



# TOTAL JOINT REPLACEMENT

 **McLaren**

GREATER LANSING



## **PATIENT REPORTED OUTCOME SURVEY**

McLaren Greater Lansing participates in the Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI). MARCQI is aimed at improving the quality of care for patients undergoing hip and knee replacement procedures in Michigan.

MARCQI is working with providers across Michigan to obtain Patient Reported Outcome Surveys (PROS) for patients who have undergone a hip or knee joint replacement. These surveys are important tools that help providers better care for their patients. PROS collection also helps other patients across Michigan who will have future joint replacements.

While your doctor can judge the clinical outcome of the surgery, only you can convey how much you have improved after surgery.

To help improve the quality of care patients receive, please complete this survey before surgery and again after your surgery to measure your progress.

- Please provide your email address on your survey filled out before surgery.
- You will be sent an email 5 weeks after your surgery from **MARCQI** with a link to complete your second survey, or you may be asked to complete the survey at your follow-up appointment.

**It is important to complete your second survey to measure your improvement after your joint replacement surgery.**



# TABLE OF CONTENTS

What is total hip and knee replacement? .....	1
The night before your surgery .....	2
The morning of your surgery .....	3
Recovery after your surgery .....	4 - 9
Daily flight plan .....	10 - 12
Therapy & exercise .....	13 - 18
Mobility technique .....	19 - 21
Arm strengthening exercises .....	22
Tips for icing .....	23
Getting ready for home .....	24 - 25
Equipment options .....	25
Follow-up visit/questions .....	26
Notes .....	27 - 28

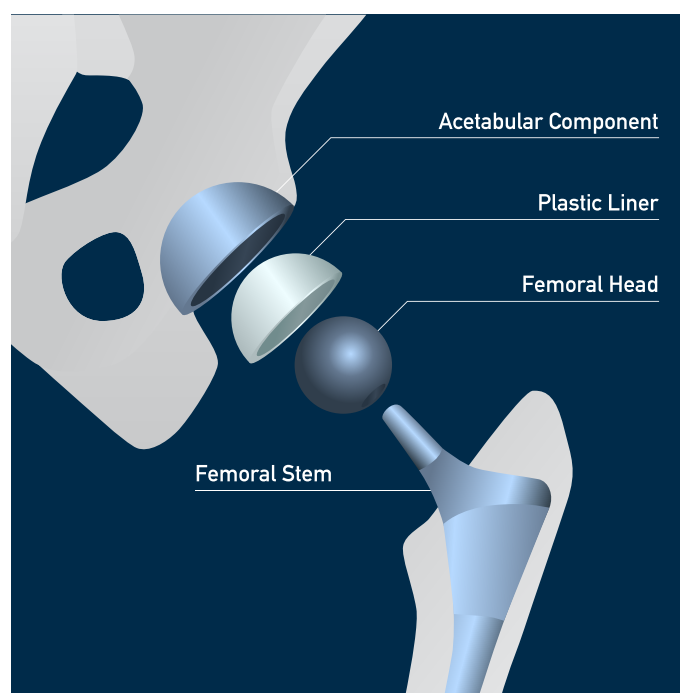
## WHAT IS A TOTAL KNEE REPLACEMENT?

A knee replacement is a surgical procedure to remove a worn or damaged knee joint and replace it with an artificial one. Cartilage wears away from the knee due to inflammation, trauma, and usage. The worn cartilage no longer allows the joint to glide freely, causing stiffness and pain.



## WHAT IS A TOTAL HIP REPLACEMENT?

A total hip replacement is a surgical procedure to remove a worn or damaged hip joint and replace it with an artificial one. Surgery is usually done when the smooth, soft tissue that covers the ball of the thigh bone and lines the socket cartilage cracks or wears away. Damage to the cartilage is caused by normal wear (osteoarthritis), inflammation, (rheumatoid arthritis), or an injury (bad fall causing a fracture).



## THE NIGHT BEFORE YOUR SURGERY:

- Take a shower or bath the night before your surgery with antibacterial soap. This will help reduce the risk of infection.
- Place clean sheets and bedding on your bed.
- Make sure to wear clean clothes to the hospital.
- Do not shave the surgical area and do not wear any makeup, jewelry, lipstick, nail polish, or artificial fingernails.
- **Do not eat or drink anything after midnight** (unless you are told differently by the hospital nurses).
- You will be informed about whether or not to take your medication during your pre-admission testing.

## BRING A HOSPITAL BAG

Some of the items you should bring from home are:

- Good non-skid walking shoes (preferably shoes with a back and that can loosen or tighten throughout your stay).
- A loose-fitting sweat suit, jogging suit, or shorts.
- Personal care items such as a hair brush, denture case, eyeglass case, contact lens case, and hearing aid case.
- A walker.

**Leave your cash, credit cards, and jewelry at home.**

## THE MORNING OF YOUR SURGERY

Before leaving home, take any medications you have been instructed to take with a small sip of water. When you arrive on the day of your surgery, enter the building at the patient entrance, and go directly to the admitting desk. Admitting will register you for surgery and contact the Same Day Surgery department upon your arrival. Your family will be reunited with you in Same Day Surgery when your surgical preparation is complete.

- You will be asked to put on a hospital gown and remove all jewelry or valuables and give them to your family.
- You will be asked to mark your surgical site, and several different staff members will verify this with you.
- An IV (intravenous) line will be started to provide fluids and medication needed during surgery.
- You will be given antibiotic wipes to clean your body and antibiotic swabs to swab inside your nose. This is done to lessen the risk of infection occurring after your surgical procedure.
- Only two visitors at a time will be allowed in the pre-op holding area.
- An anesthesiologist will talk to you about your anesthesia and answer any questions about that part of the procedure. You will be asked to sign consent forms at this time.
- Any repeat tests that may need to be performed will be done.
- Your surgeon will visit with you to confirm the correct side, site, and procedure with you and to also verify your consent.
- When everyone is satisfied and the operating room (OR) is ready, someone from the OR will come get you.
- Before you go back to the OR, you will have the opportunity to see your family again. At this time we ask you to remove your dentures/partials and glasses/contacts. Give these items to your family or friends.

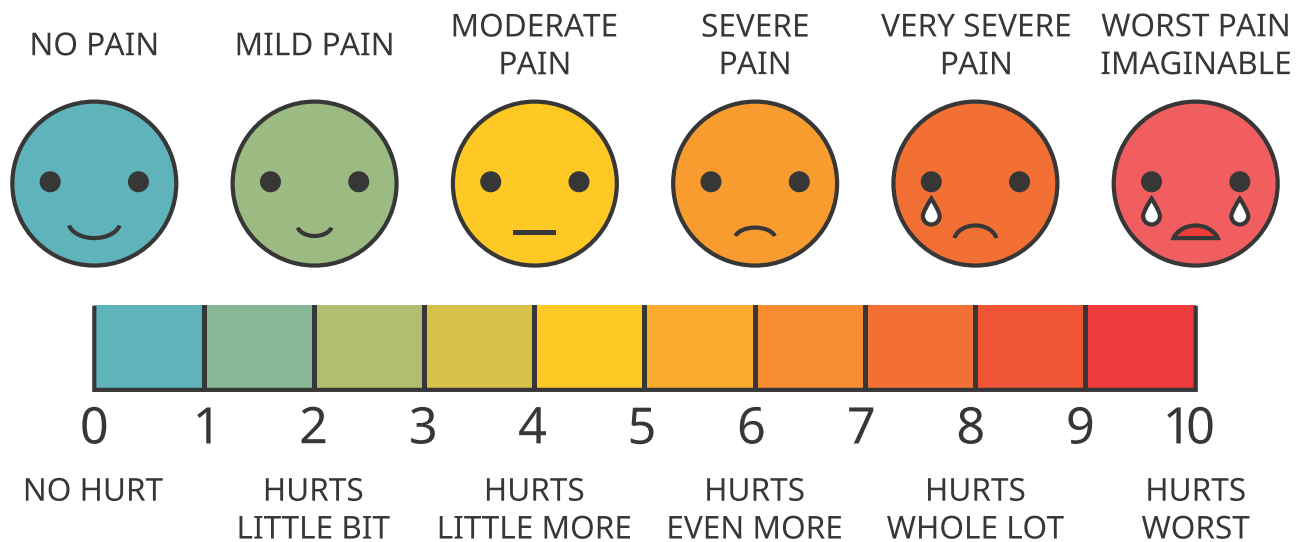
## SURGERY TIME

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 family's time.



## RECOVERY AFTER SURGERY

- You will be taken to the recovery room for approximately 1 hour for observation. Don't worry if you are in the recovery area longer than 1 hour; everyone is given as much time as they need in this area.
- 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.



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

## **SURGICAL DRESSING**

You will have a dressing applied to your surgical area. Your doctor will instruct the nurse when to change the dressing. The dressing will be removed and your incision may be left open to air when the drainage is gone. If you have a drain, it will be removed prior to discharge.

- Ice will be applied to your surgical area after your procedure.

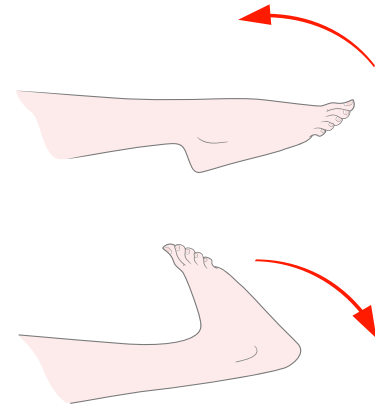
## **BREATHING EXERCISES**

When you wake up you will be asked to breathe deeply and cough. You will be given a device called an incentive spirometer, which will assist you in breathing exercises that need to be completed 10 times an hour. These simple but important breathing exercises are to prevent problems with your lungs.

## 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 every hour.
- Ankle pump – 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.
- Take the medication that will be ordered by your doctor to prevent clot formation.
- Some doctors have you wear compression devices that are applied to each calf to increase circulation, which are worn while in bed.



## DIET

You may resume your normal diet.

## HYGIENE

- Your orthopedic surgeon will give you instructions regarding when you can shower and get your incision wet.
- Use an antibacterial soap, like Dial.
- **Do not take a tub bath!**

## MEDICATIONS

- A prescription for pain medication may be given to you. Take your medication as directed. Call your doctor if pain is not controlled. Avoid taking over-the-counter pain medication along with any prescribed pain medication unless directed by your doctor.

**Pain medicine causes sleepiness.  
Do not drive or operate machinery.**

- Constipation is a common side effect of pain medication.
- Your medical doctor will tell you which of your regular medications need to be continued when you are discharged home.

## IMPORTANT REMINDER:

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your artificial joint. This increases your risk of contracting an infection. Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your orthopedic surgeon, working together, will develop an appropriate course of treatment for you.

## ANTICOAGULANTS

### What is an anticoagulant?

- An anticoagulant is a substance that prevents clotting of the blood. You will be prescribed a “blood thinner,” which will lessen the chance of you getting a blood clot in your leg.

### Types of anticoagulants:

- Aspirin
- Coumadin
- Lovenox (injection)
- Xarelto
- Eliquis

### How long will I be on an anticoagulant?

- Typically 3 to 6 weeks. Your surgeon will clarify the duration for your circumstance.

### Signs to watch for:

- Bleeding and increased bruising may indicate you are over anti-coagulated.  
**Call your physician if these occur.**

## AFTER YOU ARE DISCHARGED

### Driving

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

### Work and activities

- You can return to work as instructed by your doctor.
- Your doctor and physical therapist will give you more specific instructions about other aspects of your daily activities based on your needs.
- Instructions for safely resuming sexual activities are available from both your surgeon and physical therapist.

### Nutrition tips

- Visit [mypyramid.gov](https://mypyramid.gov) for nutritional tips to promote healing.

## WHAT TO EXPECT THE DAY OF YOUR SURGERY

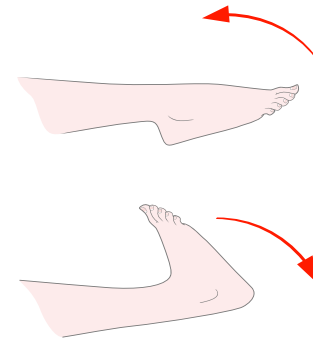
### Quote of the day: “Take one step at a time.”

You may still be feeling sleepy and not have much of an appetite – that’s normal. Continue to drink lots of fluids. Discomfort is also normal; you have a new joint! Your doctor has prescribed special pain medication; be sure to let your nurse know how it is working.

#### Today’s goals:

- Your Physical Therapist may work with you this afternoon to walk and increase your comfort in moving your new joint.
- Please invite your loved one or friend to attend the therapy sessions. Try to be up in your chair as much as possible for the next few days.
- Don’t forget to use your incentive spirometer and take three deep breaths 10 times every hour.

- Remember to move those feet and ankles to keep the blood circulating. Try doing ankle pumps to help prevent blood clots.
- Have your friends or family bring you comfortable street clothes (i.e. t-shirts, sweatshirt, and gym shorts or sweatpants).



#### Day zero

- **Bathing**  
Be sure to shower and wash your hair at home before surgery.
- **Diet**  
Liquids and diet as tolerated after surgery.
- **Blood clot prevention**  
Blood-thinning medicine is given to reduce the risk of blood clots. Your doctor may order compression devices or foot pumps to reduce the risk of blood clot formation.
- **Dressing**  
You will have a dressing bandage covering your incision.
- **IV medicines and pain management**  
You will have an IV solution along with antibiotics to help prevent infection. It is important for you to let your nurse know when you feel discomfort. Tell your nurse if you are sick to your stomach. Medication may be given to decrease nausea.
- **Constipation prevention**  
Stool softeners are given to help prevent the risk of constipation. You will receive these medications twice a day.
- **Cold therapy**  
Your doctor may order ice bags, which will keep your surgical area cool and help reduce swelling and discomfort.

If you are doing well after surgery, the physical and occupational therapists will work with you on mobility and exercises and take you to the therapy gym. If you pass the therapist’s goals and are safe to go home you may be discharged the day of surgery.

## WHAT TO EXPECT THE DAY AFTER SURGERY

Quote of the day: “Never look back since you are not going that way.”

### It's time to get your new joint moving!

Your nurse will assist you in getting dressed. Therapy is scheduled in the morning and in the afternoon if needed. Don't forget to invite your loved one or friend to come help and learn with you.

**Tell your nurse if you are having pain that is not controlled, nausea/vomiting, or dizziness.**

### Day one

- **Cold therapy**

You may continue with the cold therapy method prescribed by your surgeon.

- **Bowels**

Your doctor has ordered medication to assist with bowel function. Constipation is a common problem.

- **Medication**

Your pain medication will be changed to pills. In general pain pills are prescribed to be given every 4 hours as needed. Please ask your nurse for pain medication as soon as you feel discomfort. Please do not wait until the pain is severe.

- **Blood clot prevention**

Your blood-thinning medication will continue. Continue to wear compression devices while in bed, and do ankle pumps. It is also important to get out of bed and start moving.

- **Discharge planning**

Members from our team will finalize your equipment needs, transfer plans, and all other final details for going home. Your goal is to be discharged to your home.



## DISCHARGE DAY

Quote of the day: “We are all in charge of our attitudes.”

### Some details we need to take care of before you can go home:

- Your orthopedic surgeon, residents, or physician assistant will be in to see you and make sure you are safe to go home.
- Your primary care doctor may be contacted.
- You will need to pass therapy before you can go home (be able to go up and down steps, walk, get in and out of bed, and get to the bathroom safely).

### Postoperative pain management will consist of the following:

- Pain blocks issued in surgery may give relief up to 48 hours.
- Tylenol up to 4gms per day divided into doses. This equals 2 Extra Strength Tylenol (500mg) tabs up to 4 times day. If you suffer from liver disease please ask your surgeon if this is a safe option for you.
- If not contraindicated, an anti-inflammatory will be prescribed for you.
- As a last resort, a prescription for narcotic pain medication will be given to you to take every 4 to 6 hours for severe pain.
- Please work with your nurse to adjust your pain management options to decrease severe pain.

### Some tips to help you when you are at home:

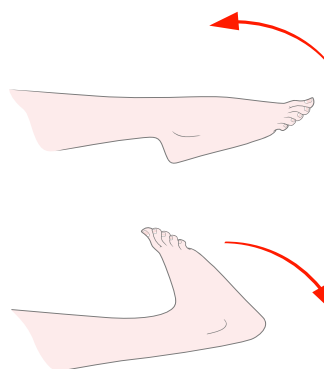
- Use your walker or crutches to assist with walking.
- Continue normal walking activities at home.
- Continue your therapy exercises.
- Take your medication as directed.
- Keep your return appointment with your orthopedic surgeon.
- DO NOT overdo your activities.
- DO NOT sit in the bathtub. Take showers or sponge baths.
- DO NOT drive until approved by your orthopedic surgeon.
- Please read your discharge instructions you receive from your nurse.
- Continue with your cold therapy.
- Please remember to call your surgeon first with any questions.

## THERAPY & EXERCISE

- Exercise before and after surgery will strengthen your muscles and increase the flexibility in your joints.
- Practicing the exercises 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 may begin your therapy program the day of surgery. If not you will be seen the day after surgery. You will continue with therapy until your goals are achieved.
- Bring your “coach” to your therapy sessions so they can cheer you on and learn how to help you at home.
- If you have had your knee or hip replaced, you may be referred to outpatient physical therapy according to your surgeon’s instructions. McLaren Greater Lansing has a convenient therapy location to serve your needs. Ask a Physical Therapist for details.

## HIP REPLACEMENT EXERCISES:

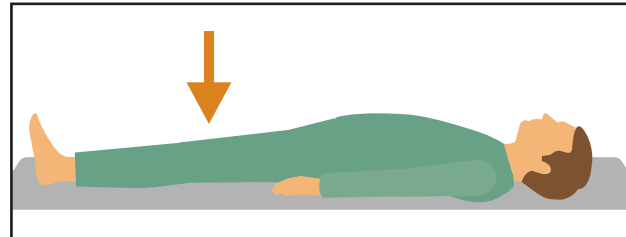
- **Ankle Pumps:** Slowly push your foot up and down. Do this exercise several times a day. This exercise can begin immediately after surgery and continue until you are fully recovered.



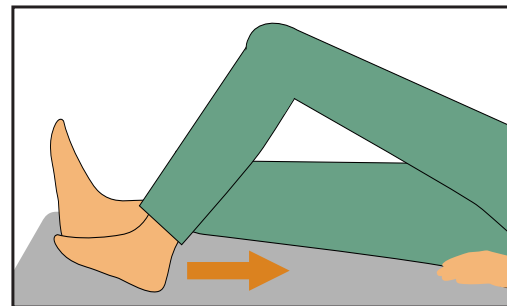
- **Buttock Contractions:** Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.

## HIP REPLACEMENT EXERCISES CONTINUED:

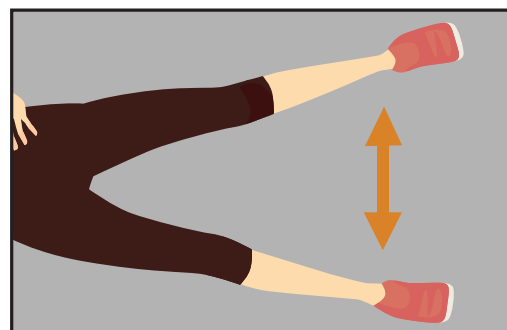
- **Quad Sets:** Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



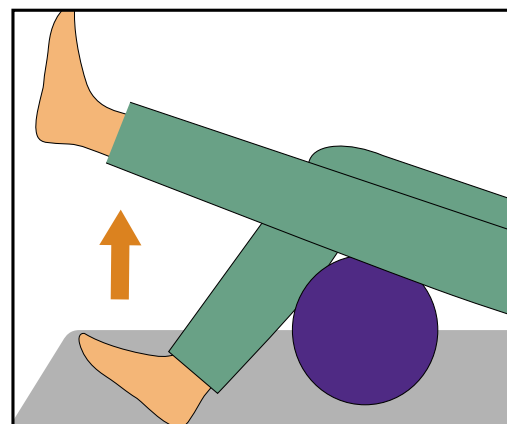
- **Bed-Supported Knee Bends:** Slide your heel toward your buttocks, bending your knee and keeping your foot on the bed. Do not let your knee roll inward or outward. Do 3 sets of 10, at least 3 times per day.



- **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.



- **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.



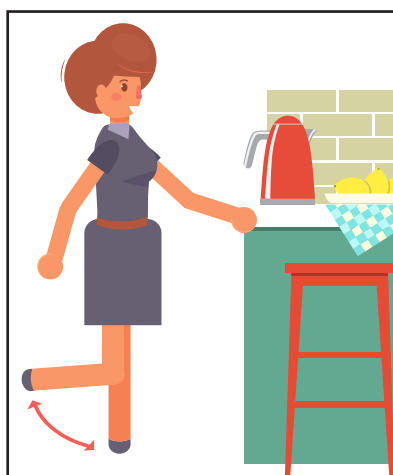
## HIP REPLACEMENT EXERCISES CONTINUED:



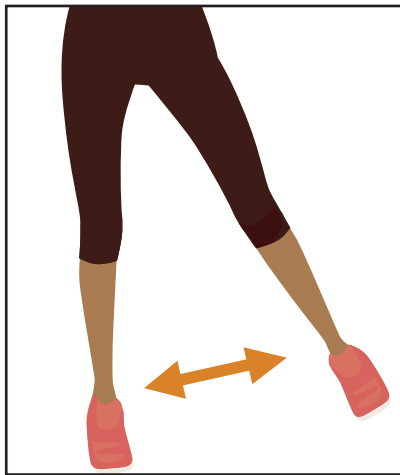
**Standing Knee Raises:** Lift your operated leg toward your chest. Do not lift your knee higher than your waist. Hold for 2 or 3 counts before lowering down. Do 3 sets of 10, at least 3 times per day.



**Standing Hip 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.



**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 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.

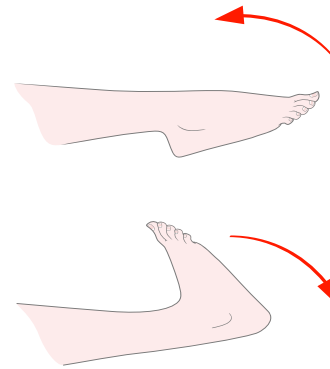
## REMINDERS FOR HIP PATIENTS:

### DO NOT:

- Sit or lie with legs crossed.
- Bend/sit on low surface.
- Lean forward to push yourself up.
- Let your toes roll inward when walking or lying in bed.

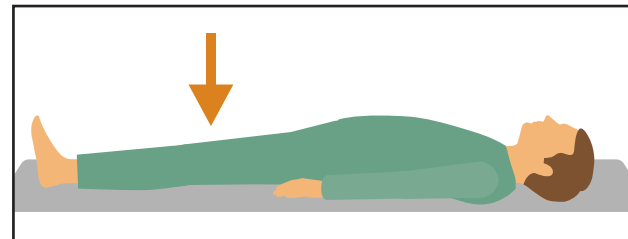
## KNEE REPLACEMENT EXERCISES

- **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.

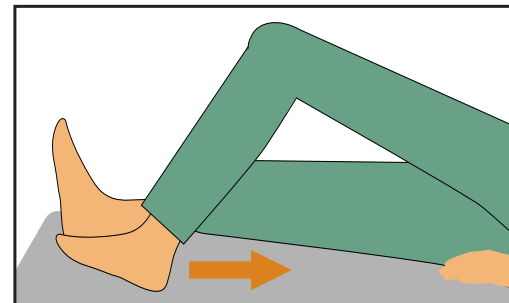


- **Buttock Contractions:** Tighten buttock muscles and hold to a count of 5. Do 3 sets of 10, at least 3 times per day.

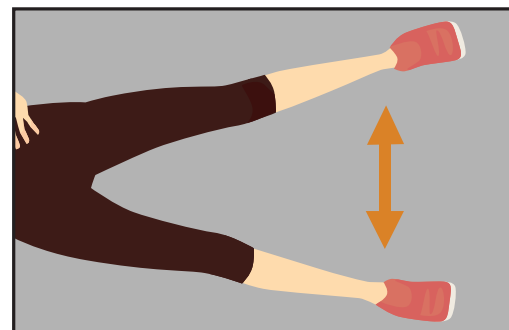
- **Quad Sets:** Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds. Do 3 sets of 10, at least 3 times per day.



- **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.



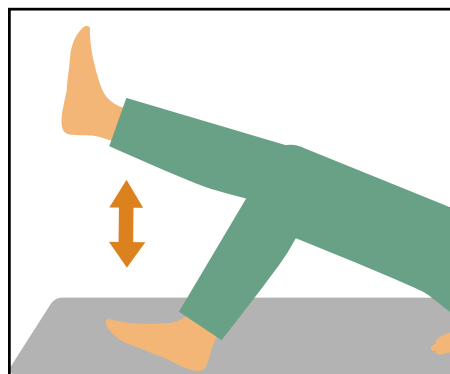
- **Abduction Exercise:** Slide your leg out to the side as far as you can and then back to the center. DO NOT cross the midline of your body. Do 3 sets of 10, at least 3 times per day.



## KNEE REPLACEMENT EXERCISES CONTINUED:

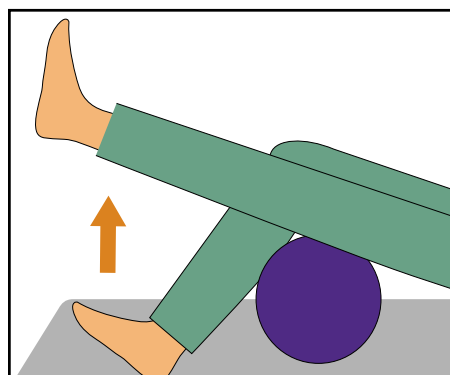
- **Straight Leg Raises:**

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.



- **Short Arc Quads:**

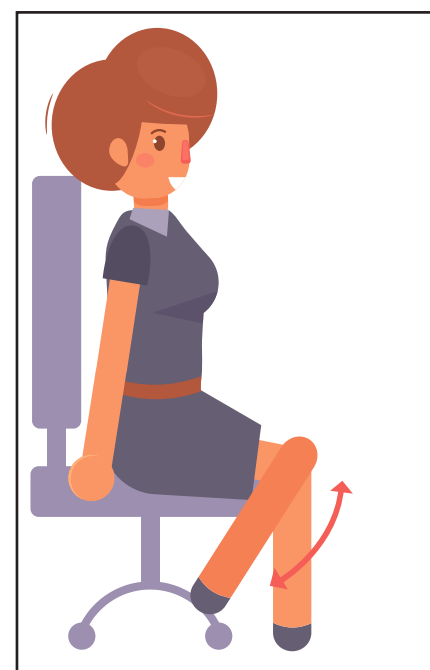
You may also do knee extensions while lying down. Place a rolled towel or blanket under your knee. Lift your heel off the bed while straightening your knee. Hold 5 to 10 seconds. Slowly lower.



- **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.



- **Passive Knee Flexion:** Pull foot of operative leg back under chair until you feel a stretch in the knee. Hold for 3 seconds, then slowly straighten your leg as much as possible.



## **KNEE REPLACEMENT EXERCISES CONTINUED:**

**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.

## USING A WALKER

Your therapist will complete a thorough evaluation and design your therapy sessions to meet your individual needs to assist you with your safe transition home.

If you have a walker, bring it to the hospital with you. If you do not own a walker, your therapist will determine the best assistive device for you based on your specific needs. This could include crutches or a cane.

If using a walker, it is helpful to remember:

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

## WALKING ON STAIRS

Everyone's home set-up is unique. Your physical therapist will discuss these details with you to determine the safest way to walk up and down your stairs. You will then have the opportunity to practice these techniques. If your physical therapist feels that you need assistance with stairs once you are at home, they will discuss the best way for that assistance to be provided.



## **CAR TRANSFERS**

It is usually easier to sit in the front seat than the back seat because there is more leg room. It is also easier to get in a two-door car than a four-door car because the door opens wider.

If you had a hip replacement, your therapist will teach you the strategies to get in and out of your car. These may be adapted for your individual situation.

- Slide car seat back as far as it will go.
- Put a large garbage bag down on the seat to help you slide into or across the seat.
- Back up to the seat and sit down.
- Recline the back of the seat as flat as it will go.
- Scoot your bottom up the back of the reclined part of the seat, using your non-surgical leg to push with.
- Lean back to bring in the surgical leg.
- When swinging in the surgical side, keep your knee below the hip level.
- Bring the back of the seat up into a position of comfort.

## **TOILET, TUB, AND SHOWER TRANSFERS**

There are several types of equipment you can use to assist you with transferring to these different surfaces. It is best to wait until your therapist has evaluated your individual bathroom set-up to determine which, if any, equipment is needed.

Individualized training will occur to teach you the safest method to get up and down from the toilet and in and out of your shower or tub.

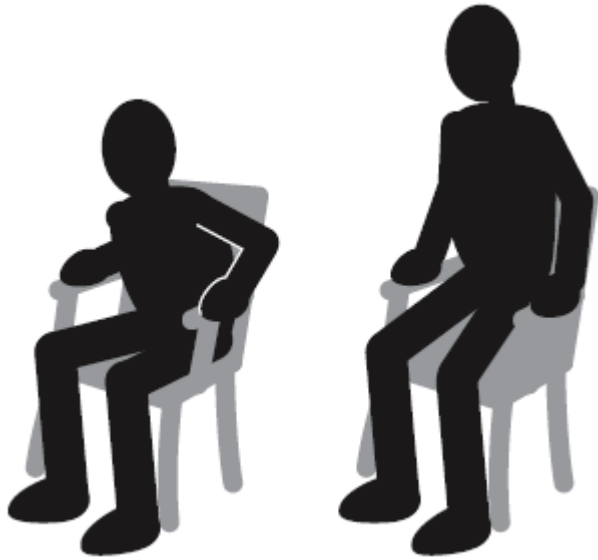
## **CLOTHING AND DRESSING**

It is recommended that you wear comfortable loose clothing. Ideas include sweat suits, jogging suits, shorts, and shirts. You will also need socks and shoes with non-skid soles.

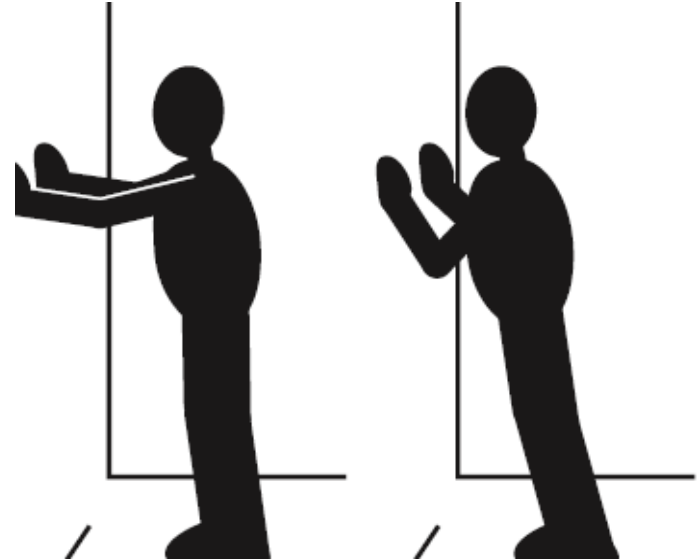
For hip patients only:

- Your therapist may recommend equipment that can assist you with dressing following your hip replacement. These tools can help to improve your independence following your surgery. They may include a reacher, long-handled shoehorn, long-handled sponge, or a sock aid. Your occupational therapist will provide you with more information.

## ARM STRENGTHENING EXERCISES



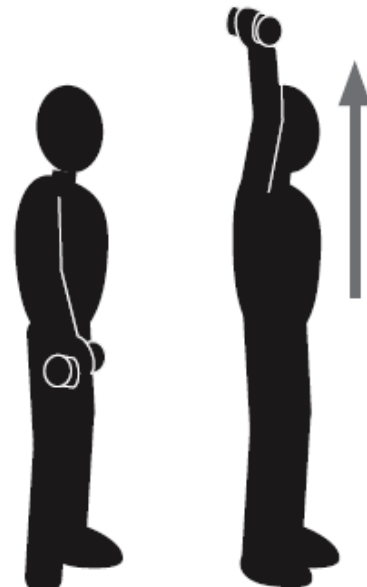
**Chair Push-ups:** Push yourself up from the chair using your arms. Try not to use your legs.



**Wall Push-ups:** Place your hands on a wall. Slowly lean toward the wall, then push away from the wall to return to the starting position.



**Biceps Curl:** Bend your elbows, bringing your hands to your shoulders. Slowly lower back down. Hold a weight or a can of soup to increase the resistance.



**Arm Raises:** Raise your arm up overhead as far as you can, then slowly lower. If you are strong enough, hold a weight or can of soup in your hand.

## THE IMPORTANCE OF ICING

Icing your joint replacement is an important part of your recovery process. It helps control swelling and provides some pain relief. Apply ice or a cold pack to your new joint after every completed exercise routine or activity.

## HOW TO MAKE YOUR OWN COLD PACK

1. Pour 3 cups of water in a 1 gallon freezer bag.
2. Add 1 cup of isopropyl alcohol.
3. Close the bag and make sure to let out as much air as possible.
4. Mix the contents.
5. Place the bag in another bag, closing tightly to prevent leaking.
6. Place bag in freezer.

The contents should turn into a slushy mixture. If it is too solid, add more alcohol. If it is too liquidy, add more water.

You can also use a bag of frozen peas or corn.

## HOW TO APPLY YOUR COLD PACK

- Always place a towel, washcloth, or thin clothing between the cold pack and your skin.
- Apply for 10-20 minutes at a time.
- The cold pack may be reapplied as often as needed as long as you wait 1 hour between applications.
- The best position for icing is with your leg straight and elevated above the level of the heart. A rolled-up towel or pillow may be placed under the ankle for comfort.

## GETTING READY FOR HOME

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

- You will need your own transportation arranged prior to discharge from the medical center. You also need to have your own transportation to your outpatient physical therapy.
- It will be helpful to have family/friends stay with you, or available to help you, the first week after coming home.
- Get rid of uneven surfaces and remove obstacles from pathways 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.
- Remove throw rugs and secure extension cords out of pathways.
- Make sure lighting is good to prevent falls and install night lights.
- Place emergency numbers on or near the phone and use a portable phone for safety.
- Have a comfortable chair with arms and a firm seat.
- Do not sit in a soft chair, rocking chair, or sofa.
- Use containers of liquid soap to prevent difficulties with dropping the soap in the shower.
- 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.
- Have a walker bag to assist with carrying objects.
- Place the clothing you will wear the most in waist-height drawers.
- Consider having friends or family care for your pets during your recovery so you do not trip on them.
- 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 bottles, reading materials, and medications should all be within reach.

## YOUR 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.

## YOUR BATHROOM

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

## EQUIPMENT

Special equipment may be necessary to help maintain safety and independence, and there are many options available to you.

We encourage you to wait to buy these items until your therapist can make recommendations based on your specific needs.

**Hip patients only:** If you are having a hip replacement, an orthopedic hip kit and/or dressing tools are available for a nominal fee. The recommended kit includes a reacher, long-handled shoehorn, long-handled sponge, and sock aid. Occupational therapy will provide you with more information. 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.**











Patient Name: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Out-patient Therapy Site: \_\_\_\_\_  
 Site Phone: \_\_\_\_\_

Surgeon: \_\_\_\_\_  
 Surgery date: \_\_\_\_\_  
 Weight bearing status: \_\_\_\_\_

## Total Knee Replacement Physical Therapy Diary

Home Care Agency (if indicated): \_\_\_\_\_  
 Phone: \_\_\_\_\_

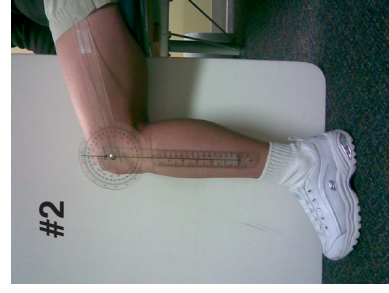
Your inpatient Physical Therapist will start this diary on the day of your discharge from the hospital. Take this diary to your ongoing physical therapy sessions so your therapists can continue to record your progress. Your Orthopedic Surgeon will need to see this information each time you have a follow-up appointment so DON'T FORGET to take this diary with you.

	ROM		WALKING			STAIRS		OTHER (ie. transfer, bed mobility)
	Active (example: 10°-106° #1--#2)	Passive (example: 8°-110° #3--#4)	Distance	Device	Comments	#Steps	Comments	
Hospital Discharge Date: _____ Therapist: _____ Phone: _____								
(if indicated) Home Care Evaluation Date: _____ Therapist: _____ Phone: _____								
Home Care Discharge Date: _____ Therapist: _____ Phone: _____								
Outpatient Evaluation Date: _____ Therapist: _____ Phone: _____								
6th outpatient visit Date: _____								
Outpatient Discharge Date: _____ Therapist: _____ Phone: _____								



#1

**Active Extension**  
(instruct patient to perform quad set)



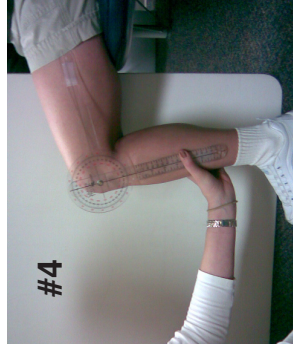
#2

**Active Flexion**



#3

**Passive Extension**



#4

**Passive Flexion**

**Outcome Goal:** 90% of TKR patients will achieve 90° of active sitting flexion in 6 visits.  
 Number of treatments to achieve 90°: \_\_\_\_\_  
 Total number of visits: \_\_\_\_\_  
 Number of visits patient missed: \_\_\_\_\_

Key: (example) 8°-110° degrees describes the patient's knee as lacking 8° from terminal knee extension and having 110° of flexion.



**GREATER LANSING**

---

**DOING WHAT'S BEST.**

2900 Collins Road, Lansing, MI 48910

(517) 975-1500 · Fax (517) 975-1514

[mclaren.org/lansing](http://mclaren.org/lansing)