



Knee
Replacement
Surgery

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Phase: PRE-SURGERY

Section 1: Getting Started

Welcome to the first step in your OrthoCare Program for Methodist Health System.

This section of the program will teach you about your hospital and the people who will be serving you.

It will also provide helpful contact information.

Hospital Intro

Welcome

It is with great pleasure that we welcome you to the Methodist Joint Academy at Methodist Dallas. The decision to have a knee replacement is a life-changing one and involves a great deal of consideration and commitment. It can predictably decrease your pain, improve your mobility and function, and enhance your quality of life.

Through exhaustive research, we have identified many factors that will increase your chances of achieving the successful outcome you desire while minimizing your risk of complications, including infection, blood clots, and the need for remittance to the hospital.

This unique program is designed to safely deliver you through this process and help you understand what will happen before surgery, during your hospital stay, and after you discharge home.

Our mission is to be the trusted choice for health and wellness in North Texas and to improve and save lives through compassionate quality healthcare.

Features of the Methodist Joint Academy

Our facility offers a comprehensive and compassionate approach to the treatment of arthritis and joint replacement. The center has implemented an infection prevention task force, standardization of cutting-edge multimodal pain protocols, and best-in-practice protocols for accelerated recovery from joint replacement.

A few features of our program include:

Dedicated Staff: An integrated team of professionals will collaborate to safely deliver your care from pre-op through recovery in the hospital.

Program Coordinator: A patient/family liaison will oversee individual patient care, ensure proper patient/family education and a smooth transition home, and ensure patient safety and clinical progress after discharge.

Specialized Nurses: Nurses are all specially trained in the care of orthopedic patients.

Case Manager: The case manager (Social Worker) will ensure you have all the appropriate amenities and equipment for your transition home.

Rehab Focus: There are individualized therapy sessions to assist you in maximizing your recovery.

Coach: Each person selects a coach, usually a family member or friend, who is actively involved in their care before, during, and after discharge to home.

Wellness Focus: Patients are encouraged to dress in comfortable clothes, such as shorts or sweatpants, during the day for their therapy sessions.

Superior Outcomes: Clinical and functional outcomes, as well as patient satisfaction, are evaluated for each patient and analyzed in our monthly physician team meetings. This data assists us in continued process improvement for our patients.

Your Healthcare Team

We use a team approach to your health care at Methodist Health System. This ensures a smooth transition from pre-op through recovery. In the weeks before surgery and while you are in the hospital, you will come in contact with many members of your healthcare team, including:

Orthopedic Surgeon

The doctor who will perform your joint surgery and is responsible for your overall health during your hospital stay and following your surgery.

Physician Assistants

Physician assistants work with your surgeon to provide your care.

Anesthesiologist

The doctor who administers anesthesia before and during your surgery, monitors your vital signs during and after surgery, and oversees your care while you are in the recovery room.

Hospitalist

A hospitalist is a medical physician who may be asked to help manage any medical needs you may have while you are in the hospital.

Primary Care Physician

The doctor who takes care of your general health.

Orthopedic Nurse Manager

The nurse manager is a registered nurse responsible for the unit's daily operations and manages the unit's staff.

Nurse

Before and during your hospital stay, you will meet a number of nurses who perform different jobs. Some nurses attend to your daily healthcare needs in the hospital, others assist surgeons in the operating room, while others work in the hospital admission area.

Nurse Practitioner (NP)

The NP is a registered nurse with advanced skills and education who works with you and your surgeon to manage your care. The NP can diagnose and treat medical problems, as well as prescribe medications and other needed tests.

Case Manager

Your case manager is a registered nurse or social worker in charge of coordinating your hospital discharge.

Physical Therapist/Physical Therapist Assistant

Your physical therapist will assist you in regaining strength and motion in your new joint.

Occupational Therapist/Occupational Therapist Assistant

Your occupational therapist specializes in teaching you how to take care of yourself at home. They will assist you with learning how to dress, bathe, and get to the bathroom safely.

Rehab Tech

Your rehab tech will assist your therapist in setting your room up for getting out of bed. They may also assist you with your exercise or walking as directed by your therapist.

Hospital Chaplain

The hospital chaplain is available to meet the spiritual care needs of you and your family.

Patient Care Technician

A patient care tech will be assigned to assist you and your nurse with a variety of tasks, including bathing, walking, changing clothes, using the bathroom, and changing your bed.

Nutrition and Environmental Services

These are the friendly people who will bring your meals to you and keep your room clean and organized.

General Contact Information

Hospital Information

Methodist Dallas Medical Center
1441 N Beckley Ave
Dallas, TX 75203
(214) 947-8181

Website

Methodist Dallas Medical Center: www.methodisthealthsystem.org

Picking a Coach to Assist You

You should arrange for a family member or friend to be your "coach." Your coach will be an active participant in your care before your surgery, during your hospital stay, and after your discharge from the hospital. We encourage your coach to attend the pre-op appointments with you and participate in your therapy sessions in the hospital. They will learn the program alongside you and provide encouragement and support as you recover. We recommend that your coach stay with you at home for the first 3-5 days after you are discharged.

Remember that your coach may need to help you with things like bathing, dressing, and meal preparation. Your coach may need to consider taking time off from work to stay with you at home.

Complete Pre-Admission Testing

The tests that happen before your arrival and admission to the hospital for surgery are called "pre-admission tests."

A Pre-Assessment (PAT) nurse will call you to discuss your medical and surgical history, your allergies, and the medications you take at home.

You may also be required to have a doctor's appointment for medical clearance by your Primary Care Physician (PCP) or another specialist based on your medical history. Your surgeon's office will inform you if this is necessary and who to schedule this appointment with. Please bring a list of all your current medications to this meeting. In addition, you may also have blood tests, a nasal swab, a urinalysis, and an EKG to prepare for your upcoming surgery.

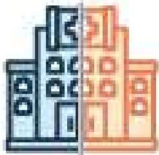
Did your surgeon tell you that you were required to schedule any medical clearance appointment?

HCAHPS

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems)

Following discharge from the hospital (between 48 hours and 30 days after), a random selection of patients will receive the HCAHPS Survey either via U.S. Mail, a phone call, or IVR (Interactive Voice Recognition). The HCAHPS Survey allows for your perspective and voice to be heard. It provides very important information to your healthcare provider, the industry, and policymakers in their effort to improve healthcare delivery in our country. It is important that you complete your survey as soon as possible.

Three broad goals have shaped the HCAHPS Survey:



The survey is designed to produce meaningful data that compares hospitals on topics that are important to patients/“consumers of healthcare.”



Public reporting of the survey results creates new incentives for hospitals to improve quality of care.



Public reporting serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for the public investment.

With these goals in mind, the Centers for Medicare & Medicaid Services (CMS) and the HCAHPS Project Team have taken substantial steps to ensure that the survey is credible, useful, and practical.

Patient-Reported Outcome Surveys

Your Perspective Matters!

Please complete the brief surveys both before and after your procedure to help improve the quality of care at our hospital.

You are the only person who can provide important input on your day-to-day pain and mobility to your doctor and care team. When you complete a patient-reported outcome survey, you

communicate your symptom levels to your doctor and care team, both before and after your procedure.

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Your responses can help you and your doctor make the best possible decision about your care. Your responses will be collected once before your procedure and twice after your procedure (at 30-days and at 1-year from your procedure). Your responses will be used to evaluate the quality of care at our hospital compared to other hospitals and can encourage quality improvements. They will also help future patients like you to view and compare hospital results before getting a similar procedure.

Why Is This Important?

We want to know how much surgery has improved your daily life.

During your episode of care, we want you to feel confident that you will be treated with excellence, quality and compassion, and that the care you receive will improve your level of function and pain when you return to your daily life. Completing your surveys on time will allow us to have a better understanding of the progress you're making as you move through your recovery.

Section 2: Understanding Your Surgery

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section of the program will help you understand your procedure. It will also provide information on possible causes of knee problems.

Enhanced Recovery After Surgery (ERAS)

What is ERAS?

Your surgeon uses a research-based program called Enhanced Recovery After Surgery (ERAS). Studies show this program can improve your overall surgical experience so you can recover faster and get back to your normal life. The ERAS program allows you to eat sooner after surgery and helps you experience less nausea and upset stomach. You will be given appropriate and effective pain management, utilizing multiple medications to control your pain after surgery. This pain management regimen will help limit the use of opioids when possible.

Before Your Surgery

It is important to discuss your pain management expectations and set realistic recovery goals with your clinical care team.

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You will not eat or drink anything after midnight before your surgery. While you are waiting to go back to the surgical area, you will be given medication to help reduce any pain you may experience after surgery.

After Your Surgery

Once you transition to your hospital room, you will be able to begin eating and drinking. You will also begin physical therapy to help you walk on the evening of your surgery. Your surgeon uses a multi-modal pain regimen to decrease post-operative pain after your scheduled surgery. Medications will be provided around the clock while you are in the hospital.

Preparing to Leave the Hospital

Your recovery will continue at home. Be sure to closely follow your surgeon's instructions on drinking, eating, and activity. Remember to reach out to your clinical care team if you have any questions or concerns during your recovery at home.

What Are the Causes of Knee Problems

Problems with major joints like the hip and knee are most frequently the result of arthritis. There are many different types of arthritis. Two of the most common are osteoarthritis and rheumatoid arthritis.

Osteoarthritis

Osteoarthritis is the most common form of arthritis. It is most often related to wear and tear that has been placed on the joints over the years. Its onset is usually after age 50. Factors that predispose this condition include family history, obesity, previous surgery to the joint where a large piece of cartilage (cushion between the bones) was removed, or previous fractures in the area of the joint.

Rheumatoid Arthritis

There are several causes of inflammatory arthritis. Some examples are rheumatoid arthritis, psoriatic arthritis, lupus, and ankylosing spondylitis. These are chronic inflammatory disorders affecting the joints of the body, which are lined with a membrane called synovium. The joints affected can include the hip, knee, shoulder, elbow, wrist, hands, and feet. These disorders are likely of autoimmune origin, which means the body produces cells that irritate the synovium in the joint, leading to destruction of the cartilage. These forms of arthritis occur in all age groups. They are characterized by stiffness, joint swelling, laxity of the ligaments, pain, and decreased range of motion.

Total Knee Replacement

The knee joint is composed of three parts: the end of the femur (thigh bone), the top of the tibia (shin bone), and the patella (kneecap). In a normal knee, these three bones are coated with smooth articular cartilage that cushions the bones and enables them to move easily. In an

arthritic knee, the cartilage layers are destroyed and bone rubs against bone which causes pain, muscle weakness, and limited motion.

Total knee replacement surgery involves resurfacing of the knee joint. Metal components are cemented to the ends of the bones, and a plastic liner is inserted between them. The kneecap is also resurfaced with a plastic liner. When in place, these components move together to allow normal motion of the knee joint. Bowed leg or knock-knee deformity can usually be corrected by the new alignment.

What is Partial Knee Replacement?

In some cases, arthritis damages only one side of the knee joint. In a partial knee replacement, one side of the joint is resurfaced while the other remains intact. Surgery can be performed using a smaller incision.

Risks of Knee Replacement Surgery

Joint replacement is an elective surgery, not something you must do. Other treatment options include anti-inflammatory medications, the use of a cane, walker, or crutches, weight loss, and restriction of activities. Joint replacement is considered major surgery. It is important that you are aware of potential risks and complications. These include problems from anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels, and, very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your healthcare team to avoid these complications. Over time, an artificial joint may become loose or wear out and could require further surgery and repair.

Results

Knee replacement is a very reliable and successful surgery. Pain is relieved, deformity is corrected, and patients are typically able to resume most of their former activities and enjoy an active lifestyle. Long-term success rates vary depending on age, weight, and activity level, but can give good to excellent results for up to 20 years in the majority of patients.

Phases of Your Surgery

There are three phases of your surgery.

The few weeks before your surgery are called the Pre-Op or Pre-Surgery Phase.

The days you are in the hospital are called the In-Patient Phase.

The time after your discharge from the hospital when you return home is called the Recovery or Rehabilitation Phase.

The Methodist Health System OrthoCare Program has a library of reading materials, videos, and tasks for each phase of your surgery. You will always see the three phases listed across the top of your window.

Journal Entry: Replacement Surgery

Write Your Thoughts

It is often helpful to keep a positive vision in mind through surgery and recovery. Take a few minutes to think about why you are having this surgery. What would you like to be able to do again once you have recovered? What are your goals? What hopes do you have for your life with your new joint implant?

Write your thoughts into the space below and keep this vision in mind as you are going through your recovery:

Section 3: Preparing for Your Surgery

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section of the program will help you understand how you can best prepare for your surgery.

Smoking Cessation

If you smoke or use tobacco, it is a good idea to stop smoking prior to your surgery. You will not be allowed to smoke while you are in the hospital.

Smoking damages the lungs and other organs. This can affect your healing after surgery. It can also increase the risk for other complications. Research has shown that patients who quit smoking 6-8 weeks before surgery have better results and fewer risks.

If you want to learn more about programs to help you stop smoking, please call your primary care physician.

Avoiding Infections

Infections happen in less than 1% of joint replacements in the United States. Although this number seems very small, it is a catastrophic complication, which we intend to avoid at all costs. Many post-operative incisional and wound infections are thought to be caused by bacteria normally found on a patient's skin. The Methodist Joint Academy has established an infection prevention task force to eliminate post-operative infections.

In your pre-operative evaluation, a nurse will perform a nasal swab to check for staphylococcus (Staph). It is present on the skin in approximately 30% of patients. It is the most common bacteria to be present in joint replacement infections. If it is on your skin, we would like to kill the bacteria before your procedure. There are many components to the infection prevention protocol, including:

- Begin a strict showering process using an antibacterial soap and scrubbing your entire body daily for the week prior to surgery.
- The night before your surgery, you will wash your full body with chlorhexidine soap (with special emphasis on surgical site), scrubbing for 3 minutes including your axilla (arm pits), neck, groin creases (avoiding genitals), and all 4 extremities. Allow soap to sit for 2-3 minutes before washing away. Repeat the scrubbing/rinse cycle, focusing only on your operative area.
- If you are found to have Staph on your skin, you will be required to shower with the soap for 5 days prior to surgery and use Bactriban ointment (prescribed by your doctor) in your nostrils twice daily for the 5 days preceding your surgery.
- Upon entering the pre-operative room, the nurses will cleanse your entire operative extremity with alcohol (because it is highly toxic to bacteria) and allow it to air dry for several minutes.
- You will also receive a nasal swab called "Profend" that will further protect you against infection.
- The nurse will also wipe specific areas of your body, including the operative site, with chlorhexidine wipes before heading to the operating room.
- Multiple precautions will be taken in the operating room to minimize your exposure and risk for infection.
- If you have diabetes, maintaining tight blood sugar control before, during, and after surgery will help prevent infections. You should keep your blood sugars between 100 and 120.

Medications

Medications to Stop:

Tell your doctor or pre-admission testing nurse about your current medications, including vitamins or supplements.

To minimize the risk of blood loss during surgery, you will need to stop taking blood thinners, arthritis medications, herbal supplements, and medicines that contain anti-inflammatories. Examples are Advil, Aleve, Ibuprofen, Motrin, Naprosyn, Relafen, and blood thinners such as Xarelto, Eliquis, and Aspirin.

It is important to discuss when you need to stop taking these medications with your prescribing physician.

Medications to Continue:

You may continue taking pain medications such as Tylenol, Tylenol with Codeine, Hydrocodone, Lortab, Percocet, Tramadol, or Vicodin.

During your pre-admission testing, the nurse will discuss the medications you must stop taking and any medications you may need to take the morning of your surgery.

Talk to a member of your care team if you are taking any medications. They can provide guidance on what medications you should stop or continue.

Healthy Lifestyles and Diet

Diet & Nutrition

Proper nutrition is required before major surgery. Major surgery imposes unique nutritional requirements. Good nutrition can help lower your risk of infection, improve wound healing, and reduce complications, minimizing the length of your hospital stay. To achieve good nutrition, eat a balanced diet, using MyPlate as your guide. Be sure to include a source of lean protein with all meals and snacks.

Guide to a Balanced Diet:

- Make half of your grains whole (100% whole wheat bread, oatmeal, brown rice, barley, whole wheat pasta).
- Eat a variety of veggies and fruit (spinach, broccoli, yams, carrots, tomatoes, oranges, bananas, canned fruit packed in its own juice).

- Get your calcium-rich foods (low-fat dairy products).
- Choose lean protein (boneless, skinless chicken, fish, beans, turkey, lean ground beef, egg whites, and loin or round cuts of beef or pork).

- Make every bite count: limit empty calories from sweet beverages (soda, sweet tea, Kool-Aid, juice, sports drinks), desserts, and candy.



Visit myplate.gov for more information.

If your appetite is poor prior to surgery, ask your doctor or registered dietitian about adding a high-calorie/high-protein nutritional supplement to your diet. Examples of nutritional supplements include Ensure, Boost, and Carnation Instant Breakfast.

Your doctor may prescribe an iron or vitamin supplement before surgery and may continue the supplement after surgery. Include iron-rich foods in your diet such as lean meats or ironfortified cereals. Take your iron supplement with food. Do not take calcium or zinc supplements at the same time as iron. Be sure to tell your doctor if you are taking any additional over-the-counter herbal or dietary supplements.

Drink extra fluid (water) the day before your surgery. Do not eat or drink anything after midnight the night before your surgery (including water). If you were instructed to take medication the morning of surgery, please take it with a small sip of water.

Other Health Tips

Stop Smoking

Smoking increases your risk of lung complications during and after surgery. Smoking cessation will improve your ability to heal. We are a non-smoking facility, so you will not be able to smoke in the hospital.

Limit Alcohol

Limit your alcohol intake to one beer, cocktail, or glass of wine per day starting about 5-7 days before surgery. After surgery, check with your doctor before resuming alcohol consumption.

Diabetes

Studies support managing blood glucose values to avoid infections or increased hospital stays and to improve recovery time. Before and after surgery, you may require adjustments in your diabetes management to maintain acceptable blood sugar levels. Your Hgb A1c will be checked prior to surgery with your pre-op labs. If your blood sugar levels are elevated, your surgery may be cancelled until they are better controlled. In the 2-3 weeks after surgery, your sugars need to be under very tight control (under 120) to minimize your risk for wound healing problems and infection. The stress of surgery will cause your sugars to elevate. Dietary control and strict adherence to your diabetes medication protocol is extremely important.

KOOS Score Survey: Pre-Op

INSTRUCTIONS:

This survey asks for your perspective on your knee. This information will help us track how you feel about your knee and how well you can do your usual activities. Answer every question by selecting the appropriate answer from the drop-down box. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

The following question concerns the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

How severe is your knee stiffness after first waking in the morning?

None	Mild	Moderate	Severe	Extreme

Pain

What amount of knee pain have you experienced the last week during the following activities?

Twisting/pivoting on your knee

None	Mild	Moderate	Severe	Extreme

Straightening your knee fully

None	Mild	Moderate	Severe	Extreme

Going up or down stairs

None	Mild	Moderate	Severe	Extreme

Standing upright

None	Mild	Moderate	Severe	Extreme

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Function and Daily Living:

The following questions concern your physical function. By this, we mean your ability to move around and look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee.

Rising from sitting

None	Mild	Moderate	Severe	Extreme

Bending to the floor/pick up an object

None	Mild	Moderate	Severe	Extreme

PROMIS 10 Survey: Pre Op

In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor

How would you say your quality

Excellent	Very Good	Good	Fair	Poor

How would you rate your

Excellent	Very Good	Good	Fair	Poor

How do you think?

How do you rate your mental health, including

Excellent	Very Good	Good	Fair	Poor

In general, how would you rate your satisfaction with your social activities and relationships?

Excellent	Very Good	Good	Fair	Poor

In general, please rate how well you carry out your usual social activities and roles. (These include activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent	Very Good	Good	Fair	Poor

rying groceries, or out your everyday p

Completely	Mostly	Moderately	A little	Not at all

depressed, or irritat by emotional problr

Never	Rarely	Sometimes	Often	Always

te your fatigue on a

None	Mild	Moderate	Severe	Very Severe

How would you rate your pain on average (0 being no pain, 10 being worst pain imaginable)?

0	1	2	3	4	5	6	7	8	9	10

Section 4: Pre-Operative Knee Exercises

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section of the program will give you an overview of the typical pre-operative exercises that are prescribed by your care team. You should work hard now to strengthen your muscles. This will get you off to a great start in your recovery.

Importance of Exercise Before Surgery

It is very important to do your exercises every day both before and after surgery. Working hard now will get you off to a great start in your recovery later.

It is important to strengthen the muscles around your joint. It is also just as important to strengthen your arms, as you will be using your arms after surgery to help you raise and lower your body to get up or sit down.

It helps to set aside a particular time and place to do your pre-operative exercises each day. Think about a good time and place for your exercises and write it down.

Pre-Operative Exercise Review

It is important to be as fit as possible before undergoing a joint replacement. This will make your recovery much easier and faster.

You should begin following your prescribed pre-operative exercises today and continue until your surgery. It is important to follow the exercise plan prescribed by your care team. It is recommended that you do each exercise 3 times a day. Do not do any exercises that are too painful for your joint.

Your Pre-Surgery Exercises

It is important to follow the exercise plan prescribed to you by your care team.

Abduction Straight Leg Raise



While lying on your side, flex your top foot (flex foot up towards shin).

Raise your top leg up towards ceiling, opening your hip flexors.

Keep body in one straight line from head to toe.

Ankle Pumps



Bend your foot up and down at your ankle joint.

Note: Continue doing ankle pumps throughout the day, as it is the most important exercise for blood circulation, preventing blood clots and swelling.



Knee Extension Heel Prop

Sit with your leg propped (using a large towel, roller, etc.). Relax, letting the leg straighten into extension.

You can also assist this stretch by placing your hand just above the knee and gently pressing down towards the floor.



Long Sit Hamstring Stretch

Sit on a raised flat surface where you can prop your affected leg up on it, such as a treatment table, couch or bed.

While keeping your knee straight to slightly bent, slowly lean forward, and reach your hands towards your foot until a gentle stretch is felt along the back of your knee/thigh. Hold. Then return to starting position and repeat.

Quad Set

While laying or sitting, flex your quads by pressing your knee down towards the mat.



Straight Leg Raise

While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted to the ground.



Seated Knee Flexion

Cross the unaffected leg over the affected leg and pull back to bend the knee.



Short Arc Quad Set

Place a small, rolled towel under your knee. Tighten your top thigh muscle to press the back of your knee downward while raising your heel up.





Long Arc Quad Set

Start in a seated position with your knee bent, as shown. Slowly straighten your knee as you raise your foot upwards, as shown. Return to starting position and repeat.



Standing Calf Raises

While standing next to a chair or countertop for support, raise up on your toes as you lift your heels off the ground. Return your heels to the floor and repeat.



Side to Side Weight Shifting

While in a standing position and knees partially bent, slowly shift your body to your surgical leg. Hold for a few seconds, then shift your weight back to both legs. Repeat.



Standing Mini Squats

Begin standing with your hands on a sturdy surface for support. Bend the hips and knees and lower yourself into a squat. Activating your core and glutes, stand back up tall.



Heel Slides

While in a sitting position, loop a belt, towel, or bed sheet around your foot and pull your knee into a bent position as your foot slides towards your buttock. Hold a gentle stretch and then return to your original position.



Single Leg Balance/Leg Lift

Stand near a stable surface, such as the kitchen sink. Hold on and raise one foot in the air. Attempt to balance on one leg for several seconds.



Sit-to-Stand

Scoot your bottom to the very edge of the chair, keeping your feet in line behind your knees. With hands on armrests, lean forward so that your nose goes past your toes.

*If using a walker with wheels, make sure to lock them.

Move one hand from the armrest to the walker, leaving the other hand on the walker. Push through your hand into the armrest, and pull from the arm on the walker, while pushing through your legs to stand upright.



Seated Bicycle

Scoot your bottom to the very edge of the chair, while keeping your hands on the armrests. Raise both feet off the ground and move your legs in a circle, as if riding a bicycle.



Supine Hip Bridges

Lie on your back with your knees bent and feet flat, hip width apart. Lift your hips by rolling up one vertebra at a time until knees, hips, and shoulders are in a straight line. Hold, then lower back down.

Reporting Your Exercises

Doing your exercises daily will help you strengthen your arms and legs. Having strength in your arms and legs is very important for your recovery. When you begin doing new exercises, you may experience some muscle soreness. This is normal. The exercises and recommended number of repetitions in this program serve as a good starting point for most patients. Ask your surgeon or therapist what exercises and routines are best for you. Always stop doing a particular exercise if it is too painful to your joint.

In this task, we ask you to tell us about your recent exercise activity.

In the last week, have you been able to complete your exercise routine as prescribed by your doctor/surgeon?

Have you experienced significant pain while doing your exercises?

Doing the pre-operative exercises prescribed by your surgeon will assist your recovery. It is important to prepare the muscles around your joint. If you are having trouble, you may want to contact your surgeon's office for support.

Though muscle soreness is normal after exercise, you should not do any exercises that cause significant pain to your joint. If you are having trouble, you may want to contact your surgeon's office for support.

The content of this automated message is informational and not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician and never delay seeking professional medical advice because of something you have read in this message. If you think you may have a medical emergency, call your doctor, go to the emergency department, or call 911 immediately.

Section 5: Preparing for After Surgery

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section will help you understand how to prepare for your recovery at home after your surgery.

You will also learn helpful suggestions for how to set up your home and perform daily activities in order to prevent any accidental falls or injuries during recovery.

A successful recovery at home requires careful planning before your surgery.

Equipment for Home

Walker:

If you have a walker, please bring it to the hospital for the therapist to assess for your height and safety. If you do not have a walker, your social worker will order and deliver your walker if approved by your insurance. Please ask your social worker for help ordering a walker.

Raised Toilet Seat:

This fits over your existing toilet and makes it higher. You may purchase one from a medical supply store or pharmacy.



Three-in-One Bedside Commode:

The commode can go over your existing toilet or can be used as a freestanding commode. You may purchase one from a medical supply store.

Adaptive Equipment:

These items can be purchased together as a kit or as individual items. You may purchase them from medical supply stores. They are generally not covered by insurance.

Long-Handled Shoe Horn:

This helps you guide your foot into your shoe.

Sock Aid:

This helps put on support stockings/socks without bending.

Dressing Stick:

This is used to put on and take off clothing.

Long-Handled Sponge:

This is used to wash your lower legs and feet.

Additional Items You May Need:

Elastic Shoe Laces:

These allow you to keep your shoes tied and slip in and out of them.

Grab Bars:

When professionally installed, these will help you safely climb in and out of the shower.

Hand-Held Showerhead:

This lets you control the spray of water.

Shower Bench or Chair:

This allows you to sit while showering.

Non-Skid Tub Mat:

These prevent falls.



Bed Mobility and Transfers

Precautions: Bed Mobility and Transfers

It is good to try these precautions before surgery to help make it easier during recovery.

Bed Mobility

Lying in bed:

Think of this as your time to work on straightening your leg.

Make sure your kneecap is facing up towards the ceiling, not rolled out to the side.



If your leg tends to roll out to the side, wedge a pillow or towel roll to the outside of your leg to keep it from rolling out.



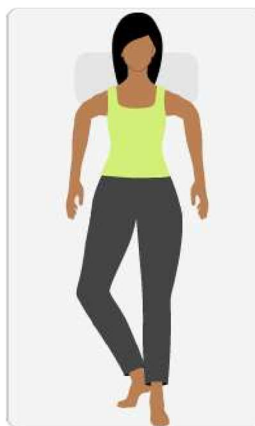
Do not place a pillow under the bend of your knee except when exercising. Be sure to remove it after you complete your exercises.



Bed Transfers

Getting out of bed:

Place foot under your surgery leg.



Start to raise your upper body by leaning on your elbows.



With your arms behind you, move your hips to the edge of the bed.



Use your unaffected leg to support your surgery leg as you lower it to the floor. Sit on the side of the bed.



Standing:

Use both hands to push off from the bed to stand. Get your balance before reaching for the walker.



To begin walking, move the walker forward, then your surgery leg, then your unaffected leg.

Remember: walker, bad leg, good leg.



Getting into bed:

Reverse the steps used to get out of bed.

Using Chairs or Toilets

It is a good idea to try these precautions before surgery to make it easier during recovery.

Chair Positioning

Think of sitting in a chair as your time to work on bending your knee.

Sit in a chair with a firm surface and armrests. An extra cushion or pillow may be needed on the seat of a low chair.

If you can tolerate it, allow your foot to rest on the floor when sitting in the chair. If this is not tolerable, place support under your foot for short periods: avoid a stool.



A three-in-one bedside commode may be needed for a few weeks after your surgery.

Getting up from a chair or toilet:

When using armrests, push up from the armrests, gain your balance, then place your hands on the walker.

If there are no armrests, keep one hand on the middle of the walker/crutch/cane and push off the chair or toilet seat with your other hand.



Once you gain your balance, place your hands on the walker/crutches; do not pull up on the walker.



Sitting on a chair or toilet:

Reverse the steps used when getting up from a chair or toilet.

Getting Dressed

When getting dressed in the morning, make sure you have all the items you need. Sit in a sturdy chair with armrests. Dress your surgery leg first and then your unaffected leg.



Going Up and Down Stairs

It is good to try these precautions before surgery to make it easier during recovery.

General Rule: Up with the good and down with the bad

Go up the stairs with your unaffected leg first and down the stairs with your surgery leg first. Your therapist will give you detailed instructions.

Going up the stairs:

Remember the phrase: "up with the good." Hold the handrail with one hand. Lead up each step with your unaffected leg.



Then, place the surgery leg next to it on the same step. When using a cane on the stairs, keep it on the same step as your surgery leg.



Going down the stairs:

Remember the phrase: "down with the bad." Hold the handrail with one hand. Lead down each step with your surgery leg.



Then, place your unaffected leg next to it on the same step. Again, a cane stays on the same step as your surgery leg.



Bathing and Showering

General Instructions

The following provides general instructions for transferring into and out of the tub or shower at home. We recommend that you complete a dry run for shower transfer with your clothes on and with the assistance of your home health therapist or coach. Your therapist may recommend either a shower chair or tub transfer bench depending on your specific needs. Refer to your therapist for questions or additional instructions.

Bathing

While in the hospital, you will sponge bathe. Please check with your physician if you are able to shower. Most patients will continue to sponge bathe at home until their doctor allows them to shower. You may wish to purchase a long bath sponge for lower body bathing to maintain your knee precautions.

Walk-in Showers

Do not shower until recommended by your surgeon. To get into the shower, step over the threshold with your unaffected leg first. You may use the walker for stability by placing it in the shower as you enter as well as exit. Step out with your surgery leg first and then your unaffected leg. You may find it helpful to have a shower bench or seat if you tire easily.

Showers with Tubs

Face the head of the shower or the rear of the shower so you can step over the tub with your unaffected leg first. You may brace yourself for support using the shower wall. Step over into the tub and make enough room for your other foot. You may find it easier to bring your foot back behind you to clear the tub's edge. A shower bench or seat may be helpful if you tire easily. Reverse this for exiting the tub.

Getting Into and Out of Vehicles

It is a good idea to try these precautions before surgery to make it easier during recovery.

Getting into your vehicle:

Plan on sitting in the front passenger seat. Push the seat all the way back and recline it about halfway. A plastic trash bag on the seat may help you to turn more easily.



Back up to the vehicle until you feel it behind your legs.



Reach for the back of the seat with one hand and the dashboard with the other and lower yourself down onto the seat. Slide the operated leg out for comfort when sitting.



Scoot backward as far as you can toward the other seat, using your arms behind you. Pivot to turn toward the front of the car, leaning back as you lift one leg at a time into the vehicle.



Bring the seat back to a comfortable position and put on your seat belt.



Getting out of your vehicle:

Reverse the steps used when getting into your vehicle.



Push yourself up with one hand on the dashboard and the other on the back of the seat. Once you gain your balance, you can place your hands on the walker/crutches/cane.



Driving:

You may not drive until instructed by your physician.

You should not drive if you are still taking narcotic pain medications.

Arrange to have your family/friends pick up prescriptions, do errands, and provide a ride to your follow-up appointment with your doctor.

Home Health Care Services

Health Care at Home

Our goal is to allow you to recover at home, continuing your physical therapy and related care in more familiar and comfortable surroundings. Due to carrier restrictions, however, home health services are not covered in all situations. In most situations, this is because your level of function is high enough that it is felt that you should be performing your therapy as an outpatient.

When you are in the hospital, a case manager will see you and make arrangements for your home health care if applicable.

If applicable, a home health agency can provide the following services:

Physical Therapy

A physical therapist will work with you at home for 2-3 weeks.

Home Health Nurse

A home health nurse may come to your house to assist with dressing changes, medication review, or blood draw/lab work.

Home Health Aide

A home health aide may come to your house to assist with personal services such as bathing, dressing, and grooming.

Preparing Your Home

Planning Your Homecoming

There are a number of ways that you will need to prepare for your return home after surgery.

Meal Planning and Cooking

You may wish to prepare meals and freeze them prior to surgery. Arrange for friends, family, or church members to provide meals once you return home. Stock your pantry with groceries, freezing items for later use. A good method for doing this is to prepare double portions of your meals for a period of 2 weeks and freeze half of the portion at each meal. This will provide you with a 2-week supply of meals that you won't have to prepare during your post-operative period.

If you prepare your kitchen prior to surgery by placing items you most frequently use within arm's reach, it will make cooking much easier. Arrange your refrigerator so you can access items without bending over.

Recovery Center

You may wish to set up a recovery center. In this area, you will want a bed for resting, a phone, a television remote, books, a small table for drinks, snacks, a radio, tissues, and a waste basket.

Disabled Parking Permit

You may wish to obtain this from your physician's office prior to surgery.

Cleaning

Have your home ready before surgery. You should avoid vacuuming, sweeping, and mopping while you are using a walker/crutches. You may need assistance with changing your bed sheets, laundry, and cleaning your home.

Pet Care

Make arrangements for your pets prior to surgery. You may not be allowed to walk your pet on a leash for some time following your surgery.

Home Prep Checklist

You may want to consider doing some of the suggestions on the home prep checklist in the next segment. You want to have your home prepared before you leave for the hospital.

Home Prep Suggestion List

Use the checklist below to keep track of your preparations before surgery.

Home Safety and Preparation Checklist

- o Arrange kitchen, bedroom, and bathroom supplies so they can be accessed with limited bending and reaching. Do not use step stools.
- o Arrange for meal preparation or freeze meals ahead of time.
- o Remove throw rugs from around the house and tack down larger loose carpets.
- o Arrange furniture in your home so that you can walk easily with your walker or crutches.
- o Provide good lighting throughout your house. Change any burned-out lights. Install night-lights in the bathroom, hallways, and bedroom.
- o Arrange assistance for young children or anyone you may be caring for in your home.
- o Make arrangements for care and safety of your pets, boarding them if necessary.
- o Make sure all pathways throughout your home are free and clear of clutter and tripping hazards. Keep lamp cords, telephone cords, and oxygen tubing out of your pathway.

- o Identify chairs with back support and armrests that will be appropriate following surgery.
- o Place a non-skid mat on the shower floor to prevent falls.
- o Minimize the stairs you will climb when you first return home.
- o Do not use towel bars or toilet paper holders as grab bars, as they may pull out of the wall easily.
- o Install the raised toilet seat if needed.
- o Check your porch rails to ensure they are sturdy.
- o Keep a phone with you at all times.
- o Ensure that your glasses are up to date, and you can see clearly.
- o Arrange for transportation as needed.
- o Arrange for assistance with home chores such as cleaning, laundry, or changing bed sheets as needed.

Section 6: What to Expect in the Hospital

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section of the program will help you learn about what to expect in the hospital. You will be in great hands.

Anesthesia

You will meet with your anesthesiologist on the day of your surgery to discuss your medical history.

Be sure to tell your anesthesiologist about any allergies you have and any problems you may have had in the past with anesthesia.

You and your anesthesiologist will determine the type of anesthesia best suited for you. There are two different types of anesthesia you may receive: spinal anesthesia and general anesthesia. In addition, you will receive a peripheral nerve block to assist in your post-operative pain management. Your surgeon's anesthesia team has been hand-selected for their expert level of orthopedic anesthesia care. Specifically, they all have received extensive specialty training in peripheral neural analgesia (nerve blocks).

Peripheral Nerve Blocks:

This type of anesthesia allows the anesthesiologist to use an ultrasound machine to place numbing medicine directly over nerves that contribute to pain around the joint.

Spinal Anesthesia:

This type of regional anesthesia makes the lower part of your body completely numb for your surgery.

General Anesthesia:

This type of anesthesia puts you completely asleep for your surgery.

Before Surgery:

You will receive several medications prior to surgery. You may receive a combination of pain medication, anti-inflammatory medication, and nausea medication that has been shown to reduce pain and speed up recovery after the procedure.

You will have an IV started and be given medications to prepare you for your surgery.

In the Operating Room:

You will be given a combination of medicine and anesthetics to put you to sleep until your surgery is completed.

You may also receive a long-acting spinal medication to control your pain for about 18-24 hours after your surgery.

You will also be given IV sedation medication that will make you drowsy and comfortable during the surgery. You will not be awake during surgery.

After Surgery:

If you experience discomfort that is not controlled by the medication you received, notify your nurse.

Inform your nurse if you have nausea or itching. Medications can be given to minimize these side effects.

After Recovery/PACU:

You will be started on a post-operative total joint pain protocol. This combination of medications has eliminated the need for patients to take narcotics in the hospital in over 95% of patients who were not on narcotics prior to surgery. It is a combination of pain medications and anti-inflammatory medications, designed to be given at very specific time intervals, which allow you to move freely and with minimal pain. This allows for accelerated discharge to home without the numerous side-effects of narcotic-based pain protocols. Narcotics have been associated with nausea, vomiting, constipation, confusion, falls, decreased function, and increased time required

in the hospital. Your surgeon and his team chart and review pain and function scores on all of their patients and continuously update protocols to deliver the absolute best pain relief possible.

PACU

What is the PACU?

Knowing what to expect in the recovery room will help you feel more comfortable when you wake up after your surgery.

The PACU is the Post-Anesthesia Care Unit. It is the first place you will go after your surgery. You will usually only be in the PACU about an hour. After your time in the PACU, you will be taken to your hospital room for the rest of your recovery.

If you are having your joint replacement as an outpatient, you will remain in the PACU for a few hours until you have received the proper post-operative pain regimen and have been determined safe for discharge to home.

Post-Surgical Care

When you awaken, you will have some medical devices attached to you. They are a normal part of post-surgical care. Below are details about these devices and the purpose of using them in post-surgical care.

Vital signs: Your temperature, pulse rate, and blood pressure will be taken frequently. This will help ensure that your condition remains stable.

Intravenous fluids: You will be given fluids through an intravenous tube. It will be removed prior to discharge. Antibiotics are also given intravenously to prevent infection.

Incision care: You will have a dressing over your knee incision after surgery. The dressing will be placed in a sterile manner in the operating room. It will remain on for a period of a week without exposure to help prevent infection.

Support stockings (TEDS): After knee surgery, your physician may order elastic stockings to be placed on both of your legs to help your blood circulate and decrease swelling. You may continue to wear your stockings for about 4 weeks after surgery.

Sequential compression devices: These sleeves wrap around your calf and help pump blood through your veins to prevent a blood clot from forming in your legs. You will wear these when you are in bed. Be sure to continue doing your ankle pump exercises.

Oxygen, pulse oximetry: After surgery, you may receive oxygen through a tube under your nose. A monitor will be placed on your finger to measure your oxygen levels.

Ice bags: Ice bags may be placed on your knee to assist with pain management and decrease swelling.

Diet: After surgery, you will initially receive a clear liquid diet, such as Jell-O, broth, coffee, tea, and clear juices. Once your nurse is able to detect adequate bowel sounds, he/she will advance your diet. This generally occurs the day after your surgery or the next day.



Lab tests: After surgery, your doctor may want blood samples to monitor your recovery. Your blood sugar will be checked by a fingerstick daily, even if you do not have diabetes. The body's response to stress (surgery) can raise your blood glucose. If your blood sugar levels are elevated, it can increase your risk of infection.

You may require insulin injections to reduce the risk of infection and promote wound healing.

Blood transfusion: During or after your surgery, you may need a blood transfusion. Your surgeon has many surgical and recovery techniques to reduce the need for blood transfusions. Transfusions are rarely required, but occasionally may be necessary.

Anticoagulation medication: You will be taking a blood-thinning medication daily. You will also be given a prescription to continue taking at home during your recovery.

Incentive spirometer: Coughing and deep breathing exercises help prevent lung congestion after surgery. To cough, take a deep breath in and cough forcefully from your abdomen. You will also be given an incentive spirometer after surgery to help exercise your lungs. To use the incentive spirometer, exhale completely and then close your lips tightly around the mouthpiece. Inhale slowly and deeply, keeping the small blue ball between the two arrows.

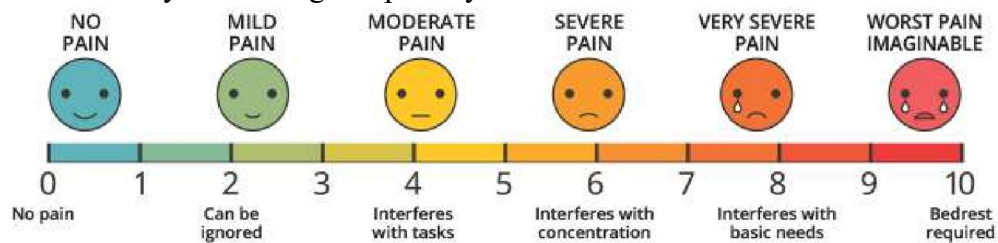
When you can't inhale any more, hold your breath for a few seconds, and then exhale slowly. You may be asked to use your incentive spirometer 10 times every hour that you are awake. You will also go home with this device and use it in the same manner and frequency for the first 7-10 days at home.

Pain Management Methods

Pain Scale

While in the hospital, you will be asked to rate the intensity of your pain using a pain scale. A pain scale is a line numbered from 0 (no pain) to 10 (worst possible pain), with each number representing a degree of pain. Reporting your pain as a number assists the nurses and doctors in knowing how well your medication is working. Our goal is to manage your pain so that it is tolerable and allows you to participate in therapy.

Please keep in mind that you are recovering from a major surgery. While it is our goal to keep you out of pain, everyone's body interprets pain differently, and you are expected to have some level of discomfort. The key is to communicate with your care team so we can adapt our best-in-class protocols to fit you individually and make you as comfortable as possible. Your comfort and successful recovery are our highest priority.



Pain Management

Our physicians are committed to providing you with the most comprehensive pain management protocol. The physicians and their teams actively record and study all joint replacement patients' pain levels and function. They continually update the protocol to provide the best pain control possible. This protocol has been instrumental in reducing the length of stay in the hospital from the industry standard of 3-4 days to an overnight stay for most patients.

Please let your nurse know if you continue to experience discomfort or nausea.

Pain Pills (as-needed medication)

You can ask for pain pills when you need them (usually about every 4 hours). Try to eat a cracker or other small amount of food before taking pain medication. It is important to stay ahead of your pain, and we encourage you to take pain medications on a regular basis to ensure that you are always prepared for activity.

Preventing Blood Clots

Blood clots can occur after joint replacement surgery. Depending on your risk factors, your doctor will prescribe one of several medications to prevent blood clots. All medications that prevent clots increase your chances of bleeding after surgery. Our preference is to use aspirin, because it has the lowest risk of bleeding, hematoma, and wound complications.

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Each anticoagulant has its own dosing regimen; make sure to take medication exactly as directed. If you have questions, please ask for clarification. If you fail to take this medication properly, you will be at high risk of developing a blood clot.

Occupational Therapy

An occupational therapist may work with you in the hospital to increase your independence with bathing, dressing, and toileting.

Your occupational therapist may teach you how to use adaptive devices to increase your independence at home.

Section 7: Your Recovery at Home

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section is about your personal recovery at home. It will provide a helpful reference for how to perform daily activities in a way that will support your recovery.

Going Home

You will typically be in the hospital for one night following your surgery. Occasionally, patients will need an additional day in the hospital. Leaving the hospital is also called being "discharged." Before you leave, your nurse will provide and review the following with you and your coach:

- Prescription for blood thinning medication and when to take it
- Discharge instructions from your surgeon
- Instructions for how to care for your incision
- Answers to any questions you may have

Prior to your discharge, your family coach must attend your last physical therapy session at the hospital so the therapist can review home therapy protocols with him or her and ensure that he or she can properly assist you with your home exercises.

If home physical therapy has been arranged for you while you are in the hospital, the agency name and phone number will be included in your discharge instructions. You should receive a call from them to set up the time they will be coming to your home. If you do not hear from them, please call them.

General Instructions for Home

Anticoagulation (blood thinner)

Take blood-thinning medication at the same time each day. Your anticoagulation medication is the most important medication you have in your post-operative regimen. ALL patients will be on some form of anticoagulation for 2-4 weeks after surgery. If you have any confusion about this or about which medication is your anticoagulant, please contact your surgeon's office immediately.

Do not take any additional aspirin or anti-inflammatory medications with blood thinners unless instructed by your physician.

Your blood thinners will make it more likely to see bruising and skin changes, not only around your surgical incision, but in other locations on your operative extremity.

Medications

Take your pain medication as directed, especially before exercise and activity.

It is important to have regular bowel movements. Pain medications may cause constipation. Stool softeners, prune juice, and increasing your water and fiber intake may help in preventing constipation.

If constipation occurs, take a laxative (such as Dulcolax tablets, milk of magnesia, or a suppository), or a stool softener (Docusate). All of these medications are available over-the-counter.

Diet

You may resume your diet. Be sure to drink plenty of fluids.

Eat food high in fiber and protein and low in fat.

Avoid alcoholic beverages and tobacco products.

Do not eat excessive amounts of dark-green leafy vegetables if you are taking Coumadin (Warfarin).

If you have diabetes, be sure to avoid sweet beverages and limit sugar, honey, jelly, syrup, and molasses. These items raise your blood sugar quickly and make it difficult to control.

Please call your orthopedic surgeon, your PCP, or report to the ER if you begin to develop any of the following conditions:

- Fever over 101.5 degrees
- Increased redness, swelling, or drainage from your incision site
- Increased pain or unrelieved pain
- Persistent pain, redness, or swelling in the calf of either leg
- Painful bloating of the abdomen

If you experience sudden increased shortness of breath, chest pain, or rapid or unusual heartbeat, call 911 and go to the nearest emergency room.

Please remember, DO NOT go to the emergency department or acute care facility without first talking to your orthopedic surgeon.

Incisional Care

The dressing will be placed in a sterile manner in the operating room so there is no bacterial contamination of your incision. Please keep your incision clean and dry. Do not submerge the incision under water (examples: bathtub, hot tub, swimming pools) for at least 2 weeks or until instructed otherwise by your surgeon.

Your surgeon will decide which dressing to apply over your incision. Depending on your surgeon's preference, you could have one of the following dressings over your incision site:

Island Dressing: This is the most commonly used dressing by our surgeons. If you have this dressing, only sponge bathe. Please keep the original dressing in place for the first week. You may be given an additional dressing to take home and change after 5-7 days and then keep this dressing in place until you return to the office for your follow-up visit in 2 weeks. After that, you may change it as needed, and you can get the incision wet.

Wound VAC Dressing: If you have extra drainage from your incision site after surgery, your surgeon may apply a wound VAC. The wound VAC will have a small tube connected to a container for drainage. A small amount of suction will be applied to keep the incision clean and dry. After 14 days, the suction will stop, and the dressing should be removed. You may only sponge bathe with these dressings.

Steri-strips: If you have steri-strips applied after your dressing has been removed, please leave the steri-strips in place until they fall off on their own.

It is common to have some discoloration or blood on your dressing from your operation. Please call your surgeon's office if you see any new drainage on your dressing. They are only concerned with drainage or bleeding that occurs after you have been discharged.

If you have staples in place, your home health nurse or rehab facility nurse may have orders to remove the staples 14 days after your surgery.

Please do not apply any lotions or ointments to your incision, as this may introduce an infection to your incision site.

Bathing with Your Incision

Continue sponge bathing at home until your doctor allows you to shower.

Do not submerge your incision in water, including tub baths, hot tubs or Jacuzzis, pools, lakes, or large bodies of water until you receive clearance from your surgeon.

Warning Signs: Blood Clot

Blood clots can occur after joint replacement surgery. It is important to recognize the signs of blood clots. Remember, the most important things you can do to prevent blood clots are to take blood-thinning medication, be active, and walk.

Warning signs of blood clots in the leg: Increased

- pain in the calf of your leg
- Tenderness or redness
- Increased swelling of the thigh, calf, ankle, or foot

If you experience any of these warning signs, call your doctor immediately. If there is concern of a blood clot (DVT), an ultrasound of your leg may be performed to evaluate.

Warning signs of blood clots in the lung:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing or when taking a deep breath

If you experience any of these warning signs, or rapid or unusual heartbeat, call 911 and go to the nearest hospital emergency room.

Warning Signs: Infection

The most common causes of infection are bacteria entering the bloodstream through the mouth, urinary tract, or skin. Following surgery, you should take antibiotics prior to dental work or abdominal or urinary tract testing/surgery.

Warning signs of infection include:

- Persistent fever (oral temperature greater than 101.5 degrees)
- Shaking or chills
- Increased redness, tenderness, swelling, or drainage from the incision
- Increased pain during activity and at rest

If you experience any of these warning signs, call your doctor immediately. Due to the normal healing response to surgery, you will develop increased blood flow to your knee. This will cause your knee to feel warm. This is a normal adaptation and healing response and may persist for several months.

Warning Signs: Digestive Tract

After surgery, the pain medications and inactivity can slow the contraction of muscles in your intestinal tract. This slowing may cause a build-up of gas, painful bloating, and constipation.

To help prevent this, drink plenty of water and stay as active as possible. It is also important to follow your doctor's instructions on diet, medications, and activity to reduce constipation.

If you begin to experience painful bloating or significant pain, call your primary care physician for further instructions.

Dental Protocol

Because infections commonly enter the body through the mouth, you must take certain precautions before having dental procedures (including teeth cleaning).

You must follow this protocol before any dental procedure for the rest of your life:

- Wait 3 months after surgery before having any dental procedure.
- Inform your dentist that you have had joint replacement surgery when you schedule your appointment.
- Obtain a prescription for antibiotics to be taken before the dental procedure from your dentist or orthopedic surgeon.
- You should be treated with 500 mg of Amoxicillin to be taken one hour before the procedure.
- If you are allergic to Penicillin, you should be treated with 600 mg of Clindamycin to be taken one hour before the procedure.

Metal Detectors

Your new implant may activate the metal detectors used for security in airports and in some buildings. Tell the security agent that you have an artificial joint.

You do not require a card stating you have a joint replacement. Given the heightened security at airports, security screeners no longer recognize these and take the precaution of patting down the surgical area or using a handheld metal detector.

Resuming Day-to-Day Activity

You are going home as a well person; be as active as possible.

Continue to use your walker/crutches and maintain any weight-bearing restrictions you may have until your home therapist or physician instructs you otherwise.

If you feel dizzy when you first get up, wait a few moments until it passes before you begin walking.

Take your time while walking to prevent falling.

Setting Your Activity

Goals

It may help to talk to your surgeon or physical therapist to set specific goals for getting back to your favorite activities after surgery.

Take a moment to consider your original vision for why you wanted to have joint replacement surgery. What did you want to get back to?

List the activities you want to set goals for below and ask your surgeon or therapist to help you plan for achieving those goals. Having this conversation is important so your goals are realistic, achievable, and well-planned.

Lifetime Activity Guidelines

It is important to maintain an active lifestyle after your recovery. Below are some recommended activities to enjoy with your new knee. Be sure to ask your surgeon about any other activities that you would like to do. Your surgeon will determine if and when you can do these activities.

Recommended Activities Include:

- Walking
- Golf
- Biking
- Fishing
- Swimming
- Dancing
- Bowling
- Gardening
- Elliptical Stepper

Not Recommended:

- Basketball
- Weightlifting with weights that exceed 50 pounds

Skiing
Racquetball

Avoid Entirely:

Jogging or running
Contact sports
Jumping sports
High impact aerobics

Section 8: Your Surgery and Hospital Stay

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section of the program will walk you through your day of surgery and post-surgical stay. You will be in great hands and have all the support you need.

It will be a busy couple of days, but if you carefully read this guide and take all the necessary steps to prepare beforehand, you will know what to expect at every turn.

Be sure that you and your coach write down any questions that you want to ask your surgeon before you leave for the hospital.

Enhanced Recovery After Surgery (ERAS)

What is ERAS?

Your surgeon uses a research-based program called Enhanced Recovery After Surgery (ERAS). Studies show this program can improve your overall surgical experience so you can recover faster and get back to your normal life.

The ERAS program allows you to eat sooner after surgery and helps you experience less nausea and upset stomach. You will be given appropriate and effective pain management, utilizing multiple medications to control your pain after surgery. This pain management regimen will help limit the use of opioids when possible.

Before Your Surgery

It is important to discuss your pain management expectations and set realistic recovery goals with your clinical care team.

You will not eat or drink anything after midnight before your surgery. While you are waiting to go back to the surgical area, you will be given medication to help reduce any pain you may experience after surgery.

After Your Surgery

Once you transition to your hospital room, you will be able to begin eating and drinking. You will also begin physical therapy to help you walk on the evening of your surgery. Your surgeon uses a multi-modal pain regimen to decrease post-operative pain after your scheduled surgery. Medications will be provided around the clock while you are in the hospital.

Preparing to Leave the Hospital

Your recovery will continue at home. Be sure to closely follow your surgeon's instructions on drinking, eating, and activity. Remember to reach out to your clinical care team if you have any questions or concerns during your recovery at home.

Packing for the Hospital Checklist

Before your surgery, you will need pack a bag for your hospital stay. You should pack your bag a day or two before your surgery. Follow the checklist below to ensure you do not forget any important items. Leave all valuables at home, such as jewelry, credit cards, or large sums of cash.

Items to bring:

- Loose-fitting, comfortable clothing (shorts, capris, sweatpants, shirts)
- Tennis shoes or flat rubber sole shoes that tie or slip on. Do not bring slippers or openback shoes.
- Personal items such as soap, lotion, toothpaste and toothbrush, lip balm, and deodorant
- Eyeglasses case, if you wear glasses
- Denture cup, if you wear dentures
- Hearing aids with extra batteries
- CPAP machine, if you use one
- A picture ID and your insurance cards
- A list of current medications and allergies, including prescriptions, over-the-counter drugs, and vitamin and herbal supplements with strengths and dosages
- Advanced directives, such as a living will or healthcare power of attorney, if you have them
- Walker or crutches, if you have them
- Informative documentation you may have received from your surgeon or the hospital

Methodist Health System is not responsible for any stolen or lost items during your hospital stay.

Your Day of Surgery

Reporting to the Hospital

You will be asked to arrive approximately two hours before your scheduled surgery.

Report to the Outpatient Services department (where you did your admissions testing) located on the 2nd floor of Pavillion II. Please utilize parking in the Pavillion II parking garage.

Pre-Operative Area

Once you are checked in, you will be escorted to the pre-operative holding area, where you will be prepared for surgery. The pre-operative nurse will assess your vital signs and general health. If you were allowed to take pre-approved medication before arrival, please report all medications taken along with the dosage to your nurse. You will then be asked to change into a surgical gown and cap.

There will be several checks to make sure the correct joint will be replaced. Your surgeon will review your medical history and mark the area by initialing on the joint.

Once the consents are signed and reviewed by your anesthesiologist and surgeon, you must remove all personal belongings, including dentures, hearing aids, hair pins, wigs, jewelry, body piercings, contact lenses or glasses, and all underwear. These items will be left with your loved ones during surgery.

An IV catheter will be placed in your arm to administer fluids, anesthesia, and medications.

While you are in the pre-operative holding area, family members can stay with you until you go back for surgery. The number of family members may need to be limited, and it is not recommended to have children under 16 in this area. Your family members will then be directed to the waiting area with your case number where they can follow your progress through your procedure on one of the televisions in the waiting area.

You will meet several surgical team members during this time. We understand that this can be an anxiety-provoking situation, and there will be a lot going on in a short period of time. Each team member will introduce themselves and explain their role on the team. Our goal is for you to be comfortable and understand the entire process. If you forget a name or don't understand what is going on, please stop the team member and let them know so we can further explain or reintroduce ourselves. All of our team members are empathetic and committed to extending a comforting family touch to you during your stay at Methodist Dallas Medical Center.

If you are diabetic, your blood sugar will be checked with a fingerstick. If your blood sugar is elevated, you may need insulin before, during, and after surgery.

Once you go back for surgery, your family members can wait in the surgical waiting room with your case number and follow your progress on one of the televisions. There is a coffee shop,

chapel, gift shop, and cafeteria there for their convenience. Wi-fi is also available in the hospital.







The average surgery time is 1-3 hours, but with anesthetic procedure time (including performing nerve block) and positioning/room preparation, you may be gone for 4 hours or longer. The operating room nurse will update your loved ones. In addition, we have a complimentary text messaging platform that will allow your loved ones increased communication with the OR nurse/operating room team.

Due to the amount of pre-operative preparation (your pre-operative education program), state-of-the-art surgical techniques, and highly advanced rehabilitation and pain management protocols, the average stay in the hospital is overnight. Occasionally, a patient may need to stay into the 2nd day.

Our goal is to prepare you to recover at home after discharge from the hospital. It is very important to plan for your recovery needs at home before your surgery date.

Your Surgery Timeline

The timeline below shows an example timeline to give you a sense of what to expect on the day of surgery.

Before Surgery		Check in at the patient/admitting area at the time you have been instructed by your surgeon's office.
Surgery Prep		In the pre-op holding area, you will: 1. Change into your hospital gown 2. Talk to your nurse, anesthesiologist, and surgeon
Surgery Time		Enter surgery area. Families may wait in the surgical waiting area. The surgeon will contact them when surgery is completed.
After Surgery		PACU (post anesthetic care unit) for a few hours. Then, you will be transferred to a hospital recovery room.
Day Of Surgery		Physical Therapy Session - walking
Day After Surgery		Physical Therapy Session – morning and afternoon

You and your coach will review your discharge instructions with your nurse. Discharge is typically around lunchtime or early afternoon. For outpatients, discharge will be after your phase 2 recovery is complete.

Recovery Area

After your surgery, you will be wheeled to the post-anesthesia care unit (PACU) or recovery room.

In the PACU:

- Nurses will check your blood pressure, pulse, and breathing.
- You will receive medications for pain as needed.
- Nurses will check your bandage and encourage you to take deep breaths and move your ankles and feet.

Your recovery room stay will last about an hour. If you are having same-day joint replacement, your stay in recovery will be about 6 hours, after which you will be discharged to home. A nurse and anesthesiologist will monitor your progress closely.

Select members of your family will be allowed to visit you in the recovery room once the recovery room nurses have given you your medications and done appropriate exams to ensure your safety and quick recovery. The number of visitors must be restricted, however, because there will be other patients recovering at the same time, and we must respect their privacy and need for a quiet and peaceful recovery as well.

Hospital Room

When your vital signs are stable, and your pain is adequately controlled, you will be ready to move from PACU to your hospital room on the 9th floor of the Schenkel Tower.

We have a specialized staff of nurses and therapists committed to world-class service. Please feel free to ask questions about your hospitalization and recovery.

- Visiting Hours: 8am to 8pm. One adult visitor per patient is allowed to stay overnight in the room. Children must always be accompanied by an adult who is not the patient.
- Cafeteria Hours: 7am to 8pm Monday to Friday; 7am to 7pm Saturday and Sunday
- Nurses' station phone number: (214) 947-9099 Cell phones are permitted in this
- unit.

Physical Therapy Timeline

Day of Surgery (Day 0)

- The physical therapist will see you after you arrive in your hospital room following surgery.
- The goal is to assist you with sitting on the edge of the bed and walking a short distance with a walker to the degree that you are able to tolerate.
- Remember: perform your ankle pump exercises 10 times in a row every hour that you are awake to prevent blood clots.

Day 1 After Surgery (Day 1)

- You will have a physical therapy session in the morning and the afternoon.
- You will be assisted with exercises, getting in and out of bed to walk using a walker, and sitting in a chair.

- In order for you to be discharged, your coach will be required to observe your therapy sessions. This is so your coach can prepare for assisting you at home.
- Once you are able, you should sit in a chair for your meals. Do NOT get up without assistance from your therapist or nurse.

Asking Questions

It is important to ask any questions that come up for you before, during, or after your surgery. You can ask your doctor or any member of the clinical care team.

It helps to write down your questions on a small notepad as you think of them. Then, when a clinical team member is present, you can use the notepad to help you remember everything you want to ask. Methodist Health System provides small notepads for this purpose.

Therapy Goals for Discharge

Prior to discharge from the hospital, you should be able to:

- Walk 150 feet with supervision using a walker.
- Climb up and down steps with supervision.
- Dress and bathe yourself with minimal assistance from coach or staff, utilizing adaptive equipment if needed.
- Bend your knee 90 degrees.
- Get in and out of bed with minimal assistance from coach or staff. Perform
- all exercises with supervision and support from coach.

Reminders for the Morning of Surgery

Before you leave for the hospital the morning of your surgery, here are some things to remember:

- When you wake up, take medications with a small sip of water as your physician or preadmission testing nurse instructed.
- You may brush your teeth and rinse with water, but do not swallow the water.
- Leave jewelry and valuables at home.
- Wear clothes that are loose-fitting and easily removed.
- Avoid using perfumes, shaving creams, or any scented lotions.
- Do not wear makeup, fingernail polish, or toenail polish. If you have polish on your surgical foot, it will be removed in the hospital.
- Bring a case with your name on it to hold your eyeglasses, contact lenses, hearing aids, or dentures.

End of Pre-Surgical Phase

Congratulations! You have now completed the Pre-Surgical Phase of the OrthoCare Program!

Your physician, the joint reconstruction team at Methodist Health System, and VOX Telehealth wish you a smooth and successful surgery.

You can sleep well knowing that you have done everything to prepare yourself for the best possible outcome.

When you get home and are settled in, log back into the OrthoCare Program to continue through the Rehabilitation Phase.

If you or your coach want to view supplementary videos during your time in the hospital, log in to the optional In-Patient Phase and browse the informative videos.

We'll see you when you get home!

Please keep in mind that we have gone to extreme lengths to put together the material in this program to make your success and satisfaction as certain as possible. We (both VOX and Methodist Health System) value your input and would like to hear any suggestions you may have and know of any difficulty you had with the program or with your hospitalization. We are committed to providing you with the best care in your joint replacement and are always willing to listen to our patients to improve this process.

Phase: REHABILITATION

Section 1: Post-Op Rehab Phase 1

Welcome home and welcome back to the OrthoCare Program for Methodist Health System!

Post-operative, or "post-op," means after surgery. In the hospital, your physical therapist showed you how to do your post-operative exercises. Several exercises are demonstrated in video clips throughout this part, which will assist you in the Rehabilitation Phase of your recovery.

You should start doing these exercises every day. Try to do each exercise 3 times a day. Your therapist may gradually make changes as you progress at home.

Intro to Rehabilitation Phase

Congratulations on the successful completion of your total joint replacement at Methodist Dallas Medical Center!

We hope and trust that you had an excellent experience at Methodist Dallas Medical Center and received the highest level of patient care and safety. We pride ourselves on the care delivery we provide to all of our patients.

We aim to be the area leader in patient care and safety and deliver the best orthopedic care after your joint replacement. Thank you for choosing us, allowing us to perform your surgery, and participating in the Rehabilitation Program.

Please feel free to call us if you have suggestions for improving our patient care delivery. Our Joint Academy Coordinator can be reached at (214) 947-8409.

Post-Op Knee Exercise Intro

Now that you've completed the surgical portion of your knee replacement, it is time to move on to the most important part of your recovery: physical therapy.

To ensure you receive the proper function, motion, and pain relief that you want from your total knee replacement, you must focus on physical therapy. In addition to formal physical therapy, you should perform the following exercises on the days you are not meeting with your physical therapist. You must diligently perform these exercises, as they will be the key to the success of your replacement.

Please remember that everyone's ability to regain range of motion is different. The most significant predictor of the motion you gain after surgery is the motion you had before surgery. If you had limited motion before surgery, you must stay diligent in your exercise. It will take more effort to regain your range of motion than someone who had full range of motion before their surgery.

Your Recovery Exercises

It is important to follow the exercise plan prescribed to you by your care team.



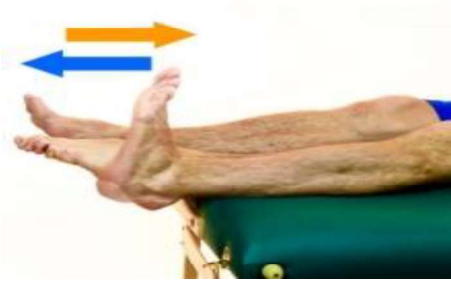
Abduction Straight Leg Raise

While lying on your side, flex your top foot (flex foot up towards shin).

Raise your top leg up towards ceiling, opening your hip flexors.

Keep body in one straight line from head to toe.

Ankle Pumps



Bend your foot up and down at your ankle joint.

Note: Continue doing ankle pumps throughout the day, as it is the most important exercise for blood circulation, preventing blood clots and swelling.



Knee Extension Heel Prop

Sit with your leg propped (using a large towel, roller, etc.). Relax, letting the leg straighten into extension.

You can also assist this stretch by placing your hand just above the knee and gently pressing down towards the floor.



Long Sit Hamstring Stretch

Sit on a raised flat surface where you can prop your affected leg up on it, such as a treatment table, couch or bed.

While keeping your knee straight to slightly bent, slowly lean forward, and reach your hands towards your foot until a gentle stretch is felt along the back of your knee/thigh. Hold. Then return to starting position and repeat.

Quad Set



While laying or sitting, flex your quads by pressing your knee down towards the mat.

Straight Leg Raise



While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted to the ground.

Seated Knee Flexion



Cross the unaffected leg over the affected leg and pull back to bend the knee.

Short Arc Quad Set



Place a small, rolled towel under your knee. Tighten your top thigh muscle to press the back of your knee downward while raising your heel up.

Long Arc Quad Set



Start in a seated position with your knee bent, as shown. Slowly straighten your knee as you raise your foot upwards, as shown. Return to starting position and repeat.



Standing Calf Raises

While standing next to a chair or countertop for support, raise up on your toes as you lift your heels off the ground. Return your heels to the floor and repeat.



Side to Side Weight Shifting

While in a standing position and knees partially bent, slowly shift your body to your surgical leg. Hold for a few seconds, then shift your weight back to both legs. Repeat.



Standing Mini Squats

Begin standing with your hands on a sturdy surface for support. Bend the hips and knees and lower yourself into a squat. Activating your core and glutes, stand back up tall.



Heel Slides

While in a sitting position, loop a belt, towel, or bed sheet around your foot and pull your knee into a bent position as your foot slides towards your buttock. Hold a gentle stretch and then return to your original position.



Single Leg Balance/Leg Lift

Stand near a stable surface, such as the kitchen sink. Hold on and raise one foot in the air. Attempt to balance on one leg for several seconds.



Sit-to-Stand

Scoot your bottom to the very edge of the chair, keeping your feet in line behind your knees. With hands on armrests, lean forward so that your nose goes past your toes.

*If using a walker with wheels, make sure to lock them.

Move one hand from the armrest to the walker, leaving the other hand on the walker. Push through your hand into the armrest, and pull from the arm on the walker, while pushing through your legs to stand upright.



Seated Bicycle

Scoot your bottom to the very edge of the chair, while keeping your hands on the armrests. Raise both feet off the ground and move your legs in a circle, as if riding a bicycle.



Supine Hip Bridges

Lie on your back with your knees bent and feet flat, hip width apart. Lift your hips by rolling up one vertebra at a time until knees, hips, and shoulders are in a straight line. Hold, then lower back down.

Section 2: Early Recovery Phase

Welcome to the next step in your OrthoCare Program for Methodist Health System.

During the early part of your recovery, there are several things to keep in mind. This part of the program will assist you.

You should also begin observing yourself for any signs of potential issues, such as infection, blood clots, pain, digestive complications, or inability to do your exercises. We will ask you about these observations every 3 days during the early recovery period.

Schedule Follow-Up Appointment with Surgeon

Now that you have had your surgery, you need to schedule a follow-up appointment. You may already have this appointment scheduled. If you are unsure, call your doctor's office to confirm the date and time.

Blood Sugar Management

If you have diabetes, you must check your blood sugar levels during your recovery at home, as surgery can cause an unexpected rise in blood sugar. Elevated blood glucose levels in the first 23 weeks after surgery have been associated with an increased risk for infection. Your goal should be to keep your sugars between 120-150 mg/dl.

Continue to check your blood sugar levels, take your medications, and follow a proper diet as instructed by your primary care physician.

Be sure to follow up with your primary care physician if your blood sugars become elevated.

Infection Observations

As you are recovering, it is important to watch for signs and symptoms of infection.

Warning Signs of Infection:

- Persistent fever (oral temperature greater than 101 degrees)
- Shaking or chills
- Increased redness, tenderness, swelling, or drainage from the incision
- Increased pain during activity and at rest

In the last 3 days, have you been experiencing any of these warning signs of infection (persistent fever, shaking or chills, increased redness, tenderness, swelling, or drainage from incision)?

If you are experiencing any of these signs, you need to contact your surgeon immediately, even if it is a weekend or evening. The surgeon's office will direct you on what to do.

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Blood Clot Observations

As you are recovering, it is important to watch for signs and symptoms of blood clots.

Warning Signs of a Blood Clot in Your Leg Include:

- Increased pain in the calf of your leg
- Increased tenderness or redness
- Increased swelling of the thigh, calf, ankle, or foot

In the last 3 days, have you been experiencing any symptoms of a blood clot in your leg?

Warning Signs of a Blood Clot in Your Lung Include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing or when taking a deep breath

In the last 3 days, have you been experiencing any symptoms of a blood clot in your lung?

If you are experiencing any of these signs, you need to contact your surgeon immediately, even if it is a weekend or evening. The surgeon's office will direct you on what to do.

If you are experiencing chest pain or shortness of breath, call 911 and go to the nearest emergency room.

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Pain Observations

As you recover, it is important to manage your pain so that you are comfortable and can do your therapy. Remember that pain medication can cause constipation, so drink lots of water and include enough fiber in your diet.

Is your pain medication able to manage your pain so that you are comfortable and can do your therapy?

Are you taking your pain medication on a regular basis as prescribed?

If you are taking your pain medication as prescribed and it is not managing your pain appropriately, you need to call your surgeon's office. The surgeon's office will direct you on what to do.

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Digestive Observations

After surgery, pain medications and inactivity can slow the contraction of muscles in your intestinal tract. This slowing may cause a build-up of gas, painful bloating, and constipation.

To help prevent this, drink plenty of water, eat plenty of high fiber foods, and get up to walk every 60 minutes during the daytime. It is also important to follow your discharge instructions on diet, medications, and activity to reduce constipation.

Warning Signs of Post-Operative Gastrointestinal Complications Include:

- Severe Abdominal Pain
- Constipation
- Painful bloating

In the last 3 days, have you been experiencing any of the above symptoms (severe abdominal pain, constipation, painful bloating)?

If yes, call your surgeon for further instruction.

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emergency department, or call 911 immediately.

Reporting Your Exercises

Remember that doing your exercises and walking are very important parts of your recovery program. Don't forget to do your exercises every day!

In the last 3 days, have you been able to complete your exercise routine as prescribed by your doctor/surgeon?

Have you experienced significant pain while doing them?

If yes, talk to your physical therapist about the pain you are having.

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Section 3: Activity During Recovery

Welcome to the next step in your OrthoCare Program for Methodist Health System.

This section discusses information about your activity during recovery. It is important to always communicate your questions and concerns to your therapist, home health nurse, and/or surgeon during your recovery.

Discharge Instructions

As a reminder, it is now time for you to follow your specific discharge instructions that you were given in the hospital.

Take a moment now to review them again. It is also a good time to review the section on general instructions for home and other helpful activity guidelines.

Communication During Recovery

Your therapist will work with you regularly to help you regain mobility and increase your activity during recovery.

It is always good to maintain open communication with your therapist as you recover. Tell your therapist if you develop any concerns about your pain or your ability to do certain activities. Your therapist can help you achieve your goals and notify your surgeon if there is a problem.

If you develop issues with daily activities like walking, sitting, showering, or stairs, mention this to your therapist so these issues can be addressed promptly.

Please remember that it is extremely important that you perform your self-directed therapy program every day that you do not meet with your therapist regardless of whether you are receiving home or outpatient therapy. The quicker you regain your motion after surgery, the easier your rehabilitation will progress. These exercises will assist you with doing that.

Section 4: Surveys

Welcome to the next step in your OrthoCare Program for Methodist Health System.

In this section, we have a short survey we would like you to complete.

KOOS Score Survey: Post-Op

INSTRUCTIONS:

This survey asks for your perspective on your knee. This information will help us track how you feel about your knee and how well you can do your usual activities. Answer every question by selecting the appropriate answer from the drop-down box. If you are unsure about how to answer a question, please give the best answer you can.

Stiffness

The following question concerns the amount of joint stiffness you have experienced during the last week in your knee. Stiffness is a sensation of restriction or slowness in the ease with which you move your knee joint.

How severe is your knee stiffness after first waking in the morning?

None	Mild	Moderate	Severe	Extreme

Pain

What amount of knee pain have you experienced the last week during the following activities?

Twisting/pivoting on your knee

None	Mild	Moderate	Severe	Extreme

--	--	--	--	--

Straightening your knee fully

None	Mild	Moderate	Severe	Extreme

Going up or down stairs

None	Mild	Moderate	Severe	Extreme

Standing upright

None	Mild	Moderate	Severe	Extreme

Function and Daily Living:

The following questions concern your physical function. By this, we mean your ability to move around and look after yourself. For each of the following activities, please indicate the degree of difficulty you have experienced in the last week due to your knee.

Rising from sitting

None	Mild	Moderate	Severe	Extreme

Bending to the floor/pick up an object

None	Mild	Moderate	Severe	Extreme

PROMIS 10 Survey: Post Op

In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor

How would you say your quality of life is?

Excellent	Very Good	Good	Fair	Poor

How would you rate your physical health?

Excellent	Very Good	Good	Fair	Poor

In general, how would you rate your mental health, including your mood and your ability to think?

Excellent	Very Good	Good	Fair	Poor

How satisfied are you with your overall health?

Excellent	Very Good	Good	Fair	Poor

In general, please rate how well you carry out your usual social activities and roles. (These include activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent	Very Good	Good	Fair	Poor

How often do you do your everyday physical activities?

such as walking, shopping for groceries, or

Completely	Mostly	Moderately	A little	Not at all

How often do you experience any emotional problems?

such as feeling sad, depressed, or irritated?

Never	Rarely	Sometimes	Often	Always

Rate your fatigue on a scale of 0 to 10:

None	Mild	Moderate	Severe	Very Severe

How would you rate your pain on average (0 being no pain, 10 being worst pain imaginable)?

0	1	2	3	4	5	6	7	8	9	10

Section 5: End of Rehabilitation Phase

Congratulations! You've now reached the last step of the Methodist Health System Joint Reconstruction OrthoCare Program!

Congratulations!

You have now completed the Rehabilitation Phase!

This concludes all three phases of the Methodist Health System Joint Reconstruction OrthoCare Program. Thank you for allowing VOX to be there every step of the way through your surgery and recovery.

Methodist Health System and VOX Telehealth wish you continued improvement and success with your joint replacement. Thank you again for your participation in this program!