

Total Hip & Total Knee Replacement Patient Education Guidebook

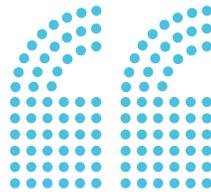


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Dear Patient:

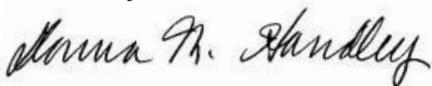
On behalf of Windham Hospital, and our expert doctors, nurses and other professionals, we would like to welcome you and thank you for choosing us for your surgery.

As a Joint Commission-Certified program, our goal is always to provide you with the highest quality care and the best possible experience while you are a patient here. Before then, we also want to make sure you are informed so you can be an active part of your own healthcare team as you prepare for and recover from surgery. Research has shown that understanding your surgery and participating in the whole process positively impacts your recovery and helps you achieve the results you want and expect.

The patient guide is full of important instructions and information that will help you prepare for surgery. The book outlines important steps you should take before, during and after your surgery, planning tools, advice on medications, and diet and exercise recommendations. We encourage you to read this guide carefully. If you have questions, please ask your surgeon or call the Total Joint Program Nurse Navigator at Windham Hospital **860.456.9116 extension 6754**.

Again, thank you for choosing Windham Hospital for your orthopedic care. We look forward to helping you.

Sincerely,



Donna Handley
President
Windham Hospital

Dear Patient:

On behalf of the Hartford HealthCare Bone & Joint Center at Windham Hospital, and our expert doctors, nurses and other professionals, we would like to welcome you and thank you for choosing us for your surgery.

Our team provides the highest standards of care to ensure a quality experience for you and your family. We are committed to keeping you informed, and helping you become an active partner in your health care. We will do everything we possibly can to make your stay with us as pleasant as possible.

You will find important instructions and information to prepare you for your surgery in this education packet. It will answer many of the questions you may have, and clearly outline the things you need to do before and after surgery.

Planning tools, advice on medications, diet, and exercise recommendations are also included.

Please take the time to read the materials carefully.

If you have further questions about your surgery call The Center for Bone & Joint Care at **860.963.2133**.

Sincerely,



A handwritten signature in black ink, appearing to be 'KR', written in a cursive style.

Kevin Joseph Reagan, MD
*Chairman of Orthopedic Surgery
Total Joint Program
Bone & Joint Center at
Windham Hospital*



A handwritten signature in black ink, appearing to be 'BVC', written in a cursive style.

Biren V. Chokshi, MD
*Orthopedic surgeon
Total Joint Program
Bone & Joint Center at
Windham Hospital*

Important phone numbers

Your Surgeon: _____

Your Medical Doctor: _____

Hartford HealthCare Bone & Joint Institute at Windham Hospital:

You may call your surgeon's office directly with any questions or concerns during normal business hours. For emergencies only you may call **860.963.2133** for the on-call surgeon after normal business hours.

Hartford Healthcare Bone & Joint Center at Windham Hospital:

Preadmission Testing Center **860.456.9116, ext. 6931**

Orthopedic Nurse Navigator for The Total Joint Program: 860.456.9116, ext. 6754

Your Nurse Navigator will follow you throughout your Total Joint Replacement continuum of care. She will provide you with education, both pre and post-operatively.

Total Joint Supervisor **860.425.3815**

Laurie Matney, MSN, RN, RN-BC

The Total Joint Supervisor is available for non-urgent questions or concerns Monday-Friday, 7am-3:30pm

Directions to the Bone & Joint Institute at Windham Hospital

Coming from Putnam, CT:

Take I-395 S toward Norwich
Take exit 37B to merge onto US-6 W toward Willimantic/Hartford
Take the exit toward Tolland 195/University of Connecticut Storrs
Turn left onto State Hwy 632 (unmarked frontage road, first road on right after East Brook Mall)
Turn left at the 1st cross street onto Mansfield City Rd
Continue onto High Street
Turn right onto Prospect Street
Continue straight until you reach the stop sign, the Windham Hospital Campus Shea
The entrance will be directly in front of you.

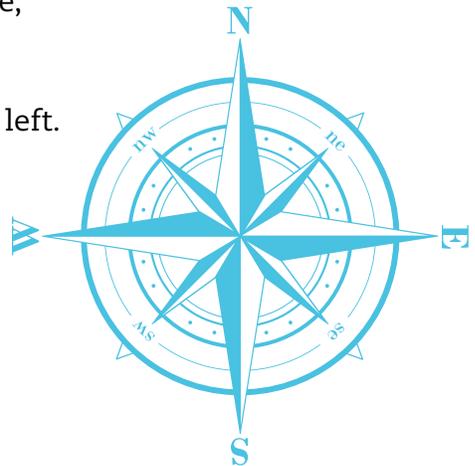
Coming from Hartford, CT:

Take Route 84 East to exit 59 (Route 384 East) and follow to end.
At the split, bear right and follow Route 6 East towards Willimantic / Providence (about 15 to 20 minutes later) you'll see Columbia Ford on your right.
At the next light, turn left onto the Route 6 expressway.
Take the first exit (Route 32).
Turn right off the ramp.
At the fourth light (by McDonald's) turn left onto West Avenue, bearing right onto Valley Street at the next intersection.
At the first stop sign, turn left onto Mansfield Ave
The Windham Hospital Campus Shea entrance is the second left.
Parking lot is the second right once you enter.

Coming from Route 2 (Norwich, CT):

Take exit 25 for CT-32N
Turn Right on to 32N/North Franklin turnpike
Turn right onto Mountain Street
Turn right onto Bridge Street
Turn left onto Main Street
Turn right onto Mansfield Ave
At the second stop sign take a left into the Windham Hospital campus Shea entrance.
Parking is the second right.

**If you wish to drop off a patient/family member at the Shea entrance door, please take the first left after entering the driveway. Follow the signs for patient drop-off.*



PreAdmission Testing Center at Windham Hospital

Your Medical Evaluation

You have been scheduled for your elective orthopedic procedure at Windham Hospital. In preparation for your surgery, you must complete a pre-operative medical risk assessment at our Perioperative Assessment & Testing Center (PATC) or your Primary Care Doctor within 60 days of your procedure. Your visit will take approximately 60 minutes and will cover your medical history, current medications, physical exam, appropriate pre-operative testing, procedure-related education, and, if need, a pre-anesthesia consult. The PATC strives to ensure you have a safe and successful surgery.

How PATC Works

1. Your surgeon's office schedules your surgery at the Windham Hospital.
2. Your orthopedic surgeon's office will help to schedule your pre-operative surgical risk assessment and exam up to two months prior to surgery. You will receive a call from PATC to schedule an appointment if the surgeon's office has not done so for you already.
3. Based on your medical history, you may be referred to a specialist physician prior to surgery. For example, if you have a cardiologist (heart doctor) or pulmonologist (lung doctor) that you see routinely, additional testing or clearance may be required prior to your surgery.

What to bring to your PATC appointment:

- Government issued photo ID
- Insurance cards or forms
- A list of medications, including nonprescription and herbal supplements (include the name, dose and how often you take each one)
 - These can have unwanted effects when combined with other medications or anesthesia. You will receive instructions regarding managing your medications before surgery.
- A family member or friend to accompany you if possible

Joint Academy of Northeast Connecticut

Preparation for surgery, recovery and a pre-planned discharge are an important part of your care. For this reason, the Joint Academy pre-operative class is available at no cost. The class is an educational program presented by the Total Joint Care Team members from Windham Hospital and Hartford HealthCare at Home. The session is required if you have not attended the Joint Academy in the previous 12 months. Please be sure to bring a “coach” with you. Your coach is the person who will be helping you after you return home. It is just as important for your coach to hear the information as well.

The education webinar will review the material in this education packet and include:

- A hands-on review of total joint replacement
- Information on preparing for surgery and what to expect after surgery
- Nutritional information
- An overview of your hospital and surgical experience
- Postoperative expectations and recovery

Please arrive 10-15 minutes early. You will be asked to complete a questionnaire regarding your joint. Light refreshments will be provided.

The date of my Joint Academy Class is: _____



RecoveryCOACH™

Your decision to schedule surgery can help you get on the road to recovery faster, so you can get back to doing what you love.

Think of RecoveryCOACH as your personal, interactive online coach, available before, during and after your surgery.

- Receive information at the right time, when you need it most
- Share with family members, so they can support you
- Allow your healthcare provider to keep a virtual eye on you
- Communicate how prepared you are feeling and how you are progressing with your recovery
- Review educational materials prior to surgery; such as how to prepare your home for recovery
- Understand what to expect after surgery and manage your recovery with exercises and self care

What can you expect from RecoveryCOACH?

Access information to help prepare for surgery

- Stay connected with guidance every step of the way
- Inform your healthcare provider of important information about your home, who is going to support you, how prepared you are feeling, and your recovery progress

How do you access RecoveryCOACH?

- You will be enrolled when your surgery is scheduled at the surgeons office. Once your enrollment is complete you will receive an email with your login instructions.
- It is easy to access RecoveryCOACH on any computer, tablet or smartphone. All you need is an internet connection and an email address to log in. You can also designate a friend or family member to monitor your account for you and provide support.
- Surgery does not have to be overwhelming. With the help of RecoveryCOACH you can be confident we will be there every step of the way.

Medications



Be sure to inform your PREPARE team of ALL the medications you are taking, including:

- Vitamins
- Over the counter drugs (such as aspirin, antacids, pain relievers, etc.)
- Herbs and “natural” products

These can all have unwanted effects when combined with medications or anesthesia. You will receive instructions regarding managing your medications before surgery.

Please note:

If you are experiencing pain prior to surgery, you are allowed Tylenol (acetaminophen) up to the day of your surgery.

Medication list Name: _____ DOB: _____

Medication Name	Dosage (mg) (How much do you take?)	Frequency (How often do you take it?)	Reason for medication	Prescribing Doctor
<i>Example:</i>				
Lisinopril	10mg oral tablet	1 orally once daily	Hypertension	Dr. Smith

Medication allergies: YES NO

Allergic to: _____

Reaction: _____

Pharmacy info:

Name: _____

Address: _____

Phone: _____

During your PACT appointment you will:

- Meet with a medical assistant, an Advanced Practitioner (NP or PA) and if needed, a nurse case coordinator or anesthesiologist
- Receive instructions regarding your pre- and post-operative medications
- Complete a history and physical examination, blood work, Methicillin-resistant Staphylococcus aureus (MRSA) swab, CT scan, and EKG if required
- Complete airway and sleep apnea assessments for anesthesia
- Receive pre-operative and anesthesia education

After the PATC appointment:

- Your healthcare team will provide resources for obtaining medical equipment and confirm your choice of home healthcare provider if applicable
- Your orthopedic surgeon's office will call you the day before surgery between 1-3pm to provide you with a surgery arrival time. If you have not heard by 4pm, please call the office at Center for Bone and Joint Care: **860.963.2133**

Post-surgery:

- The team will reinforce your need to prepare for your return home following your hospitalization

PACT location:

Windham Hospital
3rd floor
112 Mansfield Ave.
Willimantic, CT 06226



**If you have any questions about your PACT visit,
please call 860.456.6931**

Optimizing surgical recovery



TOBACCO

STOP smoking at least four to six (4-6) weeks before surgery. Nicotine hinders the healing process. The bone needs time to heal and to grow onto the new implant. Smoking increases your risk for developing an infection after surgery.



ALCOHOL

NO alcohol 2 weeks prior to surgery. Please inform your healthcare team of how often you drink alcohol. Alcohol may interfere with certain medications you will be prescribed. Additionally, serious harm can result from alcohol withdrawal when not properly managed.



MARIJUANA (Medical or Recreational)

Please stop all THC containing products 7 days prior to surgery unless otherwise instructed by your doctor. CBD topical products - do not use after your pre-surgical shower. Medical marijuana cannot be used during your time at the hospital. Do not use medical marijuana at the same time as prescription pain medications unless otherwise instructed by your doctor.



DENTAL CARE

If you need dental work (including routine dental cleanings), it is recommended to complete it at least two (2) weeks before surgery. After a joint replacement your surgeon or dentist may want you to take antibiotics before any future dental work. Most surgeons prefer that no dental work be done for three (3) months after surgery (excluding dental emergencies). Please discuss with your surgeon any specific questions you may have regarding dental care.



NUTRITION

Good nutrition is important before surgery. Eating healthy, well balanced meals, and avoiding any unnecessary weight loss or gain prior to your procedure is recommended. This will help make sure you have the strength for recovery.



EXERCISE

Keeping your muscles toned will help you to recover faster after surgery. Be sure to follow the exercise program you have been given by your doctor.



MEDICATIONS

Your SURGEON can advise you which medications to stop taking before your surgery. You should STOP taking these medications and supplements 10 days prior to your surgery:

- NSAIDS like Aleve, Motrin, etc.
- Aspirin
- Fish oil, Flax, Vitamin E
- All herbal supplements

At your PATC appointment or Primary Care appointment, you will be told when to STOP taking certain blood thinning medications. Examples of these medications are:

Blood thinner like Coumadin, Warfarin, Lovenox, Pradaxa, Plavix, Xeralto, and Eliquis

At your medical clearance, you may be told to take additional medication.

Your surgeon or advanced practitioner may advise you to take iron (Ferrous Sulfate) and Folic Acid prior to surgery. This may boost the minerals needed for new blood productions by your body. A stool softener, such as Colace, may be required daily. Consult your physician for the type of iron and appropriate dose of vitamin supplements and stool softeners.

At your medical clearance, please be honest about your tobacco, drug and alcohol use.

It is important for your surgical team to know the truth about your tobacco, drug and alcohol use as it can impact your anesthesia, pain management, and recovery. Drug abuse and excessive use of prescription pain medications can make it difficult to manage your pain after surgery.

Your doctor will order a physical therapy pre-operative evaluation.

This appointment will include an overview of the rehabilitation process, baseline measurements of your range of motion and strength, instruction on safely getting around with assistive devices, and assessing the needs of any additional medical or adaptive equipment. During this pre-operative evaluation, you will be instructed on a home exercise program as well as scheduling your first outpatient post-operative physical therapy visit.

Home planning and preparation

It is a good idea to prepare your home for your hospital discharge BEFORE you go to the hospital. The following is a list of suggested items that may be recommended to help you during your surgical recovery.

- Check with your insurance plan to verify which items are covered.
- You may find these items at medical supply companies or some stores like Walmart or online (Amazon). Many town senior centers have DME lending programs.
- In the unlikely event that you are going to a nursing facility with a rehabilitation program, the facility will order the equipment for you.
- If you are unable to obtain the needed equipment prior to your surgery, the nurse case coordinator will assist in ordering your equipment. You may be responsible for any co-pays or for the full cost of the equipment if it is not covered by your insurance.

Durable Medical Equipment (DME)

Total Hip Needs:



Walker w/2 wheels
Cane
Toilet seat riser



Total Knee Needs:

Walker w/2 wheels
Cane



Recommended/Options Items

3-in-1 commode



Elastic shoe laces



Hand-held shower head



Shower chair



Long-handled shoehorn



Long-handled reacher/grabber



Permanent (installed)
Grab bar for shower/tub
No suction cup grab bars

Sock aid



Long-handled bath sponge



Preparing your home before Surgery

It's important that you or someone in your family makes sure the house is ready for your return home after joint replacement surgery. Your safety and comfort is of utmost importance for your recovery. Consider the following small changes that will make your transition easier:

- Ask for help. You must arrange for a family member or friend to stay with you for your safety and provide assistance for the first 2-3 days. After this period, your caregivers can check in on you periodically throughout the day. If no one can stay with you, you must hire a caregiver or consider self-pay for a few nights in a rehabilitation facility.
- Make needed modifications and check with your insurance plans. You may need to install grab bars in the bathroom or railings to the entrance of your house or the stairs inside your home. Some changes to your home may be covered.
- Put things in reach. Make sure items that you use often are at arm level so you don't have to bend or reach high to get them.
- Rearrange furniture. You need room to move with a walker or crutches.
- Remove tripping hazards. Tidy and remove clutter. Ensure throw rugs are removed and electrical cords do not obstruct hallways and walkthroughs.
- Ensure adequate lighting.
- Create a command center. Arrange a sitting area with a nearby table that enables easy access to things you often use like the phone, television remote, water, reading materials, medications, facial tissues, and wastebasket.
- Get a good chair. It should have a firm seat that is high enough so your knees stay lower than your hips. Make sure it has armrests that you can push on as you get up.
- Use a footstool. Elevating your surgical leg straight out in front of you when you sit will help control swelling and pain.
- Choose loose fitting clothes. Movement is important after surgery and loose clothes won't restrict you or rub your incision. Pockets are helpful for carrying things around with you.
- Check your bathroom size. Ensure that you can move in the bathroom with your walker with two wheels. You may need to get a bedside commode if the walker does not fit in the bathroom.
- Decide where you will sleep. You will be instructed on how to safely climb stairs before you leave the hospital. For your comfort, you may want to consider setting up a temporary bed on the first floor for the first few days. Please note, you should have access to a bathroom or bedside commode on the same floor where you sleep.

Post-hospital plan

Your post-hospital plan will be discussed during your PATC visit prior to your hospital admission.

- Following your hospital stay, you will most likely return home the morning after surgery.
- The choice of a homecare agency is your decision. You will be given a list of homecare agencies in the area while you attend the Joint Academy Class. Additionally, a member of the Preadmissions Team at Hartford Healthcare at Home will call you within 14 days of your surgery to discuss your transition home and homecare agency preferences.
- We have a network of preferred providers that collaborate with the Bone and Joint Center at Windham Hospital to provide seamless orthopedic aftercare at a Skilled Nursing Facility if indicated for medical or safety reasons.
- If you require follow-up services, a nurse case coordinator from Bone and Joint Center at Windham Hospital will work with you to arrange your post-acute care needs.

Discharge transportation

Transportation options include:

- Family member or friend
- A wheelchair van can be arranged by a nurse case coordinator. However, it is not typically covered by insurance and may require an out of pocket cost.

On rare occasions, you may be transferred to a preferred provider Skilled Nursing Facility (SNF) post discharge. Transportation to a SNF can be by a family member or friend or via wheelchair van (not typically covered by insurance) or ambulance (only paid for by insurance with a certificate of medical need).

Discharge information

Our goal is for patients to be ready for a safe transition home between 9am to 11am the day after their surgery. This targeted time line is also individualized based on patient circumstances. All patients must meet their individual physical therapy safety goals and be medically cleared by their medical or surgical team before transitioning home.

Be sure that the person driving you home places your walker in the car. It is recommended to have at least one railing if you have steps to get into your home.

Confine or restrain your pets for your arrival home. Pets may be very excited to see you upon your return home, and may jump or get underfoot causing unintentional harm or fall. Additionally, pets are an infection risk and should not be on your lap or sleep with you at night.

Your surgical experience

The day before your surgery

Surgical time line

Your orthopedic surgeon's office will call you the day before surgery between 1–3pm to provide you with a surgery arrival time. If you have not heard from your orthopedic surgeon's office by 4pm, please call the office at Center for Bone and Joint Care at 860.963.2133.

Bathing instructions

Following these instructions will help you to be sure that your skin is clean before surgery to help prevent infection.

Important

You will need to shower with a special anti-bacterial soap called Chlorhexidine Gluconate (CHG). This cleanser will be provided to you at your PATC appointment.

CAUTION: CHG is not to be used by people allergic to chlorhexidine.

You will take two (2) showers using the Hibiclens soap.



The NIGHT BEFORE your surgery you will shower and do the following:

- REMOVE ALL JEWELRY – must remain off until after surgery
- Take a shower with your normal soap, shampoo & conditioner
- Rinse off your normal soap products & turn off the water
- Using a clean, wet, washcloth, pour some *Hibiclens* onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
 - * *Do not use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.*
- Leave the *Hibiclens* soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower. DO NOT shave or use any hair removing agents.
- Report any cuts/scrapes/wounds/rashes immediately

Wear clean pajamas and sleep on clean sheets after taking the *Hibiclens* shower. Please do not allow pets to sleep on or in the bed with you.

The MORNING OF your surgery you will shower and do the following:

- You may wash your hair with your normal shampoo and conditioner
- DO NOT use your normal soap – ONLY use the *Hibiclens* soap
- Using a clean, wet, washcloth, pour some *Hibiclens* onto the cloth and wash from your NECK DOWN. Scrub gently – focusing on the area of surgery
 - * *Do not use Hibiclens near your eyes, ears, or private parts to avoid permanent injury to those areas.*
- Leave the *Hibiclens* soap on for five (5) minutes
- Rinse off and dry off with a CLEAN towel
- DO NOT use any powders, lotions, oils, deodorants, make-up or hair products after this shower.

Wear clean comfortable clothes to the hospital.

Nail polish and acrylic (non-natural) nails must be removed prior to surgery.



The night before your surgery

It is important to drink plenty of fluids before and after your surgery. You should drink 16 ounces of an electrolyte Sports Drink one (1) hour BEFORE bedtime. Do this over 20-30 minutes. Please ensure that this is NOT sugar free or low calorie. The provider at your PATC appointment will provide instructions if you have Insulin Dependent Diabetes.

You should not eat or drink any other food or liquid, except for the Gatorade you have been instructed to drink after MIDNIGHT the night before your surgery.

No candies or gum allowed after midnight.

At your PATC appointment, you may be told to drink 16 ounces of an electrolyte sports drink two (2) hours before your arrival time for surgery. Unless you are told this, you must not eat or drink anything after midnight. Please ensure that this is NOT sugar free or low calorie. The provider at your PATC appointment will provide instructions if you have Insulin Dependent Diabetes.

Brush your teeth and rinse without swallowing the water.

DO NOT DRINK OR EAT ANYTHING (including water) two (2) hours before your arrival to the hospital.

Medication instructions

During your PATC visit you will be given instructions on what medications to take the night before and morning of your surgery. Take ONLY those medications you were instructed to take by your provider. Take these medications with a small sip of water.



What to bring

- ☑ Two forms of identification
 - Picture Identification (Drivers License)
 - Insurance Cards
- ☑ Eyeglasses (not contacts), Hearing Aids, Dentures (& cases)
- ☑ CPAP/BiPAP Mask & Machine for patients with Sleep Apnea
 - If you do not bring your machine, please bring your CPAP/BiPAP settings
- ☑ Clothing/Footwear
 - Loose fitting clothing (sweatpants or gym shorts)
 - Slip resistance shoes (rubber soles) with backs; any specialized footwear (orthotics/diabetic shoes); NO sandals, flip-flops, crocs or open back shoes.
- ☑ Toiletries (toothbrush, tooth paste, comb, etc.)
- ☑ A list of your medications including the ones you have stopped taking with notation of the last dose
- ☑ Important telephone numbers
- ☑ Books, magazines, or items to pass the time
- ☑ This guidebook

What NOT to bring

Money



Valuables / Jewelry



Credit cards



Windham Hospital respects your property rights but cannot guarantee security of your personal property.

The day of your surgery

Arrival

Arrive at the hospital on time. Our team is ready to make sure that you are comfortable and well-informed throughout the entire process.

Upon arrival:

- When you arrive at the Windham Hospital the Shea/Main entrance, proceed to the Blue elevators to the second floor. Check in with the Ambulatory Care Unit (ACU) registration desk. A member of the healthcare team will bring you to the Ambulatory Care unit to change into a hospital gown. Your clothing and personal items will be safely stored. **Reminder: Please leave all valuables at home.**
- Your family/friend will be asked to wait in the waiting lounge while the nurse prepares you for surgery. Please note that no food or drink is allowed for visitors in the pre-operative area.
- Your preoperative team member will ask questions, take vital signs, perform a physical assessment and start your intravenous (IV) that will be used to administer fluids and medications.
- Only one (1) family member/friend will be allowed to join you in the pre-operative area while you wait to go to surgery but that individual must be at least 18 years old.
- Your healthcare team will conduct multiple safety checks including identifying your surgical site and marking it prior to your surgery.
- Communicate to your surgeon who you have designated to be your advocate after surgery and how to reach that person. This is the person who providers will speak with once the surgery is over. With your permission, the provider will contact this person with updates. Your contact person can expect from the time you arrive to the ambulatory unit to the time you arrive to your room to be approximately 4-6 hours.

Anesthesia:

There are several choices of anesthetic techniques that may be chosen for total joint replacement surgery. You and your anesthesiologist will discuss all necessary factors prior to surgery and agree upon a plan for your anesthetic.

■ General Anesthesia

In this case you are completely unaware of your surroundings and will not respond to stimulation.

■ Regional Anesthesia

This is a technique that will anesthetize a particular area or region of the body.

Duration of surgery:

Your surgery will last approximately 1.5–2 hours.

After surgery – your hospital stay

Recovery—PACU:

The Post Anesthesia Care Unit is also referred to as PACU.

- After your surgery you will be brought to the PACU in your hospital bed, where you will be closely monitored as anesthesia wears off. The anesthesia staff and nurses will monitor your vital signs like blood pressure, pulse, breathing and temperature; and manage your pain. These staff members will monitor any other issue that may arise.
- During this time, you **may** also have a physical therapist work with you for the first time.
- The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 2-4 hours.

Transfer to your hospital room

- You will be transferred to your assigned medical-surgical orthopedic room which is when your family members are encouraged to visit. Our goal is to have you up and moving within 4 (four) hours of the recovery room. The physical therapists and nursing staff will help get you out of bed even for short distances to the bathroom.
- You will have a bandage over the surgical site, and the intravenous catheter in your arm will still be in place to administer fluids and medications post-operatively. Your care team will monitor your progress throughout your hospital stay to ensure a safe and speedy recovery. They will continue to check your vital signs and change the dressings that cover your incision if needed.
- At no time during your stay should you get up alone or with family members. Our staff is highly trained in assisting total joint replacement patients safely in order to prevent falls or injuries.

Diet information

Inform your nurse of any dietary restrictions and food allergies or intolerances.

Breathing exercises

- Breathing exercises are an important part of your recovery. After your surgery, you will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery.

Incentive Spirometer

You will be given a device known as an Incentive Spirometer. The nurse will instruct you on how to use this device. It best to use it 5-10 times every hour when awake for the first few days after surgery, even at home. This will help you to fully expand your lungs by breathing deeply and will prevent fluid collection, pneumonia and fevers



Keeping you comfortable

Your Total Joint Care Team of doctors, nurses, therapists, and assistants will work closely together to monitor your progress and to help manage any discomfort. If you are experiencing any discomfort, please tell us. We want to help you feel comfortable while maximizing safe mobility and achieving goals. Managing your discomfort will help you recover more quickly.

Our Goals:

- Develop a pain relief plan
- Decrease pain to a level that is tolerable
- Determine if pain medication is needed and the appropriate amount
- Develop a plan to transition you off narcotic pain medication

What to do when you are in pain:

- Your care team has multiple options to help reduce your discomfort. Your nurse will assess you to be sure your pain relief plan is working before and after an intervention for pain (such as pain medicine or an ice pack).
- Please let your nurse know what your own “comfort-function goal” is—the number where you feel comfortable enough to function.
- When you feel pain, and/or an increase in pain, please notify your nurse.

Cold therapy

Reusable gel cold packs will be applied to your joint with a special compression wrap. These cold packs stay cold for 3+ hours and are changed about every 4 hours by the nurse while you are here. Cold therapy helps decrease pain and swelling and has been shown to increase range of motion and decrease the need for pain medications.

You will take the compression wrap and gel packs with you when you transition home (1 wrap/2 sets of gel packs) to continue the cold therapy at home.

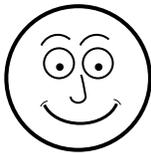
PAIN RELIEF PLAN OPTIONS		
Heat / Ice	Assisted Mobility	Pain Medication
Music Therapy	Meditation	Movies/Audio Books

Please tell your nurse if you have any side effects from pain medicine like nausea, itching, constipation or drowsiness. Less medicine throughout the day, as you get better, will decrease most side effects.

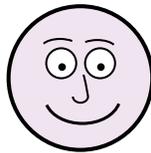


Pain Medication Diary

This can help you track your pain after surgery

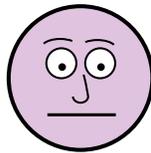


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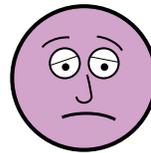
1-2

Pain is present but **does not limit activity**



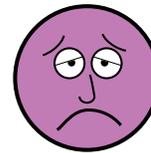
3-4

Can do most activities with rest periods



5-6

Unable to do some activities because of pain



7-8

Unable to do most activities because of pain



9-10

Unable to do any activities because of pain

Pain Assessment:

- To help us minimize your pain after surgery you will be asked to rate the intensity of your pain through the use of a pain scale of 0-10 (0 is no pain, 10 is excruciating pain).
- Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
- It is best if you obtain medication when your pain level starts to rise. Do not allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain



Blood clot prevention

Every joint replacement patient has a risk of developing a deep vein thrombosis (DVT), also known as a blood clot. You will be asked to participate in decreasing the risk of this complication by using a few simple but important activities. Your nurse will educate you on signs and symptoms of blood clots and what precautions we take to prevent them.

Anticoagulation

Prevention of blood clotting is extremely important after total joint replacement. Different medications are used for anticoagulation.

- Medication may be injected or taken by mouth, depending on the type of anticoagulation your physician orders.
- Some blood thinners or anticoagulant medications require pre-authorization from your insurance company. You may receive a prescription for these medications prior to surgery for you to fill before you come to the hospital. **DO NOT** take these medications until after your surgery based on your surgeon's instructions.
- Do not stop taking your anticoagulation medication until directed by your doctor.



Sequential compression device

Also known as pneumatic compression stockings or “pneumo-boots” or venodyne stockings inflate and deflate automatically via a pump at the end of the bed. They assist in the prevention of blood clots by squeezing your calves to help the blood in your legs continue circulating throughout your body. They are worn in the hospital while you are in bed or sitting in a chair until you are walking frequently.

Compression stockings

You will be fitted for compression stockings in the hospital.

You will wear your compression stockings for 4 weeks following your surgery. They may be removed at night for sleep and for up to 1 hour a day for bathing, skin care, and laundering.

Length of stay for total joint procedures

Your hospital stay will most likely be OVERNIGHT. Your surgeon and Total Joint Care Team together, will be closely assessing your progress and individual needs.

Mobility is medicine!

Research has shown that early mobilization following surgery can decrease complications. Expect early mobilization including getting in and out of bed, going to the bathroom, transferring to a chair and walking on the day of surgery as soon as it is safe.

MOBILITY INCLUDES			
Transfers (includes car transfer training)	Toileting	Stair training	Walking with an assistive device (cane or walker)



Getting started

- Mobility will begin on the same day as surgery. Your Total Joint Care Team will assist you to a standing position, and you will begin to walk with your walker. Most people will be able to put full weight on their operative leg.
- You will receive a Physical and/or Occupational Therapy evaluation, and your surgeon and care team will customize a therapy program for your new joint.
- It is best to take your pain medication PRIOR to your physical therapy session to allow better participation.
- You will work on range of motion, strength, self-care and climbing stairs.
- **DO NOT** get out of bed without the assistance of a healthcare team member for toileting or transfers.
- The day after surgery you will walk with greater confidence. Most patients are surprised at how quickly they become independent.

Instructions for discharge

- It is important that you fully understand your discharge plan to ensure your continued healing, safety, and comfort. You will receive these instructions verbally and in writing.
- Before you leave the hospital ask questions about all of your medication, and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.
- Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.
- No driving while on narcotic pain medication

Your instructions may include your follow-up appointments with your orthopedic surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home.



Transitioning home

Post-hospital plan

Your post-hospital recovery begins the day you are discharged from the hospital and go home. For the first four to six weeks following surgery, patients require and receive some form of therapy – either home care therapy or in an outpatient therapy setting or a combination of these. Regular exercise is an important part of restoring your normal joint motion and strength, and plays a key role in returning you to your normal everyday activities.

Your surgeon and therapist will develop a plan that is best for you. Most joint replacement patients experience a dramatic reduction in joint pain and a significant improvement in ability to participate in the activities of daily living within 6 weeks after surgery. Expect broken sleep for the first 4-6 weeks and to tire more easily. Rest when you can.

Your total recovery period is about one year in which you will have many follow-up visits with you doctor and therapists. Remember to ask lots of questions along the way and to stay on track with you exercise and diet regimen.

Care for your incision

Monitoring for signs/symptoms of infection is very important. Our nursing team will educate you on proper incision site management. We pride ourselves on having low infection rates. It is important to keep your surgical incision protected and free from contamination.

Taking appropriate care of your wound helps to prevent infection. You will receive specific instructions regarding your wound care. You can help by following these simple steps:

Keep the area clean and dry. A dressing will be applied to the incision in the hospital and should be changed per your provider's instructions. How to do this and how often will be explained to you before you go home. If you are not sure how to do this, ask your doctor or nurse. Your incision should remain dry and covered until you see your provider in 2 weeks when the staples are removed.

Watch for changes. Immediately notify your provider if the wound has redness that is spreading, feels hot to the touch, or begins to drain more liquid. Remember that some swelling is expected for the first 3 (three) to 6 (six) months after surgery.

Infection Prevention

The most important thing you can do to prevent infection is to wash your hands thoroughly with soap and water or use an alcohol-based hand cleanser frequently and before changing the dressing over your incision. Support your body's ability to fight infection by eating a healthy diet and drinking plenty of healthy fluids like water. Contact your primary care physician if you think you may have an infection elsewhere.

Dressings

Your provider will determine the appropriate surgical dressing for you.

Aquacel surgical dressing

- Keep the Aquacel dressing in place for 7(seven) to 10(ten) days as long as it is clean, dry, and intact. Drainage in the center is okay. The dressing should be changed if drainage is leaking out the side. You will receive an educational handout regarding this dressing when you transition home. You may shower with the Aquacel dressing as long as it is intact and covered with plastic or “cling” wrap.
- Once the Aquacel dressing is removed, perform dressing changes every 2-3 days as directed.

Medipore Dressing

- Keep this dressing dry and change every 2-3 days as instructed by your surgeon. You may NOT shower with this dressing in place.
- DO NOT touch the incision.
- NEVER apply anything to the incision.



Showering/bathing

- You may shower with your Aquacel dressing on but **do NOT remove this dressing.** Once the Aquacel dressing is removed, you **MAY NOT** shower until your staples are removed. You may preform sponge baths and wash your hair in the sink, but **do NOT** get the Medipore dressing wet.
- After your staples are removed, you may shower when your surgeon advises. When you are able to shower, **do NOT rub the incision.**
- **NO tub baths, hot tubs, spas, or pools**

Exercise



Please follow the exercise plan that your doctor and physical or occupational therapist have established for you. Your recovery process and continued health depends on good nutrition, rest and proper exercise. Most joint replacement patients experience a dramatic reduction in joint pain and significant ability to participate in the activities of daily living within 6 weeks after surgery.

Recovery takes time. Expect to feel a bit more tired than usual for the first few weeks. Allow yourself plenty of time to regain your strength and self-confidence. Stay active – just don’t overdo it.

Monitor your own health on a daily basis to ensure your recovery is continuing as planned. You are the best to notice changes in your body and should inform your doctors if needed.

How well are YOU RECOVERING today?



EVERY DAY

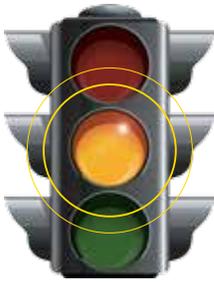
- Follow your exercise plan
- Take your medications as prescribed
- Eat healthy meals



RED LIGHT—STOP/EMERGENCY

Go to the Emergency Department or call 911 if you have any of the following:

- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath



YELLOW LIGHT—CAUTION

Call your surgeon's office or home care agency if you have any of the following:

- Fever of 101.0° or higher
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine



GREEN LIGHT—ALL IS GOOD

When your symptoms are under control you experience:

- No difficulty breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from incision site
- Slight pain and swelling expected during healing process

Medication instructions

- Take all medication as prescribed by your doctor.
- Take the scheduled pain medication as directed and the “as needed” pain medication for pain that is not managed with scheduled pain medications. Keep any discomfort at a tolerable level so you participate in therapy and your exercise regimen. Remember less is best when it comes to narcotic pain medications: you will have fewer side effects like constipation, nausea, and drowsiness.
- Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
- Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.

Other important information

- Balance exercise with rest. Rest is equally important the first 6 weeks after surgery. Do not overdo it!
 - Swelling is not uncommon after total joint surgery.
 - Wear your compression stockings for the first 4 weeks following your surgery. You may remove them up to 1 hour during the day for bathing and skin care. You may remove them at night for sleep. Wash them by hand and hang them to dry. You will need help from another person to put them on and take them off.
 - Elevate and ice your leg regularly throughout the day when not walking
- Complete your exercise regimen daily. Walk small distances, this can help decrease discomfort and stiffness.

When to call your surgeon

Contact your surgeon immediately if you experience any of the following symptoms:

- Pain or excessive tenderness in your leg or calf
- Excessive swelling in your foot, ankle, calf or thigh
- New onset of severe hip or groin pain
- Turning in or out of your leg that is new
- Inability to walk or put weight on your leg
- Increased numbness or tingling of the leg
- Change in length of the leg or a bulge felt over the hip
- Increased pain in the joint replaced
- Increased redness, heat or swelling around the incision
- Excessive or foul smelling drainage coming from incision.

Contact your PRIMARY CARE PHYSICIAN if you may have an infection elsewhere.

Home care services

- Will conduct a home visit within 24 hours of discharge
- Provide care on weekends

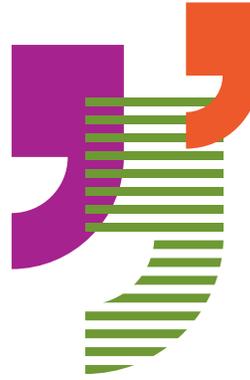
Medicare and most private insurers will pay for physical therapy when you initially come home from the hospital.

You will be made aware of the scope and frequency of services your insurance has authorized for your homecare provider.

While you have a choice for home care agencies, Hartford Healthcare at Home is an affiliate of Hartford Healthcare and works collaboratively with the Bone & Joint Institute at Windham Hospital.



Rehabilitation at Home



Focus of rehabilitation:

1. Strength
2. Range of motion (ROM)
3. Functional mobility
4. Achieving your goals of recovery

Home care services will be provided, on average for a period of 2 weeks with a transition to outpatient rehabilitation as appropriate. Your orthopedic surgeon will determine your needs for outpatient rehabilitation services.

What to expect:

- A phone call from your home care agency to schedule times of visits EITHER the same day as discharge from hospital or the following morning
- Home care services will be provided by a Physical Therapist, on average, 2 weeks
- Transition to outpatient rehabilitation as appropriate

What you need

- Additional support at home to assist with activities
- Your medication, equipment, insurance information and caregiver available (in person or by phone) especially on initial visits
- Transportation to get to appointments
- Dedication to your rehabilitation
- What is your Goal for your recovery?

Dedicate yourself to your rehabilitation

- Get dressed!
- Get moving!
- Be diligent about your home exercises!
- Be part of your care plan and partner with your care team!

Hip precautions following Total Hip Replacement

- Don't cross your legs at the knees for at least 8 weeks
- Don't bring your knee up higher than your hip
- Don't try to pick up something on the floor while you are sitting
- Don't turn your feet excessively inward or outward when bending down
- Don't bend at the waist beyond 90°
- Don't sit in a low chair, soft chair or sofa



Hartford HealthCare at Home

Hartford HealthCare at Home (Affiliate of Hartford HealthCare) provides a partner in your quickest and safest recovery, at home*.

What should you anticipate?

- A visit from our transitional care coordinator in the hospital following your surgery to discuss your goals of recovery and plan for transition home
- Initiation of a home visit within 24 hours of discharge, 7 days a week
- An initial visit to assure full assessment of safety, medical and functional status
- Collaboration with you and your physician in your goals of care
- Consultative services available for Hartford HealthCare at Home programs and service lines as desired
- Discussion of Insurance benefits and copayments required

You will be made aware of the scope and frequency of services your insurance has authorized for your homecare provider. Your specific plan will be discussed with you upon initiation of your home care services.

Home care services will be provided, on average for a period of 2 weeks with a transition to outpatient rehabilitation as appropriate. Hartford Healthcare Rehabilitation Network locations will be provided by your homecare therapy team.

Call **1.800.HOMECARE (1.800.466.3227)**
for more information or to pre-arrange services.

1.800.HOMECARE

Hartford 
HealthCare
at Home

Exercise – before and after your joint replacement

One of the most important ways you can help speed your recovery and increase mobility after your knee or hip replacement is to complete your exercises and to challenge yourself a little bit each day. This booklet will help you strengthen and improve the muscles around your new hip or knee. Typically, you will complete 10 to 15 repetitions of each exercise two to three times each day. While you will be focusing on the leg with the hip or knee replacement, you might want to do the exercises with both legs. Follow all of the precautions outlined here and explained to you by your therapist, and remember to breathe in deep, regular breaths.

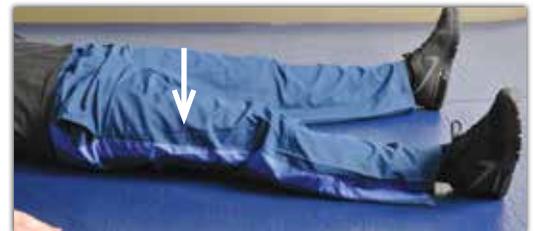
Ankle pumps

While sitting in a chair or lying on your back in bed, straighten your knee and slowly push your foot forward and backward. Repeat 20 times with both ankles, every hour while away.



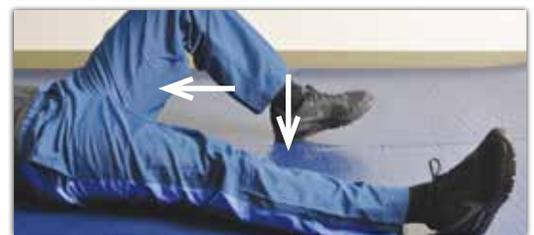
Quad sets

While lying on your back in bed, press your knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds.



Ham string sets

While lying on your back in bed, keep your affected leg bent and the other leg straight. Tighten the muscle on the back of your affected leg. Push the heel down into the bed with the affected leg. Hold for 5 seconds.



Gluteal sets

While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-10 seconds.



Heel slides

While lying on your back in bed, bend your knee and slide your heel to your buttock. Slide it back out straight. Tie a plastic bag around your foot if it makes the foot easier to slide.



Straight leg raises

While lying on your back in bed, tighten your thigh muscles and lift the leg up several inches off the bed. Keep your knee straight and toes pointed up. Hold the leg up for 5-10 seconds and then lower it back onto the bed. Do not continue if this hurts your lower back.



Lying knee extension

Lie on your back in bed. Place a towel rolled up or in a ball under the lower part of your thigh. Lift your foot and straighten knee. Do not raise your thigh off the rolled up towel or ball.



Sitting knee extension

While sitting in a chair with your back against the chair back, straighten your knee and hold for a count of five to 10 seconds. Lower your leg back down to the floor.



Heel raises

While standing up, hold on to the back of a chair. Raise up on your toes.

Toe raises

While standing up, hold on to the back of a chair. Lean body weight onto your heels. Toes should be off the ground. Slowly lower toes back to the ground.



Standing knee flexion

While standing up, hold on to the back of a chair. Bend your knee back behind you. Slowly lower it back to the ground.



Knee raises

While standing up, hold on to the back of a chair. Raise one knee at a time as if marching in place. Do not lift your knee higher than your waist. Hold your knee up for 2-3 seconds. Slowly lower it back to the ground.



Standing hip abduction /adduction

While standing up, hold on to the back of a chair. Move one leg out to the side. Keep hip, knee, and foot pointed straight forward. Slowly lower it back down to the ground.



Standing hip extensions

While standing up, hold on to the back of a chair. Bring your leg backwards as far as you can. Keep your knee straight.



Mini squats

While standing up, place your back against a wall. Slide down the wall until your knees are bent at 30-45 degrees. Slowly raise up to the straight position.



Exercise – after your hip replacement

Preventing dislocation

Your therapist will work closely with you and teach you precautions about your hip replacement. It is important to keep these precautions in mind as you do the exercises that will help you strengthen the muscles and adjust to your new hip. Follow these precautions until your surgeon indicates that changes in the following activities depicted below are safe.

- Do not bend forward more than 90 degrees
- Do not lift your knee higher than your affected hip
- Do not bring legs together or cross your legs
- Do not turn your affected leg inward
- Do not twist your body when standing
- Do not reach across your affected leg
- Do not put more weight on your affected leg than instructed

Setting milestones will help you keep track of your improvement and help keep you motivated to move to the next level.

By the end of the **week two** you should be able to:

- Walk with increasing distance and comfort.
- Do stairs as needed, always use a hand rail. Step up with your non-operated leg going up the stairs, and step down with your operative leg going down.
- Straighten your hip completely by lying flat for 30 minutes several times per day
- Shower and dress by yourself. (with adaptive equipment if you had your hip replaced)
- Gradually resume light home duties with help as needed

By the end of **week four** you should be able to:

- Complete any remaining goals for week 1-2
- Walk greater distances with confidence with or without assistive devices as needed.
- Go up and go down with greater ease.
- Resume all light home duties with help as needed without bending forward beyond 90 degrees.
- You may start driving when you are no longer taking narcotics, and you can safely control the car. You have to make the decision when you are safe. You should be able to quickly move your right foot onto the brake firmly and safely. We recommend practicing in an empty parking lot prior to hitting the road.

By the end of **week six** you should be able to:

- Complete any remaining goals from weeks 1-4
- Walk without an assistive device unless needed for balance and safety
- Go up and down stairs – with a rail – from one foot to another in a normal fashion
- Resume all light home duties by yourself
- Return to light work duties if approved by your surgeon
- You may start driving when you are no longer taking narcotics, and you can safely control the car. You have to make the decision when you are safe. You should be able to quickly move your right foot onto the brake firmly and safely. We recommend practicing in an empty parking lot prior to hitting the road.

By the end of **week twelve** you should be able to:

- Complete any remaining goals from weeks 1-6
- Walk independently with ease and confidence.
- Go up and down stairs with a rail
- Resume all home duties, low impact activities, and return to work without restrictions.

Complete 10 to 12 Repetitions of each exercise 2 to 3 times per day working up to 20 repetitions as tolerated

Lying hip abduction /adduction

While lying on your back in the middle of the bed, slide affected leg out to the side as far as you can. Keep your knee straight and toes pointed up. Slide it back to the center. Tie a plastic bag around your foot if it makes the foot easier to slide.



Side Lying Hip Abduction

Place two pillows between your knees and turn to your unaffected side. Tighten the thigh muscle of your affected leg. Lift the leg 8-10 inches up from the pillow



Single leg step-up

While standing on the bottom step, hold on to the stair rail. Slowly lower one leg to the floor. Body weight should be supported by the leg on the floor. Slowly straighten the leg on the step. Body weight should be supported by the leg on the step.

*Ask your therapist when you are ready to start this exercise.



Exercise – after your knee replacement

Knee replacement exercises

One of the most important ways you can help speed your recovery and increase your mobility after your knee replacement is to complete your exercises and to challenge yourself a little bit each day. The exercises you will learn with your therapist and outlined in this booklet will help you strengthen and improve the muscles around your new knee and will help you gain mobility in your knee. Typically, you will perform your exercises 10 to 20 times, 2 to 3 times each day. While you will be focusing on the leg with the knee replacement, you might want to do the exercises with both legs. Follow all of the precautions, and remember to breathe in deep, regular breaths.

Setting milestones will help you keep track of your improvement and help keep you motivated to move to the next level.

By the end of **week two** you should be able to:

- You will be using your walker for 2 weeks post-operatively.
- You will walk a little further each day listening to your body. If you have minimal pain go a little further, if too much pain or swelling reduce distance and ice/ elevation to promote recovery
- Climb stairs with assistance and a handrail if feeling strong and safe. When going up the stairs leading with the non-operated leg, and go down the stairs leading with your operated leg.
- Straighten your knees completely by lying flat for 30 minutes several times per day, place a towel under your ankle. NEVER put a pillow under the knee.
- Shower/bathe yourself when approved by your surgeon and get dressed.
- Gradually resume light home duties with help as needed.

By the end of **week four** you should be able to:

- Complete any remaining goals from week 1-2.
- Walk more independently, with your walker, crutches, or cane as instructed.
- By the end of week 4 you may walk with greater confidence with or without assistive devices.
- May climb stairs with rail as safety allows.
- You will have greater motion of your knee and be able to straighten your knee more.
- Continue to straighten your knee by placing your foot on a stool several times a day.
- Resume light home duties with help as needed.
- You may shower and dress by yourself.
- You may start driving when you are no longer taking narcotics, and you can safely control the car. You have to make the decision when you are safe. You should be able to quickly move your right foot onto the brake firmly and safely. We recommend practicing in an empty parking prior to hitting the road.

Now that you are more than one month after your surgery, you should be moving closer to recovery and full independence. Keeping up with your home exercise program and achieving goals is even more important, since, unless ordered by your surgeon, you will likely receive less supervised therapy from this point forward. Most patients at this phase of their recovery:

By the end of **week six** you should be able to:

- Complete any remaining goals from weeks 1-4.
- You will be able to walk with increasing confidence and ease.
- Have more than 95 degrees of knee bend and approaching full extension.
- Go up and down stairs with a rail
- Resume all light home duties by yourself
- Return to light work duties if approved by your surgeon.
- You may start driving when you are no longer taking narcotics, and you can safely control the car. You have to make the decision when you are safe. You should be able to quickly move your right foot onto the brake firmly and safely. We recommend practicing in an empty parking lot prior to hitting the road

By the end of **week twelve** you should be able to:

- Complete any remaining goals from weeks 1-6.
- Walk independently with ease and confidence.
- Go up and down the stairs with a rail.
- Have near full knee extension.
- Resume all work duties and low impact activities.

Complete 10 to 12 repetitions of each exercise 2 to 3 times per day working up to 20 repetitions as tolerated.

Downward Kneecap Push

With thumbs on upper border of kneecap, gently push kneecap toward foot.



Upward Kneecap Pull

With thumbs on lower border of kneecap, gently pull kneecap toward hi



Sitting Knee Extension with Stool

While sitting in a chair, place the foot of your affected leg on top of another chair, seat or stool. Press your knee down and hold for 30 seconds. Repeat 10 times, 2-3times per day.



Sitting Knee Flexion

While sitting in a chair, scoot a little forward. Place a belt or towel under your foot while holding the edges in your hands. Bend your knee as far as you can with the belt or towel. Scoot forward a little more to feel more of the stretch at your knee. Hold for 30 seconds.



Home safety checklist

ENTRANCE			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Are step surfaces non-slip?			Add adhesive-backed sandpaper stripping
Are step edges visually marked to avoid tripping?			Add strips of tape in a contrasting color to the edge of each step.
Are there handrails on the stairs or ramp?			Add handrails at the appropriate height.
Is there adequate outdoor lighting?			Add lighting as appropriate.
Do you keep outdoor walkways, steps, and porches free of wet leaves and snow?			Remove wet leaves and snow as necessary. Put down salt, kitty litter, and/or de-icers as necessary.
Do you sprinkle icy outdoor areas with de-icers as soon as possible after a snow fall or freeze?			
BATHROOM			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Is the path from the bedroom to the bathroom dark?			Use nightlights in the bedroom, hallway, and bathroom.
Is the bathtub or shower floor slippery?			Install non-slip decals or a rubber mat.
Is it difficult to get on and off the toilet?			It may be helpful to raise the seat and/or install handrails.
Is it necessary to reach far or turn around to get towels, shampoo, or soap?			Keep supplies in an easy to reach receptacle, or in a storage unit that attaches to the tub or shower wall.
Is it difficult to enter the shower because you have to step over your tub?			Purchase and extended tub seat so that you can sit down and swing your legs over the edge to enter the tub.
BEDROOM			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Is it necessary to get out of bed to reach a light, the telephone, or your eyeglasses?			Place a lamp, telephone and your eyeglasses within reach of the bed. Consider attaching a light to your headboard and/or using a cordless phone.
Is there clutter (clothes, shoes, books, newspapers) on the floor?			Remove clutter to ensure a obstacle-free paths within and between rooms.
Do you get up during the night to use the bathroom?			Place a portable commode near your bed to eliminate nighttime trips to the bathroom.
LIVING ROOM			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Do carpets, rugs and floor coverings have frayed corners or rolled-up edges?			Remove damaged floor coverings or secure them with non-skid backing.
Are there throw rugs in walkways?			It is best to remove throw rugs or put non-skid backing on them.
Are chairs and sofas low to the ground?			Use furniture with higher, firm seats and armrests to safely ease into sitting or rise from chairs or sofa.
Do you need to walk around furniture to get through the living area?			Rearrange furniture to have a straight path, free of obstacles.
Do you have to reach up to pull cords to lights and/or ceiling fans?			Install longer cords or link ceiling lights/fans to a switch on the wall. This eliminates the need to look up and reach.

Home safety checklist

KITCHEN			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Is it necessary to reach far, bend over, or climb on a stool to get commonly used items and foods?			Arrange cupboards and drawers so that frequently used items are stored waist high. Use a sturdy step stool with a grab bar (never a chair) to reach overhead items.
Is there liquid, food, grease, or clutter on the floor?			Sweep often and wipe up spills immediately.
OUTDOOR AREAS			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Are walks and driveways on your property free of cracks and breaks?			Patch unsafe areas on driveway and walks to avoid tripping.
Are lawns and gardens free of holes?			Patch areas or avoid entering these areas if unsafe.
Do you put away garden tools and hoses when they're not in use?			Always store tools in their appropriate places to avoid floor clutter.
OTHER			
POTENTIAL HAZARD	YES	NO	RECOMMENDATIONS
Do you have light switches near every doorway?			Add lighting to improve visibility at thresholds and flooring changes.
Do you have light switches at both the tops and bottoms of stairways?			Add lighting to improve visibility on stairs.
Do you have securely fastened handrails that extend the full length of the stairs on both sides?			It is important to make sure handrails are the full length of the stairs to avoid over reaching.
If young grandchildren visit, are you alert for children playing on the floor or toys left in your path?			Keep all floors clean of toys.
If you have pets, are you alert for sudden movements across your path of pets getting underfoot?			Keep pets out of very narrow/small spaces. Keep pet food dishes in an easily accessible area.
When you carry bulky packages, do you make sure they don't obstruct your vision?			Divide large loads into smaller ones whenever possible.
Do you take time to get your balance when you change position from lying down to sitting and from sitting to standing?			If you feel dizzy upon sitting wait one full minute after dizziness passes before you stand.
Do you keep yourself in good condition with moderate exercise, good diet, adequate rest, and regular medical checkups?			Make regular appointments with your medical provider. Complete all exercises prescribed by your therapist. Keep hydrated and maintain a healthy diet.
If you wear glasses, is your prescription up to date?			Make sure to schedule an annual appointment with your optometrist.
If you live alone, do you have daily contact with a friend or neighbor?			Establish a routine of daily communication with family and/or neighbors. Consider setting up a monthly service/emergency call button such as First Alert.







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