# Table of Contents

Section 1: General Information  2  
- Welcome  2  
- What is Joint Replacement  2  
- Pre-Operative Classes  2  
- Introduction of Team Members  3  
- Orthopedic Patient Navigator  4  
- Phone Directory  4  
- Support System and Coach  4  

Section 2: Getting Ready for Surgery  5  
- Pre-Operative Appointment  5  
- Anesthesia  5  
- Pre-Operative Exercises  6  
- Surgery Preparation  6  
- Home Preparation and Support System  7  
- Post-Hospital Care Need  8  
- Know Your Covered Benefits  8  
- Advance Health Care Directives  9  

Section 3: Day of Surgery  10  
- What to Bring  10  
- Surgery Prep  10  
- Operating Room  11  
- PACU  11  

Section 4: Your Hospital Stay  12  
- Diet  12  
- Equipment  12  
- Pain Management  12  
- Therapy  13  
- Preventing Complications  14  
- Discharge  14  

Section 5: Going Home  15  
- Follow Up  15  
- Do’s and Don’ts  15  
- Precautions for Total Hip Replacements  16  

Section 6: Activities of Daily Living  17  
- Getting In and Out of a Chair  17  
- Getting In and Out of Bed  18  
- Getting In and Out of the Tub  19  
- Walking with a Walker  20  
- Climbing Stairs  20  
- Getting Into a Car  20  
- Dressing  21  
- Using a Sock Aid  22  
- Using a Long-Handled Shoe Horn  23  

Section 7: Pre- and Post-Op Exercises  24  
- Quad Sets  24  
- Ankle Pumps  24  
- Short Arc Quads  24  
- Pillow Squeeze  25  
- Heel Slides  25  
- Bridging  25  

Table of Contents
Section 1: General Information

Welcome

Thank you for choosing A Joint Adventure and the Joint Center of Johnston Health for your joint replacement surgery. You are an important part of your health care team, and we hope this guide will answer many of your questions. This guide, along with our total joint class, will help you appropriately plan your activities before, during and after your surgery. Our goal is to answer as many of your questions as possible during the class and prior to your surgery.

We look forward to helping you get back to a healthier, more active lifestyle.

What is Joint Replacement

Joint Replacement for the Knee

The term total knee replacement is misleading. The knee itself is not replaced, as is commonly thought, but rather an implant is used to recap the worn bone ends. This is done with a metal alloy on the femur and a plastic spacer on the tibia and patella (kneecap). This creates a new, smooth cushion and function joint that can reduce or eliminate pain.

Joint Replacement for the Hip

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.

Benefits and Goals of Joint Surgery

• Reduces pain
• Improves strength and range of motion
• Improves activity levels

Pre-Operative Classes

A special class is held for patients who are scheduled for joint surgery. Members of the joint replacement team will be there to answer questions. It is strongly suggested that you bring a family member or friend to act as your coach.

You will be scheduled for your pre-operative class when you are scheduled for your:

• Pre-Admission Testing Appointment
• Surgery
Introduction of Team Members

Before, during and after surgery you will come in contact with many different members of your health care team. Many you may see frequently and others you may just see once or twice. Some of the professionals you will meet are:

**Orthopedic Surgeon**
This is the doctor whom you have chosen to perform your surgery. Your doctor or physicians assistant will see you daily while you are in the hospital and direct your medical care.

**Registered Nurse**
Much of your care will be provided by an RN who will be responsible for your daily medical needs. Your RN will carry out all orders given by your surgeon including medication administration, tracking your vital signs, completing your physical assessment and keeping your medical chart accurate.

**Certified Nursing Assistant**
A CNA assists you with daily tasks such as bathing, dressing and getting to the bathroom. The CNA will also take your vital signs and report to the RN.

**Physical Therapist**
Your physical therapist is responsible for teaching you how to correctly move using appropriate equipment.

**Occupational Therapist**
Your occupational therapist will teach you how to perform daily tasks such as toileting or dressing without endangering your new joint.

**Case Manager**
Case managers are responsible for helping you and your family identify any needs you may have when you return home. They also work with other team members to plan your discharge at the appropriate time. They are excellent resources for community and homebound services if you should need that type of assistance.

**Anesthesiologist**
An anesthesiologist will guide your anesthesia care during surgery and monitor you after your surgery for any side effects of medications utilized.
Orthopedic Patient Navigator

Patients benefit from having a central point of contact to help coordinate their care. The Joint Adventure patient navigator will coordinate your care needs from beginning to end.

- Lead teacher in pre-operative classes
- Answers questions and coordinates hospital care
- Acts as advocate before and after surgery
- Works with health care team to make sure communication is accurate and timely

Please contact the Joint Adventure patient navigator with any questions or concerns that you may have.

Phone Directory

Your Orthopedic Surgeon __________________
Joint Adventure Patient Navigator 919-209-7092 or 919-209-3400
Operating Room Scheduler 919-209-3640
Pre-Admission Testing 919-209-3634
Same Day Surgery (Pre-operative Surgery Area) 919-938-7430
4th Floor Orthopedic Unit 919-209-3400
4th Floor Orthopedic Unit Nursing Director 919-209-3470
Physical & Occupational Therapy 919-938-7296
Case Management 919-938-7337

Johnston Health
Main Number 919-934-8171

Support System and Coach

We strongly suggest that you bring a family member or a friend to act as your coach. The coach’s role will be to offer support:

- Pre-operatively
- Post-operatively
- Preparing your home
- During your hospital stay
- When you return home
Section 2: Getting Ready for Surgery

Pre-Operative Appointment

You will be scheduled to come to the hospital for a pre-operative appointment for pre-admission testing. You will need to bring the following items with you to your pre-operative appointment:

- All of your current medications (including over the counter and herbal medications)
- Health insurance card
- Photo ID

Anesthesia

During your pre-operative appointment you will meet with an anesthesiologist who will review your medical history, laboratory test results, allergies and current medications. Depending on your medical history, you may be asked additional questions during this visit to help determine which type of anesthesia is best suited for you.

There are two basic types of anesthesia:

General Anesthesia

This type of anesthesia affects the entire body, including consciousness. A breathing tube is typically placed after sedation, and you breathe anesthesia gasses during your surgery that keep you asleep.

Regional Anesthesia

This type of anesthesia affects or numbs only part of the body and can be used as the primary anesthetic or in combination with a general anesthetic.

Spinal

Involves injecting medication into the back (below the spinal cord) to cause numbness from the chest down. You will be sedated during the placement of the spinal anesthetic and throughout the surgery.

Nerve Block

Local anesthetic is injected through the skin to cause numbness around your surgical site and provide post-operative pain relief.

Sometimes the surgeon may choose to inject a medication around your joint for pain control after surgery.

The type of anesthesia or combination administered is specific for every patient. The type of anesthesia chosen will be determined by you, the anesthesiologist and the surgeon.
Pre-Operative Exercises

Many patients with arthritis don't use their painful joint. As a result, the muscles become weaker making recovery slower and more difficult. For this reason, it is very important to begin an exercise program before surgery to begin improving strength and flexibility. Improving your strength and flexibility before your surgery can help you recover more quickly and ease your recovery process.

It is important to be as flexible and strong as possible before undergoing joint replacement surgery. Always consult your physician before starting a pre-operative exercise plan. In this patient guide, you will find exercises that your physician may instruct you to start doing now. You should be able to do pre-operative exercises in 15 to 20 minutes, and it is recommended that you do all exercises twice a day. Consider this a minimum amount of training prior to your surgery.

After surgery you will need strength in your arms for mobility. You will use your arms to help get in and out of bed and chairs, as well as on and off the toilet. Most patients use a walker or crutches during recovery, which also requires arm strength. Chair pushups can be done to strengthen your arms. You should also exercise your heart and lungs by walking for 10 to 15 minutes every day as tolerated.

Surgery Preparation

Diet and Fluids
Your stomach must be empty before surgery. On the night before surgery do not eat or drink anything (even water) after midnight unless otherwise instructed to do so by your physician.

Constipation Prevention
Two to three days prior to surgery increase your fluid intake of water, fruit juice, etc. Consider having a laxative available when you get home.

Infection Prevention
Shower before surgery with the special soap provided at your pre-op appointment.

Medications
You should discuss all of your routine medications with your physician. He or she will instruct you on which medications, if any, to take on the morning of surgery. If you are instructed to take medications on the morning of surgery, do so with only a sip of water.

Smoking
According to the American College of Surgeons, smoking increases your risk of complications. Consider stopping smoking before surgery, and remaining smoke-free following surgery. Discuss with your doctor if you may need a nicotine patch or other smoking cessation aid.
Home Preparation and Support System

Planning ahead is key to minimizing stress and optimizing your outcome. Begin thinking about your discharge now. Most patients will go directly home with help from their coach, home health and physical therapy. Here’s how to prepare for your return:

- Arrange for someone to take you home and stay with you for several days after surgery.
- If available, arrange for a vehicle to pick you up from the hospital that is higher for ease of access in and out.
- Prepare meals ahead of time, and freeze or stock up on ready-made foods that you enjoy.
- Place items you use regularly at arm level so you do not have to reach up or bend down.
- Borrow a walker or a pair of crutches and see how well you can maneuver through your home. You may need to rearrange furniture or temporarily change rooms around.
- Remove any throw or area rugs that could cause you to slip.
- Securely fasten electrical cords around the perimeter of the room.
- Consider modifying your bathroom to include a shower chair, gripping bar and raised toilet.
- Have a urinal available for easy access in areas that you frequent at home.

Some patients may need a short-term stay at a skilled facility before returning home. Prior to hospitalization, investigate facilities you may be interested in. Shop for things that may make life easier such as:

- A long-handled shoe horn
- A grabbing tool or reacher
- A footstool
- A big-pocket shirt or soft shoulder bag for carrying things around

Set up a recovery space where you will spend most of your time. Things such as the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications should all be within reach. Your main living area should be on ground floor if possible.

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 for more information.
Post-Hospital Care Needs

It may seem odd to discuss leaving the hospital before you even begin your Joint Adventure. But the time to think about what help you will need after surgery is before it happens. It is important for you to think now about the support you will have after you leave the hospital so that you can begin to plan for it and help us know what will be the most appropriate discharge plan for you.

Most patients go directly home after discharge with help from their support person, home health and physical therapy. Some patients may need to go to a short-term skilled facility before going home, particularly if they need more therapy and assistance and lack support at home.

Take into consideration your current living situation now to help make this decision but know that plans can change depending on your level of needs after surgery.

Ask yourself these questions to help determine your goal for discharge:

- Do you have someone who will be able to stay with you and help you after discharge?
- Is your home set up that you can move around to those vital areas, the bed, bathroom and kitchen?
- What type of benefits will your insurance plan pay for?

Know Your Covered Benefits

It is a good idea to contact your insurance plan before your surgery so that you know what benefits for post-hospital are covered and if you have out of pocket expenses. Every insurance plan can be different so it is a good idea to be aware of what benefits you have to help determine the appropriate plan for you.

Call the members benefit number on the back of your insurance card. It may help you to remember your benefits if you write down who you spoke to and the information they shared with you.

You can use the chart below to write down your answers:

<table>
<thead>
<tr>
<th></th>
<th>I Have Coverage</th>
<th>I Don’t Have Coverage</th>
<th>Co-pay Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td></td>
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<tr>
<td>Physical Therapy</td>
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<td>Medical Equipment</td>
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<tr>
<td>Skilled Nursing Facility</td>
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</tbody>
</table>

If you have questions after you speak to your insurance provider, you can call the Case Management Department at 919-938-7337 for further assistance.

You have the right to choose your preferred provider for home care and medical equipment.
Advance Health Care Directives

Advance health care directives are legal documents that allow you to give instructions about your health care if at any point you cannot make or verbalize these decisions yourself.

If you already have these documents, please bring them to be copied and placed in your Medical Record. If you want more information, let the nursing staff know. The Spiritual Care Department is available to discuss advanced health care directives during your hospitalization.

Types of Advance Health Care Directives

- Health Care Power of Attorney: A health care power of attorney allows you to name a person to make health care decisions for you if you cannot make them for yourself. You should discuss your wishes with this person and other friends and family prior to having a formal document completed. You can request that your healthcare team assist you in obtaining the appropriate form or go to www.secretary.state.nc.us/ahcdr to retrieve them yourself. The form will need to be signed by you and two witnesses as well notarized to be legally recognized.
- DNR: A DNR order (Do Not Resuscitate) means that if your heart stops beating or you stop breathing medical treatment will be discontinued or not initiated.
- DNI: A DNI means that if you stop breathing you will not be placed on an artificial breathing machine.

A DNR or DNI order is sometimes initiated by people near the end of life or with illnesses that will not improve. This order has to be signed by a physician. Discuss your wishes with friends and family and with your physician who will assist you in getting the order completed and signed.
Section 3: Day of Surgery

What to Bring

Bring

• Loose-fitting clothes
• Non-slip shoes/slippers
• Personal toiletries
• BiPAP/CPAP if you use one at home
• Activities and reading materials
• Eyeglasses, with case; Contact lens storage case and solution
• A Joint Adventure patient guide

Do Not Bring

• Valuables
• Floor-length or step-in robe
• High heel or open backed shoes
• Do not wear makeup or fingernail polish

Arrive on the morning of your surgery at least two hours prior to your scheduled surgery time. Come to the registration area at the main entrance of the hospital.

You will be registered and taken to the pre-operative surgery area for preparation.

Surgery Prep

Preparation for your surgery includes:

• Starting an IV
• Administering an IV antibiotic
• Administration of other medications as ordered by your physician

Your family member/coach will be able to stay with you during this time of preparation in the pre-operative surgery area.
Operating Room

Once you have been prepped for surgery and everyone is ready, you will be taken to the operating room. Now you are in the care of your orthopedic surgeon, the anesthesiologist, and the operating room nurses. Surgery typically lasts 1 ½ to 2 ½ hours. The surgeon and operating room staff will provide your family with updates and speak with you once the surgery is complete.

What happens after surgery?

- PACU – recovery area
- 4th Floor – Joint Center inpatient unit
- Physical therapy and occupational therapy – Joint Center Rehabilitation Room
- Pain management
- Complication prevention
- Wound care

PACU

Immediately after surgery you will be taken to the PACU, or post anesthesia care unit, where you will be closely monitored by nursing staff. They will ensure that you are safe and comfortable as you are waking up from anesthesia.

- You will remain in PACU for one to two hours
- Pain control is established
- Vital signs are monitored

Your family members will not be able to see you from the time you leave the pre-op area until the time you arrive in your room on the 4th floor, which can be as long as four to five hours.

When you are awake and vital signs are normal, you will be transferred to 4th Floor Joint Center inpatient unit, where you will be monitored by nursing staff, nursing assistants, physical therapists and respiratory therapists, who work as a team. 4th Floor is a 33-bed surgical unit with all private rooms. Immediately following your arrival, you can expect the registered nurses on 4th Floor to frequently:

- Monitor your blood pressure, heart rate, breathing and temperature
- Check your bandages and drains
- Ask you to move your feet, cough and breathe deeply
- Check your IV
- Check your pain level and administer pain medication as needed

Your hospital stay is expected to be three to four days.
Section 4: Your Hospital Stay

Diet
Your diet will be adjusted according to what you can tolerate. Typically, you start with ice chips and progress to clear liquids. If you can tolerate those, then you may advance to solid foods. Once you begin eating and drinking more, your IV fluids will be stopped. Decreased activity and pain medication can cause constipations, but plenty of fluids can help to avoid this problem.

Equipment
Many total knee patients may have a device called a continuous passive motion machine or CPM for six to eight hours a day. This machine will slowly move your leg, bending it and straightening it. As time goes on, range of motion will be increased to reach your goal.

Hip replacement patients may have a foam wedge, or knee immobilizers may be used to keep your new hip in place during healing.

Pain Management
Medications are administered during surgery and in PACU to help with pain. Our goal on 4th Floor is to:

- Increase comfort
- Decrease side effects such as nausea and/or vomiting
- Fewer complications
- Better outcomes for you

Everyone’s pain is different. Therefore, we will work with you to set your realistic pain goal. We will review the pain scale with you and set your pain goal:

![Wong-Baker FACES™ Pain Rating Scale](image)

Your pain goal and next dose available will be written on your white board and updated with every dose.

Patient Responsibility
- Discuss pain relief options with your doctor and nurse.
- Ask for pain medication when your pain first begins. Do not wait until your pain is unbearable.
- Help us assess your pain.
- Talk to us about any worries or concerns you have regarding medications.
Therapy

Patients undergoing a total hip or knee replacement will continue their rehab for PT and OT in the Rehab Room. This room is specially designed to accommodate the needs of these joint replacement patients.

The room allows access to a hydraulic therapy mat, parallel bars, stairs, and a mock-up kitchen area for practice and training. Patients will increase their knowledge of appropriate exercises and daily activities by participating in daily therapy treatment sessions in the Rehab Room.

Physical Therapy

Will work with you beginning the day of surgery to assess you and get you up and going as soon as possible.

Occupational Therapy

Will work with you beginning the day after surgery for your activities of daily living such as dressing and reaching into kitchen cabinets so that you can regain your independence as soon as possible.
Preventing Complications

Get up and moving as soon as you can!

Wound Care
- Keep surgical site clean and dry
- No pools or tub baths until you are cleared by your surgeon
- Monitor for signs of infection
- Increased pain
- Fever of 100.5 degrees or greater
- Foul odor or drainage from surgical site
- Increase swelling and redness at surgical site
- Don’t touch bandages while in the hospital. Wash your hands before any wound care at home.

Preventing Blood Clots
- You will be given blood-thinning medication after surgery. Be sure and continue as long as prescribed.
- These medications help prevent the risk of DVT (deep vein thrombosis or blood clot in the legs) and PE (pulmonary embolism or blood clot in the lungs)
- To lower your risk of bleeding:
  - Use a soft-bristle toothbrush.
  - Floss with waxed floss.
  - Shave with an electric razor rather than a razor blade.
  - Let a doctor or nurse know you are taking blood-thinning medications before they give you a shot or do surgery.
- You will have sequential compression devices or SCDs when you are in the bed lying down to help with blood circulation
- Ankle pump exercises frequently, continue 3-4 weeks post-operatively.

Infection
- Antibiotics will be given
  - Prior to surgery
  - For 24 hours after surgery
- Preventing pneumonia
  - Turn, cough and deep breathe
  - Use incentive spirometer:
    This is a small plastic apparatus that helps you expand your lungs fully by inhaling deeply through the mouth piece. You should use the incentive spirometer ten times an hour while you are awake. (You will be instructed on how to use).

Discharge
Your orthopedic team will decide exactly when the best time is for you to leave the hospital. This will depend on how well you achieve your goals to regain your independence as you transition to your home setting. Most of the time, patients are ready to go directly home after hospital discharge, but again, this will depend on your particular situation.
Section 5: Going Home

Follow Up

It is important to keep all of your follow-up appointments with your physician. The physician will document your progress and answer any questions you may have.

Call your doctor if:

- Fever of 100.5 degrees or greater
- Odor or increasing drainage from incision
- Increasing pain, redness or swelling at incision
- Calf is painful or warm to touch
- Persistent swelling of foot, ankle or calf that doesn’t go away with elevation
- Chest pain or shortness of breath (If sudden or severe, call 911 and see emergency help immediately)

Activity

- Continue polar care or ice as needed for comfort.
- Cold therapy 20 minutes before and 20 minutes after exercise helps with activity related discomfort.
- Use your walker until your doctor says you may stop.
- Don’t drive until your surgeon approves and never if taking narcotic pain medicine.

Do’s and Don’ts for the Rest of Your Life

- Whether you have reached all of the recommended goals or not, you need to have a regular exercise program to maintain the fitness and health of the muscles around your joints. With both your orthopedic and primary care physician’s permission, you should be on a regular exercise program.
  - Three to four times per week, 20-30 minutes

- Impact activities such as running may put too much load on the joint and are not recommended. High risk activities such as downhill skiing are likewise discouraged because of the risk of fractures around the prosthesis and damage to the prosthesis itself.

- Infections are always a potential problem, and you may need antibiotics for prevention.
  - Take antibiotics one hour before you have any dental work or other invasive procedure performed.
  - If you should develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and notify your doctor. The closer the injury is to your prosthesis, the greater the concern for infection. Occasionally, antibiotics may be needed.
  - Superficial scratches may be treated with antibiotic ointment.

- When traveling, stop and change positions hourly to prevent your joint from tightening.

- See your surgeon annually unless otherwise recommended.
Precautions for Total Hip Replacements

Following some simple rules after a hip replacement will help prevent the risk of dislocation. Your doctor will advise you of how long you should follow these precautions.

- Do not cross your legs.
- Do not bend your hips more than a right angle (90 degrees).
- Do not turn your feet excessively inward or outward.
- Do not lift your knees higher than your hips.
- Avoid low chairs or toilets that would cause you to bend the waist beyond 90 degrees.
- Do not bend way over to pick up things on the floor.
- Use a pillow between your legs at night when sleeping until you are advised by your surgeon that you can remove it.
Section 6: Activities of Daily Living

Getting In and Out of a Chair

**Sitting Down**

- Back up to the chair until you feel the chair on the back of your legs.
- Slide the foot of the involved leg out in front of you.
- Reach back for an arm rest on the chair, one hand at a time.
- Slowly lower your body to the chair, keeping the involved leg forward as you sit.

**Standing Up**

- Straighten the involved leg by sliding your foot out in front of you.
- Scoot your hips to the edge of the chair.
- Push up with both hands on the armrests of the chair.
- Stand and maintain your balance, then hold onto the walker.

**Tips**

- Sit in a chair with arm rests whenever possible.
- Do not pull up on your walker to help you stand up.
Getting In and Out of Bed

Getting In To Bed

- Back up to the bed until you feel the bed on the back of your legs.
- Slide the foot of the involved leg out in front of you.
- Reach back for the bed, one hand at a time, and sit down on the edge of the bed.
- Scoot back toward the center of the bed.
- Lift your leg onto the bed. You may need to assist the involved leg onto the bed.
- Maneuver your hips and legs toward the center of the bed.

Getting Out of Bed

- Scoot your hips to the edge of the bed.
- Lower your legs to the floor, assisting the involved leg if necessary.
- Use both hands to push off the bed.
- Balance yourself before grabbing the walker.
Getting In and Out of the Tub Using a Bath Seat

**Getting Into the Tub**

- Back up to the tub until you feel the tub with the back of your legs. Make sure you are in line with the bath seat.
- Reach back with one hand for the bath seat, keeping the involved leg out in front of you.
- Lower yourself onto the bath seat. Lift your legs over the edge of the tub, assisting the involved leg as necessary.

**Getting Out of the Tub**

- Lift your legs over the outside edge of the tub, assisting the involved leg as needed.
- Scoot to the edge of the bath seat.
- Push up with your hands from the bath seat.
- Balance yourself before grabbing the walker.
Walking with a Walker

- If using a rolling walker, push the walker forward an arm’s length. If using a walker without wheels, lift the walker and move it forward at an arm’s length.
- Step forward placing the foot of the involved leg into the middle of the walker area.
- Step forward with the other leg. Do not step past the front of the walker.

Climbing Stairs

- Go up the stairs using the uninvolved or non-surgical leg first (up with the good).
- Go down the stairs using the involved or surgical leg first (down with the bad).
- Always hold onto a railing when using stairs.

Getting Into a Car

- Push the car seat all the way back and recline the seat to allow better access. Always return the seat to an upright position for travel.
- Back up to the car until you feel it touch the back of your legs.
- Hold onto an area of the car, such as the seat, dashboard, or frame, and slide your involved leg out in front of you.
- Slowly lower yourself into the car seat.
- Turn your body and assist your legs into the car for travel.

Dressing

Putting On Pants and Underwear

- Sit down.
- Place your involved or surgical leg into the garment first. You may use a reacher or dressing stick to guide your clothes over your foot.
- Pull your garment up over your knees, within easy reach.
- Stand up with the walker in front of you and pull your garments up all the way.

Taking Off Pants and Underwear

- Back up the chair where you will be undressing.
- Unfasten your garments and let them drop to the floor or push them down to your knees.
- Lower yourself into sitting.
- Take your non-surgical leg out first and then the surgical leg.
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- Lower yourself into sitting.
- Take your non-surgical leg out first and then the surgical leg.

**USING A REACHER TO DRESS AND UNDRESS**
Using a Sock Aid

- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. (This will be easier to do if your knee is bent.)
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.
Using a Long-Handled Shoehorn

• Use you shoehorn to slid your shoe in front of your foot.
• Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
• Lift your leg and place your toes into your shoe.
• Slide your heel down the shoehorn and securely into the shoe.

TIP:
Wear slip-on shoes, or shoes with Velcro closures or elastic shoelaces.
Section 7: Hip and Knee Replacement Pre- and Post-Op Exercises

Quad Sets

- Press your knee down and tighten your thigh muscles.
- Hold for 2-3 seconds, then relax.
- Repeat 10-20 times.

Ankle Pumps

- Push and pull your foot away from and toward your body.
- Repeat 10-20 times for both ankles.

Short Arc Quads

- Place a pillow or roll under the knee on the involved side.
- Straighten the knee and hold for 1-2 seconds, then relax.
- Repeat 10-20 times.
Pillow Squeeze

- Place a pillow between the knees and squeeze.
- Hold for 1-2 seconds, then relax.
- Repeat 10-20 times.

Heel Slides

- Slide the foot of the involved leg as close to your hip as possible.
- Return your leg to the straightened position.
- Repeat 10-20 times.

Bridging

- Bend both knees.
- Lift the hips and hold for 1-2 seconds.
- Repeat 10-20 times.