



YOUR GUIDE TO JOINT REPLACEMENT

From OSF HealthCare St. Joseph Medical Center

Thank you for choosing OSF HealthCare St. Joseph Medical Center as your partner in healing and recovery for your new joint. We are pleased to be your hospital of choice. We look forward to caring for you during your time with us.

Studies have shown that joint replacement can greatly improve your quality of life. We made this guide to prepare you for your surgery. We hope it will support you in your healing journey and optimize your results. Please let us know of any questions you may have.

YOUR HEALING JOURNEY STARTS NOW

- Use this guide to learn how to prepare your body for surgery. It will also help your healing and recovery.
- Complete the guide checklists. They will help you prepare for your return home.

Note: This guide is to teach you about getting ready for your new joint. It is not meant to replace the advice of your surgeon. Follow your surgeon's instructions for the best outcome.

OSF HealthCare St. Joseph Medical Center is recognized as a Blue Distinction Center + for hip and knee replacement by Blue Cross and Blue Shield of Illinois. OSF St. Joseph has earned Magnet status for quality nursing practices.



Designated
BlueDistinction®
Center +
Knee and Hip Replacement



**Bring your guide with you to all classes and appointments.
Bring it to the hospital on the day of surgery. Take notes in the
last pages of the guide to remember important information.**

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YOUR HEALTH CARE TEAM

Surgeon – An orthopedic surgeon will do your surgery. They use state-of-the-art orthopedic tools and equipment. This surgeon will be on hand to answer your questions. They also manage your orthopedic care after your joint replacement. They are supported by medical staff at the clinic. They are an important point of contact for communication.

Anesthesia – Doctors and nurse anesthetists will evaluate you. They then recommend the best method to give you a safe anesthesia experience.

Physician Assistant/Nurse Practitioner – The physician assistant (PA) or nurse practitioner (APRN) is an advanced practice professional. They will help your surgeon provide and manage your care. The PA or APRN may see you in the office. They may also help during your surgery and follow-up care.

Surgical Staff – Your surgeon is supported by a loyal orthopedic surgery team. The team's goal is to meet the specialized needs of orthopedic patients.

Hospitalist – Your surgeon may decide that you need a hospitalist. The hospitalist will manage parts of your care that are not orthopedic. This can include diabetes or high blood pressure. A hospitalist is a dedicated in-patient doctor who works only in a hospital. They may visit you in your room and talk with your care team.

Nurses – Our registered nurses and licensed practical nurses are well-qualified professionals. They have the knowledge and skills needed to provide your care. Your nurse will assess and implement your care during your stay. Your nurse will be in close contact with your doctor to help in your recovery.

Patient Care Technician (PCT) – The PCT helps with your personal care while you are in the hospital. They may change your bandage and check your blood sugar, blood pressure and temperature. They may help with other activities ordered by your doctor. They will help you with repositioning, toileting and walking with your equipment.

Physical Therapy – You will have physical therapy (PT) after your surgery. Your PT will teach you how to safely sit down and stand up, walk and climb stairs. They will help you do exercises to get stronger after surgery. Most of our patients can expect to walk on the day of surgery.

Occupational Therapy – The occupational therapist (OT) will teach you how to safely bathe and dress yourself. They will also teach you to use adaptive equipment. The OT will also recommend equipment you may need in order to return home safely.

Care Management Team – A member of the care management team will help you plan your continued care after you leave the hospital. That may include medical equipment, home care services, or therapy services. They may also help you plan a short stay in a skilled care facility.

JOINT REPLACEMENT RECOVERY PROCESS

You and your surgeon have decided a joint replacement is your best option to improve the quality of your life. Now you will follow a series of steps to prepare for your surgery, and to put yourself on the journey to healing.

- Select your support person. This is a person who can help you during your surgery and recovery process.
- Schedule and complete a physical exam with your primary care doctor.
- Schedule and complete a physical exam with your specialty doctor, if needed.
- Schedule an appointment with your dentist before surgery. They will make sure your teeth are in their best health. Healthy teeth lower your risk of infection.
- If you're a smoker, stop smoking at least six weeks before your surgery.
- Follow a healthy eating program. This will improve your body's ability to heal.
- Attend the Joint Clinic at OSF HealthCare St. Joseph Medical Center for lab work, meeting with anesthesia and education. This is mandatory for your surgery. Bring your support person with you for the class.
- Complete your exercises to prepare for surgery.
- Arrive at the hospital two to three hours before your surgery, as directed.
- Work with your support person on a plan for getting home. Your surgeon will tell you how long you can expect to be at the hospital, though most patients stay one night. Make sure you have help with care the first week or two.
- Protect your incision from bacteria. Wash your hands and keep the incision covered. Don't let pets touch or lick that area.
- Attend follow-up appointments with your surgeon and with therapy.
- Let your surgeon know if you have signs of illness or infection.



PRE-ADMISSION TESTING AND JOINT CLINIC

OSF HealthCare St. Joseph Medical Center offers a Joint Clinic. The clinic will help you and your support person learn how to get ready for surgery. It will also teach you about the recovery process. You will invest time and energy in learning more, and this will help you both emotionally and physically.

A pre-admission testing nurse will talk with your surgeon's office and with you. They will then schedule your Joint Clinic attendance. The nurse will go over your medical history, medications and dosages. They will check information from your doctor, your dental health and other information. This is for your safety during and after surgery.

Joint Clinic includes:

- Educational session with the chance to ask questions
- Exercises that you need to do each day until your surgery
- Meeting members of the orthopedic team at the hospital
- Pre-admission labs for testing
- An anesthesia consultation, if needed
- Cleansing cloths to be used the night before surgery

*Please note that your attendance at Joint Clinic is required. If you do not attend, your surgery may be delayed. Patients having **total shoulder arthroplasty** or **total reverse shoulder arthroplasty** are not required to attend Joint Class.*



GETTING HEALTHY BEFORE SURGERY

A healthy body before surgery has fewer complications and infections. We want to make sure your health is at its best before surgery. This will reduce your risks. It also improves how happy you are with your new joint.

Good Nutrition and Health – Your serum albumin level shows your nutrition and kidney function. Both play a vital role in how well your body heals. You should eat a diet that is high in protein, fruits and vegetables. It should also be low in processed food and sugar. This will help prepare your body for surgery. Drink 8 to 10 glasses of water per day. Limit alcohol and drinks with artificial sweetener or colors. Eat a healthy diet before and after surgery. This will help you heal and recover.

Physical Therapy Exercises – For patients having knee joint replacement or hip joint replacement, you will do PT exercises before your surgery as tolerated. Your recovery depends on it. Do your strengthening exercises (on pages 21-22 for total knee replacement and pages 23-24 for total hip replacement) two times a day. This will get your body ready for surgery. It also helps you heal and recover faster.

Stop all Tobacco Use – Smoking and tobacco use hurt your body's ability to heal. Stop using tobacco products and nicotine patches six to eight weeks before surgery. Do not use these products after surgery, either. This will let your body heal. A wound that heals slowly is at higher risk for infection.

For smoking cessation information, call the Center for Healthy Lifestyles at (309) 661-5151.

Body Mass Index (BMI) over 30 – A high body mass index increases the risk of infection and other complications. That risk will rise as BMI increases, and there's a sharp increase in risk at a BMI of 35. If your BMI is 41 or more, your surgeon will postpone your surgery until your health is better. This will reduce your risk of infection and complications.

Diabetes – Your blood sugar plays a role in healing. A blood sugar above 180 hurts your ability to heal. Your A1C shows how well your diabetes is managed over time. We want your A1C at or under 7. At a level of 8 or greater, your surgery will be postponed until your health is better. You need to manage your blood sugar well before and after surgery. This will help your incision heal faster.

Get Your Flu Shot – If your surgery is scheduled between September and March, it is important for you to get a flu shot more than two weeks before your surgery. Please request a flu shot during your surgical clearance appointment with your primary doctor.

Note: Some medications can impair your body's ability to heal. Talk to your primary care provider and your surgeon about the medications you take. Know how they may impact your recovery.

Five Days Before Surgery

- If you've been given an antibiotic for decolonization therapy, start taking it. This will reduce bacteria in your body.

Two to Three Days Before Surgery

- Health check-in. Do you feel healthy? Do you think you may have a sinus or bladder infection or other illness? If so, contact your orthopedic surgeon's office.
- Finish the "Preparing Your Home" checklist on page 8.
- Pack your bags (see checklist on page 9).
- Follow any special instructions the team at Joint Clinic gave you.
- Confirm all plans with your surgeon's office. This includes post-operative therapy.
- Do not drink alcohol at least 48 hours before surgery. This includes beer and wine.

PREPARING YOUR HOME: A HOME SAFETY ASSESSMENT

Once you return home from surgery, you will want to prevent falls. You also need to prevent infection at your surgical site. You will need to have a special place for your home exercises prescribed by your therapist. Use the following checklist to make your safety and healing a priority.

Home Entrance

- Clear walkway of clutter, sticks and leaves.
- Ensure steps are in good repair. They should have a non-slip surface, and a height of 6 inches or less.
- Have a railing on both sides of stairs.

Living Areas

- Doorways wide enough for walker or wheelchair
- Walkways and floors clear of clutter, furniture or knickknacks, and electrical cords
- Prepare a sitting station. This should be a chair that does not roll or rock. It should have armrests. It should not be lower than your knees. Place a pillow on the seat if needed.

Bathroom

- Antibacterial hand soap for hand washing after toileting
- Strong grab bars in the shower or bath anchored into the wall studs
- Grab bars near/around toilet, and a raised toilet seat to ease rising
- No throw rugs, and add a non-skid mat in shower
- Shower bench or seat
- Access to telephone, and store towels close to shower

Bedroom

- Remove throw rugs
- Bed no lower than the back of the knees. Raise bed to the right height, or sleep some where else if needed.
- Chair with armrests and firm seat. This will reduce falls while dressing.
- No rolling or rocking furniture
- Floor free of clutter
- Accessible telephone
- Night light
- Clean your sheets the day before surgery. Sleep on clean sheets the night before, then come home to clean sheets, too.

Kitchen

- Antibacterial soap for hand washing.
- Doorway wide enough for walker or wheelchair
- Do not wax floors. This may increase the risk of slipping.
- Remove rugs.
- Store most often used items between knee and eye level.
- Plan for a basket on your walker to help carry items.

Make sure someone will stay with you during your first week or two home. Have someone care for your pets, if you have them.

THE NIGHT BEFORE SURGERY

- Eat a filling dinner. Do not eat after midnight. This includes throat lozenges.
- Do not shave your legs, especially around the joint you'll be having replaced.
- Take a shower and wash your entire body with soap and water. Dry off with a clean towel.
- Complete your skin cleansing with the kit given to you at the Joint Clinic. (see instructions on page 12).
- Do not use any lotions, powders or perfumes.
- Sleep in freshly washed pajamas and clean sheets. Wear clean clothes to the hospital, too.
- Double check your bag to ensure you have everything you need. Pack your walker or crutches in your car. If you have sleep apnea, bring your C-PAP or Bi-PAP the day of surgery.
- Confirm all plans with your support person.

What should I pack for my stay at OSF HealthCare?

- Two pairs of clean pajamas and underwear. You may wear a hospital gown for pajamas, if desired. If you're having a hip replacement, please wear underwear one size larger than usual. This will prevent pressure on your incision.
- A robe that is easy to put on. It should open all the way down the front. Or you can plan to wear a hospital gown to open in front as a robe.
- Supportive shoes with a non-slip rubber sole, socks and any shoe inserts that you use. Make sure they're large enough to fit, even with swelling.
- If you own a walker or adaptive equipment, please bring it to the hospital with you so you can practice with it and have it adjusted by therapy staff.
- Toothbrush, toothpaste, electric razor, deodorant, hairbrush, etc.
- Comfortable, clean clothing for leaving the hospital.
- Pillows to support you on your car ride home.

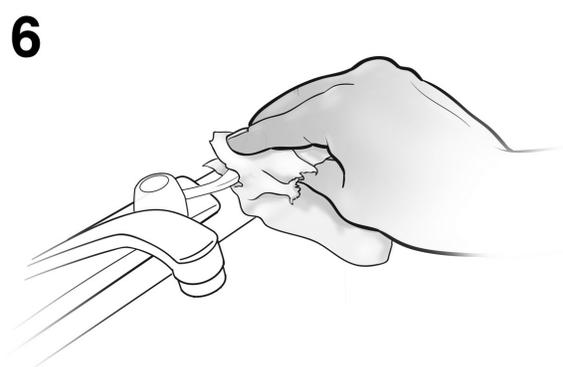
Do not bring jewelry, credit cards or other valuables. If you are planning to have the prescription medications delivered to your room for Eastland Pharmacy, please bring a form of payment.



STEP-BY-STEP: HOW TO WASH YOUR HANDS

Use clean, running water. Use warm water if it's available.

1. Wet your hands
2. Apply soap.
3. Rub your soapy hands together for at least 20 seconds. Make sure to wash all surfaces well. This includes your wrists, palms, backs of hands, and between fingers. Clean and remove the dirt from under your fingernails.
4. Rinse your hands thoroughly to remove all soap.
5. Dry your hands with an air dryer or a clean paper towel.
6. Turn off the faucet with a paper towel.



STEP-BY-STEP: HOW TO USE HAND SANITIZER

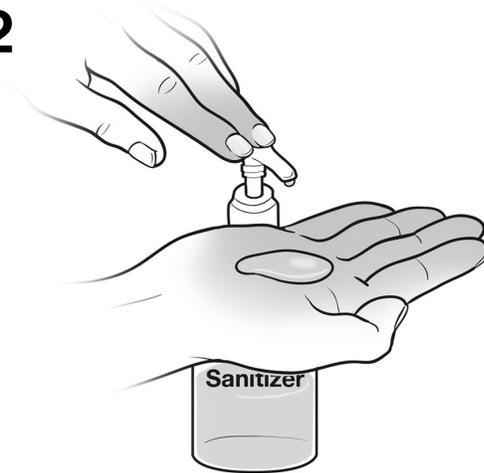
If soap and water are not available, an alcohol-based hand sanitizer can be used to clean your hands. When using this type of product:

1. Apply the gel to the palm of one hand.
2. Rub your hands together.
3. Rub the product over all surfaces of your hands and fingers until they are dry.

1



2



3



2% CHG SKIN CLEANSING KIT TO PREPARE YOUR SKIN FOR SURGERY

Having your skin prepared before surgery can decrease your risk of infection. This is done with cloths covered with 2% Chlorhexidine Gluconate (CHG). CHG is antiseptic liquid that will decrease bacteria on the skin.

The night before surgery, shower as you normally would and then dry your skin completely. Follow steps one through six below.

Things to know before you get started:

- Keep out of eyes, ears, mouth and genitals.
- If liquid contacts eyes, ears, mouth or genitals, rinse the area promptly and thoroughly with water.
- For external use only. Do not drink the solution.
- Call your provider for medical advice about side effects.

Use one cloth to clean each of the following six areas of the body pictured below until all the cloths have been used. Do not rinse. Discard used cloths in trash.

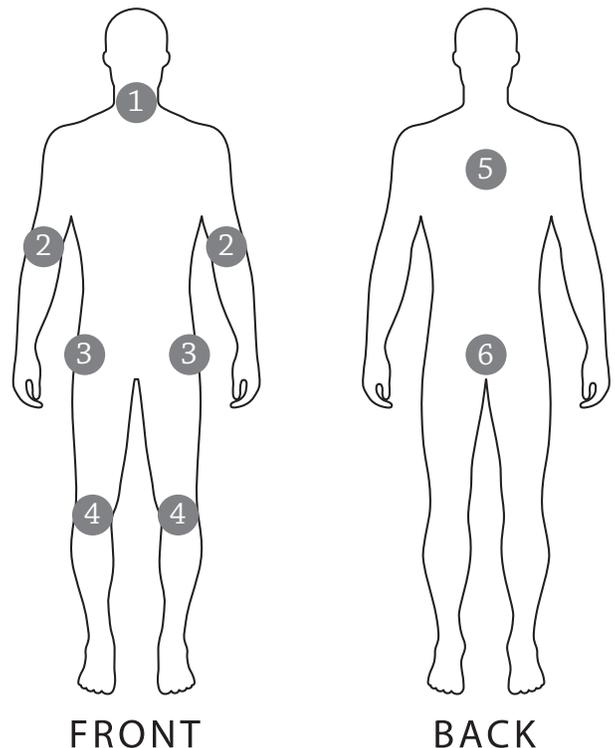
1. Wipe the neck and chest.
2. Wipe both arms, starting each with the shoulder, Be sure to thoroughly wipe the arm pit areas. End at fingertips.
3. Wipe the right and left hip followed by the outer groin. Be sure to wipe folds in abdominal and outer groin areas.
4. Wipe both legs, starting at the thigh. Be sure to thoroughly wipe behind the knees. End at the toes.
5. Wipe the back starting at the base of your neck and ending at your waist line. Cover as much area as possible. You may need help.
6. Wipe the outer buttocks.

Remember:

- Do not put on lotions or makeup after skin preparation.
- Sleep on clean bed linens and in clean night clothes.
- Do not sleep with pets.

The morning of surgery:

- Shower and dry off with a clean towel.
- Do not shave.
- Do not apply lotion, perfume or deodorant.
- Put on clean, comfortable clothes.



DAY OF SURGERY

- **Arrive two to three hours before your surgery, as directed.** You should get an arrival time and a surgery time from your surgery scheduler.

ARRIVAL DATE & TIME: _____ SURGERY TIME: _____

- Do **not** eat anything. Do **not** drink anything, unless instructed by your provider to do so. You may take medication if you have been instructed to by the doctor.
- **Check in** to the Ambulatory Care Unit (ACU Entrance E) where you checked in for the Joint Clinic. You will be taken to a private room to prepare for surgery. Your support person can stay with you until you are taken into the surgery department.
- Your care team will start your IV and review your medications.
- Shortly before surgery, the care team will take you to the Pre-Operative Care area. Your support person will not go with you to this area. It is here where your final preparations will take place. Your anesthesiologist will talk about the best anesthesia for your surgery. Your surgeon will stop in to see you. They will confirm your procedure. They will initial where your surgery will take place and answer any questions you may have.
- When your surgery suite is ready, the care team will take you into surgery. You will be on a wheeled bed. Before your surgery begins, the anesthesiology provider will put you to sleep. They will stay with you and monitor you throughout the procedure. Your surgeon will also have a team of highly trained surgical professionals to ensure your well-being.
- During surgery, your support person will wait for you in the surgery waiting area. There is a TV monitor in the waiting area to show your progress. The volunteer at the desk may talk to your support person about your progress. After your surgery, the surgeon will talk with your support person about your procedure. Your support person will be given a room number where they can join you after your immediate recovery.
- You will be able to order food following your surgery if you stay at the hospital overnight. Food service is available until 7 p.m.
- Your surgeon will want you up and walking on the afternoon and evening of your surgery. Movement helps you recover. It also helps to prevent blood clots.
- If you underwent shoulder surgery, you will have a shoulder immobilizer on.
- If you underwent hip surgery, you may wake up with a wedge cushion between your knees for positioning of your hip after surgery.

PAIN MANAGEMENT

Any surgery will have temporary pain. This pain may come on quickly. After surgery you should talk with your nurses and doctors when you have pain.

Controlling pain can help you:

- Be comfortable while you heal.
- Get well faster. When you have less pain, you can start walking quicker. You can also do your breathing exercises and get your strength back faster. You may even leave the hospital sooner.
- Increase movement and avoid problems such as blood clots and pneumonia.

What You Can do to Help Keep Pain Under Control

These four tips can help you help yourself:

1. **Ask the doctor or nurse what to expect.** Being prepared helps put you in control. Write down any questions you have ahead of time, then ask.
2. **Talk to your doctors and nurses about pain control options.** There are drug and non-drug treatments. You may want to work with your doctors and nurses to make a pain control plan.
3. **Talk about the schedule for pain medicines in the hospital.** Pain pills or shots will be given after surgery. You should ask for pain medication 30 to 60 minutes prior to your physical therapy, so you can give your best effort with the least amount of pain. Your physical therapist will see you on the day of surgery for gait and stair training if you are a Fast Track patient, meaning you are discharging the same day as your surgery. If staying overnight, you will have physical therapy (PT) for gait training the day of surgery, if time allows. The morning after surgery, you will have PT for gait and stair training and an occupational therapy (OT) evaluation.
4. **Tell the doctor, nurse or home health provider about any strong pain that won't go away.** Your nurses and doctors want to make your recovery as comfortable as possible. Your care team needs to know if your pain is not being well controlled.

Pain Management Without Medication

There are tools other than medication that you can use to help manage your pain after surgery. Research has shown that pain medication works better when you are relaxed. Guided imagery is a relaxation exercise. It has helped many people to prepare for and recuperate from surgery. There are a variety of websites available that offer these relaxation exercises. To support your relaxation, OSF HealthCare St. Joseph Medical Center offers aromatherapy, using essential oils, and a Relaxation App. While you are a patient on the Ortho/Neuro Unit, an iPad can be assigned to you. On the iPad, select the Relaxation App for nature sounds and images to provide relaxation.

Cold compresses to incisional area can decrease pain and swelling. A wrap and ice packs will be used during your hospital stay. You will discharge home with these items. Continue to use wrap and ice packs to incisional area at home.

Preventing Pneumonia

Lying in bed, pain medication and anesthesia all make you prone to pneumonia. Your nurse will give you a breathing device. This will help you take deep breaths and expand your lungs. You will be asked to use it 10 times an hour when you are awake. Continue to use this device for a few weeks. Use after discharge from the hospital until the surgeon advises you to stop.



FALL PREVENTION

A fall after your surgery can be devastating. It can prolong your recovery. You may need a second surgery if you damage your joint or break a bone. The risk of falling after surgery is a serious one. It is important to follow instructions from your care team to prevent a fall.

Your personal call button: You will have a button on or near your bed. This button will let you call a nurse or PCT to help you with your needs. Keep the button with you at all times. Use it any time you need it. Call for help before your need becomes urgent. Remember, your body has been through a major surgery. It may not respond as you expect. Don't get up by yourself. Call for help.

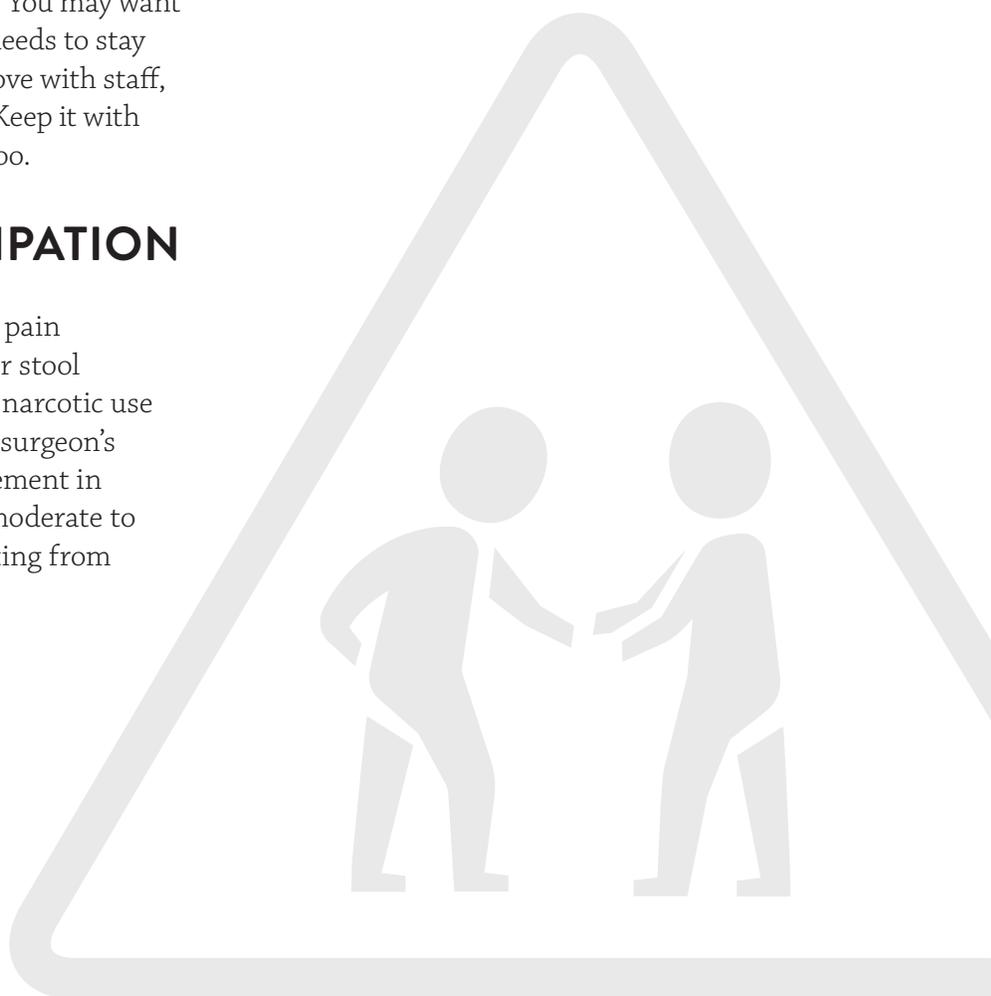
Keep assistive devices nearby: Your hospital room can fill up with people, chairs and monitors. You may want to move a walker out of the way, but it needs to stay near. This is so that when it's time to move with staff, the equipment is there to support you. Keep it with you and within reach in the restroom, too.

PREVENTING CONSTIPATION

Constipation is a side effect of narcotic pain medication. Taking an over-the-counter stool softener one or two times daily during narcotic use may prevent constipation. Notify your surgeon's office if you have not had a bowel movement in three days, or if you are experiencing moderate to severe abdominal discomfort and bloating from constipation.

PREVENTING BLOOD CLOTS

- After surgery, you may take an anticoagulant medication. They help to thin your blood and prevent clots. Be sure to take these medications as directed.
- Compression stockings (TED hose), and compression machines to stimulate blood flow in your legs may also be used.
- It is helpful to move your legs and feet to keep your blood moving. In most cases, your surgeon will want you to walk on the day of surgery. This will help to promote healing and prevent blood clots.
- Sequential Compression Device (SCD) sleeves are worn on your calves during your hospital stay. The sleeves are connected to a motor that inflates and deflates the sleeves. This action helps prevent blood clots.



DISCHARGE PLANNING

Your surgeon will determine your expected length of stay based on your health and other factors. Some patients are able to return home the day of surgery, while others stay overnight. Your surgeon will decide when it is safe for you to return home. You will then be discharged from the hospital.

The goal of the orthopedic team is to give you very good care so that you can go home. Patients sleep and recover better at home. There are four things you must be able to do in order to return home:

1. You must be able to get in and out of bed by yourself, or with little help.
2. You need to be walking safely with your walker or crutches in the hallway and on stairs.
3. You must be able to urinate as you did before the surgery.
4. You must be able to eat and drink without nausea/ vomiting.

Going home depends on your activity, strength and energy level upon discharge.

Role of Care Managers in Your Joint Replacement Surgery

If your discharge plan includes Home Health Physical Therapy (PT), Home Health Occupational Therapy (OT), or Skilled Nursing Facility (SNF) stay, Care Managers will meet with you while you are in the hospital. They will talk to you about your home environment, resources and medical equipment needs. They will talk to you about your specific discharge needs.

What is an Advance Directive?

An Advance Directive, or Advance Care Planning, assigns a Power of Attorney, or “agent.” The agent will make health care decisions for you in the event you can’t make them for yourself.

The Power of Attorney designation gives your agent broad powers to require, consent to or withdraw treatment for any physical or mental conditions. It also gives them the power to admit you or discharge you from any hospital, home or other institution.

It is important to pick an agent who will make decisions as you wish. If you wish to complete a Power of Attorney for Health Care, a member of the Care Management or Pastoral Care team can help. If you already have a Power of Attorney for Health Care, please bring a copy with you to the hospital. We will put it in your medical record.



OPTIONS FOR CARE UPON DISCHARGE

Outpatient Therapy Center

- Most patients start physical therapy at an outpatient physical therapy center within one week after surgery. At the center, you and your therapist will follow your surgeon's strength and recovery plan. This will help reduce soreness and stiffness, and improve balance. It will also help with movement, control and healing of your new joint. Also, your physical therapist may be performing your first dressing change one week after surgery.

Care at Home

- If needed, a home physical therapist will come to your home. They will check your incision site. They will also provide therapy and monitor your medications and progress following surgery.
- Home Care is arranged based on where you live and your insurance provider coverage. Most insurance companies, including Medicare, cover this service at home.
- Outpatient physical therapy is often ordered to follow Home Care physical therapy.

Skilled Nursing Care outside of OSF HealthCare St. Joseph Medical Center

- Skilled nursing care is designed for patients needing specialized care for more than a week following their surgery.
- If your surgeon believes this will be necessary, you should find and tour two potential facilities that are covered by your insurance. When you plan ahead, there is less stress on you and your support person.

AFTER JOINT REPLACEMENT SURGERY

Call your surgeon's office if you have a sudden increase in joint pain, increased swelling which does not decrease in the mornings, drainage from your surgical incision area, or persistent high temperature. If you have chest pain or shortness of breath, you should go to the Emergency Department.

These guidelines will apply for the next few weeks until your surgeon orders changes:

1. Leave your bandage on your incision. This will reduce the chance of bacteria entering your wound. Most of the time, the surgeon is using a specialty bandage. It may be removed by Physical Therapy one week after surgery, or at the orthopedic office, if needed.
2. Use your walker or crutches full-time until told otherwise by your surgeon. You may need to use a cane before walking alone.
3. Sit in a chair with arms for the first three months. It will make it safer and easier for you to get up and down. Do not sit on couches, low chairs or in bathtubs.
4. A higher toilet seat may be helpful to use for sitting and rising.
5. Your doctor may prescribe Aspirin for you to take after surgery at home. If you were taking a blood thinner (anticoagulant therapy) before surgery, the surgeon will instruct you when to restart this medication.
6. If you have support stockings in the hospital (TED hose), continue to wear them until your surgeon says you can stop.
7. Your joint care team will give you a plan for pain management when you go home. You may go to your regular pharmacy, or you may have your prescriptions filled by the pharmacy at OSF HealthCare. Be sure to take your medications as prescribed.
8. Non-medication options for pain management include activity, distraction, meditation, ice therapy and elevation.
9. Medication and surgery can slow down movement in your bowel and can cause constipation. This is a common side effect. Your doctor may suggest you use a stool softener. Drinking plenty of water can help, as well.

OTHER CONSIDERATIONS

1. Notify your dentist about your total joint replacement. Antibiotics may be ordered for any dental work in the future.
2. Inform medical personnel about your joint replacement before any procedure.
3. Your new joint may set off metal detectors. Your surgeon will give you a card saying you have a metallic joint if you ask for one.

REDUCE YOUR RISK OF INFECTION

Your body's health and your daily infection prevention practices impact your risk of infection. Risk factors for infection include:

- **Good Hygiene** – Bacteria from your hands and environment can cause infection in your surgical incision. It is very important to wash your hands thoroughly with soap and water often. Wash them after using the bathroom, after touching your nose, and before and after eating. Wash them before and after changing your bandage.
- **Keep your incision covered with sterile bandages.** Follow the instructions given by your health care provider for changing the bandage. Most of our surgeons use a seven-day bandage. It will be removed by Physical Therapy one week after surgery, or at the orthopedic office, if needed.
- **Pets** – Bacteria that doesn't harm animals can be harmful to humans. If you have or are around pets, wash your hands well after touching them. Don't let them lay on or lick your incision site or the surrounding area. Consider bathing them and having their nails trimmed prior to your surgery.
- **Good Nutrition** – Food to your body is like gas to your car; it provides fuel or energy to your body. Just as it does with your car, the quality of your fuel makes a difference in how well your body runs. It is important to eat a balanced diet. For more information on the food guide pyramid, you can visit www.ChooseMyPlate.gov.



PHYSICAL THERAPY PROGRAMS

Before and After Hip or Knee Replacement

TAKING CARE OF YOUR NEW KNEE

- Do not place a pillow underneath your knee.
- Do not kneel on the operative knee.
- Do not let surgery pain limit your ability to exercise. Be sure to keep up with your therapy exercises.
- Maintain a healthy weight.

Your surgeon may order a continuous passive motion (CPM) machine for use at home. A company appointed by your surgeon will contact you to deliver the CPM machine prior to your surgery and instruct you on its use. Please contact the surgeon's office or providing company with any questions about this machine. Do not bring the CPM machine to the hospital.

TAKING CARE OF YOUR NEW HIP

It is important to keep from doing some movements in order to prevent dislocation or movement of your hip joint out of its socket. Ask your surgeon what movements are safe for you. Your surgeon may suggest you follow these precautions:

Posterior approach

- Do not bend your hip more than 90 degrees. Keep your knees below your hips at all times.
- Do not cross your legs at the knees or ankles. Use a pillow between your legs when lying on your side.
- Do not rotate your hip in. Keep your toes pointing up or forward.
- Do not kneel on your surgical leg.

Anterior approach

- Do not swing your surgical leg backwards or to the side. When backing up, lead with non-surgical leg first.
- Do not kneel on your surgical leg.
- Do not rotate your leg out. Keep your toes pointing up or forward.

Your therapist recommends you get a Hip Kit from the OSF Eastland Pharmacy. The Hip Kit includes: a long-handled sponge, a long-handled shoe horn, a reacher, dressing stick and sock aide.

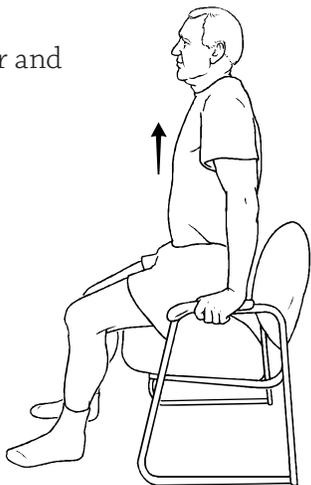
Your therapist recommends you have the following equipment at home: two-wheeled walker, cane (straight or quad) for use with stairs, a handrail for stairs and a bath tub transfer bench or shower chair.

ROUTINE FOR TOTAL KNEE REPLACEMENT

Arm Chair Push

Put hands on arms of chair and push body up out of chair.

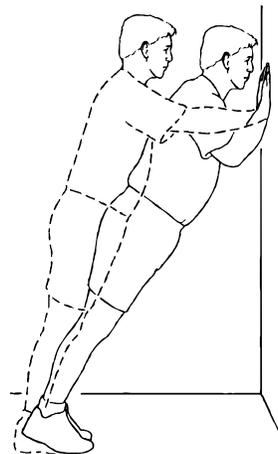
Repeat 20 times.
Do 2 sessions per day.



Wall Push-Up: Double Arm

Stand 2-3 feet from wall with both hands on wall. Perform a push-up.

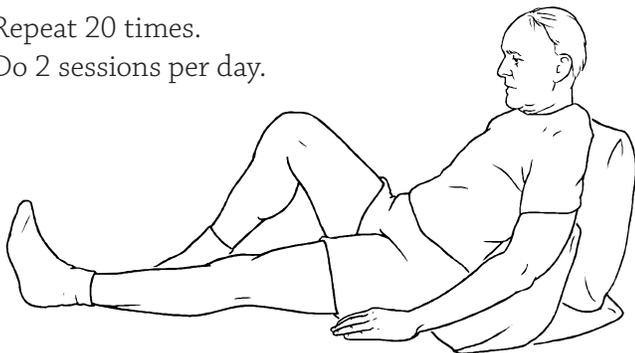
Repeat 20 times per set.
Do 1-2 sets per session.



Quad Sets

Slowly tighten muscles of straight, _____ leg while counting out loud to 5. Relax.

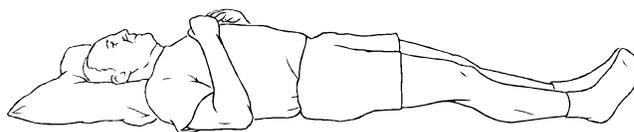
Repeat 20 times.
Do 2 sessions per day.



Gluteal Squeeze

Squeeze buttocks muscles as tightly as possible while counting out loud to 5.

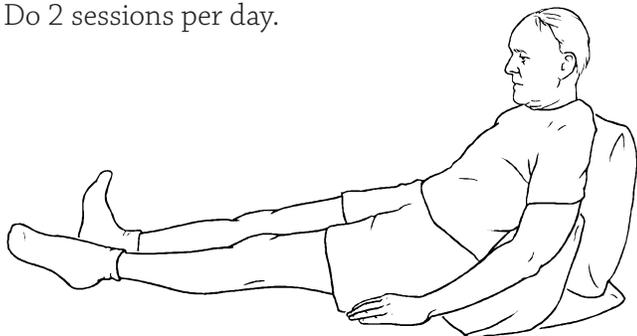
Repeat 20 times.
Do 2 sessions per day.



Ankle Pump

Bend ankles up and down, alternating feet.

Repeat 20 times.
Do 2 sessions per day.

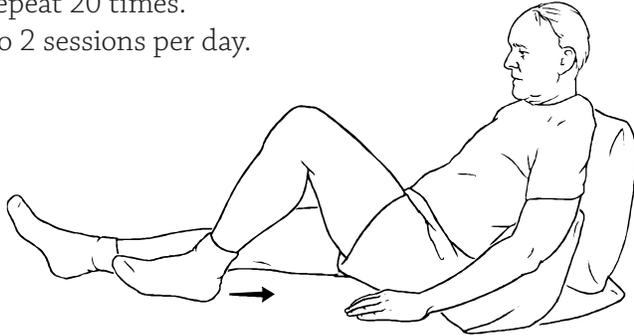


ROUTINE FOR TOTAL KNEE REPLACEMENT

Heel Slide

Bend left knee and pull heel toward buttocks. Return. Perform with other leg.

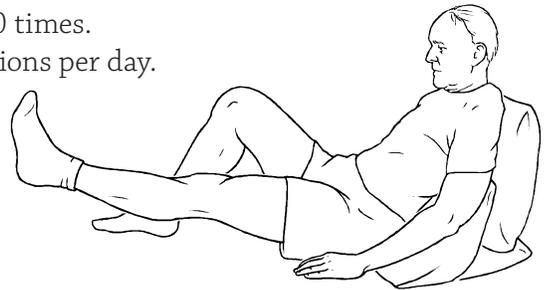
Repeat 20 times.
Do 2 sessions per day.



Straight Leg Raise

Bend _____ knee. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 2-3 inches from bed and hold 5 seconds. Lower it, keeping muscles tight 5 seconds. Relax.

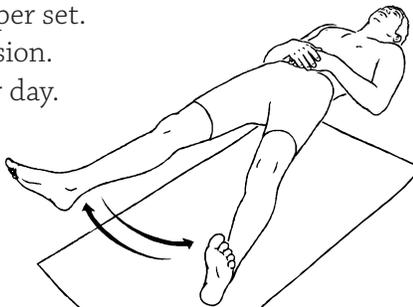
Repeat 20 times.
Do 2 sessions per day.



Hip Abduction/Adduction: with Extended Knee (Supine)

Bring left leg out to side and return. Keep knee straight. Perform with other leg.

Repeat 20 times per set.
Do 2 sets per session.
Do 2 sessions per day.



Sitting Hamstring Stretch

Tighten muscle in top of thigh and straighten out knee. Hold 5 seconds while counting out loud. Keep thigh on chair. Repeat with other leg.

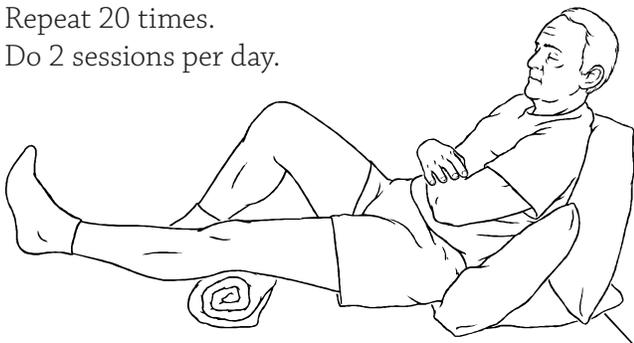
Repeat 20 times.
Do 2 sessions per day.



Short Arc Quad

Place a large can or rolled towel under _____ leg. Straighten leg. Hold 5 seconds.

Repeat 20 times.
Do 2 sessions per day.

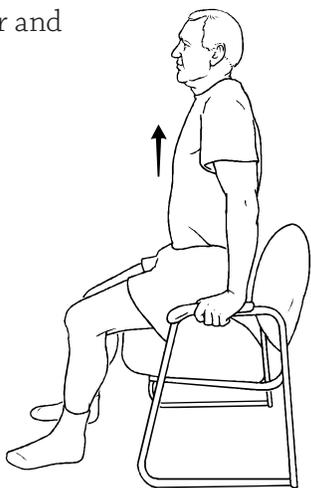


ROUTINE FOR TOTAL HIP REPLACEMENT

Arm Chair Push

Put hands on arms of chair and push body up out of chair.

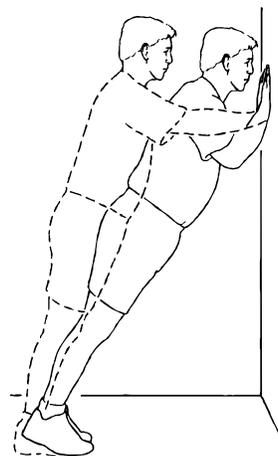
Repeat 20 times.
Do 2 sessions per day.



Wall Push-Up: Double Arm

Stand 2-3 feet from wall with both hands on wall. Perform a push-up.

Repeat 20 times per set.
Do 1-2 sets per session.



Quad Set

Slowly tighten muscles of straight, _____ leg while counting out loud to 5. Relax.

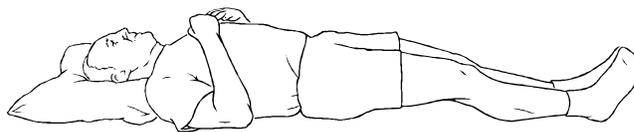
Repeat 20 times.
Do 2 sessions per day.



Gluteal Squeeze

Squeeze buttocks muscles as tightly as possible while counting out loud to 5.

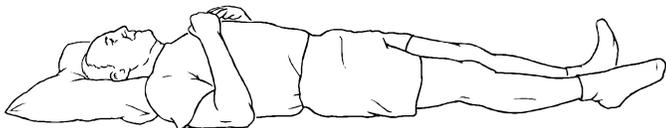
Repeat 20 times.
Do 2 sessions per day.



Ankle Pump

Bend ankles up and down, alternating feet.

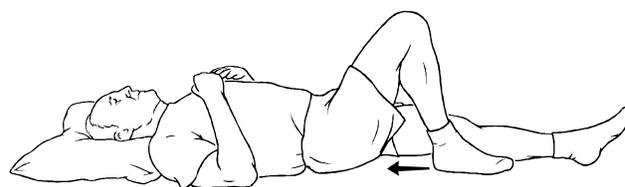
Repeat 20 times.
Do 2 sessions per day.



Heel Slide

Bend left knee and pull heel toward buttocks. Return. Perform with other leg.

Repeat 20 times.
Do 2 sessions per day.

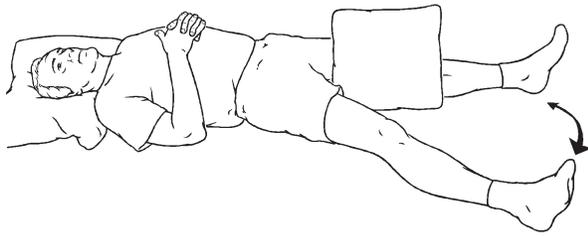


ROUTINE FOR TOTAL HIP REPLACEMENT

Abduction

Slide one leg out to side. Keep kneecap pointing up. Gently bring leg back to pillow. Repeat with other leg.

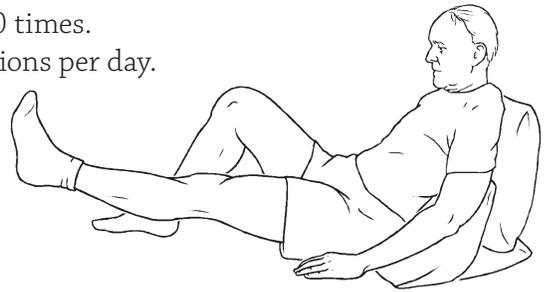
Repeat 20 times.
Do 2 sessions per day.



Straight Leg Raise

Bend _____ leg. Keep other leg as straight as possible and tighten muscles on top of thigh. Slowly lift straight leg 2-3 inches from bed and hold 5 seconds. Lower it, keeping muscles tight 5 seconds. Relax.

Repeat 20 times.
Do 2 sessions per day.



HIP KIT ITEMS



The Hip Kit contains, (pictured left to right), a long-handled shoe horn, a dressing stick, a long-handled sponge, a sock aid and a reacher.

TAKING CARE OF YOUR NEW SHOULDER

It is important to keep from doing some movements in order to prevent dislocation of the joint. Absolutely no lifting or sudden overhead movements.

1. Keep your arm in your sling/ immobilizer except to eat, to shower, and to perform exercises 2-3 times per day (Pendulum exercise). You can shower as directed by your surgeon, usually 3 days after surgery.
2. Bruising of the shoulder is common.
3. Swelling of the surgical extremity from your shoulder to your hand is common.
4. Use ice packs to shoulder to decrease pain and swelling.

EXERCISES FOR SHOULDER FLEXIBILITY

Pendulum Exercise

Lean over with your good arm supported on a table or chair. Relax the arm on the painful side, letting it hang straight down. Slowly begin to swing the relaxed arm. Move it in a small circle, gradually making it bigger if you can. Then reverse the direction. Next, move it backward and forward. Finally, move it side to side.

Note: Spend about 5 minutes doing the exercise, 3 times a day. Change direction after 1 minute of motion.





OSF HealthCare
St. Joseph Medical Center
2200 E. Washington St.
Bloomington, Illinois
osfstjoseph.org