



**Barton**  
Health

In partnership with Tahoe  
Orthopedics & Sports Medicine  
physicians



**Joint Replacement  
Handbook**

*Your guide to a successful recovery*

[bartonhealth.org](http://bartonhealth.org)





*Partners with Tahoe Orthopedics & Sports Medicine physicians*

Welcome to the Barton Health Joint Replacement Program. It is our privilege to help you return to your optimal health and improve your overall quality of life.

Our commitment is that you receive the best possible care and have an exceptional experience. Your care team of doctors, nurse navigators, nurses, rehabilitation therapists, case managers, and others want to help you achieve the best results from your surgery. You also play a vital role in having a successful recovery - that's why we involve you in every step of your treatment and recovery process.

The Barton Health Joint Replacement Program and this handbook will help prepare you for surgery, walk you through your surgery and provide helpful tips for when you return home. Your team at Barton Health is on this journey with you and will help you make decisions about your care that are best for you.

In preparation for your surgery and a successful joint replacement outcome:

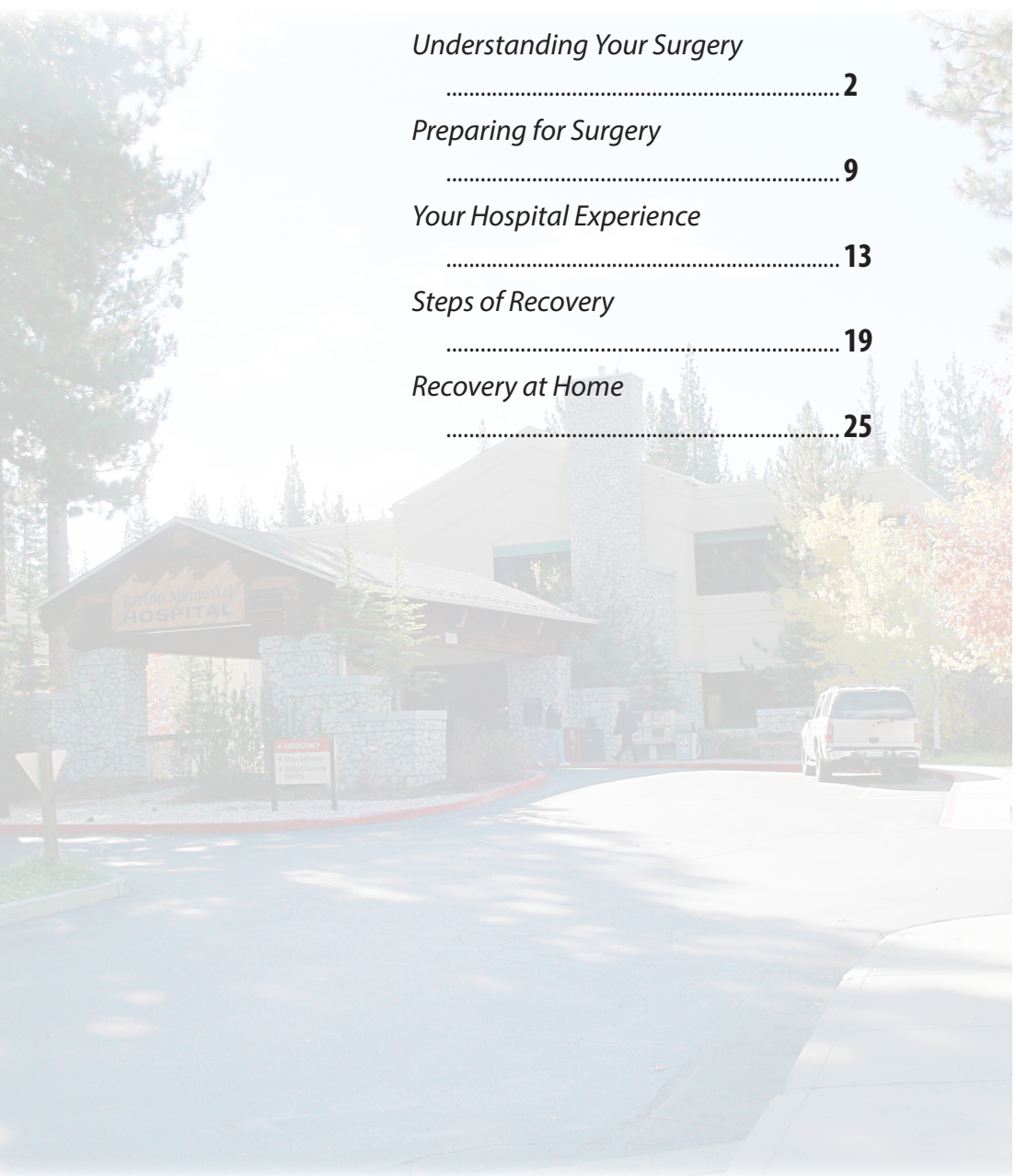
- Carefully review this handbook with your family and use it as a resource before, during, and after your surgery.
- You and your caregiver should attend the Joint Replacement Class or watch the video version before your surgery.
- The nurse navigator will contact you about preparing for surgery. Your nurse navigator will help lead and guide you through every step of the process.

On the day of your surgery, a care team member may ask about the surgery and/or recovery goals you made with your surgeon. We like to share your goals with your care team throughout your joint replacement treatment and recovery process.

Thank you for choosing Barton Health and we look forward to helping you attain joint replacement success!

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# GENERAL INFORMATION APPOINTMENT SCHEDULE

Surgeon's Name: \_\_\_\_\_

Scheduled Surgery Date: \_\_\_\_\_

Joint Replacement Education Class/Video Date: \_\_\_\_\_

Surgeon Pre-op Appointment: \_\_\_\_\_

Surgeon Post-op Appointment: \_\_\_\_\_

## SURGICAL EVALUATION BY PRIMARY CARE PHYSICIAN

Contact your Primary Care Provider (PCP) as soon as possible to schedule a **pre-op evaluation appointment**.

Primary Care Provider: \_\_\_\_\_

Date/Time/Location: \_\_\_\_\_

## SURGICAL EVALUATION BY CARDIOLOGIST or OTHER SPECIALIST

Physician: \_\_\_\_\_

Date/Time/Location: \_\_\_\_\_

If you see a provider outside of the Barton Health system, please have their notes faxed to the Barton Pre-Admission Office at 530.543.5578.

## BARTON PRE-ADMISSION TESTING

**Barton Memorial Hospital  
Labs/EKG/Imaging Services**  
2170 South Street  
South Lake Tahoe, CA 96150  
530.543.5850

**Barton Laboratory, Lab Services**  
(by appointment only)  
155 Highway 50  
Stateline, NV 89449  
530.543.5850

If you need a different location for your pre-admission labs and testing services, notify your Nurse Navigator and provide the fax number of that other location.

**The Perioperative Surgical Home Office** can also schedule labs, blood tests, and EKG tests: 530.543.5528 or 866.541.4558.

Hours: 8:00am to 4:30pm, Monday through Friday (excluding major holidays)

## **UNDERSTANDING YOUR SURGERY**

### **DISEASE PROCESSES**

#### **OSTEOARTHRITIS**

Osteoarthritis, or degenerative joint disease, affects the connective tissue lining the ends of bones. The connective tissue, or cartilage, becomes worn and no longer allows smooth movement inside the joint. With osteoarthritis, you may experience a painful, grinding sensation as the joint works. This indicates the cartilage is no longer functioning properly and that the bone surfaces are rubbing against each other. Pain, stiffness, swelling, and loss of function or range of motion are common as the cartilage continues to wear away.

#### **RHEUMATOID ARTHRITIS**

Rheumatoid Arthritis is a systemic autoimmune disease that causes chronic inflammation of the joints. The joint inflammation causes swelling, pain, stiffness and redness in the joints and other tissues around the joints. In some patients, the chronic inflammation leads to deterioration of the cartilage, bone and ligaments, causing deformity of the joints.

#### **AVASCULAR NECROSIS**

Avascular necrosis is the lack of, or interruption of, blood supply to the bone. This usually occurs in the femoral head or the shoulder, the highest and ball part of the thigh bone. Avascular necrosis causes the bone tissue to die and the bone to collapse. It can be caused by an injury, long-term steroid use, radiation, excessive alcohol use, or after treatment of a femur fracture. Joint pain increases as the bone collapses and the joint narrows. Ongoing pain can prevent the leg and hip's typical range of motion.

#### **SEVERE FRACTURES**

When the head of a bone is shattered, it may be very difficult for a doctor to put the bone pieces back in place. Additionally, the blood supply to the bone pieces may be interrupted.

#### **POST TRAUMATIC ARTHRITIS**

This can follow after serious injury. Fractures of the bone may damage the articular cartilage over time. This can cause pain and limits function.

#### **ROTATOR CUFF TEAR ARTHROPATHY**

A patient with a very large, long-standing rotator cuff tear may develop rotator cuff tear arthropathy. In this condition, the changes in the shoulder joint due to the rotator cuff tear may lead to arthritis and destruction of the joint cartilage.



## **MAKO SMARTROBOTICS™**

Barton offers total and partial knee and hip replacement using Mako SmartRobotics™, a robotic system that enables orthopedic surgeons to have a more predictable knee and hip joint replacement surgical experience with increased precision and accuracy, resulting in better outcomes for patients.

Mako SmartRobotics™ consists of three unique components:

- 3D CT-based planning
- AccuStop™ haptic technology
- Insightful data analytics

In clinical studies, Mako Total Knee demonstrated the potential for patients to experience less pain, less need for opiate pain relievers, less need for inpatient physical therapy, reduction in length of hospital stay, improved knee flexion, and soft tissue protection in comparison to manual techniques.

Discuss with your orthopedic surgeon if Mako SmartRobotics™ is the best option for you and your surgery.

Before



After



## TOTAL KNEE REPLACEMENT OVERVIEW

ADAM

Total knee replacement is surgery to replace an injured or worn knee joint with a man-made joint, called an implant or prosthesis. The prosthesis is made of metal, ceramic, plastic or a combination of these materials.

During a total knee replacement, an orthopedic surgeon makes an incision over the knee to expose the joint. The damaged cartilage and bone are carefully removed before the prosthesis is put in to improve joint motion, correct alignment, and decrease pain.

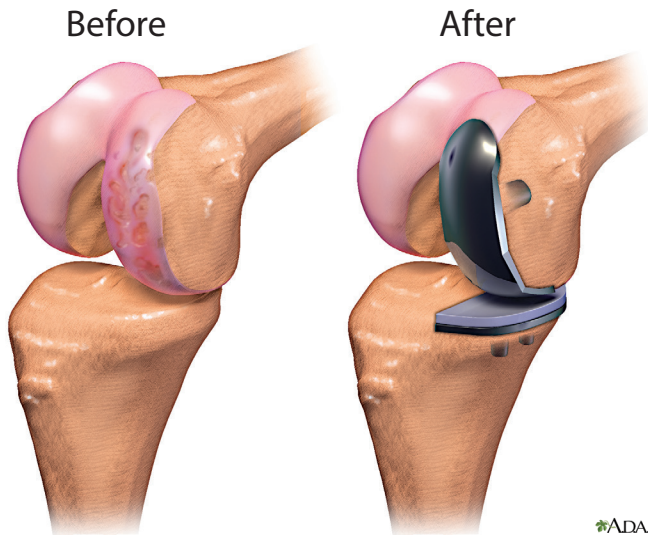
A total knee replacement consists of two or three parts: the tibial, the femoral, and a button on the kneecap. The tibial, the area below the knee cap, replaces the top surface of the tibia bone. The femoral, the area above the knee, replaces the bottom surface of the femur, or this bone. In some cases, a button is placed on the back of the kneecap to help restore the knee surface and function.

Once all appropriate components are placed, the surgeon manipulates the leg to ensure proper fit and function before closing the incision.

A single knee replacement surgery takes about two hours to complete. Patients typically stay at the hospital for one day depending on their recovery needs.

Most total knee replacements last for years. Like other moving parts, a prosthesis can wear out and may need modifications or a knee replacement in the future.





## **PARTIAL KNEE REPLACEMENT OVERVIEW**

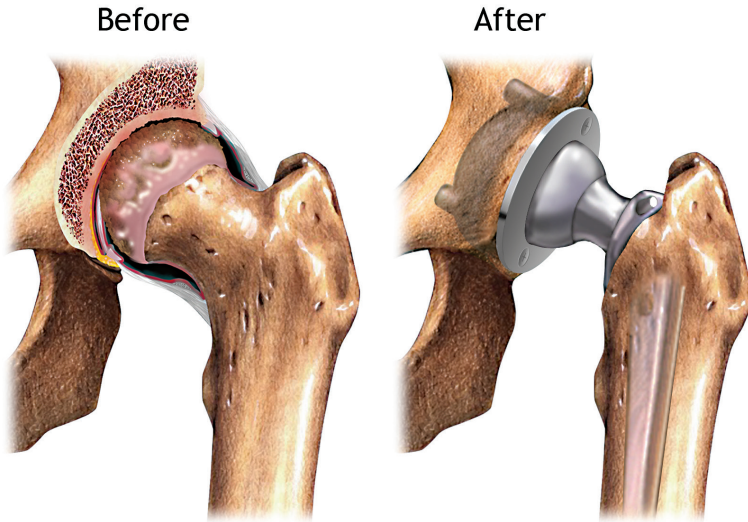
A partial/unicompartmental knee surgery replaces part of the knee joint with a prosthesis. This may occur if osteoarthritis or degenerative joint disease only affects one side or part of the knee joint.

For a partial knee replacement, the surgeon makes a smaller incision to remove only the diseased or damaged portion of the knee.

When all the parts are placed, the surgeon manipulates the leg to ensure proper fit and function before closing the incision.

A partial knee replacement should last for years. Like other moving parts, a prosthesis can wear out and may need modifications or a knee replacement in the future.





## TOTAL HIP REPLACEMENT OVERVIEW

ADAM.

Total hip replacement surgery replaces an injured or worn hip joint with an artificial joint, called an implant or prosthesis. The prosthesis is made of metal, ceramic, plastic or a combination of these materials. The prosthesis is held in place by a bone cement or the hip bone as it grows into the prosthesis. The surgeon decides what type of prosthesis is right for the patient based on the patient's age, weight, bone, structure, joint health, and activity level.

During surgery, the surgeon makes an incision over the hip to expose the joint. The hip ball is removed and the damaged area of the socket is replaced. An artificial joint replaces the removed hip ball.

A total hip replacement prosthesis usually consists of a femoral component, a femoral head, and an acetabular shell and liner. The femoral component attaches to the femur or thigh bone. The femoral head is the artificial ball and the acetabular shell and liner make up the artificial socket. When all three parts are in place, the surgeon adjusts the leg and hip to ensure proper fit and function before closing the incision.

The surgery usually takes two hours to complete. Patients typically stay in the hospital for one day depending on how the recovery goes.

Most total hip replacements last for years. Like many moving parts, they can eventually wear out which can lead to a modification.

## ANATOMIC SHOULDER REPLACEMENT

In shoulder joint replacement surgery, the damaged parts of the shoulder are removed and replaced with artificial components, called a prosthesis. The treatment options are either just the replacement of the head of the humerus bone/ball (hemiarthroplasty) or replacement of both the ball and the socket/glenoid (total shoulder replacement).

The typical total shoulder replacement involves replacing the arthritic joint surfaces with a highly polished metal ball attached to a stem and a plastic socket.

Patients with bone-on-bone osteoarthritis and intact rotator cuff tendons are generally good candidates for conventional total shoulder replacement.

## REVERSE SHOULDER REPLACEMENT

Reverse shoulder replacement is used for patients who have completely torn rotator cuffs with severe arm weakness, severe arthritis and rotator cuff tearing, or had previous shoulder replacements that failed.

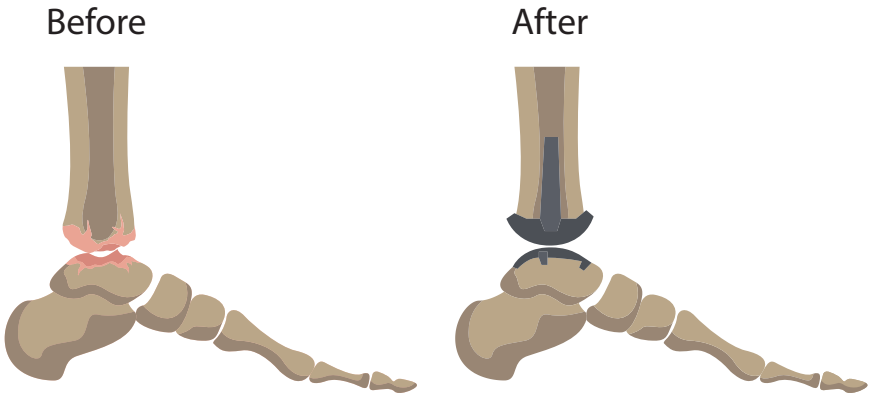
In reverse total shoulder replacement the socket and metal ball are switched, that means a metal ball is attached to the shoulder socket (glenoid) and a plastic socket attached to the top of a short metal stem inserted into the top portion of the upper arm bone. It allows the patient to use the deltoid muscle instead of the torn rotator cuff muscles to lift the arm.

Total Shoulder Replacement



Reverse Total Shoulder Replacement





## **ANKLE REPLACEMENT OVERVIEW**

Ankle replacement surgery replaces an injured or worn ankle joint with an artificial joint, called an implant or prosthesis. The prosthesis is made of metal, ceramic, plastic or a combination of these materials. The prosthesis is held in place by a bone cement or the tibia as it grows into the prosthesis. The surgeon decides what type of prosthesis is right for the patient based on the patient's age, weight, bone, structure, joint health, and activity level.

The surgery replaces the end of the shin bone (tibia) and the top of the foot one (talus) with a prosthetic cap. A spacer is placed between the the prosthetics to allow for the joint motion.

The surgery usually takes two hours to complete. Patients may stay in the hospital for one day depending on their recovery needs.

Most ankle replacements last for years. Like many moving parts, they can eventually wear out which can lead to a modification.

# PREPARING FOR SURGERY

## MEDICATION CHANGES PRIOR TO SURGERY

You may need to make some changes to the medications you take to avoid complications or a delay in your surgery.

Your Nurse Navigator will discuss your medications with you and make a dosage plan leading up to surgery. Typical medication changes include the following:

**1. Two weeks prior to surgery:**

- Stop all vitamins, minerals, herbal and nutritional supplements.

**2. One week prior to surgery:**

- Stop any NSAIDS (Ibuprofen, Advil, Motrin, Naproxen, Aleve & Meloxicam/Mobic).
- Your Nurse Navigator will advise about other anti-inflammatory drugs.
- Stop any aspirin or other anticoagulants. Contact your Primary Care Provider (PCP) or specialist for instructions on taking Coumadin, Xarelto, Plavix, and aspirin. You may be prescribed another blood thinner medication.

**3. 24 Hours prior to surgery:**

- Stop Angiotensin Receptor Blockers and ACE Inhibitors (Losartan/Cozaar, Valsartan/Diovan, Irbesartan/Avapro, Candesartan/Atacand, Telmisartan/Micardis, Eprosartan/Tereten, and Olmesartan/Benicar).
- Stop medications for diabetes that have metformin (Metaglip, Avandamet, Metformin/Glucophage, Glucovance). *You will be given instructions by the Perioperative Surgical Home office regarding other diabetes medications (including insulin).*

*Tylenol/acetaminophen can be continued until the evening before surgery.*

*For further questions, contact your Nurse Navigator or the Perioperative Surgical Home office at 530.543.5528.*

## PREPARING YOUR HOME

It is important for you or your caregiver to prepare your home prior to your scheduled surgery. The following suggestions will help ensure a safe and optimal recovery:

1. Adjust furniture for more space to maneuver with a walker.
2. Remove all throw rugs out of your walkways.
3. Acquire a bedside commode or toilet riser, especially if you have low toilets or hip surgery scheduled.
4. Consider a shower chair for bathing after surgery.
5. Add handles and other aids in your bathroom to decrease the risk of falling. An occupational therapist can provide suggestions after surgery.
6. Install nightlights in rooms or hallways you use at night.
7. Move footstools, plant stands, or other low floor items away from walkways.
8. Remove or tape down any cords or wires in walkways.
9. Plan to use chairs with armrests and without wheels to help get up and sit down easily.
10. Place a cushion or folded blanket in chairs that are low or hard to get up from.
11. Make arrangements for pet help or prepare a secure spot for pets to stay while you settle in at home.
12. Move objects that you may frequently need access to reach easily, such as the following: medications, phone, cooking utensils, dishes and pans, and items stored high or low that you might need.
13. Compile telephone numbers of helpful friends, family, doctor, and others in case of an emergency.
14. Prepare some nutritious meals and place in the freezer to simplify cooking after you get home.
15. If your bedroom is upstairs, make arrangements to sleep downstairs for a few days.
  - If you have stairs you must use, additional training and resources will be provided.
16. Arrange for a medium sized, easily accessible vehicle to take you home.
  - Large trucks and SUVs are hard to step up in to. Small, compact cars can be difficult to get into.
17. If you are going home same day you must have someone stay with you for 24 hours after your surgery.

**We strongly recommend that you have a responsible adult at home for a minimum of three days after you leave the hospital. You must have a responsible person to drive you home from the hospital.**

## ACHIEVING OPTIMAL RESULTS

Improving your health before surgery can reduce the risk of complications and help you recover faster after surgery.

As with all surgeries, there are risks. Our goal is to identify and minimize any potential risks before surgery. The less risks you have, the more likely you will achieve optimal health results.

**Consider the following activities and services to help prepare for surgery, prevent complications after surgery, and ensure a speedy recovery.**

## HEALTHY EATING

Being well nourished before surgery can help you heal and recover faster.

Healthy eating includes ample protein, a variety of fruits, vegetables and whole grain foods, while limiting processed foods with added sugars, salt and fat.

Protein is a nutrient needed for normal growth, wound healing and fighting infections. If you are not eating enough protein, it will be harder for your skin to heal. It is also important to eat a balanced diet with enough calories to meet your needs.

Remember also to:

- Eat enough protein to help repair and build new skin tissue after surgery.
- Eat enough food to prevent protein from being used as energy instead of for tissue building.
- Eat enough to maintain your goal (or current) weight. Avoid weight loss dieting until after you have healed.

Tell your surgeon if you have been following a physician-prescribed diet before hospitalization.

If you have diabetes, it is especially important to follow your physician's or provider's nutritional guidance. For any questions or concerns regarding diet, nutrition, or weight, please contact a Barton Registered Dietitian at (530)543-5824.



## OPTIMIZE HEALTH BEFORE SURGERY

Conditions that may increase your risk for complications before or after surgery include obesity, smoking, lung disease, heart conditions, diabetes, recent infections, and other chronic diseases.

If you smoke, vape, or use smokeless tobacco, it is strongly encouraged to stop at least two to three weeks before your scheduled surgery. This will decrease the chances of lung problems and speed up the healing process. Additionally, all Barton Health facilities and grounds are smoke free.

To improve your health before surgery, ask your physician, primary care provider, or Health Coach for assistance.

Barton's Health Coaching promotes positive lifestyle changes by addressing nutrition and weight loss, increasing physical activity, smoking cessation, reducing stress and helping manage chronic diseases such as diabetes or high blood pressure. Health Coaches partner with you to identify obstacles and create strategies to best prepare you for surgery and recovery after surgery.

Schedule a complimentary Health Coaching Discovery session by calling 530.539.6600 or go to [BartonOrthopedicsAndWellness.com](http://BartonOrthopedicsAndWellness.com).

## TWO NIGHTS BEFORE SURGERY

- Complete house preparations.
- Drink lots of fluids and stay well hydrated.
- Eat balanced and nutritious meals.
- Get enough sleep that you feel refreshed.
- Stop drinking alcohol or smoking any substance.
- Get over-the-counter medications as instructed for after surgery.
- Take your first pre-op shower with the soap/Chlorhexidine solution in your shower kit provided by your surgeon.



At least 3 pre-op showers before



two nights before surgery

+



the night before surgery

+



the morning of admission to surgery



**Please contact your surgeon if you have a fever, cold, flu or sore throat in the few days leading up to surgery. If you feel ill the night before surgery, notify the nursing supervisor at 530.543.5736.**

## **24-HOURS BEFORE SURGERY**

- The Perioperative Surgical Home office will call and tell you what time to arrive at the hospital for your scheduled surgery.
- Take your second pre-op shower before bed.
- Brush your teeth.
- Do not drink alcohol or smoke any substance.
- Do not eat anything after midnight.
- **Stay hydrated. Drink clear liquids up to two hours prior to your hospital arrival.**
- **To optimize recovery, drink 16 ounces of blue or white Gatorade two hours prior to your arrival at the hospital.** If you have diabetes, drink G2 Gatorade instead.
- In the morning before going to the hospital, brush your teeth and take a third pre-op shower.

## **YOUR HOSPITAL EXPERIENCE**

### **SCHEDULED DAY OF SURGERY**

**Check-in at the front lobby of Barton Memorial Hospital.**

A staff member will obtain any additional information needed and guide you to the surgery department. At times emergencies may require the surgery schedule to change. We make every effort to keep you informed and thank you for your flexibility.

### **ANESTHESIA**

Prior to surgery, your anesthesiologist will discuss options for anesthesia and pain management.

*Some options:*

1. General anesthesia puts you in sleep-like state for the duration of the surgery using a combination of anesthetic agents. This may include using a breathing tube to help you breathe.

2. Spinal or epidural Anesthesia makes the lower half of your body numb. A local anesthetic is injected around the nerves in your lower back. A combination of these options may also be offered.
3. Nerve blocks are a local anesthetic injected around specific nerves that control the surgical site. This may be a single injection of local anesthetic. It does not involve the loss of consciousness.

## **PREPARING FOR SURGERY**

Your care team will ask you several questions about your health history and surgery. Some questions you will have answered multiple times. Please understand each care team member is responsible for verifying information for your safety. Feel free to ask questions.

Prior to being taken to the operating room (OR) by your nurse and anesthesiologist, you will receive an antibiotic and medication to help you relax. Once in the operating room, you will be transferred to another bed and a safety strap will be placed on you. A lot of activity occurs as the surgical team prepares the room for surgery. You may not remember this part because of the medications.

## **POST ANESTHESIA CARE UNIT (PACU)**

After surgery, you will be transported to the Post Anesthesia Care Unit (PACU) room where the nursing team will carefully monitor your recovery. If you have been in a sleep-like state, you will wake up with the following:

- An IV in your arm.
- An oxygen mask on your face.
- A blood pressure cuff on your arm.
- A pulse oximeter reader on your finger.
- A surgical dressing covering the incision.
- Sequential compression devices or sleeves that wrap around your legs.

You may also have:

- A urinary catheter in your bladder.
- A drain from the incision site.



You will receive pain medication as well as some additional medications if needed. Do not hesitate to ask for pain medication when you need it and remember to rate your pain on a scale of 0 to 10 (0 meaning none and 10 meaning severe pain).

Your family will be notified that surgery is complete and your surgeon will answer their questions. You will remain in recovery until your vital signs are stable and you are fully awake, usually one to two hours. At that time, you will be transferred to the nursing unit on the second floor where your family will be able to meet you. At this time, some patients will be ready to leave and be discharged from the hospital.

### **SAME DAY SURGERY**

You will stay in PACU for several hours until you can walk and you are stable. You will work with physical and/or occupational therapy before discharge home.

### **NURSING UNIT**

For longer hospital stays, you will be transferred to the nursing unit. At the nursing unit, a team of registered nurses and nursing assistants will care for you. This team is knowledgeable about your needs after surgery and is experienced in treating patients who have undergone joint replacement surgeries.

They focus on your safety, comfort, and progress. Please feel free to ask questions about your surgery and reach out if you need assistance. They will do everything they can to make you comfortable, manage your pain, and get you on your way to recovery.

**For your safety it is important that you use your call light before getting up and walking.**

## CASE MANAGEMENT

When you are admitted to the hospital, a nurse case manager will work with you and your care team to coordinate your care and discharge plan.

Examples of how they may assist you:

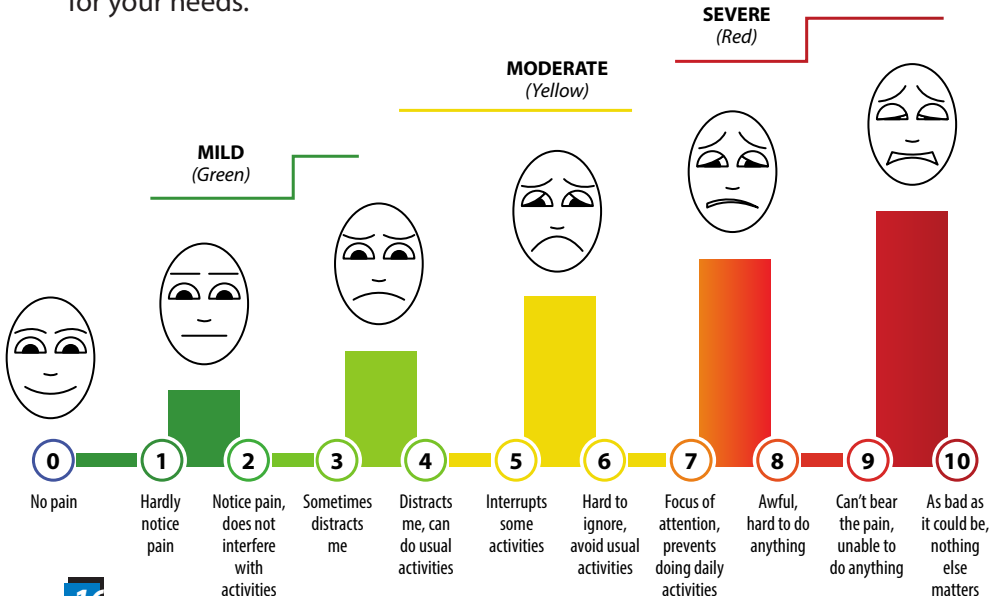
- Arrange for services, such as home health nurses or rehabilitation (physical or occupational therapy).
- Arrange medical equipment and/or medical supplies needed at home.

## EARLY MOBILIZATION

After surgery, walking and movement are encouraged. Walking with a walker and a nurse within a few hours after surgery decreases pain and improves mobility. It can also help prevent blood clots, pneumonia, and urinary retention issues.

## PAIN MANAGEMENT

Pain control following surgery is an important part of recovery. It is normal to experience post-operative pain, but it can be managed. Your care team's goal is for you to move with less difficulty, get in and out of bed, participate in therapy, and rest comfortably. A multifaceted approach to manage your pain will be utilized, options include pain medications as well as non-narcotic medications, ice, body positioning, and aromatherapy. This approach to pain management is personalized for your needs.



***Please remember to ask for pain medication if pain increases above your tolerance.***

Do not wait until you are in severe pain to seek relief. Treatments are most effective when intervention is early and consistent. If you choose to be awakened during the night to be given pain medications, please discuss this option with your nurse.

Individuals that take pain medications prior to surgery may have a difficult time managing pain after surgery.

## **PREVENTING COMPLICATIONS AND SIDE EFFECTS**

As with any surgery, complications or side effects may occur. Pain precautions will be taken to reduce the chances of this happening.

### **NAUSEA**

Some patients experience nausea or vomiting from the anesthesia and/or pain medications. Anti-nausea medications are available to help soothe these symptoms. Please notify your nurse if you experience nausea.

### **BLOOD CLOTS**

Your decreased mobility following surgery and normal postoperative swelling increase the risk of blood clots in the legs. Steps to prevent this from happening include:

- Blood thinning medication(s).
- Sequential compression devices or sleeves on your legs while in bed.
- Leg exercises in bed.
- Walk with assistance.

### **CONSTIPATION**

Your bowel activity may be slow to return to normal due to anesthesia and pain medications.

To minimize constipation:

- Drink plenty of fluids.
- Walk with assistance.
- You will be prescribed over the counter medications: laxative Senna and stool softener, Colace/Docusate.
- It is important to take them as prescribed to prevent opioid induced complication.

## **PNEUMONIA**

After surgery, it is important to avoid a lung infection.

- Cough and breathe deeply every hour while awake.
- Use your incentive spirometer times every hour while awake.
- Brush teeth four times a day, especially after meals.
- Sit upright in a chair.
- Walk with assistance.

## **INFECTION**

To prevent infections, an IV antibiotic is given during surgery and may be given up to 24 hours following surgery.

A hand gel sanitizer is mounted to the wall at the entrance of every patient's room and throughout the halls of the hospital. Please encourage any visitors or hospital personnel to use it before entering the room.

A specialized dressing is placed in surgery. Leave the dressing on and report any issues to your nurse.

## **SWELLING**

Some swelling following surgery is normal. The following strategies may help minimize swelling:

- An ice pack placed on the surgical site.
- Elevate or reposition the leg.
- Notify the nurse immediately if the dressing or skin feels tight or you experience numbness or tingling.



## **FALLS**

A fall during the first few weeks after surgery may damage the new joint and lead to further surgery.

- Do not attempt to get up alone while you are in the hospital. Use the call light to notify the nursing staff for assistance.
- Physical therapy staff will help determine the correct assistive devices and equipment you need.
- Occupational therapy staff will provide extensive education on home safety and preventing falls.

## STEPS OF RECOVERY

Barton Health's rehabilitation team will work with you to reach a functional level of independence prior to discharge. Physical therapy staff will assist with exercises, strengthening, range of motion, bed mobility, walking, and stair climbing. Occupational therapy staff will instruct you on self-care activities and use of adaptive equipment, such as sock aids and reachers.

Barton Health will provide the necessary assistive and adaptive equipment you will use at the hospital. You are welcome to bring your own equipment; please label with your name. Your case manager will discuss options to obtain any necessary equipment prior to discharge.

Your motivation and participation in the rehabilitation programs help with the speed and success of your long-term rehabilitation. They also prepare you to go home. This means **you** have the greatest influence in a successful recovery.

As rehabilitation progresses, you will experience less pain and stiffness. Your therapists will work with you to develop a personalized home exercise program. Remember: **activity and exercise** are necessary for full recovery and should not stop when you leave the hospital.

## EARLY REHABILITATION GOALS

- Get in and out of your bed and a chair safely.
- Walk safely with a walker or crutches, as determined by therapy staff.
- Dress yourself as independently as possible, using adaptive equipment as needed.
- Go up and down stairs safely.
- Be independent and safe with toileting.
- Fully straighten your knee (knee replacement).
- Bend your knee to as close to 90 degrees as possible (knee replacement).
- Maintain hip precautions (hip replacement).

## **GETTING OUT OF BED**

When in bed:

- Follow all hip precautions.
- Keep pillow between your knees if you are rolling from side to side.

When moving from sitting to standing:

- Move to edge of bed.
- Put surgical leg forward.
- Put one hand on the walker or other assistive device and one hand on the bed.
- Push with arms and the non-surgical leg.
- Bring your nose over your toes and stand up tall while maintaining any weight bearing restrictions and hip precautions.

## **SITTING IN A CHAIR**

- Use a firm chair with armrests and high seat.
- Back up until you feel the chair touching your leg.
- Reach for the armrests.
- Keep your surgical leg slightly out in front.
- Lower yourself to sitting and then lean back in the chair.
- If you had a hip replacement, follow your hip precautions.
- For standing, scoot forward in the chair.
- Move your surgical leg slightly out in front.
- Push up using the armrests and your non-surgical leg.
- Move your hands to the walker or other assistive device and stand up straight.
- Take a moment or two to get your balance before walking.

## **GETTING INTO A CAR**

- Be sure the car seat is all the way back.
- Keep your surgical leg forward, reach back and lower yourself onto the seat.
- Lean back into a semi-reclining position while you pivot your body and bring your legs into the car one at a time.
- Maintain your hip precautions and avoid twisting your knee.

## **RECOVERY AT HOME**

Most patients return home one day after surgery. If you require some extra recovery time or do not have the necessary assistance for help and safety in your home, you may be referred to an intensive, inpatient rehabilitation unit to continue your recovery.



## WALKING WITH A WALKER

- Push your walker a few inches in front of you.
- Keeping your back straight, step into the center of the walker with your surgical leg.
- As you step through with your non-surgical leg, push down on the walker to support weight as needed.
- Always use two hands when moving with your walker. Do not carry any items in your hands or under arms. Attach a bag or clips to your walker for transport.



## USING THE TOILET

- Back up until you feel the toilet touch the back of your legs. Place your operative leg in front of you, keeping your weight on the other leg.
- Glance behind you and grasp the grab bar (or side rails, if you are using a toilet with rails). Lower yourself onto the front of the toilet, and then scoot back.
- To get up, reverse the steps.

Patients with a total hip replacement should get a raised toilet seat at home in order to maintain hip precautions.



## **KNEE REPLACEMENT PRECAUTIONS**

Early range of motion of your knee is important. Keeping your knee bent or immobile for prolonged periods of time can lead to stiffening of your new joint. Do not place a pillow or towel roll under your knee.

## **HIP REPLACEMENT PRECAUTIONS**

It is important to know if your hip replacement surgery was conducted through an anterior (front) approach or posterior (back) approach. Strictly follow the appropriate precautions listed below for up to three months to prevent your hip from coming out of the new joint.

- Do not sit in low chairs, low toilets or soft couches that cause your knees to be higher than your hips.
- Always scoot to the front edge of a chair before getting up.
- Place your surgical leg forward when you push up to stand.
- Do not try to put on socks or shoes without adaptive or supportive equipment.
- Do not try to pick objects up off the floor without a reacher or grabber tool.
- Always keep the kneecap of your surgical leg facing up and forward.
- Keep a pillow or wedge between your legs when sleeping for two weeks after surgery.

It is very helpful that your family members are familiar with your hip precautions and help remind you to maintain them at all times. Keeping a pillow between your knees is another effective reminder.

## ANTERIOR HIP PRECAUTIONS

- Do not drag your surgical leg behind you or take very long strides when walking (hip extension).
- Do not turn your surgical leg outward while laying down, sitting or standing (external rotation).
- Place the foot of your operated leg forward when you are pushing up to stand.



Do not step backwards with your surgical leg or extend your surgical leg behind you.



Avoid turning your leg outwards when standing.



Avoid turning your leg outwards when sitting.

## POSTERIOR HIP PRECAUTIONS

- Do not cross your surgical leg across the middle of your body.
- Do not turn your surgical leg inwardly toward the middle of your body.
- Do not bend forward at your surgical hip greater than 90 degrees or raise your knee higher than your surgical hip while sitting or getting up.



Avoid bending more than 90 degrees at the hip when sitting or standing.



Avoid bending your upper body at your w more than 90 degree



### SLEEPING

When you are in bed, keep your legs apart. Try placing a pillow between your legs to prevent your surgical leg from turning inward or outward too far. Sleep only on your back, unless directed by your provider.



HEALTHY SLEEP POSITION

## **SHOULDER AND REVERSE SHOULDER PRECAUTIONS**

Follow your surgeon's home exercise plan to help regain your strength. Most patients are able to perform simple activities, such as eating, dressing, and grooming, within 2 weeks after surgery. Some pain with activity and at night is common for several weeks after surgery.

- Driving a car is not allowed for 2 to 4 weeks after surgery.
- Do not use your arm to push yourself up in bed or from a chair because this requires forceful contraction of muscle.
- Do not overdo it if your shoulder pain was severe before surgery, the experience of pain free motion may convince you that you can do more than is prescribed.
- Early overuse of the shoulder may result in severe limitations of the shoulder.
- Do not lift anything heavier than a glass of water for the first 2 to 4 weeks after surgery.
- Avoid placing your arm in any extreme positions, such as straight out to the side or behind your body for the first 6 weeks after surgery.
- Follow the program of home exercises prescribed for you. Do the exercises 2 to 3 times a day for a month or more.
- Do not participate in any contact sports or do any repetitive heavy lifting after your shoulder replacement.

### **ANATOMIC SHOULDER REPLACEMENT**

- No active (strength exercises) using internal rotation and external rotation past neutral for the first month after surgery.

### **REVERSE SHOULDER REPLACEMENT**

- Motion is permitted as long as it is tolerating, nothing strenuous.
- A postoperative sling will be used during the first week after surgery. This may be removed for comfort, hygiene, and dressing; although it is recommended you wear this as much as tolerated to allow for soft tissue rest and wound healing.

## **ANKLE PRECAUTIONS**

Follow your surgeon's home exercise plan to help regain your strength. Most patients are able to perform simple activities, such as eating, dressing, and grooming, within 2 weeks after surgery. Some pain with activity and at night is common for several weeks after surgery.

## RECOVERING AT HOME

### INCISION CARE

Proper incision cleaning and care can help prevent infection and promote healing. Here is some guidance:

- Change your dressing every five to seven days.
- If your incision has staples, they will be removed 10 to 14 days after surgery.
- Keep your incision and dressing clean and dry. Follow your health-care provider's instructions for dressing changes.
- Wash your hands with soap and water before and after dressing changes.
- Do not soak your incision in water (e.g. no baths, hot tub, or pools) until it is thoroughly sealed, dried, and scab free.
- Check with your surgeon before returning to recreational activities, such as travel, camping and beach activities.
- It is normal to feel some numbness in the skin around your incision.
- Eating a healthy, balanced diet will aid in the healing of your incision and prevent infection.
- Please keep pets away from the wound, particularly puppies.

Do not apply any lotion, oils, or balms to your incision unless you are told to do so by your surgeon.

### SURGICAL SITE

Notify your surgeon if you develop any signs of infection, including the following:

- Redness, tenderness, or swelling in the tissues surrounding the incision.
- Swelling in your leg that is very warm to the touch.
- **Persistent** fever (higher than 101.5°F).
- Drainage that looks like "pus" or smells "bad," or discharge that has changed in color or odor.
- Increased pain with both activity and rest that is not controlled by pain medications.

## MEDICATIONS

Continue taking your medications at home as prescribed by your surgeon and primary care provider. A list of medications to continue taking will be included with your discharge instructions when you leave the hospital. (Remember, it takes about 30 to 45 minutes for pills to take effect. Do not wait until the pain is severe). If you have any questions about your medications, please contact your healthcare provider. You will receive paper prescriptions for additional pain medications. Take pain medications as prescribed and as needed for pain. Your pain medication may cause constipation. A stool softener or fiber-rich foods may help with this side effect.

## BLOOD CLOT PREVENTION

A blood clot, also called a Deep Vein Thrombosis (DVT), can occur during the first several weeks of your recovery. It usually occurs in the calf, back of the knee, or the thigh, and can potentially travel to the lungs. This is known as a Pulmonary Embolism (PE) and requires immediate medical attention. If you experience shortness of breath or chest pain immediately go to the Emergency Room.

### **To reduce the risk of blood clots:**

- Take your blood thinners as prescribed.
- Be mobile. Walk every hour during the day. Do not sit for long periods without moving or changing position.
- Keep your feet and legs moving even when you are sitting. Pumping your feet up and down or squeezing your thighs throughout the day help keep blood circulating in your legs.

### **Warning signs of possible blood clots in your leg include:**

- Dramatically increased pain and/or swelling in your knee, calf, ankle or foot.
- Tenderness and/or redness above or below your knee. The area is warm to the touch.

### **Warning signs that a blood clot has traveled to your lungs include:**

- Sudden shortness of breath.
- Sudden onset of chest pain.
- Rapid heart rate.

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

**Other signs and symptoms of infection or illness may occur.  
Please contact your surgeon or home health provider if you:**

- Fall or hit your head.
- Have dizziness or light-headedness.
- Have unusual bleeding that does not stop.
- Have bleeding when you brush your teeth.
- Have pink, red or dark brown urine.
- Have excessive nosebleeds.
- Vomit blood or material that looks like coffee grounds.
- Have blood in your stool or your stool is dark or black.
- Feel faint, dizzy or unusually weak.
- Have skin discoloration or bruises that appear suddenly or continue to enlarge.
- Have not had a bowel movement for more than five days.

## EXERCISES

When you return home, continue with the exercises and routines assigned to you by the physical and occupational therapists at the hospital.

In most cases, a home health physical therapist will come to your home the day after you get home from the hospital. This specialist will help progress your exercise program until you are ready to start physical therapy at an outpatient facility.

Some exercises or daily movements you can do on your own to help with the healing process. Examples include:

- Practice walking as normally as possible WITH the use of an assistive device like a walker or a cane.
- Move in and out of bed, get up from chairs, and walk around. All of these movements are great opportunities to improve muscle function and strength.

If you have a hip replacement, remember to adhere to your precautions in order to keep your hip in a safe position.

If you have a knee replacement, try to straighten and bend your knee as much as you can.





## FALL PRECAUTIONS AT HOME

Although your new joint is very sturdy, it is normal for your balance, strength and reaction times to diminish after surgery. Thus, it is very important to continue using your assistive device - whether it is a walker or cane - to help prevent falls. Your physical therapist will ensure proper use of the assistive device and determine when, and if, it is no longer needed.

It is recommended for you to prepare your home for your recovery for you to get around after your surgery.

## TO REDUCE THE RISK OF FALLS:

- Complete the home preparations list on page ten prior to surgery.
- Wear non-skid footwear and use your assistive device when walking.
- Maintain proper lighting in areas.
- Do not use bath oils in the shower.
- Know where your pets are any time you are walking.
- Use adaptive equipment, such as reachers, as instructed by your occupational therapist.



## DAILY ACTIVITIES

It is important to resume your typical daily activities as soon as possible. Seemingly small tasks such as getting dressed, brushing teeth, or making a small meal can often be draining. Make activity priorities during your first weeks home and eliminate unnecessary tasks. Your body is recovering and needs ample rest. Allow others to help you the first few weeks.

## BATHROOM

Survey your bathroom for safety and ability to maneuver. The following shower items and arrangements may be helpful:

- Add a commode over the toilet or at the bedside.
- Walk-in showers work best. Use a walker for stability.
- A shower chair or tub bench to sit while bathing.
- Grab bars in the shower to help with balance.
- A non-slip mat or grip strips in the shower decreases the risk of slipping.
- A handheld showerhead for bathing in a seated position.
- Hang throw rugs or bath mats until ready for use.

## BATHING

Check with your surgeon about when you can shower again. Baths are not permitted until your incision is fully healed. When showering, consider the following:

- Maintain your hip and fall precautions.
- Use a long handled sponge to reach your feet.
- Do not use bath oils while showering.
- Do not submerge or scrub your incision.
- Cover the dressing over your incision according to instructions.
- Follow the precautions getting in and out of the shower, particularly tub showers. Ask your occupational therapist for training.

**\*Talk with your occupational therapist about your home environment and strategies to improve your safety at home.\***

## MEALS

- Eat healthy, nutritious meals to help you heal, feel better, have more energy, and attain a desirable body weight. Follow a special diet if your physician has prescribed one.
- Prepare some meals ahead and freeze them. Avoid placing meals on low shelves where it can be difficult to reach.
- Plan easy meals that do not require a lot of time or effort. It may be hard to stand for long periods the first week or two after surgery.
- Allow friends and family to provide meals for you. They will feel good about helping you and it will make your life easier.
- Arrange cooking and other work spaces for convenience. Examples: place utensils and pots near the stove.
- Use countertop appliances whenever possible to avoid bending and reaching. Have someone help retrieve items from bottom or top shelves if needed.
- Use a wheeled cart to move objects from one place to the other.

## SHOPPING

- Menu plan and make a shopping list.
- Avoid frequent trips.
- Shop when the stores are less busy.
- Take someone with you to help.
- Park close to the cart stall and push a cart into the store for stability.
- Use a motorized carts if you are easily fatigued.

## HOUSEKEEPING

- Arrange for assistance with larger household chores (e.g. vacuuming, sweeping, mopping, and laundry).
- Do not perform heavy lifting for six to eight weeks.

## DRIVING

Your surgeon will determine when you may safely resume driving. You should not experience pain when braking or accelerating nor should you drive when taking narcotic pain medications. Talk with your surgeon at your follow-up appointment about readiness to drive.

For information on temporary disabled parking placards and stickers contact the local DMV for requirements and forms. Begin the process as early as possible because it takes some time to complete.

## RETURNING TO EVERYDAY ACTIVITIES

Walking helps build a proper and more comfortable stride. It also helps build strength and helps reduce the risk of blood clots. Begin by walking three to five minutes every hour throughout the day. Once you reach this benchmark, begin extending the length of time.

Within a few months after surgery, you may be ready to resume other normal routine. This may include returning to work and activities that you enjoy. Discuss with your surgeon activities that you want to resume and a possible timeline for return.

## SEXUAL ACTIVITY

Talk to your surgeon about when you can safely resume sexual intercourse. It is important that you communicate with your partner about your joint replacement and the physical limitations that you may have.

## TRAVEL

Your new joint may activate metal detectors in airports or other buildings. If this is the case, tell the security agent about your joint replacement.

Do not sit in one position for long periods of time.

Make frequent stops and stretch your legs if you are traveling by car. Periodic movement of feet, including foot pumps and thigh squeezes will help with circulation and reduce pain, swelling, and prevent blood clots.

## QUESTIONS OR CONCERNS

We are here to help you return to your active lifestyle and back to doing what you love. At any time you have questions or concerns, contact your physician's office.

### **Carson City**

935 Mica Dr.  
Suite 13  
Carson City, NV  
89705

**775.783.3065**

### **Incline Village**

925 Tahoe Blvd.  
Suite 105  
Incline Village, NV  
89451

**775.580.7600**

### **South Lake**

**Tahoe**  
2170B South Ave.  
South Lake Tahoe, CA  
96150

**530.543.5554**

### **Zephyr Cove**

212 Elks Point Rd.  
Suite 200  
Zephyr Cove, NV  
89448

**775.589.8950**

# Total Joint Replacement Zones for Self-Management



## EVERY DAY

- No smoking! Avoid second hand smoke.
- Balance activity and rest.
- Resume a well-balanced diet or the specific diet your physician recommended.
- Take your medications as prescribed.
- Avoid NSAIDS (Advil, Naproxen, Ibuprofen, etc.) until your doctor tells you to take them.
- Monitor your surgery site daily for signs of infection.

## ALL CLEAR ZONE

This the safety zone if you have:

- Pain that is controlled by prescribed pain medication.
- Minimal swelling, redness, or drainage at your surgery site.
- Some bruising.
- Keep all appointments with physical therapy and your doctor.
- Eating (wanting to eat) and bowel movements are improving.

## WARNING ZONE

Call your Home Health provider, Nurse Navigator, or Doctor if you have:

- Pain that is not controlled by prescribed pain medications.
- Fever higher than 100.1° F.
- Swelling that seems to be worsening, redness, opening of wound, cloudy or bloody draining from your surgical site.
- Fall at home.
- Trouble tolerating physical therapy well.
- Haven't had a bowel movement for 5 days.
- Pain or tenderness in either leg.
- Numbness, tingling, or loss of sensation in your leg.

## MEDICAL ALERT ZONE

Go to the Emergency Room or call 911 if you have:

- Shortness of breath.
- Chest pain.

NOTES: \_\_\_\_\_

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