

Joint Replacement Patient Education Guide



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Section 1: General Information

Welcome

Thank you for choosing A Joint Adventure and the Joint Center of Johnston Health for your joint replacement surgery. You are an important part of your health care team, and we hope this guide will answer many of your questions. This guide, along with our total joint class, will help you appropriately plan your activities before, during and after your surgery. Our goal is to answer as many of your questions as possible during the class and prior to your surgery.

We look forward to helping you get back to a healthier, more active lifestyle.

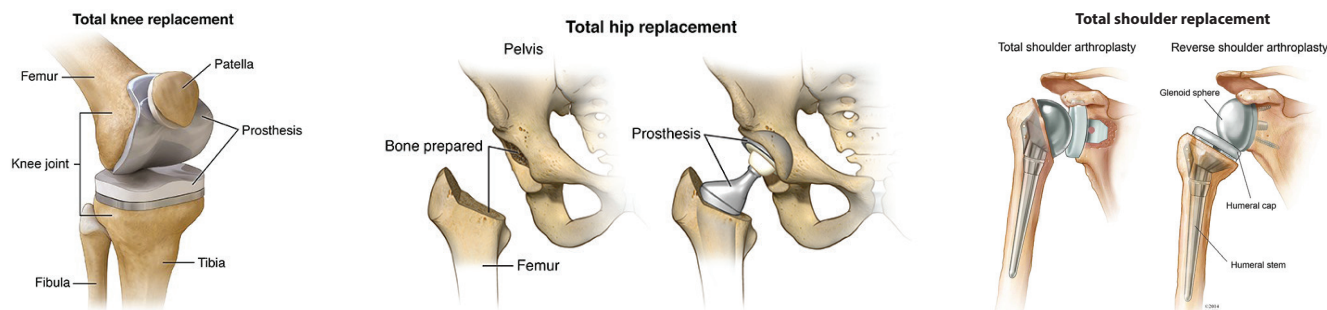
What is Joint Replacement

Total joint replacement is a surgical procedure in which parts of an arthritic or damaged joint are removed and replaced with a metal, plastic or ceramic device called a prosthesis. The prosthesis is designed to replicate the movement of a normal, healthy joint.

It is unlikely, but possible, that your joint replacement will set off a metal detector. To take precaution, alert the appropriate security staff that you have a joint replacement.

Benefits and Goals of Joint Surgery

- Reduces pain
- Improves strength and range of motion
- Improves activity levels



Pre-Operative Classes

A special class is held for patients who are scheduled for joint surgery. Members of the joint replacement team will be there to answer questions. It is strongly suggested that you bring a family member or friend to act as your coach.

You will be scheduled for your pre-operative class when you are scheduled for your:

- Pre-Admission Testing Appointment
- Surgery

Introduction of Team Members

Before, during and after surgery you will come in contact with many different members of your health care team. Many you may see frequently and others you may just see once or twice. Some of the professionals you will meet are:

Orthopedic Surgeon/ Physician's Assistant

This is the doctor whom you have chosen to perform your surgery. Your doctor or physician's assistant will see you daily while you are in the hospital and direct your medical care.

Anesthesia

Your anesthesia care team is comprised of an anesthesiologist (physician) and a CRNA (certified registered nurse anesthetist), who will guide your anesthesia care during surgery and monitor you after your surgery for any side effects of medications utilized.

Hospitalist

A hospitalist is a hospital based general physician that may visit if requested by your surgeon to manage any medical problems. If needed, this practitioner takes the place of your usual primary care provider while you are in the hospital.

Registered Nurse (RN)

Much of your care will be provided by an RN who will be responsible for your daily medical needs. Your RN will carry out all orders given by your surgeon including medication administration, tracking your vital signs, completing your physical assessment and keeping your medical chart accurate.

Certified Nursing Assistant (CNA)

A CNA assists you with daily tasks such as bathing, dressing and getting to the bathroom. The CNA will also take your vital signs and report to the RN.

Physical Therapist

Your physical therapist is responsible for teaching you how to correctly move using appropriate equipment.

Occupational Therapist

If needed, an occupational therapist will teach you how to perform daily tasks such as toileting or dressing without endangering your new joint.

Care Manager

Care managers are responsible for helping you and your family identify any needs you may have when you return home. They also work with other team members to plan your discharge at the appropriate time. They are excellent resources for community and homebound services if you should need that type of assistance.

Orthopedic Patient Navigator

Patients benefit from having a central point of contact to help coordinate their care. The Joint Adventure patient navigator will coordinate your care needs from beginning to end.

- Lead teacher in pre-operative classes
- Answers questions and coordinates hospital care
- Acts as advocate before and after surgery
- Works with health care team to make sure communication is accurate and timely

Please contact the Joint Adventure patient navigator with any questions or concerns that you may have.

Phone Directory

Your Orthopedic Surgeon	
Joint Adventure Patient Navigator	919-209-7092 or 919-209-3400
Operating Room Scheduler	919-209-3640
Pre-Admission Testing	919-209-3634
Same Day Surgery	919-938-7430
4th Floor Orthopedic Unit	919-209-3400
4th Floor Orthopedic Unit Nursing Manager	919-209-3470
Physical & Occupational Therapy	919-938-7296
Care Management	919-938-7337
Johnston Health Main Number	919-934-8171

JOINT CENTER CONTACTS

If you have any questions or concerns throughout your joint adventure, please contact us.

Christy Collins, RN

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919-209-3470

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Laura Vaughn, RN, BC

*Joint Replacement Center Patient Navigator,
CPM Champion*

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Your Personal Coach

Having joint replacement surgery requires some level of assistance not only in the hospital and outpatient setting, but also at home.

There was a time when joint replacement surgery required a long hospitalization, followed by recovery at an inpatient facility. These days, it is becoming increasingly common for people to return directly home from their inpatient hospitalization, and sometimes the hospitalization time is remarkably short. The average time spent in a hospital after joint replacement surgery is one day after surgery. Some people are even returning home on the day they undergo surgery.

When you return home, you will often rely on family members, friends, and others to help support your post-surgical needs. We refer to this person as the personal coach.

Being a coach requires a big commitment of time and energy. The coach will be the primary support person who takes responsibility for helping their friend or family member recover from a complex surgical procedure. Ideally, a coach will accompany the patient to their preoperative appointments, be available during hospitalization, and serve as the primary assistant to you when you return home. The coach will assist you with the discharge instructions, as well as support you with your daily living needs.

Coaching Qualities:

1. Be of adequate strength to assist you down to and up from a seated position.
2. Have a vehicle and valid driver's license or access to transportation for appointments.
3. Be able to understand and follow discharge instructions including assisting you with medication and physical therapy.
4. Be available in the event of an emergency.

Section 2: Getting Ready for Surgery

Pre-Operative Appointment

You will be scheduled to come to the hospital for a pre-operative appointment for pre-admission testing. You will need to bring the following items with you to your pre-operative appointment:

- All of your current medications (including over the counter and herbal medications)
- Health insurance card
- Photo ID

During your pre-operative appointment, nurses will review your health history, obtain any lab work needed or review available results, inquire about allergies and current medications. You may require a “clearance” visit to your primary care provider or cardiologist.

Anesthesia

There are two basic types of anesthesia:

General Anesthesia

This type of anesthesia affects the entire body, including consciousness. A breathing tube is typically placed after sedation, and you breathe anesthesia gasses during your surgery that keep you asleep.

Regional Anesthesia

This type of anesthesia affects or numbs only part of the body and can be used as the primary anesthetic or in combination with a general anesthetic.

Spinal / Epidural Involves injecting medication into the back (below the spinal cord) to cause numbness from the chest down. You will be sedated during the placement of the spinal anesthetic and throughout the surgery.

Nerve Block Local anesthetic is injected through the skin to cause numbness around your surgical site and provide post-operative pain relief.

Sometimes the surgeon may choose to inject a medication around your joint for pain control after surgery.

The type of anesthesia or combination administered is specific for every patient. The type of anesthesia chosen will be determined by you, the anesthesiologist and the surgeon.

Pre-Operative Exercises

Many patients with arthritis don't use their painful joint. 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 to begin improving strength and flexibility. Improving your strength and flexibility before your surgery can help you recover more quickly and ease your recovery process.

It is important to be as flexible and strong as possible before undergoing joint replacement surgery. Always consult your physician before starting a pre-operative exercise plan. In this patient guide, you will find exercises that your physician may instruct you to start doing now. You should be able to do pre-operative exercises in 15 to 20 minutes, and it is recommended that you do all exercises twice a day. Begin with 10 repetitions of the exercise twice a day and work up to 30 repetitions twice daily if able. Begin to increase your walking, even if it is only short distances. Consider this a minimum amount of training prior to your surgery.

After surgery you will need strength in your arms and legs for mobility. Patients with knee and hip replacement will use a walker during recovery, which requires arm strength. Chair push-ups can be done to strengthen your arms. Shoulder replacements will wear a bulky sling postoperatively so it is important to practice bathing, dressing and toileting with only one hand prior to surgery. You should also exercise your heart and lungs by walking for 10 to 15 minutes every day as tolerated.

Surgery Preparation

Diet and Fluids

Your stomach must be empty before surgery. On the night before surgery do not eat or drink anything (even water) after midnight unless otherwise instructed to do so by your physician.

Constipation Prevention

Two to three days prior to surgery increase your fluid intake of water, fruit juice, etc. Consider having a laxative or stool softener available when you get home.

Infection Prevention

Shower before surgery with the special soap provided at your pre-op appointment, using a clean towel, wash cloth, clothing and bed linens.

Medications

You should discuss all of your routine medications with your physician. He or she will instruct you on which medications, if any, to take on the morning of surgery. If you are instructed to take medications on the morning of surgery, do so with only a sip of water.

Smoking

According to the American College of Surgeons, smoking increases your risk of complications. Consider stopping smoking before surgery, and remaining smoke-free following surgery. Discuss with your doctor if you may need a nicotine patch or other smoking cessation aid.

Home Preparation and Support System

Planning ahead is key to minimizing stress and optimizing your outcome. Begin thinking about your discharge now. Most patients will go directly home with help from their coach, home health and physical therapy. Here's how to prepare for your return:

- Arrange for someone to take you home and stay with you for several days after surgery.
- If available, arrange for a vehicle to pick you up from the hospital that is higher for ease of access in and out.
- Prepare meals ahead of time, and freeze or stock up on ready-made foods that you enjoy.
- Place items you use regularly at arm level so you do not have to reach up or bend down.
- Borrow a walker and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms around.
- Remove any throw or area rugs that could cause you to slip.
- Securely fasten electrical cords around the perimeter of the room.
- Consider modifying your bathroom to include a shower chair, gripping bar and raised toilet.
- Have 3-5 pillows available to create a wedge to elevate your operative extremity.
- Have ice packs prepared prior to surgery.
- Find a secure, stable chair, preferably with armrests and foot stool.
- Practice bathroom hygiene following hip and shoulder replacement precautions.
- Consider purchasing an oral thermometer.

Durable medical equipment, such as walker or bedside commode can be arranged by care management while hospitalized. If you want to use a borrowed walker, have your physical therapist adjust it to your personal settings.

Set up a recovery space where you will spend most of your time. Things such as the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach. Your main living area should be on ground floor if possible.

If you do not already have a parking permit for a disabled person, apply for a temporary permit several weeks prior to your surgery. Contact the Department of Motor Vehicles for more information.

Post-Hospital Care Needs

It may seem odd to discuss leaving the hospital before you even begin your Joint Adventure. But the time to think about what will help you after surgery is before it happens. It is important for you to think now about the support you will have after you leave the hospital so that you can begin to plan for it and help us know what will be the most appropriate discharge plan for you.

Most patients go directly home after discharge with help from their support person and physical therapy. Home health care may be indicated if you are homebound and need assistance with such things as wound management or physical therapy. Rarely, patients may need to go to a short-term skilled facility before going home, particularly if they need more therapy and assistance and lack support at home.

Take into consideration your current living situation now to help make this decision but know that plans can change depending on your level of needs after surgery.

Ask yourself these questions to help determine your goal for discharge:

- Do you have someone who will be able to stay with you and help you after discharge?
- Is your home set up that you can move around to those vital areas, the bed, bathroom and kitchen?
- What type of benefits will your insurance plan pay for?

Know Your Covered Benefits

It is a good idea to contact your insurance plan before your surgery so that you know what benefits for post-hospital are covered and if you have out of pocket expenses. Every insurance plan can be different so it is a good idea to be aware of what benefits you have to help determine the appropriate plan for you.

Call the members benefit number on the back of your insurance card. It may help you to remember your benefits if you write down who you spoke to and the information they shared with you. You can use the chart below to write down your answers:

	I Have Coverage	I Don't Have Coverage	Co-pay Amount
Home Health			
Physical Therapy			
Medical Equipment			
Skilled Nursing Facility			

If you have questions after you speak to your insurance provider, you can call the Care Management Department for further assistance (see phone directory on page 4).

You have the right to choose your preferred provider for home care and medical equipment. Be sure and check if your insurance calls for using in-network providers before making a selection of preferred provider.

Advance Health Care Directives

Advance health care directives are legal documents that allow you to give instructions about your health care if at any point you cannot make or verbalize these decisions yourself.

If you already have these documents, please bring them to be copied and placed in your Medical Record. If you want more information, let the nursing staff know. The Spiritual Care Department is available to discuss advanced health care directives during your hospitalization.

Types of Advance Health Care Directives

- **Health Care Power of Attorney:** A health care power of attorney allows you to name a person to make health care decisions for you if you cannot make them for yourself. You should discuss your wishes with this person and other friends and family prior to having a formal document completed. You can request that your health care team assist you in obtaining the appropriate form or go to www.secretary.state.nc.us/ahcdr to retrieve them yourself. The form will need to be signed by you and two witnesses as well notarized to be legally recognized.
- **DNR:** A DNR (Do Not Resuscitate) order means that if your heart stops beating or you stop breathing medical treatment will be discontinued or not initiated.
- **DNI:** A DNI (Do Not Intubate) means that if you stop breathing you will not be placed on an artificial breathing machine.

A DNR or DNI order is sometimes initiated by people near the end of life or with illnesses that will not improve. This order has to be signed by a physician. Discuss your wishes with friends and family and with your physician who will assist you in getting the order completed and signed.

Notification of Surgery Time

If your surgery is planned for a Monday, you will be notified Friday afternoon about what time to arrive. On any other day of the week, you will be notified the afternoon before.

Section 3: Day of Surgery

What to Bring

Bring

- Photo ID and health insurance cards
- Loose-fitting clothes- if you are having shoulder replacement, bring a loose, button up shirt to wear home
- Non-slip shoes/slippers
- Personal toiletries
- BiPAP/CPAP if you use one at home
- Activities and reading materials
- Eyeglasses, with case; contact lens storage case and solution
- Hearing aids and case, dentures with storage and cleansers
- Be prepared to remove and store any metallic body piercing jewelry

Do Not Bring

- Valuables
- Floor-length or step-in robe
- High heel or open backed shoes
- Do not wear makeup or fingernail polish

Arrive on the morning of your surgery at least two hours prior to your scheduled surgery time. Come to the registration area at the main entrance of the hospital. You will be registered and taken to the pre-operative surgery area for preparation.

Surgery Prep

Preparation for your surgery includes:

- Starting an IV
- Administration of medications as ordered by your physician

Your family member/coach will be able to stay with you during this time of preparation in the pre-operative surgery area. Please report any symptoms of illness if you have had any in the last 24 hours (such as fever, sore throat, etc.)

Operating Room

Once you have been prepped for surgery and everyone is ready, you will be taken to the operating room. You will receive an intravenous (IV) antibiotic just before the surgery actually begins. Now you are in the care of your orthopedic surgeon, the anesthesiologist, and the operating room nurses. Surgery typically lasts 1 ½ to 2 ½ hours. The surgeon and operating room staff will provide your family with updates and speak with you once the surgery is complete.

What happens after surgery?

- PACU – recovery area
- Inpatient unit
- Physical therapy and occupational therapy – Joint Center Rehabilitation Room
- Pain management
- Complication prevention
- Wound care

PACU

Immediately after surgery you will be taken to the PACU, or post anesthesia care unit, where you will be closely monitored by nursing staff. They will ensure that you are safe and comfortable as you are waking up from anesthesia.

- You will remain in PACU for one to two hours
- Pain control is established
- Vital signs are monitored

Your family members will not be able to see you from the time you leave the pre-op area until the time you arrive in your room, which can be as long as four to five hours.

Your Inpatient Stay

When you are awake and vital signs are normal, you will be transferred to your inpatient room, where you will be monitored by nursing staff, nursing assistants, physical therapists and respiratory therapists, who work as a team. You will have a call bell at your bedside and will be instructed in how to use it. It is important to use the call bell and not get up without assistance. **Remember, call- don't fall.**

Immediately following your arrival, you can expect the registered nurses to frequently:

- Monitor your blood pressure, heart rate, breathing and temperature
- Check your bandages
- Ask you to move your feet, cough and breathe deeply
- Check your IV
- Check your pain level and administer pain medication as needed

Joint replacement patients usually have a hospital stay of one or two nights, but for some patients it is possible to go home the day of surgery.

Section 4: Your Hospital Stay

Diet

Your diet will be adjusted according to what you can tolerate. Typically, you start with ice chips and progress to clear liquids. If you can tolerate those, then you may advance to solid foods. Once you begin eating and drinking more, your IV fluids will be stopped. Decreased activity and pain medication can cause constipation, but plenty of fluids and a high fiber diet can help to avoid this problem.

Johnston Health uses a room service dining menu for your prescribed diet. You will receive a menu and instructions on how to use it. It is helpful to order your breakfast the day before, and ask for it to be delivered between 7-7:30 a.m. This will allow you to eat, get dressed and get pain medicine prior to morning physical therapy. Please request lunch to be delivered between 12-12:30 p.m. to be prepared for afternoon physical therapy.

Visitors can arrange to have meals delivered from the cafeteria (at a minimal cost) at the same time your meal is delivered, by going to the cafeteria on the ground floor and speaking with a cashier.

Equipment

Some knee replacement patients will use a knee immobilizer that is often applied at bedtime and removed in the morning.

Hip replacement patients may have a foam wedge or knee immobilizer that is used to keep your new hip in place during healing.

Shoulder replacement patients will receive a shoulder sling. Generally, there are no other equipment needs.

You may receive a cryotherapy (cold) unit. Icing, at its simplest, is a pain reliever. It may also help with swelling and inflammation after surgery. You will receive instructions on how to use it, but remember:

- The pad alone is too cold to apply directly to the skin. There must always be an insulation barrier to prevent skin injury.
- Always use ice and water in the machine- never run unit without water.
- Like all electrical products, use electrical safety. Keep the connections dry, do not handle with wet hands, use a grounded outlet and protect the power cord and transformer from damage. Always turn off when not in use.
- Always follow the manufacturer's instructions that are included with the unit.

Pain Management

Medications are administered during surgery and in PACU to help with pain. Non-medication strategies may include ice or cold packs, trying new positions, focusing on deep breathing and relaxation or by distracting yourself with visitors, TV or computers. Our goal is to:

- Increase comfort
- Decrease side effects such as nausea and/or vomiting
- Fewer complications
- Better outcomes for you

Everyone's pain is different. Therefore, we will work with you to set your realistic pain goal. We will review the pain scale with you and set your pain goal:



Your pain goal and next dose available will be written on your white board and updated with every dose.

Patient Responsibility

- Discuss pain relief options with your doctor and nurse.
- Pain medicine in the hospital is given on request, depending on your physician's orders. Don't wait until your pain is unbearable before you request pain medicine.
- Help us assess your pain.
- Talk to us about any worries or concerns you have regarding medications.
- Ask for pain medicine before physical therapy.

Therapy

Patients undergoing a total hip or knee replacement will continue their rehab for PT and OT in the Joint Center Rehab Room. This room is specially designed to accommodate the needs of these joint replacement patients.

The room allows access to a hydraulic therapy mat, parallel bars, stairs, car simulator to practice getting in and out of cars and a mock-up kitchen area for practice and training. Patients will increase their knowledge of appropriate exercises and daily activities by participating in daily therapy treatment sessions.



Physical Therapy

Will work with you beginning the day of surgery to assess you and get you up and going as soon as possible.

Occupational Therapy

May work with you beginning the day after surgery for your activities of daily living such as dressing and reaching into kitchen cabinets so that you can regain your independence as soon as possible.



REHAB CAR SIMULATOR



REHAB GYM



REHAB KITCHEN

Preventing Complications

Get up and moving as soon as you can!

Wound Care

- Keep surgical site clean and dry
- No pools or tub baths until you are cleared by your surgeon
- Monitor for signs of infection:
 - Increased pain
 - Fever of 100.5 degrees or greater
 - Foul odor or drainage from surgical site
 - Increase swelling and redness at surgical site
- Don't touch bandages while in the hospital. Wash your hands before any wound care at home.
- Use freshly washed bed linens, towels, washcloths and pajamas.

Preventing Blood Clots

- You will be given blood-thinning medication after surgery. Be sure and continue as long as prescribed.
- These medications help prevent the risk of DVT (deep vein thrombosis or blood clot in the legs) and PE (pulmonary embolism or blood clot in the lungs)
- To lower your risk of bleeding:
 - Use a soft-bristle toothbrush.
 - Floss with waxed floss.
 - Shave with an electric razor rather than a razor blade.
 - Let a doctor or nurse know you are taking blood-thinning medications before they give you a shot or do surgery.
- You will have sequential compression devices or SCDs when you are in the bed lying down to help with blood circulation while in the hospital.
- Ankle pump exercises frequently, continue 3-4 weeks post-operatively (see page 21).

Infection

- Antibiotics will be given
 - Prior to surgery
 - For 24 hours after surgery
- Preventing pneumonia
 - Turn, cough and deep breathe
 - Use incentive spirometer:

This is a small plastic apparatus that helps you expand your lungs fully by inhaling deeply through the mouth piece. You should use the incentive spirometer ten times an hour while you are awake. (You will be instructed on how to use.)

Discharge

Your orthopedic team will decide exactly when the best time is for you to leave the hospital. This will depend on how well you achieve your goals to regain your independence as you transition to your home setting. Most of the time, patients are ready to go directly home after hospital discharge, but again, this will depend on your particular situation.

For your convenience, the Johnston Health Outpatient Pharmacy is located on the first floor near the Bright Leaf Boulevard exit. They offer delivery of your prescriptions directly to your room. Please let your nurse know if you are interested in this service.

Section 5: Going Home

Follow Up

It is important to keep all of your follow-up appointments with your physician. The physician will document your progress and answer any questions you may have. Unless it's a life threatening emergency, contact your surgeon prior to going to the emergency room or urgent care to avoid contact with people who may have colds or the flu.

Call your doctor if:

- Fever of 100.5 degrees or greater
- Odor or increasing drainage from incision
- Increasing pain, redness or swelling at incision
- Calf is painful or warm to touch
- Persistent swelling of foot, ankle or calf that doesn't go away with elevation
- Chest pain or shortness of breath (If sudden or severe, call 911 and seek emergency help immediately)

Activity

- Continue cryotherapy unit or ice as needed for comfort.
- Cold therapy 20 minutes before and 20 minutes after exercise helps with activity related discomfort.
- Use your walker until your doctor says you may stop.
- Don't drive until your surgeon approves and never if taking narcotic pain medicine.

Medicines

- Your doctor will tell you if and when you can restart your medicines. They will also give you instructions about taking any new medicines.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. They will tell you if and when to start taking those medicines again. Make sure you understand exactly what your doctor wants you to do.
- Your doctor will give you a blood-thinning medicine to prevent blood clots. Some blood thinners can cause serious bleeding problems. This medicine could be in a pill form or as an injection. If an injection is necessary, your doctor will tell you how to do this.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine. Many prescription pain medicines contain acetaminophen- ask your doctor or pharmacist if you may safely take acetaminophen while taking prescription pain medicine.
 - Plan to take your pain medicine 30 minutes before exercises. It is easier to prevent pain before it starts than stop it once it has started.
- Apply ice to your new joint 20 minutes before and after physical therapy as needed for discomfort. Many people take ice packs in the car to use before and after outpatient physical therapy.

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

- Whether you have reached all of the recommended goals or not, you need to have a regular exercise program to maintain the fitness and health of the muscles around your joints. With both your orthopedic and primary care physician's permission, you should be on a regular exercise program.
 - Three to four times per week, 20-30 minutes
- Impact activities such as running 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.
 - You may need to take antibiotics prior to dental work or other invasive procedures. Discuss this with your dentist or doctor. If antibiotics are prescribed, be sure to follow the prescription directions.
 - 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 for infection. Occasionally, antibiotics may be needed.
 - Superficial scratches may be treated with antibiotic ointment.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon annually unless otherwise recommended.

Precautions for Total Knee Replacements

Don't place a pillow under your operative knee that keeps it in a flexed position. Place a pillow under your ankle if needed. To manage swelling, create a wedge of 4-5 pillows from your thigh to beneath your foot to keep your leg straight while elevated.

Precautions for Total Hip Replacements

To assure proper recovery and prevent dislocation of the prosthesis you **may** be asked to take special precautions, usually for the first 6 weeks after surgery.

Posterior

- Do not cross your legs.
- Do not bend your hips more than a right angle (90°).
- Do not turn your feet excessively inward or outward.
- If instructed to do so, use your immobilizer on your operative leg at night when sleeping until you are advised by your surgeon that you can remove it.
- Your physician and physical therapist will give you more instructions prior to your discharge from the hospital.

Anterior

- Do not step backwards with surgical leg.
- Do not turn leg excessively outwards.
- Do not lay on your stomach.
- Use a pillow between your legs when rolling.
- Sleep on surgical side when side lying.



DO NOT BEND



DO NOT ROTATE

Precautions for Total Shoulder Replacements

- Use sling at all times during next several weeks, unless instructed otherwise.
- No sudden or forceful movements on the operative arm. Avoid actively moving your arm until you are instructed it is safe to do so.
- When lying on your back, you should always be able to see your elbow. By placing a small pillow or rolled towel behind the elbow helps to avoid stretching your shoulder beyond what your surgeon wants.
- No lifting with operative arm.
- Don't put your arm behind your back (think toileting and dressing).
- No supporting your body weight by hand on affected side- don't lean on operative arm or use it to push yourself out of bed, chair or toilet.
- No closing doors, especially sliding doors with operative arm.

Section 6: Activities of Daily Living

Getting In and Out of a Chair

Following total shoulder replacement surgery, you cannot use your operative arm to assist yourself to get in or out of a chair or bed. Do not put your operative arm behind you. You may use your unaffected arm, but you may need someone's assistance.

Sitting Down

- Back up to the chair until you feel the chair on the back of your legs.
- Slide the foot of the involved leg out in front of you.
- Reach back for an arm rest on the chair, one hand at a time.
- Slowly lower your body to the chair, keeping the involved leg forward as you sit.

Standing Up

- Straighten the involved leg by sliding your foot out in front of you.
- Scoot your hips to the edge of the chair.
- Push up with both hands on the armrests of the chair.
- Stand and maintain your balance, then hold onto the walker.



HOW TO SIT AND STAND

TIPS

Sit in a chair with arm rests whenever possible.
Do not pull up on your walker to help you stand up.

Walking with a Walker

- If using a rolling walker, push the walker forward an arm's length. If using a walker without wheels, lift the walker and move it forward at an arm's length.
- Step forward placing the foot of the involved leg into the middle of the walker area.
- Step forward with the other leg. Do not step past the front of the walker.

Climbing Stairs

- Go up the stairs using the uninvolved or non-surgical leg first (up with the good).
- Go down the stairs using the involved or surgical leg first (down with the bad).
- Always hold onto a railing when using stairs.

Getting Into a Car

- Push the car seat all the way back and recline the seat to allow better access. Always return the seat to an upright position for travel.
- Back up to the car until you feel it touch the back of your legs.
- Hold onto an area of the car, such as the seat, dashboard, or frame, and slide your involved leg out in front of you.
- Slowly lower yourself into the car seat.
- Turn your body and assist your legs into the car for travel.

Getting In and Out of Bed

Getting Into Bed

- Back up to the bed until you feel the bed on the back of your legs.
- Slide the foot of the involved leg out in front of you.
- Reach back for the bed, one hand at a time, and sit down on the edge of the bed.
- Scoot back toward the center of the bed.
- Lift your leg onto the bed. You may need to assist the involved leg onto the bed.
- Maneuver your hips and legs toward the center of the bed.

Getting Out of Bed

- Scoot your hips to the edge of the bed.
- Lower your legs to the floor, assisting the involved leg if necessary.
- Use both hands to push off the bed.
- Balance yourself before grabbing the walker.



GETTING IN AND OUT OF BED

Getting In and Out of the Tub Using a Bath Seat

Getting Into the Tub

- Back up to the tub until you feel the tub with the back of your legs. Make sure you are in line with the bath seat.
- Reach back with one hand for the bath seat, keeping the involved leg out in front of you.
- Lower yourself onto the bath seat. Lift your legs over the edge of the tub, assisting the involved leg as necessary.

Getting Out of the Tub

- Lift your legs over the outside edge of the tub, assisting the involved leg as needed.
- Scoot to the edge of the bath seat.
- Push up with your hands from the bath seat.
- Balance yourself before grabbing the walker.



GETTING IN AND OUT OF THE TUB

Dressing

Putting On Pants and Underwear

- Sit down.
- Place your involved or surgical leg into the garment first. You may use a reacher or dressing stick to guide your clothes over your foot.
- Pull your garment up over your knees, within easy reach.
- Stand up with the walker in front of you and pull your garments up all the way.

Taking Off Pants and Underwear

- Back up to the chair where you will be undressing.
- Unfasten your garments and let them drop to the floor or push them down to your knees.
- Lower yourself into sitting.
- Take your non-surgical leg out first and then the surgical leg.



USING A REACHER TO DRESS AND UNDESS

Using a Sock Aid

- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. (This will be easier to do if your knee is bent.)
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.



USING A SOCK AID

Using a Long-Handled Shoehorn

- Use your shoehorn to slide your shoe in front of your foot.
- Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lift your leg and place your toes into your shoe.
- Slide your heel down the shoehorn and securely into the shoe.

TIP

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



USING A SHOEHORN

Daily Activities Following Total Shoulder Replacement

You will be living life with only one useful arm for a while, and, in some cases, you'll be without your dominant arm- the one you use for eating, writing, and other daily tasks. In this case a little pre-planning can really pay off. These are some hints to make life a little easier. In addition, make sure to follow any instructions your surgeon gives you at discharge.

Washing

Please do not shower until after your first post-operative visit.

Grooming

Before surgery, pay attention to your daily grooming habits. Keep in mind that you will not be able to use your operated arm for chores such as brushing your teeth, flossing or hair styling. A disposable electric toothbrush, pre-strung flossers and a low-maintenance haircut may help out.

Toileting

You will need to use only your non-operated arm for wiping yourself after using the toilet. If your surgery is on the arm you are used to using, you will need to practice using your other hand before coming in for surgery.

Eating

As you prepare food and sit down to a meal, you will have to use utensils with your non-operated hand.

Household Chores

Avoid lifting anything with your operated arm and nothing heavy with your non-operated arm. Housework will also need to go on hold until after your first post-op visit. Writing checks may be impossible, so plan to pre-write some checks ahead of time or arrange for alternate methods to pay bills. When climbing/descending the stairs, hold the banister with your non-operated arm. You may need to install a second banister prior to your surgery.

Dressing

Clothes that open in the front will be the easiest to get on and off. Non-tie shoes and elastic-waist pants are also helpful to have.

- To undress, start by sitting on the edge of a chair or standing up, and remove your sling. Do not use your operated arm; just let it hang by your side. Take your non-operated arm out of the garment, then bring the garment around your back, and slide it off your operated arm.
- To dress, slide your operated arm into the garment first using your non-operated arm. Do not use your operated arm; just let it hang loose. Once this arm is fully in the sleeve, bring the garment around your back and put the other arm in. Fasten the garment using your non-operated arm; and put your sling back on.



Use your unaffected arm to thread your operated arm through the sleeve and pull it all the way up through to your armpit.



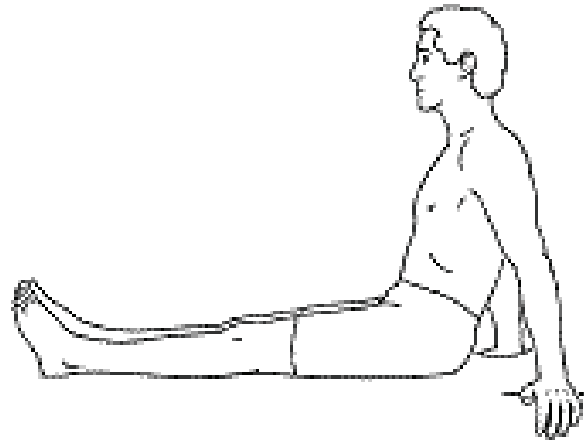
Then use your unaffected arm to pull your head through the shirt. Use your unaffected arm to position shirt comfortably in place.

Section 7: Hip, Knee and Shoulder Replacement Pre-Op Exercises

KNEE & HIP

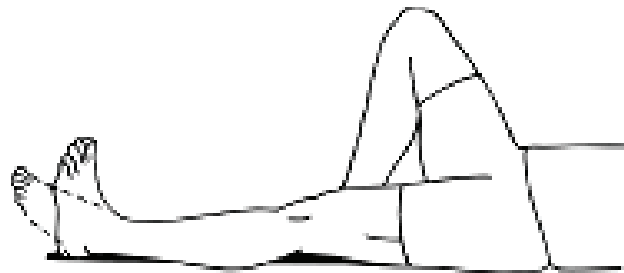
Quad Sets

- Press your knee down and tighten your thigh muscles.
- Hold for 2-3 seconds, then relax.
- Repeat 10-20 times.



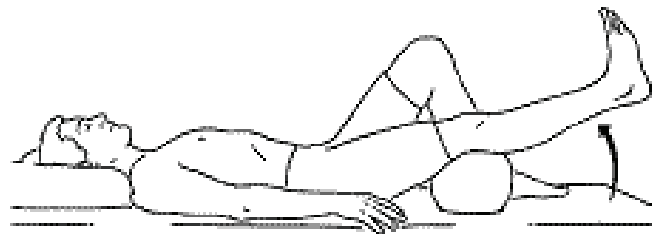
Ankle Pumps

- Push and pull your foot away from and toward your body.
- Repeat 10-20 times for both ankles.



Short Arc Quads

- Place a pillow or roll under the knee on the involved side.
- Straighten the knee and hold for 1-2 seconds, then relax.
- Repeat 10-20 times.



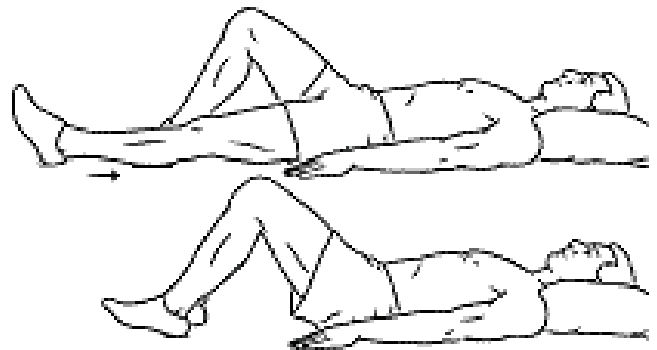
Pillow Squeeze

- Place a pillow between the knees and squeeze.
- Hold for 1-2 seconds, then relax.
- Repeat 10-20 times.



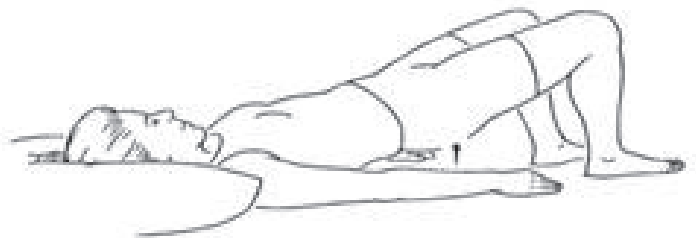
Heel Slides

- Slide the foot of the involved leg as close to your hip as possible.
- Return your leg to the straightened position.
- Repeat 10-20 times.



Bridging

- Bend both knees.
- Lift the hips and hold for 1-2 seconds.
- Repeat 10-20 times.



SHOULDER

Side Sit Up

- Sitting on the edge of the bed, use your non-surgical arm to lower your head to your pillow, at the same time bringing your legs up onto the bed.
- Attempt to sit up from your non-surgical side and bring legs off the bed back to the starting position. Repeat for 3 sets of 10.



Sit to Stand

- Place stable chair preferably with arm rests against a solid wall and move buttocks to edge of chair.
- Attempt to stand fully upright using both arms and SLOWLY lower back to starting position. Repeat 10 times.
- Attempt to stand fully upright using 1 arm (non-surgical arm), SLOWLY lower back to the starting position. Repeat 10 times.
- Attempt to stand fully upright using NO arms. SLOWLY lower back to the starting position. Repeat 10 times.



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