



Total Knee & Hip Replacement Patient Education Manual



erlanger

Orthopaedic Institute

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Important Dates and Times

Medical Clearance (if needed)	Follow Up Appointment after Surgery
Date _____	Date _____
Time _____	Time _____
 Pre-Testing and Joint Education Class	 Physical Therapy Appointment
Date _____	Date _____
Time _____	Time _____
 Surgery	 Other
Date _____	Date _____
Arrival Time _____	Time _____

Notes

About the Erlanger Health System

The Erlanger Health System is a multi-hospital system with five hospitals based in Chattanooga: the Baroness Hospital, Children’s Hospital at Erlanger, Erlanger North Hospital, Erlanger East Hospital, and Erlanger Bledsoe Hospital. Erlanger is the 7th largest public hospital in the United States and has been recognized as “Chattanooga’s number one hospital” by U.S. News and World Report.

Erlanger is the tri-state region’s only Level I Trauma Center, providing the highest level of trauma care for adults. Erlanger has five LIFE FORCE air ambulances in its fleet, two based in Tennessee, two in North Georgia and one in Winchester, TN. Children’s Hospital at Erlanger houses the region’s only Level IV Neonatal Intensive Care Unit, as well as a pediatric trauma team, Emergency Center, and Pediatric Intensive Care Unit.

Erlanger also serves as the region’s only academic teaching hospital, affiliated with the University of Tennessee College of Medicine Chattanooga Campus. Each year, more than a quarter of a million people are treated by the team of healthcare professionals who are part of Erlanger.

Our Healthcare Mission

We compassionately care for people.

Our Healthcare Vision

Erlanger is a nationally-acclaimed health system anchored by a leading academic medical center. As such we will deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.

Our Core Values

- **Excellence** - We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.
- **Respect** - We pay attention to others, listening carefully, and responding in ways that demonstrate our understanding and concern.
- **Leadership** - We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.
- **Accountability** - We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.
- **Nurturing** - We encourage growth and development for our staff, students, faculty and everyone we serve.
- **Generosity** - We are giving people. We give our time, talent and resources to benefit others.
- **Ethics** - We earn the trust by holding ourselves to the highest standards of integrity and professional conduct.
- **Recognition** - We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

Important Erlanger Phone Numbers

Orthopaedic Nurse Navigator.....	423-778-3979
Pre-Testing Department	423-778-3233
Surgical Services Waiting Room Desk (2nd floor).....	423-778-2388
Surgical Ambulatory Care Unit (Pre-Op)	423-778-7008
Orthopaedic Floor Nurse’s Station (6th floor)	423-778-6088
Nerve Block Questions/Problems Pager.....	423-778-2121, then enter 3972
<i>This is a paging system. Enter your telephone number and your call will be returned.</i>	

Important Information

- FMLA/Disability forms should be filled out by the surgeon’s office **BEFORE** surgery. Please allow 7-10 business days for these forms to be completed.
- You may be required to obtain medical, cardiac, and/or other specialty clearance before surgery. Anesthesia requires a written clearance note from these physicians before surgery. Failure to obtain these clearances could result in your surgery not being scheduled or canceled.
- Someone from the hospital or the surgeon’s office will be contacting you for your Pre-Testing appointment.
- If you have any religious or other reasons to refuse blood products or medications, please let the surgeon’s office staff know prior to the surgical procedure.
- Physical therapy will be set up for you **BEFORE** you leave the hospital by a case manager. If Physical Therapy has not contacted you within two days after discharge, please notify the Orthopaedic Nurse Navigator above.
- The E and F elevators are the best elevators to use for family and friends to access the Orthopaedic Floor (6th floor).
- Free Wi-Fi internet access is available, identified as **ehspub** on your device.



Welcome to the Total Joint Program

Thank you for choosing the Erlanger Health System for your total joint replacement surgery. We are offering each patient undergoing total knee or hip replacement this educational guide. Your physician has discussed information with you regarding your surgery. This guide is designed to help you further prepare for surgery by giving you information you will need to achieve the best outcome from your joint replacement.

The total joint program offered by Erlanger Health System is a team approach. This team includes your surgeon, hospital staff, and you. As part of this team, a Nurse Navigator will work with you to help you prepare for surgery, ensure your plan of care is completed, and may assist with your discharge and follow up care. The Nurse Navigator will be a contact person for you and your family before, during, and after surgery.

The total joint program also offers a Joint Education Class for you and the individuals who will be helping you throughout your surgical experience and recovery. During this class, you will receive information and will also have the opportunity to ask any questions you may have. Please see page 8 for more information on the class.

Total Knee Replacement

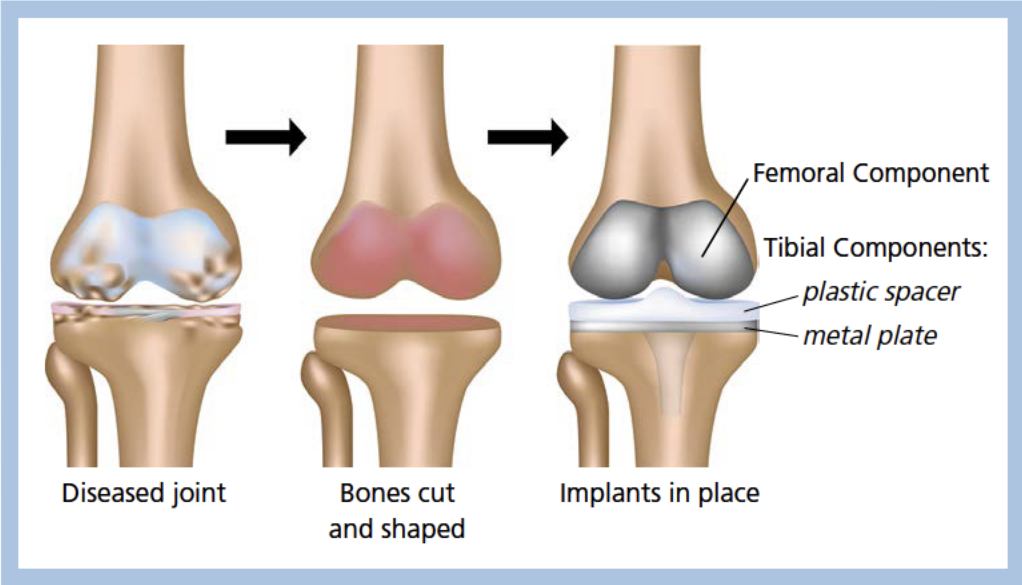
The most common reason for knee replacement surgery is to help relieve pain caused by arthritis. Patients who need knee replacement surgery usually have problems walking, climbing stairs, and/or getting in and out of chairs. Some patients also have moderate or severe knee pain at rest.

Knee replacement surgery, also called knee arthroplasty, can help ease pain and return function in severely diseased knee joints. During the knee replacement surgery, a surgeon will cut away a small amount of damaged bone and cartilage and replace it with an artificial joint.

There are a variety of artificial joint designs. The surgeon will consider your age, weight, activity level, and overall health to choose which artificial joint is right for you.

For most patients, knee replacement provides relief from pain and better mobility and quality of life. After you have recovered from surgery, you can enjoy a range of low-impact activities, such as walking, swimming, golfing, and/or biking. Talk to your surgeon about your limitations after surgery.

This is an example of one type of knee replacement available:



It is normal to hear and/or feel a click after surgery. This is from the contact of the artificial joints (metal/plastic) during activity.

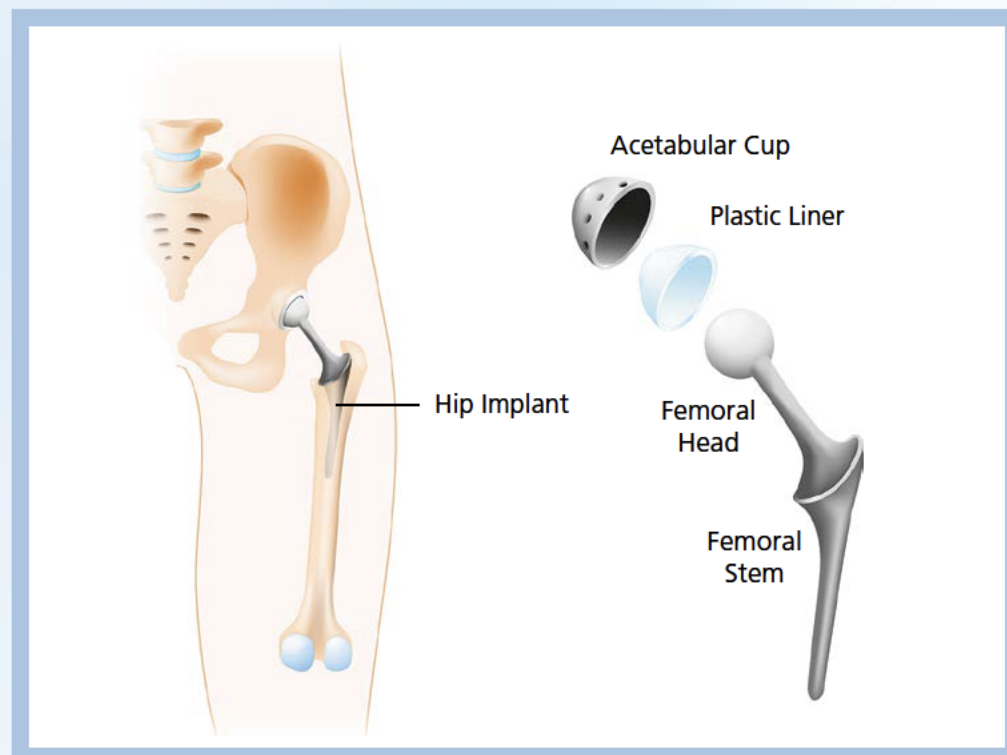
Total Hip Replacement

Hip replacement, also called hip arthroplasty, may be a choice for you if your hip pain interferes with daily activities and more conservative treatments have not helped. Patients who need hip replacement surgery usually have problems walking, climbing stairs, and/or getting in and out of chairs/beds. Damage to your hip from arthritis is the most common reason to need hip replacement surgery.

During hip replacement surgery, a surgeon removes the damaged areas of your hip joint and replaces them with an artificial joint. The surgery may be done through the back (posterior), the front (anterior), or the side (lateral) of the hip joint. This artificial joint, also called prosthesis, helps reduce pain and improve function in your hip.

There are a variety of artificial joints available. The surgeon will consider your age, weight, activity level, and overall health to choose which artificial joint is right for you.

Total hip replacement (arthroplasty) example:



Preparing for Joint Replacement Surgery

Smoking Cessation

Smoking can slow the recovery process and increase medical complications. Some medical complications caused by smoking can include blood clots and/or wound healing problems after surgery. If you smoke, it is advised that you quit at least four weeks before surgery. Please note that the Erlanger Health System is a smoke free campus.

Diabetes Management

It is very important to effectively manage your blood glucose before, during, and after surgery. Managing your blood glucose effectively can reduce complications such as infection after your surgery. If you are diabetic, your blood glucose will be managed and monitored throughout your entire hospital stay.

Infection Prevention

Bacterial infections commonly enter through the skin. Two weeks before your surgery, shower or bathe with an antibacterial soap to decrease the bacteria on your skin. You will also be given a special soap during your Pre-Testing appointment with instructions to use before surgery (see page 10 for instructions). Please do not shave your legs three days before surgery.

Dental Visits

After joint replacement surgery, antibiotics must be taken prior to any dental work, surgery, or other invasive procedures for the rest of your life. Please refrain from any routine dental cleansings for 12 weeks after surgery.

Home Safety

Falls are the most preventable cause of injury!

- Remove small rugs around your home.
- All stairways in and around your home need secure hand railings.
- There should be NO long cords, footstools, or clutter in and around walkways.
- Furniture needs to be arranged so that you can easily move throughout your home and bedroom with a walker.
- Small children may need to be taught how to keep you safe after surgery.
- Pets may need to be moved to another area of the house when you arrive home.
- If your bedroom is located upstairs, you may need to prepare a sleeping area downstairs for the first two weeks after you return home.

Help at Home

You will need to arrange for a friend or family member to drive you home from the hospital and to your appointments after surgery for 4-6 weeks. It is also encouraged to have someone stay with you for the first four days after you return home from the hospital.

Vaccinations

Any vaccinations must be completed 4 weeks prior to surgery or 6 weeks after your surgery.



Pre-Testing and Joint Education Class

Before Surgery

You will be scheduled for a Pre-Testing appointment approximately 2-4 weeks before your surgery date. During this appointment, a nurse will review your complete medical history including any and all medications you take and allergies. You will need to bring all of your medications to this appointment, including any over-the-counter medications, vitamins, and/or herbs that you are taking. You will be instructed which medications to stop and which medications you may take.

Testing

Tests will be performed to check for any potential medical problems you may have that could put you at risk during or after surgery. This testing may include checking laboratory and urine, nasal swab to check for infection, chest x-ray, and/or an electrocardiogram. If any of these results show that you have risk factors, you may need additional testing and/or medication. You will be contacted if the results are abnormal.

Questions?

If you have any questions about your medications after your Pre-Testing appointment, please contact the Orthopaedic Nurse Navigator or the Pre-Testing Department. Please see page 3 for Important Numbers.

Joint Education Class

The Joint Education class provided by the Erlanger Health System is designed to fully prepare you for surgery. **All patients having a total joint surgery are expected to attend this class.** This class allows you to participate in your care and assists you with what you can expect during your hospital stay.

The Joint Education class is provided for you on the same day as your Pre-Testing appointment. You will be taken from the Pre-Testing Department to the Joint Education Class by a hospital staff member.

Please see page 26 for instructions on accessing Joint Education online.

Preparation Checklists

Before Surgery

- ☐ I have attended the Joint Replacement education class and Pre-Testing.
- ☐ I have used antibacterial soap and the special soap given in Pre-Testing as instructed.
- ☐ I have not shaved my legs for three days before surgery.
- ☐ My diabetes is under control (Hgb A1C is less than 7.0).
- ☐ I have stopped smoking before my surgery.
- ☐ I have prepared my home as suggested for safety (see page 7 for home safety tips).
- ☐ I have arranged for someone to drive me home and stay with me when I'm discharged from the hospital for four days.
- ☐ I have arranged for someone to drive me to my follow-up appointments for **4-6 weeks after surgery**.
- ☐ Do not eat or drink after midnight. This includes smoking, chew tobacco, or gum.

Preparing for the Hospital Stay, Please Bring:

- ☐ Clothing such as loose pajamas, short nightgowns, short robes, loose shorts, boxer shorts, t-shirts, under garments, and/or jogging suits
- ☐ Shoes with a back and non-skid soles so they will not slide off your feet
- ☐ Personal hygiene toiletries (toothbrush, toothpaste, denture cleansers, deodorant, comb/brush)
- ☐ Eyeglasses, contact lenses, denture cases, hearing aid and batteries
- ☐ CPAP machine and tubing
- ☐ Cell phone, magazines, newspapers
- ☐ This handbook

Additional Information

- ☐ Leave jewelry, credit cards, check book, and large sums of cash at home.
- ☐ Plan for meals when you return home. Purchase groceries ahead of time and make sure to have plenty of drinks to prevent dehydration.

Notes

Day of Surgery

Before Leaving Home

- Take only the medications you have been instructed to take with a small sip of water.
- Shower using the special soap given in Pre-Testing as instructed below.

Pre-Surgery Shower Instructions

Do not use if allergic to Chlorhexidine. Please refer to the product label for general product information, including possible contraindications.

Instructions:

1. The night before surgery and the morning of surgery, wash with the prescribed liquid soap. Use a clean washcloth and towel the night before surgery, and use another clean washcloth and towel the morning of surgery.
2. **DO NOT** use the product near your eyes or ears to avoid serious injury. Also, do not use this soap on your groin area.
3. Wash for 2-5 minutes and rinse thoroughly.
4. **DO NOT** wash with your regular soap after using the liquid soap.
5. **DO NOT** use a razor to shave the area of your body where your surgery will be performed.
6. Pat yourself dry with a clean towel.

If you are having HIP surgery: Wash from the waist down to your knee on the surgery side.

If you are having KNEE surgery: Wash your knee and six inches above and below the knee on your surgery side.

WARNING: The prescribed liquid soap can be slippery.
DO NOT use any lotions, oils, or powders 2 days before surgery.

Day of Surgery

Arriving at the Hospital

- You will come to the Valet Parking on the side of the hospital by the Emergency Room which is located on Hampton Street. Valet Parking is available from 5 a.m. to 8 p.m. (See map on page 25.)
- You will come through the doors and follow the signs to Surgical Services.
- Please check in at the Surgical Services Waiting Room desk.
- **Surgical Services Waiting Room Desk** telephone number is **423-778-2388**.

Pre-Operative Area (Surgical Ambulatory Care Unit)

- You will be taken to a holding area on the 6th floor and the persons with you will be instructed to wait in the waiting area. Please note it maybe 4-5 hours from the time you leave your family and/or friends until your surgery is completed.
- You will receive an identification bracelet and change into a hospital gown. Once the armband is in place, identity will be confirmed before any procedure or medication is given by matching this armband to your patient chart. Please ensure all information on your armband is correct before it is placed on your arm.
- You will remove any dentures, eyeglasses, or contacts.
- A nurse will review your medical history and vital signs will be taken.
- An intravenous line will be started in this area or the surgery holding area.
- In the holding area, the Anesthesiologist and Nurse Anesthetist will review your medical record, vital signs, and speak with you about the type of anesthesia that will be used during surgery.
- Your surgeon and the operating room nurse will speak with you before surgery and answer any questions you have. Your surgeon will confirm the correct side and site of surgery.

Surgery

- Your joint replacement surgery can take 1 to 2 hours to complete.
- The operating room nurses will keep your family updated on your progress while you are in surgery.
- After surgery, the surgeon will speak with your family and/or friends.

Please let your loved ones know, if they are planning to leave the waiting area, they need to inform a staff member so that they may be contacted if needed.

Day of Surgery *Continued*

Recovery Area

- Once surgery is completed, you will be taken to the recovery area.
- Your blood pressure, pulse, breathing, and pain level will be evaluated.
- You will receive medications for pain as needed.
- You will be given oxygen to help you breathe.
- You will be monitored for approximately 1-2 hours then taken to a room on the Orthopaedic Floor located on the 6th floor. The length of time in recovery can vary depending on your progress.
- Your family and/or friends will be notified of your room number.

Pain Control After Surgery

During your hospital stay, you will be asked to rate the intensity of your pain that you are experiencing. A pain scale is used numbered 0 to 10. A pain scale sample can be seen below.



There are several different types of pain control methods available to you that will keep you comfortable and allow you to be up and walking shortly after surgery. Your surgeon will choose the right method for you based on your medical history and the amount of pain you are having.

It is important for you to communicate with your healthcare team if the pain medication is not sufficient, if you are not as alert as you think you should be, or if you are feeling nauseated. Adjustments can be made to your pain medication to make you feel more comfortable.

TED and SCD

After surgery you may have TED (Thrombo-Embolus Deterrent) hose and/or SCDs (Sequential Compression Devices) on your legs. These are both placed to help prevent blood clots from forming in your legs after surgery. TED hose are elastic and fit snugly and prevent blood from pooling and blood clots from forming in your lower legs. SCDs wrap around the lower legs, plug into a device with a motor, and massage your legs to promote blood flow.

Hospital Stay

Orthopaedic Floor (6th Floor)

You will be admitted to the hospital for one to two days or longer depending on your medical condition. While in your hospital room, the nurse and other staff members will:

- Frequently monitor your vital signs and check your incision site.
- Give IV fluids, antibiotics, and medications as ordered (including home medications).
- Monitor your oxygen level.
- Provide liquids and food as tolerated. Your diet will be advanced slowly from clear liquids to regular food. This helps to avoid abdominal complications after surgery.
- Draw blood for laboratory testing ordered by your surgeon.
- Give you special wipes to use daily on your skin to help prevent infection.
- Provide you with a rolling walker and bedside commode (if needed).
- Get you out of bed shortly after surgery. Physical therapy will be started the day of your surgery or the morning after. This will include standing, walking, and exercises.
- Remember:
 - Do not get out of the bed without assistance from a hospital staff member.
 - Do ankle pumps every hour. This is done by moving your ankles up and down slightly and wiggling your toes (see page 22 for ankle pump instructions).
 - Turning in bed will help prevent skin breakdown, blood clots from forming, and lung congestion. The hospital staff will help you with turning.

Getting up on the day of surgery aids in your recovery and helps prevent complications. A Physical Therapist will help you begin mobility exercises and help with bedside activities beginning on the day of your surgery.



Orthopaedic Patient Bathroom



Orthopaedic Patient Room

Hospital Stay *Continued*

Incentive Spirometry (ICS)

Incentive Spirometry is a deep breathing exercise that your surgeon may order to assist you after surgery. Deep breaths are needed to expand the air sacs in the lungs. This deep breathing exercise will help prevent lung problems and speed recovery. A hospital staff member will help you with the incentive spirometry exercise.

Continue ICS use at home after discharge from the hospital.

HOW TO USE YOUR ICS:

1. Sit upright or as far upright as you can.
2. Breathe out normally.
3. Close your lips around the mouthpiece.
4. Breathe in slow and steady through your mouth until your lungs are full.
5. Remove the mouthpiece and hold your breath for 5 seconds.
6. Breathe normally.

Repeat this exercise 10 times each hour while you are awake.



Hospital Discharge

You will be discharged from the hospital when you are medically stable. Prior to hospital discharge you will be given a prescription for pain medication and written discharge instructions. You will also have instructions on any blood thinners or equipment that may be ordered for you.

If you are discharged to home, you must have someone to drive you. We will assist you to your vehicle. When getting into the car, move the front passenger seat back as far as possible. **You should avoid riding home in a sports car, compact car, truck, or any vehicle with raised suspension.**

You will not drive for approximately 4-6 weeks after surgery. Your surgeon will tell you when you will be able to drive. Please make arrangements for family and or friends to drive you to all of your appointments during this time.

Discharge Options

Your physician and hospital staff will discuss your discharge plan with you based on your medical needs. Once your plan has been decided, all arrangements for your care and equipment will be made for you by a case manager before you leave the hospital.

Possible discharge options include:

- Return home with outpatient physical therapy services (most preferred option)
- Return home with home healthcare
- Go to a skilled nursing facility prior to returning home (least preferred option)

Outpatient Physical Therapy Services

Outpatient therapy services will include physical therapy at an outpatient center near your home.

Home Healthcare

Home healthcare may be recommended for you for a safe transition home. This could include a nurse, physical therapist, and/or support from an aide or social worker that will visit you at home after hospital discharge.

Skilled Nursing Facility

A skilled nursing facility will provide 24 hour trained care for patients who need more intensive physical therapy or long term antibiotic treatment. This will only be ordered by your surgeon if absolutely necessary.



Precautions after Surgery & Hospital Discharge

Blood Clots

A blood clot, also called a deep vein thrombosis (DVT), is the formation of a blockage within one of the veins below the skin. It happens most often in the legs. When a DVT is not treated, the blood clot can move to the heart and/or lungs resulting in a serious medical condition that could be fatal. It is important to inform your surgeon if you have a history of blood clots.

The warning signs of a blood clot are:

- Increased pain in your lower leg
- Tenderness and/or redness in your leg, ankle, or foot
- Increased swelling in the leg, ankle, or foot
- Sudden shortness of breath and/or chest pain

Blood Clot Prevention

- Elevate your feet using pillows to raise your feet higher than the level of your heart while lying in bed.
- TED hose are elastic support stockings that help improve blood flow (see page 12).
- Perform the exercises instructed by your surgeon and physical therapist.
- Stop smoking.
- Avoid sitting with legs crossed.
- Avoid prolonged bed rest.

Blood Thinner

You will be instructed by your surgeon to take a blood thinner after surgery to help prevent a blood clot. This may be a prescribed medication or over-the-counter medication.

Surgical Site Infections

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. The risk of a surgical site infection is low and only happens in about 1 to 3 out of every 100 patients who have surgery. Bacteria that enter the blood stream through the mouth, urinary tract, or skin can cause an infection.

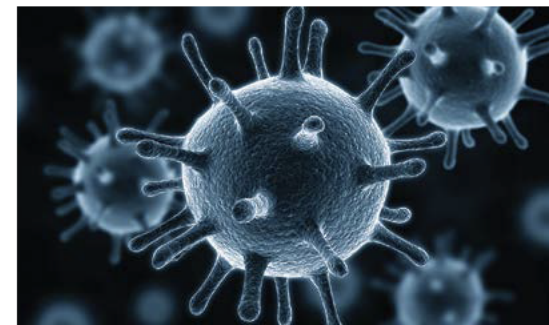
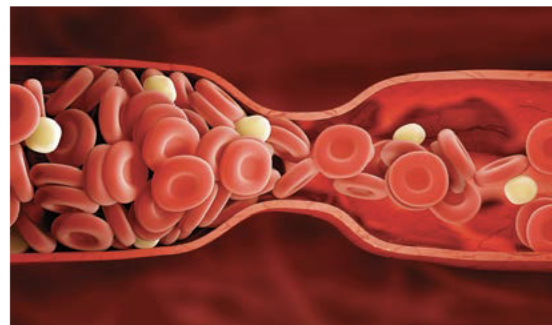
Surgical Site Infection Prevention

- Clean your hands with soap and water before touching your incision.
- Have your family and friends clean their hands with soap and water before coming into contact with you.
- Things Healthcare workers do to prevent surgical site infections:
 - Clean their hands before coming into contact with you.
 - Remove any hair around your incision site before surgery with special clippers.
 - Wear special hair covers, masks, gowns, and gloves during surgery.
 - Give you antibiotics before and after surgery.
 - Clean your skin at the site of your surgery with a special soap before surgery begins.

You will need to take antibiotics for the rest of your life before any dental work, colonoscopy, surgery, or urologic procedures.

Call 911 if you experience:

- Chest pain and/or shortness of breath
- Coughing up blood or unexpected bleeding
- Continued and increased swelling or pain
- Dark and/or black stools



Protect Against Bacteria

Washing your hands for at least 20 seconds with soap and clean water is one of the best ways to protect yourself from bacterial infection. Wash your hands often especially before, during, and after preparing food; being around someone who is ill; using the restroom; treating a wound; after sneezing or coughing; or after touching garbage.

Precautions After Surgery *Continued*

Knee Replacement Precautions

For safety of your knee replacement, you should follow these precautions after surgery:

- Do not sit on low chairs.
- Do not twist your knee for six to eight weeks.
- Do not sit for longer than 45 minutes at a time. This can make the muscles around your knee stiffen.

Hip Replacement Precautions

After a hip replacement, you will need to learn new ways to move that protect your new hip. These are called *hip precautions*. Your hip surgery was performed through the back (posterior), the front (anterior), or the side (lateral) of the hip joint.

Posterior Hip Replacement Precautions:

- Always sit with your hips higher than your knees.
- Sit with both feet on the floor and keep your knees about 6 inches apart.
- Do not let the knee on the surgical leg cross the midline of your body.
- Do not bend over so that your upper body is lower than your waist.
- Do not turn your surgical leg inward.

Anterior Hip Replacement Precautions:

- Do not step far back with your surgical leg.
- Do not turn your surgical leg outward.

Constipation

Pain medications and lack of activity are major factors that contribute to constipation. Be sure to take medications for constipation as directed by your physician and drink plenty of water. Also eating foods high in fiber will help prevent constipation.

Notes

Care at Home After Hospital Discharge

When you return home, walking and daily exercises will be a part of your routine. Walking will become easier and more enjoyable as your knee or hip becomes stronger.

Support Stockings

TED hose are elastic support stockings that may be ordered for you after discharge. The stockings fit your legs snugly and help to improve blood flow and keep blood and fluid from swelling in your foot and ankle. It is important to wear them as instructed by your physician.

Control Your Discomfort

- Take your pain medication as prescribed.
- Take your pain medication at least 30 minutes before physical therapy.
- Change your position every 45 minutes throughout the day.
- Short, frequent walking or moving will ensure a quicker recovery.
- Keep your leg elevated and use ice for pain control. Use ice prior to and after exercise, up to 20 minutes at a time.
- You will go home with a walker, please make sure you have a clear path throughout your home. (See the Home Safety section on page 7.)

Body Changes

- Drink plenty of water to keep from getting dehydrated or constipated.
- Your energy level may be decreased for up to one month after surgery. Ensure that you get up to 8 hours of sleep per night to help with this.
- Pain medications may cause constipation. Using a stool softener and eating foods high in fiber will assist with regular bowel movements (see page 20 for foods high in fiber).
- Get up slowly after you sit or lie down to improve your balance and coordination.

Your Incision

- You will be instructed before you leave the hospital how to care for your dressing and incision.
- Keep your incision clean and dry.
- You will be able to shower at home.
- Do not submerge your incision in water (tub baths, hot tubs, lakes, swimming pools, or oceans).
- Do not use lotions, ointments, creams, or spray anything on your incision unless you are told to do so by your surgeon.
- Call your surgeon or the nurse navigator if you notice an increase in drainage, redness, pain, odor, and/or heat around your incision site.

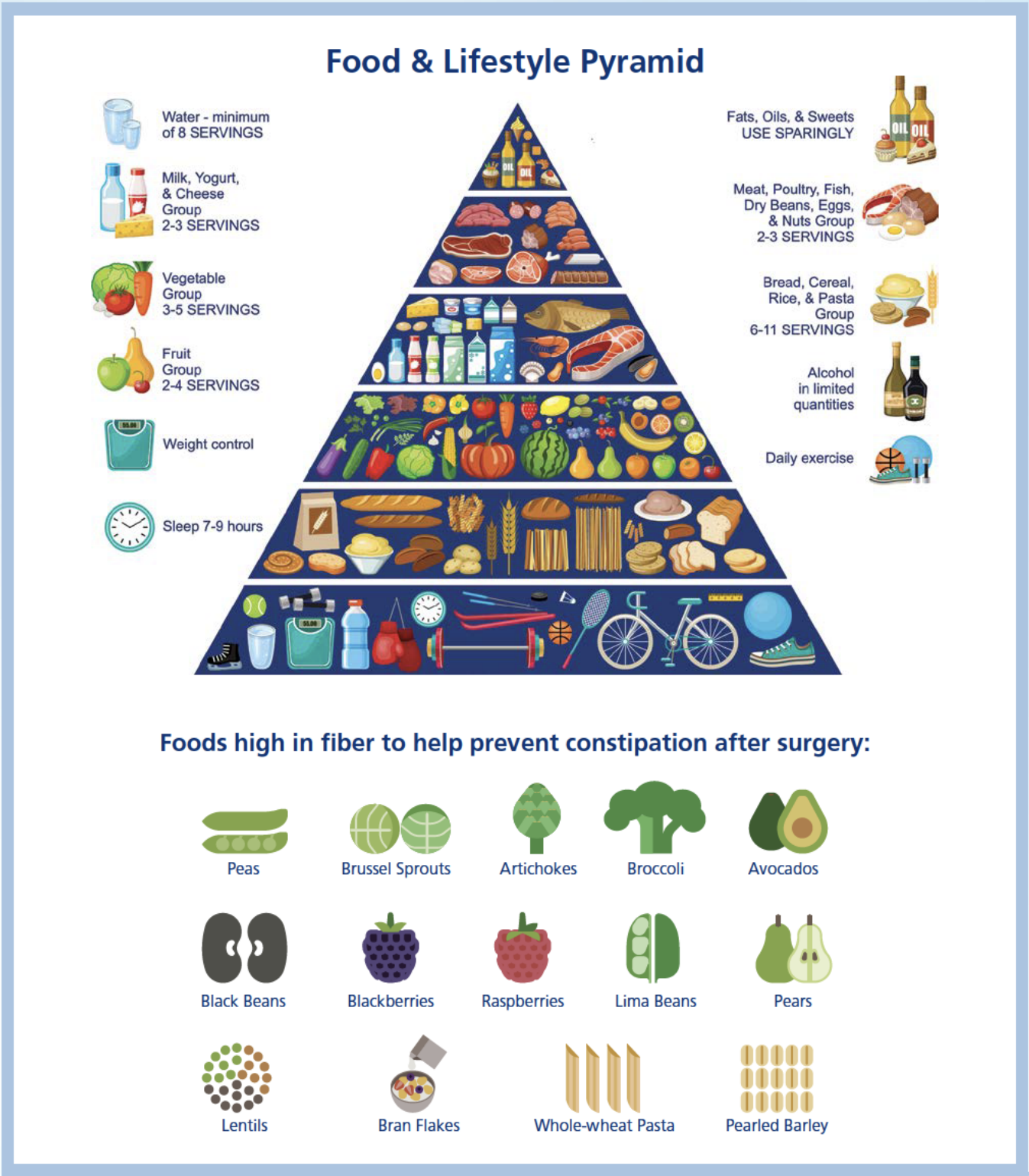
Other Tips

- Keep a phone near you in case you need assistance or fall and cannot get up.
- Keep emergency numbers near each phone.

Care at Home *Continued*

Diet and Nutrition

Good nutrition and a well balanced diet are important factors in healing and restoring strength after a total joint replacement. Use this food and lifestyle pyramid as a guide to healthy eating every day:



Exercise Guide

Regular exercise to restore your knee and hip mobility and strength and a gradual return to everyday activities are important for your full recovery. Your surgeon and physical therapist may recommend that you exercise and walk approximately 20 to 30 minutes two or three times daily.

Walking

Soon after your surgery, you will begin to walk short distances and perform everyday activities. This early activity aids your recovery and helps your knee or hip regain its strength and movement.

Walking is the best way to help your knee or hip recover. At first, you will walk with a walker or crutches. Your surgeon and/or physical therapist will tell you how much weight to put on your leg.

Stair Climbing and Descending

The ability to go up and down stairs requires strength and flexibility. At first, you will need a handrail for support and will only be able to go one step at a time. Always lead up the stairs with your good leg and down the stairs with your operated leg. Remember “up with the good and down with the bad.” You may want to have someone help you until you have regained most of your strength and mobility. A physical therapist will teach you how to use stairs before you leave the hospital.

Early Postoperative Exercises

The following guide can help you better understand your exercise/ activity program that is supervised by your physical therapist and orthopaedic surgeon. Start the exercises on the following pages as soon as you are able. You can begin these in the hospital. Exercise and activity should consistently improve your strength and mobility. If you have any questions, contact your orthopaedic surgeon or physical therapist.

Notes



KNEE REPLACEMENT PATIENTS:

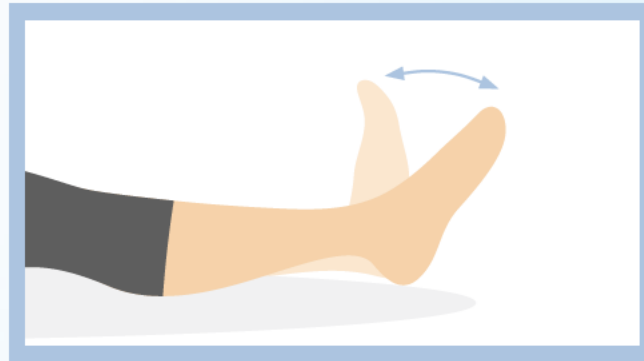
You may experience knee pain and/or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel.

Exercise Guide *Continued*

Exercises After Both **KNEE** and **HIP** Replacement Surgeries

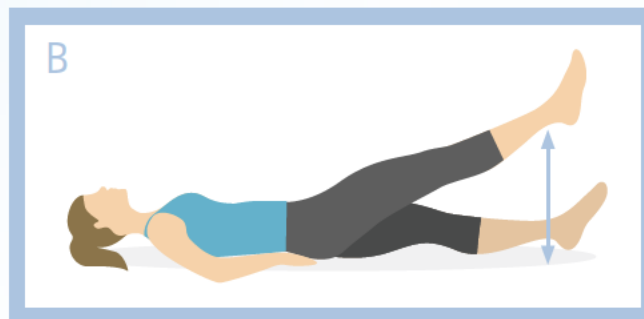
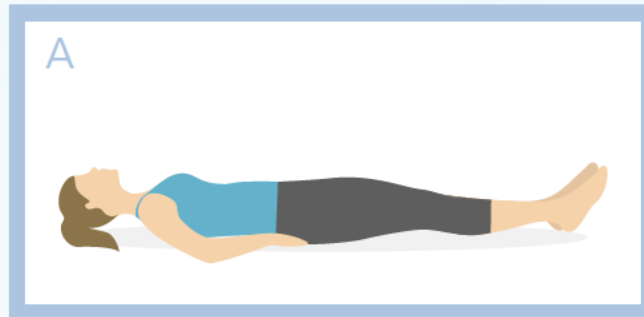
Ankle Pumps

- While sitting in a chair or lying in bed, straighten your knee and slowly move your foot forward and backward.
- Perform this exercise periodically for two to three minutes, two to three times an hour.
- You should perform this exercise daily until you are fully recovered and all swelling has subsided.



Straight Leg Raises

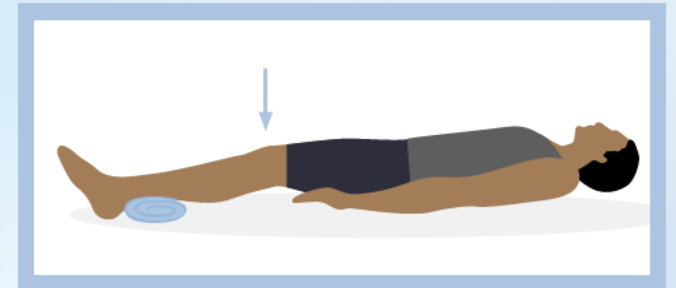
- While lying on your back, tighten the thigh muscle with your knee fully straightened out on the bed (picture A).
- Lift your leg several inches (picture B). Hold for 5-10 seconds. Slowly lower.
- Repeat until your leg feels fatigued.



Exercises After **KNEE** Replacement Surgery

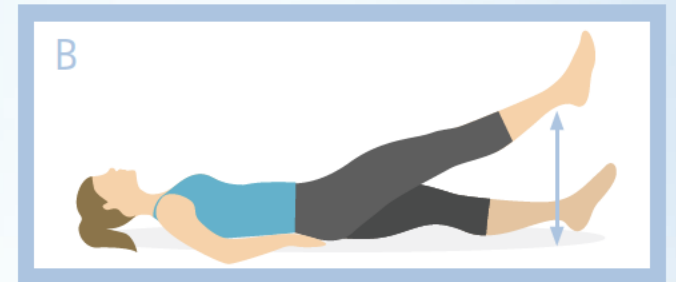
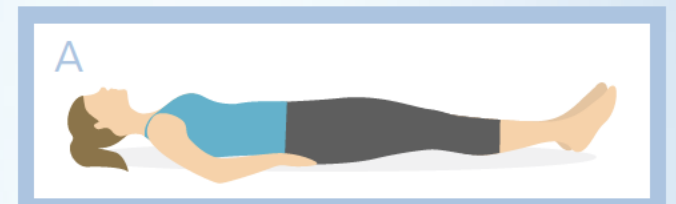
Knee Straightening Exercises

- Place a small rolled towel just above your heel so that it is not touching the bed.
- Tighten your thigh. Try to fully straighten your knee and touch the back of your knee to the bed.
- Hold fully straightened for 5-10 seconds.
- Repeat until your thigh feels fatigued.



Straight Leg Raises

- While lying on your back, tighten the thigh muscle with your knee fully straightened out on the bed (picture A).
- Lift your leg several inches (picture B). Hold for 5-10 seconds. Slowly lower.
- Repeat until your leg feels fatigued.



Sitting Unsupported Knee Bends

- While sitting at your bedside or in a chair, bend your knee as far as you can until your foot rests on the floor.
- Hold for 5-10 seconds. Straighten your knee fully.
- Repeat several times until your leg feels fatigued or until you can completely bend your knee.



Buttock Contractions

- Tighten buttock muscles and hold to a count of five.

Exercise Guide *Continued*

Exercises After **HIP** Replacement Surgeries

Repeat all of these exercises 10 times, three or four times a day.

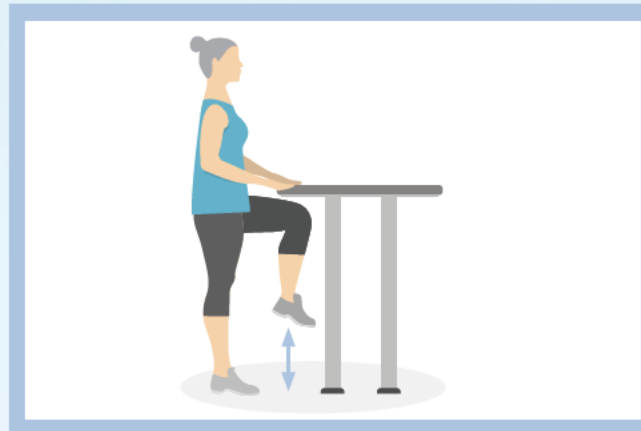
Abduction Exercise

- Lying on your back, slide your leg out to the side as far as you can and then back.



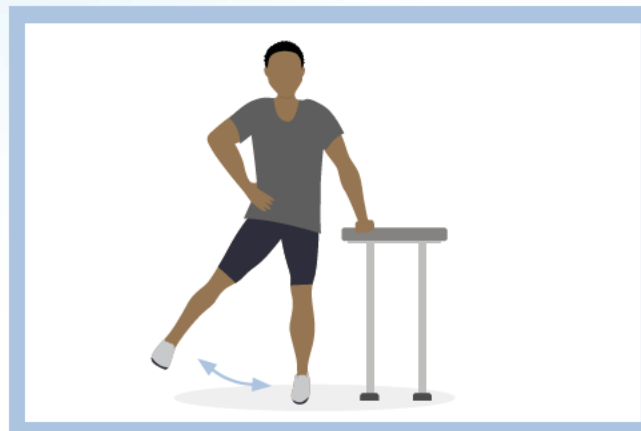
Standing Knee Raises

- Lift your operated leg toward your chest.
- Do not lift your knee higher than your waist.
- Hold for two or three seconds and put your leg down.



Standing Hip Abduction

- Stand with your hip, knees, and feet pointing straight forward. Keep your body straight.
- With your knee straight, lift your leg out to the side.
- Slowly lower your leg so your foot is back on the floor.



CARESENSE

Thank you for choosing the Erlanger Health System for your upcoming ankle, hip, or knee replacement! We are excited to be using a new digital tool for you called Care Sense. Through automated phone calls, text messages and emails you will receive reminders and educational material regarding your surgery. Some of the information that will be sent includes:

- How to better prepare for surgery
- Exercise and rehabilitation information
- Post discharge information

Two short surveys will be sent to you through your email. These will be sent before surgery and 3 months to 1 year after surgery. These surveys will help your surgeon keep track of how you are doing after surgery compared to before surgery.

If you have any questions please contact:

Orthopaedic Navigator for Total Hip or Knee Replacement 423-778-3979

Thank you!

Our entire staff would like to say thank you for choosing the Erlanger Health System for your healthcare needs. Our goal is to provide you and your family with the best experience possible. Please do not hesitate to ask a staff member for assistance while you are here. We wish you a speedy recovery.

Online Educational Videos

How to Access Online Educational Videos for Joint Replacement

Hip and Knee Replacement:

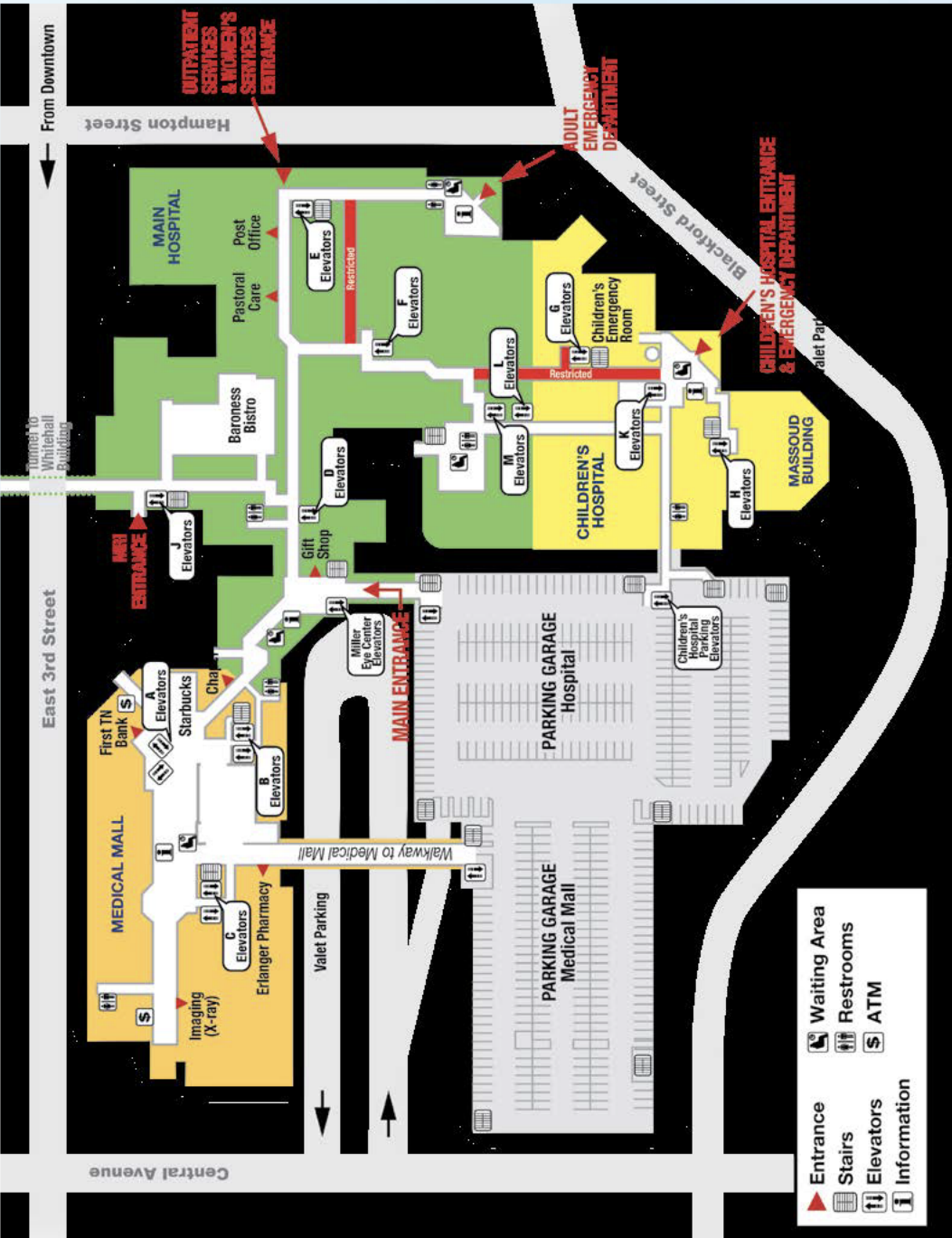
- Go to Erlanger’s home page at: www.erlanger.org
- Click on *Medical Services*
- Click on *Orthopaedics*
- Click on *Joint Reconstruction*
- Scroll down to the bottom of the page and you will see the video.
- Click on the video to begin.
- Also, located below the video is the *Education Manual for Total Knee and Hip Replacement* that you may click on to review.

Ankle Replacement:

- Go to Erlanger’s home page at: www.erlanger.org
- Click on *Medical Services*
- Click on *Orthopaedics*
- Click on *Foot and Ankle*
- Scroll down to the bottom of the page and you will see the video.
- Click on the video to begin.

Baroness Campus Map

In addition to the map below, our online PointsMap may be useful in navigating the hospital. Please visit www.pointsmap.com/erlanger/ for maps and directions.



Notes

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue lines spaced evenly across the page, typical of notebook paper. The background is white, and there are no margins, text, or other markings present.

Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

