



YOUR ORTHOPAEDIC PROGRAM GUIDE

TOTAL KNEE REPLACEMENT

World-class care. World-class caring. That's why we're with you every step of the way. Thank you for choosing NOMS Healthcare for your procedure. Our team's goal is to provide and guide you to the best outcome and quickest recovery. You can be confident knowing you have chosen worldclass care and world-class caring. We will be with you every step of the way.

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Name:	

Surgery	Date:		

SURGERY CHECKLIST

This checklist has been designed to help you prepare for your total joint surgery.

Check each box as you complete the task.

- Read your Knee Replacement Surgery Packet
- Attend PREHAB (appt with NOMS therapy) on ______
- Attend PAT appointment at the hospital on ______
- Make arrangements for your home. Items to consider are pets, dependent family members, mail, etc.
- Prepare a bag of items you will take for your hospital stay.
- Purchase healthy foods stocked for your return home.

DON'T FORGET TO

- Stop blood thinners and anti-inflammatories only as instructed by your medical providers.
- Arrange transportation to and from the hospital.

Notes:

WHAT TO BRING TO THE HOSPITAL

- Personal hygiene supplies: toothbrush, toothpaste, hearing aid case, hair brush, comb, deodorant, dentures, denture cup...
- Glasses or contact lenses will need to be removed prior to surgery (please bring them with you to the hospital along with a case).
- Shoes with closed heels and non-skid soles. Be sure the shoes are not tight as you may have some foot swelling after surgery.
- Loose fitting shorts to wear to therapy. Shorts allow freedom of movement while preserving modesty.
- Knee-length bath robe or cover-up. (Floor length robes may cause tripping or a fall.)
- A complete list of all medications, herbal medications and dietary supplements.
- Review this list prior to coming to the hospital and make sure it is accurate and up to date.
- C-PAP patients should bring their C-PAP machine and mask to use during their stay.
- > Your Living Will and/or Advance Directives forms.

DO NOT BRING

- Jewelry
- Credit cards or large amounts of money. The hospital cannot be responsible for these items if lost.
- Young children should not come to the hospital.
- Anyone ill or with a fever should not come to the hospital to visit.







MEDICATIONS TO STOP PRIOR TO SURGERY

Prior to surgery the office will tell you what medications to stop and when to STOP them. Sometimes these medications can cause an increased risk of bleeding or change the effectiveness of the medications used while you are in the hospital.

It is important to review the handout given at your Pre-Admission Testing appointment in the hospital. This sheet will tell you what medications to stop prior to surgery and what medications are allowed the morning of surgery.

ON THE DAY OF SURGERY

- No lotion, perfume, powder, cosmetics, nail polish, or hair pins.
- Remove ALL body piercings.
- Before going to surgery, you will be asked to remove your dentures, partial plate(s), eye glasses, contact lenses, or hearing aids. Bring a case for your glasses, contacts, and/or hearing aids.
- **DO NOT** eat or drink **AFTER MIDNIGHT**, **unless directed otherwise regarding clear liquids**. You may take your morning medications with a small sip of water (as directed by anesthesiologist).
- **DO NOT** take blood thinners.
- > DO NOT smoke or chew gum/snuff (tobacco products).
- > It is important that you arrive on time for your surgery.

Notes:





PATIENT SAFETY

Know your medications. While in the hospital, you must take medications provided by the hospital pharmacy (unless discussed with the nurse before taking). **Do not take any of your home medications on your own.** Only take medications given by your nurse. For extra safety, the nurse, as well as any other caregiver, will ask you for your name and date of birth prior to giving medications or care. This will happen every time.

If you do not recognize a medication, please ask your nurse about the medication **before taking it.** It is possible that the medication you take in the hospital may be different or look different from the medication you take at home.

Tell your nurse about any allergies you have to medications, foods or other products.

Be involved in your care. Talk with your doctor when he comes to see you, ask questions, and tell him about any concerns you may have. You may want to write down questions ahead of time so you are sure to remember to ask them when the doctor visits. There are a number of decisions that will be made about your treatment and care. It is important you take part in these discussions when decisions are made.

Expect doctors, nurses and other staff members to introduce themselves and wash or sanitize their hands before providing you with care.

Your wrist band is a form of identification that includes your name and date of birth. Please check to make sure it is correct. It is an essential part of patient safety that your identity is correct.

Please use your call light when you have any needs and when you want to get up. DO NOT get up on your own without checking with your nurse to see if it is appropriate for you to do so. When staff and family members leave, make sure they leave your call light and phone within reach.

If you are puzzled or feel something is not right, tell your nurse or doctor.



MEDICATIONS USED AFTER SURGERY

After surgery you will have some pain and discomfort. The medications you are given may help control your pain and discomfort, but are not likely to make you pain free. If you are not having much pain you may take Tylenol/Acetaminophen if you are not allergic. If you have any questions about this please call the surgeon's office. It is vital for you to actively participate in therapy to recover and regain full function. The nursing staff will work closely with your physicians and use every appropriate measure to help you be more comfortable. Although pain relief is important to you, certain medications used to treat this pain can have serious side effects: confusion, constipation, excessive sleepiness, muscle weakness, nausea, vomiting, and itching.

The medical team wants you to be as comfortable as possible, so we will ask you to tell us about the pain you have. Because only you know how you feel and how much you hurt, tell your nurse when you are having pain. Please do not wait until the pain is unbearable. If you wait too long, the medication that is given may not be as effective as possible. The amount of pain after surgery will be different from person to person.

To help the medical team understand the amount of pain you are feeling, and provide appropriate pain medication, the nurse will ask you to rate your pain on a scale of zero to 10 (0-10). A zero rating is NO pain, a rating of five is moderate pain, and a rating of 10 is the worst pain possible.

When Discharged you MAY be on one or all of the following:

Anticoagulant - Ecotrin, various kinds of Aspirin, Xarelto, Lovenox, Arixtra or other, per cardiology

Stool Softener - This may help with any constipation issues. Drink plenty of fluids when taking a stool softener; if this does not seem to be working, call the surgeon's office.

Pain Medication - Percocet (Oxycodone), Tylenol with Codeine, Norco (Hydrocone), Tramadol, etc...

Iron Supplement - You may be asked to continue your iron supplement if you were taking one prior to surgery.



PRECAUTIONS & RESTRICTIONS

The following must be abided after surgery, as well as any other restrictions or precautions your doctor instructs you to follow.

1 - NO pivoting or twisting.



2 - NO kneeling.



3 - Do NOT place a pillow under knee while in bed. If needed, you may rest your ankle or lower calf on a pillow.

NOTES:

GETTING READY TO GO HOME

You will be discharged from the hospital when you are able to transfer and walk well enough to manage at home. Keep in mind some patients will transfer to a rehab facility before returning home. Once you get home, you will continue doing the exercises you have been taught. Depending on your progress, your physician may order additional therapy as an outpatient or in your home. After discharge, it is important you continue doing the exercises and gradually increase walking as much as you can. You should not sit for long periods of time. **Get up and walk often.**

CAR TRANSFER

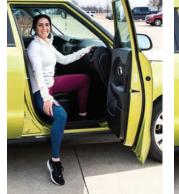
Getting into a car can be difficult if the car is small or has a running board. If you can, it is best to have someone pick you up from the hospital with a car that is not too low or too high.

Guidance:

- Have someone push the car seat all the way back. Recline it if possible, but return it to upright position when traveling.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for the car seat and lower yourself down. Keep your surgical leg straight out in front of you and duck your head to avoid the door frame.
- Slide back on the seat as far as you can. Lean back and bring your legs into the car.
- When getting out of the car, you may need to hold onto the frame of the door.
 DO NOT grab the handle on the door.













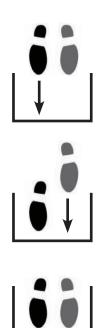
Blue pant leg indicates patient's surgery side (right side of body).



USING A WALKER

You will have to use a front wheeled walker or a pair of crutches following surgery. When using your walker, we recommend a step through gait pattern. This will help create a more normal walking pattern. Your doctor and physical therapist will advise you on how much weight to place on your surgical leg.

- Step 1: Move the walker in front of you about an arm's length.
- Step 2: Advance surgical leg forward, trying to strike your heel first. Allow knee to bend when swinging leg forward.
- Step 3: Step forward with your good leg slightly past the surgical leg.





Tips:

- Always have both hands on the walker when you are in motion.
- > Do not carry items in your hands while using a walker.
- Use a walker bag/basket, smock/apron to transport items.
- Have throw rugs removed to avoid tripping.
- Have clutter removed from the floor in all areas where you need to walk.
- > Proper non-slip foot wear should be worn when walking.

USING A CANE

When using your cane, we recommend a step-through gait pattern. This will help create a more normal walking pattern. Your doctor and physical therapist will advise you on how much weight to place on your surgical leg.

Step 1: Adjust cane to proper height. When standing, extend arm to your side. Cane height should be at wrist.

Step 2: Cane should be placed opposite the operative leg.

Step 3: Advance cane with operative leg, using cane to assist balance. Then, step through with the non-operative leg.



Tips:

- Cane should be used to hold you steady.
 If you find you need to put a lot of weight on the cane, it may be better to use a walker.
- For safety, do no place the cane too far forward.
- Watch out for slippery or wet surfaces.
- Have throw rugs removed to avoid tripping.
- Have clutter removed from the floor in all areas where you need to walk.
- Proper non-slip foot wear should be worn when walking.



USING THE STAIRS WITH A CANE

Going up the stairs with a cane

Step 1: Stand in front of steps and hold the cane in one hand and place the other hand on the handrail.

Step 2: Step up on the first step on your non-surgical leg. Move your cane and your surgical leg up onto the same step.

Step 3: Repeat this step pattern until you are at the top of the stairs.

Going down the stairs with a cane (Cane may be on same or opposite of surgical side.)

Step 1: Stand at the top of the steps and hold the cane in one hand and place the other hand on the handrail. Support your weight on the handrail and cane.

Step 2: Place your cane and surgical leg down onto the first step.

Step 3: Follow by stepping down with your non-surgical leg using the cane and handrail for support. Repeat this step pattern until you are at the bottom.





ACTIVITIES OF DAILY LIVING - DRESSING

As you continue to recover, you will have to change the way you perform everyday tasks such as bathing, dressing, getting around the house, and doing household chores. Your physical therapist will assist you in learning new techniques to maximize your independence and accomplish activities safely. You may or may not need adaptive equipment to complete these tasks. If an activity is important to you and is not covered in the booklet, please ask your therapist for guidance.

Using a reacher or dressing stick Putting on pants/underwear:

- Sit on the side of the bed or a firm chair.
- Put your surgical leg in first and then your non-surgical leg. Use the reacher or a dressing stick to guide the waistband over your feet.
- > Pull your pants up over the knees using the reacher.
- > Stand with the walker in front of you to finish pulling up your pants.

Removing pants/underwear:

- Back up to the bed or the chair where you'll be undressing.
- Ease pants/underwear off your hips and push them down to your knees.
- Sit down following proper precautions.
- Take out your non-surgical leg first, then your surgical leg. Use the reacher or dressing stick to push your pants off.
- Pick up your clothing from the floor using a reacher or dressing stick.
- The reacher can also be used to help remove socks, get your shoes on/off & pick up small items.





SOCK AID

- Slide the entire sock onto the aid.
- Hold the cord and drop the sock aid in front of your foot.
- Slip your foot into the sock aid, toes pointed downward and pull the aid until the sock is on all the way.
- Keep pulling until the sock aid pulls out of the top of the sock.





SITTING & STANDING

- Use your arms to assist you to stand from your seat and also to control descent when sitting (DO NOT use walker to pull yourself up, but have it close by).
- Scoot to the edge of the bed or chair to make standing easier.
- Make sure you have your balance before starting to walk.
- Avoid sitting in low chairs/toilets without arm rests (you may need to purchase a bedside commode or elevated toilet seat).
- Add an extra cushion or pillow to any low seat.

STANDING UP

- Use arm rests/grab bars to push or pull upward.
- Slide surgical leg out in front of you when standing.
- Balance yourself first and then reach for the walker in front of you.



GETTING IN & OUT OF BED

- Remove blankets, sheets or pillows that might hinder your movement.
- Slide yourself to the side of the bed you want to exit. Lift your buttocks as you move to that side.
- Slide the leg closest to the edge of the bed and pivot your body until both legs are off the side of the bed.
- Sit for a few minutes to make sure you are not dizzy or lightheaded.
- You may need special equipment to help you get in and out bed. The physical therapist will help with this decision and assure you get the equipment needed.
- To stand up to the walker, push with your arms on the bed.
- When getting into bed, follow the previous steps in reverse.
- Sit close enough to the head of the bed so you do not have to move up in the bed after you lie down.
- Scoot back onto the bed, pushing with your arms and stronger leg, while your surgical leg is supported by the bed.
- Move your feet to the center of the bed.

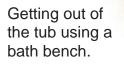


BATH TUB TRANSFER

Getting into the tub using a bath bench.

- Make sure the bath bench is at the correct height and place it into the tub facing the faucet.
- Back up to the tub until you feel the seat on the back of your knees.
- Reach back with one hand for the seat while keeping the other hand on the walker.
- Lower yourself onto the seat, keeping your surgical leg straight out.
- Move the walker aside, but keep it within reach.
- Lift your legs over the edge of the tub.
- Scoot your hips over on the seat. A towel placed on the seat will help you slide easier.
- Once bathed, remain seated to dry off as completely as possible before standing.

NOTE: Always have someone available to assist you, especially soon after surgery.



- Scoot your hips over and lift legs over the outside of the tub.
- Continue to scoot to the edge of the bath seat.
- Push up with one hand on the back of the seat while holding onto the walker with the other hand.
- Move carefully to balance yourself when reaching for the walker.

BATH TUB TRANSFER (continued)

Getting into the tub using a shower chair.

- Make sure the shower chair is at the correct height and placed into the tub facing the faucet.
- Back up to the tub until you feel the seat on the back of your knees.
- Reach back with one hand for the seat while keeping the other hand on the walker.
- Lower yourself onto the seat, keeping your surgical leg straight out.
- Move the walker aside, but keep it within reach.
- Lift your legs over the edge of the tub.
- Scoot your hips over on the seat. A towel placed on the seat will help you slide easier.
- Once bathed, remain seated to dry off as much as possible before standing.

NOTE: Always have someone available to assist you, especially soon after surgery.



Getting out of the tub using a shower chair.

- Scoot your hips over and lift legs over the outside of the tub.
- Continue to scoot to the edge of the bath seat.
- Push up with one hand on the back of the seat while holding onto the walker with the other hand.
- Move carefully to balance yourself when reaching for the walker.



SHOWER STALL TRANSFER

Getting into the shower stall.

- > Place three-in-one or shower chair in a position so you can sit down safely.
- With the walker in front of you, turn yourself so that back is to the shower stall and you can feel your heels against the shower step.
- Step in backward using your walker, going up and over the step with your non-surgical leg first, and then bring your surgical leg into the stall.
- Reach back for the seat and slowly lower yourself to sitting.

Getting out of the shower stall.

- Using the three-in-one seat or shower chair, carefully stand up. Your walker should be at the shower opening.
- Facing the walker, step out with the surgical leg first, then follow with the nonsurgical leg.

TOILET TRANSFER

• You may need a three-in-one (3-in-1) commode or an elevated toilet seat after surgery. A three-in-one commode may be used over the toilet, at the bedside, or in the shower.

SITTING DOWN

- Back up to the toilet until you feel it touch the back of your knees.
- If using a 3-in-1 commode, reach back for both armrests and lower yourself onto the toilet.
- If using an elevated toilet seat, use a grab bar and/or sink and lower yourself onto the toilet. Slide your surgical leg out in front of you when sitting down.



It is important to be as fit and strong as possible before you have your total joint replacement. Being strong before surgery will make your recovery faster and easier. You should start doing the following exercises now if instructed by physician or physical therapist and continue doing them until your surgery. These will be the same exercises you do at the hospital after surgery. You should be able to do them in 15- to 20-minutes. We recommend you do them twice a day. It is also important to strengthen your arms as well as your legs; you will need strength in your arms to make getting in and out of a bed or chair easier. It will also help with your walker, cane or crutches.

ANKLE MOVEMENT (PUMPS) - Do constantly when awake first week for circulation

With your legs straight, bend your feet toward your head and then point your feet down away from your head as shown below.

REPEAT 20 TIMES - DO HOURLY WHILE AWAKE



QUAD SETS

Lie on your back with one knee straight and one bent for comfort. Tighten up the top of your thigh by pressing the back of your knee onto the bed. Hold this for a count of five. Relax and repeat.

REPEAT 20 TIMES - DO TWO SESSIONS PER DAY







GLUTEAL SETS

Lie on your back with your legs straight. Squeeze your buttocks together, hold tight and count to five. Relax and repeat.

REPEAT 20 TIMES - DO TWO SESSIONS PER DAY



SHORT ARC QUADS

Lie on your back with a rolled towel or pillow under your knee on your surgical side. Slowly straighten your knee lifting your heel off the bed. Hold tight and count to five, then lower your foot to the bed gently.

REPEAT 20 TIMES - DO TWO SESSIONS PER DAY



Blue pant leg indicates patient's surgery side (right side of body).

HEEL SLIDES

Lie on your back with legs straight. Bend your knee by sliding your heel toward your buttocks. Straighten your leg, relax and repeat.

REPEAT 20 TIMES - DO TWO SESSIONS PER DAY.



LEG STRAIGHT RAISES

Lie on your back with your non-surgical leg bent. Straighten surgical leg and lift it up to 45 degrees. Hold for a few seconds and lower slowly.

REPEAT 20 TIMES - DO TWO SESSIONS PER DAY.



KNEE EXTENSION

Sitting on a firm chair (or edge of bed), straighten your knee. Hold tight and count to five and then relax and slowly lower your knee.

REPEAT 20 TIMES -DO TWO SESSIONS PER DAY.







HAMSTRING STRETCH

Sit on the edge of the bed with your surgical leg on the bed and your other leg over the side of the bed. Straighten your surgical knee as far as you can and lean towards the foot of your surgical leg. You should feel a stretch on the back side of your leg. Hold for 30 seconds and repeat five times.

REPEAT FIVE TIMES - DO TWO-TO - THREE SESSIONS PER DAY



KNEE STRETCH INTO EXTENSION

Place the heel on a towel roll and press your knee down into the bed or as far as you can. This can also be done on a chair. Hold for 30 seconds and relax.

REPEAT FIVE TIMES - DO TWO- TO THREE-SESSIONS PER DAY



KNEE STRETCH INTO FLEXION

Sit on the edge of a solid chair. Bend surgical leg back as far as you can, then use the other leg to gently stretch. Bend it as far as you can and then hold for 30 seconds. Without letting it straighten, try to bend the leg further back. Repeat this movement two- to three-times until you have your leg bent as far as you think it will go. Straighten out your knee, relax for a few minutes, and start the process over. DO NOT lay down resting your legs on a pillow.

REPEAT FIVE TIMES - DO TWO- TO THREE-SESSIONS PER DAY



Blue pant leg indicates patient's surgery side (right side of body).



TIPS FOR PREPARING YOUR HOME FOR A SAFE & COMFORTABLE RECOVERY

Before coming to the hospital, prepare your home for your return. There are many things you can do to prepare for a safe and comfortable recovery.

- Prepare a room on the first floor with all of the necessary supplies you may need during the day.
- Clear pathways and rearrange furniture as needed: coffee tables, foot stools and other low furniture.
- Have a firm arm chair that is not too low to sit. Add a cushion if needed.
- > Place a phone in easy reach. Keep a cell phone and charger in easy reach.
- Remove throw rugs and electrical cords to prevent tripping.
- Make sure you have secure handrails along stairways and the entrance of your home.
- Add an elevated toilet seat and/or bedside commode. Your therapist can help you choose which would benefit you best.
- > Place non-skid pads in the bathtub or shower.
- > Place night lights in bathrooms, hallways and bedrooms.
- Arrange for someone to collect mail/newspapers and care for pets.
- Stock up on non-perishables to limit shopping trips after surgery.
- Prepare meals ahead of time and freeze in single serving containers.
- Complete laundry, cleaning and bed making.
- Be aware, pets may be a tripping/falling hazard.



PROTECTING JOINTS & SAVING ENERGY

IN THE KITCHEN

- Plan to make each trip count. Assemble all of your supplies.
- Keep frequently used cooking utensils and supplies within easy reach.
- Sit to work whenever possible. Use a stationary stool or chair with arm rests that is higher than normal height.
- Have a work surface height that is comfortable.
- Attach a plastic grocery bag or pouch to your walker to carry items. To carry drinks, use a mug with a lid.
- Slide items along a countertop to move items from one end of the kitchen to the other.
- Rearrange table and chairs to make moving around the kitchen easier.

IN THE BATHROOM

- Organize the supplies you use most frequently in one area.
- Use a tub seat and grab bars.
- Place soap in a nylon stocking and hang it from the shower head or use "soap on a rope."
- Sit to complete grooming activities.



GENERAL

- Keep everything in reach.
- Eliminate steps or the number of trips to complete a job.
- Avoid clutter. Throw things away you don't use.
- Be patient with yourself.
- Give yourself extra time so there is no need to rush.
- Ask for help if you feel the job/activity will be too strenuous.
- Develop relaxing hobbies.
- Take time out to relax without interruptions.
- Know your limitations.



NUTRITION

A well-balanced and nutritious diet will improve your body's ability to heal after surgery. A healthy diet has other benefits, such as improving strength and increasing the body's ability to fight infections.

- **Pre-op:** Stool softener, probiotic, stay hydrated.
- Eat balanced meals with plenty of whole grains, fruits, low fat dairy products & lean meat.
- Avoid solid fats, butter, lard, and added sugar.
- If you are on a special diet, continue to follow it.
- Consume enough calories and protein. If needed, supplement your diet with milkshakes or products such as Boost or Ensure.
- Do not try to lose weight in the weeks before surgery.
- Reduce or avoid alcoholic beverages entirely.
- Avoid gas forming foods in the few days before surgery. These foods include:

Beans | Cabbage | Cucumber | Onions | Turnips | Cantaloupe | Broccoli | Cauliflower Avocados | Radishes | Lentils | Corn | Brussel Sprouts | Apples | Peas | Sauerkraut

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