KEEPING YOU MOVING!
PROVIDING GREAT ORTHOPEDIC CARE

YOUR GUIDE TO
Total Joint Replacement
Thank you for choosing Baptist Health Louisville for your total joint replacement surgery.

• U.S. News and World Report ranks Baptist Health Louisville as the #1 hospital in metro Louisville three years in a row.

• U.S. and World Report lists Baptist Health Louisville as high performing in orthopedics two years in a row.

• Ranked #1 in Kentucky for volume of hip and knee replacements.

• Achieved magnet designation for excellence in nursing by the American Nursing Credentialing Center’s Magnet Recognition Program three times.

• Joint Commission certifications in total hip replacement and total knee replacement with an experienced board-certified team of surgeons and nurses.
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JOINT CARE EDUCATION

JOINT CARE BOOKLET

A guide for people undergoing:

• Total hip replacement       • Partial knee replacement
• Hip resurfacing            • Total shoulder replacement
• Total knee replacement     • Reverse total shoulder replacement

JOINT CARE CLASS

Attendance is required within one year before surgery. Three class options include a live class, an online live webinar, or a pre-recorded class.

• For further information on the pre-operative educational program, please use this link: https://www.baptisthealth.com/Louisville/services/orthopedic-care/patient-support-and-patient-education/total-joint-replacement-classes

• Caregivers are encourage to attend the webinar or online version of the pre-operative educational class.

• The webinar is followed by a live question and answer session.

• Completion of a post-class assessment is required to receive credit for class attendance.

• An electronic version of this educational booklet can also be accessed at the link above.
PREPARING FOR SURGERY

SELECTING A COACH

A coach is a caregiver such as a family member or friend who assists you with your care before and after your hospital stay. You can have more than one coach. How long you will need assistance varies based on your condition before surgery and on how well you do after surgery. A plan to have assistance at home for at least 2-3 days is recommended.

A COACH SHOULD

1. Attend the Joint Care Class.
2. Read this Joint Care Booklet.
3. Attend at least one physical therapy (PT) session with you.
4. Assist the patient with recovery after hospital discharge.
PREPARING YOUR HOME

It is important to prepare your house before surgery. Here are recommended items for your recovery:

• Hand sanitizer

• Reacher to pick-up items (optional)

• Two 4-inch gauze pads and a roll of paper tape

• Portable phone to call for assistance

• Long shoehorn to help apply footwear (optional)

Climbing Stairs —you will be able to climb stairs after surgery; however, it is recommended that you minimize stair travel until the surgical soreness lessens. To enhance your mobility, here are some tips:

• Establish your living space on one level (if possible).

• Select a bed and chair of appropriate height.

• Handrails for stairs are recommended inside and outside.
PREPARING FOR SURGERY

SELF PREPARATION

Helpful tips:

• Start exercises before surgery (see appendix A).

• Do Not bring to the Hospital:
  - Jewelry or other valuables
  - Walker, cane, crutches or wheelchairs (we will supply)
  - Medications, unless otherwise instructed by the physician or preadmission testing nurse.

• Bring to the Hospital
  - List of medications with dosages, times of administration, and when you last took the medication (see appendix B)
  - Insulin pump with insulin cartridges
  - Your CPAP machine
  - This Joint Care Booklet
  - Closed-back shoes that fit well, with gripper soles
  - Shorts or pants loose enough to fit over a dressing, and T-shirts
  - Pajamas or gown
PREVENTING COMPLICATIONS

INFECTION

You are key to your own recovery and healing. Here are some helpful tips for preventing complications:

- Stop smoking at least 4 weeks before surgery, and do not start back after surgery.

- Stop alcohol intake at least 48 hours before surgery.

- Shower daily, beginning at least 3 days before surgery.
  - Wash the front and back of the operative area with an over-the-counter anti-microbial soap (such as dial).

- No dental work or teeth cleaning by a dental office within 5 weeks before surgery.

- Do not apply any creams, lotions, or ointments to the operative extremity for 2 days before surgery.

- Do not shave any part of your body 1-2 days before surgery.

- Use the chlorhexidine and follow the instructions provided by the preadmission testing nurse.
  - If you suspect you are having an allergic reaction to the chlorhexidine, stop use and notify the surgeon.

- Sleep on clean bed sheets, wear clean clothes, and avoid sleeping with any pets the night before and day of surgery.

- Notify the surgeon if you have any signs of illness, such as:
  - Sore throat, cough, congestion, or a rash to the operative extremity.
PREVENTING COMPLICATIONS

FALLS

Protecting yourself from falls is essential after undergoing a total joint replacement. Here are some helpful tips for planning your fall prevention strategy:

• Avoid the use of backless shoes, ill-fitting shoes, or slick soled shoes.
• Do not go barefooted or run around in your socks.
• Remove clutter and tape down loose extension cords and flooring.
• Put away any throw rugs.
• Have handrails on stairs (inside and outside).
• Keep the pathways well lit.
• Avoid wet/icy surfaces. When it is icy outside, let others take out the garbage, get the mail or shovel the driveway.
• Have your coach or visitor help with pets.
• Avoid wearing robes or gowns longer than knee length.
DISCHARGE PLANNING

Nearly 90% discharge to home after joint replacement as the research shows that those who discharge to home have fewer complications and readmissions to the hospital. Here’s what to expect:

1. Having a discharge plan in place before surgery is best practice.

2. As part of our Joint Care Program, Baptist offers Home Health and Outpatient Therapy; however, the selection for post-hospital therapy is up to you.

3. Final approval for discharge to a Skilled Nursing Facility (SNF) is based on “medical criteria” and will not be made by the insurance company until after surgery.
   • Living alone or having a lot of stairs is not considered “medical criteria.”

4. If you are planning to go to an inpatient SNF, consider the following:
   • Seek your surgeon’s recommendation for a recovery location.
   • Contact the facility of choice to ensure that your insurance is accepted and a bed will be available for you at the time of discharge.
   • Have a back-up plan that includes a friend or family member to help you after surgery in case your insurance denies your request for the SNF stay.
DAY OF SURGERY TIMELINE

PARKING

• Use entrance 2 of the 5 story parking garage.
• Patient parking is on Levels 1, 2, and 3. Pedways to the Outpatient Surgery Center and the Main Operating Room are located on the second floor.
• Check-in at the desk and have a seat in the lobby.

PRE-OP

• The nurse will take you to the pre-op room where you will be for 1-2 hours.
• You will change into a gown, have an IV placed, and undergo an evaluation by the anesthesiologist.
• The surgeon will identify and mark your operative extremity.

SURGERY

• You are in surgery for approximately 2 hours.
• The surgeon will speak with your specified contact person after surgery to inform them of your status.

RECOVERY ROOM

• After surgery, you will be transferred to the recovery room for about an hour, where you will be given liquids, and your pain will be managed.
• Once stable, you will be transferred to the orthopedic unit or discharged home. (You will know before surgery if your surgeon plans to discharge you the day of surgery.)

POST-OP UNIT

• Once you arrive on the discharge unit, the nurses will assess and monitor you closely.
• You will begin to ambulate with assistance within the first few hours after surgery.
PREVENTING COMPLICATIONS

PNEUMONIA

Change your diet to clear liquids at midnight the night before surgery. Clear liquids are considered anything you can read a newspaper through in its liquid form. During this time:

• Avoid caffeinated and red-colored beverages.

• Drink a 12-20 ounce Gatorade unless you have diabetes. Patients with diabetes should drink a 12-20 ounce PowerAde Zero.

• Stop all oral intake one hour before your scheduled arrival time.

• Follow the instructions from the pre-admission nurse and surgeon on when to stop or take certain medications.

INFECTION

The treatment team routinely takes several steps to prevent infection including:

• Use of sterilized equipment

• Prophylactic antibiotic treatment

• Use of sterilized gloves
TOTAL KNEE REPLACEMENT

BEFORE

• When two bones form a joint, the ends of the bones are covered with cartilage.

• When cartilage wears away over time, or is damaged by a traumatic event, bones can rub together, causing pain.

AFTER

• In a Total Knee Replacement, the damaged cartilage is trimmed away from the thighbone (femur) and the shin bone (tibia). The ends of the femur and tibia are reshaped to fit the prosthetic joints.

• The cartilage on the back of the knee cap (patella) may be replaced with a button-shaped prosthetic if damage is noted.

• Prosthetic joints come in different sizes and are made from different substances. Your surgeon will determine the size and type of prosthesis that is best for you.
PARTIAL KNEE REPLACEMENT

BEFORE

• In this picture, the red color represents damaged cartilage that occurs on one side of the knee joint.

AFTER

• In a Partial Knee Replacement, damaged cartilage that occurs on one side of the knee joint is trimmed away and replaced with a prosthetic partial joint.

• This procedure is usually completed as an outpatient surgery, and patients go home the day of surgery.
TOTAL HIP REPLACEMENT

BEFORE

• The hip is a ball and socket joint. Cartilage lines the socket (acetabulum) in the pelvis and covers the head of the femur.

• Cartilage wears away over time or is damaged by trauma, resulting in bones that rub together causing pain.

AFTER

• Total Hip Replacement involves trimming the cartilage from the socket and removing the ball and neck of the femur. A cup is placed in the socket, and a metal ball is attached to a rod that fits down into the femur to provide good stability.

• Your surgeon will determine the size and type of prosthesis that is best for you.
HIP RESURFACING

BEFORE

- The hip is a ball and socket joint. Cartilage lines the socket (acetabulum) in the pelvis and covers the head of the femur.
- Cartilage wears away over time or is damaged by trauma, resulting in bones that rub together causing pain.

AFTER

- Hip Resurfacing is usually done in younger patients and involves trimming the cartilage from the socket and from the ball of the femur. A cup is placed in the socket, and a cap-like prosthetic is placed over the head of the femur. This surgery may or may not require a hospital stay.
TOTAL SHOULDER REPLACEMENT

BEFORE

• The shoulder is a ball and socket joint. When two bones form a joint, the ends of the bones are covered with cartilage. As the cartilage wears away over time or is damaged by a traumatic event, bones can rub together, causing pain.

• The red color represents the damaged cartridge that lines the socket of the shoulder joint.

AFTER

• In a Total Shoulder Replacement, the cartilage in the socket is trimmed away, and a metal ball is attached to a stem that is fixed to the humerus (arm bone).

• A high-impact socket is attached to the glenoid to form the shoulder socket.

• Prosthetics come in different sizes and are made from different substances. Your surgeon will determine the size and type of prosthesis that is best for you.
REVERSE TOTAL SHOULDER REPLACEMENT

BEFORE

- In this picture, damage to the Rotator Cuff indicates this need for a Reverse Total Shoulder Replacement as this procedure relies on the deltoid muscle instead of the rotator cuff to move the arm.

AFTER

- In a Reverse Total Shoulder Replacement, the socket and metal ball are reversed as the metal ball is fixed to the glenoid, and the plastic cup is attached to the end of the humerus.
Once your condition is stable, you will be discharged home or transfer to a private room on the orthopedic unit for continued monitoring. The admission nurse will:

• Complete an assessment including a physical examination.

• Stop oxygen and IV fluids when these measures are no longer needed.

• Evaluate the type of incisional dressing applied, and provide incision care based on your surgeon’s orders.

• Check your drain. A drain is a tiny tube placed near the incision to remove excess fluid used during surgery to irrigate the incision prior to closure. Drains are rarely sutured in and may be removed by the nurse or the surgeon the morning after surgery. Not all surgeons will place a drain.

• Complete a unit orientation that includes information about the Family Lounge that contains refreshments.
MEETING OUR NURSING TEAM

NURSES COMPLETE BEDSIDE SHIFT REPORT TO:

• Give report to the oncoming shift around 7 a.m. and 7 p.m.
• Promote consistent communication about your care.
• Update the white communication board at the bedside.

NURSES AND NURSING ASSISTANTS COMPLETE HOURLY ROUNDS TO:

• Check vitals (blood pressure, heart rate, temperature, and respiratory rate).
• Give medications.
• Check your pain level and comfort needs.
• Assist with activities of daily living (bathing, meals, and toileting).
• In effort to minimize disruptions, the observation glass will be used by staff to check on you during hourly rounds if there is no specific need to come into your room.

THREE WAYS TO CONTACT YOUR NURSE:

1. Push the call light button at the bedside.
2. Call the numbers listed on the white board to reach your nurse or nursing assistant.
3. If you have an immediate need, call a CODE H by dialing 4444, and staff will come quickly. (Always keep your call light and telephone within reach.)
Your surgeon will use a multimodal pain management approach to control your pain. This may include: Oral medications before and after surgery, nerve blocks before surgery, injections around the joint during surgery, cold warps and position changes after surgery.

AFTER SURGERY, YOU WILL BE ASKED TO RATE YOUR PAIN. ZERO EQUALS NO PAIN AND 10 REPRESENTS THE HIGHEST PAIN.

PAIN SCALE

- Always rate your pain while moving the operative extremity.
- Pain medication dosage will be based on your pain score.
- Dosage is determined by your pain level.
- Do not take pain medication if you are not having pain.
SAFE USE OF PAIN MEDICATIONS

Every patient metabolizes pain medications differently, which means that the length of time that the medications provide pain relief varies individually.

• Once you are having pain and you figure out how long the pain medicine works for you, consistent dosing is recommended the first day or two, and then the medications are weaned off as your soreness resolves.

• Notify the nurse or surgeon if the pain medications do not last for at least four hours.

• The risk of addiction is minimized by taking pain medications as ordered and weaning off the medications as quickly as possible.

• Safety Tips:
  - DO NOT take pain medications on an empty stomach.
  - DO NOT take more pain medications than prescribed.
  - DO NOT mix pain medications with alcohol, sedative medications, or Tylenol.
  - DO NOT share pain medications with others.
  - DO NOT drive within 24 hours of taking pain medicine.

SAFE DISPOSAL OF UNUSED PAIN MEDICATIONS

• DO NOT dispose of pain medications down a drain or by flushing.

• Utilize a local safe-drop site. Local drop sites can be found https://odcp.ky.gov/Pages/default.aspx.

• Baptist Health Louisville has a safe drop site for disposal of pain medications located in the retail pharmacy.

• If you do not live near a safe-drop site, mix pain medications with coffee grounds or kitty litter in a plastic bag before putting in the trash.
Meds to Beds is a pharmacy service that delivers your discharge medications to your bedside. The use of the Meds to Beds pharmacy is voluntary and dependent on pharmacy hours. If discharged at a time when the pharmacy is closed, you will be given a prescription to have filled on your way home.

If you wish to use the Meds to Beds Pharmacy services, you need to:

• Notify your nurse in pre-op and on the floor.

• Be prepared to pay the typical co-pay as defined by your insurance at the time of delivery.
You will be up walking the day of surgery. Research does show that patients who ambulate the day of surgery have better outcomes than those who do not ambulate.

**OUR GOAL IS FOR PATIENTS TO AMBULATE 20 FEET WITHIN APPROXIMATELY 4 HOURS OF SURGERY.**

- All staff are trained to assist you with ambulation after surgery.
- The first physical therapy session will take place in your room.
- An exercise program specific to your mobilization needs will be designed and taught to you.
- Hip and knee replacement patients will go to the gym for subsequent therapy. Shoulder replacement therapy sessions will continue to be done in your room.
PHYSICAL AND OCCUPATIONAL THERAPY

• Lower extremity joint replacement patients are taught to navigate stairs before discharge.

• The Physical Therapist will assess for the need of any specialized equipment such as a walker or an elevated toilet seat.

• Any equipment for home use will be ordered and delivered to you before discharge from the hospital. Copays for discharge equipment are determined by your insurance company, and are due at the time of delivery.
GOALS OF CARE

Goals for knee replacement patients include the ability to fully straighten the leg and flex the knee at least 80-90 degrees before discharge.

Hip replacement patients are taught specified hip movement restrictions called “hip precautions” that are determined by the location of your incision. An incision will be on your buttock if you had a posterior hip approach, or in the front near your groin if you had an anterior hip approach. Some patients may not have hip precautions depending upon the stability of the replacement and condition of the muscles and tendons.

POSTERIOR APPROACH PRECAUTIONS:

• Aim your toes straight forward. (Do not allow leg to roll inward.)

• Do not bend your hip past 90 degrees. Sit with your knee lower than your hip. (Do not sit on low chairs, stools, or toilets.)

• Do not cross your legs or allow your leg to cross the midline of your body. Keep your knees and feet apart. Place a pillow between your knees when lying on your side.
GOALS OF CARE

ANTERIOR APPROACH PRECAUTIONS

These are specified for patients that undergo a hip replacement via an anterior approach, which means the incision will be in the groin area.

• **Aim your toes straight forward.** Do not allow your toes to point outward. Do not externally rotate your leg outward.

  ![Correct](image1.png) ![Incorrect](image2.png)

• **Do not cross your legs or allow your leg to cross the midline of your body.** Keep your knees and feet apart. Put a pillow between your knees when lying on your side.

  ![Correct](image3.png) ![Incorrect](image4.png)

• **Do not extend your leg behind you.** Take small steps. Do not take long strides.

  ![Correct](image5.png) ![Incorrect](image6.png)

• **Do not lie on your stomach.**

  ![Incorrect](image7.png)
GOALS OF CARE

Shoulder replacement patients will need to be able to perform range of motion of elbow, wrist, and hand, and demonstrate the post-operative restrictions before discharge, including:

• No pushing, pulling, or lifting with the operative arm.

• Advance weight-bearing on the operative arm as directed by your surgeon.

• Wear your sling as ordered.

• Use your cold wrap regularly in the hospital and at home.

• Follow your surgeon’s strict instructions regarding gradual advancements in mobility as healing occurs.
PREVENTION OF COMPLICATIONS

CONSTIPATION

Anesthesia, pain medications, and immobility put you at risk for constipation.

• Drink 6-8 glasses of fluid per day.

• Eat a healthy diet with lots of fruits and vegetables.

• Take an over-the-counter stool softeners and adjust the dosage based on your bowel habits.

• If the stool softeners fail to be effective, you can add a laxative daily such as an ounce of milk of magnesia.

CONTRACTURES

Scar tissue forms fairly rapidly during the first few weeks after surgery. Sleeping with a leg bent can lead to a flexion contracture in knee replacement patients that results in an inability to full straighten the leg, and will require additional surgical intervention.

• Sleep with the leg straight.

• Avoid putting a pillow under the bend of the knee as it tends to cause the knee to bend.
PREVENTION OF COMPLICATIONS

DEEP VEIN THROMBOSIS (DVT)

After surgery, you are at risk for a DVT—a blood clot. The best way to prevent blood clots is to get moving.

• Frequent walking, repositioning, and exercising can help prevent blood clots.

• Compression devices on either your feet or calves are used during your hospital stay to stimulate circulation.

• Prophylactic Anticoagulants are medications started after surgery that make your blood a little less likely to clot during your recovery period.

FALLS

Your perception of where the leg is in space will be different initially after surgery, and it will take time to normalize.

• Do Not get up during your hospital stay without a gait belt in place and staff present.

• Bed and chair alarms will sound if you attempt to get up without the assistance of staff.

• Continue fall precautions after the recovery to protect your prosthetic joint.
PREVENTION OF COMPLICATIONS

INFECTION

Everyone who enters your room must wash their hands—including you.

• Avoid sick people during your recovery.

• If the dressing to your incision or IV site becomes loosened or soiled, or your drain comes apart, please contact the nurse.

NAUSEA/VOMITING

Anesthesia and pain medications can result in nausea and vomiting for some patients. Initially, after surgery try sips of clear liquids first. Once you tolerate liquids, your diet can be advanced to include solid foods.

• Take pain medications with food.

• Notify your nurse if you become nauseated.
PREVENTION OF COMPLICATIONS

PNEUMONIA

Lung tissue is moist. When immobile, moisture pools and becomes stagnant. We all breathe in and out germs every day; however, in the immobile patient, germs will grow in the stagnant fluid in the lungs. Moving around helps prevent that fluid from becoming stagnant. Other measures that help prevent pneumonia include:

• Use an incentive spirometry 6-8 times per hour while awake. (The nurse will teach you to use the incentive spirometer.)

• Deep breathe and cough every 2 hours while awake.

• Sit straight up when eating, drinking, or taking medications.

SWELLING

• To prevent swelling, elevate the operative extremity on pillows when in bed and intermittently throughout the day.

• Apply the cold wraps supplied by the hospital for twenty minutes, 5-8 times per day.
PREVENTION OF COMPLICATIONS

SKIN BREAKDOWN

Any break in the skin is a potential entry site for germs that can cause infection. It is not uncommon for lower extremity surgery patients to be unable to do a straight leg raise (SLR) for a few days after surgery due to surgical soreness.

• When unable to do an SLR, the weight of the leg can collapse the vessels that supply oxygen to the heel, causing the development of a pressure wound in less than two hours.

• A SLR involves laying flat and lifting your leg in the air.

• Float the heels over the edge of a pillow when in bed or in a reclining chair until you can do an independent SLR.

• Frequent position changes are recommended while you are in bed to avoid pressure injuries to the skin.
DISCHARGE INSTRUCTIONS

Discharge from the hospital occurs when you are stable, and you have a safe place to go.

- Some patients discharge on the day of surgery, and this requires advanced planning.
- For those requiring a longer hospitalization, on the day of discharge, your release is usually between 9 a.m. and Noon.
- Transportation should be arranged for your discharge to home in advance. Choose a vehicle that sits low to the ground.

INCISION CARE

The discharge instructions regarding incision care will be specific to the type of dressing you have in place and will include:

- When and how to change the dressing.
- Always wash your hands before incision care.
- Do Not touch the incision or pick at the incision.
- Do Not apply any creams, lotions, or ointments to the incision.
- When you can shower.
- Do Not submerge the incision in a bathtub or pool until the incision is healed.
DISCHARGE INSTRUCTIONS

PHYSICAL THERAPY

Physical therapy continues after hospital discharge. Outpatient physical therapy is considered the best practice as this fosters a speedy recovery; however, some patients may require a few home health sessions before transitioning to outpatient therapy.

Baptist Home Health and Outpatient services are recommended as they provide excellent continuity of care; however, the choice of which post-hospitalization services to use is up to you (see appendix C).

• The therapy sessions will be set up at the agency or facility of your choice by the case manager before discharge from the hospital.

• You will continue doing your exercises as taught to you in the hospital twice per day, and the outpatient therapist will gradually progress your exercise program.
**DISCHARGE INSTRUCTIONS**

**MEDICATIONS**

- Anticoagulants after surgery help prevent blood clots.
  - Anticoagulants will not cause you to bleed, but if you have a reason to bleed, the bleeding will be worse.
  - CALL your surgeon if you have bleeding or suspect that you have blood in the urine or stool.

- Stool softeners are titrated based on your bowel habits.
  - If constipation fails to improve with stool softeners, take an over-the-counter laxative as needed, such as an ounce of milk of magnesia daily.

- Pain medications are to be taken consistently for a couple of days after the pain starts.
  - Wean off the pain medications as soreness resolves.
  - Pain medications can cause an upset stomach. Over-the-counter medications such as Pepcid or omeprazole can be used to treat stomach upset.
PREVENTION AND RECOGNITION OF COMPLICATIONS

• Do Not Wait until your follow up appointment to notify your surgeon of suspected complications.
  - The surgeon should be notified promptly of any suspected complications.

• Avoid the Emergency Room, or Urgent Care unless the surgeon advises you to go, or you experience a life-threatening complication such as chest pain, difficulty breathing, seizures, passing out, stroke, or injury.
  - Visits to Emergency Rooms or Urgent Care facilities can result in an exposure to a contagious illness. If you must visit an Emergency Room or Urgent Care facility, please ask for a mask as soon as you arrive and attempt to distance yourself from others.

• Often, 1-3 weeks after surgery, as soreness begins to resolve, patients tend to overdo it. You may notice that the operative extremity is more swollen, slightly red, or warm to touch. When this happens, elevate and ice the extremity.
  - If your operative extremity is not better by the next morning, please notify the surgeon.
FOLLOW-UP

• Recovery time does vary individually depending on your overall condition going into surgery, how you do after surgery, and how much effort you put into the rehabilitation process.
  - On average, recovery takes 3-6 months.

• You will be required to follow up in the office after surgery on multiple occasions to check on your progress.
  - The surgeon will let you know when you can drive and resume normal activities.

• For questions before, during, and after your hospital stay, you may call our clinical coordinator at 502.259.4723 during the day Monday-Friday.
  - To talk with an RN at night or on weekends, call 844.365.2608.
  - For additional contact information, please see appendix D.

• Photographs of staff, other patients, or visitors are not allowed without that individual’s permission.
EXERCISE BEFORE SURGERY

It is important that you maintain and possibly improve your strength and range of motion while you await your surgery. You can do this by:

- Taking frequent short walks; use a cane or walker to allow you to walk safely.
- Avoid sitting for long periods, as this can lead to cramping and swelling.
- Follow the daily prehab exercises as directed by your physician or therapist.
- Try the Power Water Exercise Class designed specifically for patients preparing for joint replacement. Classes are offered at the Baptist Health/Milestone Wellness Center. Please call 502.896.3900 for class days and times.
- You are encouraged to begin the exercises listed in this booklet before surgery.
  - If you have difficulty rising from the floor, the exercises can be done while lying down on your bed.
  - If doing any of the exercises before your surgery causes you pain, eliminate that exercise or decrease the motion or repetitions. (After surgery, it is important to complete all of your exercises as directed by your therapist.)
A. EXERCISES

**Cane Height:** With the tip resting on the floor, the handle of the cane should come to the level of your hip bone on the side of your upper thigh.

**Walker Height:** With the tip resting on the floor, the handle of the cane should come to the level of your hip bone on the side of your upper thigh.

**ANKLE PUMPS**
Move your ankles back and forth like working a gas pedal.

**QUAD SETS**
Tighten the muscles on the front of your thigh. Hold for 5 seconds.

**GLUTEAL SETS**
Tighten your buttock muscles. Hold for 5 seconds.

**Getting up from a chair with a walker:**
- While seated, move your sore leg out in front of you.
- Push up from the arms of the chair as you stand.
- Once standing, grab the walker for support.
- Do NOT pull up from the walker as you stand.
A. EXERCISES

Complete the following exercises in a set of 10 repetitions 5-6 times per day.

**ACTIVE RANGE OF MOTION: ELBOW FLEXION AND EXTENSION**

- Sit or stand
- Begin with arm at side, elbow straight.
- Bend elbow upward.
- Return to starting position.

**ACTIVE RANGE OF MOTION: SHOULDER PENDULUM**

- Lean over table as shown, supported by the uninvolved arm.
- Allow the involved arm to hang freely.
- Use trunk movement to swing arm in circles, side to side, and front to back, as shown.
A. EXERCISES

Complete the following exercises in a set of 10 repetitions 5-6 times per day.

**ACTIVE RANGE OF MOTION: FINGER FLEXION AND EXTENSION AND HAND OPEN AND CLOSE**

- Hold hands in front.
- Begin with fingers straight and spread apart.
- Close hands into a fist.
- Open and spread fingers.
- Repeat.
- May use ball or other item to squeeze.

**ACTIVE RANGE OF MOTION: WRIST FLEXION AND EXTENSION PALM UP**

- Move wrist up and down

**ACTIVE RANGE OF MOTION: WRIST SUPINATION AND PRONATION**

- Stand or sit, arm at side, elbow bent to ninety degrees, palm down.
- Rotate elbow/forearm palm up through the available range.
- Return to the start position.
A. EXERCISES

HIP ABDUCTION-ADDITION

- Slide your leg out to the side (keeping your knee and toes pointed to the ceiling). Then slide your leg back to starting position.
- Do not bring your leg past the midline of your body.

SHORT ARC QUADS

- Place a firm pillow or large towel roll under your knee.
- Slowly lift your foot up.
- Your knee should remain on the pillow and your leg should be as straight as possible.
- Slowly lower your foot to the starting position

KNEE FLEXION/EXTENSION SITTING

- Sit with knees bent.
- Lift your foot to straighten your knee. Hold 5 seconds.
- Return to start position.

KNEE FLEXION SITTING WITH ASSIST

- Sit with knees bent.
- Hook good leg in front of bad leg and help to bend the knee further.
- Hold for 10-20 seconds.

CHAIR PUSHUP

- With hands on armrests, push up from chair using arms.
- Use legs as necessary.
- Return to sitting.

Start each exercise with 10 repetitions and gradually increase to 20.
A. EXERCISES

Start each exercise with 10 repetitions and gradually increase to 20.

HEEL SLIDES

• Slowly slide one heel up on the bed, bending your hip and knee.

• While keeping your heel on the bed, slowly straighten your leg returning to starting position.

HEEL SLIDES WITH SHEET OR BELT

• Wrap a sheet or belt around your foot.

• Using the sheet or belt, slowly slide one heel up on the bed, bending your hip and knee.

• Keep your heel on the bed throughout this exercise and slowly straighten your leg returning to starting position.

STRAIGHT LEG RAISES

• Lie on your back with your sore leg straight and the other leg bent.

• Lift your leg up about 12 inches.

• Hold for 5 seconds. Lower leg.

HAMSTRING STRETCH WITH SHEET OR BELT

• Sit on the bed with your leg extended.

• Wrap the sheet or belt around your foot.

• Lean forward and pull toes back until you feel a pull behind your leg. Hold for 10-20 seconds.
# B. MEDICATION LIST

List prescriptions, over-the-counter drugs, vitamins and herbal medications. Bring this list to the hospital and to the doctor’s appointments.

Date: ____________________  Patient Name: ____________________________________________________________

Allergies: ____________________________________________________________

Pharmacy Name/Phone Number: _______________________________________________________

<table>
<thead>
<tr>
<th>MEDICATION/DOSE</th>
<th>MEDICATION FREQUENCY:</th>
<th>NOTES/COMMENTS</th>
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# C. THERAPY RESOURCES

## OUTPATIENT THERAPY SERVICES

**ONE CALL REFERRAL • 502.962.2400 • FAX 502.962.2401**

### CRESTWOOD

**BAPTIST HEALTH PHYSICAL THERAPY CRESTWOOD**  
6580 Kenwood Crossing Road  
Crestwood, KY 40014  
502.241.1660 opt. 2 • Fax 502.241.1654

### LA GRANGE

**BAPTIST HEALTH LA GRANGE PHYSICAL THERAPY**  
1025 New Moody Lane  
La Grange, KY 40031  
502.222.3303 • Fax 502.222.3953  
Adult occupational & speech therapy • Pediatric physical, occupational & speech therapy

### LOUISVILLE

**BAPTIST HEALTH LOUISVILLE PHYSICAL THERAPY AT MEDICAL PAVILION**  
3900 Kresge Way  
Louisville, KY 40207  
502.897.8137 • Fax 502.896.7259  
Pediatric physical, occupational & speech therapy • Lymphedema • Vestibular & balance program

**BAPTIST HEALTH LOUISVILLE PHYSICAL THERAPY MILESTONE**  
750 Cypress Station Drive  
Louisville, KY 40207  
502.896.3900 ext. 136 • Fax 502.515.1263  
Aquatic therapy • Fabrication of custom orthotics • Vestibular & balance program

**BAPTIST HEALTH PHYSICAL THERAPY EASTPOINT**  
2400 Eastpoint Pkwy. Suite 120  
Louisville, KY 40223  
502.253.6689 • Fax 502.253.6680  
Hand therapy • Vestibular therapy

**BAPTIST HEALTH PHYSICAL THERAPY EASTPOINT**  
2400 Eastpoint Pkwy. 4th Floor  
Louisville, KY 40207  
502.896.7447 • Fax 502.896.7469  
Treatment of stroke & neurological conditions • Vestibular & balance program • Adult occupational & speech therapy

**BAPTIST HEALTH PHYSICAL THERAPY RIVERPORT**  
7092 Distribution Drive  
Louisville, KY 40258  
502.935.9970 • Fax 502.935.9577  
Work-related injuries

**BAPTIST HEALTH PHYSICAL THERAPY NEURO REHAB**  
4002 Kresge Way  
Louisville, KY 40207  
Pediatric physical, occupational & speech therapy • Lymphedema • Vestibular & balance program • Adult occupational & speech therapy

**BAPTIST HEALTH PHYSICAL THERAPY EASTPOINT**  
2400 Eastpoint Pkwy.  
Louisville, KY 40223  
Pediatric physical, occupational & speech therapy

**BAPTIST HEALTH PHYSICAL THERAPY BLUEGRASS INDUSTRIAL PARK**  
11630 Commonwealth Drive  
Louisville, KY 40299  
502.261.8333 Fax 502.267.6428  
Work-related injuries, including functional capacity evaluations

**BAPTIST HEALTH PHYSICAL THERAPY JEFFERSONTOWN**  
10216 Taylorsville Road  
Louisville, KY 40299  
502.267.1799 • Fax 502.267.0955  
Vestibular therapy

**HARDIN MEMORIAL HEALTH**

**HMH THERAPY & SPORTS MEDICINE CENTER - ELIZABETHTOWN**  
1111 Ring Road  
Elizabethtown, KY 42701  
Physical, occupational & speech therapy • Hand therapy • Adult & pediatric

**HMH THERAPY & SPORTS MEDICINE CENTER - RADCLIFF**  
75 Nature Trail Medical Plaza  
Radcliff, KY 40160  
Physical, occupational & speech therapy • Hand therapy • Adult & pediatric

**HMH THERAPY & SPORTS MEDICINE CENTER - BARDSTOWN**  
3615 E John Rowan Blvd., Suite 201  
Bardstown, KY 40004  
Adult & pediatric physical, occupational & speech therapy • Hand therapy

**HMH THERAPY & SPORTS MEDICINE CENTER - BRANDENBURG**  
100 Commerce Drive  
Brandenburg, KY 40108  
Physical therapy

For all Hardin Memorial Health services, call 270.706.5010 • Fax: 270.706.5002

**APPENDIX C**
BAPTIST HEALTH PHYSICAL THERAPY CLARKSVILLE
1020 Veterans Memorial Parkway #100
Clarksville, IN 47129
812.288.8817 • Fax 812.288.8837
Physical therapy • Vestibular & balance program • Pelvic floor dysfunction

BAPTIST HEALTH PHYSICAL THERAPY CORYDON
313 Federal Drive, Suite 110
Corydon, IN 47112
812.738.3616 • Fax 812.738.3619
Physical therapy • Vestibular & balance program • Lymphedema

BAPTIST HEALTH PHYSICAL THERAPY HIGHLANDER POINT
724 Highlander Point Drive
Floyds Knobs, IN 47119
812.923.0630 • Fax 812.923.0632
Physical therapy • Vestibular & balance program

BAPTIST HEALTH PHYSICAL THERAPY CHARLESTOWN ROAD
3891 Charlestown Road (Behind Kohl’s)
New Albany, IN 47150
812.945.3440 • Fax 812.945.3505
Physical therapy • Vestibular & balance program • Aquatic therapy

BAPTIST HEALTH PHYSICAL THERAPY RIVER RIDGE
7725 Hwy. 62, Suite 300
Charlestown, IN 47119
812.256.2147 • Fax 812.256.2252
Physical therapy • Vestibular & balance program • Work-related injuries, including function capacity evaluation

BAPTIST HEALTH PHYSICAL THERAPY SELLERSBURG
7600 Hwy. 60, Suite 300
Sellersburg, IN 47172
812.542.4684 • Fax 812.542.4685
Physical therapy • Vestibular & balance program

BAPTIST HEALTH PHYSICAL THERAPY STATE STREET
2125 State St., Suite 2
New Albany, IN 47150
812.948.7416 • Fax 812.948.7458
Physical therapy • Vestibular & balance program
BAPTIST HEALTH LOUISVILLE
PROGRAM CONTACTS

• Baptist Hospital Louisville | 502.897.8100
• Baptist Hospital Class Registration | 502.897.8131
• Baptist Hospital Pre-Admission Testing | 502.897.8044
• Baptist Hospital Case Manager | 502.897.8816
• Baptist Hospital Orthopedic Program Coordinator | 502.259.4723
• Baptist Hospital Home Health Services | 502.454.5656
• Baptist Hospital Outpatient Physical Therapy | 502.896.7447
• Baptist Louisville 24-Hour Nurse Call Center | 844.365.2608
COMPLETE BEFORE SURGERY

☐ Quit tobacco use at least 4 weeks before surgery.

☐ Begin exercises.

☐ Attend Joint Care Class.

☐ Read the booklet and bring the booklet to the hospital.

☐ Attend pre-admission testing.

☐ Develop a plan for assistance after discharge from the hospital.

☐ Select a coach to help you.

☐ Prepare your home (install handrails, remove throw rugs, tape down loose flooring and extension cords, remove clutter in the walkways, and select a chair and bed of appropriate height for use after surgery).

☐ Shower daily beginning 3 days before surgery with antimicrobial soap.

☐ Use chlorhexidine and nasal ointment as instructed.

☐ No alcohol intake for 48 hours before surgery.

☐ Complete a medication list (see page 44).

☐ Stop or take medications as instructed by the surgeon.

☐ No shaving any body part for a day or two before surgery.

☐ Pack a suitcase with clothes to wear to the gym.

☐ Pack your CPAP machine and insulin pump (if you use these items).

☐ _________________________________________________________________

☐ _________________________________________________________________

☐ _________________________________________________________________

☐ _________________________________________________________________

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