

TOTAL JOINT EXCELLENCE

A Detailed Guide From Pre-Surgery Through Recovery



This Guide Will:

- **Prepare you for your total joint replacement surgery**
- **Explain what to expect during and after surgery**
- **Guide you through the recovery process**

Our team is dedicated to your success. Each member of our team is prepared to help you along the way and to answer any questions.

Thank you for choosing us on your journey back to an active lifestyle!





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Pre-operation and Post-operation Check List:

Check off when completed:

Pre-operation:

- Pre-operative physical with primary care provider N/A Date/Time: _____
- Pre-operative dental evaluation N/A Date/Time: _____
- Pre-operative total joint risk assessment N/A Date/Time: _____
- Schedule your pre-operation physical therapy
(as directed by your Orthopaedic team) N/A Date/Time: _____
- Schedule your post-operation physical therapy
 - o To start 3-5 days post-knee replacement
 - o To start 5-7 days post-total hip replacement N/A Date/Time: _____(as directed by your Orthopaedic team)
- Attend Total Joint Class
(as directed by your Orthopaedic team) Date/Time: _____
- No solids by mouth Date/Time: _____
- No liquids by mouth Date/Time: _____
- Arrive at Hospital or Surgery Center for operation Date/Time: _____

Post-operation:

- First Orthopaedic Follow-up:
 - o Provider: Date/Time: _____
- First physical therapy appointment:
 - o To start 3-5 days post knee replacement
 - o To start 5-7 days post total hip replacement(as directed by your Orthopaedic team) Date/Time: _____

Notes:

Preparing for Surgery:

Once you have made the decision to have surgery there are several steps that will help maximize your success. **This is your journey and we are here to help you through the process. Ask questions along the way.**

□ Appointment with your primary care provider:

- You may be asked to **schedule a pre-operative appointment with your primary care provider within 30 days of your surgery date.**
- At this visit diagnostic testing will be performed to make sure you are medically ready for surgery. This may include a blood sample, nasal swab, urine specimen and an electrocardiogram (EKG).
- Your provider will review when to stop taking supplements and medications.
- **It is recommended that this appointment be completed before your Total Joint Risk Assessment appointment.**

- **Gain control over your diabetes:**
 - **To minimize post-surgical complications, your hemoglobin A1 C must be below 8 and daily blood sugars should not exceed 160.**
 - Fasting glucose must be below 180.
 - All patients are asked to have a fasting glucose as part of the metabolic panel on pre-operative blood work. If you have a history of pre-diabetes, diabetes, or a BMI over 35, we would also like to have a new A1C reviewed.
 - Elevated blood sugars around the time of surgery significantly increase your risk of infection. Work with your primary care provider to gain control over your diabetes. **If your lab values are higher than the above numbers, notify your Orthopaedic care team.**

- **Bladder Infections and urinary frequency:**
 - **If you have a history of recent or recurrent infections or a history of incontinence you should have a urinary evaluation prior to surgery.** Having a urinary infection near the time of your joint replacement can put you at higher risk for a joint infection.
 - Anesthetics and pain medications can worsen urinary retention. If you are under treatment for retention or prostate disease you should consider completing the required treatment prior to joint replacement surgery.
 - A urinalysis prior to surgery may be helpful to rule out an active bladder infection, which must be treated prior to proceeding with surgery. **Let your Orthopaedic team know if this is a concern.**

- **Ask about your current medications:**
 - Make sure your medication list with doses and frequencies are accurate and up-to-date.
 - Discuss with your primary care provider which medications to continue and which to hold around the time of surgery.

□ What to do with your medications:

- Discuss all current medications with your care team prior to surgery.
- Stop taking any nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, Advil, Motrin, Naprosyn, Aleve, Celebrex, meloxicam, Mobic or Indocin 7days prior to your surgery.
 - Continue taking aspirin if it has been prescribed for a heart condition.
- You may continue taking acetaminophen (Tylenol) until the time of your surgery.
- **If you are on an immunomodulator, you may need to stop this medication 2 weeks prior to surgery and not restart it until the wound is healed 2 weeks after surgery.** Immunomodulators are used to treat rheumatoid diseases, GI diseases and some cancers. If you are unsure, ask your care team.
- **If you are on a blood thinner**, including aspirin or any other anticoagulant, discuss with your Orthopaedic team and primary care provider stopping these medications prior to surgery or needed changes to medications.
- **Continue taking all regularly prescribed medications as instructed.**
- **Discontinue supplements, enzymes, and natural medications. (e.g. Vitamin E, Ginkgo Biloba, Ginseng, Glucosamine, and Fish Oil) 7 days before surgery and do not reassume them again until 4 weeks after surgery.**
 - Calcium and Vitamin D are exceptions; you may continue to take these as they are good for bone health.
 - These are available over the counter. If you are not already taking these we recommend you start.
 - Standard daily doses are 2,000IU of vit D, 500mg of calcium twice daily.

Current Medication List:

Medication & dose	Frequency	When to stop

☐ Visit with subspecialist:

- o If you have a heart, lung or an immunological disease that significantly affects your health, you may be expected to visit with your subspecialist prior to surgery to obtain recommendations for a safe surgery.

☐ Be mentally prepared to handle the challenges and stress associated with surgery and rehab:

- o **We recognize mental health as a very important part of your overall health and extremely important to your success after surgery.** If you are suffering from extreme stress, anxiety or depression, make sure you address this with your primary care provider, mental health professional and Orthopaedic team prior to surgery.
- o Keeping a good attitude and redirecting yourself towards your goals can help you work through this new stress. Pick out the top 5 reasons you want to achieve success with your joint replacement and write these down. Keep focused on these, as motivation, as you move through your recovery and get closer to achieving them!

1 _____

2 _____

3 _____

4 _____

5 _____

- o Having friends and family support is vital to your success. Let those whom you are closest to know you are about to start a new journey towards a healthier you. Let them know how they can help or arrange for times after surgery to meet for encouragement and friendship.

☐ Prepare your body: Increasing your activity before surgery:

- o Being more physically prepared for surgery and recovery will help you have better outcomes following surgery.
- o Attempt to build your activity to 20 minutes of moderate physical activity daily prior to surgery.
- o Start the exercises list for your procedure at the back of this book. Work towards building up to the listed repetitions 2-3 times a day. Build slowly and let pain be your guide.

☐ Stop using nicotine products:

- o **If you are using nicotine products in any form, quit at least one month prior to surgery.**
- o **Nicotine, in any form, hinders healing and increases the risk of infection and blood clots.** This includes smoking cessation products such as nicotine gum or patches. Discuss nicotine cessation with your team prior to proceeding with your total joint replacement.
- o **It is never too late to quit!**
 - The benefits of quitting begin minutes after your last use and continue for a lifetime. The longer you are nicotine-free the greater the benefits!
 - 20 minutes after last nicotine use: elevated blood pressure begins to drop, temperature of extremities returns to normal.
 - 1 day since last use: Risk of heart attack begins to decline.
 - 2 weeks-3 months from last use: Circulation improves and lung function increases.
 - 1 year since last use: Your risk of a heart attack is decreased by 50%.

○ **You can quit:**

- Pick a date and quit! Your health and your recovery depend on it!
- If you feel that you need more help, speak to your primary care physician or access free resources through the Colorado QuitLine: <https://coquitline.org/en-US/>.
- Let us, your Orthopaedic team, know if quitting is a concern.

□ **Pre-operative total joint risk assessment :**

- This pre-surgical appointment will review risk factors to maximize your recovery and comfort through the pre-operation and post-operation period. This is an opportunity to ask questions about total joint replacement and expectations.
- Review of Risk Assessment and DVT management.
- Review of Medication: Bring an updated list of current medications and supplements.
- **Discuss your goals of surgery with your Orthopaedic team.**
 - Total joint replacements are good at reducing pain in your joint due to osteoarthritis. However, this does not come without some risk, short-term discomfort, dedication to therapy and motivation to return to an exercise program after surgery. Discussing the goals you would like to achieve after your joint surgery, management of post-operative pain, when to return to driving, physical therapy, travel plans, etc. are very important.

□ **Schedule dental clearance and routine cleaning:**

- Active dental infections or potential infections can put you at higher risk for a joint infection.
- We recommend having dental cleaning 2 weeks or more prior to your joint replacement and avoid routine cleaning or non-urgent procedures until 3 months after your joint replacement.
- You should also remember prophylactic antibiotics are recommended for certain dental procedures following your joint replacement. See post-operative dental recommendations later in this booklet to review these recommendations.
- If you have active dental concerns, communicate this to your Orthopaedic team. Manage any concerns in a timely manner.

□ **Daily pain medications:**

- **If you are currently on daily opioid pain medicines or working with a pain management specialist be sure to share this with your surgeon and Orthopaedic team.** If you are on a significant amount of opioids daily, it will make managing your pain after surgery challenging. We recommend stopping opioids several weeks prior to surgery. **Notify your pain management specialist of your upcoming surgery.**

□ **Schedule physical therapy appointments:**

- **Before surgery you must make appointments to start physical therapy.** Waiting until the time of surgery may delay and hinder your recovery.

□ **Total knee replacements:**

- **Schedule your first physical therapy appointment for 3-5 days after your surgical date. You will be going to physical therapy 2 times per week at the beginning of your recovery. Schedule visits twice weekly for 6 weeks following your surgery date.** As you progress through your recovery, frequency and length of physical therapy will be adjusted to meet your individual needs.

- o **Many patients undergoing knee replacement are asked to go to pre-operative physical therapy to optimize their outcomes. Ask if this applies to you.**

□ **Total hip replacement:**

- o **Schedule physical therapy to start 5-7 days post total hip replacement.** The frequency and length of time you are in therapy will depend on your progress, as directed by your Orthopaedic team.
- o **Many patients undergoing hip replacement, especially in the ambulatory care setting, are asked to go to pre-operative physical therapy to optimize their outcome. Ask if this applies to you.**

□ **Pre-operative physical therapy:**

- o Many patients benefit from pre-operative physical therapy to practice use of durable medical equipment (walker or crutches), engage in education on what to do following surgery, and to maximize their fitness and mobility prior to their operations.
- o Your total joint team will help you identify if you would benefit from preoperative physical therapy. If you have any questions please ask.

Total Knee Physical Therapy Goals:

Pre-operative	<p>Know how to use a walker</p> <p>Know how to go up and down stairs</p> <p>Address any concerns for deconditioning, coordination, balance or secondary conditions that may make rehab more difficult</p> <p>Understand post-op expectations and exercises</p>
0-1 weeks after surgery	<p>Flex (bend) knee to 90 degrees. Straighten knee as much as possible</p> <p>Perform knee exercises focusing on Quad Sets (reference handout in back of booklet)</p> <p>Avoid placing a pillow under your knee when resting.</p>
1-2 weeks after surgery	0-100 of flexion (bend); Fully straighten knee
2-3 weeks after surgery	1-110 degrees of flexion; Fully straighten knee
3-4 weeks after surgery	0-120 degrees of flexion
4-6 weeks after surgery	<p>Advance flexion to 130 degrees or to match alternate knee</p> <p>Transition to functional activities</p> <p>Return to driving (if cleared)</p>

Total Hip Physical Therapy Goals

Pre-operative	Know how to use a walker Know how to go up and down stairs Address any concerns for deconditioning, coordination, balance or secondary conditions that may make rehab more difficult Understand post-op expectations and activity limitations
0-6 weeks after surgery	Start increasing walking, work on normalizing gait Understand proper back and hip mechanics Understand restrictions if you have any Perform hip exercises (reference handout in back of booklet)
6-8 weeks after surgery	Strengthen abductors Lift any remaining restrictions Return to increasing fitness

Purchase durable medical equipment:

- o **Walker:** You will need a walker following surgery. Your care team will discuss the use of crutches or a cane to safely manage stairs.
- o **Toilet seat riser:** Having a toilet seat riser will make the first several weeks at home easier.
- o **Shower chair:** This can make hygiene easier and prevent slips or falls.
- o **Crutches or cane:** These can be helpful once you are ready to transition away from your walker.

Prepare your home:

- o **Ask for help:**
 - Let family members and friends know you are having surgery and arrange for help with transportation, pet care, home care and groceries.
- o **Transportation:**
 - Anticipate a period of 4-6 weeks being unable to drive.
 - Arrange for a family member or friend to drive you home after surgery. You will not be able or allowed to drive yourself home.
 - Arrange for transportation to physical therapy and follow-up appointments.
- o **Prepare Meals:**
 - Prepare at least a week's or more worth of healthy and easy meals to make your transition back home go smoothly.
 - Constipation is a common problem following surgery that you can help to avoid with healthy meals containing fiber and with good fluid intake.
 - Stock up on groceries. Remember shopping and driving will be limited following surgery.

○ **Prepare your home for your rehab:**

- Purchase any medical devices you will need: front wheel walker, commode/ toilet riser and shower chair.
 - Eliminate anything that could be a tripping hazard such as rugs, laundry, cords, and spare items.
 - You will be able to go up and down stairs after surgery but it will not be easy. If you can arrange your living space to minimize stairs the first two weeks, you will be more comfortable and reduce your fall risk.
 - Finish all home projects and place anything you will need in an easy-to-reach location. You will not be able to go up or down ladders at a minimum of two months after surgery.
 - Make arrangements for pets and home (think snow removal) to be cared for.
- If you are coming from out of town for your surgery, you may want to arrange to stay in a hotel the night before surgery. You may want to make arrangements for family members to have a hotel room while you are in the hospital. Your surgical scheduler would be happy to help you make these arrangements.

□ **Pack for your hospital stay:**

- Pack lightly and do not bring any valuables to the hospital.
- Bring photo ID and insurance cards.
- Pack comfortable slip-on, non-skid walking shoes. Avoid flip flops, boots, or heels.
- Wear and pack comfortable shorts or sweat pants with an elastic waistband that are easy to get on and off.
- Include a robe to help with comfort and modesty.
- Bring a front-wheeled walker.
- If you are spending the night, pack basic toiletries.
- Bring chargers for any electrical devices.
- If you use a CPAP machine and will be spending the night, please bring this.

The Day Before Surgery

❑ Wash with pre-surgical soap: Chlorhexidine bathing instructions:

- Chlorhexidine soap helps reduce the risk of infection after surgery. It can be obtained at most drug stores, but we provide it at SOSI free of charge.
- **Do not apply chlorhexidine soap to an open wound or use it if you have an allergy to chlorhexidine.**
- **The night before surgery:**
 - You will need clean sheets on your bed.
 - You will need to wear clean pajamas.
 - You will need to use clean towels and a washcloth for the shower.
 - Take a shower using the chlorhexidine soap.
- **Bathing Instructions:**
 - Do not shave.
 - Enter shower and get completely wet.
 - Wash your hair and face with your normal soap and shampoo.
 - Turn the water off.
 - Apply the chlorhexidine soap from your neck downward using a clean wash cloth.
 - Do not apply the soap to face, eyes, ears or your genital area.
 - While lathering, be sure to cover with chlorhexidine soap:
 - The area where your surgery will be performed.
 - Under arm (armpit).
 - Under any skin folds, such as breast, abdominal or buttock fold.
 - Keep the liquid soap on your skin for at least 2 minutes prior to rinsing.
 - Turn the water back on and rinse the chlorhexidine soap off well.
 - Dry your skin with a freshly laundered towel.
 - Put on freshly laundered clothes or pajamas.
- **Do not put any lotions, perfumes, powders or deodorants on your skin after showering.**

❑ Fluids the day before surgery:

- Drink plenty of water throughout the day prior to surgery.
- Drink carbohydrate drinks ("sports drink," Gatorade, PowerAde, etc.) the day before surgery and again before going to bed the evening before surgery.

❑ Arrival Instructions:

- A pre-operative nurse will call you the business day prior to your surgery to review arrival time, final eating, drinking and medication stop times.
- When he/she calls, fill these times in on your pre-operative checklist located at the front of this booklet!

The Day of Surgery is Here!

❑ **Fasting:**

- o You are required to fast prior to surgery. This helps to prevent complications from anesthesia. Failure to follow these instructions could result in complications or surgery being canceled or delayed.
- o No solids (foods) after midnight the evening prior to your surgery. If you have a later surgery your pre-operative nurse will give you the end-time for eating.

❑ **Arrive on time:**

- o We typically ask that you arrive 2 hours prior to your scheduled surgery time to allow for pre-operative care.
- o You will be given this arrival time by your pre-operative nurse the business day prior to your surgery.
- o Don't forget to bring your photo ID, prescription cards and insurance cards.

❑ **Pre-operative care:**

- o You will be checked in by your nurse.
- o You will be provided antiseptic wipes and a nasal swab to clean your skin.
- o You will then change into a surgical gown.
- o IV will be started.
- o You will be given oral medications to help with post-surgical pain control.
- o Staff will clip or shave any hair near or at the surgical site.
- o You will meet with your anesthesia provider.

After Surgery: The beginning of your recovery!

□ **Activity- Getting to use your new joint:**

- It is our goal to get you up and moving within 4 hours following your surgery. We will do this as soon as anesthetics have worn off and it is safe to do so.
- You will be getting up and moving the day of your surgery.
- Getting up to go to the restroom, for meals and to start your initial rehab exercises is a great start.
- Motion is also associated with improved pain control. Let's get moving!
- Make sure you make it to your first physical therapy visits to start after discharge.

□ **Prevention of blood clots:**

- **Deep Vein Thrombosis (DVT)** is a potentially very serious complication after joint replacement surgery that we work hard to prevent through:
 - Compression stockings on bilateral lower extremities for 4 weeks.
 - Early and consistent mobility. Perform your exercises and increase walking.
 - Blood thinners: You will require a blood thinning medication after surgery. You can anticipate using your blood thinner for 4-6 weeks.
 - Some common blood thinners you may be prescribed are: enoxaparin (Lovenox) apixaban (Eliquis), aspirin, coumadin (Warfarin).
 - Take this medication as prescribed until the prescription is complete.
 - These medications can sometimes be expensive. If you have trouble paying for or obtaining your medication please let your Orthopaedic team know right away.
- **Blood Clot Symptoms to watch for:**
 - Pain or tenderness in your leg, most commonly in the calf muscle, that does not improve with elevation.
 - Swelling or warmth in your leg that gets worse and does not improve with elevation.
 - Red or discolored skin on your leg.
 - Shortness of breath, flank pain, sudden confusion or chest pain can be symptoms of a serious blood clot. If you experience any of these symptoms, seek immediate medical care, by calling 911 or going to the emergency room.
- **Risk factors that can increase your risk for a DVT after surgery are:**
 - Nicotine use;
 - History of a DVT or pulmonary embolism in the past;
 - Obesity;
 - Close family relative with history of DVT;
 - Autoimmune disorders;
 - Use of certain medicines, including birth control and hormone therapy;
 - Cancer.
- **Reference the Blood Clot Prevention Exercises handout.**

□ Pain Management- Managing your comfort after surgery is a priority:

- o Our goal post-operatively is to make pain manageable. You will have some discomfort but you need to be able to perform self-care and meet your physical therapy goals. We are here to help.
- o We use a “multi-modal” approach to managing pain. This is safer and far more effective than using opioids alone.
- o Ice around the surgical site should be used for 20-30 minutes with a break for skin rest.
- o Elevation of your operative leg so that your toes are above your heart can help reduce swelling and discomfort in your lower leg.
- o Most patients use a narcotic pain medication for 1-2 weeks following surgery.
 - Hydrocodone with acetaminophen, oxycodone, oxycodone with acetaminophen, hydromorphone, or tramadol are common opioid pain medications.
 - Opioids are indicated for moderate to severe pain, 6/10 or higher.
 - We recognize everyone experiences pain differently. We will try to manage your pain individually, using the lowest effective dose of narcotics for the shortest period of time.
 - We want to minimize the risks and side effects of opioid usage, such as hyperalgesia or addiction. Studies show narcotic use beyond 7-10 days causes “hyperalgesia” or an increased sensitivity to pain, requiring more pain pills.
 - If you have any questions about weaning off your pain medicine, call your Orthopaedic team.
- o NSAIDs, acetaminophen, muscle relaxers and nerve medications can also be used to help with pain control.
- o While in surgery you will receive regional anesthesia, injections or nerve blocks to also help control your post-surgical pain.
- o If you have concerns about your pain please let us know.

If you need a refill, please call our office and allow 48 hours.
Please anticipate your needs as we do not fill prescriptions after 5 pm, on weekends or holidays

Steamboat Orthopaedic and Spine Institute	970.879.6663
SOSI Fraser, CO	970.364.2070
SOSI Craig, CO	970.826.2450
SOSI Rock Springs, WY	307.448.3220
SOSI Monument, CO	719.301.3010

□ Preventing infections:

- o You are given IV antibiotics at the time of surgery which may continue for 24hrs after surgery. Some patients with higher risk factors for infection may have a prescription for extended oral antibiotics.
- o Your wound will be meticulously closed in the sterile operating room and a sterile dressing will be in place prior to leaving the operating room.
- o Caring for your wound is very important in preventing an infection.

❑ **Caring for your surgical wound:**

- o Prior to changing your dressing, wash your hands well with soap and water.
- o On post-op day 2 you may remove your bulky surgical dressing (if this was not done for you in the hospital).
- o If there is any discharge/fluid from the wound, re-cover with a new, clean, dry dressing.
- o If there is any pooling fluid or blood near the wound, change dressing.
- o If your wound does not have any discharge, you may begin showering the third day after surgery. You may shower letting soap and water run over the wound. If you have any discharge/fluid, keep the wound covered and dry.
- o Once done showering, allow the wound to dry completely. (Air dry knee or pat knee dry with clean gauze or linens. Do NOT use a towel that you have used on any other parts of your body to dry your wound).
- o Do NOT place ointments or lotions on the wound.
- o Do NOT soak in water such as pools or tubs until cleared to do so by your Orthopaedic team.
- o If your wound has a skin closure it will be removed in clinic 10-14 days after surgery.

❑ **CALL your surgical team at 970-879-6663 IF...**

- o **You have any fluid coming from the wound after 5 days post-op.**
- o **You have increased redness around the wound sites, are experiencing increasing/unrelenting pain, begin experiencing fever or chills, or have increasing fluid from the wound as these could be signs of infection.**
- o **You have questions about how to care for your wound.**

❑ **Constipation:** Constipation can be a very common problem after surgery and with opioid pain medications. There are several ways you can help prevent constipation:

- o Start drinking water and staying hydrated following your procedure.
- o Start walking.
- o Most patients don't immediately feel up to eating following surgery. However, trying to incorporate small amounts of nutrition foods containing fiber can help prevent constipation.
- o Most patients are started on a stool softener following surgery. Continue your stool softener until you are having regular bowel movements.

❑ **Dental recommendations:**

A higher incidence of joint infections occurs with certain dental procedures. Dental procedures that are more likely to have bacteria enter the bloodstream are:

- o Dental extractions;
- o Periodontal procedures including surgery, subgingival placement of antibiotic fibers/strip, scaling and root planing, probing, recall maintenance;
- o Dental implant placement and reimplantation of avulsed teeth;
- o Endodontic (root canal) instrumentation or surgery only beyond the apex;
- o Initial placement of orthodontic bands, but not brackets;
- o Intraligamentary local anesthetic injections;
- o Prophylactic cleaning of teeth or implants where bleeding is anticipated.

❑ **Patient Antibiotic Guidelines for Dental Procedures:**

Following surgery, patients should defer any dental procedures three months postoperatively, if possible; then receive oral antibiotics before any dental cleaning or procedure for two years. It is also recommended that patients who are immunocompromised and are at increased risk for infections should receive oral antibiotics for a lifetime.

- o Patients not allergic to penicillin: Amoxicillin or Cephalexin 2 grams orally one hour prior to the procedure.
- o Patients not allergic to penicillin and unable to take oral medications: Cefazolin 1 gram or ampicillin 2 grams IM/IV one hour prior to the procedure.
- o Patients allergic to penicillin: Azithromycin 250 milligrams orally one hour before the procedure.
- o Patients allergic to penicillin and unable to take oral medications: Azithromycin 250 milligrams IM/IV one hour before the procedure.

Starting your Rehabilitation:

If you have had a **total knee replacement** it is very important that you start supervised physical therapy soon after your surgery. We would like this to begin 3-5 days after your procedure. You can anticipate being in physical therapy 2 times a week for 6-12 weeks depending on your progress. It will be necessary to also perform exercises several times a day on your own at home.

If you have had a **total hip replacement** your recovery is very dependent on starting to move. Walking will help with pain control, constipation and will start rebuilding your strength. Walking daily and gradually increasing the amount you walk is very important for your recovery. Physical therapy can be helpful for pain control and **meeting your goals** as you move through your recovery. Schedule your therapy to start 5-7 days post-op dependent on your surgeon.

See the handouts for the initial exercises to start you on your road back to recovery. Your Orthopaedic team will instruct you on which of the following home exercise programs to follow.

Not all exercise programs apply to all surgeries, ask which ones apply to you.

❑ **Key points after your knee replacement:**

- o Use the physical therapy goal chart on the next page (pg 19) to track your progress.
- o Your knee will likely feel most comfortable in a slightly bent position. However, you cannot rest with your knee continuously in a flexed position or it will start to stiffen. One of the first goals is to have your knee go fully straight. Placing a pillow or bump under your heel instead of under your knee when resting will help you start to get your leg straight. This is the preferred position we would like you to rest in.

Post-Surgical Total Knee Physical Therapy Goals (If Applicable):

We have 6 weeks to establish the range of motion in your new knee. Let's get started!
Record your progress. If you are not meeting your goals, discuss with your physical therapist and reach out to your Orthopaedic team.

Date	ROM Knee bent (Flexion)	Goal	Comments/ Questions
1st week post-op Date: _____		0-90 degrees	
2nd week post-op Date: _____		0-100 degrees	
3rd week post-op Date: _____		0-110 degrees	
4th week post-op Date: _____		0-125 degrees	
5th week post-op Date: _____		0-130 degrees	
6th week post-op Date: _____			
ROM straightening knee (extension)	You should be able to fully straighten your knee two weeks after surgery. If not, consult your care team.		



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