



UNIVERSITY OF ILLINOIS HOSPITAL & CLINICS

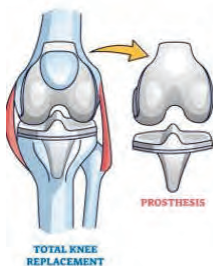
HIP & KNEE REPLACEMENT SURGERY PATIENT EDUCATION SESSION



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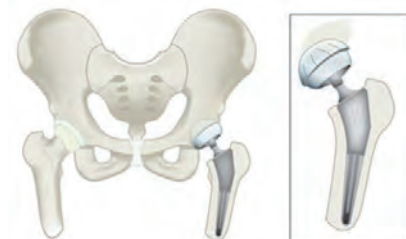
WHAT TYPE OF SURGERY AM I HAVING?

- Knee Replacement



Implants can be made of metal like titanium and cobalt chrome, or they can be made of plastic

- Hip Replacement



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TASKS BEFORE SURGERY (2-4 WEEKS BEFORE)

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SUPPORT PERSON



Identify

Who will help you
during your first
weeks of getting
better?



Who will help you make food and tidy up?



Who will take your places you need to go?



Who will be with you during the daytime the first two weeks?



Who will sleep at your house with you during the first two weeks?



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APPOINTMENTS

1

Schedule out your follow-up visit with your surgeon after surgery

2

Schedule out your outpatient physical therapy appointments

3

Pre-arrange your transportation to these appointments



5

MEALS



MAKE SURE TO HAVE BREAKFAST, LUNCH AND DINNER EVERY DAY.



DRINK 8 CUPS OF WATER EVERY DAY TO STAY HEALTHY.



PLAN OUT WHAT YOU'LL EAT FOR BREAKFAST, LUNCH AND DINNER EACH DAY.



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MEALS

Breakfast:

- Cereal with milk
- Toast or bagel
- Eggs
- Cottage cheese or yogurt with fruit
- Coffee or tea

Lunch:

- Chicken sandwich
- Peanut butter and jelly sandwich
- Macaroni and cheese
- Pasta with vegetables

Dinner:

- Meat chili
- Salmon
- Hamburger
- Vegetable burrito
- Side of soup, salad, or rice



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MEALS

Nuts

Trail Mix

Cheese and Crackers

Hummus with fresh vegetables

Fruit smoothies

Muffins

Apple slices with peanut butter



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STOP SMOKING



- **Smoking Risks:** Smoking can make your surgery and healing harder. It can cause more infections and slow down how your wounds heal.
- **Get Help to Quit:** If you smoke and want help to quit, you can call the UI Health Tobacco Treatment Center at 1-312-413-4244.
- **More Support:** You can also get support from the Illinois Tobacco QUITLINE at 1-866-784-8937.



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HOME SAFETY

- **General Home Safety**
 - **Pick up things that could make you trip:** Put away rugs, cords, and things on the floor.
 - **Use lights:** Use night lights so you can see at night, especially on the way to the bathroom.
 - **Arrange furniture carefully:** Make sure you have lots of space to walk around. Use strong chairs with arms when you sit down or stand up.
 - **Wear good shoes:** Wear shoes that won't slip and support your feet to keep from falling.



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HOME SAFETY

• General Home Safety

- **Keep your home clean and organized:** Clean up your house and pay bills on time. Make meals ahead and freeze them so you don't have to cook when you're not feeling well.
- **Keep your phone close:** Always have your phone nearby so you can call for help if you need to.
- **Keep things you use a lot nearby:** Keep things you use a lot in easy-to-reach places, like in the living room and kitchen.
- **Have important information ready:** Keep a list of important phone numbers and your medicines where you can find them quickly if you need them.



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HOME SAFETY

Bathroom Safety

- **Use non-slip mats:** Put mats inside and outside the shower or tub to keep from slipping.
- **Install grab bars:** Have bars installed in the shower and by the toilet to hold onto for balance.
- **Use a raised toilet seat:** This can make it easier to sit down and stand up from the toilet.
- **Use a shower chair:** Sit on a chair in the shower to make sure you don't slip on the wet floor

Bedroom Safety

- **Bed Height:** Make sure your bed is at a height that is easy for you to get in and out of comfortable



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MEDICATIONS

Stop

- Medications-If your doctor says so, stop taking certain medicines 10 days before your surgery. These medicines can make you bleed more

Create

- Write down all the medicines you take and how much you take of each one. Bring this list with you to the hospital on the day of your surgery



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MEDICATIONS

- **Medication Delivery:** When you leave the hospital, the pharmacy will bring the medicines prescribed by your doctor right to your bedside. This is called "Meds to Beds".
- **Meds to Beds:** This service helps you get the medications you need without needing to go to the pharmacy yourself.



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MEDICATIONS

- **Medication Supply:** When you go home, you'll get enough medicine for 2 to 4 weeks that your doctor wants you to take.
- **Types of Medicines:** You will get medicine for pain and medicine to help prevent blood clots.



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MEDICATIONS

- **Your Regular Medicines:** The medicines you take every day for ongoing health reasons can be filled at your nearby pharmacy.
- **Getting Your Regular Medicines:** Make sure you arrange for your medicines to be delivered to your home or for someone to pick them up for you at the pharmacy.



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ELECTRONIC PRESCRIPTIONS

- **Electronic Prescriptions:** Starting January 2024, your doctor will send your pain medication prescription directly to your chosen pharmacy electronically. No paper prescription will be given.
- **Medication Availability:** Sometimes, the pharmacy may not have your medicine due to a shortage across the country.
- **Meds to Beds Service:** To make sure you have your pain medicine when you leave the hospital, use the Meds to Beds service at UI Health. Your medication will be delivered to your bedside on the day you go home, usually within 2-3 hours.



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APEC CLINIC

- You will receive a call from our anesthesiology clinic to schedule a time to talk about your medical history.
- This helps the medical team get more information to prepare you for surgery.



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TASKS BEFORE SURGERY (1-3 DAYS BEFORE)

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SUPPORT PERSON TASKS

- Your support must bring you to the hospital and take you back home after you're discharged
- They need to be ready to take you home right away after you leave the hospital.
- You can't stay at the hospital and wait for them to come later or another day.
- They need to be with you when you arrive, after your surgery for lessons from the nurses and therapists.
- Remember, you can't leave by yourself.



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DRIVING

- You can't drive yourself home after surgery.
- Please don't drive yourself to the hospital.
- You can't leave your car at the hospital overnight.



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DRIVING

- We don't say it's okay for you to drive after surgery.
- Since you'll be taking narcotic medicine after surgery, you can't drive yourself home.
- You must stop taking certain medicines that can make it hard to drive, like narcotic medicine.
- The doctor will tell you when you can start driving.



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TRANSPORTATION TIPS

- **Confirm:** Ensure you have arranged reliable transportation to and from UIH Surgicenter, considering potential traffic, street closures, and weather conditions.
 - Confirm your mode of transportation
- **Plan:** Leave early to account for any unexpected delays.
- **Address for Drop Off**
 - UIH Surgicenter
 - 1740 W Taylor Street, Suite 3300, 3rd Floor, Chicago, IL 60612



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PARKING TIPS

- **Parking Locations**
 - *Paulina Street Parking Structure*
 - Address: 915 S Paulina St
 - *Wood Street Parking Structure:*
 - Address: 1100 S Wood St
- **Parking Validation**
 - Parking at UIH Surgicenter will be validated by the medical staff. Make sure to keep your parking ticket with you for validation.



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ESSENTIAL ITEMS FOR YOUR STAY

- **Loose Clothing for After Surgery:** Pack loose and comfortable clothing that will be easy to put on and take off after your procedure. Choose items like loose pants and a comfortable shirt.
- **Essential Documents:**
 - **House Keys:** Bring your house keys for when you return home.
 - **Photo ID:** Carry a valid photo ID (e.g., driver's license, passport) for identification purposes.
 - **Insurance Card:** Bring your health insurance card and drug prescription card
- **Charger for Electronic Devices:** Pack a charger for all your electronic devices, such as your cell phone or tablet. Ensure your devices are fully charged before leaving home.



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ESSENTIAL ITEMS FOR YOUR STAY

- **Appropriate Footwear:** Wear gym shoes or sneakers with good support. Avoid flats, slippers, or sandals, as they may not provide adequate support after your procedure.
- **Leave Valuables at Home:** Leave valuables such as jewelry, large sums of money, or large quantities of medications at home for security reasons.
- **Personal Care Essentials:** Contacts, glasses, hearing aids/batteries



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ENSURE SHAKES



*Drinking Ensure will help your body get ready for the surgery.
If you have any questions, ask someone at the clinic or your doctor.*



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SHAVING BEFORE SURGERY

- Stop shaving any part of your body two days before surgery.
- Shaving can make small cuts that let germs get into your skin.
- These tiny cuts can make it more likely to get an infection where you have surgery.



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TASKS BEFORE SURGERY (DAY BEFORE)

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CLINIC PHONE CALL

Be near
your
phone

- Staff will call you between 9 AM and 2 PM the day before surgery.
- If you don't get a call by 2:00 PM, please call 312-413-SURG (7874) by 4 PM.

Write
down

- When to arrive at the hospital.
- Time to stop eating.
- Time to stop drinking non-clear liquids.



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CLEAR LIQUIDS



When to drink

- You can have clear liquids up until 2 hours before you come to the hospital.

Drink Options

- Sports drinks (without red color)
- Fruit juices like apple or grape
- Ginger ale, Sprite, 7-Up
- Tea or coffee without creamer
- Water

Don't Drink

- Milk
- Orange Juice
- Beer or Liquor
- Creamer
- Coke, Pepsi, Fanta



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SHOWER

- The night before your surgery, take a shower using soap and water.
- Keep your skin cool and dry.
- Use special CHG wipes as directed(see next few slides)
- After using the CHG wipes, put on clean clothes and use new bedsheets.
- Don't use cream, lotion, ointment, powder, makeup, perfume, cologne, deodorant, or nail polish the night before or in the morning before surgery.



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CHG WIPES

- Before surgery, it's important to make sure there aren't too many germs on your skin.
- One way to do this is by using a special wipes called 2% Chlorhexidine Gluconate (CHG).
- These wipes helps kill germs on your skin and you can use without needing water.
- It's like a quick way to clean your skin and make sure you stay healthy during surgery



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CHG WIPES

- **Cloth 1:** Use the first cloth to wipe your neck, shoulders, and chest starting from under your chin.
- **Cloth 2:** Use the second cloth for both arms, starting at the shoulders and wiping all the way to your fingertips. Make sure to clean well under your armpits.
- **Cloth 3:** With the third cloth, wipe your belly, the place where your legs meet your body (groin), and between your legs (perineum). Clean carefully, especially in any folds of skin.
- **Cloth 4:** Use the fourth cloth for your right leg and foot. Clean between your toes and behind your knees.
- **Cloth 5:** Then, use the fifth cloth for your left leg and foot, cleaning between your toes and behind your knees.
- **Cloth 6:** Finally, use the sixth cloth for the back of your neck, your back, and your buttocks. You might need someone to help you reach your back.



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CHG WIPES

- Make sure CHG doesn't touch your eyes, ears, or mouth. If it gets in your eyes, rinse with cold water right away.
- If your skin feels funny, like it's irritated or you're having an allergic reaction, STOP using CHG.
- Wash the area with cold water and tell your doctor.



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CHG WIPES

- After wiping, let your skin air-dry for one minute. Don't wash it off.
- It's okay if your skin feels sticky for a few minutes after using CHG. That means it's working to keep germs away!
- Don't use lotions, powders, or creams afterward because they can make the CHG less effective.



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WHAT TO EXPECT DAY OF THE SURGERY

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PATIENT UPDATES

- Let your family or someone who helps you know what's happening by signing them up for text messages from UI Health.
- A family member or caregiver, and others you pick, can get messages about how you're doing from when you arrive until you leave.
- To sign them up, ask the people at the front desk.
- This will help your family, or friends know how you're doing while you're at the hospital.



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BEFORE YOUR SURGERY STARTS



Change into the hospital gown they give you.



They will take more blood tests.



They will put in a small tube(IV LINE) in your arm for water.



You will meet your medical team. Please have your questions ready



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BEFORE YOUR SURGERY STARTS



A doctor in training will come to meet you.



They will mark the leg where you will have surgery and ask you to sign a paper giving permission for the surgery.



Another doctor will start the medicine to make you not feel pain during the surgery(block)



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FREQUENTLY ASKED QUESTIONS

- **Anesthesia:** The doctors who help you sleep during surgery will talk to you about your choices before and on the day of surgery. They will explain the good and not so good things about each way.
- **Surgery Time:** The surgery could take from 2 to 4 hours.
- **Staples, Stitches, or Glue:** The doctor will decide if you need staples, stitches, or glue to close the cut. This will be removed during your follow up visit with the doctor
- **Incision Cut Size:** 4-6 inches
- *It is okay to ask questions if you have any.*



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AFTER SURGERY

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FREQUENTLY ASKED QUESTIONS

- How long will I stay in the hospital after my surgery?
 - It depends on your surgery and how quickly you recover afterward. Our goal is for you to stay less than 24 hours.
 - Most of our patients go home the same day after surgery
- When can my friends and family visit?
 - They can visit between 10 AM and 7 PM.
- Can a family member stay overnight with me?
 - No, because of hospital rules, guests can't stay overnight.



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FREQUENTLY ASKED QUESTIONS

- Where can my family stay if we live far, and I won't go home the same day as my surgery?
 - You can book a hotel room at these places:
 - Chicago Marriott at Medical District/UIC 625 South Ashland Avenue at W Harrison St, Chicago, IL 60607 Phone: (312) 491-1234
 - Hyatt Place Chicago – Medical / University District 1835 W Harrison St, Chicago, IL 60612 Phone: (312) 341-1234
- You must call yourself to book a room. There are no discounts for UI Health patients.



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POST SURGERY NEXT STEPS

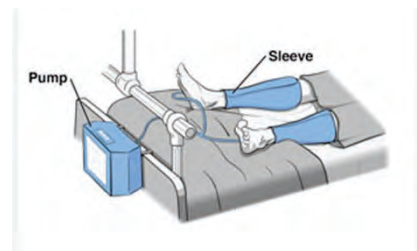
- A nurse will talk to you about the medicines you need to take.
- You'll have tubes and lines on you when you wake up (look at the next few pictures).
- You'll get 3 doses of medicine to stop infections after surgery.
- You'll start by drinking clear liquids, and as you feel better, you'll eat more.
- *You'll have Physical Therapy and Occupational Therapy 2 hours after surgery.*



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LINES AND TUBES

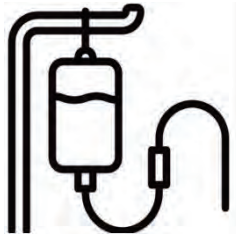
- You will wear a special machine on your legs after surgery.
- It helps your blood move around your body.
- **This machine prevents blood clots after surgery.**
- They will take it off when you leave the hospital.
- This machine is important for your health after surgery. If you have any questions, ask the nurse or doctor.



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IV LINES

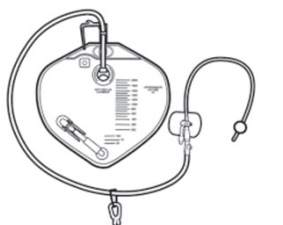
- You will have a small tube called an IV line.
- It gives you fluids and medicine.
- They will take it out when you leave the hospital.



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FOLEY

- This tube will help you go to the bathroom.
- They will take it out within 6 hours after your surgery



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WOUND VAC

- After surgery, some patients might have a small machine called a Wound Vac.
- It helps drain the surgery area.
- The doctor will take it out when you come back for a check-up.



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KNEE REPLACEMENT: BRACE

- After surgery, you may wear a special device called a knee immobilizer.
 - It helps protect your dressing and keep your knee safe.
 - The doctor will take it off a few hours after surgery, unless they say to keep it longer.
 - Some patients might need a brace with hinges to wear at home. Your doctor will decide if you need one.



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KNEE REPLACEMENT: ICE MACHINE

- After surgery, you will get a machine called the Iceman.
 - It helps reduce swelling in your body.
 - Use it in bed and at chair level.
 - You can take it home with you.
 - Fill it with water and ice or frozen water bottles to use it.



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HIP REPLACEMENT: WEDGE

- After surgery, you'll get a wedge.
- It helps you remember not to cross your legs.
- You can take it home with you.
- Use it to remember your rules when you sleep.



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FREQUENTLY ASKED QUESTION

- What is the blue and white device next to my bed?
 - This is called an incentive spirometer.
 - It helps prevent pneumonia after surgery.
 - A nurse will show you how to use it.
 - You can take it home with you and use it for the first two weeks after surgery.
 - Using this device will help keep your lungs healthy



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FREQUENTLY ASKED QUESTION

- When will I see my medical team?
 - Your medical team will visit you before you leave the hospital.
 - If you have questions, it's a good time to ask!



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PAIN



- After surgery, you will feel some pain, especially when you stand and walk.
- Your nurse will talk to you about taking medicine for your pain.
- They will teach you how to take your pain medicine at home.
- Wait about 30 minutes after taking medicine before you start walking or doing exercises.
- Pain medicine will help you feel better, but it won't make you heal faster.



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PAIN



- What else can I do to help with my pain?
 - Walk often during the day.
 - Do the exercises your therapy team gave you.
 - **Pain is normal**



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SITTING UPRIGHT

- After surgery, your medical team will tell you to sit in a chair as much as you can handle.
- Sitting in the chair helps with:
 - Breathing
 - Pain
 - Swelling
- At home, only go to bed when it's time to sleep.
- Don't stay in bed all day.
- This will help you feel better and get stronger after surgery



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COMPRESSION STOCKINGS

- Your doctor has recommended wearing special stockings after surgery to reduce the chance of blood clots and swelling.
- Prior to you leaving the hospital your nurse will give you **two pairs of compression stockings** and educate you how wear and take care of them.
- Instructions are in your folder!



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COMPRESSION STOCKINGS

COMPRESSION STOCKINGS: TOTAL HIP REPLACEMENT

Your doctor has recommended wearing special stockings after surgery to reduce the chance of blood clots.

When you leave the hospital:

- Your nurse will teach you how to take care of your compression stockings.
- The nurse will help you put on your stockings before you leave the hospital. Wear them at home until your first check-up with your surgeon.
- You will receive an extra set of compression stockings to take home as a backup.
- Remove the stockings at night when you are resting and not moving around.

How to wear them:

- Since you have hip precautions, it's recommended you ask your support person to help you put on and take off the stockings.
- To make it easier for your support person to help, lie down comfortably in bed when putting on or removing the stockings. This position allows for better assistance and reduces strain on you.
- Review the attached handout on how the support person can assist.

COMPRESSION STOCKINGS: TOTAL KNEE REPLACEMENT

Your doctor has recommended wearing special stockings after surgery to reduce the chance of blood clots.

If you leave the hospital within 24 hours after surgery:

- The nurse will instruct you to keep your **ACE wrap** (the stretchy bandage) on until **Day 2 after your surgery**.
- The nurse will explain how to carefully remove the ACE wrap after day 2.
- You will be shown how to wear your compression stockings and how to care for them at home.
- Wear the stockings at home until your first check-up with your surgeon.
- You will receive two sets of compression stockings to take home, so you have a backup pair.
- Remove the stockings at night when you are resting and not moving around.

If you leave the hospital after 48 hours or more:

- A member of the doctor's team will remove your **ACE wrap** (the stretchy bandage).
- The nurse will teach you how to take care of your compression stockings.
- The nurse will help you put on your stockings before you leave the hospital. Wear them at home until your first check-up with your surgeon.
- You will receive an extra set of compression stockings to take home as a backup.
- Remove the stockings at night when you are resting and not moving around.



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SWELLING

- You may have swelling in your leg right after surgery and at home for the first few weeks.
- What can I do to help my swelling?
 - Walk often during the day.
 - Do the exercises your therapy team gave you.
 - Go to your therapy sessions.
 - Wear your compression stockings**



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SWELLING

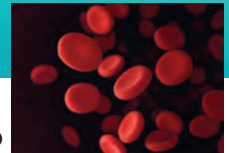
- Use ice.
 - Put ice on your surgery spot 2-3 times a day for 10 minutes.
 - Use a pillowcase between your skin and the ice.
- Raise your leg.
 - If you had a total hip replacement (THA), put your leg on a pillow 2-3 times a day for 10 minutes.
 - This isn't recommended for total knee replacement (TKA) patients. Use the Iceman machine instead.



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BLOOD CLOTS

- What can I do to prevent blood clots after surgery?
 - Take your medicines like the doctor tells you.
 - These might be pills you swallow or shots you get.
- Walk often during the day.
- Do the exercises your therapy team gave you.
- Go to your therapy sessions.
- **Wear your compression stockings**



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BLOOD CLOT



- Signs of a blood clot in your leg
 - Your leg is more swollen, red, or warm than usual.
 - Your calf hurts more when you touch it than usual.
 - You have pain that doesn't feel normal
 - If you feel any of these things, go to the Emergency Room right away. It's important to get help quickly.



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INCISION CARE

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INCISION DRESSING

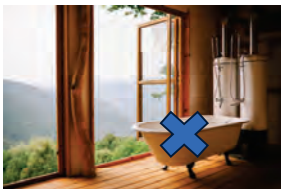
- Keep the dressing on until you see your doctor again.
- It's waterproof, so you can shower with it. Just don't soak it in water.
- Don't take baths, swim in pools, or use hot tubs!
- You will receive an extra dressing when you are discharged



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INCISION HEALING

- Don't take baths or sit in water for 3 months.
- Don't swim in pools for 3 months.
- Don't put lotion on your cut or scar for 3 months.
- These rules help your incision heal well



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INCISION CARE INSTRUCTIONS

- Hand Hygiene
 - Always wash your hands with soap and water before and after touching your bandage. This helps keep the area clean and prevent infection.
- Keep the Wound Area Clean and Dry
 - Do not remove the bandage to show others your wound.
 - Keep the bandage on until the clinic or doctor tells you otherwise.
 - Keep your room clean with fresh sheets, clothes, and surfaces.
 - Avoid letting pets in your bed while you're healing.



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INCISION CARE INSTRUCTIONS

- Don't Scratch or Pick at the Wound
 - Avoid scratching or picking at or around your incision or bandage.
 - This can introduce germs and slow down the healing process.
- Prevent Others from Touching the Wound
 - Tell your family and friends not to touch your bandage.
 - Ask them to wash their hands with soap and water before visiting you.
- Doctor's Appointments
 - Attend all your doctor's appointments so we can check how your wound is healing.



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INCISION DRESSING (AQUACEL)

- Call the clinic if the dressing doesn't stay in place.
- Call the clinic if fluid from your cut goes to the edge of the dressing.
- You will receive an extra dressing when you are discharged



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INCISION CARE INSTRUCTIONS

- Drainage from the Wound
 - Some drainage is normal as your wound heals. Here's what to look for:
 - **Clear or light pink drainage**: Normal and expected.
 - **Bright red or bloody drainage**: Could mean more bleeding. Contact us immediately.
 - **Yellow or green drainage**: Might suggest an infection. Contact us immediately.



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INCISION CARE INSTRUCTIONS

- Watch for signs of infection
 - If you see redness, swelling, heat or changes in drainage around your bandage or incision, contact us immediately.
- Changing the Bandage
 - The clinic will give you instructions if you need to replace the bandage.
 - Avoiding touching the incision when replacing the bandage.
 - When changing the bandage, make sure it's not too tight but still covers the wound and absorbs any drainage.
 - Ensure washing hands prior to and after.



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INCISION CARE INSTRUCTIONS



- When to Call Your Doctor
 - If you notice any of these signs, call the clinic right away:
 - Drainage becomes smelly or worse than before.
 - There is a lot of drainage, or your bandage is soaked with blood.
 - The incision looks redder or swollen than before.
 - You feel more pain around the wound.
 - Your skin feels hot or looks red.
 - You develop a fever (101.5°F or higher).
 - Your wound is leaking pus or fluid.
 - You feel more tired or sick than usual.
 - If you notice any of the signs listed above, please call the **Ortho Clinic at 312-413-3224** for help.



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CALL 911 OR GO TO THE EMERGENCY DEPARTMENT RIGHT AWAY IF YOU HAVE:



- Trouble breathing or feeling like you can't catch your breath.
- Pain in your chest.
- Blurry vision.
- Feeling weak on one side of your body.
- Really bad pain that doesn't get better with your medicine.
- Anything that happens suddenly.
- Don't try to drive yourself. It's important to get help quickly.



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DISCHARGE PAPERWORK

- Your discharge papers will have important things to be careful about
 - Medicine, you need to take
 - Appointments for the future
 - If you need more pain medicine, ask your regular doctor, not the surgeon.
 - The surgeon will only give you pain medicine for a short time
 - Have questions? Call the clinic!



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PHYSICAL THERAPY AND OCCUPATIONAL THERAPY

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WHAT TO EXPECT WITH OCCUPATIONAL AND PHYSICAL THERAPY: MOVING SAFELY



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THERAPY GOALS

- Start working with you on the day of surgery
- Meet with you 1-2 times a day
- Help you move safely after surgery
- Create a plan just for you to get home safely
- Teach you and your caregivers what to do
- Help lower the chance of falling



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WEIGHT-BEARING STATUS

- Weight bearing status means how much weight you can put on your surgical leg after surgery.
- Most common status is "Weight Bearing as Tolerated"
- Your medical team will tell you how much weight you can put on your leg after your surgery.



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HIP PRECAUTIONS

- Why do I have hip precautions?
 - Hip precautions help keep your new hip from moving out of place.
 - Your medical team will tell you which precautions you will need to follow (there are 2 types).
 - Following these precautions will keep you safe and help your hip heal



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POSTERIOR HIP SURGERY



This is
where
your
surgical
incision
is





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POSTERIOR HIP PRECAUTIONS


Follow these precautions closely for the first 6-12 weeks after surgery, until your doctor instructs you otherwise.

- Don't bend your body forward too much.
- Don't lift your knee higher than your hip.
- Don't cross your legs, even when you're sleeping.
- Don't twist or turn your operated leg



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ANTERIOR HIP SURGERY



Anterior

This is where your surgical incision is

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ANTERIOR HIP PRECAUTIONS



Follow these precautions closely for the first 6-12 weeks after surgery, until your doctor instructs you otherwise.

- Keep your knee in front of your hip—don't let it go behind.
- Keep your toes pointing straight ahead—don't turn them out.
- Don't cross your legs, even when you're sleeping.



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PHYSICAL THERAPY

- Physical Therapy will teach you:
 - How to use the walker safely.
 - How to go up and down stairs safely.
 - How to get in and out of your car safely.
 - They will also give you exercises to do at home.

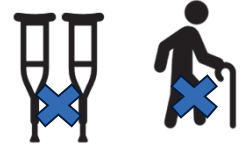


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WALKER

If you don't have one, the nurse can give walker to take home.

You can't use crutches, canes, or rollators after your surgery.



Your physical therapist outside the hospital will tell you when you can start using a cane.



85

WALKER TIPS

- When you stand up:
 - Use both hands to push off from the chair or bed.
- When you use the walker:
 - Push it like a shopping cart without lifting it up.
 - Keep the walker close to your body when you walk.



86



STAIRS

- The therapy team will show you how to do use the stairs.
- Remember: "Up with the good, down with the bad."
- **Step up with your "good leg"** (that's your non-surgical leg).
- **Step down with your "bad leg"** (that's your surgical leg).
- If there's a rail (like a handrail), use it to help you.



87

HOME EXERCISE PROGRAM

- You will start with 3-4 exercises on the day you have surgery. As you get stronger with physical therapy, you will do more, up to 6-7 exercises.
- These exercises will help:
 - **Make your pain feel better** after surgery.
 - **Make your blood flow better** through your body.
 - **Make any swelling go down** and help you feel less puffy.
 - **Stop any clumps of blood** from forming in your body.



88

HOME EXERCISE PROGRAM



- You need to do your exercises **three times a day**:
 - At breakfast time, do each exercise 10 times.
 - At lunchtime, do each exercise 10 times again.
 - At dinnertime, do each exercise 10 more times.
- Doing your exercises like this every day will help you get better and stronger



89

OCCUPATIONAL THERAPY

- Occupational Therapy will teach you:
 - How to dress, shower, and use the bathroom safely with your surgery precautions.
 - What adaptive equipment you might need.



90

EQUIPMENT CONSIDERATIONS

- Mobility tools:
 - Leg lifter: assists your surgical leg to higher/lower surfaces
 - Reacher: helps you grab things that are far away
- Bathroom tools: Raised Toilet Seat
- Dressing tools:
 - Shoehorn: It makes it easier to put on your shoes.
 - Sock aid: It helps you pull up your socks.
 - Dressing stick
- Showering tools:
 - Shower chair or tub bench: some insurances do not cover, if they do, it might take up to 6 weeks
 - Can purchase at CVS, Wal-Mart, Walgreens, Amazon, Lending Closet ahead of time
 - Long handle sponge
 - Grab bars or shower bars (Home Depot or Menard's)



91

OUTPATIENT PHYSICAL THERAPY

- Outpatient physical therapy is needed after your surgery to help you get stronger and feel better.
- The therapy helps your body heal and makes it easier for you to move around again
- Therapy will start 7-10 days after your surgery for two times a week
- How long you go depends on how well you do with walking and exercises at home.
 - It can be 2 to 5 months



92

OUTPATIENT PHYSICAL THERAPY

- It's normal to feel some pain during and after physical therapy.
- We will work together to stretch and strengthen your hip or knee gently.
- This helps with swelling, pain, and moving better.
- Keep doing the exercises at home every 2-3 hours.
- If you do not keep up with the exercises, you might need another surgery



93

SUMMARY

- The goal is for you to go home after the hospital and start physical therapy in the clinic.
- Plan ahead, have someone to help you, and go to all your physical therapy and doctor visits.
- You are an important part of getting better.
- Talk with your medical team, ask questions, and share any worries – we are here to help you.



94

DISCHARGE PLANNING

95

PRE-OPERATIVE SOCIAL WORK SCREEN



96

PRE-OPERATIVE SOCIAL WORK SCREEN

- Social worker will call **2-3 weeks before your surgery.**
- We will discuss Outpatient Physical Therapy options.
- We might also discuss nursing homes if you need additional support that you don't have at home.



97

OUTPATIENT PHYSICAL THERAPY

- **Homework** : start thinking about where you want to go for physical therapy (SW will assist if necessary)
- We don't want any delays!
- SW will fax OP PT order
- If utilizing VA, you must contact your Primary Care Physician (PCP) to send referral
- Make sure to set up your appointment before your surgery date
- **You must finish this or your surgery might need to be moved.**



98

OUTPATIENT PHYSICAL THERAPY



99

HOME HEALTH THERAPY



- **After your surgery**, the PT/OT (physical therapy/occupational therapy) team will check if you need therapy at home.
- They only do this for people who have trouble moving around.
- You'll need to confirm with your insurance to see what they cover.
- If you're doing better, you'll start going to therapy outside the home in 1-2 weeks.
- **Reminder:**
 - Outpatient Physical Therapy is more intense compared to therapy at home.



100

NURSING HOMES



- **After your surgery**, the PT/OT team will check if you might do better going to a nursing home to get more help.
- Your insurance must approve as well
- Acute Rehab (Shirely Ryan) are only for complex cases.
- Medicaid doesn't pay for therapy at nursing homes.

THIS IS A LAST RESORT FOR PATIENTS WHO MAY NOT HAVE ADEQUATE SUPPORT AT HOME.



101

NURSING HOME OPTIONS

- **Look at nursing homes near your zip code and make a list of 3-5 options.**
- Your placement will be based on what your insurance can cover.
- Bring that list with you to the hospital on the day of your surgery so the inpatient team can help you pinpoint which facility you'll transition to.
- **We understand this process is not ideal.**
- We only want you there for a few weeks until you're mobile and ready to go home.



102

TRANSPORTATION WITH MEDICAID

- If you have Medicaid insurance, they can give you a ride to and from your doctor visits.
- Medicaid won't give you rides to and from the hospital when you need to stay overnight. You need to plan how you'll get to the hospital for your surgery and how you'll get home afterwards.
- You need to call them at least 3 days before your appointment to schedule the ride.
- They'll ask where you live, where your appointment is, and when it's happening.
- It doesn't cost anything—it's free and a benefit of having Medicaid insurance.
- Here are the phone numbers you can call based on your insurance:
 - Aetna Better Health of Illinois: 1-866-329-4701
 - Blue Cross Community Medicaid: 1-877-831-3148
 - CountyCare Health Plan: 630-403-3210
 - Meridian Medicaid: 866-796-1165
 - Molina Medicaid: 844-644-6354
 - Illinois Medicaid (First Transit): 1-877-725-0569



103

TRANSPORTATION WITH MEDICARE

- Some Medicare plans can help pay for rides to your doctor visits, but you need to ask your insurance first. Call the number for your plan to find out what they cover.
- Medicare won't give you rides to and from the hospital when you need to stay overnight. You need to plan how you'll get to the hospital for your surgery and how you'll get home afterwards.
- Here are the phone numbers for some Medicare plans:
 - Aetna MMAI: 866-212-2851
 - Wellcare Medicare: 866-393-2158
 - Humana Medicare: 866-393-2157 & 866-588-5122
 - Cigna Medicare: 866-213-7308
 - United Healthcare Medicare: 866-418-9812
 - Blue Cross Medicare Advantage: 844-452-5122
 - Clear Spring Health Care: 877-364-4566
 - Zing Health: 866-946-4458



104

HOSPITAL DISCHARGE TRANSPORTATION

- The hospital can arrange a ride home for you, but you must pay for it.
 - They charge \$50 just to start, plus \$3 for each mile you need to go.
 - For example, if you live 31 miles from the hospital, it will cost \$143 to get home.
- You can't ride in an Uber or taxi by yourself to go home.
- Make sure to plan how you'll get to and from the hospital before your surgery.
- If you need more help, ask the social worker.



105



106

CLINIC NUMBER: 1-312-413-3224

- If you have any questions, call this number.
- If no one answers, leave your name, date of birth, and what is the problem (bleeding/leaking)
- Someone will call you back.

107

REQUIRED QUESTIONNAIRES

- If you're having a hip or knee replacement, you need to fill out 5 questionnaires.
- They will be in MyChart.
- You'll get notifications telling you when to fill them out before and after your surgery.
- This helps track how you're doing.
- Check your MyChart home page for them.
- Ask a staff member if you need more help.



You have 5 questionnaires available as part of the Total Hip Replacement Questionnaire series.

[View questionnaires](#)



108

EDUCATION CLASS SURVEY

- Please take 10 seconds to answer a quick survey. It's anonymous, which means no one will know it's you.
- Use your device to scan the square code (QR code) to start the survey.



TOTAL JOINT REPLACEMENT PATIENT CHECKLIST

2-4 Weeks Before Surgery:

- ✓ Who will stay with you after your surgery?
- ✓ When will you learn more about your surgery?
- ✓ When will you see your doctor after your surgery?
- ✓ When will you start outpatient physical therapy?

1-3 Days Before Surgery:

- ✓ Did you pack your bag for the hospital?
- ✓ Did you start drinking special shakes?
- ✓ Who will take you to the hospital and bring you back?
- ✓ Who will be with you when you go in and come out of the hospital?

Day Before Surgery:

- ✓ Did the clinic call you yet?
- ✓ When do you need to stop eating and drinking?
- ✓ Did you use the special wipes?
- ✓ What time should you be at the hospital tomorrow?
- ✓ Did you make sure you have a ride to the hospital?

Day of Surgery:

- ✓ Did you stop drinking clear liquids two hours before your surgery?

TOTAL JOINT REPLACEMENT PATIENT CHECKLIST

After Surgery:

- ✓ Did you talk to the nurse about which medicines you'll take at home?
- ✓ Are your medicines next to your bed?
- ✓ Do you know how much weight you can put on your body and any rules for after surgery?
- ✓ Do you have a walker with you to take home?
- ✓ What things at home will help you, like special equipment? Will it be ready when you get home?
- ✓ Did you finish your therapy sessions?
- ✓ Do you know what exercises to do at home?
- ✓ Do you know how to take care of your cut and bandage?
- ✓ Did you ask the nurse how to feel better and stop hurting, make swelling go away, and stop blood clots?
- ✓ Do you know when you can drive again?
- ✓ Do you know when to call the doctor's office if something's wrong? Do you have the number?

2-4 Weeks After Surgery:

- ✓ Did you see the doctor again after surgery?
- ✓ Have you started going to your therapy appointments outside of the hospital?
- ✓ Are you doing your exercises at home like you should?

*Questions? Call the Orthopedic Clinic
312.413.3224*

Thank you for choosing UI Health!



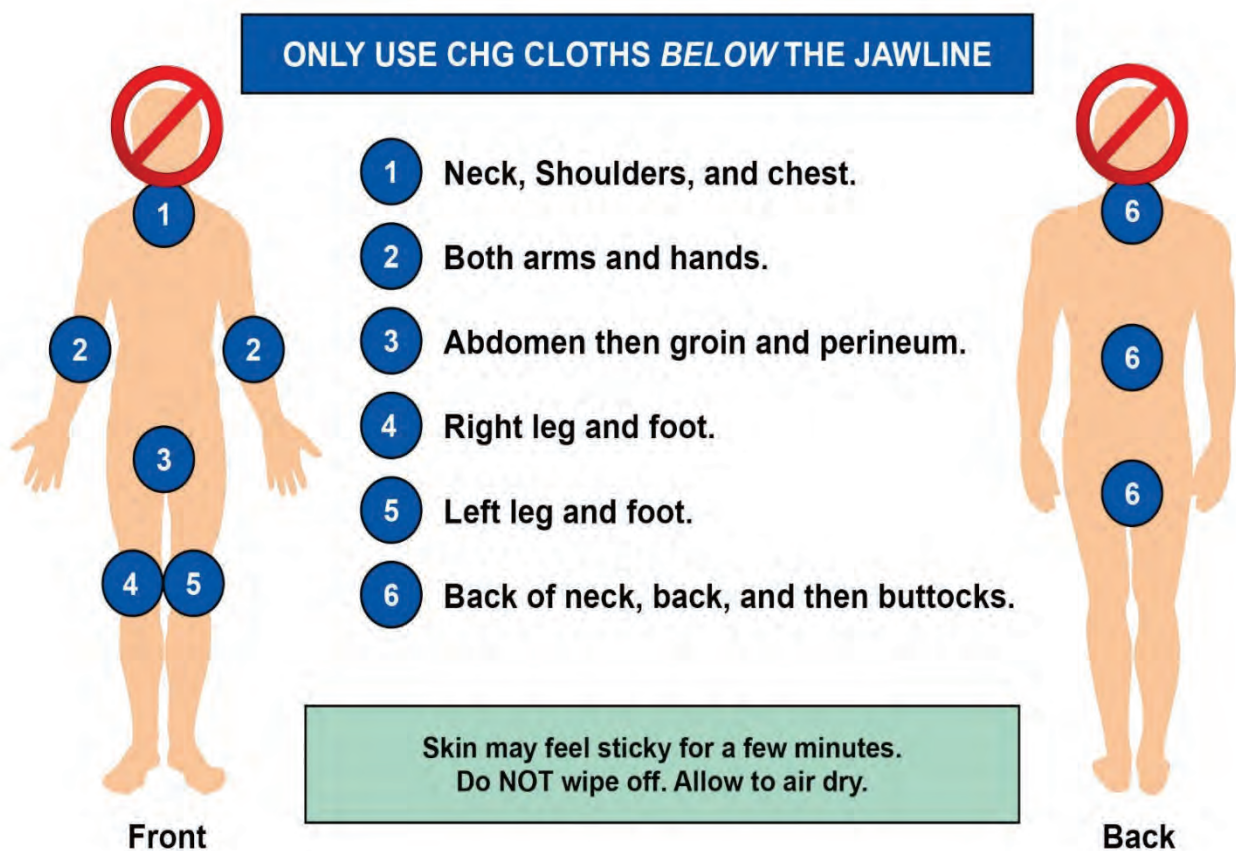
Preparing Yourself Before Surgery

OVERVIEW: You can play an important role in reducing the risk of infection by using 2% Chlorhexidine Gluconate (CHG) antiseptic solution to decrease bacteria on your skin before surgery. This treatment is performed using CHG cloths as a rinse free solution that kills germs when used on clean skin.

IMPORTANT INFORMATION:

- **DO NOT USE** if you have a known allergy to Chlorhexidine Gluconate (CHG)
- **DO NOT** let CHG get in your eyes, ears, or mouth. If contact to eyes, rinse with cold water immediately.
- **If irritation, sensitization, or allergic reaction occurs, STOP USE, rinse affected area with cold water immediately and let your doctor know.**

The steps below outline the CHG treatment process and should be carefully followed (may differ from package instructions).



Source: Agency for Healthcare Research and Quality

Key Points:

- Use each cloth for thirty (30) seconds while rubbing the skin gently to massage skin with CHG cloth to bind effectively. **Use all six (6) CHG cloths in the packages as instructed.**
- **CLOTHS ARE THROWN AWAY, never flushed in the toilet.**

**** Please turn this page over for additional instructions.**

Preparing Yourself Before Surgery

SKIN PREPARATION INSTRUCTIONS

- The night before surgery, take a shower at bedtime, preferably with antibacterial (e.g., Dial) prior to the first CHG application. Only use CHG on clean skin that is cool and dry.
- DO NOT SHAVE THE SURGICAL AREA!! Your nurse will use clippers to remove hair, if needed, at the surgical site. Using a razor to remove your hair before surgery can cause infections because it can leave small cuts on the skin.
- Skin may feel sticky for a few minutes. Do NOT wipe off. Allow to air dry.
- DO NOT use regular soap below the jawline after using CHG, soap may inactivate CHG.

HOW DO I USE THE CHG CLOTHS?

1. To apply CHG, wipe the body in back-and-forth motion. Use each cloth for thirty (30) seconds while rubbing the skin gently to massage skin with CHG cloth to bind effectively.
 - **Cloth 1:** wipe your neck (beginning under the chin), shoulders and chest.
 - **Cloth 2:** wipe both arms, starting each with the shoulder and ending with the fingertips.
 - ***Be sure to thoroughly wipe the armpit areas.*
 - **Cloth 3:** wipe your abdomen, groin, and perineum (ensuring that you wipe between skin folds).
 - **Cloth 4:** wipe right leg and foot, getting between the toes and behind the knees.
 - **Cloth 5:** wipe left leg and foot, getting between the toes and behind the knees.
 - **Cloth 6:** wipe the back of the neck, the back and then the buttocks. Assistance may be required.
2. Allow area to “air-dry” for one (1) minute. **DO NOT RINSE.** It is normal for the skin to have a “tacky” feel for several minutes after the antiseptic solution is applied, this will go away as the CHG dries, and means it is working to prevent germs!
3. Also, do not use lotions, powders, or creams after using the wipes. They will reduce the effectiveness of the CHG treatment.

Additional instructions:

- Sleep in clean clothes with clean sheets/pillowcase after completing treatment bath.
- Shower again in the morning and brush your teeth.
- Dress in clean clothes to report to hospital.

HELP US HELP YOU PREVENT INFECTION BY CAREFULLY FOLLOWING THE INSTRUCTIONS

**** Please turn this page over for additional instructions.**

Ensure Shake Instructions (6 Bottles)

Your doctor wants you to start drinking Ensure shakes three days before your surgery. That's three days before you go to the hospital.

- *You need to drink one Ensure shake in the morning and another one in the evening.*
- *The last one you drink should be the night before your surgery.*

Remember to eat your regular meals as well.

Ensure shakes are something your doctor recommends helping you get ready for your surgery, but they're **NOT** meant to replace your meals.

COMPRESSION STOCKINGS: TOTAL HIP REPLACEMENT

Your doctor has recommended wearing special stockings after surgery to reduce the chance of blood clots.

When you leave the hospital:

- Your nurse will teach you how to take care of your compression stockings.
- The nurse will help you put on your stockings before you leave the hospital. Wear them at home until your first check-up with your surgeon.
- You will receive an extra set of compression stockings to take home as a backup.
- Remove the stockings at night when you are resting and not moving around.

How to wear them:

- Since you have hip precautions, it's recommended you ask your support person to help you put on and take off the stockings.
- To make it easier for your support person to help, lie down comfortably in bed when putting on or removing the stockings. This position allows for better assistance and reduces strain on you.
- Review the attached handout on how the support person can assist.



UI Health



Learning About Using Compression Stockings

Compression stockings help prevent blood and fluid from pooling in the legs. They may be used for problems like varicose veins, skin ulcers, and deep vein thrombosis (blood clot in the leg). There are different types of stockings, and they need to fit right. Your doctor will recommend what you need.

5 tips for putting on compression stockings



If your stockings are new, wash them in cold water. This can make them easier to put on.



Put on your stockings early in the morning, if you can. This is when you have the least swelling in your legs.



Wear them every day while you're awake, especially while you're on your feet.



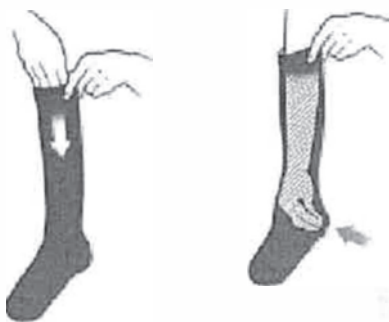
Try putting silicone lotion or cornstarch on your legs. This can make it easier to slide the stockings on.



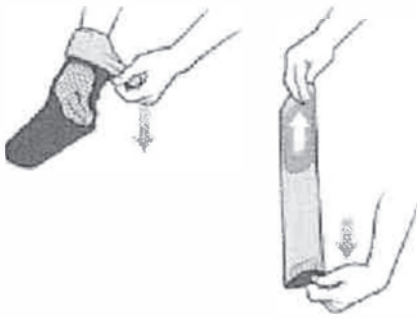
To help your grip, try using rubber gloves. Ask your doctor about other tools to help if it's hard to put on the stockings.

Support Person: How to put on compression stockings

It can be a little tricky to put on compression stockings at first. But after you practice a few times, it may get easier. Here are the details.



Hold the top of the stocking with one hand.
Then with your other hand, reach in and grab the heel.



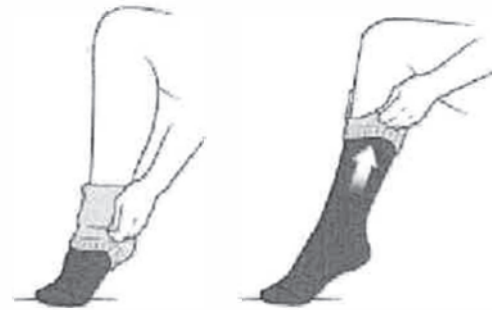
When you have a firm grip on the heel, pull your hand back up through the stocking, turning it inside out as far as the heel.



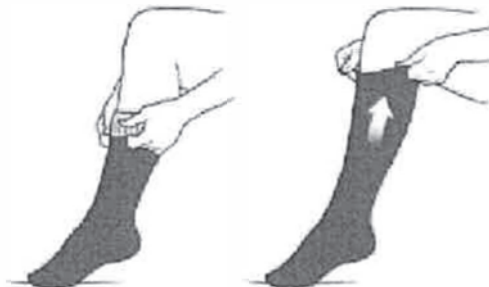
Put your toes in as far as they will go. Then center your heel in the stocking and pull it up slightly, just around your heel.



Use both hands to grasp the folded part of the stocking about 2 inches below the fold. Pull that section up over your ankle.



Next, from above your ankle, grasp the folded part of the stocking about 2 inches below the fold. Pull that section up.



Continue pulling the stocking up in short sections until it is in its final position. The final position may be below your knee. Or it might be above your knee.



Run your hands over the stocking to smooth it out.

Where can you learn more?

Go to <https://www.healthwise.net/uihealthmychart>

Enter **J166** in the search box to learn more about "**Learning About Using Compression Stockings.**"

Current as of: August 6, 2023

Content Version: 14.1

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COMPRESSION STOCKINGS: TOTAL KNEE REPLACEMENT

Your doctor has recommended wearing special stockings after surgery to reduce the chance of blood clots.

If you leave the hospital within 24 hours after surgery:

- The nurse will instruct you to keep your **ACE wrap** (the stretchy bandage) on until **Day 2 after your surgery**.
- The nurse will explain how to carefully remove the ACE wrap after day 2.
- You will be shown how to wear your compression stockings and how to care for them at home.
- Wear the stockings at home until your first check-up with your surgeon.
- You will receive two sets of compression stockings to take home, so you have a backup pair.
- Remove the stockings at night when you are resting and not moving around.

If you leave the hospital after 48 hours or more:

- A member of the doctor's team will remove your **ACE wrap** (the stretchy bandage)
- The nurse will teach you how to take care of your compression stockings.
- The nurse will help you put on your stockings before you leave the hospital. Wear them at home until your first check-up with your surgeon.
- You will receive an extra set of compression stockings to take home as a backup.
- Remove the stockings at night when you are resting and not moving around.

Learning About Using Compression Stockings

Compression stockings help prevent blood and fluid from pooling in the legs. They may be used for problems like varicose veins, skin ulcers, and deep vein thrombosis (blood clot in the leg). There are different types of stockings, and they need to fit right. Your doctor will recommend what you need.

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Wear them every day while you're awake, especially while you're on your feet.



Try putting silicone lotion or cornstarch on your legs. This can make it easier to slide the stockings on.



To help your grip, try using rubber gloves. Ask your doctor about other tools to help if it's hard to put on the stockings.

How to put on compression stockings

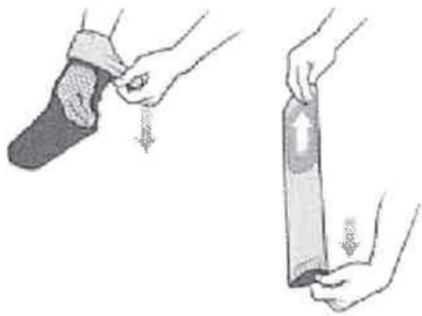
It can be a little tricky to put on compression stockings at first. But after you practice a few times, it may get easier. Here are the details.



Sit on a firm surface where your feet can touch the ground.



Hold the top of the stocking with one hand. Then with your other hand, reach in and grab the heel.



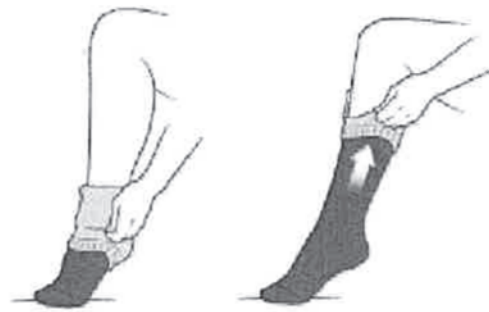
When you have a firm grip on the heel, pull your hand back up through the stocking, turning it inside out as far as the heel.



Put your toes in as far as they will go. Then center your heel in the stocking and pull it up slightly, just around your heel.



Use both hands to grasp the folded part of the stocking about 2 inches below the fold. Pull that section up over your ankle.



Next, from above your ankle, grasp the folded part of the stocking about 2 inches below the fold. Pull that section up.



Continue pulling the stocking up in short sections until it is in its final position. The final position may be below your knee. Or it might be above your knee.



Run your hands over the stocking to smooth it out.

Where can you learn more?

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Enter **J166** in the search box to learn more about "**Learning About Using Compression Stockings.**"

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How to Put On Compression Stockings (02:15)

Your health professional recommends that you watch this short online health video.

Learn some tips that will help you put on your compression stockings.

Purpose: Shows how to put on compression stockings by pulling them on in sections.

Goal: The user will learn some tips that make it easier to put on compression stockings.

Watch: Scan the QR code or visit the link to view video



<https://hwi.se/r/K45sn15k0zowy>

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SCHEDULE PHYSICAL THERAPY AT UI HEALTH

Why

- Physical Therapy is recommended by your surgeon and will help you recover after your surgery.

When

- Set up your appointment **after your surgery date is confirmed.**
- Your appointment must be within **7-10 days after your surgery.**

How

- Call to schedule Physical Therapy at **312-355-4394** and leave a voicemail with your name and number for a scheduler to reach you.
- The scheduling team will help you understand your insurance coverage.

UI Health Physical Therapy Locations

- Outpatient Care Center: 1801 West Taylor Street; Suite 2C
- University Village: 711 West Maxwell

TOTAL HIP REPLACEMENT: ANTERIOR EDUCATIONAL VIDEOS

Purpose: To Prepare You for Your Upcoming Surgery

How: Scan the QR Code Below

Questions: Call the Clinic at 312.413.3224



Thank you for Choosing UI Health!

TOTAL HIP REPLACEMENT: POSTERIOR EDUCATIONAL VIDEOS

Purpose: To Prepare You for Your Upcoming Surgery

How: Scan the QR Code Below

Questions: Call the Clinic at 312.413.3224



Thank you for Choosing UI Health!

TOTAL KNEE REPLACEMENT EDUCATIONAL VIDEOS

Purpose: To Prepare You for Your Upcoming Surgery

How: Scan the QR Code Below

Questions: Call the Clinic at 312.413.3224



Thank you for Choosing UI Health!

UI Health MyChart Questionnaire Guide

Total Hip Replacement and Total Knee Replacement Questionnaires

Who?

- Patients who are scheduled to have a total hip replacement or total knee replacement.

What?

- 5 questionnaires to be completed throughout your surgical process.

Where?

- MyChart

When?

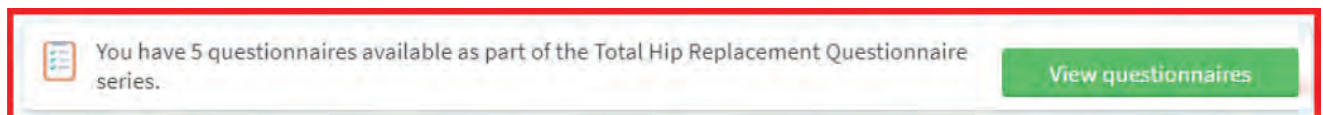
- You will receive notifications when you need to complete the questionnaires.
- You will complete the questionnaires (5) before and after your surgery.

Why?

- Your doctor wants you to complete the following questionnaires to help track your improvement following your progress before and after your replacement surgery.

How?

- A notification will be on your MyChart *home page* saying questionnaires are available to view. *Refer to image below.*



Questions?

- Call 312-413-3224

Thank you for choosing UI Health!

UI Health Web-Based Questionnaire Guide

Total Hip Replacement and Total Knee Replacement Questionnaires

Who Should Complete This?

- Patients scheduled for a total hip replacement or total knee replacement.

What Do You Need to Do?

- You'll need to complete questionnaires as part of your surgical process.

Where Can You Access the Questionnaires?

- You **do not** need to log into MyChart to complete these questionnaires.
- You can use any web-enabled device, like your phone, tablet, or computer.

When Should You Complete the Questionnaires?

- You will receive messages letting you know when it's time to fill out the questionnaires.
- Make sure to complete them both **before and after your surgery**.

Why Are These Questionnaires Important?

- Your doctor wants you to fill out these questionnaires to help monitor your progress before and after your surgery. Your answers help us support your recovery!

Please turn the page for simple steps on how to complete your questionnaire.

UI Health Web-Based Questionnaire Guide

Total Hip Replacement and Total Knee Replacement Questionnaires

Next Steps: How to Complete the Questionnaires

Step 1: Check Your Email

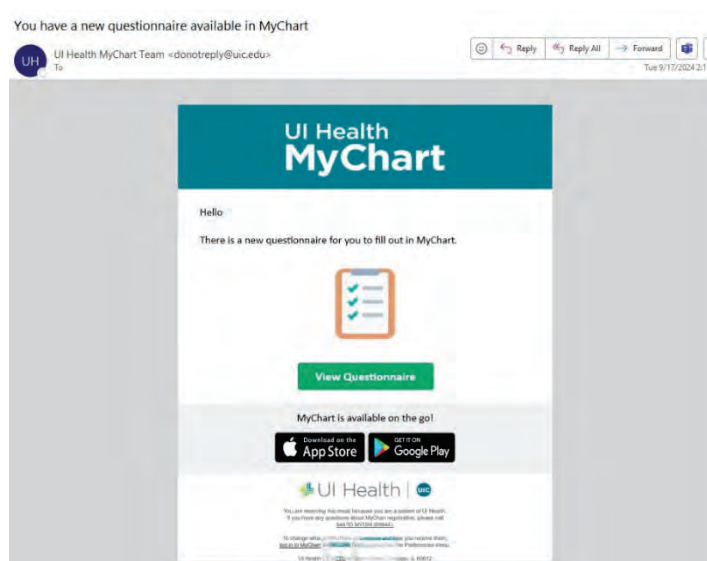
- You will receive an email from our office with important information. Look for:
 - Email Subject:* "You have a new questionnaire available"
 - Sender:* UI Health Team

Step 2: Click on 'View Questionnaire'

- In the email, find the button or link labeled 'View Questionnaire'.
- Click this button to access your questionnaire.

Step 3: Fill Out the Questionnaire

- After clicking the link, you'll see a new screen that looks like MyChart.
- Complete the Questions: Take your time to answer all questions as accurately as you can.



Questions? Call us at 312-413-3224

Thank you for choosing UI Health!



UNIVERSITY OF ILLINOIS
Hospital & Health Sciences System
Changing medicine. For good.

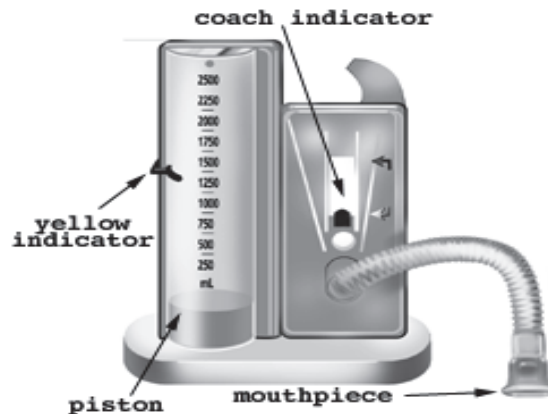
Total Hip Replacement Anterior Approach Home Exercise and Instruction Program

University of Illinois Hospital



Exercises after surgery

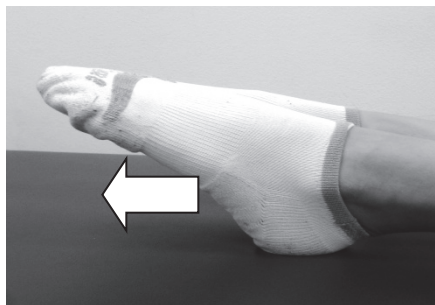
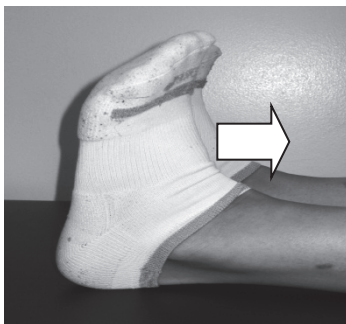
It is important to keep your lungs healthy and strong by breathing deeply, coughing a couple times per hour, and using an **incentive spirometer**. A nurse or physical therapist will show you how to use an incentive spirometer.



10 times in a row every hour while awake

These are exercises you can begin in the hospital to help with blood flow, reduce swelling and prevent blood clots.

Exercise 1 : Anke Pumps

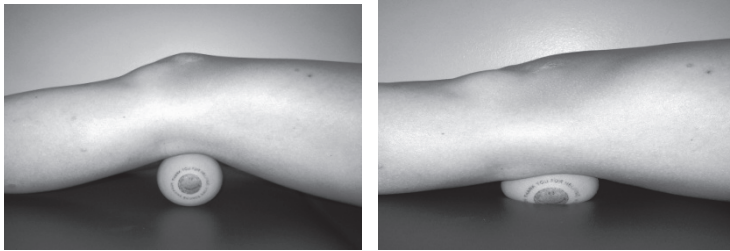


1. Bring toes up towards you
2. Push toes down and away

Repeat ____ times
____ times per day



Exercise 2: Quad Sets



1. Tighten the muscles on top of the thigh

2. Push the back of the knee towards the bed

Repeat ____ times

____ times per day

Exercise 3: Heel Slides



1. Slide heel up along the bed, bending the knee

Repeat ____ times

____ times per day

Exercise 4: Glute Sets



1. Squeeze your buttocks together and hold for 5 seconds

Repeat ____ times

____ times per day

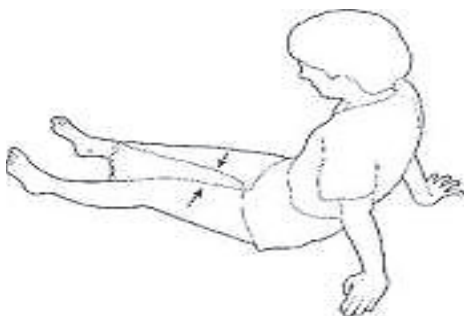


Exercise 5: Hip abduction



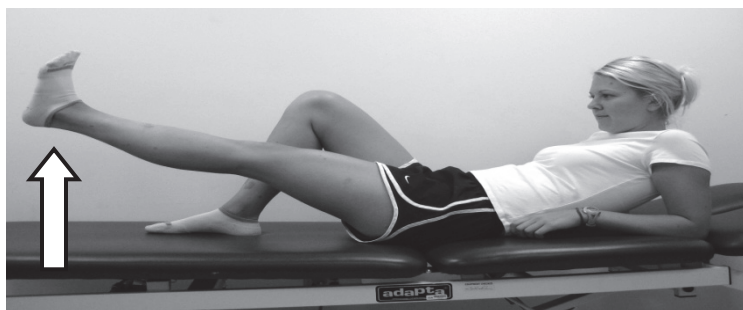
1. Keep the wedge pillow between knees
 2. Keep toes pointed to ceiling
 3. Move your leg out to the side and return
- Repeat _____ times
_____ times per day

Exercise 6: Isometric Hip Adduction



1. Keep the wedge pillow between knees
 2. Keep toes pointed to ceiling
 3. Squeeze in against the pillow
- Hold 3-5 seconds
Repeat _____ times
_____ times per day

Exercise 6: Straight Leg Raise



1. Lift leg off the bed
 2. Keep knee as straight as possible
- Hold 2-3 sec
Repeat _____ times
_____ times per day



Supine stretch



It is important to lie **flat** on your back with the bed flat for at least 20 minutes a day to stretch your hip.

Hip precautions

After surgery, there are three positions that you must avoid to protect your hip from dislocation.

Total Hip Precautions

Certain positions cause undue stress on your hip and could cause the prosthesis to dislocate. Your surgeon will determine which precautions you should follow to make your recovery safe and comfortable. Please follow your precautions until cleared by your physician.

Anterior Total Hip Precautions

1. Do not allow your knee to go behind your hip.



Incorrect for a left surgical hip

2. Do not turn your hip out. Your knees and toes should always point straight ahead. Your toes are generally a good indicator of position of your hip.

Incorrect



Correct



3. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).

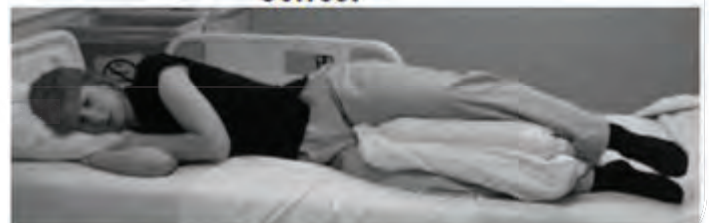
Incorrect



Incorrect



Correct





Walking

Your surgeon will decide on the restrictions based on your surgery. Your therapists will review with you how to walk with weight bearing restrictions and train you with an assistive device (i.e. walker)

Stair Climbing

Go **up** leading with the “good” leg (stronger leg) first

Go **down** leading with the “bad” leg (surgical leg) first

*Up with the
good. Down
with the bad.*





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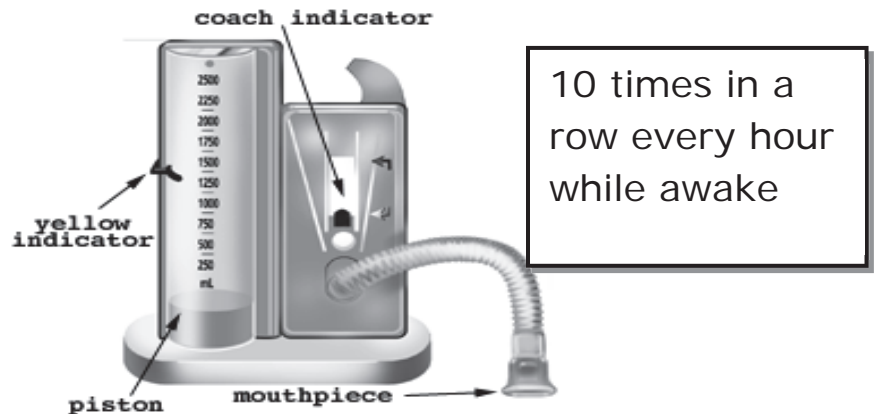
Total Hip Replacement Posterior Approach Home Exercise and Instruction Program

University of Illinois Hospital



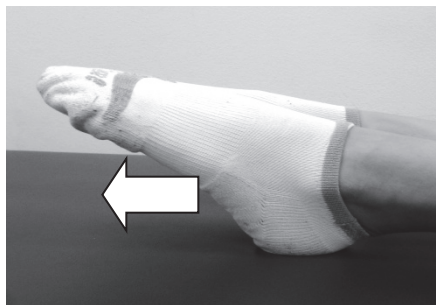
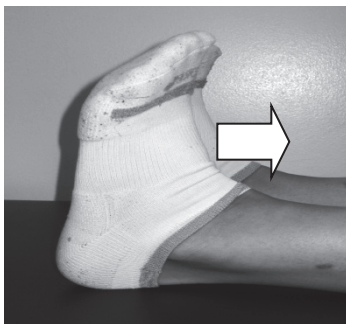
Exercises after surgery

It is important to keep your lungs healthy and strong by breathing deeply, coughing a couple times per hour, and using an **incentive spirometer**. A nurse or physical therapist will show you how to use an incentive spirometer.



These are exercises you can begin in the hospital to help blood flow, reduce swelling and prevent blood clots.

Exercise 1: Ankle Pumps

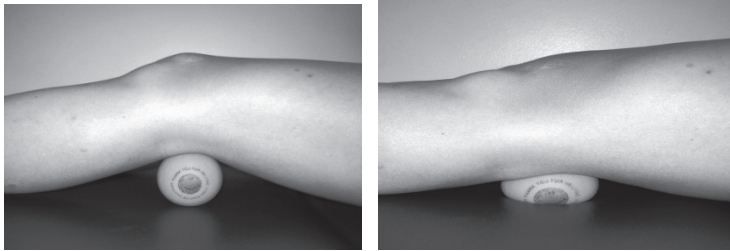


1. Bring toes up towards you
2. Push toes down and away

Repeat ____ times
____ times per day



Exercise 2: Quad Sets



1. Tighten the muscles on top of the thigh

2. Push the back of the knee towards the bed

Repeat ____ times

____ times per day

Exercise 3: Heel Slides



***IMPORTANT:** only perform this exercise with the bed completely flat to avoid flexing your hip past 90°.

1. Slide heel up along the bed, bending the knee

Repeat ____ times

____ times per day

Exercise 4: Glute Sets



1. Squeeze your buttocks together and hold for 5 seconds

Repeat ____ times

____ times per day

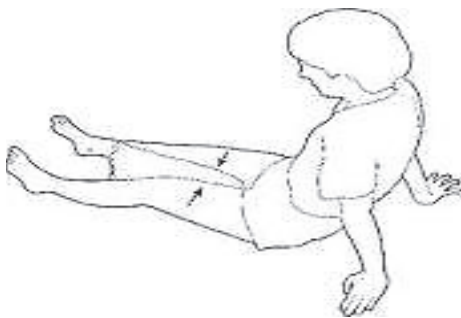


Exercise 5: Hip abduction



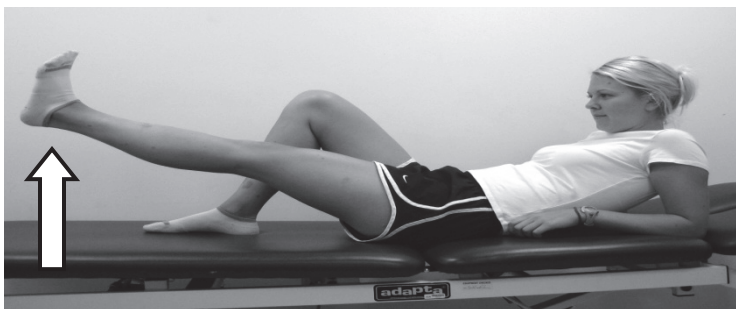
1. Keep the wedge pillow between knees
 2. Keep toes pointed to ceiling
 3. Move your leg out to the side and return
- Repeat _____ times
_____ times per day

Exercise 6: Isometric Hip Adduction



1. Keep the wedge pillow between knees
 2. Keep toes pointed to ceiling
 3. Squeeze in against the pillow
- Hold 3-5 seconds
Repeat _____ times
_____ times per day

Exercise 6: Straight Leg Raise



1. Lift leg off the bed
 2. Keep knee as straight as possible
- Hold 2-3 sec
Repeat _____ times
_____ times per day



Supine stretch



It is important to lie **flat** on your back with the bed flat for at least 20 minutes a day to stretch your hip.

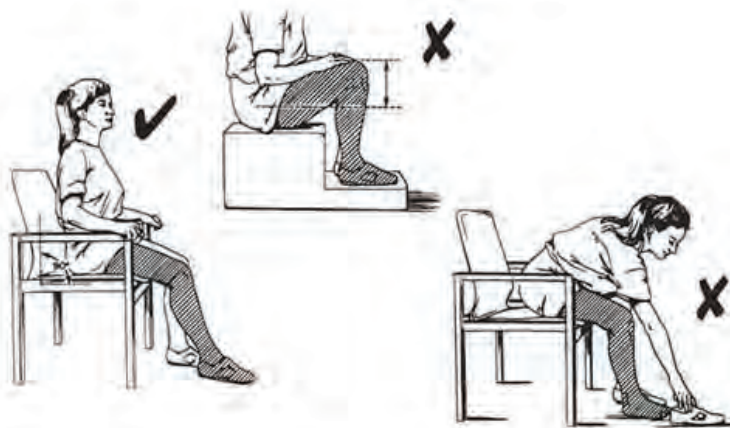
Hip precautions

After surgery, there are three positions that you must avoid to protect your hip from dislocation.

1. Do not bend forward greater than 90°

Do not lean forward while seated

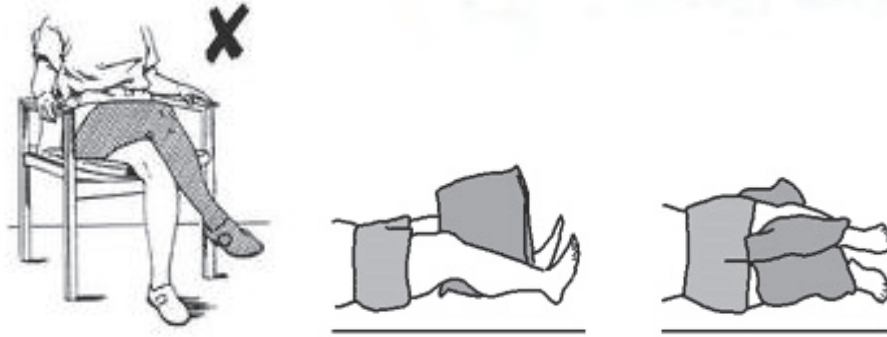
Do not sit on a low surface



2. Do not bring your operated leg past the middle of your body

Always lie with a pillow between your legs

Do not lie on your side without pillows between your legs



3. Do not turn your operated leg in

Do not pivot on your foot. Take small steps instead.

Do not let your toes point in.



Walking

Your surgeon will decide on the restrictions based on your surgery. Your therapists will review with you how to walk with weight bearing restrictions and train you with an assistive device (i.e. walker)



Stair Climbing

Go **up** leading with the “good” leg
(stronger leg) first

Go **down** leading with the “bad” leg
(surgical leg) first

***Up with the
good. Down
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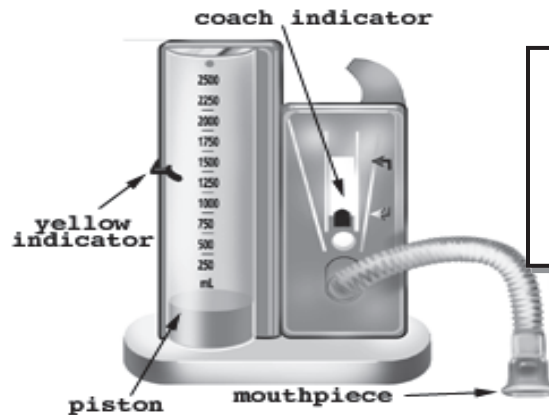
Total Knee Replacement Home Exercise and Instruction Program

University of Illinois Hospital



Exercises after surgery

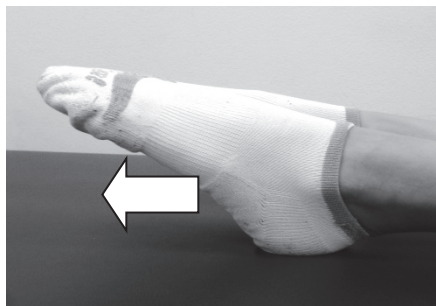
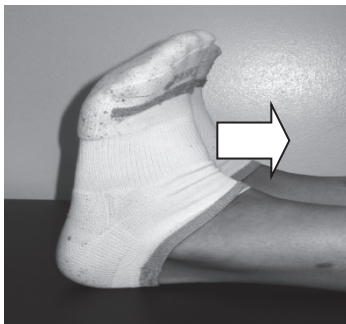
It is important to keep your lungs healthy and strong by breathing deeply, coughing a couple times per hour, and using an **incentive spirometer**. A nurse or physical therapist will show you how to use an incentive spirometer.



10 times in a row every hour while awake

These are exercises you can begin in the hospital to help blood flow, reduce swelling and prevent blood clots.

Exercise 1: Ankle Pumps

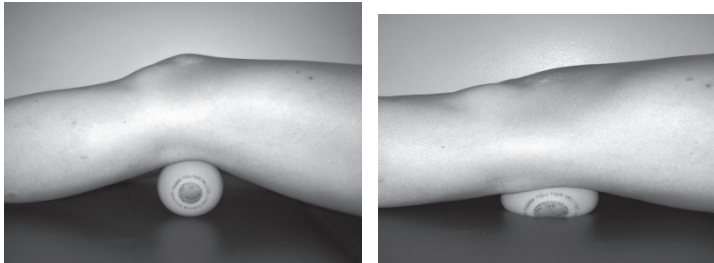


1. Bring toes up towards you
2. Push toes down and away

Repeat ____ times
____ times per day



Exercise 2: Quad Sets



1. Tighten the muscles on top of the thigh
2. Push the back of the knee towards the bed

Repeat ____ times

____ times per day

Exercise 3: Heel Slides



1. Slide heel up along the bed, bending the knee
2. Return to starting position

Repeat ____ times

____ times per day

Exercise 4: Hip Abduction/Adduction



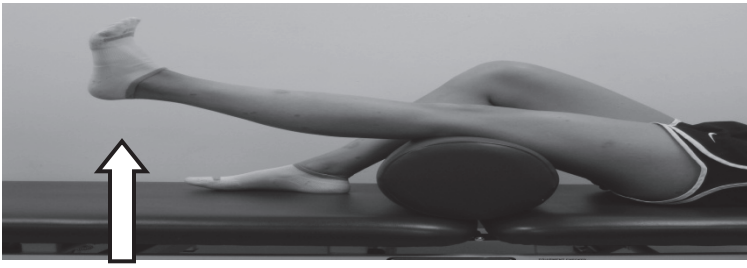
1. Slide your leg out to the side
2. Slide your leg back to starting position

Repeat ____ times

____ times per day

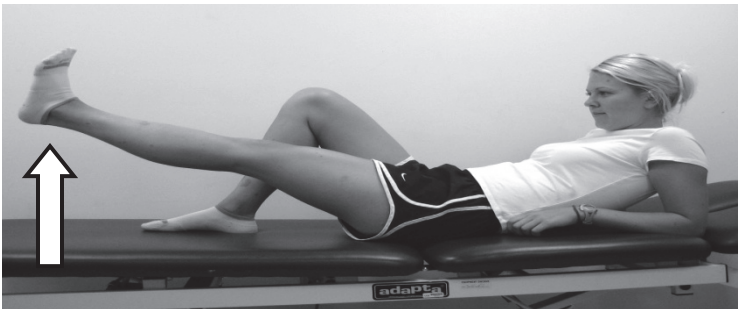


Exercise 5: Short Arc Quad



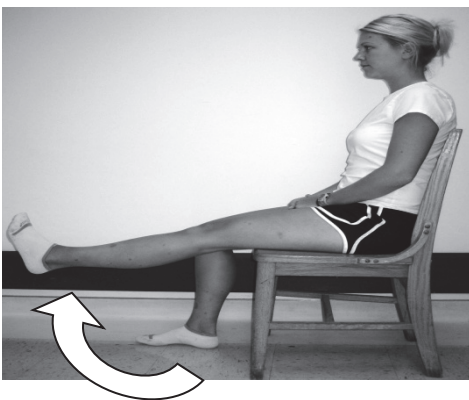
1. Place rolled up towel under knee
 2. Keep knee on towel
 3. Lift Heel off the bed
- Hold 3-5 sec
Repeat _____ times
_____ times per day

Exercise 6: Straight Leg Raise



1. Lift leg off the bed
 2. Keep knee as straight as possible
- Hold 2-3 sec
Repeat _____ times
_____ times per day

Exercise 7: Long Arc Quad



1. Sit in a chair
 2. Straighten your leg as much as you can
- Hold 3-5 sec

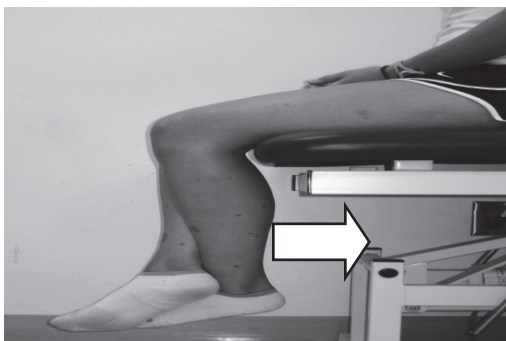
Repeat _____ times
_____ times per day



Gaining knee range of motion

Stretch your knee starting the first day after surgery. When trying to increase range of motion, you may have some pain but stretching is very important for recovery should be done within a tolerable degree of pain.

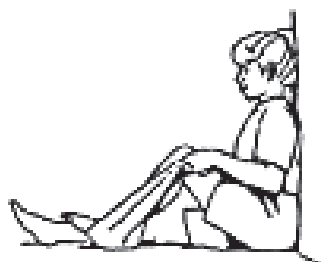
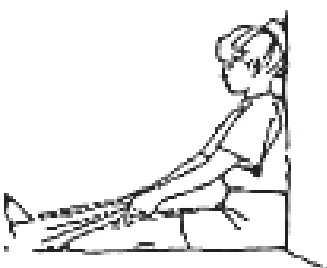
1: Sitting Stretch



1. Sit in a chair
 2. Cross "good" leg over "bad" leg
 3. Pull in towards chair to bend knee
- Hold 30 sec.

Repeat _____ times
_____ times per day.

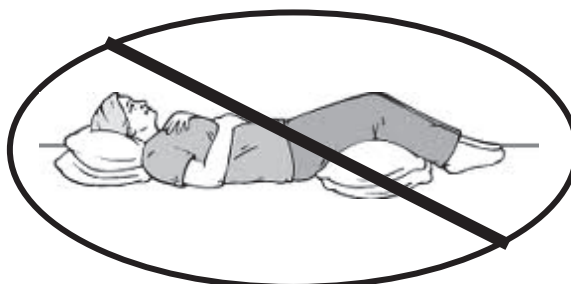
2: Towel Stretch



1. Place a towel under your foot
 2. Gently pull knee upwards until a stretch is felt
- Hold 30 sec.

Repeat _____ times
_____ times per day.

3: Passive Knee Extension Stretch

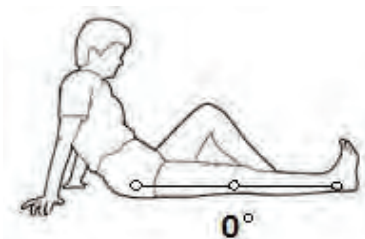


Place a pillow under your ankle while in bed. DO NOT place the pillow under your operated knee.



GOALS for knee range of motion

The goal for knee range of motion before discharge is zero degrees of extension and ninety degrees of flexion.



Walking

Your therapists will review with you how to walk an assistive device (i.e. walker)

Stair Climbing

Go **up** leading with the “good” leg (stronger leg) first

Go **down** leading with the “bad” leg (surgical leg) first

*Up with the
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TOBACCO TREATMENT CENTER

You can quit.
We can show you how.

Congratulations! By picking up this card, you have taken the first step to getting the help you need. Turn this card over to find the next steps that will help you quit. For good.



The Tobacco Treatment Center is a program offered jointly through the Pulmonary and Pharmacy services.

TOBACCO TREATMENT CENTER

WE OFFER

Personalized Care

We listen to you. We understand your experience is unique.

Individualized Treatment Plans

Based on your unique experience, we will work closely with you to identify the best approach to stop your tobacco dependence.

We Are There For You

After your initial visit, we will continue to be there to support you and help you succeed.

UNDERSTANDING THE FACTS

- Smoking cigarettes is as addictive as heroin, cocaine and alcohol.
- It is never too late to quit using tobacco products.
- The body begins to heal itself immediately once it is no longer exposed to tobacco and other harmful chemicals in tobacco products.
- There are proven effective methods to help you succeed in stopping tobacco dependence.

FOR QUESTIONS:



Lori Wilken
PHARM D, TT-S, AE-C, BCACP
Director of Tobacco
Treatment Center
312.413.7906
lwilken@uic.edu



Min Joo MD, MPH
Medical Director of
Tobacco Treatment Center

LOCATION:

University of Illinois Hospital
Outpatient Care Center (OCC)
1801 West Taylor St. Suite 3C

National Tobacco Quit Line:

1-800-Quit-Now

Website:

smokefree.gov

TO MAKE AN APPOINTMENT CALL

312.413.4244

Visits are covered by most insurance plans