germs on the skin to help prevent germs from getting into an open wound or your bloodstream and causing serious infection.

**When should you NOT use these wipes?** Do not use on children under two months of age. Do not use these wipes if you:

- Have an allergy to Chlorhexidine Gluconate (CHG)
- Currently have severe skin breakdown, rash or burns
- Are receiving radiation therapy
- Are receiving thiotepa (chemotherapy drug)

When should you use these wipes? You will use them twice: the evening before and again the morning of surgery. There are 2 wipes in each pack; you will use a total of 3 packages the night before surgery. You will have another bath or shower the morning of surgery and use the remaining 3 package of wipes, repeating the steps again.



**If you do experience redness or itching, rinse the area with cool water. Dress in clean clothes, and notify your nurse once admitted to the hospital.**

### How to use the wipes?

1. After showering, dry off with a clean towel. Allow your skin to fully dry and cool off before using wipes. Cool, dry skin is less likely to get irritated from the Sage wipes.
2. Use 3 packages of wipes, using a circular or back and forth motion over your body. Wipe each area thoroughly, but do not scrub. Do not use the wipes on your head or face.
3. Use three packages (total of six wipes) of Sage wipes:

**Cloth 1** Wipe your chest and abdomen.

**Cloth 2** Wipe both arms, starting at the shoulder and ending at fingertips. Then thoroughly wipe armpit areas.

# Guidebook for Knee and Hip Replacement

## One Day Before Surgery

### Open a new pack:

**Cloth 3** Wipe both legs, starting at the thigh and ending at toes.

Be sure to thoroughly wipe behind your knees.

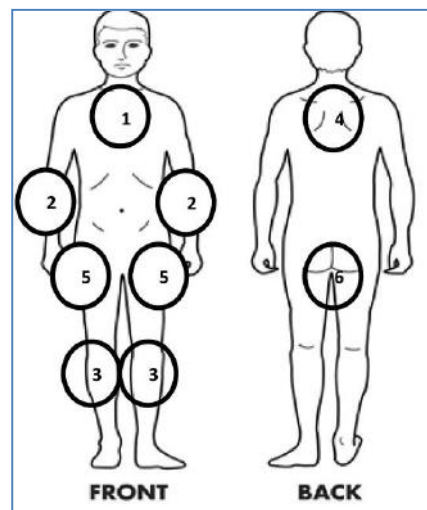
**Cloth 4** Wipe your back starting at the base of your neck to your waist line. Help may be required.

### Open a new pack:

**Cloth 5** Wipe your right and left hip, followed by your groin. Be sure to wipe folds in the groin area, avoiding the privates.

**Cloth 6** Wipe the buttocks. Wash hands or use hand sanitizer.

4. Do not rinse or wipe off the skin after using the CHG wipes. Your skin may feel tacky or sticky for a minute or two until the Sage product dries; this is normal. Do not apply lotions, oils, creams, or ointments to skin. Let the skin air dry. Skin may feel sticky for a short time as it dries. Put on clean clothing. Sleep in clean bed sheets.



## Items to Bring to the Hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, etc.)
- Loose fitting shorts or pants with elastic waist
- Button front or zip front tops
- Slide on shoes or shoes with elastic shoelaces; flat shoes or tennis shoes
- Battery-operated items (NO electrical items)
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo ID
- Co-payment if required by insurance company

## Special Instructions

- Pre-admission testing nurse will inform you which medications, if any, to take on the morning of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove finger nail polish.
- No body lotion or deodorant on the day of surgery.

## Find Out Your Arrival Time at the Hospital

You will receive a call from the hospital on the day before the surgery (or on Friday if your surgery is on Monday) to inform you of what time your procedure is scheduled. You will be asked to come to the hospital up to two hours before the scheduled surgery to give the nursing staff sufficient time to prepare you for your surgery, and answer your questions. It is important that you arrive on time to the hospital to prevent a delay in your surgery.

# Guidebook for Knee and Hip Replacement

## Night Before Surgery

Your pre-op nurse will provide instructions for the night before surgery.

- Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so pre-op nursing or your surgeon. This includes mints, chewing gum and hard candy.
- Do not drink alcoholic beverages 24 hours before your surgery.
- Do not smoke or chew tobacco after midnight the day before surgery through the morning of surgery.
- Do brush your teeth and/or use mouthwash (but do not swallow the water).

## Day of Surgery

### Shower Prep

Shower/bath and use the Sage wipes following the same instructions above.

### Arrival

You will enter the hospital through the main entrance and proceed to Registration. Please arrive at the hospital two hours before surgery to give staff time to start IVs, prep, and answer questions. It is important you arrive on time as occasionally the surgery begin earlier than scheduled.

## Items to Take to the Hospital

- Joint Journey Guidebook
- Personal hygiene items (toothbrush, deodorant, razor, etc.)
- Loose fitting clothes (2 pairs of shorts, tops)
- Slippers with non-slip soles; flat shoes or tennis shoes
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company
- Bring glasses and hearing aids if you rely on them
- Your CPAP machine if you have sleep apnea
- Cell phone and charger (Divine Savior is pleased to provide complimentary Wi-Fi access for you during your stay.)

## Special Instructions

You will be given specific instructions from your surgeon regarding medications, skin care, and showering.

- Take the medication which you have been told to take only, with a sip of water.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Nail polish must be removed.
- No body lotion.
- Wear dentures and/or partials.

## Section Two:

## At the Hospital

### Understanding Anesthesia

#### Anesthesia Team

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by Certified Registered Nurse Anesthetists (CRNAs).

#### Choosing a CRNA

Although most patients are assigned a CRNA, you may be able to request one based on personal preference. Requests for specific CRNAs should be submitted in advance through your surgeon's office.

#### Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

#### Side Effects

Your CRNAs will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but **do not expect to be totally pain free**. Staff will teach you the pain scale to assess your pain level.

#### Understanding Pain

Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.

#### Pain Scale

Using a number to rate your pain can help the Joint

Team understand and help manage it. “0” means no pain and “10” means the worst pain possible.

With good communication, the team can make adjustments to make you more comfortable.



## Hospital Care - What to Expect

### Before Surgery

- Your CRNA will review your information to evaluate your general health to determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).

### During Surgery

- The CRNA will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

### After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored, and an x-ray of your new joint may be taken.
- Depending on the type of anesthesia used, you may experience blurred vision, a dry mouth, and chills.
- You will then be taken to your private room in the Joint Journey unit on the 2<sup>nd</sup> floor.
- Discomfort after surgery is common and is treated using multiple medication regimens and therapies. We work to reduce your need for opioid (narcotics) quickly, while help you keep pain to a tolerable level. Expect discomfort to last for a few weeks after surgery.
- ***Only one or two very close family members or friends should visit on surgery day.***
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. It is important you begin ankle pumps. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and doing the deep breathing exercises you learned.

## Medications

- You will be receiving medications throughout your stay, some which may be unfamiliar to you. Don't be afraid to ask questions. Your healthcare staff and pharmacist are readily available to help you understand any medications ordered for you. Antibiotics, pain relievers, anti-nausea, surgical anesthetic medications, and anti-coagulants are the most common medications you will likely receive. In most cases, your routine daily home medications will be given to you while in the hospital using our pharmacy's supply. Unless instructed otherwise, please leave your daily medications at home.
- A combination of pain relievers will likely be prescribed to manage discomfort in a variety of ways, some to reduce or relieve incisional or joint pain, others to reduce inflammation, and others to reduce pain in the nerves. Some of the medications will be prescribed on a scheduled time, and others on an as-needed basis. Your surgeon will determine what is best for you.
- At discharge, you will receive prescriptions. Frequently, this often includes an anti-coagulant, a stool softener, and a pain medication. The anti-coagulant reduces your chance of developing dangerous blood clots. The stool softener helps prevent constipation, an unpleasant side effect of narcotic pain medications. The pain medication will help control your discomfort, take it as prescribed.

## Post-op Day One

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- You will spend the day out of bed and in the recliner.
- Your surgeon will visit.
- The physical therapist will get you walking with crutches or a walker.
- Intravenous (IV) pain medication will likely be stopped; you may begin oral pain medication.
- Group therapy typically begins; occupational therapy may begin, if needed.
- Your coach is encouraged to be present. Visitors are welcome late afternoon or evening.

## Post-op Day Two – Anticipated Discharge Day

- Expect to be out of bed, bathed, dressed in your own clothes, and seated in a recliner. Shorts/tops are best; long pants are restrictive.
- Day will start with a morning walk.
- You will spend the day out of bed and in the recliner.
- You will have Group Therapy twice today. Your coach should participate.
- You will walk the halls and learn to climb up/down stairs.
- The goal is to discharge you after the afternoon exercise class.

## Post-op Day Three (if necessary)

- Day three morning is similar to day two.
- The goal is to discharge you after the morning exercise class.

# Guidebook for Knee and Hip Replacement

## Rehab Therapy Schedule

**Note:** Times are approximate and represent a typical schedule. The rehab therapists will advise patients and family members if times change.

<b>Surgery Day</b>	<p>You may be seen by the physical therapist today for your post-op PT evaluation.</p> <p>If you're not back to your room prior to 3:30 p.m., the evaluation will occur in the morning of Post-Op Day 1</p>
<b>Post-Op Day #1</b>	<p>If you were not evaluated on your surgery day, the physical therapist will come to your room to evaluate you in the morning.</p> <p>Individual physical therapy sessions will be held based on your needs to safely discharge home.</p> <p>You will be walked from your room to the group therapy room, with the support of our team and your coach.</p> <p>Your group physical therapy sessions are held in the morning and afternoon. You will begin your walk from your room at 9:30 a.m. prior to the 10:00 a.m. class and at 1:30 p.m. prior to the 2:00 p.m. class. Coaches are encouraged to attend. We will review discharge instructions for home at group sessions.</p> <p>Occupational therapy will also evaluate you today and assure you are prepared to manage your activities of daily living and self-care prior to returning home.</p> <p>It may be possible to be discharged home today if everything is on target on your Joint Journey process. Patients not discharged today will continue into Post-Op Day #2</p>
<b>Post-Op Day #2</b>	<p>You will be walked from your room to the group therapy room, with the support of our team and your coach.</p> <p>Your group physical therapy sessions are held in the morning and afternoon. You will begin your walk from your room at 9:30 a.m. prior to the 10:00 a.m. class and at 1:30 p.m. prior to the 2:00 p.m. class. Coaches are encouraged to attend. We will review discharge instructions for home at group sessions.</p> <p>Additional individual physical therapy sessions will be held based on your needs to safely discharge home.</p> <p>Occupational therapy will also treat you today if it was indicated, in order to assure you are prepared to manage your activities of daily living and self-care prior to returning home</p> <p>Expect to be discharged today after your afternoon group therapy session.</p>

# Post-op Edema (Swelling) Management Exercises

## Joint Journey

### BREATHING - 1

#### Diaphragmatic – Supine

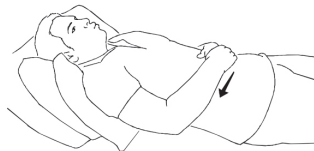
Inhale through nose making navel move out toward hands. Exhale through puckered lips, hands follow navel in.



**Repeat 10 times.**

**Rest 5 seconds between repeats.**

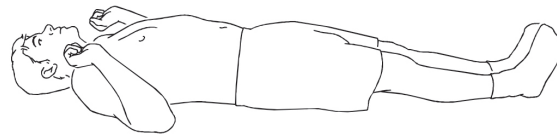
**Do 2-3 times per day.**



### HIP - 9

#### Buttock Set – Supine

Push back against floor and tighten buttocks. Hold 5 seconds.



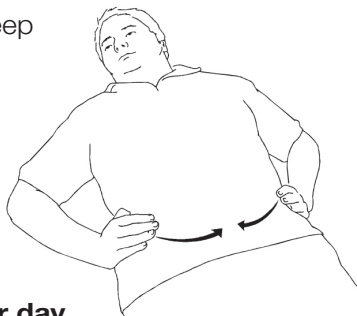
**Repeat 10 times.**

**Do 2-3 times per day.**

### TRUNK - 20

#### Cummerbund – Sweep

At same time sweep hands 10 times from each side of waist to navel.

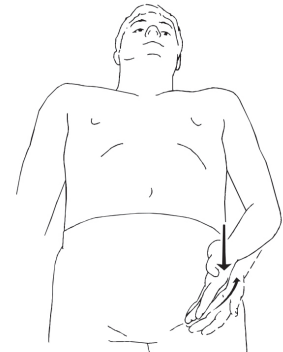


**Do 2-3 times per day.**

### LEG / ANKLE / FOOT - 1

#### LEG: Inguinal Nodes Stimulation

With small finger side of hand against hip crease on involved side, gently press heel of hand down 10 times and then roll it upward toward outside of hip.



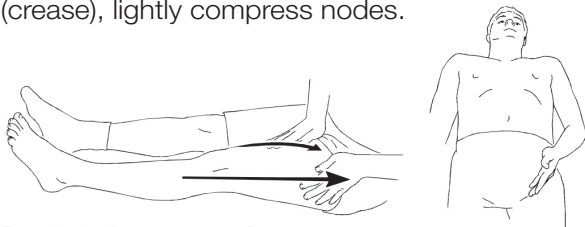
**Repeat 1 time.**

**Do 2-3 times per day.**

### LEG / ANKLE / FOOT - 6

#### LEG: Thigh – Sweep

Hands on each side of involved thigh, at knee sweep 10 times to top of thigh, up to hip nodes (crease), lightly compress nodes.



**Do 2-3 times per day.**

### LEG / ANKLE / FOOT - 7

#### LEG: Popliteal Nodes Stimulation

Palms behind involved knee, sides of fingers touching, press 10 times into back of knee ending with rolling pressure toward thigh.



**Repeat 1 times. Do 2-3 times per day.**



**A new kind of care**

## Discharge Options

### Going Directly Home

- Have someone pick you up.
- Receive discharge instructions concerning medications, rehab therapy, activity, etc.
- Confirm equipment
- Patients going home will begin outpatient therapy with 1-2 days after discharge.
- If Home Health services are needed, the hospital will arrange.



### Going to a Sub-acute Rehabilitation Facility (i.e., Nursing Home)

- Sub-acute stays must be approved by your insurance company.
- In order to transfer to a sub-acute rehabilitation facility, you must meet admission criteria established by the facility in accordance with your insurance company or Medicare.
  - If you are functioning at a high level and still desire sub-acute support, our social service team can assist in helping to determine the private pay rates for the room and board for the facility you are considering. Therapy would still be provided as an outpatient benefit.
- Someone needs to drive you, or ask the hospital to arrange for transportation for facilities off campus.
- Your doctor or a doctor from the sub-acute facility will care for you in consultation with your surgeon.
- If sub-acute rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

## Section Three:

## At Home After Surgery

### Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

*Try not to nap during the day so you will sleep at night.*

#### Be Comfortable

- Wean off prescription medication to non-prescription pain reliever such as Extra-strength Tylenol® tablets up to four times per day.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Use ice for pain control at least 30 minutes each hour. Use before and after exercise program.

#### Body Changes

- Appetite may be poor, but your desire for solid food will return.
- **Drink plenty of fluids;** 6-8 glasses of water per day is recommended, unless told otherwise by your doctor.
- May have difficulty sleeping.
- Energy level will be low; this may last for up to the next four weeks.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, as directed.

#### Compression Stockings

You will wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- If swelling in operative leg is bothersome, elevate leg for short periods. Lie down and raise leg above heart level.
- You may remove stocking for sleep but you must reapply each morning.
- Wear stockings for six weeks after surgery to reduce swelling and maintain good circulation; ask surgeon when you can discontinue.
- Notify your doctor if pain or swelling increases in either leg.

#### Incision Care:

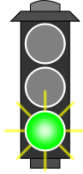
- Most incisions are covered with a water tight dressing until your staples are removed in your surgeon's office, usually in about 10-14 days. (You may shower with this dressing)
- Keep dressing in place until one week post-op. If dressing peels up or is saturated, leave in place and cover with clean gauze and tape and notify the surgeon or Orthopedic office directly for further instructions.
- Notify your surgeon if you experience increased drainage, redness, pain, odor or heat around the incision.

# Watching the signs of a healthy recovery for Joint Replacement

Keep your appointments for rehab and your follow-up in the Ortho clinic.

Maintain joint precautions! Keep up with daily exercises, walking, stockings, vitamins, and your anticoagulant if ordered.

**GREEN**



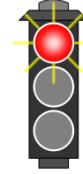
**You are in control**

**YELLOW**



**Take Action**

**RED**



**Take Action NOW!**

	For non-urgent questions regarding your total joint replacement, call the Joint Care Coordinator – messages left will be returned within 1 business day (608) 617-5260	<b>Monday to Friday 8 to 4:30pm, call the Orthopedic Triage RN (608) 745-6420</b>  <b>After hours, weekends and holidays, call the main hospital (608) 742-4131</b>	<b>Call 911 or seek immediate medical attention</b>
<b>Swelling and Pain</b>	Pain that is controlled to a tolerable level with medication, alternating periods of rest with walking/exercise, ice and elevation  Some swelling, but decreases with ice and elevation	Unable to get out of bed due to pain and/or swelling  New numbness or tingling in hands or feet  Swelling that does not decrease after ice and elevation  Mild onset calf pain, redness or tenderness	<b>Intense calf pain or tenderness with redness or swelling in either leg</b>  <b>Chest pain, difficulty breathing or shortness of breath</b>
<b>Bandage</b>	Clean, dry and sealed in place  Minimal increase in drainage on bandage, but bandage not leaking or saturated	Bandage is full of fluid, leaking or saturated through  Bandage came off or loose, edges unsealed to skin	<b>Any fall that results in a suspected or obvious injury to your surgical limb</b>
<b>Incision Site</b>	Bandage clean and dry  Once dressing removed... None to minimal thin fluid drainage only  Incision looks pink, skin is pulled together	Thick drainage with or without odor  Redness, warmth and swelling	<b>Stroke symptoms: which include sudden numbness or weakness of face, arm or leg on one side of the body, sudden difficulty speaking</b>
<b>Fever</b>	No chills Temperature less than 101deg F No chills	Temperature more than 101/5deg F  Chills	
<b>Diet, urination and bowels</b>	Able to eat and drink  Urinating normally, with no burning or hesitation  Bowel movements at least every 2 days	Poor intake of food and/or fluid  Nausea or vomiting  No bowel movement for more than 3 days after taking stool softener and/or laxatives as recommended	

- Do not use lotions, ointments, creams or powders on or near your incision for 4 weeks after surgery.
- Do not submerge your incisional area in water (bathtubs, lakes, pools, hot tubs) for at least 4 weeks after surgery.
- Take temperature if feeling warm or sick. Call your surgeon if your temp exceeds 101.0 degrees orally.

## Recognizing and Preventing Potential Complications

### Infection

<b>Signs</b>	<ul style="list-style-type: none"><li>• Increased swelling and redness at incision site.</li><li>• Change in color, amount, and odor of drainage.</li><li>• Increased pain in knee.</li><li>• Fever greater than 101 degrees.</li></ul>
<b>Prevention</b>	<ul style="list-style-type: none"><li>• Take proper care of incision.</li><li>• Do not use lotions, ointments, creams or powders on or near your incision for 4 weeks after surgery.</li><li>• Notify doctor and dentist you have a joint replacement.</li><li>• Notify dentist or surgeon before having dental work or other invasive procedures done-prophylactic antibiotics are generally prescribed.</li></ul>

### Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

<b>Signs</b>	<ul style="list-style-type: none"><li>• Swelling in thigh, calf, or ankle that does not go down with elevation.</li><li>• Pain, heat, and tenderness in calf, back of knee, or groin area.</li><li>• Blood clots can form in either leg.</li></ul>
<b>Prevention</b>	<ul style="list-style-type: none"><li>• Perform ankle pumps.</li><li>• Walk several times a day.</li><li>• Wear compression stockings.</li><li>• Take blood thinners as directed.</li><li>• Apply ice packs to swollen surgery site.</li><li>• Elevate the involved site above the level of the heart.</li></ul>

## Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

### Signs

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.

### Prevention

- Follow guidelines to prevent blood clot in legs.

## Post-operative Goals

### Weeks One to Two

**Goal is discharge from the hospital within two days. Most patients go directly home, with ongoing physical therapy, but some patients may go to a skilled facility for care and rehab prior to going home.**

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with walker or support daily.
- If you have stairs, climb and descend flight of stairs (12-14 steps) with rail once a day.
- Showering is OK after discharge. The dressing is water-resistant and OK for showering unless otherwise instructed by your surgeon. It is OK to shower after the dressing is removed at one week, allowing water to run over the stapled incision. Pat dry and keep clean.
- Gradually resume homemaking tasks.
- Do home exercises twice a day.

#### **Knee patients only:**

- Straighten knee completely.
- Bend your knee 90 degrees.

### Weeks Two to Four

**Goal is to gain more independence. Follow home exercise program to achieve the best results.**

- Achieve one- to two-week goals.
- Move to cane or single crutch, as instructed by physical therapy.
- Walk at least one-quarter mile.
- Climb and descend flight of stairs (12-14 steps) more than once daily.
- Shower and dress.
- Resume homemaking tasks.
- Do home exercises twice a day.
- With your physician's permission, you may be able to begin driving if left knee had surgery.

# Guidebook for Knee and Hip Replacement

## Weeks Two to Four

### Knee patients only:

- Straighten knee completely.
- Bend your knee more than 90 degrees.

## Weeks Four to Six

### Goal is recovery to full independence. Home exercise program is important as you receive less supervised therapy.

- Achieve one- to four-week goals.
- Walk with cane or single crutch.
- Walk one-quarter to one-half mile.
- Progress on a stair from one foot to regular stair climbing (foot over foot).
- Actively bend knee 110 degrees.
- Straighten knee completely.
- With physician's permission you may be able to drive a car (regardless of which knee had surgery).
- Home exercise program twice a day.

## Weeks Six to 12

### Goal is to resume all of your activities.

- Achieve one- to six-week goals.
- Walk without cane or crutch — and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Bend knee to 120 degrees.
- Improve strength to 80%.
- Resume activities including dancing, bowling, and golf.

# Guidebook for Knee and Hip Replacement

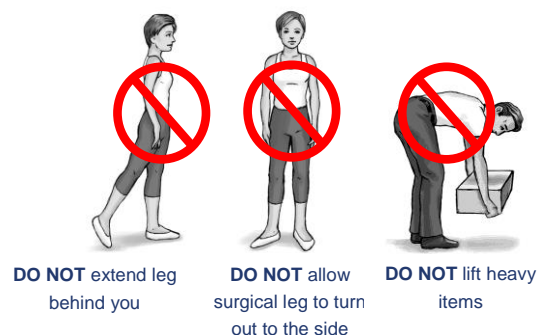
## Hip Precautions

You need to maintain certain hip precautions in order to avoid dislocation of your new joint. The precautions will be dependent on the surgical approach used by your doctor.

Your Joint Journey Team will help to identify with you the appropriate precautions applicable to you.

### Approach: Anterior

- Do not extend leg behind you
- Do not allow surgical leg to turn out to the side
- Avoid heaving lifting
- Maintain the above until cleared by your physician



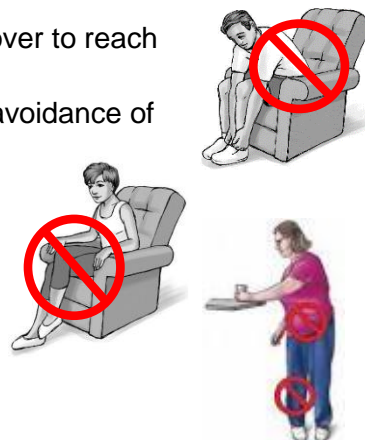
### Approach: Anterior-Lateral

- Avoid bending past 90 degrees- includes lower surfaces, bending over to reach something or when putting on socks/shoes.
- Avoid crossing your legs at the knees (ok at ankles). This includes avoidance of crossing legs when putting on shoes/socks.
- Use pillow between legs when rolling in bed
- Maintain the above for 6 weeks or until cleared by your physician



### Approach: Posterior

- Avoid bending past 90 degrees - includes lower surfaces, bending over to reach something or when putting on socks/shoes.
- Avoid crossing your legs at the knees (ok at ankles). This includes avoidance of crossing legs when putting on shoes/socks.
- Avoid twisting or turning your foot/leg inward
- Use pillow between legs when rolling in bed & avoid lying on the surgical hip
- Maintain the above for 12 weeks or until cleared by your physician



## Activities of Daily Living

### Stand From Chair

Do NOT pull up on walker to stand! Sit in chair with armrests.

1. Extended surgical leg so knee is lower than hips.
2. Scoot hips to front edge of chair.
3. Push up with both hands on armrests. If a chair doesn't have an armrest, place one hand on walker while pushing off side of chair with other. Balance before grabbing for walker.



### Stand to Sit

1. Back up to center of chair until you feel chair on back of legs.
2. Slide out foot of surgical knee, keeping strong leg close to chair for sitting.
3. Reach back for armrest one at a time.
4. Slowly lower body to chair, keeping surgical leg forward as you sit.



## Bed Transfers

### Getting Into Bed

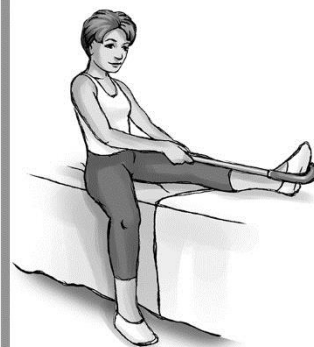
1. Back up to bed until you feel it on back of legs (need to be midway between foot and head of bed).
2. Reaching back with both hands, sit down on edge of bed and scoot back toward center of mattress. (Silk pajama bottoms, satin sheets, or sitting on plastic bag may make it easier.)
3. Move walker out of way, but keep it within reach.
4. Scoot hips around so you are facing foot of bed.
5. Lift leg into bed while scooting around (if this is surgical leg, you may use other leg, a cane, rolled bed sheet, belt, or elastic band to assist with lifting leg into bed).
6. Keep scooting and lift other leg into bed.
7. Scoot hips toward center of bed.



Back up until you feel leg on bed.



Sit keeping knee lower than hip.



Scoot back on bed lifting leg onto bed.

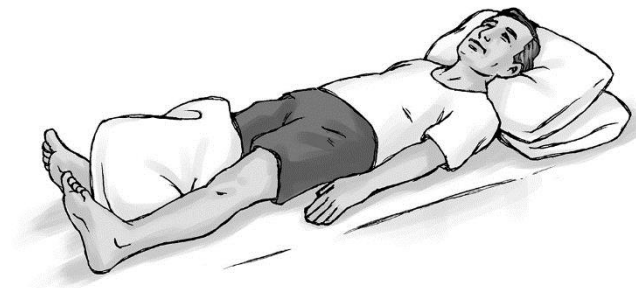
# Guidebook for Knee and Hip Replacement

## Getting Out of Bed

1. Scoot hips to edge of bed.
2. Sit up while lowering non-surgical leg to floor.
3. If necessary, use leg-lifter to lower surgical leg to floor.
4. Scoot to edge of bed.
5. Use both hands to push off bed. If bed is low, place one hand in center of walker while pushing off bed with other.
6. Balance before grabbing walker.



## Lying in Bed



Keep pillow between legs when lying on back. Position leg so that toes are pointing to ceiling – not inward or outward.



To roll from back to side, bend knees slightly, place pillow between legs so surgical leg does not cross midline. Roll onto side.

## Walking

1. Push rolling walker forward.
2. Step forward placing foot of surgical leg in middle of walker area.
3. Step forward the non-surgical leg. Do NOT step past front wheels of walker.



- Note:
- Take small steps. Keep walker in contact with floor, pushing it forward like shopping cart.
  - If using a rolling walker, advance from basic technique to normal walking pattern. Holding onto walker, step forward with surgical leg, pushing walker as you go; try to alternate with equal step forward using non-surgical leg. Continue to push walker forward. When you first start, this *may not* be possible, but you will find this gets easier. Make sure that your foot does not go past the front of the walker when taking a step. Ideally, the foot should land in the center of the walker.

## Stair Climbing

1. Begin climb (ascend) with non-surgical leg first (up with good).
2. Go down (descend) with surgical leg first (down with bad).
3. Always hold on to railing!

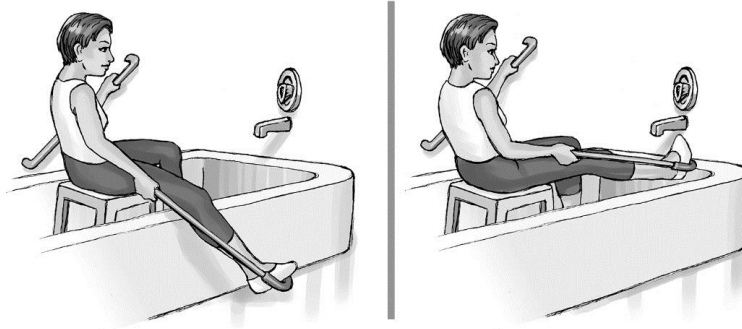
## Tub Transfers

### Getting Into Tub Using Bath Seat

1. Place bath seat in tub facing faucet (If you've had a hip replacement, select a bath seat that is tall enough to ensure hip precautions can be followed).
2. Back up to tub until you feel it at back of knees. Be sure you are in line with bath seat.
3. Reach back with one hand for bath seat. Keep other hand in center of walker.
4. Slowly lower onto bath seat, keeping surgical leg out straight.
5. Move walker out of way, but within reach.
6. Lift legs over edge of tub, using leg lifter for surgical leg, if necessary. Hold onto shower seat or railing.

### Getting Out of Tub Using Bath Seat

1. Lift legs over outside of tub using leg lift or cane.
2. Scoot to edge of bath seat.
3. Push up with one hand on back of bath seat while holding on to center of walker with other hand.
4. Balance before grabbing walker.



- Note:
- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
  - Use rubber mat or non-skid adhesive on bottom of tub or shower.
  - To keep soap within reach, make soap-on-a-rope by placing bar of soap in toe of an old pair of pantyhose and attach it to bath seat.

## Getting Dressed

A reacher or dressing stick can help remove pants from foot and off floor.

## Putting on Pants and Underwear

1. Sit down. Put surgical leg in first and then non-surgical leg. Use reacher or dressing stick to guide waistband over foot.
2. Pull pants up over knees.
3. Stand with walker in front to pull pants up.



## Taking off Pants and Underwear

1. Back up to chair or bed.
2. Unfasten pants and let them drop to floor. Push underwear down to knees.
3. Lower yourself down, keeping surgical leg out straight.  
Take non-surgical leg out first and then surgical leg.

## Using Sock Aid

1. Slide sock onto sock aid.
2. Hold cord and drop sock aid in front of foot. Easier to do if knee is bent.
3. Slip foot into sock aid.
4. Straighten knee, point toe, and pull sock on. Keep pulling until sock aid pulls out.



## Using Long-handled Shoehorn

- Use reacher, dressing stick, or long-handled shoehorn to slide shoe in front of foot.
- Place shoehorn inside shoe against back of heel.
- Lean back as you lift leg and place toes in shoe.
- Step down into shoe, sliding heel down shoehorn.

This can be performed sitting or standing. Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces. Do NOT wear high-heeled shoes or shoes without backs.

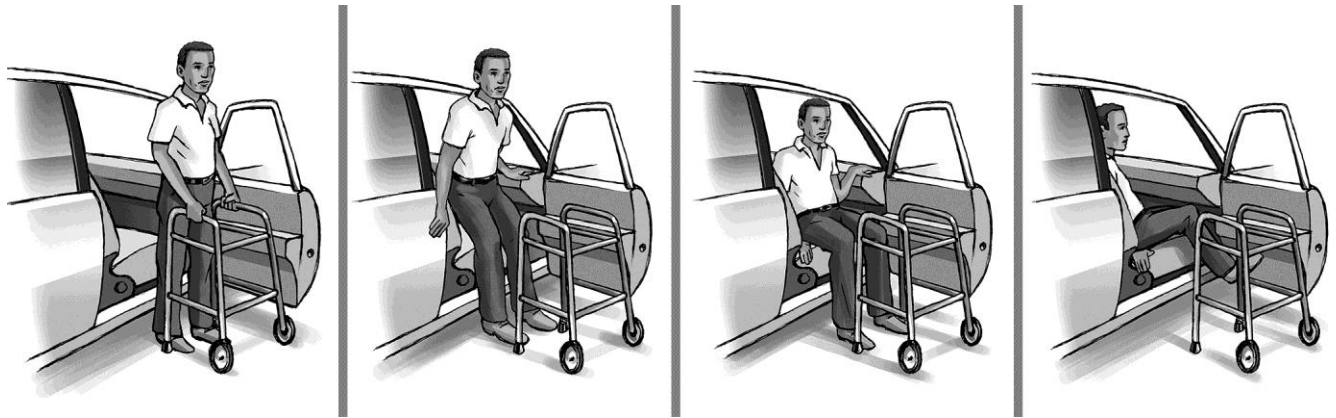


# Guidebook for Knee and Hip Replacement

## Car Transfers

### Getting Into the Car

1. Push car seat all the way back; recline seat back to allow for adequate room to get in and out, but always have it upright for travel.
2. Place plastic bag on seat to help you slide.
3. Back up to car until you feel it touch back of leg.
4. Hold on to immovable object – car seat or dashboard – and slide surgical foot out straight. Watch your head as you sit down. Slowly lower yourself to car seat.
5. Lean back as you lift surgical leg into car. Use cane, leg lifter, or other device to assist.



### Getting Out of the Car

Bring your legs out one at a time. Lead with your hips and shoulders and do not twist your back. Place your right hand on back of the seat and the left hand on the frame or dashboard. Push up to stand. Reach for the walker when you are stable.



## Around the House: Saving Energy and Protecting Your Joints

### Kitchen

- Do NOT get on knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use a high stool or put cushions on a chair when preparing meals.



### Bathroom

Do NOT get on knees to scrub bathtub. Use a mop or other long-handled brushes.

### Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms to make it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with surgeon's permission.

## Reminders for your New Joint

### What to Do

- Although risks are low for post-operative infections, the risk remains. A prosthetic joint could possibly attract bacteria from an infection located in another part of your body.
- If you develop a fever of more than 101 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a dressing or adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if area is painful or reddened.
- Notify your dentist or other doctor/surgeon in advance if you are having dental work or other invasive procedures. Generally, antibiotics are taken prior to procedure.
- When traveling, stop and change positions regularly to prevent your joint from tightening.

### Exercise

With permission from your orthopedic surgeon and primary care doctor, you should be on a regular exercise program three to four times per week, lasting 20 to 30 minutes.

#### Exercise – Do

- Choose low impact activity.
- Home program outlined in Guidebook.
- Regular one- to three-mile walks.
- Home treadmill (for walking).
- Stationary bike.
- Aquatic exercises.
- Regular exercise at fitness center.
- Low-impact sports such as golf, bowling, gardening, dancing, swimming, etc.
- Consult surgeon or rehab therapist about specific sport activities.



#### Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up sports requiring strength and agility until you discuss it with surgeon.
- Impact activities such as running, jumping and singles tennis may put too much load on the joint and are generally not recommended.
- High-risk activities such as downhill skiing are discouraged because of risk of fractures around the prosthesis and damage to prosthesis itself.

## Importance of Follow-up Visits

### When should you follow-up with your surgeon?

- Post-op at 10-14 days.
- Anytime you have new or increasing pain.
- One year after surgery.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain that is uncontrolled with your advised pain management regimen.

There are reasons for routine follow-up visits with your orthopedic surgeon.

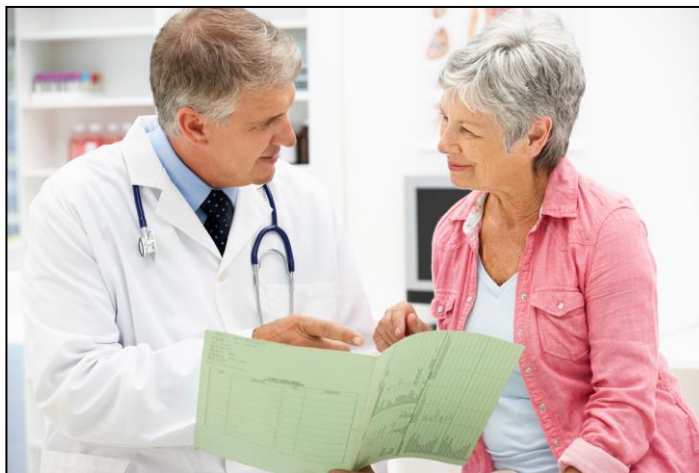
If you have a cemented knee, the integrity of cement needs to be evaluated. With time and stress, cement may crack. A crack in cement does not necessarily mean you need another surgery.

Your knee could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening.

Second reason for follow-up is the plastic liner in your knee may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis (similar to what can happen with cement).

X-rays taken at follow-up visits can detect problems. New x-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.



## Section Four:

# Appendix

## Additional Resources

**Divine Savior Healthcare Concierge: (608) 745-6239 or [concierge@dshealthcare.com](mailto:concierge@dshealthcare.com).**

One call to our concierge will help you get fast, practical answers. We're here every step of the way, from finding a doctor to understanding your bill or verifying insurance coverage for a diagnostic test. Some of the many questions the concierge can answer include: I need to schedule a mammogram; where do I go? Can my elective surgery be scheduled on an outpatient basis? What hotels are near the hospital?

When you have questions, you need answers. Nothing is more important than your health – and Divine Savior Healthcare is here to help. Our concierge is available Monday through Friday in Suite 1010 across from Human Resources. You can call (608) 745-6239 with questions or email at [concierge@dshealthcare.com](mailto:concierge@dshealthcare.com). Need something a little more face to face? You can also schedule appointments for your convenience.

### **Concierge services include:**

- Answering questions on pricing, billing and reimbursement.
- Coordinating medical record release to assist with continuity of care.
- Assisting patients who need to see a specialist at another healthcare facility by helping gather appropriate records, test results, X-rays and other documentation.
- Assisting with payment arrangements.
- One-on-one education regarding insurance processes.
- Assisting patients with applications for medical assistance and other benefits.
- Assisting patients with prior authorizations, referrals and lists of available providers.
- Providing miscellaneous information, such as lodging, transportation and more.

## Do you know...?

- ☐ About your anticoagulant medication:  
Monitoring, Dosing, and Precautions
- ☐ Surgical dressing and wound care
- ☐ Pain medication dos and don'ts
- ☐ Signs and symptoms of infection
- ☐ How to put on the TED stockings
- ☐ How often the stockings should be removed and for how long
- ☐ Signs and symptoms of a blood clot and Pulmonary Embolism
- ☐ How to use the incentive spirometer and how often
- ☐ Movement restrictions
- ☐ How to get out of bed
- ☐ How to go up and down stairs
- ☐ The exercise program to follow at home
- ☐ Diet restrictions and recommendations
- ☐ Equipment use



*If you have any questions or concerns, please do not hesitate to ask a member of the team prior to discharge.*

## Section Five:

### Homework

The surveys in this section have been designed to help us understand and plan for your care. Some of the responses may also be required by the Centers for Medicare and Medicaid, depending on your insurance. Please complete the surveys in this section and bring to your Joint Journey class.

Today's Date: \_\_\_\_\_ Date of surgery: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

How comfortable are you filling out medical forms by yourself?

Extremely

☐

Quite a bit

☐

Somewhat

☐

A little bit

☐

Not at all

☐

Person completing surveys: ☐ Patient/Self ☐ Other: \_\_\_\_\_

Race:

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ White

☐ Native Hawaiian or Other Pacific Islander

☐ Other

Ethnicity:

☐ Hispanic or Latino

☐ Not Hispanic or Latino



# Guidebook for Knee and Hip Replacement

## For Hip Surgery Patients Only

Name: \_\_\_\_\_

Today's Day: \_\_\_\_\_

### HOOS, Jr. Hip Survey

**INSTRUCTIONS:** This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every questions by ticking the appropriate box; only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

#### Pain

What amount of hip pain have you experience the **last week** during the following activities?

1. Going up or down stairs:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Walking on an uneven surface:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Function, Daily Living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

1. Rising from sitting:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Bending to floor/pick up an object:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Lying in bed (turning over, maintaining hip position):

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Sitting:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Guidebook for Knee and Hip Replacement

## For Knee Surgery Patients Only

Name: \_\_\_\_\_

Today's Day: \_\_\_\_\_

### KOOS, Jr. Knee Survey

**INSTRUCTIONS:** This survey asks for your view about your knee. This information will help us keep track of how you feel about your knee and how well you are able to do your usual activities.

Answer every questions by ticking the appropriate box; only one box for each question. If you are unsure about how to answer a question, please give the best answer you can.

#### Stiffness

The following question concerns the amount of joint stiffness you have experience during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

1. How severe is your knee stiffness after first wakening in the morning?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Pain

What amount of knee pain have you experience the **last week** during the following activities?

1. Twisting/pivoting on your knee:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Straightening knee fully:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Going up or down stairs:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Standing upright:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In your OTHER knee, what amount of pain have you experienced in the last week?

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Function, Daily Living

The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the **last week** due to your knee.

1. Rising from sitting:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Bending to floor/pick up an object:

None	Mild	Moderate	Severe	Extreme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Guidebook for Knee and Hip Replacement

## All patients complete this form

### STOP BANG Questionnaire

Name: \_\_\_\_\_

Age: \_\_\_\_\_

DOB: \_\_\_\_\_

1. Snoring

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes\_\_\_\_\_ No\_\_\_\_\_

2. Tired

Do you often feel tired, fatigued, or sleepy during daytime?

Yes\_\_\_\_\_ No\_\_\_\_\_

3. Observed

Has anyone observed you stop breathing during your sleep?

Yes\_\_\_\_\_ No\_\_\_\_\_

4. Blood Pressure

Do you have or are you being treated for high blood pressure?

Yes\_\_\_\_\_ No\_\_\_\_\_

5. BMI

Height\_\_\_\_\_ Weight\_\_\_\_\_

6. Age

Age over 50 years old?

Yes\_\_\_\_\_ No\_\_\_\_\_

7. Neck circumference

Neck circumference greater than 16 inches?

Yes\_\_\_\_\_ No\_\_\_\_\_

8. Gender

Gender male?

Yes\_\_\_\_\_ No\_\_\_\_\_

SCORE:\_\_\_\_\_

Yes = 1, No = 0

For scores 4 or higher, patients may anticipate a call from the Pulmonary clinic with a referral for a sleep study at approximately 6-8 weeks after surgery."



# Guidebook for Knee and Hip Replacement

## All patients complete this form

### Joint Journey Initial Interview Form

Patient Name: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

#### Which joint are you having replaced?

☐ Hip ☐ Knee ☐ Shoulder

#### Do you have any allergies to medications?

☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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#### Do you drink alcohol?

☐ Yes ☐ No

If yes, what type? \_\_\_\_\_

Amount: \_\_\_\_\_ drinks per week

How many years have you drank? \_\_\_\_\_ years

Have you ever been in treatment, detox, or have a history of tremors from not drinking? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Do you use recreational drugs?

☐ Yes ☐ No

If yes, what type? \_\_\_\_\_

Frequency of use: \_\_\_\_\_ times per week

#### Have you ever had a blood transfusion or received a blood product such as platelets?

☐ Yes ☐ No

If yes, did you have a reaction? ☐ Yes ☐ No

What was the reaction (e.g. chills, temperature, itching, chest pain)?

#### Have you had a blood transfusion, pregnancy, or transplant in the past 3 months?

☐ Yes ☐ No

If yes, blood bank lab must be obtained within 3 days of surgery.

#### Do you wear dentures or have a partial?

☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Do you have any loose teeth? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

#### Do you have vision problems?

☐ Yes ☐ No Which eye? ☐ Right ☐ Left ☐ Both

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you wear glasses or contacts?

☐ Yes ☐ No

Have you ever had eye surgery?

☐ Yes ☐ No



# Guidebook for Knee and Hip Replacement

## All patients complete this form

**Do you have any problems with bowel function?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any major concerns regarding your hospitalization (e.g. financial, self-care, resources, fears)?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If female, please indicate the following.**

☐ Menopausal

☐ Irregular Periods. Date of last period: \_\_\_\_\_

☐ Regular Periods. Date of last period: \_\_\_\_\_

☐ Other: \_\_\_\_\_

**If female, please complete the below questions.**

Date of last pap smear? \_\_\_\_\_

Date of last mammogram? \_\_\_\_\_

Do you perform monthly breast exams ☐ Yes ☐ No

Date of last colonoscopy? \_\_\_\_\_

Do you have any of the following?

☐ Endometriosis

☐ Fibroids

☐ Breast Tenderness

☐ Nipple discharge

☐ Other \_\_\_\_\_

**If male, please complete the below questions.**

Date of last prostate exam? \_\_\_\_\_

Do you perform monthly testicular exams ☐ Yes ☐ No

Date of last colonoscopy? \_\_\_\_\_

Do you have any of the following?

☐ Elevated PSA

☐ Benign Prostate Hypertrophy

☐ Testicular Pain

☐ Penile Discharge

**Do you feel safe at home?**

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have a history of abuse?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you been exposed to a communicable disease?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you ever had tuberculosis or positive skin test?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Have you received the pneumococcal vaccine within the last 5 years?**

☐ Yes ☐ No

If no, do you want to receive before discharge? \_\_\_\_\_

**Have you received the influenza (flu) shot this flu season?**

☐ Yes ☐ No

If no, do you want to receive before discharge? \_\_\_\_\_

**Do you have pain at this time?**

☐ Yes ☐ No

If yes, please rate pain 0=no pain to 10=worst pain \_\_\_\_\_

Describe pain \_\_\_\_\_

\_\_\_\_\_

**Do you have chronic pain?**

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**How do you manage/treat your pain at home?**

☐ Ice to area

☐ Heat to area

☐ Medications

☐ Meditation

☐ Distraction strategies

☐ Elevation

☐ Massage

☐ Stretching

☐ Other \_\_\_\_\_

# Guidebook for Knee and Hip Replacement

## All patients complete this form

### Are you independent with self-cares?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Who is your support system while in the hospital and once you are discharged home from hospital?

☐ Family

☐ Friend

### Who lives with you at home?

\_\_\_\_\_  
\_\_\_\_\_

### Do you expect to return to your home after surgery?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Are you utilizing any type of resources at home?

☐ Home oxygen

☐ Home health agency

☐ Lifeline

☐ Meals on Wheels

☐ Other: \_\_\_\_\_

### What is your mobility status?

☐ Ambulates independently

☐ Use an assistive device such as walker or cane

☐ Use crutches

☐ Wheel chair

☐ Needs assistance to transfer

☐ Bedridden

### Have you lost weight recently without trying?

☐ Yes ☐ No

If yes, how much weight? \_\_\_\_\_

### Have you had a decrease in your appetite?

☐ Yes ☐ No

### Do you follow a special type of diet?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### How would you rate your appetite?

☐ Good

☐ Fair

☐ Poor

### Do you have any of the following?

☐ Nausea

☐ Vomiting

☐ Difficulty swallowing

### During your hospitalization, would you like to see a chaplain?

☐ Yes ☐ No

### Do you have any religious or cultural practices that we need to know about?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Would you accept a blood transfusion if one was needed during your hospitalization?

☐ Yes ☐ No

### Are you able to understand and follow directions?

☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### What is your preferred language for reading?

☐ English

☐ Spanish

☐ Other: \_\_\_\_\_

### How do you learn best: Check all that apply.

☐ Reading

☐ Visual

☐ Discussion

☐ Demonstration

# Guidebook for Knee and Hip Replacement

## All patients complete this form

### How can we help to eliminate any learning barriers?

- ☐ Provide teaching to caretaker/parent
- ☐ Provide teaching to family member
- ☐ Make sure patient is wearing their glasses
- ☐ Make sure patient is wearing their hearing aid
- ☐ Other: \_\_\_\_\_

### Would you like information on the following?

- ☐ Current illness
- ☐ Medications
- ☐ Diet
- ☐ Activity
- ☐ Equipment

Please use this section to tell us anything else that you feel is important for us to know about you.

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# Guidebook for Knee and Hip Replacement

## All patients complete this form

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### VR-12 Health Survey

The following questions ask for your views about your health – how you feel and how well you are able to do your usual activities. All kinds of people across the country are being asked these same questions. Their answers and yours will help to improve health care for everyone. There are no right or wrong answers; please choose the answer that best fits your life right now.

Answer each question by marking an "X" next to the best response.

Q1. In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

Q2. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

a) **Moderate activities** such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No, not limited at all

b) Climbing **several** flights of stairs?

- ☐ Yes, limited a lot
- ☐ Yes, limited a little
- ☐ No, not limited at all

Public reporting burden for this collection of information is estimated to average 7 minutes per response. This time includes the length of the allotted for the survey questions. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to: Address, ATTN: PRA (XXX-XXXX). Do not return the completed form to this address.

Rev 19-Sep-2011

Entered: \_\_/\_\_/\_\_ By: \_\_\_\_\_

# Guidebook for Knee and Hip Replacement

## All patients complete this form

- Q3. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?
- a) Accomplished **less** than you would like.
- ☐ No, none of the time
  - ☐ Yes, a little of the time
  - ☐ Yes, some of the time
  - ☐ Yes, most of the time
  - ☐ Yes, all the time
- b) Were limited in the **kind** of work or other activities.
- ☐ No, none of the time
  - ☐ Yes, a little of the time
  - ☐ Yes, some of the time
  - ☐ Yes, most of the time
  - ☐ Yes, all the time
- Q4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?
- a) **Accomplished less** than you would like.
- ☐ No, none of the time
  - ☐ Yes, a little of the time
  - ☐ Yes, some of the time
  - ☐ Yes, most of the time
  - ☐ Yes, all the time
- b) Didn't do work or other activities as **carefully** as usual.
- ☐ No, none of the time
  - ☐ Yes, a little of the time
  - ☐ Yes, some of the time
  - ☐ Yes, most of the time
  - ☐ Yes, all the time
- Q5. During the past 4 weeks, how much did **pain** interfere with your normal work (including both work outside the home and housework)?
- ☐ Not at all
  - ☐ A little bit
  - ☐ Moderately
  - ☐ Quite a bit
  - ☐ Extremely

# Guidebook for Knee and Hip Replacement

## All patients complete this form

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

Q6a. How much of the time during the past 4 weeks:

Have you felt calm and peaceful?

- ☐ All of the time
- ☐ Most of the time
- ☐ A good bit of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

Q6b. How much of the time during the past 4 weeks:

Did you have a lot of energy?

- ☐ All of the time
- ☐ Most of the time
- ☐ A good bit of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

Q6c. How much of the time during the past 4 weeks:

Have you felt downhearted and blue?

- ☐ All of the time
- ☐ Most of the time
- ☐ A good bit of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

Q7. During the past 4 weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

- ☐ All of the time
- ☐ Most of the time
- ☐ A good bit of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time

# Guidebook for Knee and Hip Replacement

## All patients complete this form

Now we'd like to ask you some questions about how your health may have changed.

Q8. Compared to one year ago, how would you rate your **physical health** in general now?

- ☐ Much better
- ☐ Slightly better
- ☐ About the same
- ☐ Slightly worse
- ☐ Much worse

Q9. Compared to one year ago, how would you rate your **emotional problems** (such as feeling anxious, depressed or irritable) **now**?

- ☐ Much better
- ☐ Slightly better
- ☐ About the same
- ☐ Slightly worse
- ☐ Much worse

***Your answers are important!***

***Thank you for completing this questionnaire!***

The items in this questionnaire were obtained from the Medicare Health Outcomes Survey (HOS) with the express permission of NCQA and the Centers for Medicare & Medicaid Services (CMS). However, this survey is not being used as part of the Medicare HOS program and is not recognized as such by NCQA or CMS.

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Item 1-9: The VR-12 Health Survey item content was developed and modified from a 36-item health survey.

This survey was developed at RAND as part of the Medical Outcomes Study.

It was developed with support from the US Department of Veterans Affairs.

Permission received March 2011.

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# Guidebook for Knee and Hip Replacement

**All patients complete this form**

## Discharge and Safety Plan Checklist (M-RAPT)

NAME:	SURGERY DATE:	D/C Date: Hospital staff to complete
SURGEON:	PROCEDURE:	
PCP:	INSURANCE: <input type="checkbox"/> CJR	Circle your score/answer
CAREGIVER AFTER SURGERY:	PRIMARY D/C PLAN: H/OP    HH    SNF	

About You	Value	Score
1. What is your age group?	< 50 years =3 50-65 years =2 66-75 years =1 >75 years =0	
2. Gender?	Male =2 Female =1	
<b>Residence</b>		
3. Where do you live?	Home =2 Nursing Home/Assisted Living =2 Homeless =0	
4. Who do you live with?  Note: You need to have a full-time support-person with you for the first few days after surgery	Friend/Family =2 Other Caregiver =2 Alone =0 Will they be your caregiving support? Y/N	
5. Describe your residence?	Single Level =2 Multi-Level =1 # Steps to enter _____ # Steps to upstairs _____ Railing to enter Y/N Railing to upstairs Y/N Bedroom on 1 <sup>st</sup> floor Y/N Sleeping arrangement Bed/Chair Bathroom on 1 <sup>st</sup> floor Y/N Standard Tub Y/N Walk-In Shower Y/N	
<b>Mobility</b>		
6. Do you require assistance to walk or care for yourself?	No – I am independent =2 Yes – I need some help =1 Yes – I need help for most things =0	
7. How far on average can you walk?	Two blocks or more (+/-rest) =2 1-2 blocks (+/-rest) =1 Housebound (most of time) =0	

# Guidebook for Knee and Hip Replacement

## All patients complete this form

8. Which gait aide do you use? (more often than not)	None =2 Cane =1 Crutches/walker =0 Wheelchair =0
<b>Support</b>	
9. Do you use community supports? (home help, meals on wheels, district nursing)	None or one per week =1 Two or more per week =0
10. Will your caregiver be with you most of the day/night?	Yes =2 No =0
11. Do you have financial worries for getting food and medicines?	No =2 Yes =0
12. Do you have transportation home?	Yes =2 No =0
13. Do you have transportation to Physical therapy/doctor's appointment?	Yes =2 No =0
<b>Health Status</b>	
14. Health Status	Rarely Sick at All =3 Sick with Chronic Illness Several Times a Year =2 Always Sick =0
15. Chronic Illness	No Chronic Conditions =3 1 Chronic Condition =2 2 or More Chronic Conditions =0  Irregular Heart Rhythm _____ Stroke, Blood Clot _____ CHF _____ COPD, Asthma _____ Smoker _____ Diabetes _____ Obesity _____ Depression _____ Psychiatric Condition _____ Chronic Pain _____ Other: _____  (Check all that apply)

D/C Planning (functional, safety, social) Score: \_\_\_\_\_  
Advanced Care Directive: ☐ On File ☐ Will draft while IP ☐ Needs update

☐ Release of Information form for: \_\_\_\_\_  
(Patient-authorized person that may receive communication)