

TOTAL JOINT REPLACEMENT: WHAT YOU NEED TO KNOW



Little Falls Orthopedics



Welcome

Welcome to *Total Joint Replacement* at CHI St. Gabriel's Health. We are committed to providing you with the best health care experience by upholding our values of reverence, integrity, compassion, and excellence.

This book, along with the class, is designed to prepare you for your upcoming joint replacement surgery. Please feel free to ask questions to any of your health team members at any time. We know that people having joint replacement surgery may have questions about the surgery. Your surgeon has recommended you attend this class so you will know what to expect and how to prepare yourself for a smooth recovery.

Thank you for choosing CHI St. Gabriel's Health for your health care needs. We appreciate the opportunity to serve you.

Pre-Operative History and Physical:

Date: _____ at _____ a.m./p.m.

Location: _____ Provider: _____

Total Joint Class on: _____ at _____ a.m./p.m.

- Please check in at Admissions at St. Gabriel's Hospital
- Bring a list of your current medications and dosages with you
- **PLEASE BRING THIS BOOK WITH YOU TO JOINT CLASS**

Surgery for: _____ is scheduled on: _____

to be performed at St. Gabriel's Hospital



Phone List

Your Health Care Team	Phone Number
Little Falls Orthopedics Surgeon (MD or DO)	(320) 631-2200
Physician Assistant (PA-C) (Health professional who assists your surgeon with surgery, hospital rounds, and clinical visits)	(320) 631-2200
Little Falls Orthopedics Surgery Scheduler.	(320) 631-2225
Certified Registered Nurse Anesthetist (CRNA) (Professional who will administer your anesthesia)	(320) 631-5262
Primary Care Provider	_____

Hospital Pre-Op Nurse (Nurse who calls with pre-op instructions and time of arrival)	(320) 631-5202
Discharge Planner (Hospital professional who coordinates discharge plans)	(320) 630-0003
Physical Therapist (PT) – St. Gabriel’s Hospital	(320) 631-5171
Physical Therapist (PT) – Little Falls Orthopedics (Professionals who help you adjust to your new joint and regain your mobility)	(320) 631-2205
Occupational Therapist (OT). (Professional who helps you adjust to the changes in your daily living activities)	(320) 631-5171
Hospitalist (Medical provider who oversees your medical care while you are hospitalized)	(320) 632-5441
Respiratory Therapist (RT) (Professional who will work with you to exercise your lungs after surgery)	(320) 631-5121
Other Key People:	

Preparing for Surgery

THE WEEK BEFORE SURGERY

- Make sure your pre-op physical is completed.
- Stop taking aspirin and blood thinner **ONLY IF DIRECTED BY YOUR PRIMARY PROVIDER, CARDIOLOGIST, OR SURGEON.**
- Stop taking all anti-inflammatory medications including Advil, Ibuprofen, Motrin, Aleve, Indocin, Naprosyn, naproxen, Anaprox, Celebrex, meloxicam, or Clinoril.
- Tylenol may be taken as needed.
- Stop taking all herbal supplements.
- If you are a smoker, please try to stop smoking. If you would like assistance with this, contact your primary care provider. Remember smoking delays the healing process.
- No shaving of legs one week prior to surgery.
- Contact your insurance provider to alert them of your upcoming procedure.

TWO TO FOUR (2-4) DAYS BEFORE SURGERY

- Follow directions given to you by the orthopedic clinic to cleanse your skin for 4 days prior to surgery using **Dyna-Hex soap**.
- The pre-op nurse will call you to:
 - confirm what time you need to be at the hospital.
 - remind you when you should stop eating or drinking before surgery.
 - review your health history.
 - arrange a spiritual care visit (if requested).

Note: plan for this call to last approximately 20 minutes

THE DAY BEFORE SURGERY

- Eat as you normally would.
- Take all of your normal medications except the blood-thinning, anti-inflammatory medications you have already stopped.
- You may continue to drink non-alcoholic fluids until midnight.
- Do not eat or drink after midnight (or the time the pre-op nurse instructed). Chewing tobacco should also be discontinued at this time.

Using Dyna-Hex soap

We want you to have the best outcome possible on your surgery. You are being asked to use this special soap for 4 days before your surgery. This is a special antiseptic soap that will help lower the chance of infection.

How to use the Dyna-Hex soap:

1. Take a regular shower or bath using your normal soap, body wash, and shampoo. Rinse well.
2. Rinse out your shower or tub area well.
3. Apply Dyna-Hex onto a clean, wet washcloth. Gently cleanse your surgical area for 3 minutes. Do not scrub hard. Keep away from your eyes and genital area.
4. Rinse the skin and surrounding area.
5. Dry with a clean, laundered towel after every use.
6. Repeat daily.

Do NOT apply lotion or deodorant to the surgical area after you begin the Dyna-Hex washes.

Use clean laundered sheets on your bed and sleep in clean, laundered pajamas. Please ask your partner to shower daily and wear clean, laundered pajamas.

Discontinue use if reaction occurs.

IMPORTANT!

If you have a change in your health prior to surgery, such as a cold, rash, or elevated temperature, or if you have had an illness since you last saw your physician, contact the pre-op nurse at 320-631-5202. This is very important as your surgery may need to be postponed.

If for any reason you need to cancel your surgery, please call Little Falls Orthopedics at 320-631-2200.

THE DAY OF SURGERY

- Nothing to eat or drink.
- Medication instructions the morning of your procedure:
 - If you have diabetes or high blood pressure and are on medications, take as directed by your primary physician.
 - No diuretic or water pills.
 - No blood thinners or medications such as Ibuprofen, Motrin, Aleve, aspirin, Advil, or Naproxen.
- Wear comfortable, loose clothing and flat shoes.
- Do not wear makeup, nail polish, acrylic nails, perfume, lotions, contact lenses, jewelry or body piercing.
- **BRING THIS BOOKLET WITH YOU!**

WHAT TO BRING TO THE HOSPITAL (checklist)

- ☐ Clothing you may want for staying in the hospital. This may include pajamas, underwear, and shorts for physical therapy sessions. Bring comfortable clothing to wear home: loose-fitting pants if you are having a knee or hip replacement (windpants or sweatpants without elastic cuffs work best) and an over-sized button down shirt if you are having a shoulder replacement. The hospital will provide hospital gowns, safety slippers, and a robe for your use in the hospital.
- ☐ Your insurance card and expected payment.
- ☐ List of current medications including the dose and time you take them.
- ☐ List of allergies and your reactions.
- ☐ Your advanced medical directive, if you have one.
- ☐ If you use a CPAP machine, please bring your clean unit with you.
- ☐ Glasses/contacts, hearing aids, dentures. Also, bring a storage container for these items with your name on it.
- ☐ Personal items, such as toothbrush, toothpaste, denture cleanser, comb, skin care products, deodorant, makeup (all these items are optional; the hospital can provide most of them).
- ☐ An electric razor if you wish to shave while here.
- ☐ Your walker or crutches you currently use, or have obtained for after surgery, so they can be correctly fitted for you.
- ☐ Flat, supportive, non-slip shoes, such as walking or athletic shoes, with room for feet that will be more swollen than usual.
- ☐ **REMEMBER** your incentive spirometer and this booklet.

Consider leaving at home:

- Unnecessary cash or credit cards (other than what is needed for expected payment).
- Purse, handbag, or wallet.
- Jewelry (including body-piercing jewelry).
- Anything valuable.

WHEN YOU ARRIVE

- Please park in the patient or visitor parking lot.
- Enter the hospital through the main entrance.
- Check in with Admitting.
- A volunteer will direct you to Same Day Services.

SAME DAY/SURGICAL SERVICES

- Your blood may be drawn for any remaining lab tests.
- You will be asked to sign a consent form for your surgery, if you have not already signed one.
- A member of your surgical team will talk with you again about the surgery and verify which joint is to be replaced.
- A certified registered nurse anesthetist (CRNA) will talk with you. The CRNA will discuss the types of anesthesia available to you, review your medical history, and help you decide which type of anesthesia you will receive.
- Please ask questions.

Day of Surgery

OPERATING ROOM

- You will go by wheelchair to the operating room and be positioned with padding on the operating table.
- The spinal anesthetic or nerve block you consented to will be performed.
- If ordered by your surgeon, a catheter (tube) may be placed into your bladder when you are asleep.
- A surgical time-out is performed, identifying your name, birth date, allergies, and planned surgery location (right vs. left). This information is confirmed by all team members. Your surgical team includes the surgeon, physician assistant, surgical tech, circulating nurse, the CRNA, and an equipment representative.

RECOVERY ROOM

- After your surgery is done, you will be moved to the recovery room.
- Nurses will frequently check your vital signs and your surgical site. You will be asked to cough and breathe deeply to keep your lungs clear. You may receive extra oxygen through a tube placed near your nose. You will also be given pain medications through your intravenous (IV) line, if needed. Please let your nurse know if you are in pain. You will be in the recovery room with the nursing staff until you are awake enough to go to your inpatient room, usually one hour. Family and friends will be updated on your condition during this time.

ANESTHESIA

You will meet your anesthesia provider before your surgery. The certified registered nurse anesthetist (CRNA) will help you decide which type of anesthesia is the best choice for you. The anesthesia options and the associated risks and benefits of each option will be discussed with you prior to surgery. In most total joint replacement surgeries, a combination of anesthetic techniques can be beneficial. The CRNAs are highly trained in nerve blocks, regional and general anesthesia to provide you with a comfortable and safe surgical experience.

Spinal anesthesia

Spinal anesthesia is the method most commonly used for most hip and knee replacement surgeries. It involves an injection of medication into the spinal fluid at the lower portion of the spine which temporarily numbs the lower half of the body (typically from below the chest to the toes). After the spinal medication is placed, the lower portion of the body is numb to the procedure. Sedation is utilized to keep the patient sleeping throughout the surgery. Spinal anesthesia lasts about 3-4 hours. A long-acting narcotic can be added to the spinal anesthetic to provide some pain relief.

Femoral nerve block and adductor canal blocks

Femoral nerve and adductor canal blocks are primarily used for pain control after total knee replacement. This anesthesia technique numbs the nerve controlling sensation to the front of the leg just past the knee. This numbness usually lasts an average of 16 hours. The block alone is commonly not enough to render the patient pain free, so pain pills may also be needed to ease the pain.

Interscalene nerve block

Used primarily for shoulder surgeries, including total shoulder replacement, this block numbs the nerves involved in sensation and movement of the surgical arm. This numbness usually lasts an average of eight to 24 hours.



Little Falls Anesthesia certified registered nurse anesthetists (Front row, left to right): Mike Nelson and Todd Sprang; (Back row, left to right): Justin Linhardt, Greg Anderson, and Rachel Edgerton

Your Hospital Stay

You will be admitted to a private room with a window on the inpatient unit of the hospital. The St. Gabriel's Hospital nursing team consists of professional registered nurses (RN) and certified nursing assistants (CNA) whose primary focus is to help you recover as quickly and as comfortably as possible. The team will provide encouragement and support daily as you make steps toward recovery.

You will experience some degree of discomfort, which is normal after your surgery. You will be provided with pain medication to help lessen the amount of discomfort you experience. It is expected that some pain will persist despite the use of pain medications. Remember that everyone experiences pain at different levels and intensity. The staff will refer to a pain scale from 0 -10 (0 being no pain and 10 is the worst pain you could imagine). **WE ASK THAT YOU LET YOUR NURSE KNOW AS SOON AS YOU FEEL THE FIRST SIGN OF PAIN.** The reason for this is that pain is easier to manage at a level of 3 or 4, than if you wait until it is an 8 or 9.

SAFETY AT THE HOSPITAL

- You will be asked for your name and date of birth many times.
- Always use the call light when you want to get out of bed. You will be attached to many pieces of equipment that will need to be disconnected to allow you to get out of bed safely.
- Always use rubber soled slippers or the slippers provided to you by the hospital when up and walking. Don't get out of bed with just compression stockings on.

What you can expect while hospitalized:

- Frequent checks by the nurse
- Pain management
- Bruising and swelling
- Physical and occupational therapy
- Increasing activity each day
- Using an incentive spirometer (breathing device) along with coughing and deep breathing
- Stockings/devices on legs to promote circulation
- Laboratory tests

WHAT MAY HAPPEN EACH DAY (Length of hospital stay depends on progress)

Day of surgery

- Incision will be covered
- There may be a drain tube present
- There may be a catheter in your bladder
- Receive oxygen as needed
- Fluids and medication through an IV
- Sit at edge of bed
- Physical therapy
- Liquid diet and ice chips
- Incentive spirometer, coughing and deep breathing every hour when awake

Day after surgery

- Incision still covered
- Drain may still be present
- Catheter may still be present
- Receive oxygen as needed
- Fluids and medication through IV may be stopped
- ORAL pain medications
- Assistance to stand and sit in a chair
- Physical therapy
- Occupational therapy
- Solid food when you are passing gas, you may use room service to order your food
- Incentive spirometer, coughing and deep breathing every hour when awake.
- Begin discharge planning
- Questions for your health care team
- Morning blood draw
- Arm or leg may be bruised, affected area may be puffy or swollen

Two days after surgery

- Your surgical dressing will be changed
- Drain removed
- Oral pain medications
- Sitting up in chair several times
- Physical therapy
- Occupational therapy
- Solid food, you may use room service to order food
- Incentive spirometer, coughing and deep breathing every hour when awake
- Continue discharge planning
- Morning blood draw
- Learning to do exercises independently

Discharge Planning Services

DISCHARGE PLANNING

It may be surprising to learn that discharge planning begins as soon as you have decided to have your surgery and before you have even entered the hospital. Planning ahead for your recovery needs after your discharge from the hospital is a very important part of being able to have a successful outcome to your surgery.

BEFORE YOU COME TO THE HOSPITAL

- Prepare your living space: remove throw rugs and install stair railings.
- Gather equipment (walker, cane, raised toilet seat, shower chair or bench). Request equipment orders from your surgeon or PA if needed.
- Arrange for support at home, including someone to drive you to appointments after surgery.
- Prepare your advance directive and give a copy to the hospital.
- Request handicapped parking permit from your surgeon if needed.
- If you are considering care center (nursing home) placement, have a facility in mind.
- Consider where you would like to do your physical therapy after your hospital stay (outpatient, home care, etc.).

HOME SET-UP TIPS

- Walker bags or baskets increase safe transportation of items and allows hands to stay on the walker when walking.
- Remove throw rugs from the home to prevent falls.
- Move furniture as needed so it is ready when you return home after surgery.
- Put pots and pans on countertop or at a level that can easily be reached without bending or overreaching.
- Put dishes on lower shelves so you can reach them easier.
- Put items in refrigerator on higher shelves so they can be reached easier.

DURING HOSPITALIZATION

Your surgeon or physician assistant will ask where you plan to go after discharge from the hospital. Options at hospital discharge may include:

- Discharged home with family or friends for support.
- Discharged home with home health services.
- Discharged to a care center (nursing home) for short-term rehabilitation.
- Moved to a swing bed at St. Gabriel's Hospital or your hospital of choice.

The discharge planner will check your insurance coverage and availability for care center, swing bed, or home health services if needed.

AT DISCHARGE

Before you leave the hospital, you will receive printed instructions. Members of your nursing team will review those instructions with you. The instructions may include the following:

- First post-op appointment with your surgeon or physician assistant
- First physical therapy appointment (if ordered by your surgeon)
- Home physical therapy exercises
- Prescription pain medications and blood thinner (if needed)
- Post-op instructions including dressing changes, when to call your surgeon, etc.
- Your surgeon's office phone number for questions or concerns



Little Falls Orthopedics physician assistants (Front row, left to right): Nancy LaDue and Molly Meinert ; (Back row, left to right): Craig Pooler, John Carpenter, and LuAnn Hintze

When You Get Home

PAIN MANAGEMENT

You may still have pain when discharged from the hospital and will be discharged home with a prescription for pain medication. If pain worsens at home, first examine what you are doing. Be sure you are following the guidelines from physical therapy or your surgeon. Pain can be an indication you are doing too much too soon or you are moving incorrectly. Just like in the hospital, we recommend that you take your pain medication one (1) hour prior to physical therapy appointments. As your healing progresses, the need for medication will decrease.

ANTICOAGULATION (BLOOD THINNER)

If a blood thinner was prescribed, you will be taking your blood thinner for approximately 2-4 weeks after you arrive home. Some examples are:

- Xarelto (rivaroxaban) is a pill taken once daily
- Lovenox (enoxaparin) and Arixtra are injections taken once daily. Your nurse will show you or a family member how to give the injection before you are discharged.

(The above medications do not require outpatient lab monitoring.)

- Coumadin (warfarin) is a pill taken once daily. **Lab appointments are required** to determine the appropriate dose. Coumadin interacts with many medications, so it's important that you tell all of your doctors and your pharmacist you are taking this medication.

Do not take aspirin or products containing aspirin while you are on any of these prescription blood thinners unless your physician specifically tells you to do so.

NUTRITION

A balanced diet that is adequate in protein is very important to heal surgical wounds and build new tissues. Protein is found in meat, dairy and nuts/legumes. It is found in smaller amounts in whole grains and vegetables. Eating a variety of fruits, vegetables, dairy and whole grains will give your body the vitamins and minerals your tissue needs to heal. Drink eight (8), eight-ounce glasses of fluid per day. Limit the amount of caffeine beverages you drink, such as coffee, tea, and soda.

BOWEL FUNCTION

Your bowel function should return to normal within a day or two after returning home. If you do have trouble with constipation, we recommend the following:

- Follow a high-fiber diet (whole grains, fruits, and vegetables)
- Decrease pain medication as able
- Maintain activity (walking) as you are able
- Drink 6-8 glasses of water each day
- You may use over-the-counter stool softeners as needed

FOLLOW-UP CARE

- We will make an appointment for your first follow-up visit with your surgeon or the physician assistant working with your surgeon. This appointment is usually 10 to 14 days after your discharge.
- You may begin driving when directed by your provider. This includes cars, ATVs, lawn mowers, and/or snowmobiles. Please have arrangements made for transportation to your physical therapy, lab, and doctor appointments.
- You will wear the T.E.D. stockings for up to four (4) weeks at home. We recommend you wear them during the day and take them off at night. You may hand wash them and let dry overnight.
- Your nurse will show you how to change your dressing on your incision.
- You will be able to shower at home with dressing in place. Do not soak in a tub until okayed by your surgeon.

UNDERARM CARE

(For shoulder replacement surgeries)

1. Gather supplies: washcloth, towel, gauze or soft cloth, and baby powder.
2. Release the straps on your immobilizer and lean over toward surgical side to allow gravity to pull arm away from the body. DO NOT physically lift your surgical arm.
3. Gently slide wet wash cloth up into underarm and use a "see saw" motion to cleanse.
4. Repeat step 3 with a towel to dry underarm.
5. Sprinkle baby powder onto gauze or cloth.
6. Fold gauze in half, powder side out, and slip into underarm.
7. Replace the straps of immobilizer.

When You Get Home

WHEN TO CALL YOUR SURGEON

If you notice the following changes in your joint or incision:

- redness
- swelling, increased pain
- pus or foul-smelling drainage
- warmth to touch
- temperature over 100 degrees F
- Redness, swelling, warmth, or pain in the calf.
- If your arm or leg is dusky, blue, cool to touch or you have numbness or tingling.
- Burning, urgency, frequency, or foul odor when urinating.
- Pain that persists beyond a few weeks, worsens, or is not relieved by your pain medication.

WHEN TO CALL 911 or go to the emergency department

If you experience:

- Difficulty breathing
- Chest pain
- Sudden pain, tenderness or redness in your calf
- Sudden swelling in your lower leg.

REFILL POLICY

Refills of your pain medication may be needed. Little Falls Orthopedics has established a narcotic refill policy.

Pain medication refills will only be given during an office visit or between the hours of 8:00 a.m. - 4:00 p.m. Monday through Thursday and 8:00 a.m. - 12:00 p.m. on Friday. No written prescriptions will be available on holidays or weekends.

Please contact your pharmacy for all refill requests and they will contact your provider. The Drug Enforcement Administration requires Schedule 2 narcotics refills (oxycodone, Percocet, hydrocodone, Vicodin for example) to be SIGNED IN INK and CANNOT be called in or faxed in to your pharmacy. It may take up to 2 business days upon receipt of your request for a prescription to be written, as your provider may be in the operating room or at an outreach clinic.

CRITICAL REMINDER for Dental Appointments

Antibiotic Instructions:

As a precaution, it MAY BE NECESSARY TO TAKE ANTIBIOTICS BEFORE DENTAL APPOINTMENTS to prevent bacteria from settling in your joint replacement, causing a DISASTROUS infection. Inform your dentist of your joint replacement before all dental appointments. CALL LITTLE FALLS ORTHOPEDICS WHEN SCHEDULING EACH DENTAL APPOINTMENT and one of our providers will prescribe the needed antibiotic. Refrain from elective dental procedures, including cleanings, until 3-6 months after surgery.

ADDITIONAL ANTIBIOTIC INSTRUCTIONS

Each time you are scheduled for a procedure, let your provider know you had a total joint replacement as your provider may recommend an antibiotic before the procedure. Antibiotics may be recommended for:

- Tonsillectomy and/or adenoidectomy
- Surgical operations that involve intestinal or respiratory tract
- Bronchoscopy with a rigid bronchoscope
- Sclerotherapy for esophageal varices
- Esophageal dilation
- Colonoscopy
- Cystoscopy
- Urethral dilation
- Urethral catheterization, if urinary tract infection present
- Urinary tract surgery, if urinary tract infection
- Prostatic surgery
- Incision and drainage of infected tissue
- Vaginal hysterectomy

[illegible]

An anatomical illustration of a hip joint, showing the femoral head (thigh bone) articulating with the acetabulum (hip socket) of the pelvis. The joint is shown in a sagittal view, highlighting the bony structures and the space between them.

[illegible]

PHYSICAL AND OCCUPATIONAL THERAPY

Therapy is a **VERY IMPORTANT** part of your recovery process after surgery. Your therapists will help you restore motion and build strength on your operated knee, hip, or shoulder. Our goal is to help you regain your strength and obtain an optimal level of function and mobility.

WHAT TO EXPECT

You will start physical and occupational therapy after your surgery. For some, it may even start the same day as your surgery.

Hospital therapists will have you perform your exercise program and walk short distances. The distance walked will be increased as you are able and can tolerate. You will also be practicing your exercise program, bed mobility, walking and going up/down steps. In addition, you will practice activities of daily living including dressing and bathroom-related mobility skills like using the toilet/bathtub. Your therapist will have you perform exercises and activities while using proper precautions as specified by your surgeon. The exercises and activities you perform may vary depending on how your body recovers from surgery and what type of surgery was done.

On the following pages, we have outlined much of what you will experience with your therapists during your hospital rehabilitation process. These include your exercise program, precautions, and equipment you may use following surgery. For patients having shoulder surgery, we have outlined special exercises and dressing instructions. Our therapists are highly skilled and will work closely with you as you progress with your rehabilitation program and return to your usual activities.

Following your hospital stay, your surgeon may recommend that you continue with outpatient therapy in addition to your home program. It is very important that you follow through and attend your therapy appointments.



Rehabilitation Services

YOUR HOME EXERCISE PROGRAM

Please start your home exercise program before surgery. This will prepare you so that you know how to do the exercises following surgery. **Please do your exercises 10-20 times each, 2-3 times/day.** Perform the exercises on a firm surface as much as possible and use ice packs after exercises to help with the pain and swelling.

Total Hip and Knee Replacement Exercises

ANKLE PUMPS

Move your ankle and point your toes up towards your body as far as possible, then point your toes away from your body as far as possible.



HEEL SLIDES

Start with your leg straight.
Slide your heel toward your buttocks, bending your knee until you feel a stretch.
Slowly return to the start position.



QUAD SETS

Sit or lay down on your back with your operated leg straight.
Tighten the thigh muscles to press the back of your knee downward.
Hold for 3-5 seconds.
Relax.



SHORT ARC QUADS

Lay on your back with a 6 to 10-inch roll underneath your knee (a towel works well).
Raise your heel off the floor until your knee is straight.
Slowly lower your heel.



HAMSTRING SETS

Lay on your back with your knee partially bent.
Press your heel down to the floor.
Hold for 3-5 seconds.
Relax.



Total Hip and Knee Replacement Exercises (continued)

LONG ARC QUADS

Sit down on a chair or on the edge of a bed.
Straighten knee fully.
Slowly lower your leg until you are back to the starting position.



STRAIGHT LEG RAISE

Please practice before the surgery and your therapist will let you know if you need to perform this exercise after your surgery.

Lay on your back with your operated leg straight and the opposite leg bent.
Keeping the operated leg straight, slowly raise it up approximately 12 inches with your toes pointing towards the ceiling.
Slowly lower your leg to start position.



GLUTEAL SETS (only for total hip replacements)

Lay down on your back.
Squeeze buttocks firmly together.
Hold for approximately 3-5 seconds.
Relax.

PRECAUTIONS FOR HIP REPLACEMENTS

Your therapist will provide this information following surgery.

PRECAUTIONS FOR KNEE REPLACEMENTS

- ❖ Wear immobilizer on operated leg if instructed to do so by your doctor.
- ❖ Avoid twisting at the knee.
- ❖ Do not put more weight on your operated leg than your doctor says you may.

Rehabilitation Services

USE OF ASSISTIVE DEVICES AFTER SURGERY

USING YOUR WALKER AFTER SURGERY

After surgery, you will most likely be using a walker for more stability and increased safety. Depending on your strength and overall condition, you will work towards using a cane or crutch after your hospital stay. Your outpatient physical therapist will help you with this goal.

Getting around with your walker

Your therapist will let you know what your surgeon has set as your weight-bearing status for your operated leg. There are different types of weight-bearing status: non-weight bearing, toe-touch weight bearing, partial weight bearing, full weight bearing, and weight bearing as tolerated.

Going up and down stairs with your walker

You will observe this pattern for ascending and descending stairs right away after your surgery: Lead up with the non-surgical leg, lead down with the surgical leg.

USING YOUR CANE AFTER SURGERY

After surgery, you will likely progress from a walker to a cane. The cane will be held in the hand **OPPOSITE** of your surgical leg. Your therapist will let you know when it is appropriate to start using a cane and will provide time for instruction and practice.

GETTING DRESSED AFTER SURGERY

Do not bend over to put your socks, shoes, or pants on. Use the following adaptive equipment:

Sock Aid is used to assist with putting on regular or compression socks.

Reacher is used to take socks off and to assist with getting pants on and off.

Long-handled shoe horn is used to assist with getting shoes on and off.

Dressing stick is used to assist with pants and socks.

Managing stairs after surgery



Up with the non-surgical leg



Down with the surgical leg

Sock Aid:



Reacher:



SHOWERING AND BATHING AFTER SURGERY

Extended tub benches are recommended for getting in and out of a bath tub. You can sit on the bench and then lift your legs into the tub to increase ease and safety when getting into the tub. When getting out of the tub, you can slide to the side of the bench, bring legs up out of the tub, and then stand with use of walker or grab bars.

Use the following adaptive equipment:

Leg lifter can be used to assist with lifting the leg in/out of tub.

Shower chair is recommended for use with walk-in showers.

Tub bench can be used in a shower that has a tub for safe transfer when showering.

Long-handled sponge allows one to reach and clean feet without bending.

When done bathing, it is recommended you dry your feet off and put slippers on prior to getting up and walking to prevent falls.

Leg Lifter:



Shower chair:



Long-handled sponge:



Tub bench:



USING THE BATHROOM AFTER SURGERY

Do not sit on low toilets as this may put too much bend at your hip joint. Raised toilet seats can be added to low toilets to reach the proper height. Raised toilet seat with armrests are available to assist with transfers if grab bars are not available in the bathroom. Commodes can also be used over a toilet to increase height and provide armrests.

SITTING AFTER SURGERY

It is helpful to have a chair picked out that is firm and has armrests to assist with getting in and out of the chair. The chair should also be at an appropriate height to maintain hip precautions when sitting. Avoid soft couches or soft recliners. If the furniture is too soft one can sink down too far resulting in hip precautions being broken.

GETTING IN AND OUT OF A CAR AFTER SURGERY

Move the seats to allow the greatest amount of leg room. When getting into the car sit down on the seat first, then bring feet in. Using a plastic or grocery bag on cloth seats can assist with pivoting when bringing legs into and out of the car.

Shoulder Replacement Exercises

CODMAN'S PENDULUM EXERCISES (check with doctor and physical therapist prior to doing these exercises after your surgery) 10-20 repetitions 2-3 times per day.

1. Stand leaning on a table with your non-surgical hand.
2. Let your operated arm hang relaxed. Swing your arm forward and backward (do not actively move the shoulder, instead use the body to gain momentum for the arm to move). Repeat.
3. Using your body, allow your operated arm to swing side-to-side. Repeat.
4. Using your body, allow your operated arm to swing in a circle. Change directions and make a circle the other way. Repeat.



LOWER ARM EXERCISES (to be done to help maintain arm motions and prevent stiffness)
10-20 repetitions 2-3 times per day.

Complete exercises with immobilizer on, but the forearm strap loosened.

Elbow bends:

bend the elbow so your hand comes up and down.



Forearm supination/pronation:
rotate palm up and down.



Wrist bends:

bend the wrist back and forth.



Hand squeeze:

grip and squeeze a small ball.



TOTAL SHOULDER REPLACEMENT RECOMMENDATIONS

GETTING DRESSED/CLOTHING RECOMMENDATIONS

Keep the immobilizer on until your provider instructs you to remove it. Instructions on removing the immobilizer and putting it on will be provided at the pre-op class and while in the hospital. Caregivers need to be present for this instruction. Wear loose clothing that is easy to put on and take off. Zippers or buttons may be easier initially. T-shirt option:

1. While sitting down, use the non-operated arm to put the sleeve on the surgical arm (you can hang the arm down while leaning forward as though you were doing the pendulum exercises but **DO NOT MOVE THE SURGICAL ARM**)
2. Pull the sleeve up and over the elbow.
3. Pull the shirt up and over the head.
4. Place the non-affected arm in the correct sleeve.
5. Adjust shirt as needed.



Button-down shirt option

1. Place the surgical arm into the sleeve while leaning forward and letting the arm hang slightly as though doing the pendulum exercises and **NOT MOVING THE SURGICAL ARM.**
2. Then put non-operated arm in the appropriate sleeve and button/zip.

You can also put a button down shirt on like a t-shirt if the buttons are partially buttoned. Some will also wear button down shirts over the immobilizer with only the non-operated arm going through the sleeve and buttoning in the front.



Other Recommendations:

- Use slip on shoes or shoes with elastic laces or Velcro
- Wear loose pants with an elastic waist so you do not have to manage zippers or buttons

Thank you for choosing CHI St. Gabriel's Health!

We care about your health and well-being and are committed to providing you with the best health care experience possible. We are honored you chose Little Falls Orthopedics for your orthopedic care.

By choosing Little Falls Orthopedics and St. Gabriel's Hospital, you will receive the highest quality medical care available from our skilled and dedicated staff who uphold our values of reverence, integrity, compassion, and excellence.

As we guide you through your rehabilitation, we look forward to seeing improvements in your physical mobility, and helping you return to the activities you enjoy.

Thank you for entrusting Little Falls Orthopedics and St. Gabriel's Hospital with your care!



815 Second Street SE • Little Falls, MN 56345

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