

ORTHOPAEDIC ASSOCIATES
— OF WAUSAU —

Joint Replacement Surgery

Hip

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Welcome!

Thank you for choosing Orthopaedic Associates of Wausau to help restore you to a higher quality of living with your new prosthetic joint!

Yearly, over 700,000 people undergo total joint replacement surgery. Primary candidates are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation, and work. The surgery aims to relieve pain, restore your independence, and return you to work and other daily activities.

Orthopaedic Associates of Wausau has implemented a comprehensive planned course of treatment. Your team includes your surgeon, physician assistants, anesthesiologists, nurses, and physical and occupational therapists specializing in total joint care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. But, we believe that you play a key role in promoting a successful recovery.

Preparation, education, continuity of care and a pre-planned discharge are essential to this process. This guidebook is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint.

Remember, this is just a guide. Your physician, physician's assistant, nurses, or therapists may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook handy as a reference before and after surgery.

Dr: _____

Date of Surgery: _____

Type of Approach: _____



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Preparing for Your Joint Replacement Surgery

Preparing for Your Joint Replacement Surgery

What to do when you receive this book

- Review this book and watch the videos using the QR codes.
- Designate a person to be your “coach”. This person will come with you the day of surgery, take you home after and help with your care after surgery. (See coaches checklist)
- Contact your insurance company to find out if a preauthorization, a pre-certification, a second opinion, or a referral form is required. It is very important to make this call! Failure to do so may result in a reduction of benefits or your surgery being delayed. Your surgeon’s office will also call the insurance company to preauthorize.
- Obtain Medical and Dental Clearance
- Attend Preoperative Therapy Visit or Class (if available)
- Start Preoperative Exercises
- Review “Exercise Your Right” (appendix)

Coach’s Check List

Things To Do:

- Provide or arrange transportation for patient to and from Wausau Surgery Center or Aspirus Wausau Hospital
- Go to patient’s pharmacy to pick up postoperative pain medication and anticoagulant prescriptions
- Go to home medical supply store to purchase walker (if needed) and other equipment
- Attend pre-operative therapy visit with patient

Things To Know:

- Anticoagulant monitoring, dosing and its precautions
- Dressing care instructions
- When and how to put on and take off compression stockings
- How to use the incentive spirometer and how often
- What exercises to do and how frequent
- Where and when to go to outpatient therapy
- Where and when to go to other follow-up appointments (for example: Surgeon’s office)
- Signs and symptoms of infection
- Signs and symptoms of a blood clot
- Signs and symptoms of a pulmonary embolism

Preparing for Your Joint Replacement Surgery

Coach's Check List



Things To Know: (continued)

- This GuideBook and what is inside
- Numbers to call with questions
- Bathing directions

Don't forget assistance and encouragement!

Checklist leading up to Surgery

2-4 Weeks Prior To Surgery:

- See your family doctor for preoperative clearance. They will be doing a MRSA nasal swab, an EKG and various lab work. This appointment will be scheduled for you.
- Have a dental clearance if indicated by your surgeon. You will have to schedule this appointment. You will be given a form to take to your dentist and have them fill it out and return it to us.
- You may be given an order form from your surgeon for durable medical equipment. This form should be taken to a home medical store or other resource (See Appendix C). The items that you purchase should be taken with you to your physical therapy appointment prior to surgery.
- Obtain "hip kit" (long-handled shoe horn, reacher, long-handled sponge, sock aid) to help with activities of daily living while maintaining hip precautions postoperatively. These can be obtained at our office, PRO physical therapy, or purchased online.
- Make hotel reservations for coach or other family if needed. Most hotels in the area have discounted rooms for patient's families. Just mention this when booking.

10 Days Prior To Surgery:

- Stop medications that increase bleeding such as anti-inflammatories, fish oil, and herbal supplements. **If you take Coumadin, Plavix, Eliquis, Aspirin or any other prescribed blood thinning medications, talk to your family doctor and/or cardiologist at your history and physical appointment about stopping them.** They may want to have you take a different blood thinner from the time you stop your usual blood thinner until surgery. Also, at your history and physical appointment, your family doctor will tell you which other medications to stop and which medications to continue taking.
- Pick up Mupirocin Ointment from your pharmacy. All patients get a prescription for Mupirocin Ointment when they schedule surgery along with instructions on how to use it. This is to prevent the spread of or complications related to a bacterium called MRSA. You can read more about MRSA in the back of this book (Appendix B).

Preparing for Your Joint Replacement Surgery

- Prepare Your Home for Your Return from the Hospital:
 - Have your house ready for your arrival back home
 - Clean, do the laundry, and put it away
 - Put clean linens on the bed
 - Prepare meals and freeze them in single serving containers
 - Cut the grass, tend to the garden, and finish any other yard work
 - Pick up throw rugs and tack down loose carpeting
 - Remove electrical cords and other obstructions from walkways
 - Install night lights in bathrooms, bedrooms, and hallways
 - Arrange to have someone collect your mail and take care of pets or loved ones, if needed



- Arrange Your Environment:

Entry to the home

- If you have stairs to enter your home, or inside your home, make sure there is at least one sturdy handrail in place
- Pick up all throw rugs to reduce the likelihood of tripping/falling

Kitchen

- To assist you with carrying objects around your kitchen, slide objects along your countertop, or you may wish to purchase a walker basket.
- While you are working in the kitchen, you should sit and work as much as possible. This helps to conserve your energy.
- If your chair is too low, a pillow or extra cushion will add the necessary seat height.
- You may find it helpful to temporarily re-arrange your kitchen. Move frequently used items to or slightly above waist height. This will reduce the need for frequent bending.

Bathroom

- You may find that using an elevated toilet seat will increase the height and comfort and will increase your independence with toileting.
- You may want to consider installing a grab bar into the wall studs next to your toilet if your vanity edge is too far away to safely use.
- To assist with your shower, a long bath bench or bath chair can be used. A bench or chair provides a firm surface, which allows you to enter the bathtub and sit while showering.
- A 3-in-1 commode can be used over the toilet in place of an elevated toilet seat and grab bar. It can also be used in the bathtub in place of a long bath bench.
- The use of a hand held shower nozzle will decrease splash and concentrate the water where you want it to go.
- The use of a long handled sponge for the operative leg will assist you to reach down to your toes.

Preparing for Your Joint Replacement Surgery

Living Room

- Avoid sitting on a very soft or very low couch or chair. You may have great difficulty when trying to stand up.
- Sit on a firm surfaced couch or chair that has at least one sturdy arm support to assist you to a standing position.
- If you will be using a walker, you may want to consider re-arranging your furniture to allow extra space between the pieces. This reduces the risk of catching the walker legs on any piece of furniture.

Bedroom

- Watch furniture placement here also. Safe walker maneuverability is a must.
- Pick up any extra items in pathways or on the floor to reduce event of tripping.
- You may want to consider a bedside commode in your bedroom if your bathroom is at the opposite end of the house. This is especially important if you need to get up several times during the night.
- You may need someone to assist you with applying socks and undergarments or you may want to purchase a long handled reacher to assist you.
- A sock-aid can also be purchased to assist you with putting on your socks or you may have someone assist you.
- A long-handled shoe horn and slip-on shoes will be a lot easier than tie shoes. You can also replace your regular shoe laces with a thin piece of elastic. Lace the elastic through the eyelets. Tie a bow and keep them tied at all times.

Housework/Shopping

- You should be able to perform light housekeeping duties (i.e. dusting).
- You will need a spouse or family member for heavier house cleaning tasks (i.e. vacuuming and furniture moving).
- If your washer and dryer are located in the basement, a spouse or family member will have to assist you with laundry.
- You should be able to handle a trip to the grocery store with another person. The larger stores have electric shopping carts available which are easy and convenient to use. Ask for the keys at the service desk. Some stores will deliver groceries to your home. Call ahead and inquire.

Within a Week of Surgery:

- You will be called with your arrival time for the day of surgery by either Aspirus Wausau Hospital or the Wausau Surgery Center. They will not call you again unless your arrival time changes. They will also review your medical history with you.

Preparing for Your Joint Replacement Surgery

5 Days Prior to Surgery:

- Start using Mupirocin Ointment prescription as directed

Instructions for Using the Mupirocin Ointment

1. Use 5 days prior to surgery twice a day and the morning of surgery.
2. Apply a pea-sized amount of Mupirocin ointment to a Q-tip and apply to the inside of each nostril.
3. Then press your nostrils together and massage for about 1 minute.
4. Make sure the tube is recapped and stored in a safe place.

3 Days Prior to Surgery:

- Getting Your Skin Ready for Surgery:

You are scheduled to have a surgery that involves making an incision through the skin. Because germs live on everyone's skin, there is a risk of getting an infection. To lessen your risk, you need to take special care of your skin before the surgery.

Follow These Instructions:

- You are required to wash with a special soap called 4% chlorhexidine gluconate or CHG. Common brand names for this soap are Dynahex, Hex-A-Clens, Hibiclens or a store brand. You will need a 4-ounce bottle or larger. If you do not receive this from your surgeon, ask the pharmacist where to find it in the drug store. It is often with first aid supplies. You may want to call ahead to check that they have the CHG soap in the store.
- Do not shave near the site where your doctor will be performing your surgery for at least 72 HOURS (or 3 days) before surgery. This is to eliminate the risk of scrapes, knicks or razor burn damage to the skin. Any needed "clipping" or shaving will be done at the hospital.
- You will need to **shower with the CHG soap 3 times before your surgery**. For example, if your surgery is on Monday; shower Saturday, Sunday and Monday morning before you come to the hospital.

Cleaning Your Skin with CHG:

- Start by washing your hair as usual with your normal shampoo and wash your body with regular soap. Rinse your hair and body very well to remove any shampoo or soap that might be on your skin.
- Wet a clean washcloth, and turn off the shower.
- Put the CHG soap on the clean, wet washcloth.
- Wash from the neck down with the CHG. (The CHG can burn if it gets in your eyes and ears.)

Preparing for Your Joint Replacement Surgery

- Wash your body gently for 5 minutes, paying special attention to the part of your body where the surgery will be done. Be sure to wash the back of your neck, under your arms, your belly button, and your legs down to your toes. Do not scrub too hard. Avoid eyes, ears, and private parts.
- Turn the shower back on and rinse well to get the CHG soap off your body.
- Pat yourself dry with a clean, dry towel.
- Do not use any lotions, moisturizer, make-up or other products on the skin near the part of your body that you are preparing for surgery.

Special Notes:

- If you do not have a shower or you are not able to get into the shower, do a sponge bath each time. First, bathe with a washcloth and regular soap. Rinse with clean water. Then get a clean washcloth and use the CHG to wash your body. Rinse with another clean washcloth and plain water. Dry with a clean towel. It is OK to leave your hair unwashed if need be.
- If you have any questions about cleaning your skin, call your doctor's office at 715-907-0900 or 800-260-6755.

Day Before Surgery:

- Continue using soap as directed.
- Do not eat or drink anything after midnight, including gum or hard candy.
- Nothing to eat or drink after midnight, including gum or hard candy.
- If you have diabetes, in preparation for your surgery you will be asked to hold any oral (pill) diabetes medication the night before and morning of your surgery. If you are taking insulin, it is suggested to follow your family doctor's instructions, which may include: holding any short acting insulin the morning of surgery (Regular/Novolog/Humalog); Taking only 1/2 dose of your long acting insulin (Lantus/NPH) the night before and/or morning of your surgery and/or monitoring your blood sugar the morning of surgery and reporting values to the nursing surgical staff upon arrival day of surgery.
- If indicated by your surgeon, take Coumadin the night before the procedure.
- If you are not feeling well prior to surgery, have any infection including a urinary tract infection or a dental problem, call your surgeon's office at (715) 907-0900 or (800) 260-6755

Preparing for Joint Replacement Surgery:

What to Expect Day of Surgery



Preoperative Instructions:

- Do not eat or drink anything after midnight: the evening before surgery... not even water in the morning unless otherwise indicated.
- Wear loose fitting, comfortable clothing day of surgery
- Wear flat shoes or tennis shoes
- Bring along any medications that you will need to take while at Wausau Surgery Center. If you have a C-PAP machine, you will need to bring it with you.
- If having surgery at Aspirus Wausau Hospital, you do not need to bring medications along. Then take "If you have a CPAP (take out - in CPAP) machine you will need to bring it with you
- Bring along any hygiene products that you will need such as deodorant, toothbrush, comb, etc.
- If you wear contact lenses, glasses, or dentures, bring a case for their safe keeping.
- Please leave jewelry, valuables, and money at home
- Makeup must be removed before your procedure
- Remove all polish from your fingernails and toenails
- Remove all piercings

Preparing for Joint Replacement Surgery:

What to Expect Day of Surgery (cont.)

When you arrive on the day of surgery, you may be asked to show a photo ID such as a driver's license. Bring all of your insurance cards.

- It is highly recommended that your family stay during your surgical procedure. If they must leave, it is very important that they leave a number where they can be reached.
- You will be called into the preoperative area and asked to change into a gown. After your clothes are changed you may have 1-2 family members with you.
- Once you are in the preoperative area, the nurse will place an IV in your arm where you will receive medication.
- An anesthesiologist will meet with you and give you some medication for relaxation. They will also administer an antibiotic at this time.
- Your loved ones will be asked to have a seat in the waiting room.
- Surgical time varies, but allow 1.5 - 2.5 hours for the surgical procedure.
- After your procedure is done, the doctor will come out to the waiting room to speak to your family.
- After getting to the recovery room, your nurse will want to know your pain level on a scale of 1-10...1 being no pain and 10 being severe. (Keep in mind you need to anticipate some pain but it is very important to be proactive so your pain level does not reach a high number on the scale.) If you have been taking narcotics pre-operatively, be aware that post-operative pain control can be more difficult.
- You will have a "pumping" device that systematically squeezes on either feet or calves to help prevent blood clots.
- You will be started on clear fluids after surgery and progress to solid food as tolerated. You may have a light supper. At Wausau Surgery Center, your coach will be asked to go out of the facility to get a meal for you for supper. You will be given a gift card at your time of check-in for you and your family to get an evening meal.
- Expect to be walking, using your walker, every few hours.

If you stay overnight:

- The next morning you will be out of bed and dressed by 7:00 AM. Your surgeon will come and see you in the morning. They, along with you and the nursing staff, will determine if you can go home.
- Follow up with your surgeon 10-14 days after your surgical procedure. Your postoperative appointment will be on your discharge paperwork.

Preparing for Joint Replacement Surgery:

If You are Going to a Sub-Acute Rehab Facility (Skilled nursing facility)

- The decision to go home or to sub-acute rehab will be made collectively by your surgeon and according to insurance guidelines.
- Either your primary care physician or a physician from the sub-acute rehab facility will be caring for you in consultation with your surgeon. Upon discharge home, instructions will be given to you by the sub-acute rehab staff. Take this GuideBook with you.
- Please remember that sub-acute stays must be approved by your insurance company prior to payment. A patient's stay in a sub-acute rehab facility must be done in accordance with the guidelines established by Medicare. Although you may desire to go to sub-acute when you are discharged, your progress will be monitored by your insurance company while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria to benefit from sub-acute rehab or your insurance company may recommend that you return home with other care arrangements. Therefore, it is important for you to make plans preoperatively for care at home.
- In the event sub-acute rehab is not approved by your insurance company, you can go to sub-acute rehab and pay privately.

Note: Please keep in mind that the majority of our patients do so well that they do not meet the guidelines to be suited for sub-acute rehab. Also, keep in mind that insurance companies do not become involved in social issues, such as lack of caregiver, animals, etc. These are issues you will have to address before admission.

Postoperative Care

Postoperative Care:

Caring For Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort. Recovery time will vary and the length of time you will need to use a walker or cane will depend on your progress with walking. Here are some things that are important to know as your recovery progresses:



Controlling Discomfort

- We will provide you with prescriptions for your pain medications. You will need to have these filled at your pharmacy. Our goal is to make your pain manageable (not absent, since this is usually not realistic) as you recover from your surgery. Please remember that refills on narcotics can take up to 24 hours to obtain and can only be obtained during our normal business hours.
- Start out taking the medication as prescribed. As your pain starts to subside, you should begin to either decrease the dosage or increase the time interval between the pain medications.
- Try to plan your pain medications around your exercise program. For example, it is helpful to take your pain medications about 30 to 60 minutes prior to doing your exercises.
- Although it is unusual for you to be pain-free by six weeks after surgery, we do recommend that you stop taking narcotic pain medications by 6 weeks post-op and use over-the-counter medications such as Tylenol. You will be able to gradually wean yourself off the prescription pain relievers. Your doctor will discuss over-the-counter type pain relievers that are okay for you to use when you no longer need prescription pain relievers.
- Do not take aspirin without your doctor's consent.
- Ice is your friend! You should apply ice for 20 minutes every hour for the first week after surgery. After that, you can ice 20 minutes at least four times a day, especially following periods of activity such as physical therapy or going out to appointments or shopping. It is not uncommon to need to ice occasionally after a long day of work or activities on your feet for 3-6+ months after surgery.
- Change your position every 45 minutes throughout the day (add pillows, raising or lowering the head or foot of your bed)
- Relax by listening to nature tapes and soft, restful music
- Try slow rhythmic breathing to help with relaxation
- Imagine and revisit your favorite spots in your mind. This may help you to relax, relieve boredom, decrease anxiety, and help you sleep.
- Distract yourself by watching TV, listening to music, reading a book, playing cards and games, and visiting with friends.

Postoperative Care:

Swelling

Swelling and bruising of the hip and leg are normal after a total hip replacement. There are some things that you can do, however, to minimize this problem.

- Ice the hip frequently for the first two to three weeks after surgery. It is particularly helpful to ice after you have done your exercises or been on your feet for a while. Icing is very important and very helpful.
- Swelling of the entire leg is also normal. This will slowly improve but may last for as long as several months. To help minimize the swelling, please follow these recommendations:
 - First, take a break in the late morning and the late afternoon/early evening and lie down and elevate the leg on several pillows. **To effectively reduce the swelling, your foot should be above your heart. This requires that you are lying down.**
 - Avoid prolonged periods of sitting over the first 7 to 10 days after surgery. We recommend that you not sit for more than about 45 minutes to one hour before you get up and move around or lie down and elevate your leg.

Using Ice Following Surgery

- The purpose of using ice or a cold pack is to reduce pain, inflammation and swelling of an area on your body. You can purchase a commercial ice pack, make your own ice pack*, use a double-bag of crushed ice, or use a bag of frozen vegetables. The bag used should have a minimum amount of air inside, as this acts as an insulator. Place a towel (a damp towel will usually increase the cold sensation) over the area to be treated. Lay the ice pack over the towel and secure loosely if you wish.
- The cold pack can be left in place for 20 minutes every hour, and applied as often as necessary for comfort. **Do not place ice pack directly on your skin.**
- Monitor your skin during ice treatment. You should notice skin becoming red under the area of treatment. You should stop the ice treatment immediately if the skin in the treatment area begins to noticeably lose this natural redness. You may experience the following sensations: cold (possible painful at first), burning/tingling, aching and numbness.
- Some medical conditions do not tolerate cold treatments. You should not use cold packs if you have a medical diagnosis which involves increased sensitivity to cold, poor circulation such as peripheral vascular disease, vasospastic conditions such as Raynaud's phenomenon, uncontrolled blood pressure, an open wound at the area treated, or if you cannot feel cold temperatures on your skin.

***Make your own cold pack**

You can make your own cold pack by combining 1 part rubbing alcohol with 2 parts of water. Place inside two sealed freezer bags and place in the freezer. The bag is ready to use when the contents are "slushy." Return to the freezer and reuse as needed.

Postoperative Care:

Compression or ACE

Your surgeon may ask you to wear compression stockings or ACE wraps. These stockings/ACE are used to help compress the veins in your legs. This helps to keep swelling down and reduce the chance of blood clots.

- If swelling in the surgical leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above the heart level.
- Wear the stockings/ACE as directed by your surgeon
- Notify your physician if you notice increased pain or swelling in either leg.
- Ask your surgeon when you can discontinue stockings/ACE. Usually, this will be done 4-6 weeks after surgery or as instructed by your physician.



Anticoagulants (Blood Thinners)

- Take blood thinners as directed
- Take blood thinners at the same time every day. If you miss a dose, take the next one at the normal time. Never take two doses at once.
- Have lab tests done as often as directed
- Alcohol and herbal teas also affect the way blood thinners, work in your body and can cause bleeding in the stomach. Therefore, avoid these beverages while you are on a blood thinner.
- Check with your health care provider before taking any other medications. This includes aspirin, vitamins and herbal supplements.
- To protect yourself from excessive bleeding while on a blood thinner, tell all health care providers (such as dentists) that you are on a blood thinner.
- Protect yourself from injury as the medication will slow blood clotting and you will bleed more:
 - Don't play rough contact sports
 - Use a soft toothbrush and floss gently
 - Use an electric razor to avoid cuts
 - Don't go barefoot. Don't trim corns or calluses yourself.
 - Protect yourself from falling. Wear shoes with non-skid soles. Use non-skid rubber mats on floors. Remove throw rugs.

Postoperative Care:

Caring for your Incision



- **Keep bandage/dressing on until your next MD appointment (unless otherwise informed).**
- Generally, you may sponge bathe for the first 2 days after surgery and shower 3-4 days after surgery, unless instructed otherwise. Keep wound covered as instructed by your surgeon.
- No tub bath, hot tub, swimming or other things in which your incision would be submerged in water.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the dressing or incision.
- Take your temperature if you feel warm or sick.
- Call your surgeon if it exceeds 100.5 Degrees Fahrenheit.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return. Add a protein drink like Boost.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be reduced for at least the first month. Do not plan too many activities.

Rest

- Sleep more... your body needs more sleep to recover
- Take a daily afternoon nap
- Take 5-10 minutes breaks during your activities
- While resting, change position frequently

Postoperative Care:

Change in Bowel Habits



- Pain medications, surgery and a decrease in your activity may cause constipation. You should, however, continue to take your pain medication, even if you might be constipated. Here are some suggestions to help prevent constipation:
 - Add fiber to your diet by eating whole wheat bread, bran cereals, fruit, fruit juices, green leafy vegetables or popcorn. Try to eat several servings.
 - Stool softeners or fiber supplements (Metamucil®) can add bulk to your diet and can be purchased without a prescription. Check with your local pharmacist for assistance in buying the product that is right for you.
 - Increase your walking
 - Increase the amount of liquid you drink. Try fruit juices or water.
- Sometimes, despite trying the above measures, you still may become constipated. If you feel constipated, or have not had a bowel movement for 2 - 3 days, you can try some of the following:
 - A mild laxative such as Milk of Magnesia® or Ex-Lax®
 - A laxative suppository can be purchased at a pharmacy without a prescription.
 - A small enema can be purchased at a pharmacy under the name “Fleets” enema.
- If you do not have a bowel movement after trying these measures, call your health care provider.

Postoperative Concerns:

Prevention of Infection

Infection:

To prevent infection wash your hands often and do not touch your surgical wound. Do not put any creams, ointments, or powders on your surgical wound.

Signs and Symptoms of Infection:

- Redness around the surgical wound
- Increased pain and swelling
- Increased odor
- Drainage from the surgical site
- Temperature of 101° for more than 24 hours
- **If you are concerned that you may have an infection please call your surgeon's office at (715) 907-0900 or (800) 260-6755.**

Fevers Less Than 101 Degrees:

- Do your deep breathing exercises 10 x every 15 minutes for 1 hour
- **If your temperature is still elevated, call your surgeon's office at at (715) 907-0900 or (800) 260-6755.**



Blood Clots

Prevention of Blood Clots:

- Early and frequent walking
- Limit auto travel
- Ankle pump exercises frequently (for example: during commercial breaks while watching TV)
- Wear your compression stockings as directed by your physician
- Take Aspirin, Coumadin, Eliquis or other blood thinner as directed.

Signs and Symptoms of Blood Clots:

- Swelling in the calf, thigh or ankle that does not go down with elevation.
- Pain, heat, and tenderness in calf, back of knee, or groin area. NOTE: blood clots can form in either leg.
- **If you are concerned that you may have a blood clot call your surgeon's office at (715) 907-0900 or (800) 260-6755**



Pulmonary Embolism

Signs and Symptoms of Pulmonary Embolism

- Sudden chest pains
- Difficult or rapid breathing or shortness of breath
- Confusion
- Sweating
- **If you are having these symptoms call 911 immediately!**

Activity Guidelines

General Activity Guidelines

Exercising is important to attain the best results from total hip replacement surgery. Always consult your surgeon before starting a home exercise program. Immediately after surgery, you will begin doing the exercises given to you by the physical therapist at your pre-operative visit. The guidelines below and on the following pages help restore function and mobility after surgery. A few things to keep in mind:

- Be sure to maintain the amount of weight bearing on your operative leg that the doctor ordered. In most cases this will be as much weight as is tolerated.
- Use assistive devices such as a walker or cane until your doctor tells you that they are no longer necessary. There is generally a progression from walker to cane, but your surgeon will give you specific direction at your appointments.
- Make sure you know the precautions you need to maintain for the type of hip replacement you had performed. A list of precautions is provided on the following pages.
- Be aware of the mobility "tips and tricks" shown to you at your pre-operative therapy visit. You can review them in the following pages of this book. The tips will help you navigate up and down stairs, in and out of chairs, vehicles, bed, and bathtub/shower.
- Do your home physical therapy program twice daily as well as attend outpatient physical therapy visits as instructed by your surgeon. Exercise keeps your blood moving, helps prevent blood clots, and begins to rehabilitate muscles effected by the surgery.
- Take short walks throughout the day. Like your therapy exercises, short walks help keep your blood flowing, prevent blood clots and start increasing your stamina to help you get back to your activities of daily living.
- As you return to your daily activities following surgery, remember the 4 P's...planning, positioning, preparation, and protection.

Planning

- Plan your schedule and follow your plan
- Alternate heavy and light activities
- Set priorities and schedule top priorities first
- Plan to complete difficult activities when you have the most energy
- Allow for frequent rest breaks: respect your plan

Positioning

- Use proper heights whenever possible
- Adjust ironing board and sit while ironing
- Store frequently-used supplies within easy reach between shoulder and knee height
- Sit while dressing, shaving, applying makeup or fixing hair
- Sit while talking on the telephone, preparing meals, etc.
- Eliminate unnecessary bending, reaching, stretching, etc. Use long handled reachers and other assistive devices

General Activity Guidelines

Preparation

- Prepare work stations before beginning an activity: eliminate clutter
- Gather all necessary materials: store supplies near point of use
- Use good lighting, good ventilation, comfortable clothing/shoes
- Mentally and physically relax before starting activities

Protection

- Protect your joints from excessive strain
- Change positions frequently
- Use both hands whenever possible
- Use gravity whenever possible, i.e. sliding objects vs. carrying, laundry chutes
- Use labor saving devices: dishwasher, clothes dryer, etc.
- Use wheels to transport when necessary: kitchen cart, laundry cart, grocery carts, etc.

Activity Guidelines - Expectations

As you set expectations for yourself following surgery, keep in mind the below guidelines. However, everybody is different! You may, with the approval of your surgeon, exceed these guidelines if you are safely and comfortably able to do so. Just remember not to push yourself too hard or expect too much of yourself. Alternatively, if you do not meet these guidelines, it doesn't mean something is wrong. You can discuss concerns you have with your surgeon at your appointment.

Weeks One and Two

Whether you are discharged home or go to a rehab facility, typical two-week goals are to:

- Continue with walker or two crutches unless otherwise instructed
- Walk at least 300-500 feet with support. (Please note walking guidelines are estimates and should be set with your surgeon.)
- Climb and descend a flight of stairs (12-14 steps) with a rail. Limit to once a day
- Actively bend your hip at least 60 degrees
- Straighten your hip completely
- Generally, you may sponge bathe for the first 2 days after surgery and shower 3-4 days after surgery, unless instructed otherwise. Keep wound covered as instructed by your surgeon.
- Gradually resume homemaking tasks
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you
- It is typical to have increased soreness as you increase your activity level.
- Although it is normal to have some swelling and bruising down your surgical leg, you play a big role in managing it. ACE wraps and TED hose help minimize it when you are upright, and elevating your surgical leg above the level of your heart several times a day will also help alleviate it.
- Icing around your incision will help to control post-operative pain and swelling.

Weeks Two to Four

Weeks two to four will see you progressing to more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to be able to achieve the best outcome. Your goals for this period are:

- Achieve one to two week goals
- Wean from full support to a cane or single crutch as instructed by your surgeon
- Walk at least one quarter mile or what is recommended by your surgeon. Wear good shoes and walk on level ground. Set your own pace
- Ride a Stationary bike
- Climb and descend a flight of stairs (12-14 steps) more than once daily
- Bend your hip to 90 degrees unless otherwise instructed
- Independently shower and dress
- Resume typical activities of daily living
- Do 20 minutes of home exercise twice a day with or without the therapist, from the program given to you

Activity Guidelines - Expectations

Weeks Four to Six

Weeks four to six you will see much more recovery to full independence. Your home exercise program will be even more important as you receive less supervised therapy. Your goals for this time period are to:

- Achieve one to four week goals
- Walk with a cane or single crutch
- Walk one quarter to half a mile or what is recommended by your surgeon
- Begin progressing on stairs, from one foot at a time to regular stair climbing
- Able to pick up surgical leg without assistance
- Continue with home exercise program twice a day

Weeks Six to Twelve

During weeks six to twelve you should be able to begin resuming all your activities. Your goals for this time period are to:

- Achieve one to six week goals
- Walk with no cane or crutch and without a limp
- Climb and descend stairs in normal fashion (foot over foot)
- Walk up to one mile or what is recommended by your surgeon
- Resume activities within limitations set by your physician

Activity Guidelines - Walking with a Walker

Walking

- Move the walker forward
- With all four walker legs firmly on the ground, step forward with the surgical leg. Place the foot in the middle of the walker area. Do not move it past the front feet of the walker
- Step forward with the non-surgical leg
- After surgery, you can place as much weight on your surgical leg as your pain allows unless otherwise instructed.
- To take pressure off of your surgical leg, press down on the walker as you bring your non-surgical leg forward
- **NOTE:** Take small steps
DO NOT take a step until all four walker legs are flat on the floor
- Make sure the walker height is set to the level of your wrists when you stand fully upright



Standing up from chair

Do NOT pull up on the walker to stand!

When transferring from sitting to standing, it is important to remember proper form to make your movements easier and prevent injury.

- Begin sitting upright on a bed or chair with your walker in front of you.
- Scoot towards the edge of the chair, placing your operative leg out in front of you. (Image 1)
- Pressing with your arms and non-surgical leg, push up into a standing position. (Image 2)
- As you come up to a standing position, your surgical leg will slide into place next to your non-surgical leg.

To return to a seated position:

- Begin standing in front of the chair, so the backs of your legs are touching the seat.
- Reach back for the armrests with your hands as you place your surgical leg forward, then slowly lower down into a seated position. (Image 3)

IMAGE 1



IMAGE 2



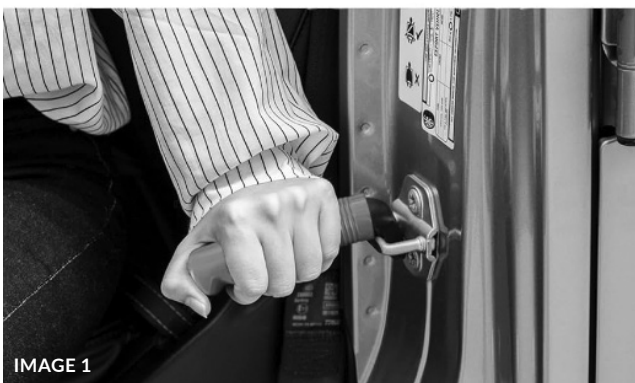
IMAGE 3



Activity Guidelines - Getting In/Out of Vehicle

□ *Auto Transfer*

- Push the car seat all the way back; recline if possible, but return it to the upright position for traveling.
- If needed, place a plastic trash bag on a cloth seat of the car to help you slide and turn forward. Usually, leather seats are “slippery” without the bag.
- Back up to the car until you feel it touch the back of your legs.
- Reach back for your seat and lower yourself down. Keep your surgical leg straight out in front of you and duck your head
- Turn forward, leaning back as you lift the surgical leg into the car. Your driver can assist bringing your leg in/out of the car as needed, taking care to respect your hip precautions.
- If getting up from a chair is typically a struggle for you, you may benefit from a Door Handle Assist to help with getting out of your vehicle. (Image 1)



Activity Guidelines - **ANTERIOR** Hip Precautions and Mobility Tips

STANDING PRECAUTIONS



Do not step backwards with your surgical leg or extend your surgical leg behind you.



Do not pivot on your surgical leg.



When turning, pick your feet up and move your entire body.



Avoid turning your leg outwards when standing.



Avoid crossing your legs at the ankles when standing.



Keep your knees and toes pointing straight ahead when standing and walking.

Activity Guidelines - **ANTERIOR** Hip Precautions and Mobility Tips

SITTING PRECAUTIONS



Avoid turning your leg outwards when sitting.



Do not cross your legs at the knees when sitting.



Do not cross your legs at the ankles when sitting.



Keep your knees and toes pointing straight ahead.

LYING PRECAUTIONS



Avoid turning your leg outwards or crossing your legs when lying down.



Do not use your own muscle power to move your surgical leg out to the side, such as when getting out of bed.



Use a leg lifter to move your surgical leg out to the side when getting out of bed.



Do not lift your buttocks up when lying on your back (called bridging).



Avoid lying face down on your stomach.



To sleep, lie on your back with a pillow under your knees or lie on your side with two pillows between your legs.

Activity Guidelines -

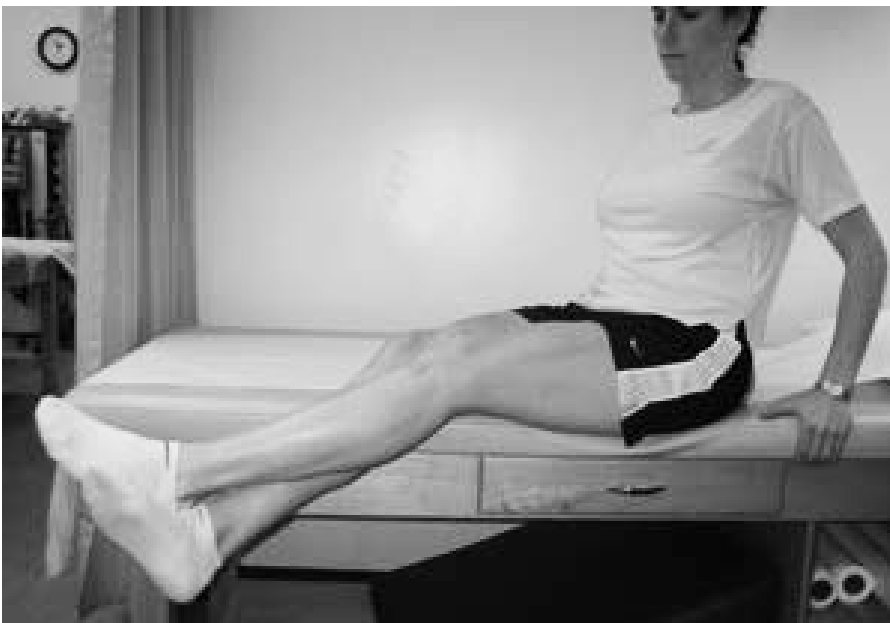
ANTERIOR Hip Precautions and Mobility Tips

Bed Transfer with Walker and Anterior Hip Precautions



When getting into bed:

- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed). Slide operative leg out in front of you when sitting down.
- Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier).
- Move your walker out of the way but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Hook the foot of your non-operative leg behind the ankle of your operative leg. Use the non-operative leg to lift the operative leg as you pivot both legs into bed at the same time. As an alternative you may loop a belt or a cane around the foot of the operative leg and hold the other end in your hand to assist in lifting the leg while getting into bed. Use assistance as little as needed. Do as much work as you can with your surgical leg. Within 1-2 weeks you should be able to do this without assistance.



Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips

STANDING PRECAUTIONS



Avoid bending your upper body at your waist more than 90 degrees.



Do not cross your legs at the knees when standing.



Do not plant your feet and then twist at your hip when turning.



When turning, pick your feet up and move your entire body.

SITTING PRECAUTIONS



Avoid bending more than 90 degrees at the hip when sitting or standing.



Use your reacher to bring objects to your body.



Avoid crossing your legs at the knees or ankles when sitting.



Keep your knees lower than your hips by sitting on a firm cushion.

Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips



SLEEPING

When you are in bed, keep your legs apart. Try placing a pillow between your legs to prevent your surgical leg from turning inward or outward too far. Sleep only on your back, unless directed by your provider.



HEALTHY SLEEP POSITION

Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips

Tub Transfer with a Walker and Posterior Hip Precautions

It is important to follow your surgical precautions and remember proper form to make your movements easier and prevent injury.

When transferring from standing with a walker to the shower bench:

- Walk up to the shower bench. Turn and back up with your walker until the backs of your legs are touching the shower bench. (Image 1)
- Let go of your walker with one hand and reach behind you for the shower bench. Then reach back to the shower bench with the other hand. (Image 2)
- Carefully lower yourself into a seated position on the bench, keeping your surgical leg extended forward so you do not bend your hip past 90 degrees.
- Move your walker out of the way.
- Slide your bottom back on the bench and lean back as you swing your legs over the edge of the tub one at a time, making sure your surgical hip does not bend past 90 degrees. (Image 3)

To return to your walker:

- Scoot towards the edge of the tub.
- Lean back and swing your legs over the edge of the tub. You can also bring your legs over one at a time, making sure your surgical hip does not bend past 90 degrees.
- Keeping your surgical leg forward, slowly turn so your legs are facing your walker. Bring your walker closer to you.
- Push yourself up from the shower bench and into a standing position, keeping your surgical leg extended forward. Do not pull up on your walker to stand.
- Once you are standing, grab the handles of your walker.



IMAGE 1



IMAGE 2



IMAGE 3

TIP: You can use your hands to support your surgical leg as you swing your legs into and out of the tub.

Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips

Toilet Transfer with Walker and Posterior Hip Precautions

It is important to follow your surgical precautions and remember proper form to make your movements easier and prevent injury.

When transferring from standing with a walker to sitting on the toilet:

- Walk up to the toilet, then turn and back up with your walker until the backs of your legs are touching the toilet. If you have one, hold on to a grab bar for support. (Image 1)
- Keeping your surgical leg extended forward so you do not bend your hip past 90 degrees, reach back for the toilet seat as you lower yourself into a seated position on the toilet. A counter top or vanity can also be used for support. (Image 2)



IMAGE 1

To return to a standing position:

- Use a grab bar, the toilet seat, or a nearby counter for support to push yourself into a standing position. Do not pull up on your walker to stand. (Image 3)
- Make sure to keep your surgical leg extended forward so you do not bend your hip past 90 degrees as you stand.
- Once you are standing, grab the handles of your walker



IMAGE 2



IMAGE 3

Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips

Toilet Transfer with Posterior Hip Precautions and a Raised Toilet Seat

It is important to follow your surgical precautions and remember proper form to make your movements easier and prevent injury.

- When transferring from standing with a walker to sitting on the toilet with a toilet seat riser:**
 - Back up to the toilet with your walker until the backs of your legs are touching the toilet. (Image 1)
 - Keeping your surgical leg extended forward so you do not bend your hip past 90 degrees, reach back for the handles of the raised toilet seat as you lower yourself into a seated position on the toilet. (Image 2)



IMAGE 1

- To return to a standing position:**
 - Place your hands on the handles of the raised toilet seat.
 - Using the handles for support, push yourself up into a standing position. Do not pull on your walker to stand. (Image 3)
 - Make sure to keep your surgical leg extended forward so you do not bend your hip past 90 degrees as you stand.
 - Once you are standing, grab the handles of your walker.



IMAGE 2



IMAGE 3

Activity Guidelines - **POSTERIOR** Hip Precautions and Mobility Tips

Bed Transfer with Walker and Posterior Hip Precautions

It's important to follow your surgical precautions and remember proper form to make your movements easier and prevent injury. When transferring from standing with a walker to sitting on your bed, make sure to keep your leg lifter near your bed so that it is within easy reach. A leg lifter can be a cane that is turned upside down, a spare belt that is looped through the buckle, or a leg lifter purchased online. The other option is having your caregiver help lift your leg during the transfer.

To go from a standing position to lying in bed:

- Walk up to the bed, then turn and back up with your walker until the backs of your legs are touching the edge of the bed. (Image 1)
- Keeping your surgical leg extended forward so you do not bend your hip past 90 degrees, reach back with your hands and slowly lower yourself into a seated position on the bed. (Image 2)
- Move your walker out of the way.
- Slide your leg lifter onto the foot of your surgical leg.
- Then slowly shift your bottom back as you use the leg lifter to lift your surgical leg up onto the mattress. (Image 3)
- Continue shifting until you are lying comfortably on your bed and slide the leg lifter off your foot.

To return to standing:

- Slide the leg lifter onto the foot of your surgical leg. Take care not to bend past 90 degrees at the hip when doing so.
- Using the leg lifter to support your surgical leg, slowly shift your weight to bring your legs over the edge of the bed without letting your surgical leg turn inward or outward.
- Push up with your hands into a sitting position as you use the leg lifter to gently lower your surgical leg onto the floor, making sure to keep your leg extended forward so you do not bend your hip past 90 degrees.
- Once the foot of the surgical leg is resting on the floor, slide the leg lifter off your foot and pull your walker towards you.
- Using your bed for support, press up with both hands to push yourself off the bed into a standing position. Make sure you do not pull up on your walker.
- **DO NOT CROSS YOUR LEGS** to help the surgical leg into bed.



IMAGE 1



IMAGE 2



IMAGE 3

Activity Guidelines - *LATERAL* Hip Precautions

Moving Your Leg Out to the Side



- Avoid using your own muscles to actively move your surgical leg out to the side.
- When walking, avoid side-stepping, and focus on walking straight ahead.
- When getting out of bed, avoid actively moving your surgical leg to your surgical side without assistance.

Turning Your Leg Outward

- Avoid turning your leg away from your body excessively.
- When standing and rotating away from your surgical side, do not let your toes face outward. Try to use your nonsurgical leg to turn as much as possible.
- When lying on your back, try to limit the rotation of your surgical leg outward.



Moving Your Leg Inward



- Avoid bringing your leg toward the center of your body or crossing your legs.
- When standing and rotating toward your surgical side, do not let your toes face inward. Try to use your nonsurgical leg to turn as much as possible.

When rotating, try to use your nonsurgical leg to turn as much as possible.

Positioning Tips

- When sitting in a chair, sit with your hips higher than your knees.
- When lying in bed, try to lie on your back with a pillow between your legs.



Activity Guidelines - Stair Ambulation with a Walker

Going Up and Down Stairs with a Walker

It is important to remember proper form to make your movements easier and prevent injury.

When going up stairs with a walker:

- Begin facing the stairs with your walker folded in one hand and your other hand resting on the railing. Make sure to stand as close to the bottom of the stairs as possible.
- Wedge the front wheel of your walker at the bottom of the next step, keeping the back wheel on the ground. (Image 1)
- Next, bring your nonsurgical leg up, using the railing and your walker for weight bearing as instructed. Follow with your surgical leg. (Image 2)

To go down the stairs:

- Begin at the top of the stairs with your walker folded in one hand and your other hand resting on the railing. Make sure to stand with your toes close to the edge of the step. (Image 3)
- Lower the front wheel of your walker onto the step below you, keeping the back wheel in contact with the base of the step above.
- Then bring you surgical leg down, followed by your nonsurgical leg, using the railing and walker for weight-bearing. (Image 4)



IMAGE 1



IMAGE 2



IMAGE 3



IMAGE 4

TIP: Make sure to have your balance before you continue onto the next step. Remember to lead with your strong leg, going up the stairs and lead with your surgical leg, going down stairs.



Activity Guidelines - Walking with a Cane

- Your surgeon or physical therapist will tell you when you are ready to transition to using a cane.
- Make sure the cane height is set to the level of your wrist when you stand fully upright
- Hold the cane in your NON-surgical hand
- Walk with your normal stride. Your cane tip should strike the ground at the same time as your surgical leg.

Walking Up and Down the Stairs with a Cane

It is important to remember proper form to make your movements easier and prevent injury.

When going up stairs with a cane:

- Begin facing the stairs with your cane in one hand and the other hand resting on the railing. Make sure to stand as close to the bottom of the stairs as possible. (Image 1)
- Bring your nonsurgical leg up onto the stair, using your cane and the railing for balance. (Image 2)
- Then bring your cane and your surgical leg up onto the same step.
- Continue this pattern until you reach the top.

To go down stairs:

- Begin at the top of the stairs with your cane in one hand and the other hand resting on the railing. Make sure to stand with your toes close to the edge of the step.
- Hold onto the railing and carefully lower your cane onto the step below you. (Image 3)
- Then bring your surgical leg down, followed by your strong leg, using the railing and your cane for balance. (Image 4)
- Continue this pattern to the bottom.



IMAGE 1



IMAGE 2



IMAGE 3



IMAGE 4

Activity Guidelines - Home Exercises

Ankle Pumps

- Begin lying on your back with your legs straight.
- Slowly pump your ankles by bending and straightening them.
- You should perform this exercise throughout the day. This exercise can be performed seated and when icing/elevating your leg also.
- **Perform at least: 2-3 minutes, 2-3x/hour**



Activity Guidelines - Home Exercises

Supine Quadriceps Sets

- Begin lying on your back on a bed or flat surface with your legs straight. (May bend nonsurgical leg to reduce low back pain.)
- Tighten the muscles in the thigh of your surgical leg as you straighten your knee and press down into the flat surface. Hold, then relax and repeat.
- Do not hold breath.
- **Hold exercise for 10 seconds**
- **Perform: 10 Repetitions, 2x/day**



TIP: Make sure you keep your toes pointing toward the ceiling during the exercise. Try to flatten the back of your knee toward the bed.

Activity Guidelines - Home Exercises

Gluteal Sets (Bottom Squeezes)

- Begin lying on your back on a bed or flat surface with your legs straight. (May bend non-surgical leg to reduce low back pain.)
- Tighten your buttock muscles, hold for 10 seconds, then relax and repeat.
- **Perform: 10 Repetitions, 2x/day**



TIP: Make sure to not arch your back and do not hold your breath during the exercise.

Activity Guidelines - Home Exercises

Heel Slides



- Begin by lying on your back with your legs straight.
- Slowly slide one heel on the floor toward your buttocks, until you feel a stretch in your knee or upper leg. Then slide the heel back out to the straight position and repeat.
- Keep foot on ground/bed to maintain hip bending at or below 90 degrees.
- **Hold for 5-10 seconds**
- **Perform: 10 Repetitions, 2x/day**



TIP: Make sure not to arch your low back or twist your body as you move your leg.

NOTES: You can use a towel or belt around your thigh to assist ONLY if needed. Do most of the work with your legs not your arms.

Activity Guidelines - Home Exercises

Supine Hip Abduction (Slide Heel Out and Back to Original Position)

- Lie on your back with your opposite (non-surgical) knee bent and your other leg straight.
- Keep your toes pointed up and knee straight.
- Move your straight leg out to your side, then return to the starting position and repeat.
- **DO NOT** cross midline of body.
- **Perform 10 Repetitions, 2x/day**



TIP: Make sure to keep your back flat against the bed during these exercises.

Activity Guidelines - Home Exercises

Supine Short Arc Quad

- Begin by lying on your back with a small pillow or towel rolled under your surgical leg with your heel resting on the ground.
- Tighten the muscles in your upper leg to straighten your knee, hold, then return to the start position. Repeat.
- **Perform: 10 Repetitions, 2x/day**



Small pillow or towel roll is placed here, under the knee.



TIP: Make sure to keep your back flat against the floor and knee against the pillow/towel as you move your leg.

Activity Guidelines - Home Exercises

Seated Long Arc Quad

- Begin by sitting upright in a chair.
- Slowly straighten one knee so that your leg is straight out in front of you. Hold, and then return to the starting position. Repeat.
- **Perform 10 Repetitions, 2x/day**



TIP: Make sure to keep your back straight during the exercise.

Activity Guidelines - Home Exercises

Mini Squat

- Begin in a standing, upright position with your feet hip-width apart and your hands resting on a counter or holding on at the kitchen sink to help maintain balance.
- Slowly bend your knees to lower into a mini squat position. Hold briefly, then press into your feet to return to a standing, upright position and repeat.
- Make sure to keep your heels on the ground and use the counter to help you balance as needed. Do not let your knees bend forward past your toes or collapse inward.
- Hang on to the counter top or kitchen sinks needed
- Try to keep weight equal on both legs
- **Perform: 10 Repetitions, 2x/day**



TIP: Make sure to keep your back straight and do not let your knees bend forward past your toes. Try to keep your weight in your heels.

Activity Guidelines - Intimacy After Hip Replacement

Position Options:

Sitting in a Chair – Man or Woman with New Joint

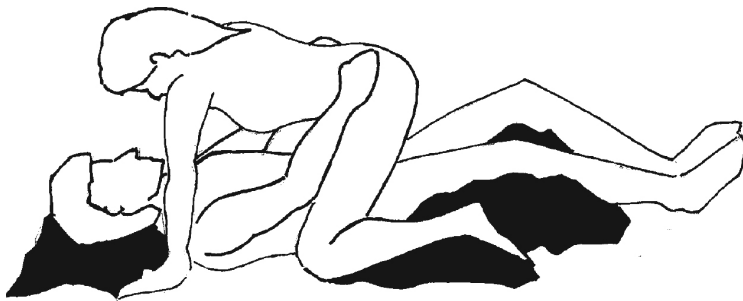
This position is appropriate for either the man or the woman with a new joint. The person who had surgery sits in the chair. For a hip replacement, make sure the knee stays level with or below the hip.

Side-Lying Position – Man or Woman with New Joint

The man or woman should lie on his or her side with his new joint on the bottom.

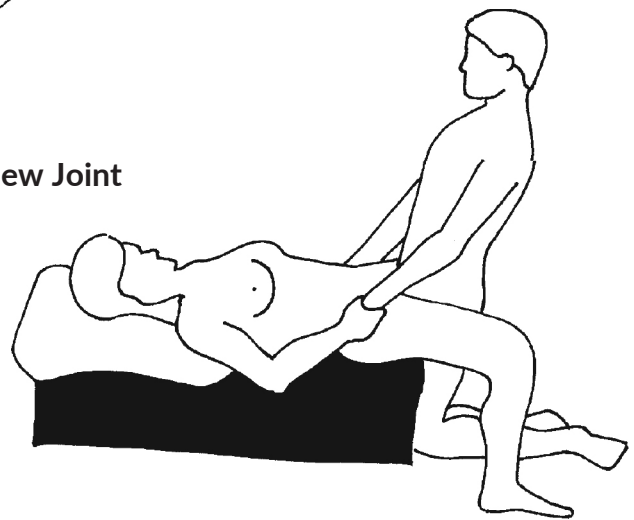
Face to Face – Man or Woman with New Joint

The man or woman with the joint replacement should lie on their back. Placing a pillow between the knees may add comfort.



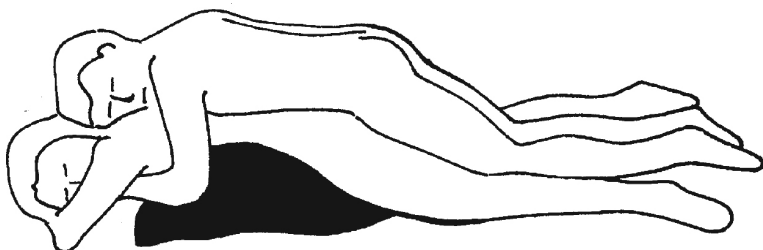
Woman Lying and Man Kneeling – Woman with New Joint

The woman should lie flat on a supportive elevated surface with her buttocks towards the edge and feet flat on the floor.



Man Propped on Elbows – Man with New Joint

The man lies on top of his partner with his legs stretched out behind him and a pillow between his knees. His weight is supported on his elbows.



Activity Guidelines - Intimacy After Hip Replacement

In general, most people are able to return to sexual activity after their surgery. Prior to becoming sexually active:

- Discuss with your surgeon
- Discuss with your partner
- Review safe sexual positions
- Hip replacement patients may require more time before becoming sexually active due to the healing process, up to six weeks.

Posterior hip precautions to remember during sexual activity include:

- When lying down, do not lift your knee toward the chest past hip level
- Do not allow your knee to cross your body's midpoint
- Do not twist your foot/hip inward

Anterior hip precautions to remember during sexual activity include:

- Avoid figure "4" and hyperextension of surgical hip

During sexual activity, remember to:

- Avoid sudden movement
- Follow hip replacement precautions
- Avoid putting too much pressure on joint

Other Helpful tips:

- Begin with massage
- Use pillows
- Take pain medication 30 minutes prior to beginning
- Use a firm mattress

Long Term Management

Long Term Management

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

Exercise

- Whether they have reached all the recommended goals in three months or not, all joint patients need to have a regular exercise program to maintain their fitness and the health of the muscles around their joints.
- With both your orthopedic and primary care physicians' consent you should be on a regular exercise program three to four times per week, for 20-30 minutes sessions.
- Impact activities such as running and singles tennis may put too much load on the joint and are not recommended.
- High-risk activities such as downhill skiing are likewise discouraged because the risk of fractures around the prosthesis and damage to the prosthesis itself.

Prevent Infection

Infections are always a potential problem and you may need antibiotics to prevent them. Although the risks are very low for post-operative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract germs from an infection located in another part of the body.

- If you should incur a fever over 100.5° Fahrenheit, 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.
- Superficial scratches should be kept clean with soap and water. Avoid ointments and creams over the scratch. Notify your doctor if the area becomes reddened or is painful.
- You may need to take antibiotics one hour before you have dental work (including cleanings and procedures) or other invasive procedures, particularly anything involving the gastrointestinal system or urinary system. Call our office to determine if you require antibiotic. If so, we will provide you a prescription and instructions for use.

Travel

- When traveling, do ankle pumps hourly or stop the car and walk around for 15 minutes every 1-2 hours to prevent stiffness and blood clots.
- You should not need any special cards or letters from your surgeon to pass through security at the airport.

Long Term Management

Routine Monitoring...Annually or As Otherwise Directed

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

1. If you have a cemented joint, we need to evaluate the integrity of the cement and the bone around the joint. With time and stress, cement may crack. You probably would be unaware of this happening because it usually happens slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your joint could become loose and this might lead to pain. Or, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems. The sooner we know about potential problems, the better chance we have of avoiding more serious problems.

2. The second reason for follow-up is that the plastic liner in your hip may wear. Little wear particles combine with white blood cells and cause an osteolysis reaction in the surrounding bone, (described above). Replacing a worn liner early and grafting the bone can keep this from worsening.

X-rays taken at your follow-up visits help your surgeon detect these problems. Your new X-rays can be compared with previous films to make these determinations.

We are happy that most patients do so well that they do not feel follow-up visits are necessary, however, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call you doctor's office. We will be delighted to hear from you!

Appendix

Appendix A

Exercise Your Right

Put Your Health Care Decisions in Writing

It is our policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of talking to all caregivers about the patient's wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or are in a permanent coma and are unable to talk.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On the day of surgery you may be asked if you have an Advance Directive. If you do, please bring copies of the documents with you so they can become a part of your Medical Record. Advance Directives are not a requirement for having surgery.

Appendix B

Stopping the Spread of MRSA



Staphylococcus aureus, often called “staph”, are bacteria carried on the skin or in the nose of healthy people. Sometimes, staph can cause an infection. In the past, most serious staph infections were treated with an antibiotic called Methicillin. Over the past 50 years, treatment of these infections has become more difficult because staph germs have become resistant to various antibiotics. One resistant form of staph is called MRSA (Methicillin resistant Staphylococcus Aureus.)

MRSA can occur among persons in hospitals and other healthcare facilities. MRSA infection usually develops in elderly or very sick patients who have an open wound or a tube going into their body (such as a urinary catheter.)

MRSA can be spread between people by having close contact with a person who has MRSA. It is almost always spread by direct contact and not through the air. Transmission may also occur through indirect contact by touching objects like towels, sheets, wound dressings, and clothes that have been touched by a person who has the infection.

We would like to stop the spread of MRSA. The first step is to identify all patients who may have MRSA prior to being admitted to the hospital. We can do this by doing a simple nose culture. If a patient has a positive culture for MRSA, we will be using extra measures, called “Contact Precautions”, to stop the spread. Health care workers will be wearing gowns and gloves when they come in the room. Your doctor may decide to get rid of MRSA by using antibiotics, ointments and body washes, or he/she may decide to refer to a MRSA clinic for treatment. Once you have finished treatment, the clinic can check to see if MRSA is gone by repeating the cultures.

Family members and visitors can help stop the spread of MRSA by washing their hands with soap and water or using an alcohol gel when leaving the room of a patient with MRSA.

All patients and visitors should clean their hands:

- After using the restroom
- After coughing or sneezing into a tissue or their hands
- Before eating
- Before leaving the patient room

Appendix C

Sources of Medical Equipment for Rent, Sale or Loan

Young's Drug Store:

310 E. Bridge Street
Wausau, WI (715) 845-5203
2106 Grand Ave,
Schofield, WI 54403 (715) 845-3713
301 E. 2nd Street,
Merrill, WI 54452 (715) 536-2909

Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars

Aspirus Home Medical Equipment Store:

5450 West Stewart Ave.
Wausau, WI 54401 (715) 847-2545
Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars, wheelchairs, commodes, walkers

Fleet Farm:

1811 Badger Avenue
Wausau, WI 54401 (715) 675-2312
Sell-Grab bars, tub benches

Menards:

2801 Stewart Avenue
Wausau, WI 54401 (715) 842-0404

Sell-Grab bars, tub benches

Walmart:

4300 Rib Mountain Road
Wausau, WI 54401 (715) 359-6877
Sell-Bath benches, reachers, sock aides, long handled shoe horns, grab bars

Walgreen's:

105 Central Bridge Street
Wausau, WI 54401 (715) 845-8279 504
South 17th Ave,
Wausau, WI 54401 (715) 848-8730 5305
Business Hwy 51 South
Wausau, WI 54476 (715) 355-9640

Sell-Grab bars, bath benches, tub benches, long handled shoe horns, reachers

Loan Closets

Aging and Disability Specialists:

1000 Lakeview Drive
Wausau, WI 54403 (715) 261-6070
(Ask for information specialist) or
(888) 486-9545

**** Marathon County Residents Only****

Items often (although not always) available: walkers (2-wheel and 4-wheel), canes, shower benches, occasionally have other items such as "reachers" and sock aides

Good News Project, Inc.:

1106 5th St.
Wausau, WI 54403-3584 (715) 843-5985

Items generally available: standard walkers, bath benches/shower seats, canes and crutches, commodes, toilet seat risers

Some equipment may be borrowed from local church organizations, American Legion Auxiliary, and VFW Posts.

Appendix D



Choose therapists who know you best.

Pro Physical Therapy & Hand Center therapists work directly with the surgeons at Orthopaedic Associates.

At PRO Physical Therapy & Hand Center, you'll receive the best, most dedicated and experienced team of certified Physical & Occupational Therapists in the area. Featuring advanced, state-of-the-art technology and unsurpassed patient-centered care, we're committed to making sure you get back to the lifestyle you deserve.

Call today to make an appointment at one of our convenient locations

715.841.0002 Wausau

715.870.2422 Weston

WHAT WE TREAT

- Pre & Post Surgical Conditions
- Knee Pain/Injuries
- Hip Pain/Injuries
- Shoulder Pain/Injuries
- Hand, Wrist, & Elbow Pain/Injuries
- Ankle & Foot Pain/Injuries
- Back Pain/Injuries
- Other Common Conditions



PRO PHYSICAL THERAPY & HAND CENTER

3901 Stewart Avenue
Wausau, WI 54401
Phone: 715.841.0002
Fax: 715.841.0003

4002 Schofield Ave., Suite 2
Weston, WI 54476
Phone: 715.870.2422
Fax: 715.870.2428

Appendix D (This is not a comprehensive list, information is subject to change.)

Physical & Occupational Therapy Listings

*Hand Therapists

Abbotsford

Dycora Transitional Health & Living
600 E. Elm Street
P: 715-223-2359
F: 715-223-6539

Antigo

Health In Motion (Formerly Total Therapy)
720 Ackley Street
P: 715-623-2292
F: 715-627-2660

Kindred Transitional Care & Rehab Center- Eastview

729 Park Street
P: 715-623-2356
F: 715-623-5996

Langlade Hospital

*Mark Buchman
112 E. Fifth Avenue
P: 715-623-9449
F: 715-623-9425

Auburndale

Sport & Spine
10524 George Avenue, Suite 2
P: 715-652-3470
F: 715-652-3473

Crandon

Forest County Potawatomi Health &
Wellness Center
8201 Mish Ko Swen Drive
P: 715-478-4300
F: 715-478-4496

Health in Motion

501 W. Lincoln Street
P: 715-478-6168
F: 715-478-5208

Colby/Abbotsford

Marshfield Clinic-Colby/Abby
Therapy Center
120 E. Dehne Drive
P: 715-223-6442
F: 715-223-2447

Eagle River

Aspirus Eagle River Hospital-Therapy
201 East Hospital Road
*Patience Lamers
P: 715-479-0224
F: 715-479-0398

Health In Motion (Formerly Sport & Spine)

528 Highway 70 West
P: 715-477-1523
F: 715-477-1524

Edgar

Doctors of Physical Therapy
325 S. 3rd Avenue
P: 715-352-2780
F: 715-352-2781

Greenwood

Sport & Spine
133 S. Main Street
P: 715-267-4583
F: 715-267-4586

Iola

Advanced Physical Therapy Associates
115 N. Main Street
P: 715-445-2300
F: 715-445-2765

Lakewood

Orthopaedic & Spine Therapy
17187 Twin Pines Road
P: 715-276-1767
F: 715-276-1785

Laona

The Bay at Nu Roc Health & Rehab
3576a Nu Roc Lane
P: 715-674-4477
F: 715-674-4308

Marshfield

Doctors of Physical Therapy
705 N Central Ave
P: 715-502-1355
F: 715-203-0540

Health In Motion

204 North Central Avenue
P: 715-898-1600
F: 715-898-1601

Marshfield Clinic-Physical Therapy and Occupation Therapy *Stephanie Edwards

1000 North Oak Avenue
P: 715-387-5529
F: 715-389-7575

Marshfield Clinic-Plaza Therapy Center

212 East Upham Street
P: 715-221-8760
F: 715-221-8765

Sport & Spine of Marshfield

503 South Cherry Ave, #2
P: 715-898-1812
F: 715-898-1815

Three Oaks Health Services

209 Wilderness View Drive
P: 715-389-6000
F: 715-389-6090
Attn: Theresa Rogers

Medford

Aspirus Therapy & Fitness
*Dave Noeldner
103 South Gibson Street
P: 715-748-8112
F: 715-748-8792

Bone and Joint

640 S. 8th St.
P: 715-393-0479
F: 715-393-0390

Merrill

Aspirus Merrill Hospital Therapy
601 S. Center
P: 715-539-2466
F: 715-539-2462

Health In Motion

Aquatic/PT in Riverside Athletic Club
500 South Center Avenue
P: 715-722-1101
F: 715-722-0799

Health Reach Pinecrest Nursing Home

2100 East Sixth Street
P: 715-539-2553
F: 715-539-8385

Bone & Joint

100 Eagle Drive, Suite 2
P: 715-536-7181
F: 715-536-2087

Merrill Physical Therapy

1219 E. Main
P: 715-539-2740
F: 715-536-1814

Minocqua/Woodruff

Aspirus (Howard Young) Woodruff Clinic
*Kari Ruhr
240 Maple Street
P: 715-356-8870
F: 715-356-8079

Doctors of Physical Therapy

*Mary Jane Keller
8554 US-51, Units 6/7
P: 715-358-1929
F: 715-356-4031

Marshfield Clinic –Woodruff Center

1446 1st Avenue/ Hwy 47
P: 715-358-0610
F: 715-356-9894

Mosinee

Crystal Training Institute (Ryan Strasser)
880 S. View Dr.
P: 715-298-2104
F: 715-322-2084

Appendix D

Physical & Occupational Therapy Listings

*Hand Therapists

Bone & Joint

1021 Western Avenue, Suite B
P: 715-393-0479
F: 715-393-0390

Owen

Clark Co. Rehab & Living Center
W4266 County Road X
P: 715-229-2172
F: 715-229-9482

Park Falls

Flambeau Hospital-PT and OT
98 Sherry Avenue
P: 715-762-7470
F: 715-762-3602

Marshfield Clinic Park Falls

50 Sherry Ave.
P: 715-762-7311
F: 715-762-3602

Phillips

Sport Plus Physical Therapy, LLC
171 S. Lake Ave.
P: 715-339-6140
F: 715-339-6138

Prentice

Aspirus Outpatient Therapy-Prentice
619 Bridge Street
P: 715-428-2626
F: 715-428-2627

Rhineland

Aspirus Outpatient Therapies - YMCA
2003 East Winnebago Street
*Mary Jane Keller
P: 715-361-2300
F: 715-361-2301

Health In Motion

586 Shepard Street
P: 715-365-5252
F: 715-365-5258

Rennes Rehab & Skilled Nursing Facility

1970 Navajo Street
P: 715-420-0728
F: 715-362-0512

Doctors of Physical Therapy

315 South Oneida Avenue, Suite 102
P: 715-362-8825
F: 715-362-8830

Rib Lake

Rib Lake Health Services
650 Pearl Street
P: 715-427-5291
F: 715-427-5090

Shawano

Advanced Physical Therapy & Sports Medicine
212 East Green Bay Street, Suite A
P: 715-526-5221
F: 715-526-2542

Shawano Health Services

1436 S Lincoln Street
P: 715-526-6111
F: 715-524-5708

Thedacare Therapy Services- *Sonya & Ashley

100 County Road B
P: 715-526-7370
F: 715-526-7294

Stevens Point

Advanced Physical Therapy Associates
641 Division Street, Suite A
P: 715-345-2797
F: 715-345-7289

Advanced Physical Therapy Associates

2918 Post Road
P: 715-345-2126
F: 715-544-0095

Aspirus Stevens Point Clinic

3500 Hoover Road
P: 715-342-7900
F: 715-346-0307

Aspirus Outpatient Therapies

2401 Plover Rd.
P: 715-345-1447
F: 715-295-3999

Marshfield Clinic-Stevens Point

***Debra Kearns**
4100 State Highway 66
P: 715-343-7790
F: 715-634-6543

Point Forward Physical Therapy

2901 Hoover Road
P: 715-254-3978
F: 715-254-3936

Aspirus Stevens Point Hospital-Rehab Services

900 Illinois Avenue
P: 715-346-5190
F: 715-343-3275

Stevens Point Orthopedics (SPO)

500 Vincent Street
P: 715-344-0701
F: 715-344-4494

Bone and Joint

1767 Park Ave.
P: 715-393-0479
F: 715-393-0390

Stratford

Doctors of Physical Therapy
213016 Legion Street
P: 715-687-2214
F: 715-687-4716

Thorp

Thorp (Dunamis) Therapy & Fitness

205 East Hill Drive
P: 715-669-5520
F: 715-669-3683

Tomahawk

Riverview Health Services

428 North 6th Street
P: 715-453-2511
F: 715-453-1062

Aspirus Head 2 Toe

202 West Mohawk Drive
P: 715-453-7600
F: 715-453-6403

Aspirus Tomahawk Outpatient Therapy

401 W. Mohawk Dr.
P: 715-453-7740
F: 715-453-7717

Health in Motion

1509 North 4th Street
P: 715-453-6650
F: 715-453-6657

Waupaca

Advanced Physical Therapy & Sports Medicine

102 Grand Seasons Drive, Suite #6
P: 715-942-2553
F: 715-942-2554

Orthopedic & Spine Therapy – Waupaca

E3277 Apple Tree Lane
P: 715-256-0358
F: 715-256-0390

Spine & Sport Physical Therapy - Waupaca

1948 Godfrey Drive
P: 715-258-7778
F: 715-258-7773

ThedaCare Physical Therapy - Waupaca

800 Riverside Dr
P: 715-258-1053
F: 715-258-1153

Appendix D

Physical & Occupational Therapy Listings

*Hand Therapists

Wausau

PRO Physical Therapy & Hand Center

3901 Stewart Ave

*Jamie Kolka *Sandy Braun

P: 715-841-0002

F: 715-841-0003

Aspirus Outpatient Therapies

*Tracy Radke

3200 Westhill Drive

P: 715-847-2550 / 715-847-2827

F: 715-847-2048

Back & Neck Wellness

315 North 6th Street

P: 715-848-3226

F: 715-952-0964

Doctors of Physical Therapy

227500 Rib Mountain Drive

Wausau, WI 54401

P: 715-843-5300

F: 715-843-5329

Health In Motion

930 South 17th Avenue

P: 715-870-2225

F: 715-870-2104

North Central Health Care - Aquatic Therapy

1100 Lakeview Drive

P: 715-848-4551

F: 715-841-5187

Bone & Joint PT—Rib Mountain

*Jamie Hane

5200 Hummingbird Road, Suite 200

P: 715-359-6442

F: 715-393-0390

Sport & Spine—Wausau (temporarily closed)

327 North 17th Avenue, Suite 7

P: 715-845-2942

F: 715-842-3416

Wausau VA Clinic Physical Therapy

1105 East Grand Avenue

Rothschild, WI 54474

P: 715-842-2834

F: 608-374-8204

Marshfield Clinic Wausau Physical Therapy

727 Plaza Drive

P: 715-847-3796

F: 715-842-8646

Weston

PRO Physical Therapy & Hand Center

4002 Schofield Avenue, Suite 2

Weston, WI 54476

P: 715-870-2422

F: 715-870-2428

Aspirus Outpatient Therapy-YMCA

*Sara Pavelski - hands/splints

3402 Howland Drive, Suite 100

P: 715-355-5701

F: 715-359-9531

Marshfield Clinic Rehab Services

*Elizabeth Friske

3401 Cranberry Boulevard

P: 715-393-2100

F: 715-393-2105

Quad Med – Greenheck

734 Ross Avenue, Schofield

P: 888-261-9055

F: 414-622-3825

Rennes Health & Rehab

4810 Barbican Avenue

P: 715-393-0419

F: 715-393-0435

DOCTORS of Physical Therapy

227500 Rib Mountain Drive, Suite 220

P: 715-843-5300

F: 715-843-5329

Bone and Joint

2106 Schofield Ave, Suite 5

P: 715-393-0479

F: 715-393-0390

Wisconsin Rapids

Aspirus Riverview Hospital-Rehab Dep't

*Beth Wojcik

1041 Hill Street

P: 715-424-8500

F: 715-424-8502

Marshfield Clinic-Wisconsin Rapids Therapy Center

220 24th Street South

P: 715-424-8744

F: 715-424-8715

Roberts Physical Therapy

1000 E Riverview Expressway, Suite 140

Wisconsin Rapids, WI 54494

P: 715-803-7617

F: 715-251-6236

Therapies Plus Pediatric

3541 Plover Road

P: 715-407-4660

F: 715-407-4738

Wisconsin River Orthopedics *Cheryl Abitz & Steve Thames

140 24th Street South

P: 715-424-1881

F: 715-423-1602

Wittenberg

Homme Home

604 South Webb

P: 715-253-2125

F: 715-253-3538

Sport & Spine Clinic

105 North Genessee Street

P: 715-253-2939

F: 715-253-2930

Prosthetics & Orthotics Medford

Prosthetic & Orthotic Center

604 South 8th Street

P: 715-748-5203

F: 715-845-6310

Minocqua

Prosthetic & Orthotic Center

9815 Highway 70, Suite 101

P: 715-356-3377

F: 715-845-6310

Stevens Point

Prosthetic Orthotic Center

2829 Post Road

P: 715-544-4622

F: 715-845-6310

Wausau

Prosthetic Orthotic Center

935 South 17th Avenue

P: 715-848-0650

F: 715-845-6310

Walkabout Orthotics & Prosthetics

1815 Stewart Avenue

P: 715-849-8703

F: 715-849-8593

Appendix E

Frequently Asked Questions for Total Hip Replacement

Total Hip Replacement

We are glad you have chosen Orthopaedic Associates and Wausau Surgery Center to care for your new hip. Below is a list of the most frequently asked questions. If there are any other questions that you need answered, please ask your surgeon. We want you to be completely informed about your procedure.



What Is Osteoarthritis and Why Does My Joint Hurt?

- Joint cartilage is a tough, smooth tissue that covers the end of bones where joints are located. It helps cushion the joints during movement, and because it is smooth and slippery, it allows for motion with little friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no apparent reason, the cartilage wears down, exposing bone ends. This can occur quickly over months or may take years to occur. Cartilage destruction can result in painful bone on bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is a Total Hip Replacement?

- A total hip replacement is an operation that removes the arthritic ball of the upper femur (thighbone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal ball that is fixed solidly inside the femur. The socket is replaced with a plastic or metal liner that is usually fixed inside a metal shell to create a smooth functioning joint.

What are the Results of a Joint Replacement?

- Results will vary depending on the quality of the surrounding tissue, the severity of the arthritis at the time of surgery, the patient's activity level, and the patient's adherence to the doctor's orders. Most patients have improved pain and increased function and quality of life within 6-9 months after surgery. With proper care, you can expect your joint to last for 15-20 year.

When Should I Have This Type of Surgery?

- Your orthopedic surgeon will decide if you are a candidate for this type of surgery. This will be based on your history, exam, X-rays, and response to conservative treatment. The decision will then be yours.

Am I the Right Age to Have this Surgery?

- Age is generally not a factor if you are in good health and have a desire to continue living a productive, active life. You will be asked to see your personal physician for his/her opinion about your general health and readiness for surgery.

Appendix E

How Long Will My New Joint Last?

- All implants have a limited life expectancy depending on an individual's age, weight, activity level, and medical condition. A total joint implant's longevity will vary in every patient but should last 15-20 years. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no promise that your particular implant will last for any specific length of time.

What are the Major Risks?

- Most surgeries go well, without any complications. Infection and blood clots are two serious complications. To avoid these complications your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infections.

Should I Exercise Before Surgery?

- Yes, you will meet with your physical therapist prior to surgery and they will show you the proper exercises to do. They are also shown to you in this book.

Will I Need to Stay Overnight?

- This will be determined by your surgeon. If everything is going well and you meet the discharge guidelines you may be released the same day as surgery.

Will I Need A Second Opinion Prior to the Surgery?

- Your surgeon's office will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How Long Will My Surgery Take?

- The Wausau Surgery Center reserves about two hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I Need to Be Put to Sleep for this Surgery?

- You may have a general anesthetic, which most people call "being put to sleep." Some patients prefer to have a spinal anesthetic, which numbs the legs only and does not require you to be asleep. The choice is between you, your surgeon, and the anesthesiologist.

Will I Need a Walker, Crutches, or a Cane?

- Yes, for about six weeks we do recommend that you use a walker, cane, or crutches. Your doctor or therapist will make recommendations regarding which device is best for you.

Where Will I go After Discharge?

- Most patients are able to go directly home after discharge. Some patients may transfer to a rehabilitation facility. Your surgeon and nurses will help you with this decision and help make needed arrangements.

Appendix E

Will I Need Help at Home?

- Yes, for the first many days or weeks, depending on your progress, you will need someone to help you with meal preparation, etc. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on your bed, and single portion frozen meals will reduce the need for extra help.

Will I Need Physical Therapy When I Go Home?

- After surgery, you will need to work on restoring range of motion, strength, balance, and function. Most, but not all, patients are referred to Physical Therapy to ensure they achieve a normal outcome. The time spent in Physical Therapy after Hip Replacement varies between 4-8 weeks. If your physician recommends Physical Therapy, patients are encouraged to set these appointments up prior to going in for surgery.

How Long Until I Can Drive?

- The skill to drive depends on what surgery was done, if it was on your right or your left leg and the type of car you have. You cannot drive until you are off all narcotic pain medication. This usually takes four to six weeks. Please consult with your physician before driving.

When Will I be Able to Get Back to Work?

- We recommend that most people take one to three months off from work, depending on your job.

How Often Will I Need to See My Doctor Following the Surgery?

- You will be seen for your first postoperative appointment 10-14 days after surgery. Follow up visits will often depend upon your progress. Many patients are seen at six weeks, twelve weeks, one year, and then every couple of years.

Are There Any Restrictions Following Surgery?

- Yes, following hip surgery you need to avoid strenuous activities such as running, singles tennis, and basketball. Injury prone sports such as downhill skiing are not recommended.
- Patients with anterior hip replacement precautions will be restricted from hip hyperextension (bending backwards) and from turning their foot out. Your surgeon will inform you for how long these restrictions are to be upheld.
- Patients with posterior hip replacement precautions will be restricted from crossing their legs, twisting the operated leg, bending 90° at the hip, or twisting side to side. Your surgeon will inform you for how long these restrictions are to be upheld. (see pages 34-35)

What Physical/Recreational Activities May I Participate in After Surgery?

- After hip replacement surgery you are encouraged to do low impact exercises such as walking, dancing, golf, hiking, swimming, bowling and gardening at surgeon's discretion.

Appendix E

Will I Notice Anything Different About My Hip?

- In many cases, patients with hip replacements think that the new joint feels completely natural. In fact, it is often described as a lot less painful than the arthritic hip.
- The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe.
- Some patients have aching in the thigh on weight bearing for a few months after surgery.

Appendix F - QR Code Reference Guide

(If you are unable to access QR codes, all videos are on our website at oaw-ortho.com.)

Preparing for Surgery

- Welcome - pg. 1
- Hip Kit - pg. 6
- Preparing My Home - pg. 7
- What to Expect Day of Surgery - pg. 11

Postoperative Care

- Pain Management - pg. 17
- Compression Stockings - pg. 19
- Dressings - pg. 20
- Managing Constipation After Surgery - pg. 21
- Postoperative Complications - pg. 22
- How to Prevent a Blood Clot - pg. 22
- Transfers - pg. 33
- How to Use Your Cane or Walker - pg. 41
- Stop the Spread of MRSA - pg. 60
- Frequently Asked Questions - pg. 66

Exercises

- Ankle Pumps - pg. 43
- Quad Sets - pg. 44
- Heel Slides - pg. 46
- Supine Hip Abduction - pg. 47
- Short Arc Quad - pg. 48
- Long Arc Quad - pg. 49
- Mini Squats - pg. 50

