Cottage Center for Orthopedics and its surgeons are committed to providing you with the highest quality care throughout your joint replacement process. We consider you an important member of our team and need your commitment to help us prepare you for a successful surgery. Part of your role is to complete all of the pre-operative steps in this book before you arrive for your Patient Assessment Interview about a week before your surgery.

Visit cottagehealth.org/orthopreop to:

- Watch the Preoperative Joint Replacement Seminar Video
- Sign-up for a Pre-Operative Joint Replacement Seminar
- Access additional information on your hospital stay
Your surgery CANNOT be performed without on-time completion of all pre-operative requirements.

Your surgery is scheduled for: ____________________________

Deadline for pre-op testing and evaluations results to be submitted to the hospital and your surgeon: ____________________________

1. Pre-operative Total Joint Class (1-2 hrs)
   Completed within six months of surgery. This can be completed in person (preferable) or online via video. We encourage, but do not require the class for patients who have undergone total knee or hip replacement in the previous one year. If your surgery was more than one year prior, you are required to attend again. Please bring this book to your class.

   Date: ____________________________    Time: ____________________________

   Location: [ ] Goleta Valley Cottage Hospital
               Conference Room B/C
               351 S. Patterson Ave.
               Goleta, CA 93111

   [ ] Santa Barbara Cottage Hospital
       check-in at Bath Street
       lobby for room location
       400 W. Pueblo Street
       Santa Barbara, CA 93102

2. Pre-operative Medical Screening
   Completed by your Primary Care Physician between 30 and seven days before your surgery date. All screenings must be completed seven days prior to surgery. This includes tests and assessment of your overall fitness to have a successful surgery. Tear out page 2 of this book (Optimization Requirements) and give it to your primary care doctor.

   Date: ____________________________    Time: ____________________________

   Doctor: ____________________________

3. Your Patient Assessment Interview (1-2 hrs)
   Complete these questionnaires and bring to your interview: Medical Pre-Assessment Interview (page 5), Home Environment / Function (Page 6), Surgical Basic Mobility Short Form (page 7).

   Date: ____________________________    Time: ____________________________

   Location: [ ] Goleta Valley Cottage Hospital
               Pre-op Department

   [ ] Santa Barbara Cottage Hospital, PPSU
       check-in at the Pueblo Street
       lobby for room location

Things to bring to the interview:
[ ] This book
[ ] The three completed forms noted above
[ ] A photo ID and your insurance cards
[ ] A copy of your Advance Directive/POLST/5 Wishes

PREPARE YOUR HOME:
[ ] Place items that you use frequently at arm level (in the kitchen, living room, bedroom, bathroom)
[ ] Rearrange furniture to accommodate use of a walker and remove loose carpets, rugs or electrical cords that could cause you to trip and fall
[ ] Prepare meals in advance of surgery and consider pre-measuring portion sized snacks that are high in fiber for when you return home
[ ] Consider installing a rail for stairs and grab bars in the bathroom and tub area
[ ] Find a stable chair with a firm seat and arms to make it easier to get up during your early recovery
[ ] Have ice/gel packs on hand

NIGHT BEFORE SURGERY
[ ] Time to arrive at the hospital on the day of surgery (pre-op nurse will tell you):

[ ] Shower with antiseptic liquid soap the night before surgery
[ ] Make sure you have had a bowel movement the day before surgery
[ ] Nothing to eat or drink starting at midnight the night before surgery

THE MORNING OF SURGERY
[ ] Brush your teeth and rinse your mouth – without swallowing any water
[ ] Wear comfortable clothing and walking/tennis shoes to the hospital
[ ] Remove nail polish and/or make up
[ ] Leave valuables at home except for a cell phone if you wish to bring it
[ ] Arrive on time. It will take you about 10-15 min. to park and get to the pre-op area
Optimization Requirements

Dear Physician,

In order to optimize patients for a successful total joint replacement, the Cottage Center for Orthopedics Total Joint Program has these requirements which must be completed no less than seven days prior to the scheduled surgery in order to proceed:

☐ **Pre-operative Total Joint Class within six months of surgery**
   This can be completed in person (preferable) or online via video. We encourage but do not require the class for patients who have undergone total knee or hip replacement in the last year.

☐ **BMI not higher than 40**
   Patients with a lower BMI have fewer complications and better outcomes after total joint surgery. As the BMI increases above normal, the risks increase significantly. We recommend that patients with a BMI greater than 35 undertake a weight loss program under the direction of their primary care physician or consult a bariatric specialist regarding potential surgical solutions to lower their BMI. A BMI of 40 or less is required before total joint surgery can proceed.

☐ **HgbA1C no higher than 8**
   Patients with increased blood sugars have a higher complication rate, increased risk of infection and increased risk of needing joint revision. All patients previously diagnosed with diabetes or thought to be prediabetic require a HgbA1C within 30 days of surgery. If the HgbA1C level is higher than 7, the primary care MD should evaluate the increased risk vs the surgical benefit and document it in the H&P. A HgbA1C of greater than 8 will require a delay in surgery.

☐ **History & Physical**
   The H & P and an evaluation of any ancillary tests (such as cardiology, pulmonology, sleep studies, etc.) must be provided in the H&P or separately to the orthopedic surgeon and hospital no later than 7 days before surgery for final review.

☐ **Minimum laboratory/testing**
   Testing is required within 30 days of surgery and provided to hospital and surgeon seven days before scheduled surgery
   - CBC
   - CMP
   - PT/INR
   - HgbA1C if diabetic or pre-diabetic
   - PG test if child bearing years
   - Type and Screen
   - MRSA/MSSA nasal culture
   - UA with microscopic
   - EKG > or equal to 50 years old. Within 6 months if normal, within 2 weeks if history of cardiac disease

Patients who have not provided evidence of the above minimum requirements to the Orthopedic Surgeon and the hospital by seven days prior to surgery will need to have their surgery rescheduled. This could take one to two months and could result in the need for retesting.

These requirements have been endorsed by the orthopedic department, a division of the Cottage Health Medical Staff.
# Medical Pre-Assessment Interview QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Name:</th>
<th>Cell Phone Number:</th>
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<tbody>
<tr>
<td>Type of Surgery:</td>
<td>Surgeon:</td>
</tr>
<tr>
<td>Support person:</td>
<td>Phone Number:</td>
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</table>

Did you take the pre-operative class or watch the video within the last year?  
☐ Class  ☐ On Line  ☐ Total Joint Replacement surgery in the last year

| Past medical history  
(example: high BP, Diabetes, CA, CHF, etc.): | Significant family medical history: |
|-----------------------------------------------|-----------------------------------|

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<tr>
<th>Surgery:</th>
<th>Date:</th>
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Date of last flu vaccination:

<p>| All medications including herbals and supplements (continue on back if need be): |</p>
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<tr>
<th>Name:</th>
<th>Dose:</th>
<th>Frequency:</th>
<th>Time of day taken:</th>
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<p>| Allergies (medication, food, latex, iodine, tape, others) (continue on back if need be): |</p>
<table>
<thead>
<tr>
<th>Name:</th>
<th>Type of Reaction:</th>
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</table>
Past surgical history (continued):

All medications (continued):

All allergies (continued):
# Home Environment / Function Questionnaire

**How would you like to be addressed by our team?**

**Are you required to use any stairs in your daily life?**

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<th></th>
<th>No</th>
<th>Yes</th>
<th>How many:</th>
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**What type of assistive equipment do you already have (check all that apply):**

- [ ] Two-wheeled walker
- [ ] Four-wheeled walker
- [ ] Crutches
- [ ] Single point cane
- [ ] Quad cane
- [ ] Tub shower
- [ ] Stall shower
- [ ] Grab bars
- [ ] Tub transfer bench
- [ ] Shower seat
- [ ] Comfort height toilet
- [ ] Toilet seat riser
- [ ] Bedside commode
- [ ] Polar ice
- [ ] Special shoes
- [ ] Other:

**Do you currently have a caregiver of any kind that assists you?**

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<th></th>
<th>No</th>
<th>Yes</th>
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If yes, describe level of care:

**Do you have challenges with vision/ hearing that may impact your function after surgery?**

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<th>No</th>
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If yes, describe:

**How do you spend your free time?**

**How do you hope total joint surgery will improve your life / what are your goals?**

**Who is your support person for when you return home in 1-2 days?**

**Do you have any medical concerns that would prevent you from returning home from the hospital?**

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<th>No</th>
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If yes, describe level of care:

**What is your preferred pharmacy (Name/Street)?**

**Who will be picking you up on your day of discharge (1-2 days) between 10am and 1pm:**

**Who will be driving you to your initial doctor and outpatient physical therapy appointments starting in about 2 weeks:**
## Mobility Assessment

**Name:**

**Date:**

**Date of Surgery:** [ ] Pre-Op  [ ] Post-Op

**Type of Surgery:** [ ] Knee Replacement  [ ] Hip Replacement

---

**Please check the box that reflects your best answer to each question.**

**How much difficulty do you currently have?**

(If you have not done an activity recently, how much difficulty do you think you would have if you tried?)

<table>
<thead>
<tr>
<th></th>
<th>Unable</th>
<th>A Lot</th>
<th>A Little</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Walking on an uneven surface (i.e. grass, dirt road or sidewalk, brick walkways, sidewalks with curb and driveway cuts)</td>
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<tr>
<td>2. Walking up and down steep unpaved inclines (i.e. steep gravel driveway)</td>
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<tr>
<td>3. Walking on a slippery surface, outdoors</td>
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<tr>
<td>4. Using an escalator</td>
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<tr>
<td>5. Carrying something in both arms while climbing a flight of stairs (i.e. laundry basket)</td>
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<tr>
<td>6. Walking backwards three steps</td>
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<tr>
<td>7. Going up and down three flights of stairs inside, using a handrail</td>
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<tr>
<td>8. Standing for 20 minutes (i.e. waiting in a line)</td>
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<tr>
<td>9. Going up and down a flight of stairs outside, without using a handrail</td>
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<tr>
<td>10. Pulling open a heavy door</td>
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**Raw Score:**

**Standardized (t-scale) Score:**
Welcome to the **Joint Replacement Program** at the Cottage Center for Orthopedics

Thank you for choosing the Joint Replacement Program at the Cottage Center for Orthopedics. Our affiliated orthopedic surgeons are highly trained and experienced in joint replacement surgery, performing more joint replacement surgeries than any other program on the Central Coast of California.

Our team of physicians, nurses, physical therapists, occupational therapists, and support staff will work with you to provide an informed and positive experience. Our ultimate goal is to provide you the best health care possible as outlined by our core values of excellence, integrity and compassion.

This guide will provide you with valuable information regarding joint replacement surgery. Please read and discuss the information in this guide with your family before and after surgery. We request that you bring it with you to all of your appointments and especially to the hospital at the time of surgery.

**IMPORTANT DISCLAIMER:**

While every attempt is made to provide you with the latest information on best clinical practices, there may be instances where the information presented here is not the same as that provided by your surgeon. If that occurs, always follow the directions of your surgeon.

If you have questions, please contact your surgeon or a member of our joint replacement team.

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**OUR MISSION**
To provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.

**OUR VISION**
A leading healthcare system in California in quality, patient, employee, and physician satisfaction with cost-effective delivery.

**OUR CORE VALUES**
- **Excellence** — What we do
- **Integrity** — How we do it
- **Compassion** — Why we do it

---

*The not-for-profit Cottage Health is the leader in providing advanced medical care to the Central Coast region. Facilities include Cottage Children’s Medical Center, Cottage Rehabilitation Hospital, Goleta Valley Cottage Hospital, Santa Barbara Cottage Hospital and Santa Ynez Valley Cottage Hospital.*
Understanding Your Surgery

HIP REPLACEMENT SURGERY
In order to better understand your hip replacement surgery, it is important to first understand the normal and healthy anatomy of a hip.

Your hip joint is located where the thighbone (femur) meets the pelvic bone. The hip joint is referred to as a ball and socket joint where the femur forms into a round ball that fits in the socket of your pelvic bone. In the healthy normal joint, there is a lubricated layer of cartilage that covers the ball and allows for easy pain-free movement.

ARTHITIS OF THE HIP JOINT
Arthritis is a common cause of chronic pain. Osteoarthritis (loss of cartilage, irregularities of the bone rubbing together), rheumatoid arthritis (disease that leads to inflammation of the synovial membrane) and post-traumatic arthritis (resulting from an injury or fracture) are among the various forms that can cause you pain.

WHAT IS A TOTAL HIP JOINT REPLACEMENT?
A Total Hip Joint Replacement is a surgery that involves removing the damaged hip joint and replacing it with an artificial implant (“prosthesis”). The artificial implant is made up of a shell or cup, liner, ball or head and stem. The goal of hip replacement is to restore function and alleviate pain. Your doctor will discuss with you the amount of function that you will regain and how long a recovery period it will require after hip replacement.
KNEE REPLACEMENT SURGERY
In order to better understand your Knee Replacement surgery, it is important to first understand the normal and healthy anatomy of a knee.

The knee is the largest joint in the body. Normal knee function is required to perform most everyday activities. Your knee is made up of three bones: the femur (thighbone), the tibia (lower leg bone), and the patella (kneecap). Your knee joint connects the femur to the tibia, and on top of this rests the patella. The patella protects the knee joint and slides in a groove found in your femur when you bend your knee. The muscles around the knee are responsible for supporting and moving your knee.

ARTHRITIS OF THE KNEE JOINT
After years of moving the knee joint, arthritis can occur which makes the knee become less functional and more painful. The cartilage that covers the ends of the bone and provides for smooth motion with minimal friction and cushions the effect of impact can wear away causing pain and stiffness. The irritated or inflamed joint can be treated with non-steroidal anti-inflammatory medication. However, anti-inflammatory medications are not always effective. When daily activities become limited and the pain is not relieved, a total joint replacement may be considered.

Types of arthritis that can lead to less functioning and increased pain in the knees are:

• Rheumatoid Arthritis: autoimmune disease causing inflammation of the joint
• Osteoarthritis: caused by wear and tear on the joint
• Trauma/Traumatic Arthritis: resulting from an injury to the joint

WHAT IS A TOTAL KNEE REPLACEMENT?
A Total Knee Replacement is a surgery that involves removing the damaged knee joint and replacing the diseased or damaged joint surfaces (or ends of the bones) of the knee with metal and plastic components shaped to allow continued motion of the knee. The goal of knee replacement is to restore function and alleviate pain. Your doctor will discuss with you the amount of function that you will regain and how long a recovery period it will require after knee replacement.

TO HEAR MORE ABOUT TOTAL JOINT REPLACEMENTS…
To hear more on the topic of joint pain and the loss of mobility, please attend one of our free seminars on “Healthy Joint Living.” If you are having or considering having Joint Replacement surgery, we strongly urge you to attend one of the free Pre-Operative Joint Replacement classes at the Cottage Center for Orthopedics.

A complete class schedule can be found on our website at www.sbch.org/OrthopedicClasses.aspx or by calling the Cottage Center for Orthopedics Education Hotline at 805-569-7404.

Your physician’s office should also have a complete list of classes, times, and dates that are available. Please ask them to help schedule a class for you.
Preparing for Surgery

FOUR ESSENTIAL STEPS BEFORE SURGERY

Now that you have made the decision to have your joint replaced, preparing for your surgery begins with the following:

- **SURGERY DATE:**
  Your surgery date will be coordinated in consultation with you, your surgeon, and the hospital.

- **PRE-OPERATIVE JOINT REPLACEMENT CLASS:**
  Class attendance is mandatory, either in-person (preferable) or online via video on our website within six months of your surgery. We encourage but do not require the class for patients who have undergone total knee or hip replacement in the previous year. If you had surgery more than one year from your scheduled surgery, you will need to repeat the class, as content may have changed. Please refer to the class schedule located on a separate piece of paper or at cottagehealth.org under Cottage Center for Orthopedics classes. You can also call 1-855-366-7246.

- **MEDICAL CLEARANCE:**
  Obtaining medical clearance from your primary care physician in the 30 days before surgery is an important part of preparing for surgery and will help to ensure a safe and optimal outcome. It is necessary to review your overall health, Body Mass Index (BMI) and HgbA1c if diabetic and identify any medical conditions that have the potential to interfere with your surgical procedure and/or recovery. This medical clearance and all associated testing must be completed and results provided to your surgeon no later than seven days before surgery.

- **PRE-OPERATIVE ASSESSMENT INTERVIEW:**
  A Hospital Pre-Operative Assessment Interview is comprised of six important “stops”. All stops are designed to educate, assess, and better prepare you for your surgery and recovery period.
HEALTH QUESTIONNAIRE: During your Pre-Assessment Interview you will meet with a pre-operative Registered Nurse (RN) to complete and review a health questionnaire. This is the time to tell your pre-operative nurse about any significant cuts or wounds you have on your body before you arrive for surgery. Your surgeon will need to evaluate any significant skin breaks to make sure surgery is still advisable when scheduled. Use this interview time to have any questions answered.

CASE MANAGEMENT: Our goal is to send you directly home after surgery. Patients have fewer complications and improved recovery when they return to their own home with short-term assistance from a support person. During your stay you will meet with a case manager who will help you review and discuss your plans for discharge. The vast majority of patients will go home after surgery but occasionally a specialized facility is required after being discharged from the hospital. Talk with your doctor and case manager to decide the best choice for you and what your insurance will cover. Before you go home, the case manager will discuss your potential needs for home equipment such as a walker or portable toilet.

PHYSICAL THERAPY: During your stay you will meet with a Physical or Occupational Therapist (PT/OT), who will assess your current functional mobility level and will then discuss your role in recovery and goals for therapy. They will teach you joint replacement precautions and correct ways to move as well as pre-operative and post-operative exercises that will be important to your recovery. The exercises will be tailored specifically to your needs and goals.

RESPIRATORY THERAPY: You may meet with a Respiratory Therapist (RT) who will evaluate your respiratory (breathing) status. The RT will provide pre-operative teaching and discuss a postoperative plan of care that will be tailored to your specific respiratory needs.

FINANCIAL COUNSELING: You will meet with a Patient Financial Counselor in our admitting office. They will copy your photo ID and insurance card and review your insurance coverage and benefits so that you are well informed of the paperwork and costs directly related to your hospital stay.

Note: The Cottage Center for Orthopedics bills for hospital services only. You will receive separate bills from your surgeon and anesthesiologist for their services and are responsible for making appropriate arrangements for those services. For questions regarding the bill from your surgeon, please contact his/her billing personnel.

JOINT REPLACEMENT CLASS: This informative class that your doctor wants you to attend is about one and a half hours long and will review basic joint anatomy and discuss both pre-operative and post-operative plans, as well as allow you ample time to ask questions of our staff. The classes are interactive, relaxed and informative. We encourage you to bring your support person with you.

If not already scheduled, please call 1-855-3-NO-PAIN or 1-855-366-7246 to register or visit Cottagehealth.org/orthopreop to view the online seminar.

You can find a complete listing of these classes as well as an online version on the Cottage Health website at cottagehealth.org/ortho under Cottage Center for Orthopedics classes. These classes are free of charge and available to all who are interested. Remember to bring your support team with you for this important class.
MEDICATIONS
Your primary care doctor and/or anesthesiologist will advise you of which medications to stop taking before your surgery. Be certain that everyone knows all of the medications that you are taking, including over the counter medications and supplements.

Anticoagulation (blood thinners) medications: You will need anticoagulation medications, which are used to prevent blood clots after your surgery. Talk with your doctor before surgery about which blood thinning medication he/she is planning to prescribe. Check with your insurance company in advance to understand any personal costs that you may incur based on the information your surgeon provides. If the associated costs are not within your budget, talk with your surgeon or consult with our case manager regarding resources that may be available to assist you in the purchase of these medications.

Personal medications: Please bring complete a list of your current medications including over the counter medications (Ibuprofen, Aleve, Aspirin, Vitamin E, herbal products, fish oil/flax seed oil, etc.) and/or your medications in their original containers to your pre-operative visit. Do not bring your medications to the hospital when you come for your actual surgery. The hospital will provide you the medications you need while you are in the hospital.

PAIN MANAGEMENT
Many patients are concerned about managing their pain and discomfort after surgery. This is a top priority for your care team as well. It is normal to have pain and discomfort after surgery; to better prepare yourself, talk to your doctor prior to your surgery about your pain concerns. This is especially important if you have been on pain medications at home prior to surgery.

Our goal is to help manage your pain so that it is minimized while ensuring that you are still able to actively participate in your therapy. Your nurse will discuss with you the pain management options your doctor has ordered. Together, you and your nurse will make decisions about your pain medications and timing.

If your pain control needs are not met, please talk to your nurse immediately. We want to manage your pain effectively so you can be involved in your care and recovery.

After your surgery and throughout your hospital stay, you will often be asked to rate your pain level. Using the scale below, we will ask you to rate your pain on a scale from 1-10; zero being no pain and 10 being the worst pain imaginable. This pain scale will help both you and your nurse better understand how well your pain is being managed.

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**PAIN SCALE**

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<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Discomfort</td>
<td>Tolerable</td>
<td>Irritating</td>
<td>Distressing</td>
<td>Intense</td>
<td>Terrible</td>
<td>Horrible</td>
<td>Overwhelming</td>
<td>Unbearable</td>
</tr>
</tbody>
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Minor Pain | Moderate Pain | Severe Pain
BLOOD TRANSFUSIONS
Fewer patients than ever require a blood transfusion due to advances in medicine. Your surgeon will discuss the potential need prior to your surgery and explain the risks and benefits of transfusions.

PRE-OPERATIVE EXERCISE
It is important to be in the best possible physical shape for your surgery. The better shape you are in before surgery the better shape you will be in after surgery. Even a slight weight reduction or newly started exercise program can have positive effects on your recovery process. Exercises that strengthen your legs will help reduce your recovery time. Please refer to either the Total Knee or Total Hip section of this book for exercises that you can start before surgery.

WHAT YOU CAN DO TO PREVENT A SURGICAL SITE INFECTION
• Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
• Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
• Do not shave near the area where you will have surgery. Shaving with a razor can irritate your skin, making it easier to develop an infection.
• Speak up if you have questions or do not understand something.
• Ask if you will receive antibiotics before surgery.

THE DAY AND NIGHT BEFORE SURGERY
A nurse from the Joint Replacement Program at The Cottage Center for Orthopedics will call you to discuss your arrival time for the day of surgery. It is very important that you arrive on time so that the nursing staff has time to prepare you for surgery and answer any questions you may have. Extra time is provided as your surgery may start earlier than anticipated or later than scheduled.

Do not eat or drink anything after midnight the night before your surgery date unless instructed by your anesthesiologist. Eating or drinking will interfere with your anesthesia. Heart and blood pressure medications may be allowed and taken with a small sip of water. Do this only if the nurse and doctor say it is all right; if you are unsure, please contact your primary care doctor prior to taking the medication.

You will shower/shampoo the night before surgery with an antiseptic liquid soap. This can be repeated in the morning of your surgery, prior to coming to the hospital.

WHAT TO BRING TO THE HOSPITAL
• Your Patient Guide (this book)
• Medication list (name/dose and frequency)
  Do not bring your actual medications.
• Insurance card and Photo ID
• Copy of your Advance Directive, POLST or 5 Wishes Documentation
  Please contact our staff if you do not have one.
• Your CPAP machine if you have one, even if not consistently used
• Personal care items: such as hairbrush, eyeglass case, toothbrush, etc.
• Pair of comfortable walking shoes/tennis shoes
• Loose fitting pajama pants, sweats, shorts or knee length robe
• Do NOT bring valuables (jewelry, cash, etc.)
The Day of Surgery

PRE-OPERATIVE ROOM: WHERE YOU WILL BE PREPARED FOR SURGERY

- You will need to change into a patient gown (note that the opening goes in the back).
- If you have not already done so, you will be asked to remove any jewelry, such as earrings, watches, rings, dentures/partial and hearing aids. A safe is available for your valuables; however, we prefer that you not bring these items to the hospital, or that you consider giving them to a family member for safekeeping.
- A nurse will review the surgery consent form with you and answer any questions. You will then be asked to sign your consent and complete any remaining paperwork.
- An IV will be started (intravenous method for delivering fluids and medications such as antibiotics into the bloodstream).
- The nurse will then answer any additional questions you may have.

WHEN THE OPERATING ROOM IS READY, YOU WILL:

- Have an opportunity to ask your surgeon any last minute questions.
- The surgeon will mark the joint that will be operated on with a pen to ensure everyone in your surgical room is in agreement with you about which joint is to be replaced.
- Meet your surgical nurse who will ask you about your medical history and confirm the details of your surgery (procedure, surgeon, correct side of the body). Many of the questions that are asked are repeats of those that have already been asked. This is for your safety to ensure full communication between all team members.
- Meet your anesthesiologist who will review your medical history and ask you questions regarding your health status as it relates to anesthesia. You and your anesthesiologist will discuss the type of anesthetic that is best suited for you. Whichever technique is chosen, be assured that your surgical experience will be safe and comfortable. Anesthesia can be provided in several ways:
TYPES OF ANESTHESIA

• Regional/Epidural/Spinal Anesthetic: i.e.: continuous lumbar epidural (CLE) or single shot spinal anesthetics involve an injection near the spinal canal resulting in numbness in the lower half of the body. If you receive a regional block, you will also receive sedation to help you relax.

• General anesthetic provides a controlled state of unconsciousness with a tube placed through your mouth and into your lungs. With a general anesthetic, you will be completely asleep.

• Nerve Block (sometimes used in total knee replacements): To help with post-operative pain control the anesthesiologist places a small catheter in the area of a large nerve in your operative leg. Numbing medicine is infused either once or as a continuous infusion for about 2 days after surgery. This method will not provide complete pain relief but it can reduce knee pain in many cases. Your surgeon and anesthesiologist will decide if this is recommended for you and will then discuss it with you.

POST ANESTHESIA CARE UNIT (PACU)/RECOVERY ROOM:

• When your surgery is completed, you will be brought to the PACU. You will be cared for by nurses specifically trained to care for patients coming out of anesthesia. It is the role of the PACU nurse to ensure you are kept safe and appropriately cared for while the immediate effects of the anesthesia wear off.

• You will stay in the PACU for approximately 1-2 hours or as long as is needed for you to safely move to your post op room. Your vital signs (temperature, pulse, respiration and blood pressure) and circulation will be monitored continuously. You will receive oxygen through a small cannula (plastic tube) that rests just under your nostrils.

• You will be asked to rate your pain on a scale from 0-10. Zero is no pain and 10 is the worst pain imaginable. Please be aware it is likely you will not be “pain-free.” Pain medication is available in the PACU to ensure that you are comfortable.

• Please understand that visitors are not allowed in the PACU. There are privacy laws that deter visiting and having fewer distractions for the nurse allows the PACU team to focus 100% of their attention on you during this important immediate post-operative time. Your family and personal support team can wait in the surgery waiting room and/or lobby until you leave the PACU and are moved to your room. The surgeon will speak to your family and/or significant others immediately after the surgery to inform them of your status.

• After leaving the PACU, you will be transported to your post-operative room. Once settled into your room, your family and support team may visit you. Please note that there will be a delay of at least 30 minutes before visitors are allowed in your room. Again, this is so we can focus 100% of our attention on you during this new phase of your care.
ARRIVING IN YOUR POST-SURGERY HOSPITAL ROOM:
You will spend about 1-2 days in a hospital room before going home. Here is what you can expect:

YOUR TEAM - A Joint Replacement Team, comprised of a Registered Nurse (RN) and a Patient Care Technician (PCT), will care for you. Each shift typically lasts 12 hours, so you should get to know your team very well.

VITAL SIGNS - Your team will check your vital signs (blood pressure, heart rate, breathing rate, and temperature) as well as assess the blood flow (circulation), motion and sensation of your legs quite frequently in the first twenty-four hours after surgery. This monitoring will likely prevent you from getting a full night’s sleep/rest. These checks will become less frequent as you recover and become more active.

OXYGEN - You may receive oxygen through a small cannula that is placed just under your nostrils. The oxygen supports your breathing and is often used for patients receiving pain medications and during the period of time that the effects of anesthesia are wearing off.

INTRAVENOUS LINE (IV) - The IV line placed before surgery will remain in your arm until you go home. When you are taking an adequate amount of fluids by mouth the nurse will disconnect the tubing and leave a small access port for medications that may be needed.

BANDAGES - The bandage over your incision will be checked carefully for drainage, redness and/or excessive swelling and will be changed as needed. Some bleeding on the bandage is normal; the nurses will monitor this. Please feel free to ask questions. This is a great opportunity for you to learn more about surgical site healing and the warning signs of infection.
**BLOOD THINNER** - Within the first 24 hours, you will be started on a blood thinner to help reduce and prevent the formation of blood clots. When this new medication is ordered, your nurse will closely review the prescription and possible side effects with you.

**BLOOD DRAWS** - You will have your blood drawn by the lab early in the morning to monitor levels.

**INCENTIVE SPIROMETER** - A spirometer is used to help keep your lungs clear and help prevent pneumonia. You will be taught how to use this and are encouraged to take 10 breaths every hour while you are awake.

**URINARY CATHETER** - A catheter may be inserted into your bladder during surgery to drain your urine. The nursing staff will remove the catheter early the morning after your surgery. It is important that the catheter be removed as soon as possible to decrease the potential for a urinary tract infection.

**REGULAR REPOSITIONING** - Your care team will encourage and assist you in repositioning and turning onto your non-surgical side while you are in bed, even on the night of your surgery. Regular repositioning helps to decrease potential skin breakdown and encourages deep breathing and coughing to help prevent pneumonia. You can use your side rails and overhead trapeze to assist in turning and moving. We generally keep most of the side rails up while you are in bed for your safety. Please do not try to get out of bed without calling for a nurse to help you even if you feel strong enough to do so.

**COMPRESSION STOCKINGS** - During your hospital stay, your surgeon may have you wear compression stockings. These are tight support socks reaching up to your mid-thigh to help decrease swelling. You will also have pneumatic compression devices that wrap around your calves or feet and are attached to a machine that pumps air into them every few minutes. This device is important in helping to prevent blood clots in your legs, by promoting blood circulation.

**MEALS** - Initially, most patients will start their oral intake by drinking clear fluids. Once clear fluids are tolerated, you will then be able to progress to solid foods. Because you underwent a procedure and are not “sick,” your surgeon and care team highly encourage you to eat your meals sitting up in a chair, as you will do at home.

You may select a variety of food options from our room service menu that are specific to the diet your doctor has ordered for you. There may be some dietary restrictions placed by your surgeon (like a low sodium or diabetic diet). If you have any concerns about this, please discuss them with your surgeon.

Please let us know if you need a special diet (kosher, vegetarian, etc.). We are happy to accommodate special requests.

**VISITING HOURS**

Your family may begin visiting you about 30 minutes after you are settled into your room. We ask that there only be two visitors at a time so that we can keep traffic and noise to a minimum.

**VISITING HOURS ARE GENERALLY:**

1:00 pm – 8:00 pm.

This is so that we can assure you get proper rest and therapy periods.

**NOISE**

We make every attempt to provide a quiet and relaxed atmosphere, but you may experience background noise from the hallway and/or from other patients, staff and visitors. We encourage you to keep your room door closed, as well as to take advantage of our ear plugs or listen to music if this becomes a problem. Please let your care team know if you are being disturbed by the noise so that they can assist you.
NUTRITION - Some loss of appetite is common for several weeks after joint replacement surgery. Registered dietitians are available to answer any questions you may have regarding your any nutrition concerns both in the hospital and when you go home. Just ask your nurse to arrange a consultation.

Constipation is common when taking medication to treat your pain. A high fiber diet can help prevent and treat the constipation.

Consider these high fiber items to your diet both in the hospital and after discharge:
– Whole grain breads
– Whole grain cereals
– Grains
– Fruits
– Vegetables

Unless otherwise restricted, drink plenty of water; at least eight glasses every day will ensure adequate hydration for your body.

INFECTION PREVENTION - Make sure that members of your healthcare team clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see them clean their hands, please ask them to do so.

Family and friends should clean their hands with soap and water or an alcohol-based hand rub (located just outside or inside the room) before and after visiting you. If you do not see them clean their hands, ask them to do so. Do not allow your family or friends to touch the surgical wound or dressing.
Next Steps

Moving and activity help you recover faster. Our goal is for you to regain your independence as soon as possible. We want you to be safe and comfortable enough to participate in early activity that helps prevent complications and speed the recovery process. Anticipate that you will get out of bed to stand and walk a few steps within a few hours of returning to the unit. You may be able to walk a short distance with physical therapy.

CONTROLLING PAIN AFTER SURGERY

There are different medication methods to assist in pain relief. Medication can be given via nerve block, epidural catheter, IV or by mouth. Your doctor will order the medication he or she feels is best for you. If your pain is not controlled by the medications ordered, please notify your nurse so it can be discussed with your surgeon.

• Important: Do not wait until the pain is intense. The higher the pain level, the harder it is to get it under control.

• It is a good idea to take your pain medication one hour prior to physical therapy and occupational therapy. Your nurse and the physical therapists will help coordinate this practice.

• Reposition yourself. Even a small shift, every 45 minutes to an hour throughout the day, will promote comfort, good blood circulation, and prevent skin breakdown.

• Frequent use of elevation and an ice pack can reduce pain and swelling so staff will apply ice to your operative area. You should continue this at home.

PREVENTING POTENTIAL COMPLICATIONS

BLOOD CLOTS IN LEGS: SIGNS AND SYMPTOMS

Blood clots are a potential side effect of surgery. A clot may prevent normal blood flow and oxygen from reaching the tissues in your body. Signs and symptoms include the following:

• Pain and/or tenderness in your calf

• Warmth and/or redness in your calf

• Swelling in your leg that is not relieved when elevated

INFECTION

The most common causes of infection following a total joint replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections or skin infections. The nurse will give you antibiotics as ordered by your surgeon and will monitor you for signs and symptoms of an infection such as redness or drainage from the surgical site and persistent fever. The nurse will also teach you everything you need to know about taking care of your wound and how to prevent infections when you go home.

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

Physical Therapy (PT) may start the day of or the first day after your surgery. PT will assist you in getting out of bed and advance to walking the halls. Your physical therapist will teach you how to move safely and properly, and help you regain your strength and movement with exercise. They will also teach you how to use a walker or crutches. Please refer to either the Total Hip or Total Knee tab for the post-operative exercises you will be learning.

Occupational therapy, if ordered by your doctor, usually starts the day after surgery. The occupational therapist will help you work toward independence in your daily living skills (bathing, dressing, toileting, etc.) while following your total joint precautions.
PNEUMONIA
After surgery, you will be in pain, which may make you not want to take deep breaths. It is important that you move, take deep breaths and cough to prevent the collection of mucus at the base of your lungs that leads to pneumonia. You will be encouraged to use an incentive spirometer as a tool to help gauge and encourage deep breathing. It is important that you use this for at least 10 breaths every hour you are awake even if the nursing staff does not remind you. Continue using your incentive spirometer for a week or so after you go home. Discard it in the trash when you are done using it; moisture can build up in the device, potentially causing infection if used in later months.

INCENTIVE SPIROMETER BASICS
Using an incentive spirometer helps prevent lung issues. You will be encouraged to use this tool to help gauge and encourage deep breathing. They come in different shapes and sizes but their function is the same. Below are the basics on how to use them.

- Sit up tall holding the incentive spirometer upright and seal your lips tightly around the mouthpiece.
- Breathe in slowly and deeply. Hold your breath as long as possible. Then exhale slowly and allow the piston to fall to the bottom of the column.
- As you inhale, notice the yellow indicator rise and reach the blue outlined area. Position the yellow indicator at the side of the spirometer to show your best effort. Use the indicator as a goal to work toward during each slow deep breath.
- Repeat the process 10 times every hour while you are awake.
- Note: after each set of 10 deep breaths, cough to be sure your lungs are clear. If you have an incision, support your incision when coughing by placing a pillow firmly against it.
- Continue using your incentive spirometer for about two weeks after you get home. Discard it in the trash when you are finished to prevent moisture build-up that can cause infections.

OTHER COMPLICATIONS
Major medical complications, such as heart attack, stroke or worsening of underlying depression are possible. Chronic illnesses may increase your chances for complications and prolong your recovery. Your care team will be monitoring you for signs and symptoms of any complications and will take immediate action when necessary.
Going Home

CASE MANAGEMENT:
Case Managers specialize in helping patients and their families plan for discharge from the hospital. The case manager will provide you with information and available resources so that you can make the best decision for your discharge. Your case manager will assist you in making the appropriate arrangements.

There are different levels of care after discharge:
• Home (independent) with support from family or friends
• Home with therapy services
• Skilled nursing facilities (inpatient step down from acute care)
• Rehabilitation hospitals (acute multidisciplinary care)

Your discharge location depends on a variety of factors, including the level of care you require. We strongly encourage you to arrange to have a family member or friend stay with you at home for 1-2 weeks. Patients returning home have improved outcomes and fewer complications. You will not be “sick” but may require assistance with mobility and household duties for a short time after surgery. If you require care not available at home with the help of your family or friends, your physician will write an order and our Case Manager will make arrangements. Acceptance to another inpatient facility is dependent on a physician order, bed availability and your insurance coverage. Our Case Manager will work with you to facilitate this transition if it’s needed. Our Case Manager will also assist you in arranging for equipment you may need if you are going home immediately after discharge from the hospital.

MOBILITY AND EXERCISE
It takes most patients three to six months to fully regain strength and energy after joint replacement surgery. You should see steady improvement in strength and mobility during this time.

After joint replacement, the sooner you become active, the sooner you will recover. You are strongly encouraged to get around and use your new joint - a moving joint is a happy joint.

It is normal to have some post-exercise soreness or swelling; these symptoms should decrease substantially over the course of several months.

Your body needs time for muscles and tissues around your new joint to heal. While activity is very important, you must alternate activity with rest periods throughout the day. At first, it is normal for everyday activities such as dressing, cooking or shopping to take a little longer than usual. To minimize the risk of injury or overexertion, you should factor in extra time and rest periods for your daily activities.

IMPORTANCE OF YOUR FOLLOW-UP VISITS
Follow-up visits with your surgeon are an essential component of joint replacement surgery. Each surgeon will have his/her own timeline for follow up visits, but your first appointment will generally be about two to three weeks after your surgery. Keeping these appointments as scheduled is a significant factor in staying on track for your recovery. The surgeon will evaluate your progress to ensure that you are healing well. If you are not certain of your follow-up appointment, call your surgeon’s office.
FREQUENTLY ASKED QUESTIONS

How long does the surgery take?
Joint replacement surgery takes approximately 2 – 3 hours. This includes the proper time for preparation, patient positioning and surgical procedure time.

Will I have pain?
As with any surgery, especially one that involves a weight-bearing joint, there will be pain following surgery and during your recovery. We recommend that you ask for pain medication one hour prior to your session with physical therapy. Ongoing use of ice will help decrease your pain even when you are at home. If your pain is not controlled by the medications and treatments ordered by your doctor, please notify your nurse.

How long will I be in the hospital?
The average length of stay is 1-2 days for hip patients and 2 days for knee patients. The length could vary depending on your health and activity level after surgery.

How long will my new joint last?
The majority of joint replacements are still working at 20 years. Some patients may wear out their joints more quickly than others do. Factors such as body weight and the amount of impact activities performed can influence the longevity of a replaced joint.

When may I drive?
Your surgeon will assess your progress and recovery and let you know when you may start driving again. It will generally be two to six weeks. Do not drive while taking pain medications. If you will have outpatient Physical Therapy you will need to arrange transportation. Physical Therapy appointments generally take one hour.

When may I take a shower?
Generally you can shower daily starting two days after surgery. Keep your shower brief initially and make sure you have a support person nearby to assist. Gently pat your incision dry with a separate clean towel to help prevent infection.

When may I engage in sexual intercourse?
Generally, most people wait a few weeks after surgery before resuming sexual activity. Your incision, muscles and ligaments need time to heal. You can resume sexual activity when you feel ready. If you have questions, discuss with your surgeon.

What are some of the risks of surgery?
- Blood clots
- Infection of the joint
- Pneumonia
- Leg length discrepancy
- Fracture
- Dislocation
- Bleeding
- Injuries to nerves
- Failure of the prosthesis

Other questions such as:
When may I return to work?
How often will I need to see my surgeon after I am home?
If I need outpatient Physical Therapy when will it start?
These are dependent on your individual health, your surgeon’s preferred regimen and/or recommendation. We strongly encourage you to discuss these with your surgeon.
Transition to Home

We hope that your stay in our hospital met your expectations. Now that your surgery and the immediate recovery period are over, the responsibility for making this a successful outcome is yours. The information below is intended to supplement all of the verbal instructions you have been given by your surgeon and your health care team. If any information here differs from what you have been told by your surgeon, it is important that you follow the instructions of your surgeon.

DISCOMFORT

• Take pain medication with food and as prescribed by your surgeon. It may be helpful to take your pain medication about 30 to 45 minutes before your planned therapy/exercise session. Do not wait until discomfort gets the better of you to take medication. Do not drink alcohol or drive while taking pain medication. As your pain decreases, start to reduce the number of pain pills you are taking and how often you are taking them. Eventually, you will no longer need pain medication.

• Do not take more than 3 grams of Tylenol in a 24-hour period. There may be Tylenol in your pain medication so monitor the amount taken each day.

• Applying an ice pack or bag of frozen peas in a thin cloth to your joint for 20 minutes several times per day, especially after exercise, can help decrease the discomfort. Don’t place ice directly on the skin.

• Change your position at least every 45 minutes during the day to avoid stiffness. Avoid sitting for long periods, to prevent swelling in your leg.

• If ordered by your doctor, you will continue the use of compression stockings. They can be helpful in controlling leg swelling particularly in the first couple of weeks post-op. We recommend that you wear them for the first 2 weeks after discharge. The stockings should be removed regularly for bathing and if they are uncomfortable, they can be left off when you are in bed or your legs are elevated. If they are terribly uncomfortable, too difficult to take on and off, or if you had knee surgery and your knees are the same size (meaning you have very little or no swelling in your operative knee) you may leave them off. In all cases, it is important to elevate your leg regularly to help decrease swelling. A good rule of thumb for the first several weeks is: 2 hours of elevation for every 1 hour your leg is lowered to the ground.

• Do your ankle pumps. They reduce swelling, improve circulation and prevent blood clots. Point, then flex, both feet slowly. Repeat this 10 to 30 times each hour.

• Contact your surgeon if your discomfort does not respond to the above or if you experience any adverse reaction to your pain medication.

If you had knee replacement surgery, elevate your leg above the level of your heart in the way the Physical Therapist taught you while you were in the hospital. DO NOT place a pillow under your knee to relieve pain. You may place a pillow under your calf for elevation and comfort.
**CONSTIPATION**

Constipation may result from pain medication, less than usual activity and changes in your eating habits. Be sure to drink plenty of fluids and eat foods high in fiber, such as fruits and vegetables, to prevent constipation.

- Use a stool softener while taking pain medication. Take a laxative if you do not have a bowel movement within two to three days. Notify your doctor if you don't have results after taking the laxative. Do not let constipation go on for too long.

**PREVENTING SURGICAL SITE AND OTHER INFECTIONS**

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do NOT develop an infection. Hand washing (or an alcohol-based hand cleanser) is the most important step for preventing infection. You and your caregiver need to wash your hands before changing your dressing or touching your incision. Keep your incision clean and dry except for showering. Eating a healthy diet and drinking plenty of fluids can help prevent infection too. Your orthopedic surgeon may want you to take an antibiotic pill before you undergo future dental procedures or other invasive medical procedures. Be sure to discuss this during your first post-op visit unless you have already done so.

Contact your surgeon right away, if you note any of the following:
- Increased redness, heat or swelling around the incision
- Increased or foul-smelling drainage from the incision
- Increased pain in the hip
- Persistent fever greater than 101.5°F or chills

Contact your primary care doctor if you think you may have an infection elsewhere. This includes bladder, sinus, tooth, etc. Inform your dentist that you have an artificial joint prior to any dental work anytime you go to the dentist. Notify your surgeon if dental work is scheduled earlier than six weeks after your surgery.

**INCISION CARE/DRESSING CHANGES**

Your surgeon will either use a special bandage or leave your incision open. If you have a specialty dressing, you will be given specific instructions regarding care. Regardless, you and your caregiver should wash your hands before and after touching the incision area. You should notice the condition of the incision. There will be some swelling initially, especially after exercise. There should be no redness, hotness, odor, increased drainage or opening of the incision. Call your surgeon’s office if you notice these changes. If open to air, do not apply any ointments to your incision. You may shower with either the specialty dressing or steri strips. Gently pat the incision or waterproof bandage dry with a separate clean towel and keep clean and dry between bathing. Do not submerge your leg in bath water, pool or Jacuzzi until your surgeon says that it is OK to do so. Steri-strips will generally fall off after seven to 10 days. Specialty bandages are removed following your doctor’s instructions, generally at either one or two weeks after surgery. If you have sutures or staples, a health care professional usually removes them 10 to 14 days after surgery.

**PREVENTING BLOOD CLOTS**

Elevate your operative leg above the level of your heart for short periods throughout the day. Take your anticoagulant (blood thinning) medication as directed and for as long as directed. Do your exercises and walk. All of these are ways to help prevent blood clots.

**BODY CHANGES**

- Your new joint may cause your leg to feel longer. The joint may have regained some height that was lost prior to surgery.
- Numbness around the incision may be temporary or permanent

**WEIGHT LOSS**

An ideal body weight puts the least amount of stress on your new joint. Following an exercise and walking program as directed by your therapists will help your joint heal and promote potential weight loss. A dietitian can make suggestions for a healthy weight-loss meal plan. Talk to your surgeon about visiting a dietitian if desired.
GUIDELINES FOR USE OF ANTICOAGULANT (BLOOD THINNING) MEDICINE:

Don't take any new medications, including over-the-counter medications, without checking with your doctor first, because they may affect your blood thinner.

- Take your anticoagulant medication at the same time every day.
- If you miss a dose of this medication, take it as soon as you remember – unless it's almost time for your next dose. In that case, just wait and take your next dose at the normal time. Do not take a double dose.
- Check with your doctor before using non-prescription aspirin or other non-steroidal anti-inflammatory drugs, like ibuprofen or naproxen, as this could cause excessive thinning of the blood.
- Use a soft bristle toothbrush and waxed dental floss. Use an electric razor to shave.
- Protect yourself from injury. Be sure to place nonslip mats in your tub or shower.

WHEN TO CALL YOUR DOCTOR

A blood clot in the leg can move to the lung. This can lead to shortness of breath, chest pain, coughing up blood, or unexplained anxiety, especially with breathing. If you experience any of these symptoms, call 911, because this is a medical emergency.

Contact your surgeon right away, if any of the following occur:

- Pain or excessive tenderness in your leg or calf
- Redness of your calf
- Swelling in your foot, ankle, calf, or thigh that is not relieved with elevation (your affected leg is likely to be swollen)
- Shortness of breath

Anticoagulant medication can make bleeding harder to stop. Call your doctor right away, if you have any of the following:

- Bleeding that doesn't stop within 10 minutes
- Coughing or throwing up blood
- Diarrhea or bleeding hemorrhoids
- Dark-colored urine or black stools
- Red or black-and-blue marks on the skin that get larger
- Dizziness or fatigue
- Chest pain or trouble breathing
- A heavier than normal menstrual period or bleeding between periods

ANTICOAGULANT (BLOOD THINNING) MEDICINE

Your doctor will prescribe medication that helps prevent clots from forming in your blood. Commonly used blood-thinning medications in pill forms are Aspirin, Xarelto and Coumadin. Lovenox is a shot (tiny needle) that goes into the belly. It is very important that you take this medication for as long as directed by your doctor; usually, two to six weeks after your total joint replacement.

POSSIBLE SIDE EFFECTS OF ANTICOAGULANT MEDICATIONS:

Tell your doctor if you have any side effects. However, even if you do have side effects, DON'T STOP taking the medication unless your doctor tells you to. Side effects may include:

- Nausea
- Diarrhea
- Poor or no appetite
APPETITE
You may have less than your usual appetite for a while. Your energy level may be low for a few weeks after surgery. Here are some specific tips:
• Consume foods high in protein to enhance wound healing.
• Try to keep your diet about the same each day. You may prefer frequent small meals at first.
• Drink plenty of fluids.
• Limit fats to 2 to 4 tablespoons a day.
• Discuss alcohol intake with your doctor.

AVOIDING FALLS
Follow these safety precautions for about 12 weeks after surgery. Ask your surgeon if precautions should be followed for more than 12 weeks. There are many things you can do to keep your joints safe:
• Watch for floor hazards such as small objects, pets and uneven surfaces
• Make sure rooms are well lit by using nightlights or flashlights as needed in halls
• Keep items you use often within easy reach
• Wear slippers or shoes with backs; soles should be rubber for good traction
• Use sturdy chairs that are not excessively low and have arms to help you get up
• Add firm pillows to a low chair to help make it easier to get up
• Avoid chairs and sofas with deep cushions
• Stop and think about the best body mechanics to use before taking on a new task
• Change positions frequently to avoid stiffness
• Get out of the car every one to two hours during travel for a short walk to lessen stiffness

EQUIPMENT
At first, you will likely use a walker or a cane to help you walk. An elevated toilet seat, shower chair or toilet safety rails can be very handy for the bathroom. A bedside commode can often fit over the toilet and be used to sit on in the shower. You MUST NOT get down into the bathtub until you are mobile enough to do so. Other adaptive equipment, such as a reacher, sock-aid, long-handled shoehorn, long-handled sponge, handheld showerhead, grab bars, and elastic shoelaces, may prove useful to you as well. Physical and Occupational Therapy will provide guidance for you on what you will need.
HOUSEHOLD TIPS:
• Maintain clear walkways.
• Do not get down on your knees to scrub floors. Use a mop or long-handled brush.
• Plan ahead by gathering all cooking or working supplies at one time to work on a project.
• Use a high stool or cushions to provide a better working height.
• Pace yourself; attempting to do too much at one time can leave you exhausted for the day. Note your highest energy time of day to tackle a heavier activity.
• Break down a heavy activity into smaller, more manageable ones.
• Push or pull items instead of carrying them.
• Ask for help when you need it.
• Learn to work smarter, not harder.

NOTE: Many other tips for joint protection, work simplification, energy conservation and equipment are available from an Occupational Therapist or the Arthritis Foundation. Check your local phone book for an Arthritis Foundation chapter near you.

TOTAL JOINT REPLACEMENT SPECIFICS
Please go to the specific tab for the specific exercises and care related to your total knee or total hip surgery.

COPING WITH STRESS
Undergoing surgery can be a very stressful event for anyone and can make pre-existing depression worse. It can also be stressful to rely on others to help while you are healing. However, having support from friends and family is needed for full rehabilitation. Having realistic goals and keeping a positive outlook helps. Make note of small achievements. Some people find that deep breathing and relaxation techniques help. Remember, it’s important to ask for help when you need it.
Total Hip Replacement

Congratulations! You are well on your way to enjoying the benefits of your new hip joint. The information contained in this Discharge Information Packet will help you learn what to expect as you recover from your total hip replacement. You are not alone. Each year, over 320,000 Americans have a total hip replacement. A successful hip replacement and rehabilitation program can help alleviate your hip pain and improve your mobility. Your new hip can give you a quality of life you may not have enjoyed for some time.

Normal hip
Arthritic hip
Post-operative hip
TOTAL HIP POST-OP EXERCISES, GOALS AND ACTIVITY GUIDELINES

Exercise is the only way to regain your strength and range of motion after a total hip replacement. Because pain may have limited your movement before surgery, you may gain even more strength and range of motion than you had before with continued effort. Exercise will help you strengthen your hip and other muscles. It will also help you gain at least 90° of flexion in your affected hip. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. If your doctor wants you to have Physical Therapy, it will be arranged for you at home or in an outpatient setting. If Physical Therapy is ordered for home and you are not contacted within 24 hours of your discharge, notify your surgeon’s office.

ACTIVITY GOALS FOR WEEK 1-2:
- Walk at least 300 to 500 feet with your walker, crutches or cane, as instructed
- Go up and go down 12 to 14 steps with a rail, one foot at a time, once per day
- Bend your hip to 70° for Posterior Approach
- Bend your hip to 90° for Anterior Approach
- Straighten your hip completely by lying flat for 30 minutes several times per day
- Shower and dress by yourself
- Gradually resume light home duties with help as needed

ACTIVITY GOALS FOR WEEK 3-4:
- Complete any remaining goals from week 1-2
- Wean from a walker or crutches to a cane or one crutch, as instructed
- Walk at least the distance of four blocks
- Go up and go down 12 to 14 steps with a rail, one foot at a time, more than once per day— Bend your hip 90° unless told otherwise
- Resume all light home duties with help as needed

ACTIVITY GOALS FOR WEEK 5-6:
- Complete any remaining goals from weeks 1-4
- Household ambulation with cane or without assistive device
- Walk with, or possibly without, a cane or crutch to complete the distance of four to eight blocks
- Go up and down stairs with a railing
- Bend your hip 90°
- Drive a car at six weeks, if approved by your surgeon
- Resume all light home duties by yourself
- Return to light work duties, if approved by your surgeon

ACTIVITY GOALS FOR WEEK 7-12:
- Complete any remaining goals from weeks 1-6
- Walk without a cane or crutch, without a limp the distance of eight to 16 blocks
- Go up and down stairs with a rail
- Resume all home duties and low-impact activities
DISLOCATION

Certain body positions and activities can cause hip dislocation. Prevention of dislocation is critical to your success and includes the following:

FOR THE ANTERIOR SURGICAL APPROACH

DO place 1-2 pillows under the knee of your operated leg while lying on your back in bed / couch as directed by your hospital physical therapist

DO NOT extend your operated leg behind you (hip hyperextension)

DO NOT turn your operated leg out to the side (hip external rotation)

DO NOT stand and pivot away from your operated side

DO NOT lie on your side unless you keep a pillow between your knees. This is for comfort.

DO NOT twist your body when standing

DO NOT put more weight on your affected leg than instructed

FOR THE POSTERIOR SURGICAL APPROACH

DO NOT bend forward more than 90°

DO NOT lift your knee higher than your affected hip

DO NOT bring legs together or cross your legs

DO NOT turn your affected leg inward

DO NOT reach across your affected leg

DO NOT twist your body when standing

DO NOT put more weight on your affected leg than instructed

FOR THE POSTERIO-LATERAL SURGICAL APPROACH or minimally invasive surgical approach, chairs should be high enough to allow your knees to remain lower than your hips. It should have a firm seat, so that you do not sink down into it.

TOTAL HIP BED MOBILITY

FOR THE ANTERIOR APPROACH

DO place a pillow under your knees for comfort

FOR THE POSTERIOR APPROACH

DO use a pillow or foam wedge between your legs when lying on your back or side

DO NOT cross your legs

DO NOT lie on your affected hip unless approved by your surgeon

FOR THE POSTERIO-LATERAL SURGICAL APPROACH

DO NOT lie directly on your operative hip

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR:

• A persistent temperature of 101.5 degrees or higher

• Bleeding or drainage from the incision site

• Redness or increasing swelling from the incision site

• Calf (lower leg) pain, chest pain or shortness of breath

• If you fall down or injure yourself – specific to your new joint

• If you have an infection in any area of your body

• If you need emergent dental work and need to see the dentist

OR IF YOU NOTICE ANY OF THESE SIGNS OF DISLOCATION:

• New onset of severe hip or groin pain

• A turning in or out of your leg that is new

• You are unable to walk or put weight on your leg

• Increased numbness or tingling of the leg

• Change in length of the leg

• A bulge felt over the hip
HIP EXERCISES
Review all exercises with your physical therapist. Perform your exercises 10 to 15 times, two to three times daily, unless noted otherwise. Feel free to do the exercises with both legs. Be sure to follow your hip precautions and do not hold your breath while exercising. Use ice on your hip after you exercise if you have muscle soreness from the exercise.

DO NOT put more weight on your affected leg than instructed. Your weight-bearing status is _______________.

ANKLE PUMPS
With leg relaxed, gently bend and straighten ankle. Move through full range of motion. Repeat __________ times per set. Do _______ sets per session. Do _______ sessions per day.

QUADRICEPS SET
Tighten muscles on top of thigh by pushing the back of your knee down into the surface. Hold _______ seconds. Repeat _______ times per set. Do _______ sessions per day.

HAMSTRING SET
Tighten muscles on back of thigh by pulling heel downward into the surface. Hold _______ seconds. Repeat _______ times. Do _______ sessions per day.

GLUT SET
Tighten buttock muscles. Hold _______ seconds. Repeat _______ times per session. Do _______ sessions per day.

HEEL SLIDE
Bend the operated hip and pull heel toward buttocks. Hold _______ seconds. Return to starting position. Repeat _______ times. Do _______ sessions per day.

HIP ABDUCTION/ADDUCTION
Gently bring leg out to side, then back to the starting position. Keep your knee straight. Repeat _______ times per set. Do _______ sessions per day.

TERMINAL KNEE EXTENSION
With knee bent over bolster, straighten knee by tightening muscle on top of thigh. Hold _______ seconds. Be sure to keep back of the knee on the bolster. Repeat _______ times per set. Do _______ sessions per day.

BRIDGING
Bend your knees, and plant your feet flat. Raise your hip/pelvis by pushing down evenly on both legs. Hold _______ seconds. Repeat _______ times. Do _______ sessions per day.

TOE-UP (ANKLE PLANTAR AND DORSI-FLEXTION)
Holding a stable object, rise up on toes. Hold _______ seconds. Then rock back on heels and hold _______ seconds to complete set. Repeat set _______ times. Do _______ sessions per day.

ABDUCTION
Holding a chair for balance, feet shoulder width apart and toes pointed forward. Swing the operated leg out to side, keeping knee straight. Do not lean. Repeat using other leg when instructed by your therapist. Repeat _______ times per session. Do _______ sessions per day.
Total Knee Replacement

Congratulations! You are well on your way to enjoying the benefits of your new knee joint. The information contained in this Discharge Information Packet will help you learn what to expect as you recover from your total knee replacement. You are not alone. Each year, over 710,000 Americans have a total knee replacement. A successful knee replacement and rehabilitation program can help alleviate your knee pain and improve your mobility. Your new knee can give you a quality of life you may not have enjoyed for some time.
TOTAL KNEE POST-OP EXERCISES, GOALS & ACTIVITY GUIDELINES

Exercise is the only way to regain your strength and range of motion after a total knee replacement. Because pain may have limited your movement before surgery, you may gain even more strength and range of motion than you had before with continued effort. Exercise will help you strengthen your knee and other muscles. It will also help you gain at least 90° of flexion in your affected knee. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become. If your doctor wants you to have Physical Therapy, it will be arranged for you at home or in an outpatient setting. If Physical Therapy is ordered for home and you are not contacted within 24 hours of your discharge, notify your surgeon’s office.

ACTIVITY GOALS FOR WEEK 1-2:
• Walk at least 300 to 500 feet with your walker, crutches or cane, as instructed
• Go up and go down 12 to 14 steps with a rail, one foot at a time, once per day
• Bend your knee from 0° to 100°
• Straighten your knee completely by lying flat for 30 minutes several times per day. Place a towel roll under your ankle
• Shower and dress by yourself
• Gradually resume light home duties with help as needed

ACTIVITY GOALS FOR WEEK 3-4:
• Complete any remaining goals from week 1-2
• Wean from a walker or crutches to a cane or one crutch, as instructed
• Walk at least the distance of four blocks
• Go up and go down 12 to 14 steps with a rail, one foot at a time, more than once per day— Bend your knee from 0° to 100°
• Straighten your knee completely by placing only the foot on a stool for 30 minutes several times per day
• Resume all light home duties with help as needed

ACTIVITY GOALS FOR WEEK 5-6:
• Complete any remaining goals from weeks 1-4
• Walk with a cane or crutch to complete the distance of four to eight blocks
• Go up and down stairs with a rail from one foot at a time to regular way
• Bend your knee from 0° to 120°
• Straighten your knee completely by placing only the foot on a stool for 30 minutes several times per day
• Drive a car at six weeks, if approved by your surgeon
• Resume all light home duties by yourself

ACTIVITY GOALS FOR WEEK 7-12:
• Complete any remaining goals from weeks 1-6
• Walk without a cane or crutch, without a limp, the distance of eight to 16 blocks
• Go up and down stairs with a rail
• Bend your knee from 0° to 130°
• Straighten your knee completely by placing only the foot on a stool for 30 minutes several times per day
• Resume all home duties and low-impact activities
KNEE EXERCISES

Review all exercises with your physical therapist. Perform your exercises 10 to 15 times, two to three times daily, unless noted otherwise. Feel free to do the leg exercises with both legs. Do not hold your breath while exercising. Use ice on your knee after you exercise if you have muscle soreness from the exercise.

DO NOT put more weight on your affected leg than instructed. Your weight-bearing status is .................

**ANKLE PUMPS**

With leg relaxed, gently flex and extend ankle. Move through full range of motion. Avoid pain.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**TERMINAL KNEE EXTENSION**

With knee over bolster, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on bolster.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**QUADRICEPS SET**

Tighten muscles on top of thighs by pushing knees down into surface. Hold 3 seconds.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**STRAIGHT LEG RAISE**

Tighten muscles on front of thigh, then lift leg 8 inches from surface, keeping knee locked.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**HAMSTRING SET**

With foot turned out, tighten muscles on back of thigh by pulling heel down into surface. Hold 3 seconds. Relax.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**HEEL SLIDE**

Slide heel towards buttocks until a gentle stretch is felt. Hold 3 seconds. Relax.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**HIP ABDUCTION**

Bring leg out to side and return. Keep knee straight.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

**KNEE FLEXION**

Bend knee as far as possible, then use other leg to gently push until stretch is felt. Hold 3 seconds. Relax.
Repeat ___________ times per set.
Do __________ sets per session.
Do __________ sessions per day.
KNEE FLEXION / EXTENSION
Gently push leg back with other leg until a stretch is felt. Hold 3 seconds.
Relax. Recross bent legs at ankles.
Slowly straighten legs, pushing with lower leg. Hold 3 seconds.
Repeat __________ times per set.
Do __________ sets per session.
Do __________ sessions per day.

HEEL RAISE: BILATERAL (STANDING)
Rise on balls of feet.
Repeat __________ times per set.
Repeat set __________ times.
Do __________ sessions per day.

HIP ABDUCTION
Holding a chair for balance, feet shoulder-width apart and toes pointed forward.
Swing the operated leg out to side, keeping knee straight.
Do not lean.
Repeat using other leg when instructed by your therapist.
Repeat __________ times per session.
Do __________ sessions per day.

HIP EXTENSION
Using a chair for balance, keep legs shoulder-width apart and toes pointed forward.
Slowly extend one leg back, keeping hip straight.
Do not lean forward.
Repeat with other leg to complete set.
Repeat set __________ times.
Do __________ sessions per day.

WALL SLIDES
Leaning on wall, slowly lower buttocks until thighs are parallel to floor.
Hold __________ seconds.
Tighten thigh muscles as you return to starting position.
Repeat set __________ times.
Do __________ sessions per day.

BED MOBILITY
- Use a pillow between your knees when lying on your side
- Bend your unaffected leg to help push yourself to a new position
- Do not elevate your leg by placing a pillow only under your knee as this can promote blood clots and loss of range of motion. Elevate your leg above the level of your heart by placing pillow(s) – lengthwise – under your entire leg or pillows just under your calf for elevation.

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR:
- A persistent temperature of 101.5 degrees or higher
- Bleeding or drainage from the incision site
- Redness or increasing swelling from the incision site
- Calf (lower leg) pain, chest pain or shortness of breath
- If you fall down or injure yourself – specific to your new joint
- If you have an infection in any area of your body
- If you need emergent dental work and need to see the dentist

OR IF YOU NOTICE:
- New onset of severe knee pain
- You are unable to walk or put weight on your leg
- Increased numbness or tingling of the leg
- Change in length of the leg
Mobility

AMBULATION
A walker or cane should be fitted to your height by a physical therapist or health care professional. Your affected leg means your operative leg. If you had both knees replaced at the same time, the "affected" leg means the weaker one.

WALKER
1. Stand up straight with the walker a few inches in front of you.
2. Place each hand on the handgrips of the walker.
3. Move the walker forward one-step.
4. Take a step into the walker with your affected leg.
5. Lean on the walker to give balance and support.
6. Take a step with your unaffected leg.
7. Repeat the above until you’ve reached your target.

CANE
1. Stand up straight with the cane held by your hand on the unaffected side.
2. Move the cane forward one-step.
3. Move your affected leg forward.
4. Move your unaffected leg forward.
5. Repeat the above until you’ve reached your target.

CRUTCHES
Instructions should be followed as taught to you by your physical therapist. There are different ways to use crutches. You should use the method that is most appropriate for your needs.
**TRANSFERS**

**GETTING INTO BED:**
1. Back up to the bed until you feel it behind your legs. Place yourself halfway between the foot and head of the bed. Slide your affected leg out in front of you before sitting down.
2. Reach back with both hands and sit down on the edge of the bed. Scoot back toward the center of the mattress. Slick sheets, slick pajamas or sitting on a plastic bag may make scooting easier.
3. Move the walker out of your way. Keep it close by.
4. Scoot your hips around to face the foot of the bed.
5. Lift the leg closest to the bed into bed while scooting around.
6. Lift the other leg into bed.
7. Scoot your hips toward the center of the bed.
8. Place a pillow between your knees.

**GETTING OUT OF BED:**
1. Move your hips to the edge of the bed while leaning on your elbows.
2. Sit up while lowering your unaffected leg to the floor.
3. Scoot to the edge of the bed while using your hands behind you.
4. Use both hands to push off from the bed.
5. Slide the affected leg out in front of you before standing up.
6. Get balanced before reaching for the walker.

**CHAIRS AND TOILETS**

Sit in chairs with firm seats for ease of movement. An extra cushion or pillow may be needed on the seat of a low chair if there is no other choice for sitting. It’s safer to keep both feet on the floor or on a stool. A raised toilet seat, a three-in-one bedside commode or toilet safety rails may be needed over your toilet for about 12 weeks after surgery. Such equipment is no longer needed once you can get up and down from the toilet safely on your own.

**SITTING ON A CHAIR OR TOILET:**
1. Take small steps and turn until your legs are against the toilet/chair.
2. Slide the affected leg out in front of you before sitting down.
3. When using armrests, reach back for both armrests and lower yourself onto the toilet. If there are no armrests, keep one hand on the middle of the walker/crutch/cane while reaching back for the toilet seat with the other hand.

**GETTING UP FROM A CHAIR OR TOILET:**
1. Slide the affected leg out in front of you before standing up.
2. When using armrests, push yourself up from the armrests. If there are no armrests keep one hand on the middle of the walker/crutch/cane and push off from the toilet seat with the other hand.
3. Gain your balance and place your hands on the walker/crutches.

**TUB/SHOWER**

You cannot get down into a tub until you are mobile enough to do so safely. You can sit on a bench/chair, stand in a tub, or shower. Be sure the tub bench/chair is high enough for your height. Make sure all needed items are within reach before starting to shower. Use a rubber mat or non-skid adhesive on the floor of the tub or shower. If you have staples/sutures, make sure you have your surgeon’s approval before getting them wet. The instructions below can also be followed for a shower stall.
STAIRS
General rule of thumb: Go up with your unaffected leg and down with your affected leg

GOING UP STAIRS:
NOTE: Your therapist should give you detailed instructions on how to go up and down stairs with your walker, crutches or cane. Below are general reminders related to stairs.
1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on the step above you.
3. Step up with the unaffected leg.
4. Step up with the affected leg.
5. Move the walker, crutches or cane up one step.
6. Repeat the above until you’ve reached your target.

GOING DOWN STAIRS:
1. Face the stairs. Hold the handrail with one hand.
2. Hold the walker, crutches or cane with the other hand on one-step below you.
3. Step down with your affected leg.
4. Step down with your unaffected leg.
5. Move the walker, crutches or cane down one-step.
6. Repeat the above until you have reached your target.

VEHICLE

GETTING INTO THE VEHICLE:
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Back up to the vehicle until you feel it touch the back of your legs.
3. Slide your affected leg out in front of you.
4. Reach back for the back of the seat with one hand and the dashboard with the other hand. Lower yourself down onto the seat. Be sure to lower your head to avoid hitting it on the doorframe. Scoot backward as far as you can toward the other seat.
5. Turn frontward, leaning back as you lift one leg at a time onto the floorboard of the vehicle.
6. Center yourself on the seat.
7. Bring the seat back to a comfortable position.
8. Put on your seatbelt.

GETTING OUT OF THE VEHICLE:
1. Push the seat all the way back. Recline the back of the seat at least halfway.
2. Scoot yourself sideways and backward as you lift one leg at a time out of the vehicle and onto the ground. Lean back as you do so.
3. Slide your affected leg out in front of you. Push yourself up with one hand on the dashboard and the other on the back of the seat. Be sure to lower your head to avoid hitting it on the doorframe.
4. Gain your balance and place your hands on the walker/crutches/cane.
ENERGY CONSERVATION / JOINT PROTECTION

CHOOSE LOW-IMPACT ACTIVITIES SUCH AS:

For your safety and joint protection, we urge you to be cleared by your surgeon and by outpatient physical therapist prior to resuming these activities.

- Regular walks indoors or outdoors
- Walking on a treadmill
- Recommended exercise at a fitness center
- Swimming
- Bicycling
- Dancing
- Golfing
- Cross-country skiing
- Aquatics or Tai Chi program (many are sponsored by a local Arthritis Foundation chapter)
- “Joints in Motion” class (sponsored by a local chapter of the Arthritis Foundation)
- “Walk with Ease” program (sponsored by a local chapter of the Arthritis Foundation)
- Upper-extremity strengthening exercises

AVOID HIGH-IMPACT ACTIVITIES SUCH AS:

- Downhill or water skiing
- Jogging or running
- High-impact aerobics
- Jumping activities
- Tennis or racquetball
- Football
- Baseball
- Lifting more than 25 pounds over and over
**Resources**

**HELPFUL CONTACT NUMBERS**

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<tr>
<th><strong>GOLETA VALLEY COTTAGE HOSPITAL</strong></th>
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<tr>
<td>OPS Department</td>
<td>805-681-6410</td>
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<tr>
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<td>Case Manager</td>
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<td>Physical Therapy</td>
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<td>PPSU/Short Stay</td>
<td>805-569-7526</td>
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<tr>
<td>Surgery Department</td>
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<td>Physical Therapy</td>
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The Cottage Center for Orthopedics Education Hotline: 855-366-7246 (855-3-NO-PAIN)

Website Education can be found at www.cottagehealth.org

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**RESOURCES**


Joint Implant Surgery and Research Foundation, www.jisrf.org


**PROVIDING FEEDBACK**

Thank you for choosing Cottage Health. Your feedback is important to us. In the coming weeks, you may receive a patient satisfaction letter in the mail. We would appreciate you taking a few moments to complete the survey. We constantly seek ways to improve our program so that our patients may have a positive experience and excellent outcomes.
### HEALTH CARE PROVIDER PHONE NUMBERS:

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