

# Joint Replacement Guide



Hackensack Meridian  
Pascack Valley Medical Center

# Using This Patient Guide

Preparation, education and a pre-planned discharge are vital for exemplary results in joint surgery. Communication is also an extremely important part of this process. This patient guide is both a communication and educational tool for patients, family members, surgeons, physicians, physical therapists and nurses.

It is also a reference tool for you to capture important information that you can go back to when needed. It is designed to help you understand:

- **What to expect during each step of the joint replacement process**
- **What your responsibilities are**
- **How to care for yourself before and after joint surgery**

Remember this is meant to be a guide. Your surgeon, nurse or therapist may add to or change some of the recommendations. Always follow their recommendations first and ask questions if you are unsure of any information. Keep this guide as a reference for at least the first year after surgery. Throughout this guide, you will find common icons, or small images, representing different pieces of information. These icons can indicate an important item to remember, or when it may be helpful to take notes. The following is a list of icons that are used throughout this guide and their meanings.



Space where you can take notes on the information being presented in class



These are items you should remember to do before or after your surgery



Key points of information for you or your care partner



Exercises or an activity you should perform

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Hackensack  
Meridian  
Pascack Valley  
Medical Center

*"We are  
committed to  
keeping you  
informed and  
helping you  
become an active  
partner in your  
healthcare."*

## Welcome to The Institute for Joint Replacement

Dear Valued Patient,

Thank you for choosing Pascack Valley Medical Center for your upcoming joint surgery. Our dedicated orthopedic team and our advanced approach to your joint surgery will guarantee a high quality experience for you. Our goal is to ensure that this pre-surgery process and your surgical care will allow you to return home and to your normal activities.

Once your surgery is scheduled, you will be contacted by a member of our Total Joint Program team who will provide you with specific instructions and requirements for your surgery. The team member will help guide you through our process with a goal of discharging you to home for a comfortable and safe recovery. Your surgeon will give you a prescription for pre-admission tests referred to as PATs. You will also be required to get medical clearance from your family doctor.

Attendance at our Total Joint Program Education Class is mandatory. You can sign up for one of our classes by calling 201-781-1453. We strongly suggest that you select a "surgery coach" who will act as your personal cheerleader to assist you throughout this process and be a second set of ears. This person can be your spouse, another family member, or a friend and should attend our Total Joint Program Education Program with you.

Our pledge to you is to provide the highest quality of orthopedic and medical care. We are committed to keeping you informed and helping you become an active partner in your healthcare. From pre-surgery to discharge, Pascack Valley Medical Center is proud to be a leader in comprehensive joint replacement.

If you have any questions, please feel free to call the Center for Therapy and Rehabilitation at 201-781-1453.

Sincerely,

Your Care Team

# Joint Replacement Team

## **Perioperative Services:**

The Perioperative Services team consist of four departments that you will interact with during your surgery. The Pre-Admission teasing team will be the first to call you to ask questions about your medical history and make an appointment for you to have any lab work that is required before surgery.

They will also contact you the night before surgery with information you will need to arrive for surgery. On the day of surgery, you will arrive at the Same Day Surgery unit where you will be prepped and readied for surgery.

The Operating Room team including anesthesia will pick you up in Same Day Surgery Unit and escort you to the operating room where you will be made comfortable and have all events explained to you.

Your last encounter will be in the post anesthesia care unit or recover room as it is well known after your surgery. Here you will be awakened and your surgical wound care and pain management will be addressed before heading off to the medical floor where you will finish your recover.

## **Pharmacy:**

Your hospital pharmacy team consistent of pharmacists who actively review your medication profile for any medication allergies, interactions, appropriate dosing, and side effects while you are at the hospital. The pharmacy technicians ensures the areas are stocked with medications for the entire procedure. Our priority is providing the optimal pharmacotherapy for you from beginning to end, with a focus on your pain management and post-surgery prophylaxis.

You may receive a prescription for pain management from your provider when you are discharged. Please follow up with your preferred pharmacy and speak to your local pharmacists if you have any questions.

## **Med/Surg Nursing Team:**

Once you have met the criteria to be transferred to the med/surg unit, you will be greeted by a Medical/Surgical Staff Member. Our team consists of Professional Registered Nurses, Patient Care Assistants and Unit Clerk. Our goal is to provide you a safe and comfortable care for your post-operative recover. You should expect to see our team members rounding hourly to make sure we are meeting your needs.

You will have a call light in place to notify our staff if you should need any assistance or have any questions.

Upon discharge, your nurse will review your discharge instructions with you and your loved one.



*Certified by The Joint Commission and  
the American Academy of Orthopaedic  
Surgeons in Total Hip and Knee  
Replacement*

# Joint Replacement Team

## **Therapy Services**

Your therapy team will consist of Physical Therapists, Occupational Therapists and rehabilitation aides. Getting up and moving soon after joint replacement surgery is key to a successful outcome. It also helps prevent life-threatening complications, such as blood clots. Both physical and occupational therapists will see you in the hospital after your surgery and begin mobilization and exercise program before discharge. In fact, we aim to get our total joint replacement patients up and moving around the same day as their surgery.

You will experience pain following surgery, especially for total knee replacements, but it will gradually decrease over time. Your therapists will talk to you about your recovery, goals and past medical history while also assessing your range of motion, strength and gait. The goal is to develop a plan of care that makes sense with regard to your goals and challenges, and keeps your preferences in mind.

The key is to complete the entire recommended course of treatment, both while in the hospital and with your outpatient therapy visits.

## **Case Management**

The Case Management Team will be involved in your discharge planning. Our team includes nurses and social workers. We will find in-network visiting nurse services that will continue to provide physical therapy at home. If a visiting nurse service cannot provide home services we will coordinate with your outpatient physical therapy services. All services provided are subject to your insurance policy, insurance approval and location of services and availability.



The background of the page is a solid blue color. Overlaid on this background is an abstract geometric pattern. The pattern consists of various shapes, including squares and diamonds (rhombuses), in different shades of blue. Some shapes are solid colors, while others are outlined in a lighter shade of blue. The shapes are scattered across the upper and middle portions of the page, creating a modern, architectural feel.

# Preparing for Surgery



# Important Dates To Remember

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone Alternative Contact \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Arrival Time \_\_\_\_\_

Scheduled Procedure: Total Hip Total Knee Right Left Bilateral

**Preoperative Evaluation by  
Primary Care Physician / Specialist**

**Primary Care Physician Name:**  
\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

**Cardiologist Name:**  
\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

**Pulmonologist Name:**  
\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

**Dentist Name:**  
\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_

**Pre-Admission Testing—  
Ambulatory Testing Center**

Date \_\_\_\_\_ Time \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please report to \_\_\_\_\_  
to register.

**Joint Camp**

Joint Camp classes take place in our Community Classroom the second Wednesday of every month from **10:30 a.m. - 12:00 p.m.** and the fourth Tuesday of every month from **6:00 p.m. - 7:30 p.m.**

You only need to take one (1) class and may bring (1) guest.

**To register please call 201-781-1453.**

**Preoperative Appointment**

Date \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

**Physical Therapy Appointment**

Date \_\_\_\_\_ Time \_\_\_\_\_





# Your Coach



Before your surgery you should decide on someone to be your coach.

The role of your coach is an important one. Before your surgery, decide who will be your coach. This person will support you as you prepare for and recover from surgery, keep you motivated, assist you with your exercises and remind you of your postoperative precautions.

**A coach is responsible to:**

- Provide motivation and encouragement!
- Prepare the home for a safe return
- Understand all discharge instructions
- Be knowledgeable of the home exercise program
- Review medication type, dosage and frequency with nurse prior to discharge
- Encourage attendance at all follow up physician and therapy (if needed) appointments
- Recognize the signs or symptoms of complications
- Provide motivation and encouragement—worth mentioning twice!

*Sometimes a person has more than one coach and that is fine.*

You will need to arrange for someone to drive you home from the hospital the morning you are discharged, which may be the day after your surgery. We strongly recommend that you have caregiver support to check in on you at home for a minimum of three days after discharge.




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# Preoperative Orientation Class



Class is mandatory. We urge you and your coach to attend one of the preoperative orientation sessions before your surgery. Please call the Center for Therapy and Rehabilitation at 201-781-1453 to register.

**At this session:**

- You will learn about your total joint experience from start to finish
- You will learn how your coach can facilitate your recovery

**We will review the following:**

- Common Causes of Joint Problems
- Understanding Joint Replacement Surgery Preparation for Surgery
- Preparing your home
- How to control risk factors
- What to bring to the hospital
- Discharge planning/expectations
- How you will manage pain
- How to prevent complications
- Getting back to life with a new joint and improved mobility

*Maintaining mobility will be the key to your success!*

There will be a slide show and discussion of all aspects of care including a demonstration of pre-op exercises. Come to the class with a list of questions or concerns. We want you to feel confident about your procedure and aftercare. Bring this guide.




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# Pre-Admission Testing Center

Pre-admission testing takes place in the hospital. Upon arrival, please proceed to Registration. Once registered, you will be escorted to our Laboratory Department for testing.

**Location:**

Pascack Valley Medical Center  
250 Old Hook Road, Westwood, NJ  
Phone: (201) 781-1218

**Hours:** 8:00 a.m. to 4:30 p.m.



## You Will Need to Bring

- **A list of all of your current medications and doses, including over-the-counter medications and herbal medications**
- A list of all previous surgeries and information about your medical history
- Copies of advanced directives (living will and durable power of attorney)
- Insurance cards (all that may apply)
- Identification card
- Insurance co-payment
- Joint replacement patient guide
- Blood work, chest x-rays, EKG, or other test results. If you have access to these and they were done at another facility, please bring the information with you.



## Lab Work, X-Rays and EKGs

- Blood work must be completed within 21 days of surgery, unless your physician has advised otherwise.
- Chest x-ray is acceptable if done within one year with normal results. Have your physician fax reports to 201-664-4564
- EKG is acceptable if done within three (3) months with normal results. Have your physician fax reports to (201) 383-1278
- If your tests were not completed at Pascack Valley Medical Center please have the results faxed to (201) 383-1278



# Medication Review

Please write down all of your current medications.

## Prescription Medications

Name	Dosage	Start Date	Directions	Reason for Taking

## Non-Prescription Medications and Supplements

Name	Dosage	Start Date	Directions	Reason for Taking





# Your Medical Information

Bring this form with you to your preoperative orientation session/  
pre-admission testing appointment.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Surgery \_\_\_\_\_  
Drug Allergies \_\_\_\_\_  
In Case of Emergency Call \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_ Phone \_\_\_\_\_  
Medicare # \_\_\_\_\_ Phone \_\_\_\_\_

Pneumococcal (dates):  
\_\_\_\_\_  
Zostervax (dates):  
\_\_\_\_\_  
Tetanus (dates):  
\_\_\_\_\_  
Influenza (dates):  
\_\_\_\_\_



Pharmacy \_\_\_\_\_  
Phone \_\_\_\_\_  
Pharmacy \_\_\_\_\_  
Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone \_\_\_\_\_



# Understanding Your Joint Replacement Surgery

## Common Causes of Knee Problems

### What is osteoarthritis?

Arthritis is a general term meaning joint inflammation. Osteoarthritis is a specific kind of arthritis and is the most common type affecting nearly 21 million Americans. As we age, the chances of developing osteoarthritis increase, though the severity of the disease is different for everyone. Even people in early stages of life can develop some form of osteoarthritis.

Osteoarthritis breaks down the cartilage in joints and can occur in almost any joint in the body, though it occurs most often in the hips, knees and spine. Cartilage is a rubbery material that covers the ends of bones in normal joints and helps ensure that joint bones don't rub together. It also serves as a shock absorber as wear and tear occurs in the joints after years of use.

Osteoarthritis makes joint cartilage susceptible to damage. Over time, the cartilage may break down and wear away, preventing it from working properly. When this happens, tendons and ligaments in the joint can stretch, causing pain. And, if the condition worsens, joint bones can rub together, causing pain and discomfort.

### What are the symptoms of osteoarthritis?

Symptoms of osteoarthritis can include:

- Joints that are sore and ache especially after periods of activity

- Pain that develops after overuse or when joints are inactive for long periods of time

### What are the causes of osteoarthritis?

There are several factors that increase a person's chances of developing osteoarthritis including family history, obesity, injuries like fractures in the joint, previous surgeries where cartilage was removed from a joint, and overuse.

### What is rheumatoid arthritis?

Rheumatoid arthritis is an inflammatory form of arthritis meaning that the material that surrounds the joint and keeps it lubricated becomes swollen. Rheumatoid arthritis affects about 1 percent of Americans, but is much more common in women than in men. This form of arthritis occurs in all age groups.

### What are the symptoms of rheumatoid arthritis?

Can include:

- Joint symptoms developing gradually over years or developing very quickly
- Stiffness and joint swelling
- Ligaments that stretch and become loose
- Decreased range of motion
- Pain

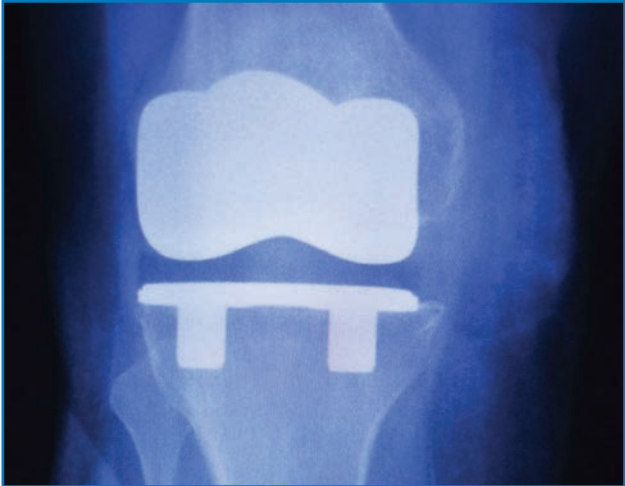


## Knee Replacement Surgery

Your knee is made of three basic parts that move and work together to ensure smooth motion and function. When arthritis affects the joint and the cartilage that cushions the knee wears away or is destroyed, the knee joint requires replacement.

### Total Knee Replacement Surgery

This involves resurfacing the knee joint with an artificial joint made of a metal alloy which is body friendly and plastic. The materials used in your artificial joint are very strong and are designed to last a very long time inside your body. Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints, when determining the exact kind of knee replacement you'll receive and how it will be inserted into your knee.



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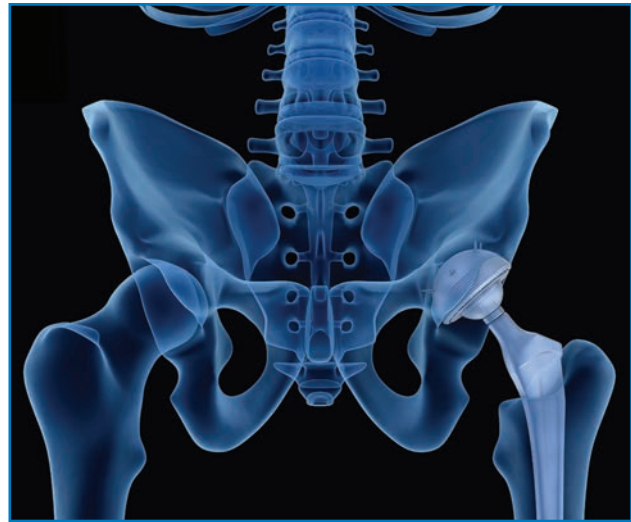
## Hip Replacement Surgery

Your hip is made up of two basic parts that move and work together to ensure smooth motion and function: your femur or leg bone and your pelvis. When arthritis affects the joint and the cartilage that cushions the hip wears away or is destroyed, the hip joint requires replacement.

The materials used in your artificial joint are very strong and are designed to last a long time inside your body. Your orthopedic surgeon will consider many factors, like age, bone density and the shape of your joints to determine the exact kind of hip replacement you'll receive and how it will be inserted.

Total joint replacement surgery requires your surgeon to remove the damaged ends of two bones and insert new, artificial joint surfaces. In hip replacement your orthopedic surgeon will replace the upper part of your femur (the long bone in the thigh of your leg) with an artificial ball. The hip socket in your pelvis will be lined with metal and plastic. The new ball will glide normally in the newly lined hip socket. Your surgeon may decide to attach your new joint

with or without bone cement. If your doctor decides not to use cement, a special implant will be used that allows your bone to grow into it.



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# Maximizing Your Surgical Outcomes

Joint replacement surgery is an elective procedure and although advances in technology and medical care have made the procedure very safe and effective, there are risks. These risks should be considered carefully before you decide to have surgery. We encourage you to discuss the potential risks with your orthopedic surgeon, primary care provider and your family.

Although complications are rare, they do sometimes occur. We will do our very best to avoid the most common risks which include:

- **Wound infection.**
- **Wound healing**—some medical conditions that affect the immune system can cause slow wound healing such as rheumatoid arthritis or diabetes, or if you are a smoker.
- **Limited range of motion**—if you had a stiff knee prior to surgery this can affect your range of motion after. Beginning exercises right after surgery will be very important.
- **Blood clots in the legs**—also called deep vein thrombosis (DVT).
- **Pulmonary embolus**—when a blood clot travels from your legs to your lungs.
- **Urine infection**—if you cannot urinate after surgery, sometimes a catheter is placed in your bladder. This can sometimes cause an infection.
- **Bleeding**—sometimes requires a blood transfusion.
- **Injury to nerves that are located near the hip or knee** (usually from swelling or bleeding). Sometimes this will cause numbness or weakness.
- **Skin blisters**—usually from swelling, sometimes aggravated by the dressings placed over your incision.

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The entire focus of our joint replacement program is to reduce the risk of complications and to make the most of your successful outcome. These are things you can do before surgery to ensure the best result:



### Healthy Eating

- Eat healthy, well-balanced meals, emphasizing fruits, vegetables and whole grains and minimizing saturated fats.
- Tell your surgeon if you have been following a physician-prescribed diet before hospitalization. If you are diabetic, it is important to check your glucose (sugar) levels and follow the diet recommended by your physician.



### Exercise

- It is important for you to strengthen your muscles prior to surgery because they may have become weak due to arthritis and decreased activity. Refer to the exercises in the Exercises section of this book. Performing these exercises before surgery will improve your muscle strength and help you become more familiar with the exercises you will do following surgery.



### Breathing Exercises

- Exercising your lungs is the best way to prevent complications like pneumonia. We rarely think about how we are breathing but this is the perfect time to start.
- Practice deep breathing exercises by taking a deep breath through your nose and holding it for 5 to 10 seconds. Exhale slowly through your mouth. Repeat five times.



### WEIGHT LOSS

- Body Mass Index (BMI) is a calculation that takes into account your height and weight. Your physician or the Program Navigator can calculate this for you.
- If your BMI is 35 or greater, your risk of infection or a blood clot is five times higher than if it is less than 35. We strongly urge you to lose weight before joint replacement surgery to minimize these risks.



## Dental Health

- Inspect your teeth for any loose teeth or painful gums. If you have either, please consult your dentist before surgery. Problems with your teeth can cause complications during surgery and long-term concerns for patients with hip and knee replacements.
- Your anesthesiologist will want to know about any dental prostheses (false teeth, bridges, and implants), tooth or gum disease, or cosmetic dentistry. This information is needed because of the risk of trauma or damage to teeth during the insertion of breathing tubes or other instruments.



## Prostate Health

- In men, prostate problems can cause problems with urinating after surgery. If you have prostate problems that are not well controlled with medications, please see your physician about treatment prior to surgery.



## Smoking Cessation

- Pascack Valley Medical Center is Tobacco Free, which means tobacco use of any kind is prohibited indoors or 50 feet from any entrance.
- If you smoke or use smokeless tobacco, we strongly encourage you to stop at least two to three weeks (or more) before your total joint replacement surgery.



# Preparing for Surgery: What To Do



## Stop All Alcoholic Beverages & All Herbal Medications

4 days prior to your surgery stop all alcoholic beverages and all herbal medications.



## Stop Medications That Increase Bleeding

As directed by your primary care physician or surgeon, stop all anti-inflammatory medications such as Aspirin, Advil, Motrin, Naproxen, etc. These medications may cause increased bleeding. If you are on a blood thinner your physician will give you special instructions for stopping the medication before your surgery. Plain Tylenol is okay to continue taking.



## Find Out Your Arrival Time

The hospital will call you on the day before the surgery (or on Friday if your surgery is on Monday) to tell you what time your procedure is scheduled. You will be asked to come to the hospital two–three hours before the scheduled surgery to give the nursing staff sufficient time to start IV's, prep and answer questions. It is important that you arrive on time because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.



## Prepare Your Home for Your Return

Have your house ready for your arrival back home. Clean. Do the laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden and other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install nightlights in bathrooms, bedrooms, and hallways. Keep pets away from your feet when walking. Stop the newspaper. Arrange to have someone collect your mail and take care of pets or loved ones, if necessary. For your safety, remove any chairs on wheels and replace them with a stationary chair (not on wheels) in that spot until you are no longer using a walker after surgery. Consult the Home Preparation and Safety Checklist on the next page. Your surgeon may have referred you for a Prehab visit from a Home Care agency.





Your  
Hospital Stay



# Home Preparation and Safety Checklist

Here are some items and home modifications that will help you prepare for your return from the hospital. All of these will be discussed in detail at the pre-operative orientation class. Please let us know if you have questions or concerns about these suggestions.

- Remove all throw rugs or make sure they have backing applied.
- Make sure walkway areas are well lit and free of clutter so you can pass easily with a walker. This may require a temporary rearrangement of furniture.
- Consider getting a bag or basket to attach to your walker to carry small items.
- If possible, plan to have a portable phone with you at all times with a list of emergency phone numbers.
- Measure your bed height. It should be at least as high as you bend your knee. A firm mattress is recommended.
- Be sure the height of your toilet is at least as high as you bend your knee. There is equipment to use during recovery if this is not the case.
- Use a hand-held flexible shower head, if possible.
- Install rubber mats or safety strips in the bathtub/shower.
- Keep a flashlight nearby for emergencies.
- Find a stable chair with armrests, a firm seat and NO WHEELS. The seat height should be at least 18 inches.
- Place a cushion or folded blanket in chairs that sit low or are hard to get out of OR consider bed / chair risers that elevate the sitting height.
- Consider stocking your freezer with meals prepared before surgery or buying frozen meals.
- Move frequently used items to waist height for easy retrieval—medications, phone, cooking items or anything that is stored high or low that you may need. A small, wheeled cart can work well in the kitchen.
- Plan to have someone stay with you the first three nights and someone available to help with tasks such as shopping and housekeeping for several weeks.
- Have ice packs or cold gel packs available.



- If feasible, have at least one sturdy handrail for stairs.
- Try to arrange for a mid-size, easily accessible vehicle to take you home. You may not be able to step into a truck, and compact cars may not allow you the space to enter comfortably.
- Record the number of stairs to enter home (\_\_\_\_\_) and the number of stairs to get to bedroom (\_\_\_\_\_)
- We will need to know this information when making discharge plans.
- If your bedroom is upstairs, consider making arrangements to sleep downstairs for a few days. If you must negotiate stairs when your return home, make sure therapy staff is aware of this.
- Consider your pets and their needs prior to surgery. You may need help with feeding or walking them for the first few weeks after surgery.
- Coil or tape cords and wires to the wall so you can't trip over them.



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# Packing for the Hospital



## What to Bring:

- Your joint replacement guide.**
- Your insurance cards and advanced directive.
- Loose fitting, comfortable clothing and undergarments that are easy to put on, especially over the operative site.
- Glasses if you wear them. Do not wear contacts on the day of surgery but you may bring them to use in the day following surgery.
- Toiletries for one (1) overnight: toothbrush, toothpaste, shaver, comb, deodorant, denture and contact lens supplies as appropriate.
- Supportive footwear with backs such as sneakers/tennis shoes (loose in case your feet swell post-operatively).
- Books, magazines or craft projects to help pass the time between therapies.
- CPAP or BiPAP machine if you use one at home.
- List of your current medications and dosages. Be sure to note the last date and time each was taken.



## What NOT to Bring:

- Large amounts of money or credit cards.
- Jewelry—For your safety, jewelry and body piercings will be removed prior to surgery.
- Medications—unless you were specifically instructed to bring the medicine.





# Day Before Surgery

You will be contacted by the hospital the day before surgery (or on Friday if you are scheduled for Monday) and told what time to arrive at the hospital.

**1**

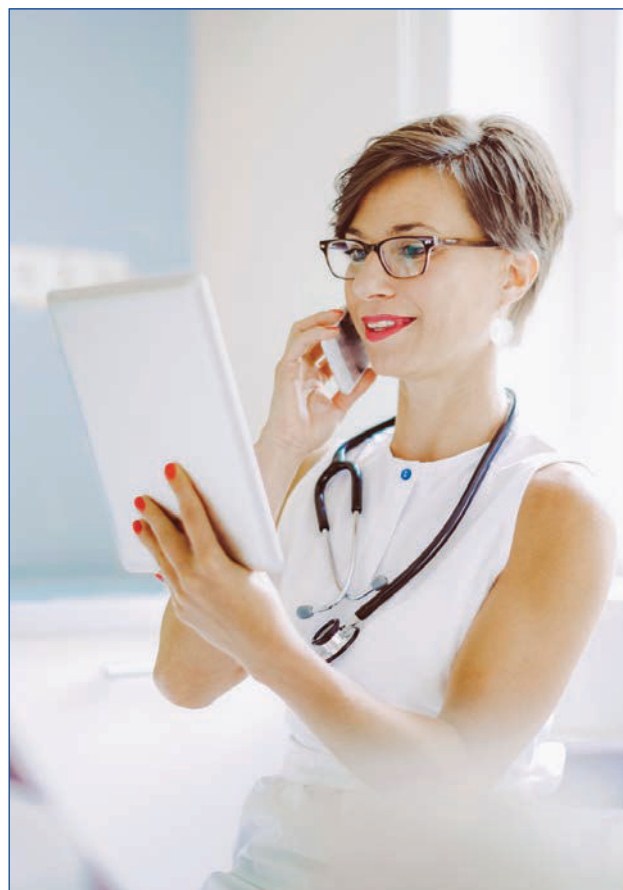
If you take a beta-blocker it is very important to take these medications the day of or night before surgery as scheduled. These medications include: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Carteolol, Carvedilol, Coreg, Esmolol, Inderal, Labetalol, Metoprolol, Lopressor, Nadolol, Corgard, Levatol, Penbutolol, Pindolol, Sotalol and Timolol.

**2**

Do not eat any solid food after midnight. You may have clear liquids up to two hours before you are due arrive at the facility. The night before surgery, you will receive a call to confirm your time of surgery, and given additional instructions.

**3**

Please refrain from smoking and do not use smokeless tobacco for 24 hours prior to surgery.





# Preoperative Cleansing Instructions



Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to be sure that your skin is as free of germs as possible before surgery. You can reduce the number of germs on your skin by carefully washing before surgery. Following these instructions will help you be sure that your skin is clean before surgery.

## IMPORTANT

- You will need to shower with a special liquid soap called Hibiclens. You will be given 3 complimentary packets of Hibiclens when you attend the mandatory Joint Camp. You can also purchase additional Hibiclens soap at your local pharmacy.
- Don't use Hibiclens if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation.
- Don't use Hibiclens on the head or face; keep out of eyes, ears, and mouth.
- Don't use Hibiclens in the genital area.

## Directions:

1. Shower with Hibiclens for the 3 days prior to your surgery. Read ALL the instructions below before you begin.
2. Do NOT shave the area of your body where your surgery will be performed.
3. With each shower, wash and rinse your hair, face, and body using your normal shampoo and soap.
4. Make sure you completely rinse off soap and shampoo in a very thorough manner.
5. Turn water OFF to prevent rinsing the Hibiclens off too soon. Dispense 1 packet of Hibiclens into your hands and use your hands to wash your entire body gently ONLY FROM THE NECK DOWN for 5 minutes. Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard.
6. Turn water back ON and rinse your body thoroughly. Now you are done with the first Hibiclens shower.
7. Pat yourself dry with a clean, soft towel.
8. Do NOT apply any lotions, deodorants, powders, or perfumes from the waist down on your body.
9. Dress with freshly laundered clothing after each Hibiclens shower.
10. It is important the night before your surgery to sleep with freshly laundered bed linens.



# What to Expect at the Hospital



## Day of Surgery

- Remember to Shower—In the morning, repeat the cleaning process with your Hibiclens packet.
- Report to registration at Pascaek Valley Medical Center at your scheduled time.
- You will arrive at the hospital approximately two hours prior to the time your procedure is scheduled. Lateness can result in postponements or cancellations in some cases.
- We will prepare you for surgery, explain the process, and answer any questions you may have.
- Feel free to bring items that can help you pass the time.
- You will be asked several questions to verify the information we have is correct.
- Your vital signs (blood pressure, heart rate, oxygen saturation, temperature and level of pain) will also be recorded.
- An intravenous (IV) catheter will be placed in one of your veins to allow fluid and medications to be given to you during and after surgery.
- Pre-op medications as prescribed by your physician will be administered at this time.
- Your belongings will be safely transported to your room.

## Anesthesia and You

### Who are the anesthesiologists?

The Operating Room, PACU and Intensive Care Units are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at Pascaek Valley Medical Center.

Decisions regarding your anesthesia are tailored to your personal needs.

### The types available for you are:

**General Anesthesia** provides loss of consciousness.

**Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of

pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and leg blocks. Medications can be given to make you drowsy and blur your memory. Research has indicated that regional anesthesia may result in less blood loss, pain, and less incidence of blood clots.

### Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

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## **What Will Happen Before My Surgery?**

You will meet your anesthesiologist immediately prior to your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, together you will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted, this can be arranged through the Orthopedic Office.

## **During Surgery, What Does My Anesthesiologist Do?**

Your anesthesiologist is responsible for your comfort and well being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologists are also responsible for fluid and blood replacement when necessary.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free.



# After Your Surgery



## Post Anesthesia Care Unit (Recovery Room)

- Your surgery will last 1 to 2 hours. Afterwards, you will awaken from anesthesia in the operating room and be transferred to the Post Anesthesia Care Unit (PACU). You may not remember much until you reach the recovery room.
- You will awaken in the PACU wearing an oxygen mask. Nurses will monitor your level of pain and your vital signs.
- There will be a surgical dressing over your incision.
- You will also have a sequential compression device (SCD) on each calf, which will alternate squeezing and releasing pressure on your legs to reduce the risk of blood clots.
- You will receive medication for pain and nausea as needed.
- Your surgeon will talk to your family in the waiting room and answer their questions. Family members may visit you when you arrive at the 4 West Joint Replacement Unit from the PACU.
- You will remain in the PACU until your vital signs are stable, your pain is well controlled and you are awake and alert.
- This is usually 1 to 2 hours.

## The Joint Replacement Unit on 4 West

Our Joint Replacement Unit on 4 West is a dedicated area where all of your needs will be addressed. Our team of registered nurses and patient care assistants have been specially trained to care for patients after joint replacement. They will be there to manage your medications, control your pain, evaluate your overall health, assist you in and out of bed, and answer any questions you may have. Physical/

Occupational therapy will take place in an area near your room or in the hospital's larger therapy treatment room.

*A dedicated area where  
all of your needs will  
be addressed*

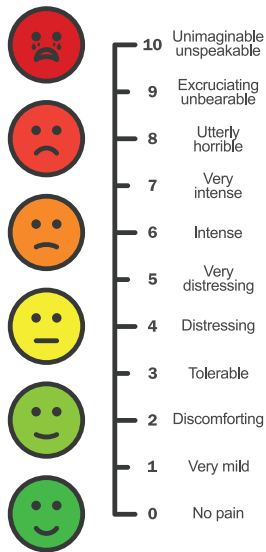


## Day of Surgery Our Goals for You Will be to:

- Meet your care team.
- Manage your pain.
- Get out of bed to the bathroom with a walker.
- Perform ankle pumps and thigh muscle tightening exercises.
- Take deep breaths and cough.
- Perform your incentive spirometer exercises to encourage deep breathing.
- Drink beverages and eat foods that you can tolerate and that seem appetizing.



## Managing Your Pain



Starting your rehabilitation exercises as soon as possible is the single most important factor in having an optimal outcome with the lowest risk of complications. You cannot accomplish this unless your postoperative pain is well controlled. Some pain is expected, but we have many ways to minimize it.

- Pascack Valley Medical Center uses a multimodal approach to pain management, which includes intravenous and oral pain medication, positioning techniques, and cold therapy.
- Being mobile is helpful in reducing pain.
- Your nurse will offer you pain medicine about 30-60 minutes prior to your scheduled therapy time.
- Do not wait until your pain is severe before asking for pain medications.





## Preventing Nausea

Anesthesia and pain medication may cause nausea or vomiting.

- Our medical team carefully adjust the medications during your surgery to minimize nausea.
- You will be given anti-nausea medication as needed during your stay. Getting out of bed to a chair and starting to walk on the day of surgery is the single most effective way to minimize nausea.



## Avoiding Constipation

Anesthesia, narcotic pain medications and immobility can decrease bowel function after surgery. To help lessen the chance of constipation we use the following:

- **Early mobilization** – getting you up to a chair and walking as often as possible.
- **Stay hydrated** – drink plenty of fluids.
- You will be on a daily **stool softener**.
- You may also receive a **laxative** if necessary.



## Minimizing Swelling

Some swelling around the surgery site and in the leg is normal after surgery. To minimize this:

- **Be mobile**; walking is the best prevention.
- **Ice** is often used around the surgical site.
- Continue doing your **ankle pumps**; this is the most important exercise to decrease swelling.
- **TED stockings** will be worn to help minimize post-operative swelling.



## Preventing Post Operative Falls

Use your call bell to ask for help. For the first few days after surgery, you may feel slight dizziness or unsteadiness when getting out of bed or from a chair. Your safety is our top priority.

- Wear shoes or non-skid slippers every time you are out of bed.
- Don't get up by yourself. Use your call bell for assistance to the bathroom or to your bedside chair.
- Use your walking aid during ambulation every time.
- If you require a hearing aid or glasses, please put them on prior to moving.



# Preventing Complications

As with any surgery, complications may occur. The following highlights the most common ones and the things we do to help prevent them:



## Pneumonia

- Early mobilization: Up to a chair and walking as soon as possible.
- Use your incentive spirometer: Take 10 deep breaths once every hour you are awake.



## Blood Clots (DVT) and Pulmonary Embolus

**Anticoagulation therapy** (blood thinners): Physician specific anticoagulation will be ordered for you during your post-operative period, and will continue upon discharge for an additional 4-6 weeks after surgery.

**Compression Sleeves** (SCDs): These squeeze your calves and encourage blood flow. They must be worn at all times in the hospital except when walking or during physical therapy.

**Leg exercises:** While you are awake, you should perform your ankle pumps 10 repetitions every 15 minutes.

**Early mobilization:** You will get up and walk with the walker to the bathroom with assistance the day of surgery by any member of the total joint team.



## Infection

Surgeon specific dressing will be applied in the operating room and will be changed according to the surgeon's directions. If your dressing starts to come off or you notice any drainage from it, please let your nurse know.

- Preventative antibiotics are given just before surgery and continued for 24 hours afterwards.
- All staff members use hand sanitizer as they enter and leave patient rooms.
- Encourage your visitors to use the hand sanitizer as they enter and leave your room.
- Hand hygiene is very important. Be sure to wash hands frequently.
- Dressing changes occur based on the type of dressing and regimen determined by your surgery.



# Rehabilitation



## Rehabilitation While in the Hospital

Our rehabilitation team will work with you to improve your functional abilities.

Therapy Services will assist you with exercises, walking with a walker, stair climbing and the use of adaptive equipment for self care.

Your motivation and participation in the therapy program are important to the speed and success of your long-range rehabilitation, as well as getting you ready to go home. This means you are the greatest factor in a successful recovery.

*Your motivation and participation in the therapy program are important to the success of your rehabilitation*

### Your rehabilitation goals for discharge are simple:

- Maximize your joint strength and range of motion.
- Get in and out of bed and a chair safely.
- Walk safely with an assistive device as determined by the therapy staff.
- Dress yourself using adaptive equipment if needed.
- Go up and down stairs safely (with or without assistive devices).



## Getting Out of Bed

- Move yourself closer to the side of the bed.
- Pivot on your hips, using your arms to help you move to sitting on the edge of the bed.
- Extend your operative leg out in front of you.
- Push from the bed with both hands to stand up.



## Sitting In A Chair

### To Sit

- Use a firm chair with armrests and a high seat.
- Back up until you feel the chair touching your leg.
- Reach for the armrests.
- Keep your operative leg slightly out in front.
- Lower yourself to a seated position and then lean back in the chair.

### To Stand

- Move forward in the chair.
- Move the operative leg slightly out in front.
- Push up using the armrests and your non-operative leg.
- Move your hands to the assistive device and stand up straight.



## Stair Climbing and Descending

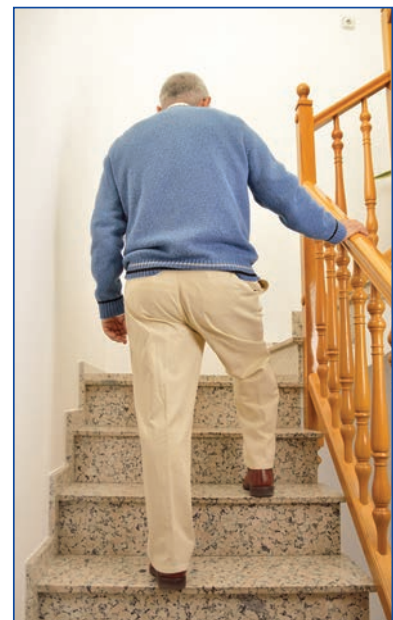
- Use a handrail for support.
- Take one step at a time.
- Always lead up the stairs with your good leg and down the stairs with your operative leg. (Up with the good; down with the surgical leg)



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# Planning for Discharge

Most patients go home in the day of or the day after the procedure. There are three paths you can take:

1. Go home, have home health care, then convert to outpatient physical therapy.
2. Go home and start outpatient physical therapy right away.
3. Those patients with complex needs may require a short inpatient stay at a rehabilitation facility, then return home and start home health care or outpatient physical therapy.

The Case Management staff will help you, your coach, and your family understand your insurance benefits and whether or not you qualify for any aftercare facilities, keeping your safety as our priority.



## Home Health Care Services

- Therapy and nursing will come to your home to provide care for you.
- Case Management staff will arrange authorization from your insurance. You will see a physical therapist 2-5 times a week, pending home evaluation.
- Your home therapist will advise you when and if you need further therapy in the outpatient setting.



## Outpatient Therapy

- You may go to outpatient therapy based on recommendations of your care team.
- The therapy provided in this setting is more advanced. The therapist will work with you to restore your strength, balance, and walking ability so you can return to the activities you love to do.
- You will see a physical therapist 2-3 times a week and they will let you know when you no longer need therapy.
- A prescription will be provided at discharge.

*The therapist will work with you to restore your strength, balance, and walking ability*



# How Can I Tell I'm Ready to go Home?



The physicians, nurses and therapists will be working with you and your family daily on your recovery and discharge goals. Below is a checklist to help you, the patient, identify goals for a discharge to home!

## Road to Home Checklist

- I am on a normal diet
- I know how to use my adaptive equipment
- I have identified a caregiver once I'm back home
- I know when to take my medications
- I take oral pain medications
- I am able to bathe and dress myself with minimal assistance
- I know how to manage my pain once I'm home
- I have walked at least 100 feet
- I have my follow-up appointment with my surgeon scheduled
- I know how to care for my incision
- I know how to go up and down stairs
- I know what exercises to do at home
- I can Teach Back my precautions
- I know how to get in and out of a car
- I am able to Teach Back my discharge instructions
- I understand the reason for my medications
- I know when to call my doctor
- My doctor said I can go home
- I have planned my ride back home
- I know the side effects of my medications
- I am prepared and have my prescriptions for home





## Sub-Acute and Acute Rehabilitation Facilities

Patients that have complex needs may require an inpatient rehabilitation facility or skilled nursing facility before going home. Our Case Management team will contact your insurance provider for authorization. If inpatient rehab or skilled nursing care is denied by your insurance company, your case manager will arrange for home care. After discharge from the rehab facility, you may require a continued course of recovery with home care or outpatient therapy.



### Getting Home – You’re Discharged!

At discharge, the nurses will fill out your discharge instructions. They will include the following:

- Your follow-up appointment with the doctor, if not made prior to admission.
- The medications you need to take.
- Signs and symptoms to report to the doctor.
- The name and phone number of the home-care agency, if you will have home care.
- The name and appointment time for outpatient therapy, if that is your plan.

If you will be transferred to a rehab facility, Case Management staff will make arrangements for transport to the facility. Your insurance providers may not cover this cost. Case Management will advise you of your coverage and assist you and your family in understanding.



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# Returning Home



# Your Road to Recovery at Home



## Wound Care and Preventing Infections

- Keep the incision and dressing clean and dry. No shower/bath until cleared by your surgeon.
- Your dressing should be changed as directed by your surgeon.
- Check the area around your dressing daily for signs of infection and notify your surgeon if you develop any of these signs:
  - a. Redness in the area around the incision.
  - b. A fever higher than 101° Drainage that looks like pus or smells bad or discharge that has changed in color or odor.
  - c. Increased pain with both activity and rest that is not controlled by pain medications.
  - d. Your staples will be removed at the surgeon's office. You will receive instructions at discharge.
  - e. You may feel numbness in the skin around your incision.



## Managing Your Medications

### Routine Medications:

- Continue your medications at home as prescribed by your surgeon and your prescribing physician.
- If you have any questions, you may call the physician who prescribed the specific medication.

### Pain Medications:

- Only take those medications that have been prescribed by your surgeon or your primary care physician.
- Take pain medication as prescribed.
- Pain pills take 30-45 minutes to work. Do not wait until pain is severe.
- If your medication is not effective in relieving your pain, or you experience unpleasant side effects, do not hesitate to call your surgeon.



## Bowel Regularity

- Eat a diet high in fiber. Such as black/kidney beans, lentils, peas, bran cereal, and fruits (raspberries, pears).
- Drink plenty of fluids.
- Being active is important for bowel function.
- Pain medications with narcotics can slow bowel function.
- Stool softeners and laxatives can be used as directed.
- If you experience abdominal pain that is severe or your bowels do not move within 3 days, contact your Primary Care Physician.



## Physical/Occupational Therapy

- Once home, continue with the exercises you learned in the pre-operative class OR DURING YOUR HOSPITAL STAY because you may not see the therapist from Home Care or Outpatient Therapy for a few days.
- Practice walking as normally as possible WITH THE USE OF AN ASSISTIVE DEVICE (walker, cane).
- Walking is the best exercise you can do for yourself.
- Begin by walking for 3-5 minutes every 2-3 hours throughout the day. Gradually increase the frequency until you are walking 3-5 minutes every hour.
- Slowly extend the length of time you are walking.
- After your walk, you may want to apply ice and elevate your leg to decrease swelling.





## Daily Activities

### Fall Prevention

To reduce the risk of falls:

- Wear non-skid shoes and use your assistive device when walking.
- As you progress, walking on uneven surfaces, such as grass or gravel, may require the use of an assistive device even after you no longer use one indoors or on flat surfaces outside.
- Maintain proper lighting.
- Know where your pets are any time you are walking.
- Use adaptive equipment (reacher, walker) for ease and safety with activities.

### In the Bathroom

- Re-survey the bathroom for safety and ability to maneuver.
- Use an elevated toilet seat over the commode to avoid having to sit too deep.
- Care for your surgical wound as directed by your surgeon.
- A shower chair or tub bench may be purchased to allow you to sit while sponge bathing.
- Use a long-handled sponge to reach your feet.
- A rubber mat or strips in the shower or tub will help reduce the risk of falls.
- Avoid bath oils in the tub or shower.
- Handheld shower heads may be helpful.

### Around the House

- No heavy lifting for 6-8 weeks.
- Arrange for assistance with larger household chores (vacuuming, sweeping, mopping, and laundry).
- Eat a healthy diet to help you heal, feel better, have more energy and attain a desirable body weight. Follow any special diet that your physician has prescribed.
- Have prepared meals available for reheating.
- Plan easy meals that do not require a lot of time or effort.
- Arrange the kitchen/refrigerator to avoid bending down to reach items.
- Have a chair handy as you may tire easily.
- Arrange work space for convenience.
- Slide objects or use a utility cart to move objects.
- Plan menus and make a shopping list.





# Blood Clot Prevention and Medications



A blood clot can occur during the first several weeks after surgery. It commonly occurs in the calf or thigh. There is a risk of this clot traveling to other parts of your body, such as the lungs. This is known as a pulmonary embolus or PE. **Your surgeon will prescribe an anticoagulant to reduce your risk of blood clot.**

## To Reduce the Risk of Blood Clots:

- Continue the ankle pump exercises often.
- Be mobile. Do not sit for long periods of time (greater than one hour).
- Take your anticoagulants as prescribed and complete lab tests as indicated.

## Warning Signs of Possible Blood Clots in Your Leg Include:

- Warmth, swelling, increased pain, tenderness, redness in the thigh, calf, ankle or foot (Some swelling in the thigh or leg is normal after knee replacement surgery)

**Notify your surgeon's office immediately if you develop any of these signs.**

## Warning Signs That a Blood Clot has Traveled to Your Lung Include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing
- Blood or blood streaks in sputum when you cough
- Feelings of anxiety

**Seek medical treatment immediately if these symptoms occur.**



# Long-Term Care of Your Joint Replacement



Within a few months after surgery, you will likely be back to your normal routine. This may include returning to work, depending on the type of work, and activities that you enjoy. Discuss with your surgeon those activities that you want to resume.

## Returning to Everyday Life Driving

- Talk with your surgeon on the follow-up appointment about your readiness to safely drive.
- In general, you should not drive when you are taking narcotics or if you have pain when you press on the accelerator or brake pedal.
- The decision to drive will be based on these factors and your judgment.

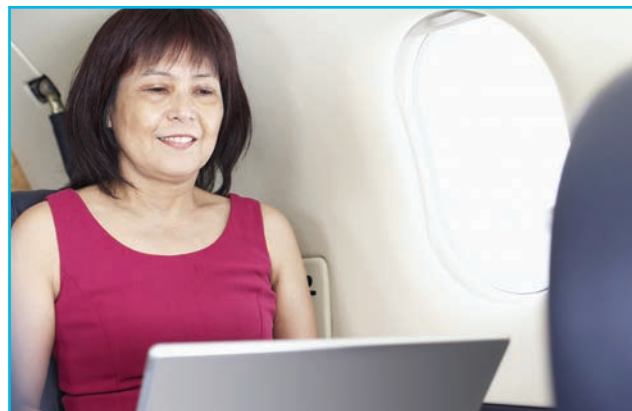
## Bathing

- Walk in showers may work the best, if you have one available, since you can use your walker or crutches for stability.
- Utilize the long handled sponge to reach feet.
- A rubber mat or strip in the shower or tub will help reduce the risk of falls.
- Remember not to use bath oils in the tub or shower.

## Travel

### For the first three months:

- Do not sit in one position for long periods of time.
- On car trips, stop every 1–2 hours to stretch your legs.
- Foot pumps, will help circulation and reduce pain and swelling.
- On plane rides, get up and stretch your legs every hour.





## Lifetime Considerations

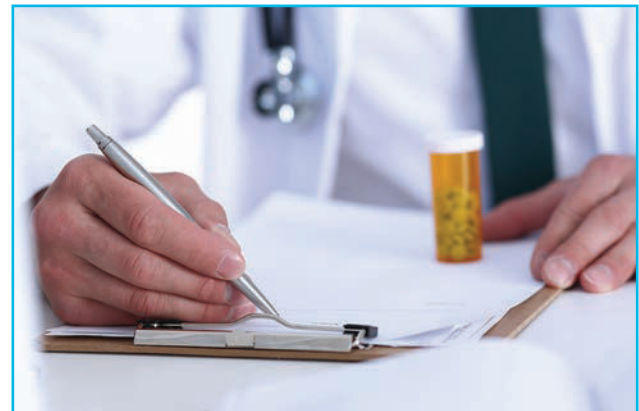
- Your new joint may activate metal detectors required for security in airports or other building. Tell the security agent about your joint replacement.
- You should contact the orthopedic surgeon's office prior to any surgical procedure or dental work to determine if you will require antibiotics prior to the procedure.

## Future Dental or Surgical Procedures

- You may need to take preventive antibiotics before dental or surgical procedures.
- Be sure to mention that you have a joint replacement when talking with a dentist or physician about having procedures done.
- You can contact your primary care physician's office if you need antibiotics for a procedure.

## Sexual Activity

- Talk to your surgeon about when you can safely resume sexual intercourse, generally 4-6 weeks after surgery.
- This allows for the incision and muscles around the joint replacement to heal and you to function with limited amount of pain.
- It is important that you communicate with your partner about your joint replacement and the limitations that you may have, such as bending the knee.







# Exercises



# Pre- and Post-op Exercises



## Exercising Before Surgery

It is important to be as fit as possible before undergoing a total knee replacement. This will make your recovery much faster. Six exercises are shown below that you should start doing now and continue until your surgery. You should be able to do them in 10-15 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this as a minimum amount of exercise prior to your surgery. If you have not been in an exercise or physical therapy program, you may need to start with only 5 times of each exercise, building up to 10-20 times. Please remember to do all exercises with both legs to increase strength in both legs.

### Ankle Pumps



- **1. Point:** Bend your ankles pointed away from your torso
- **2. Flex:** Bend your ankles flexed toward your torso
- Goal 10-20 times
- These may be done frequently throughout the day



## Strengthening Hip Muscles: Glut Set



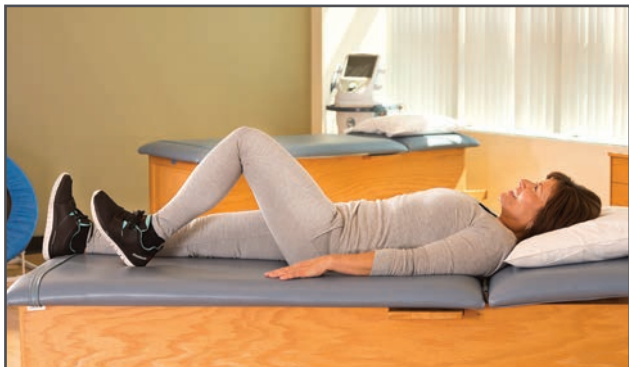
- Lie on a bed
- Squeeze your bottom together
- Do not hold breath
- Hold for 10 seconds
- Relax
- Start with 5 times, with a goal of 10-20 times

## Quad Sets: Knee Pushdowns



- Press your knee down so you are tightening the muscle on the front of your thigh and hold for 5 seconds
- If this is not comfortable, you may lay flat on your back
- Start with 5 times, with a goal of 10-20 times

## Heel Slide



- Lie on back
- Slide heel towards your bottom
- Hold for 10 seconds
- Slide heel forward and relax
- Start with 5 times, with a goal of 10-20 times

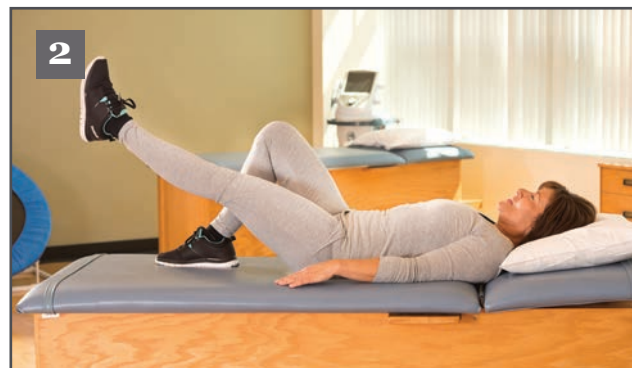
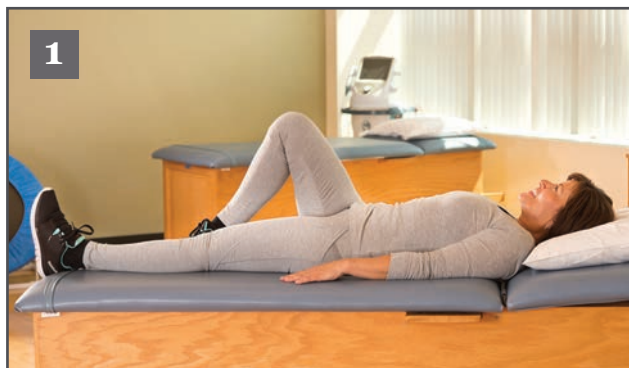


## Hip Abduction



- Lie on back
- Slide leg out to side
- Keep toes pointed up and knee straight
- Bring leg back to starting point:  
do not cross midline
- Start with 5 times, with a goal of 10-20 times

## Straight Leg Raises



- **1. Start:** While lying, bend your unaffected leg, keeping your foot flat.
- **2. Finish:** Lift your affected leg keeping your knee straight and toes pointed towards your head.
- Start with 5 times, with a goal of 10-20 times



## Knee Extension: Long Arc Quads



- Sit with knee bent to 90°
- Straighten leg at the knee
- Slowly lower leg back to 90° bend
- Start with 5 times with a goal of 10-20 times

## Seated Hamstring Stretch



- Sit on a chair with your operative leg extended and your back straight
- Bend forward at the hips. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint*
- Now lean forward until a gentle pull is felt along the back of your legs
- Hold for 20-30 seconds
- Relax
- Repeat 5 times

## Strengthening Your Arms for Using Crutches or a Walker



- Sit in an armchair
- Place hands on armrests
- Straighten arms, raising bottom up if possible; nose over toes. *Patients post Total Hip Replacement: Do not pass 90° at the hip joint*
- Start with 5 times, with a goal of 10-20 times



# Supporting Information



# Logs

8 Ounces of Water							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

**Make sure to walk every day!** You can record your distance walked every day in the log below:

Distance Walked Each Day							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Week 6							
Week 7							
Week 8							
Week 9							
Week 10							
Week 11							
Week 12							



# Progress Calendars

Use this Calendar after you get home to track your progress.

<b>WEEK 1</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
Exercises Performed	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Incision	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red
Walking							
Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device

<b>WEEK 2</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
Exercises Performed	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Incision	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red
Walking							
Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device



# Progress Calendars

Use this Calendar after you get home to track your progress.

WEEK 3	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Exercises Performed	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Incision	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red
Walking							
Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device

WEEK 4	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Exercises Performed	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No	Yes or No
Incision	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red	Clear Drainage Red
Walking							
Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device	Walker Cane No Device





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