

Thank You for Choosing

# The Joint Replacement Center at St. Anthony Community Hospital



# Reflection & Gratitude



**“A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.”**

**- Tom Stoppard**

# Pre-Admission Testing Day



## What to Do Before You Arrive

- You do **NOT** need to fast
- Take your medications as you normally would



## What to Bring to the Hospital

- Insurance Card
- Photo ID
- A list of all your medications, including dosage and instructions (information sheet provided in Patient Folder)
- List of all allergies: environmental, food, latex, medications and metals
- Your physicians' names and phone numbers
- A copy of your health care proxy, living will or any documents with instructions on who will assist us in your healthcare decisions
- Discharge caregiver name

# Pre-Admission Testing (PAT) Day

## Plan for Pre-Admission Testing (PAT) visit:

- Review your medical history with the Anesthesiologist and Registered Nurse to plan the most appropriate anesthetic to meet your individual needs.
- Please make sure to tell the Anesthesiologist of any anesthesia experiences you've had in the past.
- Complete Pre-Anesthesia Checklist.



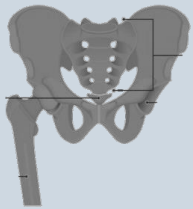
# Pre-Admission Testing Day

## Types of Anesthesia



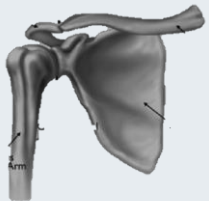
### TOTAL KNEE REPLACEMENT

The anesthesia sometimes used is a spinal anesthetic with a long-acting local anesthetic.



### TOTAL HIP REPLACEMENT

The anesthesia sometimes used is spinal or general anesthesia with sedation.



### TOTAL SHOULDER REPLACEMENT

The anesthesia most commonly used is a regional nerve block with general anesthesia/sedation.

There are instances when general anesthesia is necessary.  
Your individual needs will be determined by the Anesthesiologist.

# Pain Scale and Assessment

## Wong-Baker FACES® Pain Rating Scale



Rating	Pain Level
0	No Pain
1 – 3	Mild Pain (nagging, annoying, interfering little with activities of daily life (ADLs))
4 – 6	Moderate Pain (interferes significantly with ADLs)
7 – 10	Severe Pain (disabling; unable to perform ADLs)

# Anesthesia and Pain Control

## What to Do Before You Arrive

Your Surgeon may prescribe you medications for pain management prior to your surgery.

- If so, follow the directions given with the medication

Make sure you have a small supply of post surgical supplies for pain control at home:

- Ibuprofen (Advil<sup>®</sup> or Motrin<sup>®</sup>), naproxen (Alleve<sup>®</sup>), or another anti-inflammatory **as discussed with your surgeon**
- Acetaminophen (Tylenol<sup>®</sup>)
- Ice Packs
- Sennosides (Senna<sup>®</sup>)Laxatives, Docusate (Colace<sup>®</sup>) Stool Softeners
  - \* Some medications used for pain control slow down your digestive system and sometimes assistance is needed.

# Anesthesia and Pain Control

## During your Visit

Rest assured, your comfort is our top priority!

### **Please remember that you will not be pain free**

Your Surgical team will work with you to formulate an appropriate medication regimen to control your pain to your acceptable pain level.

Medications may be administered by oral or intravenous routes or via an epidural.

Your Surgical Care Team will do everything they can to ensure your pain is manageable.

- Your anesthesiologist will see you on a daily basis.
- Your Surgeon will see you on a daily basis.
- Your Nursing Team and Care Partner will see you throughout the day.
- They will assess your pain levels and medications for effectiveness and any side effects. Adjustments will be made as needed.
- Please let the teams know when your pain is outside of acceptable levels – the sooner we know the quicker we can act to get it to an acceptable level.



# Pain Control After Discharge

## Things to Remember

**Please remember that you will not be pain free!**

Take your medications as ordered by the doctor for the first couple weeks to maintain your acceptable pain level.

- This will help you on the road to recovery and back to a more normal activity level.

Take your medication prior to your therapy sessions.

- This will help you participate during therapy and help you get the most out of each visit.

Use additional pain relieving methods such as:

- Meditation, cold or heat application, guided imagery.

# Concerns about Pain Medication use

- Effective pain control during the immediate post surgical period is critical to healing!
- As your body heals and internal and external inflammation go down you should need less pain medication to reach your acceptable pain level.
- Discuss any concerns about pain medication use with your Surgeon at your post op visits.

# Pain Medication use

Decreasing your pain medication use as your body heals

- You may decrease the dose that you are taking to reach your acceptable pain level.
  - If previously taking 2 tablets, 1 tablet may bring you to your acceptable pain level.
  - If previously taking 1 tablet, ½ tablet may bring you to your acceptable pain level.
- You may decrease how often you are taking the medication to reach your acceptable pain level
  - If previously taking every four hours as needed, every 6 hours as needed may keep you at your acceptable pain level
  - If previously taking every 6 hours as needed, every 8 hours as needed may keep you at your acceptable pain level
- You may be able to reach your acceptable pain levels using over the counter pain control medications such as Ibuprofen (Advil<sup>®</sup> or Motrin<sup>®</sup>), naproxen (Alleve<sup>®</sup>), or Acetaminophen (Tylenol<sup>®</sup>) as discussed with your Surgeon.



**There's No  
Place Like  
Home**

# Case Management

## Discharge Planning

Even though total joint replacements have become fairly common practice and are less invasive, they still are a major surgery.



### OUR GOAL

You to go home directly from the hospital on the day after surgery.  
(Knee Replacement and Shoulder Replacement patients typically will be discharged Post Op #1)

- Discharge plan depends on many factors, including:
  - ✓ Your medical condition
  - ✓ Your progress, ability to walk, and perform exercises
  - ✓ Insurance coverage and co-pays

# Case Management

## Discharge Planning

### HOME

- Safe environment
  - ✓ Need clear spaces that a rolling walker can fit through and tripping obstacles like throw rugs removed
- Stairs
  - ✓ All stairs will require at least one rail of firm hand hold in order to navigate safely
- Someone to stay with you
- Home care and/or Physical therapy
- Transportation home

# Prior to Surgery

- Approximately two (2) weeks prior to surgery check with your physician regarding when to stop the following as these medications may cause increased bleeding:
  - ✓ Aspirin
  - ✓ Motrin
  - ✓ Naproxen
  - ✓ Vitamin E
  - ✓ Herbal Supplements
  - ✓ Coumadin
  - ✓ Plavix
  - ✓ Other blood thinning medications etc.
- If you are feeling sick a day or two before your surgery, call your surgeon.
- Do not have any invasive procedures or dental work 2 weeks before surgery unless clearing it with the surgeon (including tattoos and body piercings).

# Day Before Surgery



**Drink plenty of fluids - preferably water.**

This will help keep you hydrated and will better allow us to start an IV.



**Please do NOT shave your legs or underarms or use chemical hair remover the day before surgery.**

Tiny nicks and cuts, or a rash can let in germs and lead to infection.



You will be called by our Patient Access Department between 2pm and 5pm the night before surgery.

**If you do not hear from anyone, please call the Patient Access Department for information at: [845- 987-5187](tel:845-987-5187)**



# Night Before Surgery



**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**

No gum, mints, or candy. Surgery may be delayed 2 or more hours due to gastric movement.



The **ONLY EXCEPTION** is to take medications with a small sip of water, as instructed by your provider, surgeon, or anesthesiologist.



**Shower or bathe** - after one hour use the chlorhexidine antiseptic wipes (Nose to Toes SAGE) given to you at your pre-admission testing appointment. Allow the skin to dry and then get into clean pajamas.



**NO ANIMALS ALLOWED IN THE BED** with you and minimize other human contact.



Practice deep breathing and relaxation techniques

# Morning of Surgery

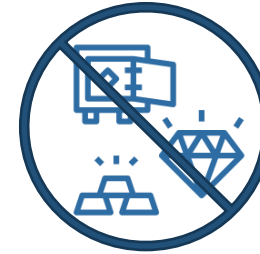
## When you wake-up:

- Do not shower or bathe
- Brush your teeth
- Use the chlorhexidine antiseptic toothbrush- brushing lightly
- Dress in comfortable clean clothing

**You are now ready to head to the hospital!**



# Things Not to Bring When You Come to the Hospital



- Medications, unless specifically instructed to do so by your doctor
- Limit cash amount to co-pay, credit/debit card and check to one (1) only
- Jewelry
- Any valuables, except those mentioned above. The hospital is not responsible for any valuables left at the bedside

**We cannot be responsible for lost belongings.**

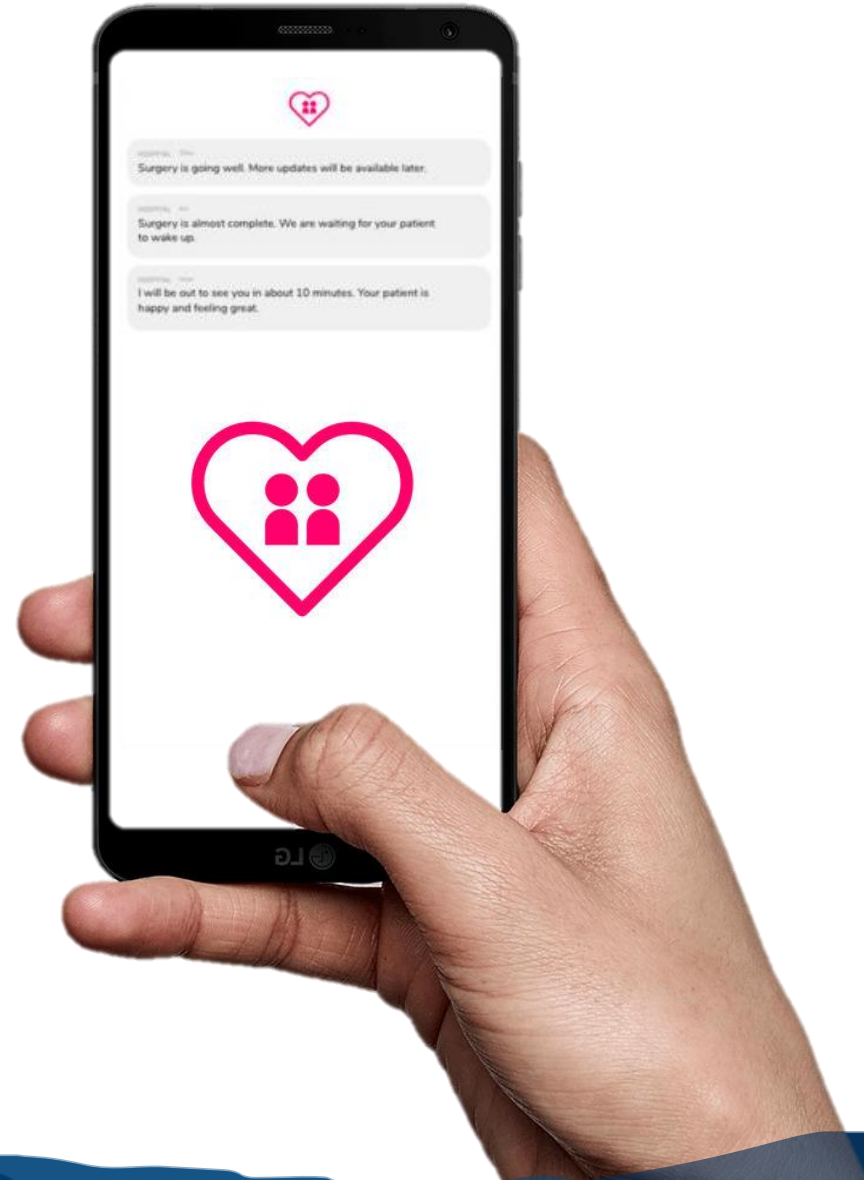
# Day of Surgery

- Arrive at the hospital a couple hours prior to your surgery. Please be prompt and on time.
- **Please be aware that your surgery time may change between now and the day of surgery.**
- 1-2 family members may be present at the bedside.
- Family will then be directed to the waiting room.



# Day of Surgery

- **The Family First** messenger application, is now available at St. Anthony Community Hospital – it is a mobile platform that allows hospital staff to communicate directly with your family and provide text-message updates during your procedure.



# Day of Surgery

## Ambulatory Surgery:

- Start your IV/Antibiotics
- Your nares will be swabbed with a nasal antiseptic solution
- The Nurse will use a third SAGE wipe and clean the operative site
- The Anesthesiologist can give you medication to relax you prior to going to the Operating Room – ASK!



# Day of Surgery

## Operating Room

- Many activities going on at the same time
- Many staff members will be in the room – It can get overwhelming
- Monitoring equipment will be applied:
  - ✓ Cardiac Monitors to chest
  - ✓ Oxygen Saturation Monitors to fingertip
- IV fluids and medications to be administered
- Blankets provided for warmth – or a “Bair Hugger” machine/blanket applied
- **Please remember to communicate any issues or concerns**

# Knee Replacement

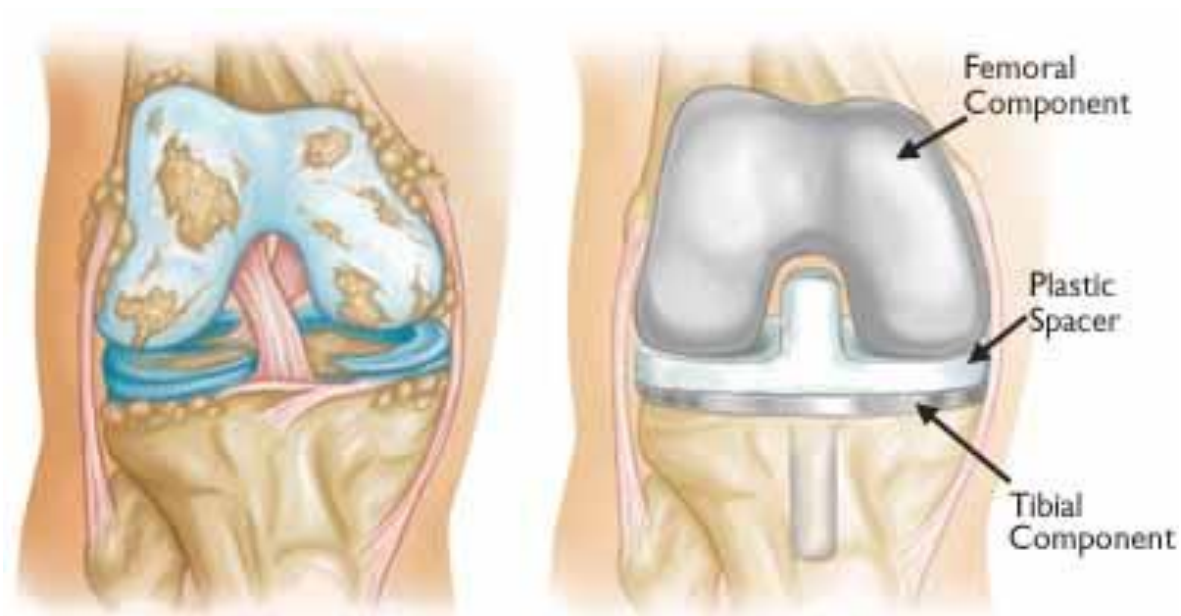
## There are Four Basic Steps to a Knee Replacement Procedure

Prepare the bone

Position the metal implants

Resurface the patella

Insert a spacer





# TKR (Total Knee Replacement)

- Regional block may lead to numbness or decreased sensation of your operative leg but once you are able to actively move your ankle and lift your leg with minimal assistance it will be safe to walk with the PT, OT, or nursing
- When ambulating the first day of surgery you will be instructed to limit the knee bend to about 50-60 degrees of flexion to protect the new surgical area, but the next day you will be able to bend your surgical knee to tolerance
- Pain Management
  - ✓ Pain medicine
  - ✓ Increase mobility
  - ✓ Icing
  - ✓ Elevation

# TKR (Total Knee Replacement)

## Positioning

### Lying in bed:

- Leg straight with toes facing ceiling to promote extension (getting back of knee flat)
  - ✓ May need towel roll under ankle or along outside of knee to achieve this
  - ✓ May also need to elevated entire leg from knee to heel on inclined pillows to assist with positioning, pain, and reduce swelling

### Sitting:

- Need to alternate letting the knee bend and having your foot on the floor or straightening the knee with the entire leg resting supported on a foot stool with pillows in a completely straight position

Ankle pumps and quad sets are encouraged when lying down or sitting to increase circulation along with improving range of motion and strength.

# Hip Replacement

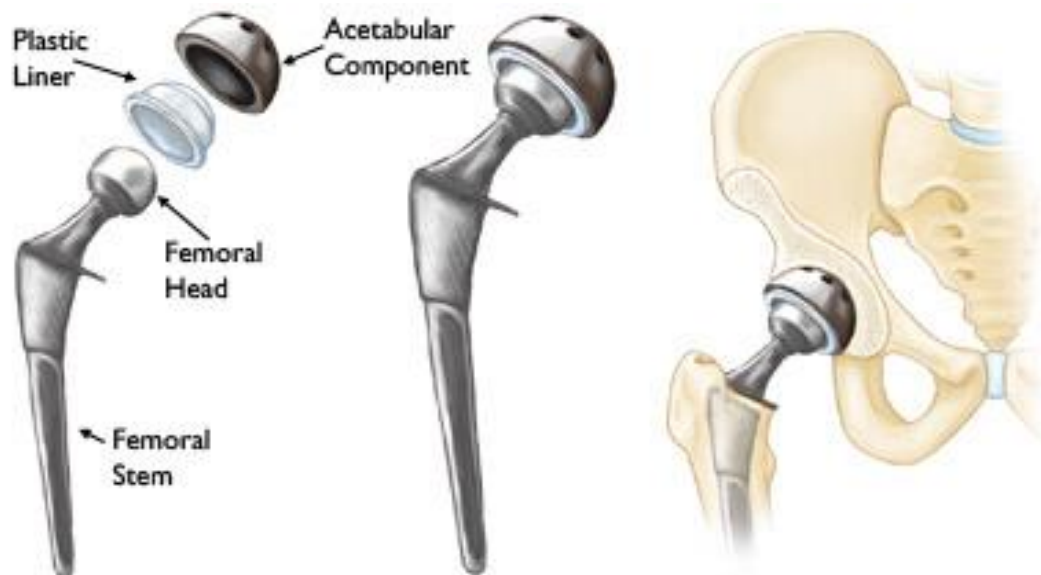
## There are Four Basic Steps to a Hip Replacement Procedure

Damaged femoral head is removed and replaced with a metal stem.

A metal or ceramic ball is placed on the upper part of the stem.

Damaged cartilage surface of the socket is removed and replaced with a metal socket.

A spacer is inserted.



# THR (Total Hip Replacement)

- 3 Total Hip Precautions
  - ✓ You may be kept on for up to 12 weeks post surgery per surgeon
  - ✓ You will be taught on how to maintain during all mobility by PT, OT, and nursing during your stay
  - ✓ OT will provide you with several assistive devices to be compliant with your hip precautions during dressing, toileting, and bathing
    - (1) No Adduction
      - ❖ No crossing your legs in bed or when sitting

# THR (Total Hip Replacement)

- 3 Total Hip Precautions
  - ✓ (2) Maintain 90 degrees or more at your hips lined up to your thighs and trunk
    - Do not bring your knee above your hip when lying down or sitting.
  - ✓ Sit in a higher chair
    - If the seat of the chair is **above** the bend of your knee it is safe to sit down regularly.
    - If the seat of the chair is **below** the bend of your knee you must build up the chair height using pillows or cushions or you will have to sit down with operative leg knee out straight and extended in front of you.

# THR (Total Hip Replacement)

- 3 Total Hip Precautions
  - ✓ (3) Do not internally rotate your surgical leg
    - AKA no pigeon toe position
    - When walking with a rolling walker and need to turn, make sure to turn the surgical leg outward first then the walker



# Total Shoulder Replacement

## Shoulder Replacement Procedure

### Boney Work:

Only the ball of the shoulder is removed and artificial components are implanted onto your bone:

- Replacement of just the head of the humerus
- Replacement of the ball and the socket

### Soft Tissue Work:

- One of the rotator cuff muscles is taken down and then repaired to get to the shoulder joint
- Other rotator cuff muscles may need additional work which your surgeon will explain



# Reverse Total Shoulder Replacement (revTSR)

May be chosen by surgeon if rotator cuff is damaged beyond repair

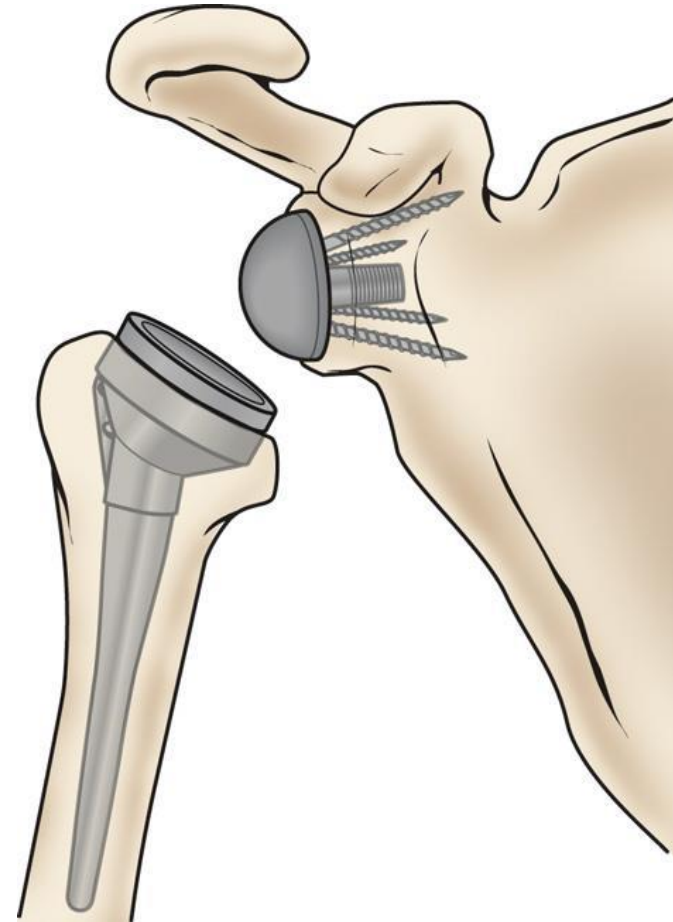
## Boney Work:

Only the ball of the shoulder is removed and artificial components are implanted onto your bone that are switched (reversed) in position

- The ball at the top of the humerus (upper arm bone) is replaced with a socket-shaped prosthetic
- The shoulder's natural socket is fitted with a prosthetic ball

## Soft Tissue Work:

- One of the rotator cuff muscles is taken down and then repaired to get to the shoulder joint
- Deltoid muscles are used to help move the shoulder to compensate for the damaged rotator cuff muscles





# TSR/rev TSR

- Sling to surgical arm when up and moving around and for sleep
- Limited range of motion to surgical shoulder
  - ✓ Elbow forearm, wrist and hand range of motion allowed
  - ✓ PT/OT will review elbow, forearm, wrist and hand exercises
  - ✓ PT/OT will review putting on and taking off of sling
  - ✓ OT will review proper upper and lower body dressing to be compliant with no range of motion to surgical shoulder
  - ✓ Motion of operative shoulder is directed by surgeon and can not be done until he or outpatient physical therapist instructs you

# After Surgery

## PACU (Post Anesthesia Care Unit):

Will remain for 1-2 hours

- Pain control
- Drain- may be placed in the OR
- IV Fluids
- Deep breathing and coughing
- Incentive spirometer
- Cardiac monitoring
- Oxygen
- X-rays are taken
- Blood work
- Surgeon meets with family
- Brief family visiting if possible

# How We Minimize Complications



## Deep Vein Thrombosis (DVT's) - blood clots that can form in your legs

- Exercise and ambulation
- Medications (blood thinners such as Aspirin)
- Compression devices placed on your calves/feet
- Compression stockings or ace wraps



## Leg and ankle swelling

- Elevating the operative leg
- Avoiding sitting for more than 30-45 minutes at a time
- Performing your ankle exercises
- Compression stockings or ace wraps



## Pneumonia/ Atelectasis (partial lung deflation)

- Using Incentive Spirometer
- Doing your breathing exercises with the incentive spirometer will minimize the risk of developing pneumonia

# How We Minimize Complications and Promote Healing



## Dislocations

- Dislocation of the new hip joint can be minimized by following specific Hip Precautions, which is provided in your education folder.



## Infection can be reduced by:

- Keeping the dressing clean and dry
- Call your doctor if you have a fever greater than 101° or if the incision becomes swollen, red, or exhibits changes in the color, amount or odor of the drainage.



## Preventing Future Infections

- After the placement of an artificial joint, check with your doctor for any future dental work or surgical procedures. You may need preventative antibiotic treatment.
- The new incision may not be able to be submerged in water (tub, hot tub, pool, or lake/ocean/river) for up to 12 weeks or until cleared by the surgeon.

# How We Minimize Complications and Promote Healing



## Nutrition and Diet

Good nutrition can help lower your risk of infection, improve wound healing and reduce complications.

### Balanced diet

- Make half your grains whole (whole wheat bread, oatmeal, brown rice, barley, whole wheat pasta)
- Vary your vegetables (dark green and orange vegetables, along with tomatoes are especially vitamin packed)
- Focus on fruits (high in vitamin C to boost immune system are oranges, lemons, strawberries, pineapple)
- Calcium rich foods via low-fat dairy products
- Lean proteins (poultry or beef, beans, egg whites)
- Limit empty calories from sweet beverages and candy

# Tips to prevent constipation with a high fiber diet

- Increase your fiber intake
  - ✓ Found in whole grains, brown and long grain rice, fresh fruit and fresh vegetables, 25 gm = a high fiber
- Introduce high fiber foods slowly to your diet, so if your surgery is in two weeks to one month away, start now
- Try to look for foods that have 4-5 gm or more of dietary fiber per serving
- Fiber loves water and drinking at least 8 glasses of water per day can help lessen constipation
- Moving your body is also very important to prevent constipation after surgery, try to walk as much as you can
- If you cannot move well after surgery, or cannot increase fiber enough, stool softeners or Psyllium powder like Metamucil or Benefiber can help
- Refer to handout for more information

Nutrition Facts	
Serving Size 1 Slice	
Servings per Container 22	
Amount per serving	
Calories 50	Calories from Fat 10
% Daily Value *	
Total Fat 1g	1%
Saturated Fat 0g	0%
Cholesterol 0mg	0%
Sodium 115mg	5%
Total Carbohydrate 10g	3%
Dietary Fiber 5g	20%
Sugars 1g	

Always look at the serving size

This healthy, whole-wheat bread is low in fat and cholesterol

Fiber is a healthy nutrient, so you want AT LEAST 100% each day

Whole wheat bread



# Total Joint Center

## During Your Stay

You will be seen by Physical therapy, Occupational Therapy and/or nursing to get out of bed and ambulate on the day of surgery as long as you are medically stable.

Physical therapy will see you **1-2 times/day** for range of motion and strengthening exercises, along with all functional mobility training to be able to get in and out of bed, ambulate and negotiate stairs.

Occupational therapy will see you **1-2 times/day** to make sure you are comfortable eating, dressing, toileting, and bathing, along with mobility training.

Surgeon or Physician Assistant will visit, provide instructions and change your dressing.

Visit by case manager for discharge planning arrangements including equipment ordering and physical therapy in your home.

## Let's get going...

### HOME

- Written discharge instructions
- Medications
- Physical therapy (outpatient or home care)
- Patients cannot drive and can only return to driving when cleared by the surgeon

# Rehabilitation After Surgery

## Pain Control



**PLEASE REMEMBER THAT YOU WILL NOT BE PAIN FREE!**

- Anesthesia and the nursing staff will do everything they can to ensure your pain is manageable.
- It is crucial that you take your pain medication regularly, especially before therapy.

## Incentive Spirometer

- Maximize lung expansion
- This is extremely important to use every hour while awake
- This will help minimize any post op pneumonia complications



# Rehabilitation After Surgery



## GOAL: HOME WITH HOME CARE OR OUTPATIENT THERAPY

- If THR or TKR patients choose physical therapy in your home, anticipate 1-2 weeks. Most patients require 6-12 weeks of additional outpatient therapy in a clinic.
- TSR patients do not require home physical therapy and usually start outpatient therapy in a clinic per surgeon's instructions 2-3 weeks following surgery. Anticipate needing 3-5 months of PT depending on your type of surgery, prior function and progress.
- We work together as a team to help you!
- You will receive three phone calls after discharge to monitor your progress and hear your opinion about our Total Joint Replacement Center.

### Patient Centered Focus:

- As your swelling and pain decreases, and you become stronger, you will be able to return to more activities.
- The days that you feel good, try not to overdo it.

# What to Expect After Surgery

## Recovery is different for every person

- Most total hip and total knee replacement patients will be 90% recovered by three months
- Most total shoulder replacement patients will be 90% recovered in 6 months
- Some may take up to one year to be 100% recovered
- Patients that stayed active or performed strengthening exercises prior to surgery have been shown to recover quicker
- Patients who are older, smoke, or have other medical conditions may take longer to heal

# What to Expect After Surgery

## Pain

The pain you had before surgery may be gone, but there will be surgical pain.

A feeling of “stiffness” tends to remain in the morning and when first moving.

The pain at nighttime tends to be more significant and sustained

- You may need to continue to take a stronger medication at bedtime
- Your therapist can instruct about how to more comfortably position yourself

## Soft tissue conditions

Due to the surgery, bruising may occur throughout the operative limb.

Swelling is to be expected throughout the surgical limb:

- Elevation, icing, non-steroidal anti-inflammatories, exercises and compression stockings can help reduce
- As the swelling decreases the pain and “stiffness” will also lessen

# Hip & Knee Replacement Recovery

If your hip or knee has very limited motion, your “bow legged” or “knocked knee”, or you had a past trauma/surgery to that limb:

- Your surgery may involve more boney and soft tissue work.
- This can lead to increased swelling and pain post-operatively and may require more time to decrease.



**It can take up to one year for your body to adjust to your new joint’s alignment, spacing, and flexibility:**

- Some patients may experience temporary discomfort in non-operative areas including their back, pelvis/hips, knees and ankles. This can be resolved with time and/or physical therapy.

# Mobility and Return to Activities for TKR/THR

## Upon Discharge from the Hospital

- Be able to get in and out of bed with no help or self-assisting operative leg.
- Stand up with little or no help.
- Ambulate without help in your home with a rolling walker (crutches if applicable).
- Dress, bathe and use the bathroom on your own (THR will use adaptive equipment).
- Climb up and down a flight of stairs with a rail and cane/crutch with little or no help.

## 2-3 Weeks After Surgery

- If you are receiving physical therapy in your home, you will be transitioning to outpatient rehabilitation.
- Transition to walking with a cane.
- You can expect to tolerate 10-20 minutes standing or walking comfortably.
- Possibly driving if the left leg was operated on and your car is automatic, but dependent upon surgeon's clearance.
- If you had a TKR, your knee motion should be near to completely straight (0°) and at least 90° of bend.

# Mobility and Return to Activities for TKR/THR

## 4-6 Weeks After Surgery

- Transition to walking without anything in your home but still using a cane in the community
- Take longer walks of >20 minutes
- Complete lighter household and yard work activities
- Driving will be dependent on your surgeon's clearance if right leg operated on
- Return to work if you have a desk job
- Travel
- Climb up and down stairs with a normal pattern (step-over-step)

## 7-11 Weeks After Surgery

- Transition to walking without a cane in all environments
- If TKR patient, regain full range of motion of fully straight 0° to about 125-135° bending
- Participate in recreational biking and walking with surgeon's clearance

# Mobility and Return to Activities for TKR/THR

## 12 Weeks and Onward After Surgery

### Work

- Return to work if it involves upright activities like walking, squatting, or lifting.
- Heavy labor jobs like construction and landscaping, you may not be able to return to all tasks and will have to be discussed with your surgeon.

### Sports

***Engaging in sports activity needs to be discussed with your surgeon prior to starting.***

- Swimming, golf and doubles tennis are safe.
- Basketball, football, jogging/running and aerobics are not recommended.
- Skiing and skating can be resumed cautiously by those who were proficient with the sport before surgery and understand the risk.

# Shoulder Replacement Recovery

The block should wear off within 72 hours with feeling and movement returning to the elbow, wrist, and hand.

If your shoulder had limited motion or more involved rotator cuff or biceps work was done, there may be more pain and swelling post-operatively, which could lead to a longer recovery time.



Most surgical work will heal by 3-4 months post-operatively, but your body could take up to a year to adjust to your new joint's flexibility, alignment and spacing.

- Some patients may experience temporary discomfort in non-operative areas including their neck, upper back, and elbow that resolves with time and/or PT.



# Mobility and Return to Activities for TSR & rev TSR

## *Upon discharge from hospital*

- Operative arm will be in a sling and can only be removed while sitting, for bathing and to perform the exercises instructed by the surgeon or therapist.
- Get in and out of bed with little or no help.
- Standing up, walking, and climbing stairs without help.
- Dress, bathe, and use the bathroom on your own as instructed by occupational therapist.
- May need to sleep in an inclined position to manage pain via recliner or sleeping wedge.

## *2-3 Weeks After Surgery*

- Operative arm must remain in a sling when moving around and sleeping.
- Begin outpatient physical therapy.
- You can only move your elbow, forearm, wrist, and hand on your own.
- You can move shoulder with assistance from your therapist.
- Gripping and carrying is limited to one-pound objects (coffee cup).

# Mobility/Return to Activities for TSR & Rev TSR

## 4-6 Weeks After Surgery

- Begin to wean the operative arm out of the sling
- Start moving shoulder on its own or with assistance from your other arm
- Return to work if you have a desk job
- Driving will be dependent on your surgeon's clearance
- Travel

## 7-11 Weeks After Surgery

- Start strengthening some muscles while protecting others to heal properly
- Rev. TSR patient-should be able to easily achieve motion up to shoulder height

## 3-6 Months After Surgery

- You will experience significant pain relief
- Cleared to strengthen all muscle groups
- Rev. TSR patients-many regain motion above shoulder
- You can return to work environments where both arms are needed to work effectively

# Mobility/Return to Activities for TSR & Rev TSR

## 6-9 Months and Onward

### Work

- Return to work if more physically demanding.

### Sports:

*Engaging in sports activity needs to be discussed with your surgeon prior to starting.*

- Swimming, golfing, tennis, aerobic fitness, basketball and skiing are safe.
- More demanding repetitive activities like weightlifting, bowling, softball, and rowing should be approached with caution and only returned to after surgeon's clearance.
- Rev TSR patients will be limited to lighter sports or household activities that occur at shoulder level or below:
  - ✓ You can swim, but **NO** tennis.
  - ✓ You can rake leaves, but **NO** snow shoveling.

# Strengthening Program Exercises

## Ankle Pumps



- With legs relaxed, slowly push your feet down and back up to bend your ankles.
- Repeat 10 times, three times a day.
- After surgery you will do ankle pumps 10 times every hour you are awake.

# Strengthening Program Exercises

## Quad Set (Knee Press)



- Push the back of your knees into the bed while tightening the muscles on the top of your thigh.
- Hold for 10 seconds, and then relax.
- Do NOT hold your breath.
- Repeat 10 times, three times a day.

# Strengthening Program Exercises

## Heel Slides (Bending Knee)



- Bend your knee by sliding your heel towards your bottom and then straighten your leg.
- Repeat 10 times (each leg) slowly three times a day.

# Strengthening Program Exercises

## Straight Leg Raise



- Bend your unaffected leg. Tighten your thigh muscles in your surgical leg, press knee down to straighten leg and lift the entire leg up slowly several inches off the bed.
- Keep your knee straight and your toes pointed up. Hold the leg up for three to five seconds and then lower it back onto the bed. Do NOT hold your breath.
- Repeat 10 times, three times a day.

# Strengthening Program Exercises



## Gluteal squeeze

- While lying on your back in bed, squeeze your buttock muscles together and hold for a count of five to ten seconds.
- Repeat 10 times, three times a day.
- Do NOT hold your breath.



# Strengthening Program Exercises

## Hip Abduction (Leg Slides)



- While lying on your back in the middle of the bed, slide your surgery leg out to the side until your legs are shoulder width apart.
- Keep your knee straight and your toes pointed up. Slide your leg back to the center.
- After surgery you will need assistance from the therapist or coach with this exercise. Repeat 10 times, three times a day.

# Strengthening Program Exercises



## Armchair Push-ups

- Sit in a chair with arm rests with feet flat on the floor.
- With hands on armrests, push up from the chair straightening your arms while raising your buttocks off the chair. Do NOT stand all the way up, return slowly to sitting in chair. This will increase the strength in your arms.
- Perform up to 10 repetitions, three times a day.

# Strengthening Program Exercises

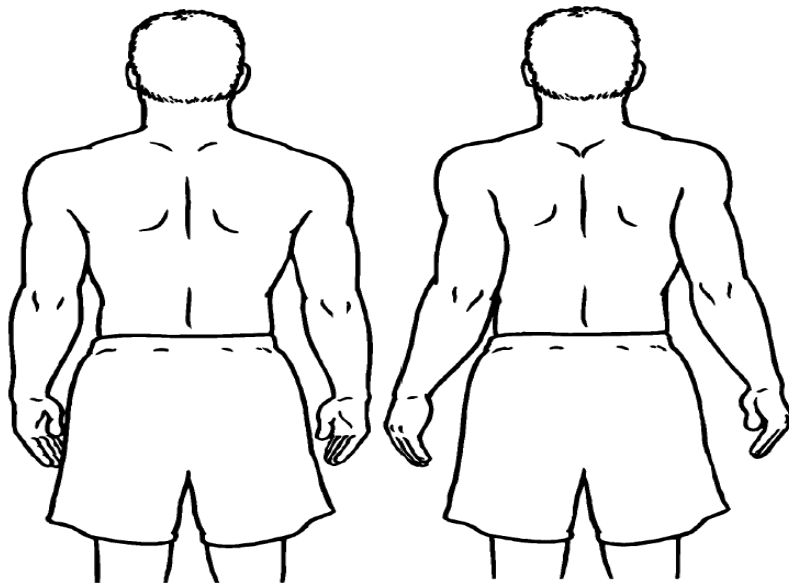


## Knee Extension – Seated

- While sitting in a chair or sofa, kick surgical leg straight.
- Hold for 5 second.
- Repeat 10 times, 3x per day.

# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Scapular Retraction

- Keep sling on. These exercises involve squeezing the shoulder blades towards one another in a squeezing motion.
- Hold for 10 seconds.
- Repeat 10 times.

# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Elbow Flexion Extension – Supine

- While lying on your back, rest your elbow on a small rolled towel.
- Next bend at your elbow and then lower back down and repeat.
- Hold for 1 second.
- Repeat 10 times.
- 1 set, 1x per day.

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# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Supination/Pronation

- Bend your elbow 90 degrees.
- Alternately turn your palm all the way up and then all the way down.
- Keep a towel roll under your elbow.
- Repeat 10 times.
- 1x per day.

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# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Sling – Ball Squeeze

- Grip a small ball or small rolled up towel and squeeze it with your hand.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Sling – Wrist Flexion Extension

- Bend your wrist up and down as shown while your arm is in the sling.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Sling – Pronation Supination

- While in the sling, rotate your forearm so that your palm is directed upward and then downward as shown.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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# Strengthening Program Exercises

## SHOULDER SURGERY RECOVERY



### Sling – Elbow Flexion Extension

- Carefully take your arm out of the sling using your unaffected arm.
- Let your affected elbow straighten and allow gravity to stretch it.
- Then bend your elbow back into the original bent position and repeat.
- Repeat 10 times.
- Hold 1 second.
- 1 set, 1x per day.

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# Patient Commitment

Please refer to this checklist in your Joint Replacement folder



St. Anthony  
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Westchester Medical Center Health Network

## Patient Commitment to Total Joint Replacement Surgery Checklist

### Patient Commitment to Total Joint Replacement Surgery Checklist

#### I will take an active role in my recovery in order to achieve optimal outcomes by:

- Assigning a family member or a close friend as my surgery "coach" who will attend medical appointments and educational classes so that all information given is taken in by two people
- Attending pre-operative education class to learn about surgery and hospital stay process
- Checking with my insurance company regarding my coverage for my hospital stay, durable medical equipment (rolling walker, commode, shower bench/chair), and homecare or outpatient physical therapy, so that I will be aware of my financial responsibility
- Packing loose and comfortable clothing that are easy get on and off
  - Total hip and knee replacements-stretchy elastic waisted pants/shorts with wide bottomed leg openings or housedresses
  - Total shoulder patients-wide necked opening tops and/or button front shirt
- Packing safe and supportive shoes that are easily adjustable to accommodate feet swelling due to your surgery (Velcro, elastic, or ½ size larger)
- Anticipate ambulating on the day of surgery and participating in all sessions of physical and occupational therapy while in the hospital (as long as there are no medical restrictions)
- Adhering to any precautions, protocols and instructions set forth by the surgeon and re-enforced by nursing and therapy
- Setting as my goal to return home in 1-2 days after my surgery (if my medical condition and support system allows)
  - If I do require a short-term rehab stay at a facility, it will need to be approved by my insurance and it will likely only be a 5-7 day stay. I am responsible for my transportation to the facility and home, along with understanding I may still need some assist upon returning home.

- Assessing the most comfortable vehicle to return home in
- Lining up family and friends that will be able to stay with me or frequently check in on me for the first 3-5 days upon returning home
- Accepting that I will not be able to drive for a time period, which will be determined by my surgeon, so I will require rides to appointments or activities
- Preparing myself for weeks or possibly months of regular physical therapy, as deemed necessary by my functional goals, my surgeon, and my therapist
- Being diligent in achieving objective goals, such as mobility or motion, set forth by the surgeon and/or therapist
- If there are questions about my incision once I am home, I will contact my surgeon rather than going to the emergency room

#### I will prepare my home to encourage my recovery by:

##### *If you are having a total knee or total hip replacement:*

- Clear clutter, rugs and/or furniture in order to maneuver a rolling walker easily through the main areas of my home
- Make sure each set of stairs has at least one safe and sturdy grab bar or railing
- Assess my need for a commode/raised toilet (all total hip replacements do) or a stable grab bar
- Assess my need for a shower/tub bench or chair or a stable grab bar
- Take note of whether a rolling walker will fit in your bathroom or what side of the bed you normally get in/out of to communicate to the PT/OT during my hospital stay
- If I do not already own an adjustable cane, I will purchase one (will need for stairs and in transitioning from rolling walker)
  - Find an area in your home that it is convenient to rest while also having a bathroom easily accessible
  - Obtain an additional walker (from a friend, ambulance corps or volunteer fire department loan closet) to keep on additional level if my home is multi-level

##### *If you are having a total shoulder replacement:*

- Consider purchasing a recliner or a sleeping wedge for your bed
- Purchase a mesh sling to wear in the shower (once allowed) or use while washing the immobilizer/sling given at the hospital
- If I am having surgery on my dominant arm, I will assess my need to move hard to reach items to more convenient areas



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Westchester Medical Center Health Network

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# Mindfulness For Pain Control/Healing/Stress Reduction

## Mindfulness Meditation Practice Reported:

- Better pain control
- Reduction of severity of pain
- Less anxiety and tension
- Improved healing (four times faster)

Participate in a guided mindfulness meditation by visiting:

[www.stanthonycommunityhosp.org/mindfulness](http://www.stanthonycommunityhosp.org/mindfulness)

Additional resources available by visiting:

<https://www.stanthonycommunityhosp.org/total-joint-replacement>

# Questions & Answers

Thank You for Choosing

# The Joint Replacement Center at St. Anthony Community Hospital

