

Road to Recovery

Hip Replacement



MemorialCare
Joint
Replacement
Center
at Saddleback
Memorial



SADDLEBACK MEMORIAL
MEMORIALCARE HEALTH SYSTEM

Table of Contents



3	Appointment and Medical Clearance Check List	18	Resuming Normal Activities
4	Welcome	19	Activities of Daily Living
5	Overview of the Joint Replacement Center Program and your team	21	Hip Precautions
6	Your Coach	22	Total Hip Replacement Exercise Program
7-9	Preparing for Surgery	24	Energy Conservation and Joint Protection
10	Your Hospital Stay	25	Prepare your Home for your Surgery Recovery
11	On the Day of Surgery	26	My Questions
12	First and Second Day after Surgery	28	Notes
13	Patient's Progress Report		
14-15	Going Home		
16	Caring for Your Hip at Home		



Road to Recovery

Hip Replacement

Your Name

Date of Surgery

Surgeon

Phone

Primary Care Physician

Phone

Your Coach

Phone

We suggest a family member or friend participate in the joint replacement program as your coach to accompany you when you attend therapy and educational sessions.

Date of Pre-Admit Testing & Joint Replacement Class _____

Destination at Discharge

- ☐ Home with Spouse
- ☐ Home with Relative/Friend
- ☐ Skilled Nursing Facility (SNF)
- ☐ Relative/Friend's Home
- ☐ Other



Appointment and Medical Clearance Check List

Please bring the following to your Pre-Admit Testing appointment:

- ☐ **Coach** if available
- ☐ **Medical insurance card**
- ☐ **Photo ID card**
- ☐ **Durable power of attorney or advanced directive**
- ☐ **List of current medications** including name, dosage and frequency.
Please include all over the counter medications including vitamins and herbal supplements.
- ☐ **If you have a pacemaker or defibrillator, bring in your wallet information card**
- ☐ **List of physicians and phone numbers**
- ☐ **Completed anesthesia questionnaire**
- ☐ **CPAP settings** (if applicable)



Road to Recovery

Hip Replacement

Welcome

Thank you for choosing the MemorialCare Joint Replacement Center at Saddleback Memorial. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.

Each year, more than 500,000 people nationwide decide to undergo hip replacement surgery. The surgery aims to relieve your pain, restore your independence and return you to work or other daily activities as quickly as possible. Most patients will be able to walk the first day after surgery and will move towards normal activity in six to twelve weeks.

The MemorialCare Joint Replacement Center provides a comprehensive course of treatment. We believe that you play a key role in achieving a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to help promote a more successful outcome.

Your joint replacement team includes physicians, nurses, physical and occupational therapists, patient care assistants and a joint care navigator specializing in total joint care.

Every detail, from peri-operative teaching to post operative exercising, is considered and reviewed with you. The Joint Care Navigator will be your personal guide through this process.

The Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery.

Communication is key to this process.

This Guidebook is a communication tool for patients, nurses and therapists.

It is designed to help you know:

- *What to expect every step of the way*
- *What you need to do*
- *How to care for your new joint*

Remember, this is just a guide. Your physician, nurses and/or therapist may add to or change any of the recommendations. Always follow their recommendations first and ask questions if you are unsure of any information. Keep this Guidebook as a handy reference for at least the first year after your surgery. Please bring this Guidebook with you on each step of your journey from the doctor's office to the joint replacement class, pre-admit testing and your hospital stay.



Overview of the Joint Replacement Center Program

The program is designed to encourage the best results leading to a discharge from the hospital two to three days after surgery.

Features of the program include:

- *Nurses and dedicated therapists trained to work with joint replacement patients*
- *Casual clothing (no drafty gowns)*
- *Some group activities*
- *Family and friends participating as “coaches” in the recovery process*
- *A joint replacement care navigator to guide you through to recovery*
- *A comprehensive patient guide for you to follow from your decision to have joint replacement surgery until three months after surgery and beyond*

Your Joint Replacement Team

Orthopedic Surgeon – The orthopedic surgeon is the physician who will perform the hip replacement procedure to repair your damaged joint.

Registered Nurse (RN) – Much of your care will be provided by a registered nurse. Your nurse will ensure orders given by your physician are completed including medications and monitoring your vital signs.

Physical Therapist (PT) – The physical therapist will work on your functional mobility skills and teach exercises designed for strength and motion. They will instruct you in safe transfer techniques, walking with assistive devices and stair training.

Occupational Therapist (OT) –

The occupational therapist will guide you in performing daily tasks such as bathing and dressing. They may demonstrate special equipment to be used in your home after you receive your replacement, including shower/tub benches, grab bars and raised toilet seats.

RN Care Manager – They will meet with you during your hospital stay to confirm your discharge plan. They will assist you with your post hospital care needs, equipment needs and act as a liaison to your insurance company.

Joint Care Navigator – The joint care navigator will be responsible for guiding you through the joint replacement process from your surgeon’s office, to the hospital and home. The joint care navigator will:

- *Act as your advocate throughout the course of treatment from surgery to discharge.*
- *Answer questions and coordinate your hospital care with your joint replacement team members*

Other Physicians (if applicable) – These physicians will follow your progress during your hospital stay working in conjunction with your surgeon to manage any medical issues that may arise.



Road to Recovery

Hip Replacement

Your Coach

Your coach is a family member or a friend who will be with you and help you before, during and after your hospital stay. Your coach should be physically capable, available and actively involved in all steps of your joint replacement journey.

It is recommended that your coach:

- Accompany you to doctor visits
- Encourage you and help you with pre-op exercises
- Attend the joint replacement class with you
- Attend the pre-admit testing appointment
- Help you prepare your home for your return after your hospital stay (safety, groceries and supply needs)
- Help you plan for admission to hospital
- Attend as many therapy sessions as possible during your hospital stay
- Be present for discharge instructions and help you follow those instructions
- Be available to help you settle in at home and stay with you for **at least 24 hours** following your return to home



Preparing for Surgery

7



Three Months to Six Weeks Prior to Surgery

- ☐ Schedule an appointment with your primary care physician four to six weeks prior to your surgery and ask if any other physician specialist should be involved in your pre-operative review– special heart studies may be needed.
- ☐ Have pre-operative laboratory tests, chest x-ray, EKG, etc., completed as ordered by your physician
- ☐ Obtain a dental clearance
- ☐ Begin pre-operative exercises found on page 22 of this guidebook
- ☐ Prepare your home for your return after your joint replacement (see checklist on page 25 of this booklet)
- ☐ Plan for your discharge from the hospital
- ☐ Choose a Coach who is available and physically able to help you
- ☐ Schedule your Pre-Admit Testing appointment and register for the Joint Replacement Class two weeks prior to surgery
- ☐ If your surgeon has recommended donating your own blood prior to surgery, please call the Saddleback Memorial Blood Donor Center at 949-452-3158 to set an appointment. For one unit of blood donate two weeks prior to surgery. For two units of blood start donating three weeks prior to surgery.
- ☐ For your health, consider quitting smoking. Speak with your physician about quitting smoking, or call 1-800-NOBUTTS (1-800-662-8887) for tips and programs designed to help you quit.



SADDEBACK MEMORIAL
MEMORIALCARE HEALTH SYSTEM

Preparing for Surgery

Two Weeks Prior to Surgery

- ☐ Continue pre-op exercises found on page 22
- ☐ Complete the Anesthesia Questionnaire with specific attention to medication list and bring to your pre-admit testing appointment
- ☐ Attend Pre-Admit Testing appointment
- ☐ Attend Joint Replacement Class
- ☐ Prepare your home environment – See check list on page 25
- ☐ Schedule pre-operative appointment with your surgeon
- ☐ Review hip precautions found on page 21

One Week Prior to Surgery

- ☐ Please do not shave below your waist the week prior to surgery.
- ☐ Discontinue medications as advised by your physician. This includes over the counter medications, vitamins, herbal supplements and aspirin.
- ☐ If you are on beta-blocker medication, consult your physician.
- ☐ If you are on blood thinners such as Coumadin (Warfarin) prior to your surgery, ask your physician about proper management.
- ☐ Attend pre-operative appointment with your surgeon.



Preparing for Surgery

Evening Before Surgery

9



- ☐ Do not eat or drink anything after midnight
- ☐ You should expect a phone call from your anesthesiologist who will ask you some questions and review your medical history. Inform the anesthesiologist of all medications you take, including herbals and supplements. Have ready a complete list of all the medications you take including dosages and frequency.
- ☐ Perform skin preparation as explained at your pre-admit testing appointment

Morning of Surgery

- ☐ On the morning of your surgery, take your medications as instructed by your physician or anesthesiologist.
- ☐ Please leave all valuables at home, including wedding rings, watches, necklaces, credit cards and money. The hospital cannot be responsible for the safety of these items.
- ☐ Please bring all necessities for use during your stay as listed below.

What to Bring to the Hospital

- ☐ Hearing aids
- ☐ Dentures
- ☐ Glasses or contacts
- ☐ CPAP breathing masks if applicable, cleaned and ready to use
- ☐ Loose fitting clothes for therapy after your surgery. Please no open toed shoes, slip-ons with secure heels are recommended.



SADDLEBACK MEMORIAL
MEMORIALCARE HEALTH SYSTEM

Road to Recovery

Hip Replacement

Your Hospital Stay

On the day of your surgery, please arrive at the hospital two hours before your scheduled surgery time. Please check-in at Patient Admitting which is located just off the main lobby of the hospital. After you have checked-in, you will be escorted to the pre-operative area where you will change into a gown. A registered nurse will review some questions with you and an intravenous line will be placed in your arm to administer antibiotics prior to surgery.

Your surgeon and anesthesiologist will meet with you prior to your surgery. This is the time where you can ask any remaining questions you may have regarding your surgery and recovery. You will then be taken to the operating room on a gurney.

Sometimes there are delays in surgery schedules. We will keep you informed if any delays occur. During your surgery, your family will be asked to wait in the surgical waiting room located in the lobby of The Women's Hospital.

You may be asked your name, birth date and site of surgery on several occasions. This is to ensure your safety and to make sure you receive the right procedures and medications.

The Operating Room

When you arrive in the operating room, it will be brightly lit, cold and noisy. The surgical technician will be dressed in a "space" like suit. You will most likely be awake but sedated. After your anesthesia (usually a spinal) the nurse will insert a catheter into your bladder. The operating team includes up to five people.



View of a surgically repaired hip.





On the Day of Surgery

- We will monitor your vital signs more frequently on the day of surgery.
- You may need to be on oxygen to help you breathe easier.
- A thin tube may be placed to help drain fluid from around your surgical site.
- Pressure stockings/Sequential Teds; these pressurized elastic stockings or plastic boots help to keep blood from pooling in the legs which causes blood clots.
- Pain control – we will be asking you to rate your pain on a scale of 0 – 10 with zero being no pain. You should expect that your pain level will be at approximately 4 to 6 when engaged in activity. Pain medications do not eliminate pain, they ease or alleviate pain. The following scale will be used when rating your pain level.
- Ice for comfort may be used.
- Begin using your interactive care map and referring to your white board.
- Begin Activity – At a minimum you will be sitting up dangling legs (with assistance). You may be walking a few steps with a physical therapist or a nurse using a gait belt worn around your waist for safety.
- You will be trained on an incentive spirometer to ensure lung expansion.
- Your diet will begin with ice chips and progress as tolerated.
- Hip precautions must be observed for a posterior approach surgery– see page 21.



Road to Recovery

Hip Replacement

First Day after Surgery

- You will be dressed and ready for therapy as posted on your white board.
- Each day your nurse will work with you to plan your day.
- Your blood will be drawn early in the morning so that your physician can receive results prior to his visit.
- Pain control – we will continue to ask you to rate your pain, nursing will pre-medicate you prior to therapy and you will be transitioned to oral pain medication.
- Urinary catheter will usually be removed on day one after surgery.
- Bowel movements will be managed during your hospital stay to prevent constipation. Reduced physical activity and/or narcotics (pain pills) can lead to constipation.
- Your bandages may be changed on day one or day two and if a drain is present, it may be removed.
- You will start receiving medication to keep your blood thin to prevent clotting. Your surgeon will choose the medication. It may be oral, injectable or both.
- If necessary, you may receive a blood transfusion as ordered by your physician.

- You will be sitting in a chair for all meals.
- Physical Therapy will begin – 2 times a day
- Occupational Therapy – 1 time a day
- Group Exercise – 1 time a day. Someone from the care team will assist you to group exercise.
- Your care manager/discharge planner will visit you to reaffirm your goals and to plan for your discharge.

Second Day after Surgery

- Each day your nurse will work with you to plan your day.
- Continue with pain management
- Continue with physical therapy 2 times a day
 - Increase walking distance
 - Begin stair training if necessary
- Continue with occupational therapy 1 time a day
- Group exercise one time a day
- Preparation for discharge begins – nurse will discuss your incision care, medications and review any specific instructions from your physician.
- Discharge Planning – If this is your discharge day, Congratulations!



Patient's Progress Report



Day of Surgery	Post op day #1	Post op day #2	Post op day #3
<input type="checkbox"/> Incentive spirometer	<input type="checkbox"/> Incentive spirometer	<input type="checkbox"/> Incentive spirometer	<input type="checkbox"/> Chair for meals
<input type="checkbox"/> Ankle pumps	<input type="checkbox"/> Chair for meals	<input type="checkbox"/> Chair for meals	B___ L___ D___
<input type="checkbox"/> Pain meds-last dose _____	B___ L___ D___	B___ L___ D___	<input type="checkbox"/> Continue therapies
<input type="checkbox"/> Diet starts w/ice chips advance per nursing	<input type="checkbox"/> Bandages may be changed by MD Drains may be removed	<input type="checkbox"/> Bandages removed today and the wound will be redressed	<input type="checkbox"/> Pain meds-last dose _____
<input type="checkbox"/> If AM surgery and in room by noon, up with PT	<input type="checkbox"/> Therapies begin	<input type="checkbox"/> Continue therapies	<input type="checkbox"/> Medication education
<input type="checkbox"/> If PM surgery, dangle legs at bedside with nursing	<input type="checkbox"/> Pain meds-last dose _____	<input type="checkbox"/> Pain meds-last dose _____	<input type="checkbox"/> Bowel movement
<input type="checkbox"/> Chair as tolerated	<input type="checkbox"/> Medication education starts	<input type="checkbox"/> Medication education	<input type="checkbox"/> Walk to bathroom/ commode with assistance 2 times
	<input type="checkbox"/> Urinary catheter may be removed	<input type="checkbox"/> Urinary catheter removed	If this is your day of discharge – Congratulations!
	<input type="checkbox"/> Bowel movement	<input type="checkbox"/> Bowel movement	
	<input type="checkbox"/> Walk to bathroom/ commode with assistance 2 times	<input type="checkbox"/> Walk to bathroom/ commode with assistance 2 times	
		<input type="checkbox"/> If this is your day of discharge – Congratulations!	

Patient Goal

Use of Incentive Spirometer

Distance walked

Medication Education

Amount of Assistance



Road to Recovery

Hip Replacement

You are Ready to Go Home

You are ready to go home when you are familiar with the purpose and possible side effects of the medications prescribed for you and when your physical and occupational therapists have confirmed that you can perform the following daily activities and exercises:



- Get in and out of bed by yourself or with the assistance of your coach
- Walk on your own at least 50 feet with your walking device
- Dress and manage your personal hygiene using special tools with or without help
- Use the toilet or commode without help
- Stand for 10 minutes at a counter or sink to do simple tasks by yourself
- Be able to get in and out of the bathtub or shower safely and correctly
- Climb up and down 12 stairs with help (if you have stairs at home)
- Be able to do your home exercise program as instructed by your therapist
- On the day of your discharge your nurse will go over all your instructions with you and your coach or family member





Day of Discharge

The decision to go home or to a skilled nursing facility will be made collectively by you, the care manager, your surgeon, physical therapist and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge. Our goal is to send you safely to your home on the day of discharge.

Going Home:

If you are going directly to your home, please arrange to be picked up. You will receive written discharge instructions concerning medications, follow up with your doctor and wound care. We will arrange for appropriate equipment. Take this Guidebook with you. Patients going home will continue to have physical therapy. If the doctor determines that home health services are needed, the care manager will arrange for this.

Going to a Skilled Nursing Facility:

Transportation is by private auto, wheelchair van or ambulance. Your transfer papers will be completed by the doctor and nursing staff. Either your primary care physician or a physician from the skilled nursing facility will be caring for you in consultation with your surgeon. Upon discharge home, the skilled nursing facility staff will give you further instructions. Remember to take this Guidebook with you.



Caring for Your Hip at Home

Here are some questions you should ask your surgeon before going home from the hospital:

- Can I take a shower?
- When will the staples be removed?
- When can I start to drive and return to work?
- Do I need a dressing for my hip?

Wound Care

When you are allowed to bathe or shower, carefully wash the stitches or staples with soap and water – some dressings are water proof. The staples are usually removed within 7 to 10 days after surgery by the home care nurse. Put on a clean, new bandage if your surgeon told you to keep the surgical site covered.

- Keep the wound area clean and dry.
- Ask for instructions on how to change the dressing before you leave the hospital. Make sure you and your coach wash your hands well whenever handling your wound to minimize chances of infection.
- Call your doctor if the wound appears red or begins to drain.
- Take your temperature twice daily and call you doctor if it exceeds 101.5°F.
- Swelling is normal for the first 3 to 6 months after surgery. Elevate your leg above your heart and apply ice for 15 minutes. Call your surgeon if the swelling does not go down or if there is increased redness or drainage.
- Calf pain, chest pain, or shortness of breath are signs of a possible blood clot. Call your doctor immediately if you notice any of these symptoms.
- Wear compression stockings if instructed by your surgeon.





Medication

Take all medications as directed. You will probably be given a blood thinner to prevent clots from forming in the veins of your calf and thigh. These clots can be life-threatening. If a blood clot forms and then breaks free, it could travel to your lungs, resulting in a pulmonary embolism, a potentially fatal condition.

Because you have an artificial joint, it is especially important to prevent any bacterial infections from settling in your joint implant. You should get a medical alert card and take antibiotics whenever there is the possibility of a bacterial infection, such as when you have dental work. Be sure to notify your dentist that you have a joint implant and let your doctor know if your dentist schedules an extraction, periodontal work, dental implant, or root canal work.

Diet

By the time you go home from the hospital, you should be eating a normal diet. Continue to drink plenty of fluids and if you are on Coumadin (Warfarin), avoid excessive intake of vitamin K while you are taking the blood thinner medication. Foods rich in vitamin K include broccoli, cauliflower, Brussels sprouts, liver, green beans, garbanzo beans, lentils, soybeans, soybean oil, spinach, kale, lettuce, turnip greens, cabbage, and onions. Try to limit coffee intake and avoid alcohol. You should continue to watch your weight to avoid putting more stress on the joint.



Resuming Normal Activities

Once you are home, you should continue to stay active. The key is to remember not to overdo it. While you can expect some good days and some bad days, you should notice a gradual improvement and a gradual increase in your endurance over the next 6 to 12 months. The following guidelines are generally applicable, but the final answer on each of these issues should come from your surgeon.

Physical Therapy Exercises

Continue to do the exercises prescribed for at least six months after surgery.

Driving - If your left hip was replaced and you have an automatic transmission, you may be able to begin driving in a week or so, provided you are no longer taking narcotic pain medication during the day. If your right hip was replaced, avoid driving for 4 weeks. Remember that your reflexes may not be as sharp as before your surgery. First and foremost ask your surgeon when driving is safe for you.

Airport Metal Detectors - The sensitivity of metal detectors varies and it is likely that your prosthesis will cause an alarm to go off.

Sexual Activity - can be safely resumed approximately 4 to 6 weeks after surgery.

Sleeping Positions - You can safely sleep on your back, on your non operative side with a pillow between your knees, or on your stomach.

Return to Work - Depending on the type of activities you perform, your surgeon will advise you when it is safe to return to work

Other Activities - Walk as much as you like, but remember that walking is no substitute for the exercises your doctor and physical therapist will prescribe. Swimming is also recommended; you can begin as soon as the sutures or staples have been removed and the wound is healed, approximately 2 weeks after surgery. Avoid hot spas/Jacuzzis for three months.

Consult your surgeon before participating in other recreational or sporting activities.





Activities of Daily Living

Dressing – Using Adaptive Equipment

Putting on pants and underwear:

1. Sit down.
2. Put your surgical leg in first and then your non-surgical leg.
3. Use a reacher or dressing stick to guide the waistband over your foot.
4. Pull your pants up over your knees to be within easy reach.
5. Stand with the walker in front of you to pull your pants up the rest of the way.

How to use a sock aid:

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



If using a long-handled shoehorn:

1. Use your reacher, dressing stick or long handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in the shoe. Step down into your shoe, sliding your heel down the shoehorn.

Wear sturdy slip-on shoes or shoes with Velcro closures or elastic shoelaces.

Do not wear high heeled shoes or shoes without backs.



Transfer-Tub/Shower

Getting into the tub using a bath seat:

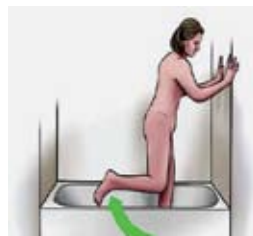
1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat; keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter or cane for the surgical leg, if necessary.

NOTE

- Use a rubber mat or non-skid adhesive on the bottom of the tub or shower to prevent slipping.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

Getting out of the tub

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat. Place the walker directly in front of you and use the walker to stand up.



Hip Precautions

21

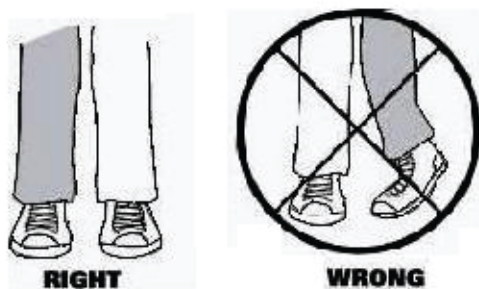


Precautions Following Total/hemi Hip Arthroplasty with Posterior Approach Only

DO NOT BEND HIP PAST 90° ANGLE - No bending forward or bringing knee to chest.



DO NOT ROLL OR TWIST LEG INWARD - Toes should point straight up or roll outward.



DO NOT CROSS LEGS WHILE STANDING, SITTING OR LYING DOWN



Road to Recovery

Hip Replacement

Total Hip Replacement Exercise Program

On your back:

1. Ankle Pumps

Bend ankles up and down alternating feet



2. Quad Sets

With leg straight, tighten the muscles on top of your thigh and press the back of your knee downward. Hold for 3 seconds then relax.



3. Gluteal Squeezes

Squeeze buttock muscles as tightly as possible. Hold for 3 seconds.



4. Heel Slides:

Bend knee and slide your foot toward you.



5. Short Arc Quad/Extension:

Place a large towel roll under your knee, raise heel off bed until knee is straight.

Hold 3 seconds and slowly lower.



6. Hip Abduction/Adduction:

Point toes to the ceiling, slide one leg out to the side. Keeping leg straight, gently slide back.



Standing

*With standing exercises
hold onto a firm surface for balance.*



1. Heel Raises:

Rise up on toes for 3 seconds, then lower.

2. Partial Knee Bends:

Place feet comfortably apart, bend knees into a semi-squat position and then slowly straighten – this may be done with your back against a smooth wall or holding onto a sturdy chair.



3. Hip Flexion

Lift operated leg as if you are stepping onto a stair.
Slowly lower and repeat.



4. Hip Abduction:

Raise one hip out to the side without letting it come forward – slowly lower and repeat.



5. Hip Extension:

Stand with feet slightly apart and lift leg backward.
Slowly lower and repeat.



Mobility Training

Car Transfers

Getting Into a Car

1. Be sure the passenger seat is pushed all the way back.
2. Recline the seat back as far as possible.
3. With your walker in front of you, slowly back up to the car seat. Sit on the seat.
4. Swing your legs into the car together.

Getting Out of a Car

1. Push the seat all the way back.
2. Lift your legs out of the car together while still seated.
3. Place the walker in front of you and stand up on the unaffected leg.



Climbing Up Stairs

- Use a hand rail (if available) to climb stairs.
- Lead with your **non-operated leg**, then your operated leg, and finally your crutches or cane.
- One step at a time.



Going Down Stairs

- Use a hand rail (if available) to go down stairs.
- Lead with your **crutch or cane**, then your **operated leg**, and finally your non operated leg.
- One step at a time.



Road to Recovery

Hip Replacement

Energy conservation and Joint protection

Homemaking

- Sit for rest breaks as needed.
- Slide objects along the countertop rather than carrying them. Use a utility cart with wheels to transfer items to and from the table.
- Attach a bag or basket to your walker or wear a fanny pack to carry small items.
- Use a long-handled reacher to reach objects on the floor.



Kitchen

- **Do Not** get down on your knees to scrub the floor. Use a mop and long-handled brushes (this applies to the bathroom area too).
- Plan ahead! Gather all your cooking supplies at one time, then sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.



Prepare your Home for your Surgery Recovery



- ☐ Before you go to the hospital, do your grocery shopping, prepare and freeze meals, and put cooking utensils where they are easy to reach.
Make simple meals that will be ready for you when you get home.
- ☐ Move furniture to make a clear path to your kitchen, bathroom and bedroom.
- ☐ You need a firm chair that has armrests to use after surgery. This makes it easier to get up. You should not sit in a chair that rocks, rolls, or swivels.
- ☐ Place a non-skid bath mat in your tub or shower.
- ☐ For your convenience, you can place items that you use every day at arm level between your waist and shoulders.
- ☐ Watch out for slippery/wet areas on the floor.
- ☐ Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- ☐ Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- ☐ Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- ☐ Keep extension cords and telephone cords out of pathways.
Do Not run wires under rugs, this is a fire hazard.



Road to Recovery

Hip Replacement

My Questions

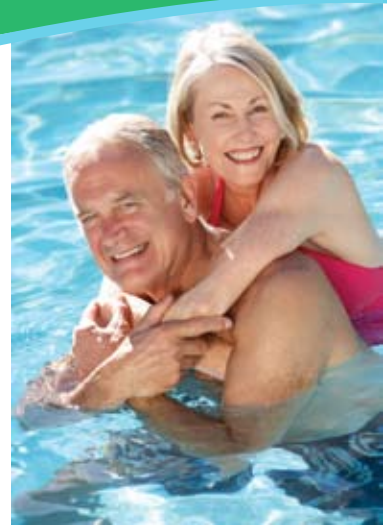






Road to Recovery

Hip Replacement



Notes

[illegible]

