

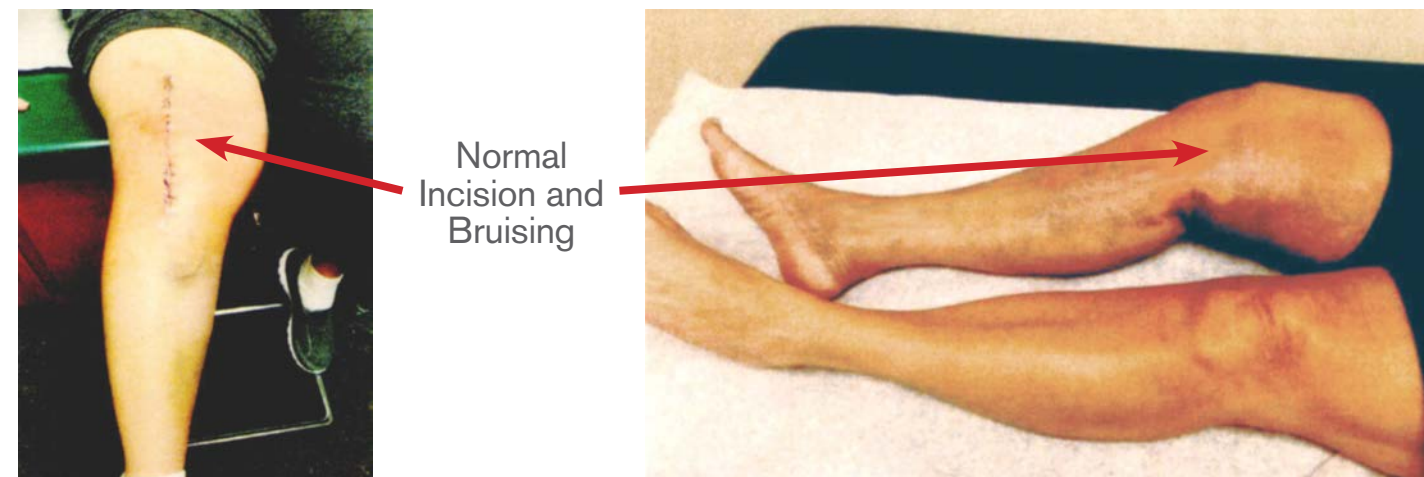




## FOLLOW UP VISIT

You will return to your surgeon for your follow up visit 10-14 days after surgery. The orthopedic surgeon will check on your progress. If you have any questions about certain activities you would like to do, such as driving, swimming or playing golf, please ask your doctor. Make a list of these questions so you don't forget. If you have staples, they will be removed at the first visit with your surgeon.

## QUESTIONS AFTER DISCHARGE



## COMMON CONCERNS PATIENTS HAVE AFTER THEY ARE DISCHARGED

- Pain and/or Discomfort
- Swelling and/or Redness in my Joint
- Drainage
- Fever/Chills

After a joint replacement, it is normal to experience some pain and discomfort, swelling and redness, minimal drainage, bruising and /or a low grade fever. **BEFORE** you decide to contact your primary care provider **OR** go to the nearest emergency room, **please give us a call.**

**West Side Orthopedics**

(419) 893-2663

## WHEN TO CALL YOUR DOCTOR AFTER DISCHARGE

- Fever over 101 degrees
- Increased pain
- Redness, swelling, or drainage from your incision
- New numbness, tingling or weakness in your arms or legs
- Pain or swelling in the calf or thigh of your legs
- Questions about medication, amount of activity, or care
- Sudden onset of shortness of breath
- Changes in bowel or bladder function

Each point is equally important.

## INFECTION PREVENTION

Diligent hand washing is the single best way to prevent infection. Have family and friends wash their hands when visiting or assisting with dressing changes or personal care.

### Hand washing instructions

- Turn on warm water
- Wet hands and wrists
- Use liquid soap
- Scrub hands thoroughly for at least 30 seconds
- Dry hands using a clean paper towel (remove hand towels and replace with a roll of paper towels)
- Use a paper towel to turn off the faucet

### It is important to wash your hands

- Before and after meals
- After a sneeze or cough
- After going to the bathroom
- Before and after touching the incision
- After touching pets

### Also...

- Continue to brush your teeth or dentures daily.
- Put on clean underclothes and clothes daily.
- Do not “show off” your incision to people.
- Wash and change your sheets weekly or more often if they become soiled.

## DISCHARGE PREPARATION AND PLANNING

### What You MUST Know Before Your Surgery

Joint replacement is a surgical procedure to remove a worn or damaged hip or knee joint and replace it with an artificial one. In years past, patients would stay in the hospital for an extended period to recover from having a joint replaced. Today, patients are routinely discharged the following day. Due to the advances in healthcare, recovery after a joint replacement has become easier, however you will still have some limitations and will require some support. Prior to your surgery, you will be asked to identify whom your support person will be after your surgery.

### How Discharge Recommendations are Made

Patients who are safe to go HOME both physically and mentally and do not require daily nursing and physician monitoring, will be recommended to go HOME the day after surgery by noon. If you can get to and from therapy, outpatient therapy will be recommended. Remember, you will not be able to drive right after surgery so you will need to plan for transportation. If transportation is a concern, home therapy will be recommended and arranged prior to discharge.

Patients who do require additional nursing and physician monitoring and require more intense therapy, will be recommended to go to a Skilled Nursing Facility (SNF) at discharge. Very few patients fall into this category. While in the hospital, you will be evaluated by all members of the orthopedic team and together will decide the best discharge plan for you.

Patients *wishing* to go a skilled nursing facility (SNF) must develop an alternative recovery plan. All insurances require that admissions to a skilled facility be reasonable and medically necessary. If an admission occurs that is not deemed reasonable and medically necessary, patients could be responsible for part of the cost. Please know that living alone is NOT a qualifying factor all by itself so we ask that you prepare and plan for your discharge accordingly.

The orthopedic team at McLaren St. Luke's will continuously evaluate your progress and will provide the safest discharge recommendation and recovery plan for you to ensure a successful recovery.

## McLAREN ST. LUKE'S OUTPATIENT SITES

When your doctor prescribes lab tests, X-rays, physical therapy or more, you can choose where to go. These services are available at McLaren St. Luke's or at any of the following convenient locations.

**Radiology services can be scheduled by calling (419) 897-8328. Please call (419) 893-5257 to schedule physical, occupational or speech therapy services.**

### Maumee

#### 1. McLaren St. Luke's Outpatient Center

5901 Monclova Road  
(Driveway 3)  
Maumee, OH 43537

#### Laboratory Services

Office: (419) 893-5984  
Fax: (419) 897-8444

**Hours:** Monday thru Friday,  
6:00 am - 7:00 pm  
Saturday, 6:00 am - 3:00 pm

#### Physical, Occupational and Speech Therapy

Office: (419) 893-5957  
Fax: (419) 897-8043

#### Radiology/Medical Imaging

Office: (419) 893-8328  
Fax: (419) 897-8442

**Hours:** Monday thru Saturday,  
times vary by procedure.  
Diagnostic Radiology and CT  
Scans available 24/7.

#### 2. Fallen Timbers Medical Center

5757 Monclova Road  
Maumee, OH 43537

#### St. Luke's Anticoagulation Clinic, Suite 16C

Office: (419) 887-8755  
Fax: (419) 897-9399

### Laboratory Services, Suite 16

Office: (419) 897-9396  
Fax: (419) 897-9386

**Hours:** Monday thru Friday,  
7:00 am - 5:00 pm, Closed  
12:00 noon - 1:00 pm

### Radiology/Medical Imaging, Suite 31

Office: (419) 893-4856  
Fax: (419) 893-4978

**Hours:** Monday thru Friday,  
7:00 am - 5:00 pm

#### 3. Maumee Valley Medical Building

6005 Monclova Road  
(Driveway 5)  
Maumee, OH 43537

### Laboratory Services, Suite 210

Office: (419) 931-0275  
Fax: (419) 931-0276

**Hours:** Monday thru Friday,  
7:30 am - 4:00 pm, Closed  
12:30 pm - 1:00 pm

### Physical Therapy, Suite 225

Office: (419) 874-8187  
Fax: (419) 874-9462

### Swanton

#### 4. Physical Therapy

22 Turtle Creek Circle, Suite G  
Swanton, OH 43558  
Office: (419) 825-5323  
Fax: (419) 825-2811

### Waterville

#### 5. Waterville Medical Center

900 Waterville-Monclova Road  
Waterville, OH 43566

### Laboratory Services, Suite B

Office: (419) 441-1000  
Fax: (419) 441-1001

**Hours:** Monday thru Friday,  
7:00 am - 5:00 pm, Closed  
12:00 noon - 1:00 pm

### Physical Therapy, Suite C

Office: (419) 441-1002  
Fax: (419) 441-1003

### Perrysburg

#### 6. St. Luke's Family Medicine Center

7045 Lighthouse Way  
Perrysburg, OH 43551

### Laboratory Services

Office: (419) 874-8421  
Fax: (419) 874-9462

**Hours:** Monday thru Friday,  
7:30 am - 4:00 pm, Closed  
12:30 pm - 1:00 pm

### Toledo

#### 7. Radiology/Medical Imaging

3000 Regency Court, Suite 105  
Toledo, OH 43623

Office: (419) 841-2166  
Fax: (419) 841-2711

**Hours:** Monday thru Friday,  
8:00 am - 5:00 pm

### Kitchen:

Arrange your kitchen so that you don't have to do heavy lifting, bending or reaching.

- Prepare meals ahead of time and stock up on food.
- Prepare simple meals using stove top or counter level appliances to avoid bending.
- Store items that are needed most on upper shelves of the refrigerator.
- Use a Lazy Susan for easier reach.

### Bathroom

- Tubs and showers must have non-skid surfaces or safety mats both inside and outside. Watch for wet on the tile floors.
- A hand held showerhead allows greater independence with showering tasks.

### Equipment

- Special equipment may be helpful to maintain your safety and independence. There are many options available to you, such as:
  - Toilet seat risers
  - Shower/tub seats
  - Elastic shoe laces

## AFTER DISCHARGE

### Driving

Do not drive after your surgery until approved by your orthopedic surgeon.

### Work/Activities

- You can return to work as instructed by your doctor.
- Instructions for safely resuming sexual activities are available from the Physical Therapist.
- You may shower 48 hours after surgery.

### Scheduling of Other Procedures and/or Surgeries

After a Joint Replacement, you will need time to allow your body to recover. Please DO NOT schedule any other type of procedure or surgery for at least 90 days following your Joint Replacement. If you have questions related to a procedure and/or surgery that may be unavoidable, please contact your orthopedic surgeon prior to scheduling.

## GETTING YOUR HOME READY

Getting your home ready before surgery will make it easier for you to recover. Consider the following tips:

- If you do not already have a parking permit for a disabled person, apply for a temporary permit several weeks prior to your surgery. Contact the Department of Motor Vehicles, or your doctor's office may have an application form.
- You will need to have your own transportation arranged prior to discharge from the medical center. You also will have to have your own transportation to your outpatient physical therapy.
- You will need to have family/friends stay with you to help for the first week after going home.
- Get rid of uneven surfaces and remove obstacles from pathways both inside and outside your home.
- Make note of potential slippery/wet spots and take precautions as necessary.
- Be sure there are sturdy handrails for steps at the entrance to your home - if not, have someone help you.
- Remove throw rugs and secure extension cords out of pathways.
- Make sure lighting is good to prevent falls. Install nightlights.
- Place emergency numbers on or near the phone. Use a portable phone for safety.
- Have a comfortable chair with arms and a firm seat.
- Use containers of liquid soap to prevent difficulties with dropping the soap in the shower.
- Be sure your bed mattress can hold you without sagging while you sit at the edge; the bed must also allow your feet to touch the floor. A hospital bed is not needed.
- Make sure you have a non-skid surface in the bottom of your bathtub or shower.
- Choose footwear that is secure on your feet with non-skid soles.
- Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, water pitcher and cup, reading materials and medications should all be within reach.
- Have plenty of clean towels, wash cloths, clean clothes, and clean bed sheets/blankets.

## PREPARING FOR SURGERY

- Do not shave the surgical area. Shaving can leave tiny open areas on your skin for bacteria to enter which can increase your risk of infection. We ask that you only clean the area as instructed below.
- A personalized medical history will be taken and your preoperative testing results will be reviewed. The nurses will instruct you regarding your medications. Any additional lab work required by your surgeon will be obtained.
- Please bring a copy of your Advanced Directives or Durable Power of Attorney on the morning of surgery. It will be placed in your medical record.
- A current list allergies.
- A list of medications you regularly take with doses and frequency. This includes over-the-counter medications. If you use an inhaler or CPAP, please bring it along with you on the day of surgery.
- Also bring copies of your insurance cards and medical history.

### Medications

- Let your doctor and nurses know **all** of the medications you are taking. This includes herbals, respiratory inhalers and recreational drugs. Also inform them if you use a CPAP machine to help you breathe at night. Most arthritis medicines and aspirin must be stopped one week before surgery. Be sure to ask your doctor if you are unsure about taking any medication. Writing down a list of your medications and how much you take every day will be very helpful to your doctor and nurses.
- If you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.

## Oral Hygiene

- A dental exam is a good idea prior to surgery. Dental work should be completed (cleaning or other work) at least 30 days prior to surgery if not longer, depending on surgeon's recommendations. If you suspect you may have an infection in your mouth, see your dentist and please inform your surgeon.
- Brush your teeth at least twice a day, being sure not to irritate the gum lines and cause bleeding. Watch for sores or infected areas in the mouth, this will increase your risk for an infection prior to surgery. Use an alcohol free mouthwash twice a day starting at least 3 days prior to surgery.

## Body Hygiene

- Bathe night before surgery and morning of surgery with shower kit provided. You will receive instructions from your Pre Admission Testing Nurse.
- Use a nail brush and pick to make sure your finger nails and hands are clean.
- Wear clean clothes to the hospital and bring clean clothes to go home in.
- Be sure to have clean laundered sheets on your bed at home.

## DIET

Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery. Stop eating and drinking at 12:00 midnight.

## SMOKING

It is important for you to cut back as much as you can on your smoking. Smoking can delay and/or impair the healing process.

## ALCOHOL

If you drink, don't have any alcohol for at least 48 hours prior to your surgery. If you drink alcohol everyday, you may experience withdrawal after surgery. Please let your doctor know if you consume alcohol regularly.

## ICING

Icing your joint replacement is an important part of your recovery process. It will help control swelling and provide some pain relief. You should make sure to apply ice or a cold pack to your new joint after every completed exercise routine or activity.

### HOW TO APPLY YOUR COLD PACK

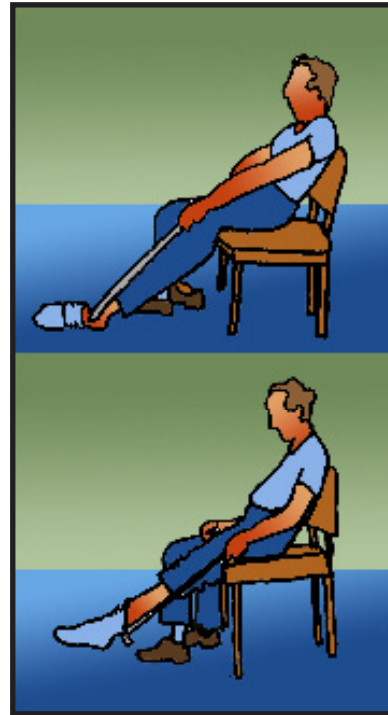
#### Whatever method you choose...

1. Always use a washcloth or towel between the cold pack and your skin. Placing the cold pack over thin clothing is also fine.
2. Apply for only 10-20 minutes at a time.
3. The cold pack may be reapplied as often as needed as long as you wait one hour between applications.
4. The best position for icing is with your leg straight and elevated above the level of the heart. A towel roll or pillows may be placed under the ankle for comfort. (see below)



### Socks and stockings

- Thigh-high or ankle socks are recommended for both men and women. Top of socks should not be tight.
- Slide sock onto the sock aid. Make sure the heel is at the back of the plastic and the toe is tight against the end. The top of the sock should not come up past the knots on the plastic piece.
- Holding onto the cords, drop the aid in front of the operated foot. Slip your foot into the sock and pull it on (see diagram).
- You may put the sock on the non-operative leg as usual.
- To take socks off, use the hook on the reacher to push the back of the sock down and over the heel. Now grasp the side of the sock and push it off your foot.



### Shoes

- To put shoes on, you will again need to use the tools. Elastic shoelaces are required if you plan to wear lace-up shoes. The elastic shoelaces can be purchased at the department, drug, or the grocery store.
- Using the reacher, hold onto the tongue of the shoe and place it over your toes.
- Place the long handled shoehorn at the back of your heel, and push your foot down into the shoe the rest of the way.



## THE MORNING OF YOUR SURGERY

Before leaving home, take any medications you have been instructed to take with a drink of water, and be sure and leave all of your jewelry at home including rings.

When you arrive on the day of your surgery, go to Outpatient Services, Driveway #3 to check-in and someone will direct you.

- You will be asked to put on a hospital gown, and remove all jewelry or valuables and give them to your family. It is best not to wear these to the hospital.
- An IV (intravenous) line will be started to provide fluids and medication needed during surgery.
- Only two visitors at a time will be allowed prior to surgery, in pre-op area.
- Anesthesia will come and talk to you about your anesthesia and answer any questions about that part of the procedure. You will be asked to sign consents at this time.
- Any repeat tests that may need to be performed will be done to ensure your health is optimal.
- When **everyone** is satisfied and the OR (Operating Room) is ready, someone from the OR will come to get you.
- Before you go back to the OR, you will have the opportunity to see your family again. At this time we will ask you to remove dentures/partials, and glasses/contacts.

## SURGERY TIME

A procedure time has been assigned to each patient depending on their anticipated needs. At times, situations arise beyond our control and the expected surgery time may be adjusted. We may call and move the time of your surgery up, or there may be some delay. Every effort will be made to respect you and your families' time.

## RECOVERY AFTER SURGERY

You will be taken to the recovery room for approximately 2-3 hours for observation. Don't worry if you are in the recovery area longer than the average of 2 hours. Everyone is given as much time as they need in this area.

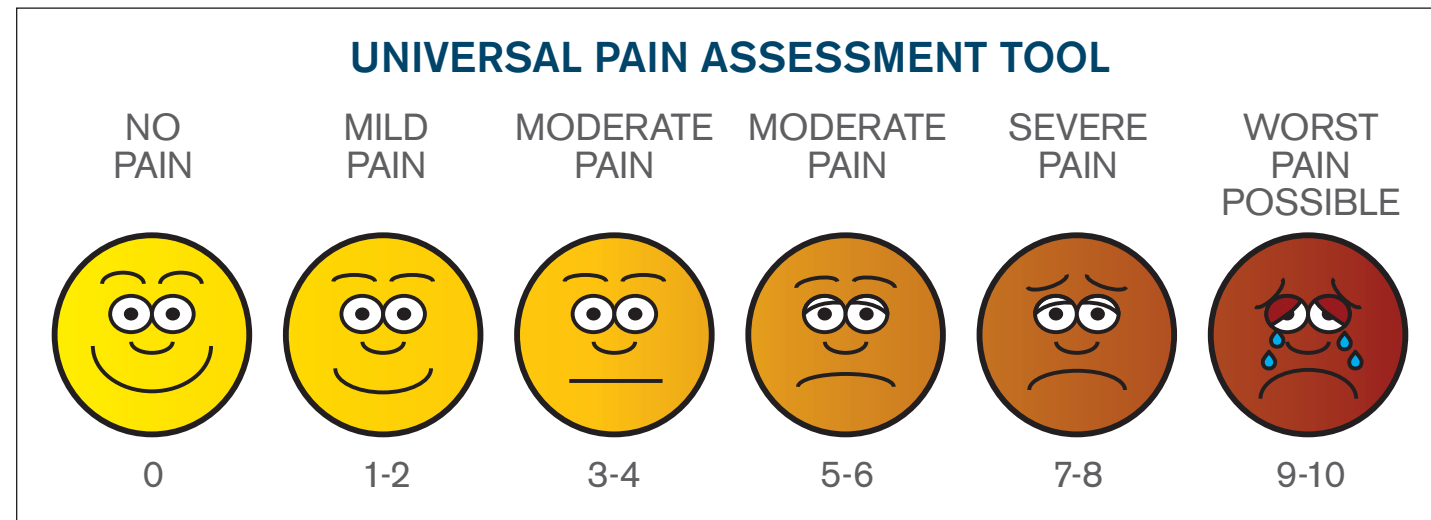
While you are in the recovery room, you may have oxygen tubing in your nose. This will help keep your oxygen level up as you recover from anesthesia. When you wake up from surgery you may have a dry mouth and a sore throat. Most patients will not remember, but anesthesia places a breathing tube down your throat during surgery and it is removed as you are waking up. The irritation can cause a sore throat for a couple of days.

## PAIN MANAGEMENT

Your follow-up care will include assessment of pain. In an individualized way a variety of approaches to reduce your pain may include muscle relaxants and combination medications such as narcotics and anti-inflammatory agents. Every patient is encouraged to be an active participant in their pain management to aid in the best approach possible during the recovery period.

- It is normal to have pain after surgery; however, we strive to make sure it is not severe. You will be asked frequently to rate your pain level, using the following Pain Scale.
- Your pain medications will be ordered “PRN” or as needed. This means that they are not scheduled to be given at a certain time, so please ask for pain medication if you are needing it. It is important to stay ahead of the pain. Don't let your pain get too bad before asking for medication.

Rating your pain will assist nursing in providing you with appropriate pain medication.



**Please tell your nurse if you have pain.** (Por favor, dígame a su enfermera si tiene dolor.)  
**Do not be afraid to ask for something for pain.** (No tenga miedo de pedir algo para el dolor.)

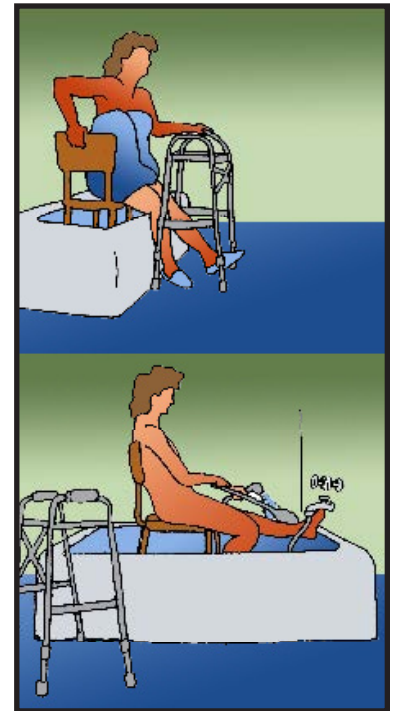
One side effect of pain medication is constipation.

### Tips From the Nurse on Constipation

Over-the-counter Colace twice a day, Miralax as directed by box instructions.

## TUB TRANSFERS

1. Using your walker, walk to the side of the tub. Stop next to the seat and turn so you are facing away from the tub seat.
2. Reach back with one hand for the seat. One hand should remain on the walker (see diagram)
3. Sit down on the seat keeping your operated leg straight out.
4. Lift legs over the side of the tub and turn to sit facing the faucet.
5. To transfer out of the tub, turn in your seat while lifting legs over the side of the tub. Stand up outside the tub pushing off from the seat. If you are having a hip replacement, you may need a belt to assist you with maintaining a 90 degree angle at your hip. (see diagram)

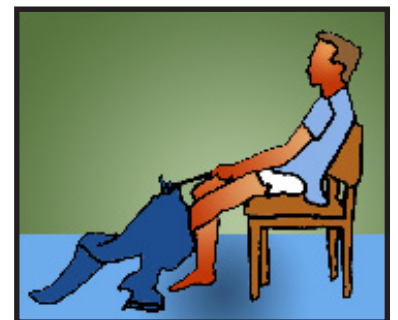


**Hip Patients** will need a long handled sponge to be independent in bathing. A hand held shower may also be helpful.

## DRESSING TECHNIQUES FOR HIP PATIENTS

### Dressing

- If you are having a hip replacement you will need to purchase an orthopedic joint kit or dressing tools. The kit includes a reacher, long handled shoehorn, long handled sponge, and a sock aid. Using the tools will allow you full independence with lower body dressing. If you are having a knee replacement you will not need this equipment.



### Pants and Underwear

1. Sit in an armchair to get yourself dressed.
2. Put on underwear and pants first. Using the reacher catch the waist of the underwear or slacks. Lower the reacher to the floor and pull on the operative leg first. Then do the same for the non-operative leg (see drawing)
3. Pull the slacks up over your knees. Stand with the walker in front of you, and pull the slacks up.
4. When undressing, take the slacks and underwear off your non-operative leg first, reversing step 2 above.





## TRANSFER TECHNIQUES

### CAR TRANSFERS

Keep in mind, it is usually easier to sit in the front seat than the back seat (more leg room) and two-door cars are usually easier than four-door cars (wider door opening).

Two different methods for car transfers are detailed below. Use the method which works best for you.

#### 1. Front Seat Method

- Move the seat as far back as possible to allow maximum use of the door opening.
- Back up to the seat and gently sit on the edge.
- Scoot back on the seat to get well into the car.
- Gently lift your legs into the car.
- Fasten your seat belt.

#### 2. Rear Seat Method

- Move the front seat as far forward as allowable to increase rear seat leg room.
- Back up to the seat and gently sit on the edge.
- Scoot back on the seat to get well into the car.
- Gently lift your legs into the car.



### TOILET TRANSFERS

There are several pieces of adaptive equipment available for the toilet.

- Back yourself up until you feel your legs touching the toilet.
- Reach for the back edge of the raised toilet seat with your hand.
- Gently lower yourself to the toilet seat.
- To get off the toilet, reverse the above procedure.



### SHOWER TRANSFERS

For your safety, you will need a seat to sit on. Several types of seats are available. The most appropriate type for you will be discussed the day of your class.



## HOSPITAL EXPECTATIONS

You can expect to stay at the hospital for 0-2 days. Before going home, we expect you to be able to:

- Eat and drink
- Void (urinate) without use of a catheter
- Walk safely, stairs – Pass Physical Therapy
- Surgical pain adequately controlled with oral medications
- We also look at your labs, blood pressure, heart rate, drainage from incision, etc. to determine if you are okay to go home.

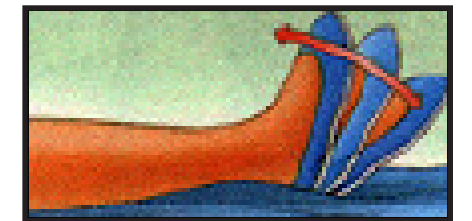
### DURING YOUR HOSPITAL STAY

- Ask family and visitors to wash their hands when they visit
- Do not allow visitors to touch your incision/dressing, sit on your bed or use your bathroom
- Brush your teeth and wash your body daily using special bathing cloths provided
- Ask that your bed and gown be changed daily or more often if soiled

### PREVENTING BLOOD CLOTS

To improve circulation in your legs and reduce the risk of blood clots, you will be asked to:

- Wiggle your toes and flex your ankles 10 times every hour
- **Ankle Pumps:** Slowly push your foot up and down. Do this exercise several times a day. This exercise can begin immediately after surgery and continue until you are fully recovered
- Use pulsating leg wraps, which are to be worn while in bed.



### BREATHING EXERCISES

When you wake up you will be asked to breathe deeply and cough. These simple but important breathing exercises should be done 10 times every hour while you are awake to prevent problems with your lungs. You will have a device called an incentive spirometer to help you.

- You may have oxygen for 24 hours after surgery to help you breathe better.

## NUTRITION AND HEALING

Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery.

If you are on a special diet – especially diabetic tell the nurse you would like to see the dietitian for an inpatient nutrition consultation. This consultation is free.

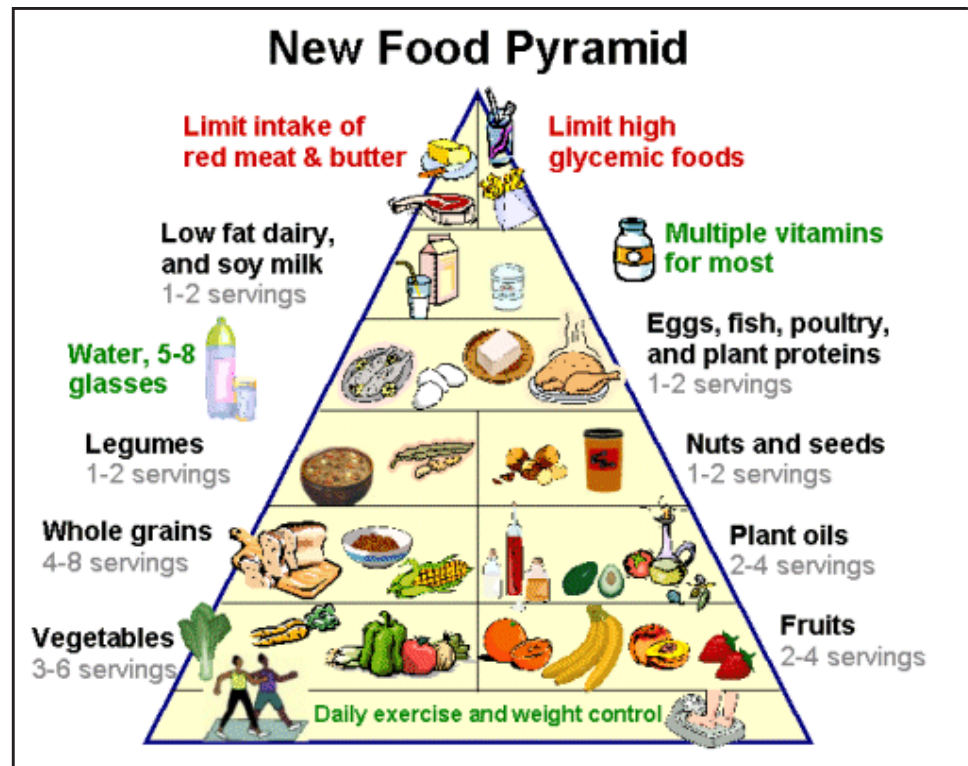
## HEALING

Protein is the most important nutrient in healing. Eat about twice as many protein foods as usual for 2-3 weeks after surgery. If you are not hungry, especially if you are not eating meat, fish, poultry, legumes, cheese, milk and yogurt a week after surgery, do one of two things: buy a commercial supplement such as Boost, Ensure or Instant Breakfast or make a smoothie of milk, or whey protein powder, frozen yogurt and fruit.

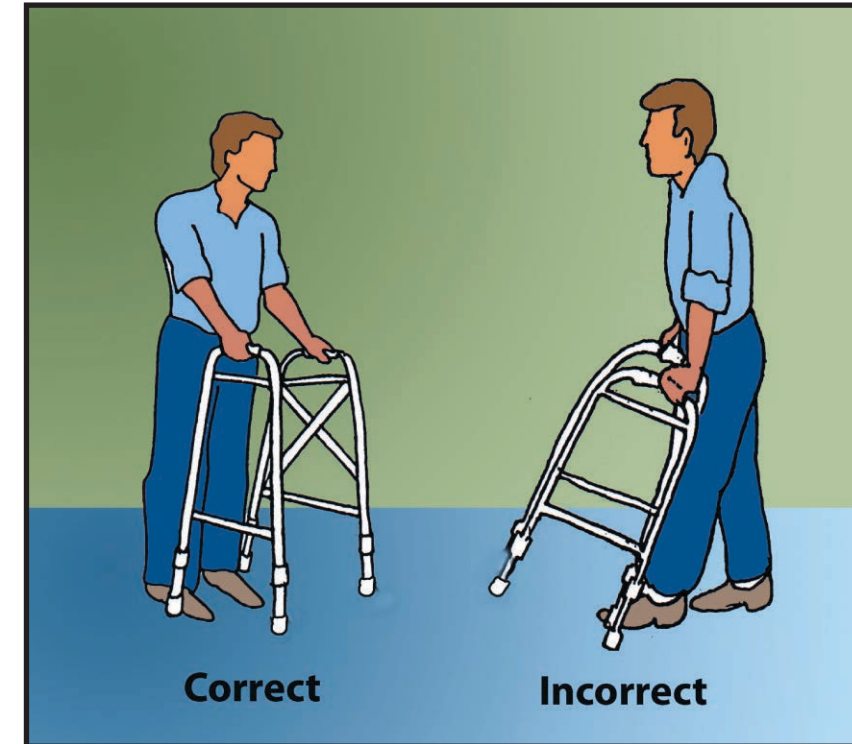
Vitamin C is another important nutrient found only in fruits and vegetables. For a healthy diet, the goal is 2 1/2 cups of vegetables and 2 cups of fruit per day. It would be appropriate to take an additional 500 milligrams of Vitamin C each day.

Zinc is a mineral needed for healing found in very small quantities in most foods. Foods rich in zinc are beef and pork, oysters, wheat germ and Total cereal. Having too much zinc in the diet also impairs healing. The recommendation is to take a multi vitamin daily. Do not buy a bottle of zinc, as this would be too much for your relatively small incision and could lower your immune system.

To print your own guide to eating healthy go to [www.ChooseMyPlate.gov](http://www.ChooseMyPlate.gov).



## USING A WALKER



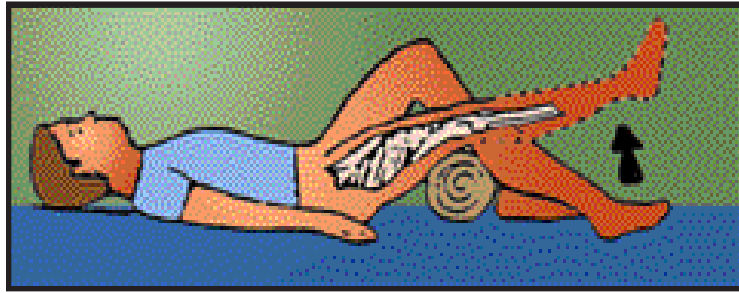
When using a walker you, place your walker forward first followed by your operated leg and then your “good” leg. All four legs of the walker should be flat on the floor before moving your feet.

You should also have your feet facing forward rather than turned outward or inward.

When turning around, **DO NOT TWIST OR PIVOT on your operated leg.** Instead, take several small turning steps.

When getting up from a chair, do not pull up on the walker. Use the arms of the chair to push yourself up before reaching for the walker. Reach back for the armrest before sitting down.

## KNEE REPLACEMENT EXERCISES continued



### Short Arc Quads

You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower. Do 3 sets of 10, at least 3 times per day.



### Sitting Knee Bends

While sitting at bedside or in a chair, bend your knee back as far as you can. To increase the bend in your knee, plant your foot on the floor and slide your upper body forward. Hold 5 to 10 seconds, then straighten your knee fully. Do 3 sets of 10, at least 3 times per day.

### Pain or Swelling after Exercise

You may experience knee pain or swelling after exercise or activity. You can relieve this by elevating your leg and applying ice wrapped in a towel. Exercise and activity should consistently improve your strength and mobility. If you have any questions or problems, contact your orthopedic surgeon or physical therapist.



### To Get Maximum Knee Motion:

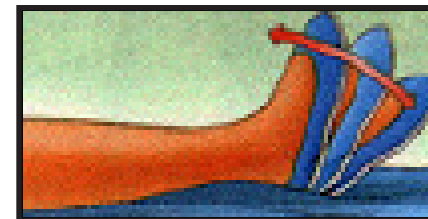
(Full extension - 0 degrees)

Do NOT leave your knee bent in bed.  
Do NOT put a pillow under your knee.

## THERAPY AND EXERCISE

- Exercise **before** and **after** surgery will strengthen your muscles and increase the flexibility in your joints.
- Practicing the exercises described below before surgery will make your recovery after surgery easier and quicker.
- Your therapy program while in the medical center will consist of walking with a walker, practicing transfer techniques, continued education and exercises. You will begin your therapy program the day of surgery and in some cases, the day after surgery. This will depend on the time you arrive to the nursing unit and the amount of strength/sensation you have in your lower extremities.
- Bring your “coach” to your therapy sessions so they can cheer you on and learn how to help you at home.
- You will be referred to outpatient physical therapy three times per week for four to six weeks. McLaren St. Luke’s has several convenient therapy locations to serve your needs. Please see map at front of this book.

## HIP REPLACEMENT EXERCISES



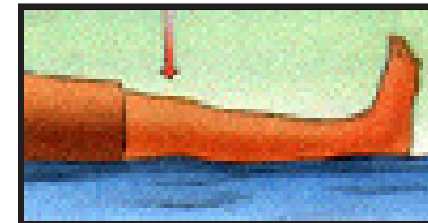
### Ankle Pumps

Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



### Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.



### Quad Sets

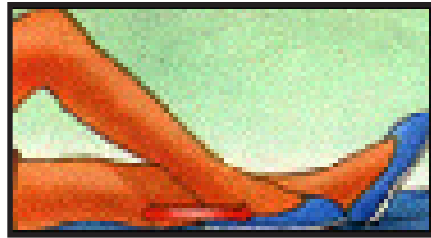
Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



### Abduction Exercise

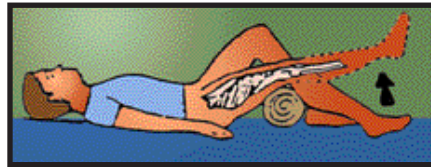
Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day. Only perform this exercise of instructed by your physical therapist.

## HIP REPLACEMENT EXERCISES continued



### Bed-Supported Knee Bends

Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do 3 sets of 10, at least 3 times per day.



### Short Arc Quads

You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower. Do 3 sets of 10, at least 3 times per day.

### Standing Knee Raises

Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts before lowering down. Do 3 sets of 10, at least 3 times per day.



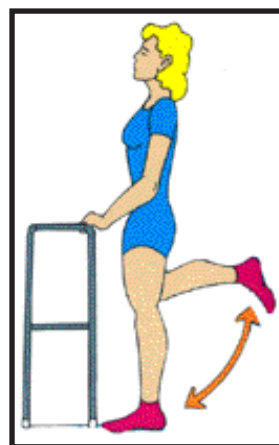
### Standing Hip Abduction

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower your leg so your foot is back on the floor. Do 3 sets of 10, at least 3

times per day. Only perform this exercise if instructed by your physical therapist.

### Knee Flexion

Stand straight, holding onto the back of a walker. Bend knee up towards buttocks. Keep hip straight!! Lower leg straight!! Lower leg to standing. Do 30 times.

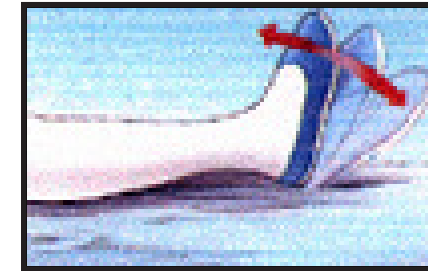


### Standing Hip Extensions

Lift your operated leg backward slowly. Keep your back and knee straight. Hold 2 or 3 counts. Return your foot to the floor. Do 3 sets of 10, at least 3 times per day. Only perform this exercise if instructed by

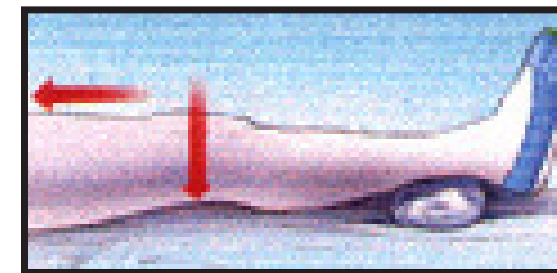
your physical therapist.

## KNEE REPLACEMENT EXERCISES



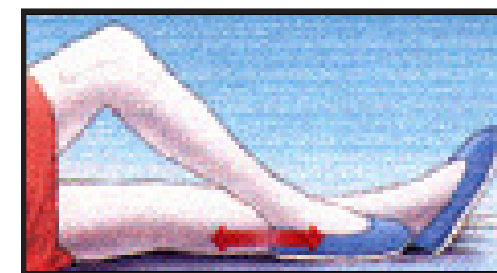
### Ankle Pumps

Slowly move your foot up and down. Do this exercise several times, as often as every 5 or 10 minutes. This exercise can begin immediately after surgery and continue until you fully recover.



### Quad Sets

Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



### Bed-Supported Knee Bends

Bend your knee up as much as possible while sliding your foot on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten. Do 3 sets of 10, at least 3 times per day.



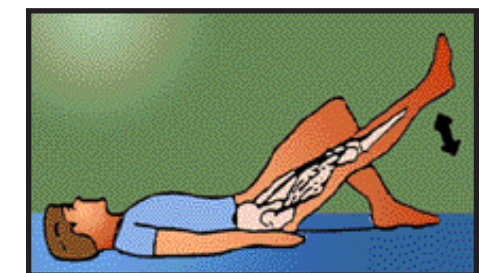
### Buttock Contractions

Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.



### Abduction Exercise

Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day.



### Straight Leg Raises

Bend your NON-operative knee and put your foot flat on the bed. Lift up your operated leg with your knee straight. Slowly lower. Do 3 sets of 10, at least 3 times per day.