

Table of Contents

Section One: General Information4

| | |
|--|---|
| Welcome to the Joint Center | 5 |
| Using the Guidebook | 5 |
| Overview of the Center for Joint Replacement | 6 |
| Your Joint Replacement Team | 7 |
| Your Joint Care Coordinator | 8 |

Section Two: Before Surgery9

| | |
|--------------------------------|----|
| Patient Calendar..... | 10 |
| Six Weeks before Surgery | 10 |

Section Three: Getting Ready for Surgery 15

| | |
|---|----|
| Start Pre-operative Exercises | 16 |
| Register for Pre-operative Class | 17 |
| Prepare Your Home for Your Return from the Hospital | 17 |
| Breathing Exercises | 18 |
| Things to Bring to the Hospital | 19 |
| Personal Medicine List..... | 20 |
| Four Weeks before Surgery | 22 |
| Ten Days before Surgery..... | 23 |
| Seven Days before Surgery..... | 23 |
| Two Days before Surgery | 23 |
| The Day before Surgery | 23 |
| The Night before Surgery | 24 |

Table of Contents

Section Four: At the Hospital..... 25

| | |
|---|----|
| The Day of Surgery..... | 26 |
| Understanding Pain..... | 26 |
| After Surgery – Day One | 27 |
| After Surgery – Day Two | 27 |
| Day Three – Discharge Day | 28 |
| Going Directly Home..... | 28 |
| Going to a Skilled Nursing Facility | 28 |

Section Five: Living With Your Joint Replacement..... 30

| | |
|--|----|
| Caring for Yourself at Home | 31 |
| Recognizing and Preventing Potential Complications | 33 |
| - Infection | 33 |
| - Blood Clots in Legs | 34 |
| - Pulmonary Embolus..... | 35 |
| Pre- and Post-op Exercises and Goals | 35 |
| - Weeks 1-2..... | 35 |
| - Weeks 2-4..... | 36 |
| - Weeks 4-6..... | 37 |
| - Weeks 6-12 | 37 |
| Activities of Daily Living | 38 |
| - Hip Precautions | 38 |
| - Bed Transfers and Sleeping Positions | 39 |
| - Tub Transfers | 41 |
| - Walking | 42 |
| - Stair Climbing and Car Transfers..... | 43 |
| - Dressing Activities | 44 |
| Around the House | 47 |
| Do's and Don'ts for the Rest of Your Life | 48 |

Table of Contents

| | |
|---|----|
| Section Six: Helpful Resources | 50 |
| Understanding Anesthesia | 51 |
| Blood Thinners..... | 53 |
| Physical Therapy Daily Schedule | 53 |
| View of a Healthy Hip..... | 54 |
| Recommended Exercise Classes | 55 |
| Lifetime Follow-up Visits..... | 55 |
| Glossary | 57 |
| Pre- and Post-op Exercises | 58 |
| - Advanced Exercises..... | 64 |
| - Advanced Stair Exercises | 68 |
| Frequently Asked Questions | 71 |
| Notes | 75 |
| Directions and Map | 76 |

Section One:

General Information

Welcome

We are pleased that you have chosen the MemorialCare Joint Replacement Center at Orange Coast Memorial. Your decision to have elective joint replacement surgery is the first step towards a healthier lifestyle.



Each year, more than 700,000 people make the decision to undergo joint replacement surgery. The surgery is designed to relieve your pain, restore your independence, and return you to work and other daily activities.

The goal of the program is to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the first day after surgery, and move towards normal activity in six to twelve weeks.

The Joint Center has planned a comprehensive course of treatment. We believe that you play a key role in promoting 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 promote a successful surgical outcome.

Your team includes physicians, physicians' assistants, patient care assistants, nurses, orthopedic technicians, and physical and occupational therapists specializing in total joint care. Every detail, from peri-operative teaching to post-operative exercising, is considered and reviewed with you. The Joint Care Coordinator will plan your individualized treatment program and act as your guide.

Using the Guidebook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that 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, physician's assistant, nurse, or therapist may add to or change any of the recommendations. Always consider their recommendations first, and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year after your surgery. The information in the Guidebook is comprehensive, it will assist you when your surgery, and we recommend reading the entire guide, at a pace that suits you.

Overview of the Center for Joint Replacement

We offer a unique program. Each step is designed to encourage the best results leading to a discharge from the hospital three days after surgery. Features of the program include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private rooms
- Emphasis on group activities
- Family and friends participating as "coaches" in the recovery process
- Group lunches with your coach and staff
- A Joint Care Coordinator who coordinates all pre-operative care and discharge planning
- A comprehensive patient guide for you to follow from six weeks before surgery until three months after surgery and beyond
- Quarterly luncheons for former patients and coaches
- Newsletters to update you with new information about arthritis and joint care



Your Joint Replacement Team

Orthopedic Surgeon

The orthopedic surgeon is the skilled physician who will perform the procedure to repair your damaged joint.

Registered Nurse (RN)

Much of your care will be provided by a nurse responsible for your daily care. Your nurse will assure orders given by your physician are completed including medications and monitoring your vital signs.

Physical Therapist (PT)

The physical therapist will guide your return to functional daily activities. They will train you and your coach in safe transfer techniques, provide gait training and teach exercises designed to regain your strength and motion after surgery.

Occupational Therapist (OT)

The occupational therapists will guide you in performing daily tasks such as bathing and dressing with your new joint. They may demonstrate special equipment used in your home after you receive your replacement, including shower benches, rails and raised toilets.

Case Manager (RN)

The case manager is responsible in obtaining continued insurance authorization throughout your stay. The case manager is also responsible in coordinating with your Physician, Joint Care coordinator, RN and PT/OT your final discharge plan, i.e. home or skilled nursing facility, including equipment needed to assist you at home with your therapy, e.g. front wheeled walker, bedside commode.

Your Joint Care Coordinator

The Joint Care Coordinator will be responsible for your care needs from the surgeon's office, to the hospital and home. The Joint Care Coordinator will:

- Obtain a health database
- Review what you'll need at home after your surgery, including support, if required
- Assess and plan for your specific care needs such as anesthesia and medical clearance for surgery
- Act as your advocate throughout the course of treatment from surgery to discharge
- Answer questions and coordinate your hospital care with the Joint Replacement team members

Section Two: Before Surgery

| YOUR JOINT REPLACEMENT CALENDAR | | | | |
|---------------------------------|---------|-----------|----------|--------|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Week 6 | | | | |
| | | | | |
| Week 5 | | | | |
| | | | | |
| Week 4 | | | | |
| | | | | |
| Week 3 | | | | |
| | | | | |
| Week 2 | | | | |
| | | | | |
| Week 1 | | | | |
| | | | | |

Six Weeks before Surgery

Planning for Leaving the Hospital

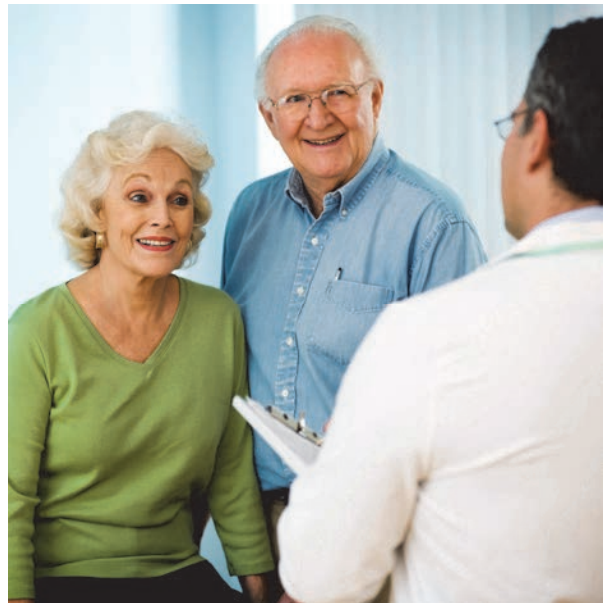
Understanding the plan for discharge from the Joint Center is an important task in the recovery process. You can expect help from your Joint Care Coordinator to develop a plan that meets your particular needs. Many patients should expect to be able to go directly home, as it is usually best to recover in the privacy and comfort of your own surroundings.

After your surgeon's office has scheduled you for joint surgery, you will be contacted by a member of the Joint Care Team to:

- Schedule your pre-operative joint class and verify appointments for medical testing
- Act as a liaison for coordination of your pre-operative care between the doctor's office, the hospital, and the testing facilities, if necessary
- Verify that you have made an appointment, if necessary, with your medical doctor and have obtained the pre-operative tests your doctor has ordered
- Answer questions and direct you to specific resources within the hospital

You may call the Joint Care Coordinator at any time to ask questions or raise concerns about your pending surgery.

You will find a business card for the Joint Care Coordinator in a pocket in the front of the Guidebook



Obtain Medical and Anesthesia Clearance

When you were scheduled for surgery, you should have received a medical clearance letter from your surgeon. The letter will tell you whether you need to see your primary care physician and/or a specialist.

Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for pre-operative medical clearance. (This is in addition to seeing your surgeon pre-operatively). The Surgeon may order additional physician consults after discussing your medical history with the anesthesiologist.

Obtain Laboratory Tests

When you were scheduled for surgery, you should have received a laboratory-testing letter from your surgeon. Follow the instructions in this letter. The physician may order additional testing.

Stop Medications That Increase Bleeding

Discontinue all anti-inflammatory medications such as aspirin, Ibuprofen (Motrin®), Naproxen (Naprosyn), Vitamin E, etc. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. The Surgeon will instruct you about what to do with your other medications.



Stop Taking Herbal Medicine

There are herbal medicines that can interfere with other medicines. Check with your doctor to see if you need to stop taking any of your herbal medicines before surgery.

Examples of herbal medicines include, but are not limited to: Echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient's wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

- LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.
- HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital, you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

Stop Smoking

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your healing joint. Oxygen circulation is vital to the healing process.

Smoking Cessation

Smoking delays your healing process. Smoking reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting which can cause problems with your heart. Smoking increases your blood pressure and heart rate. If you quit smoking before you have surgery you will increase your ability to heal. If you need help quitting, ask about hospital resources.

Tips to aid in quitting.

- Decide to quit
- Choose the date
- Cut down the amount you smoke by limiting the area where you can smoke
- Give yourself a reward for each day without cigarettes

When you are ready...

- Throw away all your cigarettes
- Throw away all ashtrays
- Don't smoke in your home
- Don't put yourself in situations where others smoke like bars and parties
- Remind yourself that this can be done – be positive
- Take it one day at a time – if you slip – just get right back to your decision to quit
- If you need to consider aids to quit like over the counter produce like chewing gum and patches or prescription aids – check with your doctor.



Section Three:

Getting Ready for Surgery

Start Pre-operative Exercises

Many patients with arthritis favor the painful leg. As a result, the muscles become weaker making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery as you will learn the exercises at the optimal time and initiate the work toward improving strength and flexibility. This can make recovery faster and easier.

Exercising before Surgery

It is important to be as flexible and strong as possible before undergoing a total hip replacement. Always consult your physician before starting a pre-operative exercise plan. 12 basic exercises are listed here that your physician may instruct you to start doing now and continue until your surgery. You should be able to do them in 15-20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery.

Remember that you need to strengthen your entire body, not just your legs. It is very important that you strengthen your arms by doing chair push-ups (exercise #12) because after surgery you will be relying on your arms to support you when walking with the walker or crutches. You will also rely on your arms to help you get in and out of bed, and chairs as well as on and off the toilet. You should also exercise your heart and lungs by performing light endurance activities – for example, walking for 10-15 minutes each day.

Pre-operative Hip Exercises (See Section 5, Pre- and Post-op Exercises and Goals)

- | | |
|----------------------------|--|
| 1. Ankle Pumps | 8. Standing Heel/Toe Raises |
| 2. Quad Sets | 9. Standing Rock Over the Affected Leg |
| 3. Gluteal Sets | 10. Standing Mini Squats |
| 4. Abduction and Adduction | 11. Standing Knee Flexion |
| 5. Heel Slides | 12. Armchair Push-ups |
| 6. Short Arc Quads | |
| 7. Long Arc Quads | |

Do NOT do any exercise that is too painful.

Register for Pre-operative Class

A special class is held monthly for patients scheduled for joint surgery. The Surgeon's office scheduler will give you the dates of scheduled classes. You will only need to attend one class, preferably four weeks before surgery. Members of the team will be there to answer your questions. We request that you bring a family member or friend to act as your "coach." The coach's role will be explained in class. If it is not possible for you to attend, please inform the Joint Care Coordinator. The outline of the class is as follows:

- Joint Disease
- What to Expect/Role of your "Coach"/Caregiver
- Meet the Joint Replacement Team
- Tour the Center for Joint Replacement
- Learn Your Breathing Exercises
- Reviewing Your Pre-operative Exercises
- Learn About Assistive Devices and Joint Protection
- Discharge Planning/Insurance/Obtaining Equipment
- Complete Pre-operative Forms

Prepare Your Home for Your Return from the Hospital

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach
- Check railings to make sure they are not loose
- Clean, do the laundry, and put it away
- Put clean linens on the bed
- Prepare meals and freeze them in single serving containers
- Pick up throw rugs and tack down loose carpeting
- Remove electrical cords and other obstructions from walkways
- Install night-lights in bathrooms, bedrooms, and hallways
- Arrange to have someone collect your mail and take care of pets

Breathing Exercises

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing, and using an **Incentive Spirometer** may also help you recover more quickly.

Deep Breathing

- To deep breathe, you must use the muscles of your abdomen and chest
- Breathe in through your nose as deep as you can
- Hold your breath for 5 to 10 seconds
- Let you breath our slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10- 20 seconds
- Take a break and then repeat the exercise 10 times

Coughing

To help you cough:

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

What to Bring to the Hospital following your surgery

Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc.); loose fitting shorts, tops, culottes; well-fitted slippers with non-slip soles; and flat shoes or tennis shoes. For safety reasons, **DO NOT** bring electrical items. You may bring battery-operated items.

You must bring the following to the hospital:

- Your patient Guidebook
- A copy of your advance directives
- Your insurance card, driver's license or photo I.D., and any co-payment required by your insurance company

Special Instructions

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

- **DO NOT take medication for diabetes on the day of surgery**
- **Please leave jewelry, valuables, and large amounts of money at home**
- **Makeup must be removed before your procedure**
- **Nail polish that is clear may be left on your fingernails**

Personal Medicine List

| Name: | | Family Physician: | |
|--|---|-------------------------------------|--|
| Medication Name/Dosage | Instructions | Reason for Therapy | Duration |
| What is the name of your medication? What is the dosage? | When and how do you take this medication? | Why are you taking this medication? | How long have you been taking this medication? |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Name: | | Family Physician: | |
|--|---|-------------------------------------|--|
| Medication Name/Dosage | Instructions | Reason for Therapy | Duration |
| What is the name of your medication? What is the dosage? | When and how do you take this medication? | Why are you taking this medication? | How long have you been taking this medication? |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Four Weeks before Surgery

Start Iron, Vitamins

Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood, which is especially important if you plan to pre-donate your own blood.



Importance of Your Coach

The people that you find in your daily life, friends and family, are obviously important to you. In the process of a joint replacement, the involvement of a family friend or relative acting as your coach is very important. Your coach will be with you from the pre-op process through your stay in the hospital and to your discharge to home. They will attend pre-op class, give support during exercise classes, and keep you focused on healing. They will assure you continue exercising when you return home and see that home remains safe during your recovery.



Ten Days before Surgery

Pre-operative Visit to Surgeon

You should have an appointment in your surgeon's office 7-14 days before surgery.

Seven Days before Surgery

You will be scheduled for Pre-Op testing at the hospital. This will consist of a complete blood count, Chest X-Ray, EKG, and urine analysis

Two Days before Surgery

Shower Prep Prior to Surgery

You will need to shower with a special soap once a day for two days before surgery. You will receive the soap from your surgeon's office. If surgery is on Monday, take a shower with the special soap on Saturday and Sunday.

Directions:

1. Pour the special soap on a washcloth.
2. Wash all areas of your body, except face and peri-anal area, with the special soap.
3. Thoroughly wash the area where you are going to have surgery.
4. Rinse as usual. Dress as usual.

Your surgeon recommends this special soap to reduce the amount of germs on your skin prior to surgery.

The Day before Surgery

Find Out Your Arrival Time at Hospital

You will receive a call from the hospital notifying you of your scheduled surgery time and what time to come to the hospital. You will be asked to come to the hospital two 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 to the hospital as occasionally 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.

Night before Surgery

Do Not Eat or Drink. Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed to do so.

Section Four:

At the Hospital

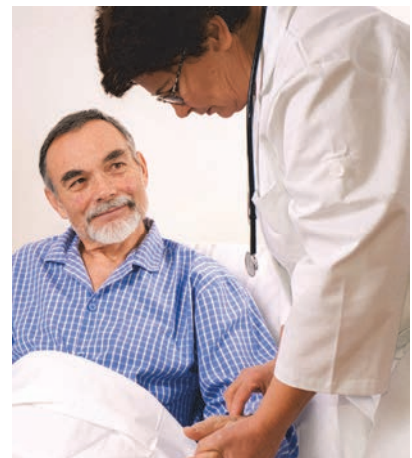
Hospital Care

Day of Surgery - What to Expect

- Patients are prepared for surgery including starting an IV and scrubbing your operative site. Your Pre-op nurse as well as your anesthesiologist will interview you. They will escort you to the operating room where you will see your surgeon or anesthesiologist.
- Following surgery, you will be taken to a recovery area where you will remain for one to two hours. During this time, pain control is typically established, your vital signs monitored, and an x-ray may be taken of your new joint. The team will work to make you as comfortable as possible.
- You will then be taken to the Joint Center where a joint nurse will care for you. Only one or two very close family members or friends should visit you on this day. Most of the discomfort occurs the first 12 hours following surgery, so during this time, you will be receiving pain medication through your IV. You most likely will remain in bed the first day. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class. Each day you will receive "Hip Hints," a daily newsletter outlining the day's activities.

Understanding Pain

All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense (breakthrough). Pain can change through the recovery process. If you need more help with your pain management, talk to your nurse, the JCC, or your doctor.



Pain Scale

Using a number to rate your pain can help the Joint Team understand the severity of your pain and help them make the best decision to help manage it.



Your Role in Pain Management

Using a pain scale to describe your pain will help the team understand your pain level. If “0” means you have no pain and “10” means you are in the worst pain possible, how would you rate your pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax, when you are relaxed medication works better.

Please view the Skylight “Pain Management” educational video on your television.

After Surgery - Day One

By 7:00 a.m. on Day One after surgery, you can expect to be bathed, dressed in your own clothing, helped out of bed, and seated in a recliner in your room. Your surgeon or physician's assistant (if applicable) will visit you in the morning. The physical therapist and occupational therapist may assess your progress and get you walking with a walker. Intravenous (IV) pain medication will likely be stopped and you may begin oral pain medication. Group therapy typically begins in the morning. Occupational therapy may begin, if needed. Your coach is encouraged to be present as much as possible. Visitors are welcome, preferably late afternoons or evenings.

Remember to view ‘your videos’ on skylight.

After Surgery - Day Two

On Day Two after surgery you may be helped out of bed early, bathed, and dressed in your own clothing and seated in a recliner in your room. Between 7:30-9.00 a.m. your day will start with a morning walk. Group therapy starts at 9:30 a.m. You will need your coach to assist you during

group therapy. At noon, you will eat lunch with the other patients, your coach, and the nursing staff. At about 1:30 p.m. you will have a second group therapy session, where you will receive discharge instructions. You will receive training on step/curb and a simulated car transfer on this day.

Day Three - Discharge Day

On the rare occasion your discharge may be postponed to day three. You will receive individual therapy and discharged by noon.

Going Directly Home

Please have someone arrange to pick you up. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. We will arrange for equipment. Take this Guidebook with you. Most patients going home will have home health physical therapy. If the case manager determines that home health services are needed, the case manager will arrange for this.

Going to a Skilled Nursing Facility

The decision to go home or to a skilled nursing facility will be made collectively by you, the Joint Care Coordinator, 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.

Case manager will discuss transportation needs. Your transfer papers will be completed by the 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. Expect to stay 3-5 days, based upon your progress. Upon discharge home, the skilled nursing staff will also give instructions to you. Take this Guidebook with you.



Please remember that skilled nursing facility stays must be approved by your insurance company prior to payment. A patient's stay in a skilled nursing facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to skilled nursing facility when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, either you will meet the criteria to benefit from skilled nursing facility or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for care at home.

In the event skilled nursing facility is not approved by your insurance company, you can go there and pay privately. Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to qualify for skilled nursing facility. Also, keep in mind that insurance companies do not become involved in social issues, such as lack of a caregiver, animals, etc. These are issues you will have to address before admission.

Section Five:

Living with Your Joint Replacement

Caring for Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery and your comfort.

Be Comfortable

- Take your pain medicine at least 30 minutes before physical therapy
- Discuss with your surgeon or primary physician, alternative pain relievers
- Change your position every 45 minutes
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort. It is recommended for at least 30 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return them to the freezer so they can be used again later

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.



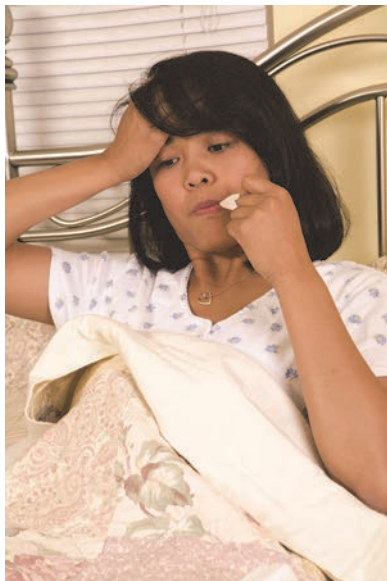
Blood Clots and Anticoagulants

You may be given a blood thinner to help avoid blood clots in your legs. You will need to take it for three to six weeks depending on your individual situation. Be sure to take as directed by your surgeon. The amount you take may change depending on how much your blood thins. Therefore, it will be necessary to do blood tests once or twice weekly to determine this.

Compression Stockings

You will be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots.

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level.
- Wear the stockings continuously, removing for one to two hours twice a day.
- Notify your physician if you notice increased pain or swelling in either leg.
- Normally you will wear the stockings three weeks after surgery. You may remove them for one hour daily. Ask your surgeon when you can discontinue stockings.



Caring For Your Incision

- Keep your incision dry
- Keep your incision covered with a sterile, dry dressing until your staples are removed, usually in about 10-14 days
- Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision. After showering, put on a dry dressing
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5 degrees

Dressing Change Procedure (if applicable)

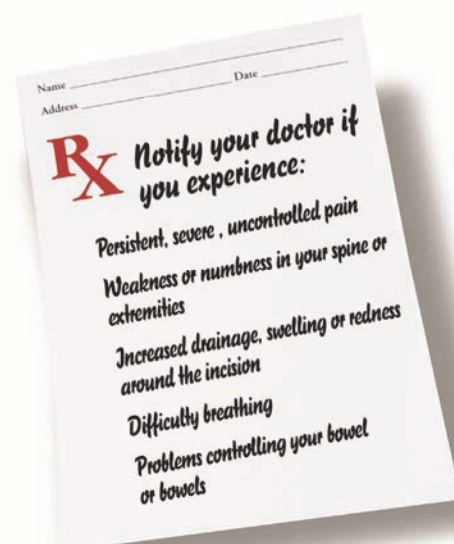
1. Wash your hands.
2. Open all dressing change materials (ABD pads, 4x4 if needed, Povidone Iodine (Betadine) swab if indicated).
3. Remove stocking and old dressing.
4. Inspect incision for the following:
 - a. increased redness
 - b. increase in clear drainage
 - c. yellow/green drainage
 - d. odor
 - e. surrounding skin is hot to the touch
5. If Povidone Iodine (Betadine) swab is ordered, take one Povidone Iodine (Betadine) swab and paint the incision from top to bottom. Then turn the swab over and paint the incision from bottom to top. If you had a drain, use remaining swab to paint the drain site.
6. Pick up ABD pad by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lie over the incision.
7. Place one ABD pad lengthwise and place the other ABD crosswise to form a "T" (to cover drain site).
8. Tape dressing in place.

Recognizing & Preventing Potential Complications

Infection

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5 degrees



Prevention of Infection

- Take proper care of your incision as explained.
- Take prophylactic antibiotics when having dental work or other potentially contaminating procedures.
- Notify your physician and dentist that you have a joint replacement.
- Wash your hands frequently!

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

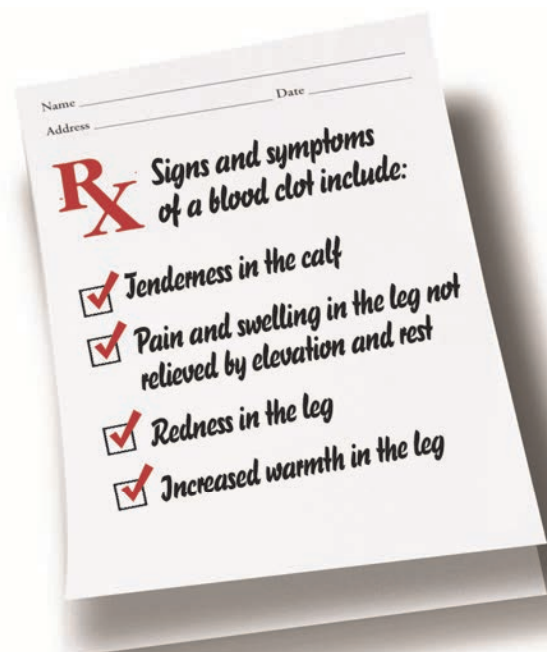
Signs of Blood Clots in Legs

- Swelling in thigh, calf, or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee or groin area.

NOTE: blood clots can form in either leg.

To Help Prevent Blood Clots

- Perform ankle pumps
- Walk several times a day
- Wear your compression stockings
- Take your blood thinners as directed



Pulmonary Embolus

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

Signs of a Pulmonary Embolus

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

Prevention of Pulmonary Embolus

- Prevent blood clot in legs
- Recognize if a blood clot forms in your leg and call your physician promptly

Pre- and Post-op Exercises and Goals

Activity Guidelines

Exercising is important to obtain the best results from total hip surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to recommend changes to your program that will keep you moving towards the goals listed on the next few pages.

Weeks 1-2

After three to four days, you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be advised to go to a rehabilitation center for 3-6 days. During weeks one and two of your recovery, typical goals are to:

- Continue with walker or two crutches unless otherwise instructed
- Walk at least 300 feet with support
- Independently sponge bath or shower (after staples are removed) and dress
- Gradually resume homemaking tasks
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you

Post-operative Exercise Plan (See Section 5, Pre- and Post -op Exercises and Goals)

1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Long Arc Quads
8. Standing Heel /Toe Raises
9. Standing Rock Over the Affected Leg
10. Standing Mini Squats
11. Standing Knee Flexion

Advanced Exercises are listed in the Section 5 under Pre- and Post-op Exercises. Your physical therapist will add these, or other similar exercises, at the appropriate time of your rehabilitation.

Weeks 2-4

Weeks 2-4 will see you gain more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for the period are to:

- Achieve one to two week goals
- Move from full support to a cane or single crutch as instructed
- Walk at least one-quarter mile
- Independently shower and dress
- Resume homemaking tasks
- Do 20 minutes of home exercises twice a day with or without the therapist
- Begin driving if left hip had surgery. You will need permission from therapist



Weeks 4-6

Week's 4-6 will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals are to:

- Achieve one to four week goals
- Walk with a cane or single crutch
- Walk one quarter to one half mile
- Begin progressing on a stair from one foot at a time to regular stair climbing (foot over foot)
- Drive a car (either right or left hip had surgery)
- Continue with home exercise program twice a day

Weeks 6-12

During weeks 6-12 you should be able to begin resuming all of your activities. Your goals for this time period are to:

- Achieve one to six week goals
- Walk with no cane or crutch and without a limp
- Walk one-half to one mile
- Improve strength to 80%
- Resume activities including dancing, bowling, and golf



Activities of Daily Living

Hip Precautions

Care must be taken to prevent your new hip from coming out of the socket, or dislocating from the pelvis. Following some simple hip precautions will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions.

- Do not lie on the surgical hip
- Do not cross your legs
- When lying down, do not bend forward to pull the blankets from around your feet.
- Don't bend at the waist beyond 90 degrees
- Do not lift your knees higher than your hips. Do not twist over the operated leg – pick your feet up and do step turns
- Do not turn your feet inward or outward – keep your toes pointing forward in line with your nose
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees
- Do not bend way over to pick up things on the floor – use your reacher



**DO NOT cross
your legs.**



**DO NOT bend past 90
degrees.**



DO NOT twist.

Standing up from chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible.

1. Extend your operated leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair
3. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before grabbing for the walker.

Stand to sit:

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

Transfer – Bed

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed)
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way, but keep it within reach
4. Scoot your hips around so that you are facing the foot of the bed
5. Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt, or your elastic band to assist with lifting that leg into bed)
6. Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help as this breaks your hip precautions
7. Scoot your hips towards the center of the be



Back up until you feel your leg on the bed.



Sit keeping your knee lower than your hip.



Scoot back on the bed, lifting the leg on the bed.

Lying in Bed – how to maintain hip precautions.



Keep a pillow between your legs when back lying. Position your leg such that your toes are pointing to the ceiling – not inward or outward.



To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

When getting out of bed:

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

Transfer - Tub

Getting into the tub using a bath seat:

1. Select a bath seat that is tall enough to insure hip precautions can be followed
2. Place the bath seat in the tub facing the faucets.
3. Back up to the tub until you can feel it at the back of your knees. Be sure you are in line with the bath seat.
4. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
5. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
6. Move the walker out of the way, but keep it within reach.
7. Lift your legs over the edge of the tub, using a leg lifter for the surgical leg, if necessary. **Hold onto the shower seat or railing.**

NOTE:

- Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.
- Use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
- 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 using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.



Walking

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

NOTE: Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart.

NOTE: If using a rolling walker, you can advance from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the surgical leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you "loosen up" you will find this gets easier. Do not walk forward past the walker center or way behind the walker's rear legs.

Stair climbing

1. Ascend with non-surgical leg first (Up with the good).
2. Descend with the surgical leg first (Down with the bad).
3. Always hold onto the railing!

Transfer - Car

Getting into the car:

1. Push the car seat all the way back; recline the seat back to allow access and egress, but always have it in the upright position for travel
2. Place a plastic back on the seat to help you slide
3. Back up to the car until you feel it touch the back of your leg
4. Hold on to an immovable object – car seat, dashboard and slide the operated foot out straight. MIND YOUR HEAD as you sit down. Slowly lower yourself to the car seat
5. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist



Personal Care - Using a "reacher" or "dressing stick."

Putting on pants and underwear:

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

Taking off pants and underwear:

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

A reacher or dressing stick can help you remove your pants from your foot and off the floor



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 your shoe
4. Step down into your shoe, sliding your heel down the shoehorn

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



Around the House

Saving energy and protecting your joints

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes
- 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



Bathroom

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

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or 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
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed
- Do not lift heavy objects for the first three months and then only with your surgeon's permission

Do's and Don'ts for the Rest of Your Life

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around your joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. Impact activities such as running and singles tennis may put too much load on the joint and are not recommended. High-risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself. Infections are always a potential problem and you may need antibiotics for prevention.



What to Do in General

- Take antibiotics one hour before you have dental work or other invasive procedures
- Although the risks are very low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening
- See your surgeon yearly unless otherwise recommended

What to Do for Exercise

Choose a Low Impact Activity

- Recommended exercise classes
 - Home program as outlined in your Patient Guidebook
 - Regular one to three mile walks
 - Home treadmill (for walking)
 - Stationary bike
 - Aquatic exercises
 - Regular exercise at a fitness center
 - Low-impact sports such as golf, bowling, walking, gardening, dancing, swimming etc.
- Consult with your surgeon or physical therapist about returning to specific sport activities.



What Not to Do

- Do not run or engage in high-impact activities, or activities that require a lot of starts, stops, turns and twisting motions.
- Do not participate in high-risk activities such as contact sports, etc.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon or physical therapist

Section Six:

Helpful Resources

Understanding Anesthesia

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia** provides loss of consciousness.
- **Regional (Spinal) 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 arm and leg blocks.

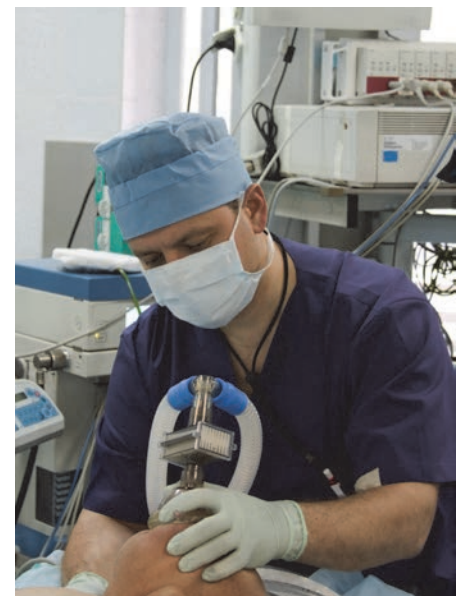
Will I have any side effects?

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. 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 will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale to better assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist immediately before 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, the anesthesiologist 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 pre-operative 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 to the hospital, this can be arranged through the Total Joint Care Coordinator.

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 anesthesiologist is also responsible for fluid and blood replacement when necessary.

What can I expect after the operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

Blood Thinners

Monitoring the dosage after discharge from the hospital

HOME - If you are discharged home with home health services, the home health nurse will come out twice a week to draw the prothrombin time. These results are called to the pharmacist who will call you that evening to adjust your dose.

If you DO NOT utilize home health nursing, then you will have to go to an outpatient medical lab and have the prothrombin time drawn there. These arrangements are coordinated by our pharmacist and the nursing coordinator at the for Joint Replacement center. The pharmacist will obtain the results and call you to adjust your blood thinners dose.

Physical Therapy Daily Schedule

Please note: times are approximate. The physical therapist will advise patients and family members if the times change.

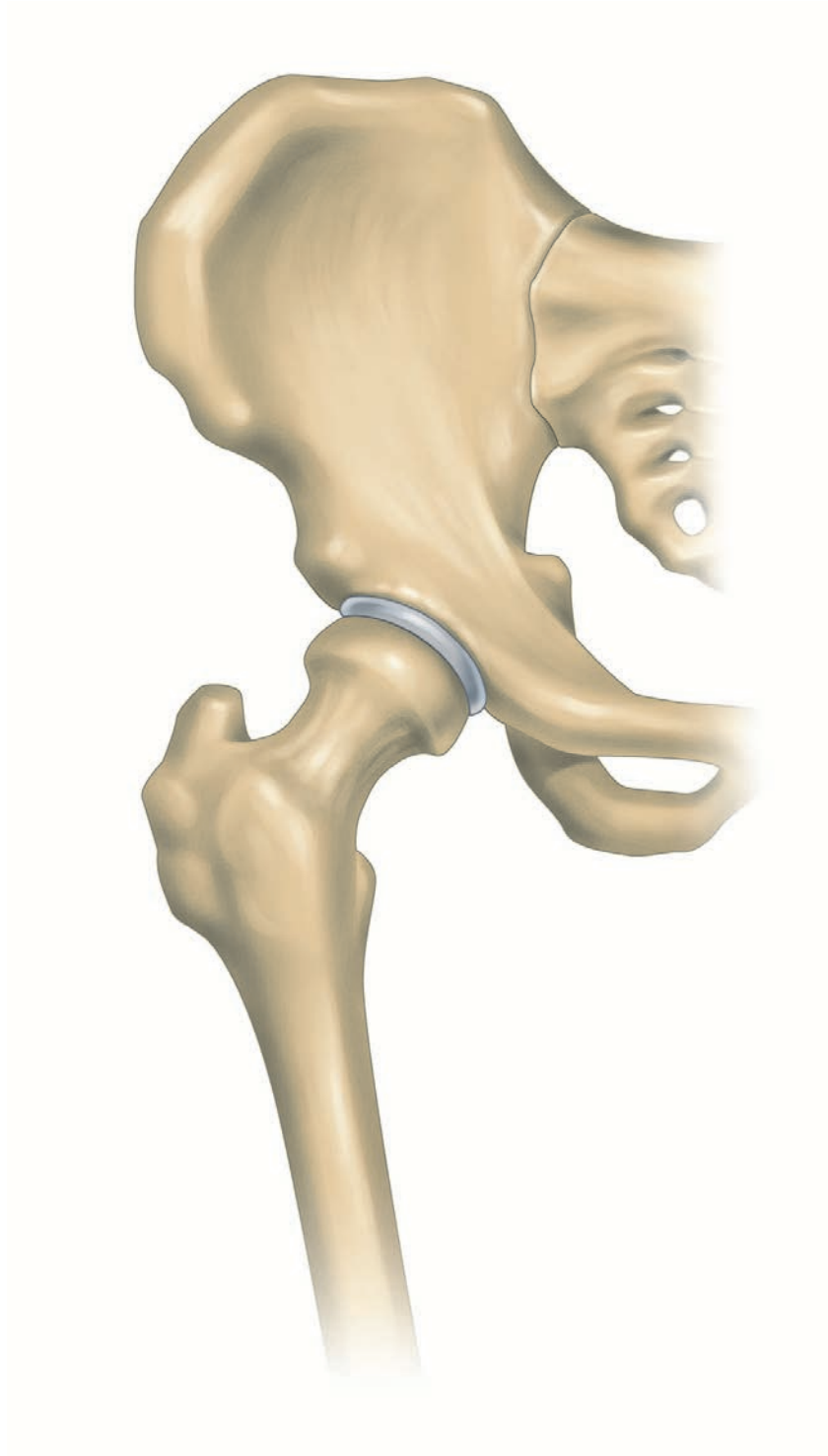
Day of Surgery: Evaluation and out of bed

Post-op day one: Group therapy is at 9:30a.m. and 1:30p.m. Coaches are to attend as many group therapy sessions as possible. We understand some coaches cannot be here for all the sessions because of work schedules.

Post-op day two: (day of discharge): Group therapy 9:30a.m., Group lunch, and discharge instructions.

Post-op day three: For those patients remaining Individual therapy in am and discharge by noon

View of a Healthy Hip



Recommended Exercise Classes

Arthritis Foundation Aquatic Program

Program participants are led by certified aquatic fitness professionals through a series of specially designed exercises that, with the aid of the water's buoyancy and resistance, can help improve joint flexibility and muscular strength. The warm water (86-93 degrees) and gentle movements can also help to relieve pain and stiffness. The Arthritis Foundation has developed the program and your physician's permission is required. Contact your local chapter.

The Importance of Lifetime Follow-up Visits

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

So, when should you follow up with your surgeon?

These are some general rules:

- Every year, unless instructed differently by your physician.
- Anytime you have mild pain for more than a week.
- Anytime you have moderate or severe pain.

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.



Why? Two things could happen. Your hip could become loose and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.

The second reason for follow-up is that the bearing surfaces in your hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

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

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

Glossary

Abdomen: the part of the body commonly thought of as the stomach; it is situated between the hips and the ribs.

Ambulating: walking.

Assistive Devices: walker, crutches, cane or other device, to help you walk.

Compression Stockings: special stockings that encourage circulation.

Dorsiflexion: bending back the foot or the toes.

Dressings: bandages.

Embolus: blood clot that becomes lodged in a blood vessel and blocks it.

Incentive Spirometer: breathing tool to help you exercise your lungs.

Incision: wound from your surgery.

Osteolysis: a condition in which bone thins and breaks down.

OT: occupational therapy.

Prothrombin: a protein component in the blood that changes during the clotting process.

PT: physical therapy.

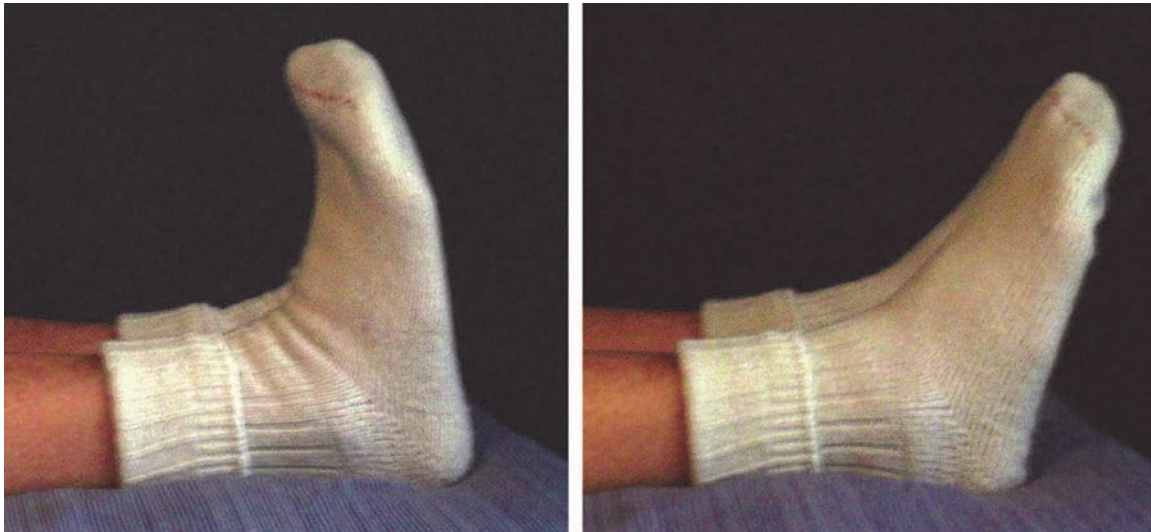
PCA Pump: patient controlled analgesia pump – pain medicine tool that you control.

Pre- and Post-op Exercises

Range of Motion and Strengthening Exercises

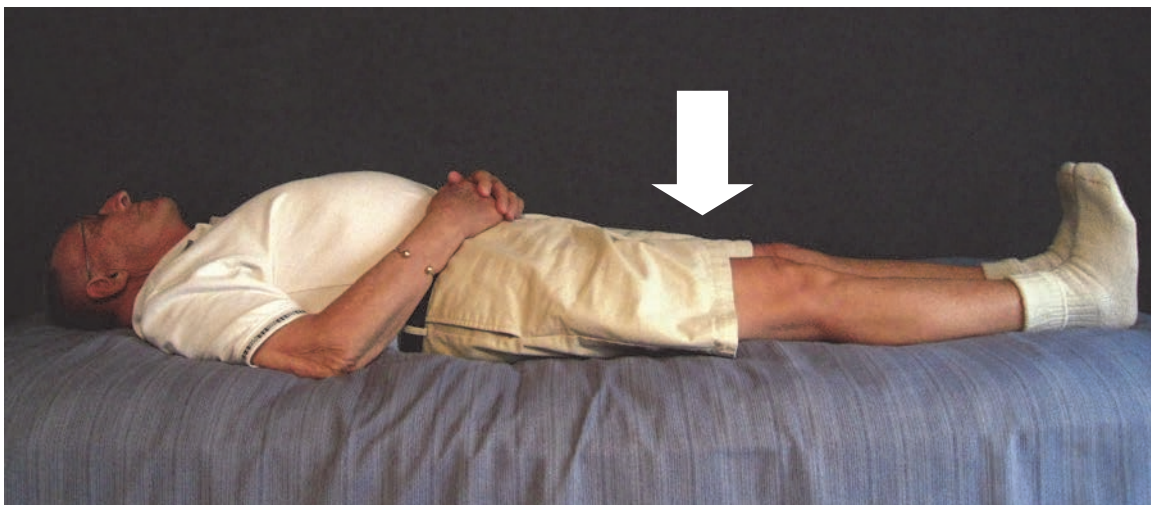
(1) Ankle Pumps

Flex and point your feet. **Perform 20 reps.**



(2) Quad Sets - (Knee Push-Downs)

Back lying, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a 5 count. Do NOT hold breath. **Perform 20 reps.**



(3) Gluteal Sets - (Bottom Squeezes)

Squeeze bottom together. Hold for a 5 count. Do NOT hold breath.

Perform 20 reps.



(4) Hip Abduction and Adduction - (Slide Heels Out and In)

The MemorialCare Joint Replacement Program at Orange Coast Memorial Back lying, with toes pointed to ceiling and knees straight. Tighten the thigh muscles and slide leg out to side and back to the starting position. **DO NOT CROSS MIDLINE!** After surgery, your therapist will advise you on how and when to start this exercise. **Perform 20 reps.**



(5) Heel Slides - (Slide Heels Up and Down)

Back lying; slide your heel up the surface bending your knee.

Perform 20 reps.



(6) Short Arc Quads

Back lying, place a 6-8 inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. Do not raise thigh off roll.

Perform 2 sets of 10 reps.



(7) Knee Extension - Long Arc

Sit with back against chair and thighs fully supported. Lift the affected foot up, straightening the knee. **Do not raise thigh off of chair.** Hold for a 5 count.

Perform 2 sets of 10 reps.



(8) Standing Heel / Toe Raises

Stand, with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible! **Perform 2 sets of 10 reps.**



(9) Standing Rock Over Affected Leg

Stand sideways to the kitchen sink and hold on. Keep the affected leg and heel firmly planted on the floor; step forward with the other leg to feel a slight stretch in the calf and thigh; step back. Concentrate on shifting your weight to the affected side and on equal step distance. **Perform 10 forward and 10 back.**



(10) Standing Mini Squat

Stand, with feet shoulder width apart, and holding on to the kitchen sink. Keep your heels on the floor as you bend your knees to a slight squat. Return to upright position tightening your buttocks and quads. Keep your body upright, heels on the floor and do not squat past 90 degrees hip flexion.

Perform 2 sets of 10 reps.

(11) Standing Knee Flexion – Hamstring Curls

Stand, with feet shoulder width apart, toes pointing forward and holding onto the kitchen sink. Tighten your gluteal muscles, and bend the operated knee lifting your foot off the floor. Do not bend forward, or let your hip bend. Try to keep a straight line from the ear through the shoulder to the hip and knee.

Perform 2 sets of 10 reps.



(12) Armchair Push-ups

Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, progress to using only your arms and the “non-operated” leg to perform the push-up. This will be how you will get up from a chair after surgery. Do not hold your breath or strain too hard.

Perform 2 sets of 10 reps.



Advanced Exercises

To be added by the therapist after surgery.

Stomach Lying – Hamstring Curl/Quad Stretch

Lie on your stomach with legs extended and strap on the foot. Keeping your thigh on the bed, bend your knee until you feel a slight stretch in the front of the thigh. As tolerated, gently pull the foot further. Hold for 30 seconds. **Repeat 2 times**



Abduction (Clamshell)

Lie on the unaffected side, with a pillow in between the legs to keep the affected top leg from crossing the midline. Knees should be slightly bent. Keeping the feet on the surface, open and close the knees like a clam opens and closes the shell.

Perform 2 sets of 10 reps.



Abduction with Knee Straight

Lying on the unaffected side, with a pillow in between the legs to keep the affected top leg from crossing the midline. Keeping your toes pointing forward, tighten the hip and thigh muscles and lift the leg 8-10 inches straight up from the pillow.

Perform 2 sets of 10 reps



Bridges

Back lying with the knees bent and feet flat on the surface; push down on your feet as you tighten the buttocks and hamstring muscles and lift the hips from the surface.

Concentrate on pushing equally through both feet. Hold for a 5 count then return to start position. **Perform 2 sets of 10 reps**



Wall Slides

With feet shoulder-width apart and back to wall, slide down wall. Return to upright position.

Do not go past 90 degrees of hip flexion. Your therapist will guide you on how far to slide down the wall.

Perform 2 sets of 10 reps.



Standing Marches – Balance Practice

Standing, holding on to the sink, slowly lift the operated knee, concentrating on your support leg balance. Balance/hold for 10 seconds. Repeat by standing on the operated leg concentrating on your balance. As you progress, hold very lightly with your fingertips, then eventually to holding hands just above the sink. Progress to doing with eyes closed.

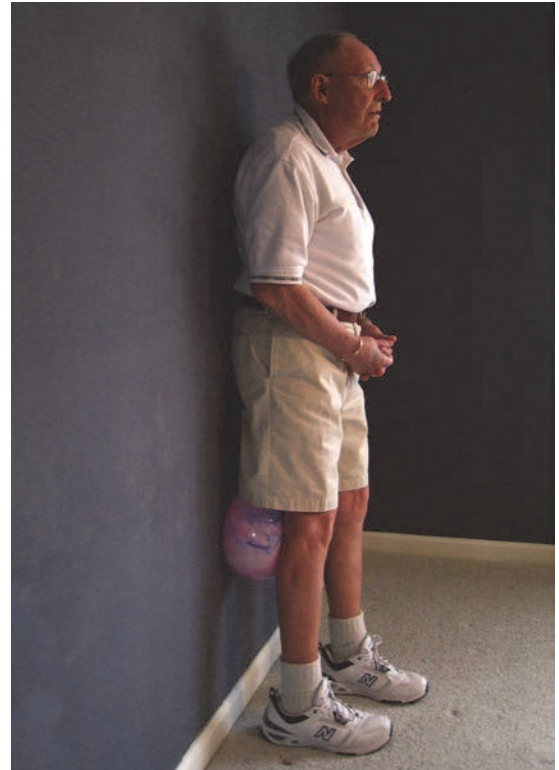
Perform 20 reps



Standing Hip and Knee Extension

Standing against the wall, with feet about 4-6 inches out, place a 6-8" ball behind your knee. Push the ball into the wall by tightening the hip and quadriceps muscle.

Perform 2 sets of 10 reps.



Advanced Stair Exercises

To be started 6-24 weeks after surgery and performed with your physical therapist who will instruct you the step height on which to start.

Single Leg Forward Step-up

Hold onto the stair railing – place the affected foot on the first step. Step up on the stair with the affected leg. Return to the start position. You may need to begin with a 2-4 inch step (book/block) and progress to higher step as tolerated.

Perform 2 sets of 10 reps.



Single Leg Lateral Step-up

Face the railing, with the affected leg nearest the step; holding onto the railing, place the foot on the step and slowly step up lifting the unaffected leg from the floor; slowly lower the foot to the start position. You may need to begin with a 2-4 inch step and progress to the higher step as tolerated.

Perform 2 sets of 10 reps.



Retro Leg Step-Up

Stand, with your back to the steps and holding the railing. Place the affected foot on the step and step up backwards until the other foot is on the step. Return to the start position by lowering the unaffected leg back down to the floor. You may need to begin with a 2-4 inch step and progress to the higher step as tolerated.



Frequently Asked Questions

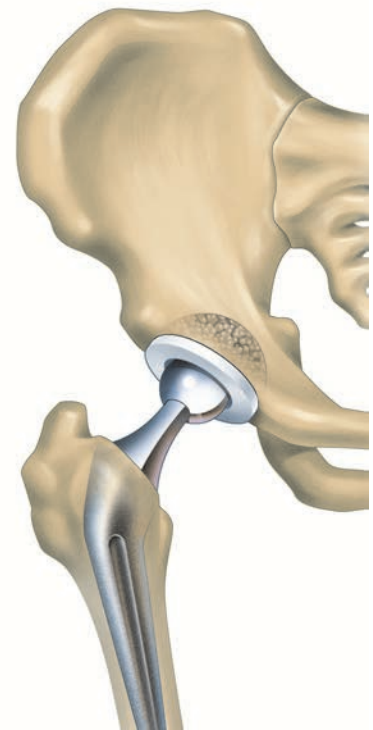
We are glad you have chosen the Memorial Care Joint Replacement center at Orange Coast Memorial to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the Joint Care Coordinator. We are here to help.

What is osteoarthritis and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.



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

All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.

What are the major risks?

Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

You will probably stay in bed the day of surgery. However, the next morning most patients will get up, sit in a chair or recliner, and should be walking with a walker or crutches the next day. Most knee patients will be hospitalized for two or three days after surgery. There are several goals that must be achieved before discharge.

What if I live alone?

Three options are available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and physical therapist visits you at home for two or three weeks. You may also stay in a sub-acute facility following your hospital stay, depending on your insurance.

How do I make arrangements for surgery?

After your surgeon has scheduled surgery, the Joint Center team will contact you. They will guide you through the program and make arrangements for both pre-op and post-op care. The coordinators role is described in the Guidebook along with a telephone number.

What happens during the surgery?

The hospital reserves approximately one to two hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologists. For more information, read “Anesthesia” in your Guidebook Appendix.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. After surgery, most patients control their own medication with a special pump that delivers the drug directly into their IV. For more information, read “Understanding Anesthesia” in this Guidebook.

How long and where will my scar be?

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

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

Patients progress at their own rate. Normally we recommend that you use walker, four to six weeks. The Joint Care Coordinator can arrange for them if necessary.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a skilled nursing home, where they will stay from three to five days. The Case Manager will help you with this decision and make the necessary arrangements.

Will I need help at home?

Yes, for the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. If you go directly home from the hospital, the Joint Care Coordinator will arrange for a home health nurse to come to your house as needed. Family or friend need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, clean linens put on the bed, and single portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. The Case manager will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation. The length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may or may not be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating that you have an artificial joint. Check with your surgeon on how to obtain one.



Notes

Directions and Map