

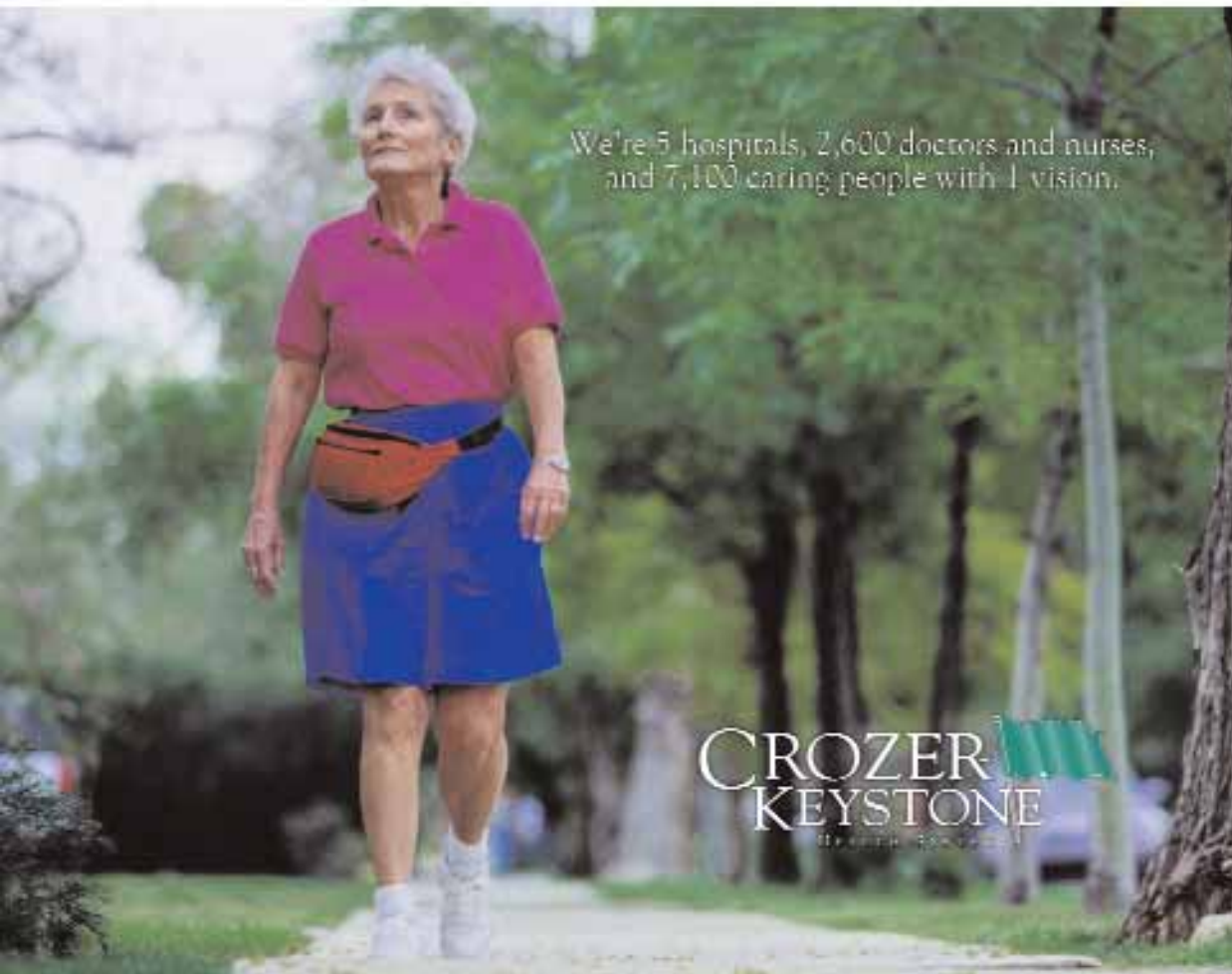
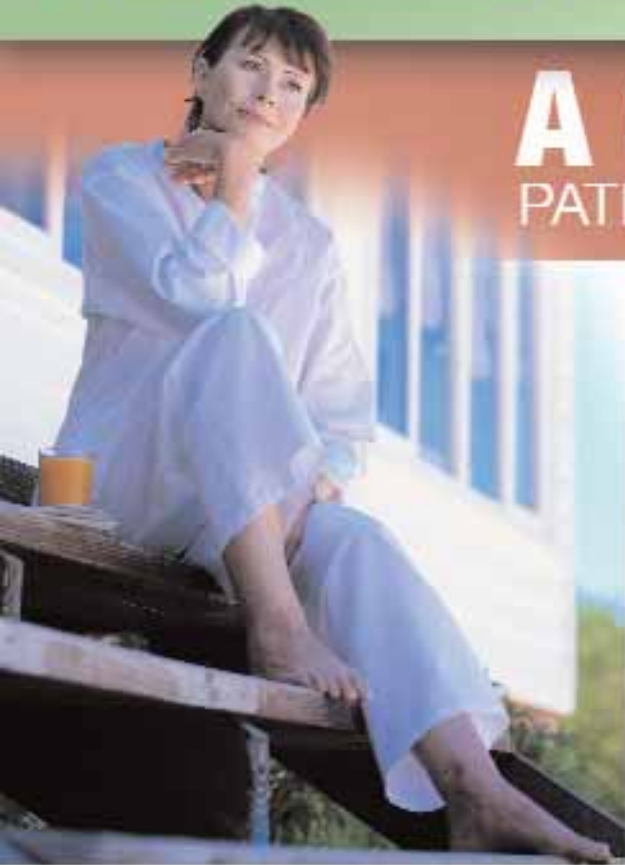
# Total Joint Replacement

at Crozer-Chester Medical Center

CROZER-KEYSTONE  
HUMAN MOTION INSTITUTE

CROZER-CHESTER  
MEDICAL CENTER

## A GUIDE FOR PATIENTS AND FAMILIES



We're 5 hospitals, 2,600 doctors and nurses,  
and 7,100 caring people with 1 vision.

CROZER  
KEYSTONE  
HEALTH SERVICES

## Important Dates

### Pre-Procedure Evaluation Center Appointment

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### Joint Replacement Education Class

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### Date of Surgery

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## Welcome to Crozer-Chester Medical Center

Thank you for choosing Crozer-Chester Medical Center for your joint replacement surgery. We understand the careful consideration that goes into selecting a facility for orthopedic treatment, and we are proud that you have chosen us. Our record of offering state-of-the-art care in a community setting has earned us a reputation of excellence. We are confident that our services and staff will meet your expectations.

Crozer-Chester Medical Center's joint replacement program offers each patient specialized, personalized care that begins the moment a joint problem is diagnosed and continues throughout completion of rehabilitation and beyond.

Our comprehensive approach is designed to return our patients to maximum function as quickly and safely as possible. Prior to surgery, we work to educate our joint replacement patients and prepare them for surgery in a manner that eases anxiety and encourages them to become active participants in their treatment. Trained in the most advanced surgical approaches, our surgeons ensure that our patients receive the best outcomes modern medicine can offer. Post-operatively, our team of nurses and rehabilitation specialists assist and encourage patients through their recovery process.

We value you as a patient at Crozer-Chester Medical Center, and your needs are important to us. This is why we have prepared this guide to familiarize you with our facility—and help you feel as comfortable as possible.



### Joseph Saunders

*Chief Operating Officer, Crozer-Chester Medical Center  
Vice President, Crozer-Keystone Health System Hospitals*

## An Introduction to Joint Replacement

### What is total joint replacement?

An arthritic or damaged joint is removed and replaced with an artificial joint called a prosthesis.

### What is a joint?

A joint is formed by the ends of two or more bones which are connected by thick tissues. For example, your knee joint is formed by the lower leg bone, called the tibia or shin bone, and your thighbone, called the femur. Your hip is a ball and socket joint, formed by the upper end of the femur, the ball, and a part of the pelvis called the acetabulum, the socket.

The bone ends of a joint are covered with a smooth layer called cartilage. Normal cartilage allows nearly frictionless and pain-free movement. However, when the cartilage is damaged or diseased by arthritis, joints become stiff and painful. Every joint is enclosed by a fibrous tissue envelope or a capsule with a smooth tissue lining called the synovium. The synovium produces fluid that reduces friction and wear in a joint.



### Why is total joint replacement necessary?

The goal is to relieve the pain in the joint caused by the damage done to the cartilage. The pain may be so severe, a person will avoid using the joint, weakening the muscles around the joint and making it even more difficult to move the joint. A physical examination, possibly some laboratory tests and x-rays will show the extent of damage to the joint. Total joint replacement will be considered if other treatment options will not relieve your pain and disability.

### How is a total joint replacement performed?

You will be given an anesthetic and the surgeon will replace the damaged parts of the joint. For example, in an arthritic knee the damaged ends of the bones and cartilage are replaced with metal and plastic surfaces that are shaped to restore knee movement and function. In an arthritic hip, the damaged ball (the upper end of the femur) is replaced by a metal ball attached to a metal stem fitted into the femur, and a plastic socket is implanted into the pelvis, replacing the damaged socket. Although hip and knee replacements are the most common, joint replacement can be performed on other joints, including the ankle, foot, shoulder, elbow and fingers.

The materials used in a total joint replacement are designed to enable the joint to move just like your normal joint. The prosthesis is generally composed of two parts: a metal piece that fits closely into a matching sturdy plastic piece. Several metals are used, including stainless steel, alloys of cobalt and chrome, and titanium. The plastic material is durable and wear resistant (polyethylene). A plastic bone cement may be used to anchor the prosthesis into the bone. Joint replacements also can be implanted without cement when the prosthesis and the bone are designed to fit and lock together directly.

*(courtesy of the American Academy of Orthopaedic Surgeons)*

## Your Pre-Procedure Evaluation

As a patient scheduled for joint replacement surgery at Crozer-Chester Medical Center, you will be seen prior to surgery at our Pre-Procedure Evaluation Center. Testing usually occurs 7-10 days prior to your surgery.

You will be contacted by the hospital as to the date and time of your evaluation. Many patients find it more convenient to contact Pre-Procedure Evaluation Center Scheduling at 610-447-6287. If you have not heard from the Center by three days prior to your surgery, please call.

Appointments for pre-procedure evaluations are available Monday, Wednesday and Friday from 8 a.m. to 4:15 p.m.; and on Tuesday and Thursday from 8 a.m. until 5:15 p.m.

### Parking and Location

When you come to Crozer, you may park in Parking Garage I or Parking Garage II. Visitors may also have their cars valeted at the circle in front of the Professional Office Building, or in front of the Emergency Department. The first 45 minutes are free, and parking fees range from \$2 to a maximum of \$6 for a 24-hour period. There is no additional charge for using the valet service. When you have parked, follow signs to the main lobby. The Pre-Procedure Evaluation Center is located off of the lobby.

### What to Bring

When you come to your appointment, it is advised that you wear comfortable clothes. Also, be sure to bring the following items with you:

- Photo identification.
- Your insurance card.
- The pre-admission packet given to you by your surgeon.
- A list of medications, vitamins, and herbal supplements.
- The dosages and times of the above medications.
- A list of your allergies.
- Results from recent diagnostic or imaging tests, if possible.
- A copy of your living will, if you have one.

## Your Appointment

At your appointment, you will be asked about your health history and receive a physical examination that includes laboratory tests and diagnostics studies such as an electrocardiogram (EKG) and chest X-ray. If you have had testing done recently, bring the results with you.

You will be asked if you have a "living will." Living wills are documents that give direction to health care providers about your future treatment choices in certain circumstances, should you be unable to express your wishes. A living will is not required, but if you do have one, you can present it at your visit. You can also receive information on writing a living will. You will also be asked if you are an organ donor.

You will be given instructions on how to prepare for surgery, such as which medications you need to stop, and when. After your visit, an anesthesiologist will review your information and results. There may be additional tests requested as a result of this review or your medical doctor's consult.

### Please Note

Patients in the Pre-Procedure Evaluation Center will be seen in the order in which they arrive. Some patients must be tested just before they go to the operating room, so they are seen "next." Also, women of child-bearing age will receive a pregnancy test as a routine safety measure.

### For More Information

For more information about the Pre-Procedure Evaluation Center, contact Marty Laney, manager, at 610-447-6021.

## The Weeks Before Surgery

Prior to your joint replacement surgery at Crozer-Chester Medical Center, you can make preparations to help ensure an easier and faster recovery. Planning ahead is key to minimizing stress and optimizing your outcome.

### Blood Donation

Autologous blood donation is a method by which a patient with a scheduled elective surgery donates his or her own blood to be stored by the Crozer-Chester Medical Center Blood Bank until transfusion (receiving it back) at a later date.

Before donating, you must be evaluated by your physician to make sure that it is safe to donate. You can donate for yourself several times within a 34-day period, but no later than 72 hours before an anticipated surgery. A prescription from the surgeon is required. Blood may be donated to the Crozer Donor Center. For more information, call 1-800-35-BLOOD.

### Dental Work

Prior to joint replacement surgery, it is important to have tooth or gum problems treated and under control. Finish any dental work that may be underway so as to prevent infection, which can be caused by microorganisms in your mouth entering your bloodstream and infecting your new joint.

For two years following your knee or hip replacement surgery, you will need to take antibiotics before any dental work or invasive procedure to prevent infection.

### Exercising Before Surgery

Pre-surgery exercises are beneficial in preparing your body for surgery. Exercises can strengthen muscles surrounding the affected joints, which can help facilitate recovery. Pre-operatively, it is helpful to learn and practice the exercises that will be prescribed for you post-operatively. Additionally, doing exercises to strengthen your upper body will help you use crutches or a walker after surgery. Check with your doctor about whether pre-surgery exercises are right for you in the weeks leading up to your surgery.

### Insurance Requirements

If your insurance requires a referral from your primary care physician, you must bring this to your surgeon's office prior to the date of your surgery. If your insurance requires you to obtain a second opinion, your physician's office can assist you in making timely arrangements. Failure to adhere to insurance requirements may allow the insurance company to deny or reduce your benefits, making you responsible for full payment.

### Post-Surgery Devices

You may require special equipment and devices after your joint replacement surgery. You will learn about these devices in the Joint Replacement Education Class. Following your surgery, your care team will determine the most appropriate assistive devices for you.

## Preparing Your Home

Making accommodations in your home before your surgery will make your recovery and rehabilitation safer and easier. Keep in mind that it will be difficult for you to move about your home, and that "one-floor" living is preferable during your early recovery. Make sure lighting is bright and that furniture is arranged in a way that you can move about easily on crutches or with a walker.

Additionally, make sure your home is well stocked with frozen or pre-prepared meals. Prior to your surgery, take care of pressing financial obligations and make arrangements for pet care. Align a "relay team" of relatives and friends who can help you with daily activities, and have someone check in on you every day.

Tour your home and ask yourself the following questions. If you answer "no" to any, consider modifications:

### GENERAL HOUSEHOLD AREAS:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are light switches easy to reach when entering a room?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you remove throw rugs (on a temporary basis)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are hallways free from clutter?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are raised door thresholds clearly marked?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical cords and telephone cord away from hallways?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a portable phone with emergency numbers easily at hand?                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have furniture with good back and arm support that you can get in and out of easily? |

### STAIRWAYS:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are stair treads in good condition?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a sturdy handrail on both sides of the stairs? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the stairs brightly lit?                            |

### BEDROOM:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a lighted pathway from the bedroom to the bathroom?    |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a clear pathway from the bedroom to the bathroom?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you keep a charged flashlight near your bed for emergencies? |

## BATHROOM:

Yes No

- Do you have safety or grab bars?
- Do you have skid resistant strips or a rubber mat both in or in front of the bathtub?

## KITCHEN:

Yes No

- Do you use a wide-based sturdy step to reach into high cabinets?
- Are spills immediately wiped up?
- Do you avoid using a high-gloss floor wax?
- Do you store frequently used items at waist or chest level and less frequently used items in higher cabinets?

*Checklist adapted from Home Safety Checklist/US Department of Health and Human Services/Office of Human Development and Services Administration on Aging*

## Just Before Your Surgery

A representative from Crozer-Chester Medical Center will call you the night before your surgery to tell you when and where to report the next day. If you are not home, the nurse will leave a message. Please remember that the time and day of your surgery may change due to various circumstances.

Please follow the pre-surgical instructions below:

- Shower or bathe and shampoo your hair the night before or the morning of your surgery.
- Do not smoke the day before your surgery.
- Do not eat or drink after midnight the night before surgery, although you may brush your teeth.
- Do not wear makeup on your surgery day.
- Remove all body piercings.

Your physician and anesthesiologist will inform you if you need to modify these instructions. You will be instructed as to whether you need to take your regular medication the morning of surgery with a small sip of water.

## Packing for the Hospital

Pack comfortable clothes for your hospital stay, including non-skid or rubber sole shoes, loose-fitting pajamas, and a lightweight robe. Personal toiletry items and bedside snacks and reading materials are also useful. Do not bring valuables, such as jewelry (except wedding bands), credit cards, or a checkbook.



## Your Day of Surgery

On your day of surgery, please arrive at the Short Procedure Unit (SPU) at your scheduled time. (We do not recommend that you drive yourself to your appointment.) The Short Procedure Unit is located on the fourth floor of the Ambulatory Care Pavilion, which can be found by using the elevators near the front entrance to the main lobby.

In the SPU, nurses and staff will help prepare you for your surgery.

Please be aware that anesthesia will begin once you are in the O.R. suite. You can request sedation in the Short Procedure area before proceeding to the O.R.

Joint replacement surgeries typically last between one and two hours. After your surgery, you will be moved to the Post-Anesthesia Care Unit (PACU) to recover. You will generally be in the PACU for 1 to 1.5 hours before being transferred to the hospital's orthopedic unit, 1 West.

Following surgery, you may have the following equipment:

- An intravenous (IV) line to provide you with medication and fluids.
- An incentive spirometer to help you with coughing and deep breathing.
- A nasal cannula to provide you with oxygen for the first 24 to 48 hours.
- Foot pumps to prevent blood clots and aid in circulation.
- A Foley catheter for urine collection until you are more mobile.
- If you have had a knee replacement, you may receive a knee immobilizer, which keeps your knee straight.
- If you have had a hip replacement, you may receive a wedge pillow between your legs to keep your feet apart.

## Managing Your Pain

After your surgery, your nurses will ask you to describe your pain level based on a scale of 0 to 10, with 0 being no pain at all and 10 being the worst pain possible. Every effort is made to keep you as comfortable as possible, and patients should always ask for pain relief when they need it.

Your physicians will order your medications and type of pain control. All patients receive a DVT (deep vein thrombosis) prophylaxis, which is given to prevent blood clots.

Pain medication delivery methods include:

- Injections
- A patient-controlled analgesic (PCA) pump)
- Oral medication.
- Some patients may receive spinal pain medication in the operating room before going to the PACU. The effects of this medication will last approximately 24 hours.

## Your Acute Care Hospital Stay

While you are at Crozer following your joint replacement surgery, staff will assist you in bathing, dressing, eating, and toileting, and track your vital signs. Staff will ask you to periodically turn, cough, and breathe deeply to encourage lung health.

Your physical therapist will assist you in learning exercises to improve circulation, strength, range of motion, and mobility. You will concentrate at first on getting in and out of bed or a chair, walking, climbing stairs, balance and safety. Your occupational therapist will evaluate your ability to perform self-care activities and activities of daily living. If needed, therapists will also instruct you in the use of adaptive equipment to help you become more independent in these activities.

Keep staff members informed about your pain levels and ask for pain medication when you need it. Pain medication allows you to participate more fully in your therapy and facilitates your recovery.

A case manager will see you the day after your surgery to perform a chart review and interview you. The case manager, who is a registered nurse, facilitates the doctor's plan of care. Based on your recovery status, the rehabilitation staff and your physician will provide you with discharge recommendations. The case manager can assist you with insurance issues and ordering equipment for home use. Depending on the recommendations, you may be transferred to a rehabilitation or sub-acute facility for a period of time prior to going home.

You will be seen by a physician daily. The physician will monitor your progress and answer any questions you may have. The physician may not be the same surgeon who performed your surgery.



## Physical Therapy After Your Total Knee Replacement Surgery

Increasing the range of motion and strength of your knee after surgery is the primary focus of physical therapy. You will need as much range of motion as possible in order to be independent again in functional activities. Improving strength in the large muscle groups that surround the knee is equally important. Early range of motion and strengthening, as well as early weight-bearing and mobility, will also help to decrease your post-operative pain and swelling. All physical therapy treatments are done at your bedside.



*Continuous passive motion machine*

Your physical therapist will see you the day after your surgery. During the first visit, your therapist will place your involved leg in a machine called a “continuous passive motion” machine, or CPM machine. The CPM machine will slowly flex and extend your leg in order to increase flexibility in your new knee. The CPM machine typically runs for two hours. This treatment is completed twice daily.

Later in the day, your physical therapist will return to complete a full examination. Therapy sessions will last for approximately 45 minutes, but may vary based on your response to treatment and ability to participate. Your therapist will gather information about your prior level of function, home set-up, and your support system (i.e., family members, friends, or neighbors that may be able to assist you when you return home). The physical examination will include vital signs, range of motion and strength testing of your arms and legs, sensation, and your ability to move around. Specific areas of mobility that a physical therapist will examine are getting in and out of bed, getting in and out of a chair, walking, and stair climbing. In addition, your therapist will ask you about the presence of pain in your knee during all of these activities.

Once you are able to stand, you may use a walker. A knee immobilizer may be used to protect your knee as you stand and use the walker. Your therapist will make sure you are putting the right amount of weight through your foot. When walking with a walker, push the walker a few inches in front of you. Without bending over, lean on the walker so it supports some of your weight. Step into the center of the walker with your operated leg first. Then step with your other leg. As you get more comfortable with the walker you may be able to move it as you step.



*A therapist will show you how to use a walker, including how to get out of bed.*



*Keep the walker a few inches in front of you.*



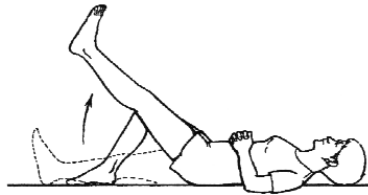
*When walking, step into the center of the walker with your operated leg first, then step with your other leg.*

Instruction for stair climbing will also be given to you in the hospital. In general, you will go up the stairs holding onto the handrail and stepping up with the unoperated leg first. You will then step up with the operated leg. Going down the stairs is opposite; the operative leg goes down first, followed by the non-operative leg. Steps are done one at a time both going up and down.

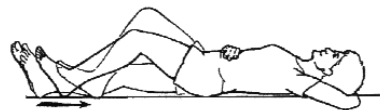
Your therapist will instruct you in what exercises to do and when to begin. Some of the following exercises may be incorporated into your treatment plan:



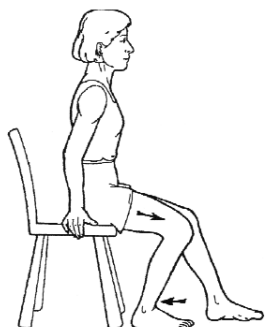
1. Bend your ankle up toward your body as far as possible.
2. Hold \_\_\_ seconds.
3. Point your toe away from your body.
4. Hold \_\_\_ seconds.



1. Lie on your back with your knee straight and other knee bent, as shown.
2. Keep the leg completely straight, then raise it \_\_\_ inches.
3. Hold \_\_\_ seconds and slightly lower.

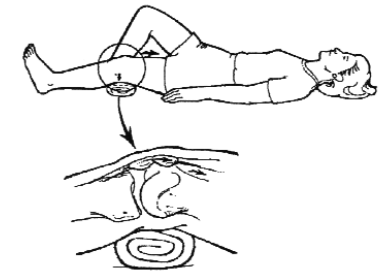


1. Lie flat on your back.
2. Slide your heel toward your buttocks, bending your knee.
3. Hold \_\_\_ seconds and slowly lower.

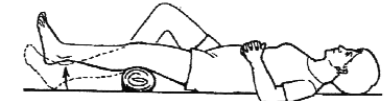


1. Sit in a chair with your foot close to the base of the chair.
2. Scoot forward toward the edge of our chair as far as you can to bend you knee so that you feel a stretch.
3. Hold \_\_\_ seconds.

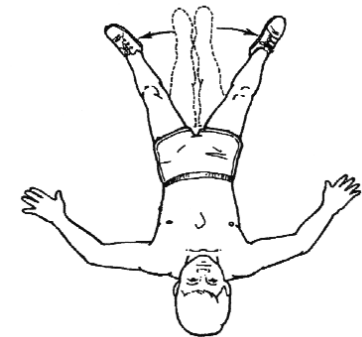
1. Sit or lie on your back with your leg straight.
2. Place a small towel rolled under your knee.
3. Press the back of your knee downward.
4. Hold \_\_\_ seconds.



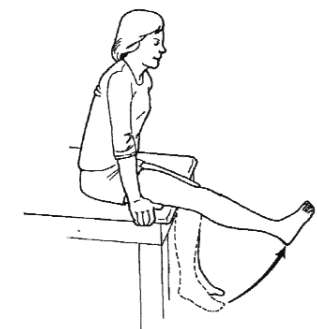
1. Lie on your back with \_\_\_ inch roll under your knee.
2. Raise your heel off of the floor until your knee is straight.
3. Hold \_\_\_ seconds and slowly lower.



1. Lie on your back.
2. Spread your legs apart as far as you can.
3. Hold \_\_\_ seconds, and slowly relax.



1. Sit on the edge of a table or bed.
2. Straighten your knee fully.
3. Hold \_\_\_ seconds and slowly lower.



## Occupational Therapy After Your Total Knee Replacement Surgery

The goal of occupational therapy (OT) is to help individuals become as independent as possible in their daily life. Occupational therapists use therapeutic approaches to restore and enhance your daily living skills. Occupational therapists assist you in resuming your daily routines, which may be more difficult following knee surgery.

While you are recovering from your knee surgery, your occupational therapist will help you with the following:

- Learn new ways to manage daily tasks, such as bathing, dressing, toileting, and grooming.
- Obtain special adaptive equipment and devices to help you function more independently.
- Discover ways to increase strength, endurance and mobility.
- Develop skills necessary to return to household activities, work and community activities.

The occupational therapist will see you on the first day after your surgery for an initial evaluation. This evaluation will include the following:

- Upper extremity range of motion and strength testing.
- Visual and cognitive screenings.
- Assessment of ADL (activities of daily living) status (such as dressing, bathing, toileting).
- Assessment of transfer status (such as your ability to get in/out of bed, in/out of chair and on/off to let or commode).
- Monitoring of vital signs and pain management.
- Based on the results of this evaluation and the patient's goals, an individualized treatment plan will be formulated to assist the patient in their recovery.
- Following this initial evaluation, you will have one daily OT treatment session. The focus of these treatment sessions will include, but are not limited to, the following areas:
  - Instruction on adaptive equipment and adaptive techniques to increase independence with bathing, dressing and toileting.
  - Instruction on proper transfer techniques, specifically on/off a toilet/commode and in/out of a tub/shower.
  - Instruction on management of household activities (such as meal preparation, laundry tasks and light cleaning tasks).

## Physical Therapy After Your Total Hip Replacement Surgery

Increasing the range of motion and strength of your hip after surgery is the primary focus of physical therapy. Your therapist will give you limits about how far you are able to move your new hip. It is very important that you adhere to these precautions. Improving strength in the large muscle groups that surround the hip is equally important. Early range of motion and strengthening, as well as early weight-bearing and mobility, will also help to decrease your post-operative pain and swelling. All physical therapy treatments are done at your bedside.



*You will be asked to use this apparatus to keep your hips in line.*

Your physical therapist will complete an evaluation the first day after surgery. Your therapist will gather information about your prior level of function, home set-up, and your support system (i.e., family members, friends, or neighbors that may be able to assist you when you return home). The physical examination will include vital signs, range of motion and strength testing of your arms and legs, sensation, and your ability to move around. Specific areas of mobility that a physical therapist will examine are getting in and out of bed, getting in and out of a chair, walking, and stair climbing. In addition, your therapist will ask you about the presence of pain in your hip with all of these activities.

Once you are able to stand, you will most likely begin using a walker. Your therapist will make sure you are putting the right amount of weight through your foot. When walking with a walker, push the walker a few inches in front of you. Without bending over, lean on the walker so it supports some of your weight. Step into the center of the walker with your operated leg first. Then step with your other leg. As you get more comfortable with the walker you may be able to move it as you step.

Instruction for stair climbing will also be given to you in the hospital. In general, you will go up the stairs holding onto the handrail and stepping up with the unoperated leg first. You will then step up with the operated leg. Going down the stairs is opposite; the operative leg goes down first, followed by the non-operative leg. Steps are done one at a time both going up and down.

Your therapist will instruct you in what exercises to do and when to begin. See page 12 for examples of some of the exercises that may be incorporated into your treatment plan.



*A therapist will show you how to use a walker, including how to get out of bed.*



*Keep the walker a few inches in front of you.*

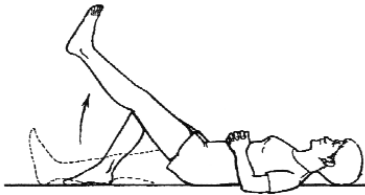


*When walking, step into the center of the walker with your operated leg first, then step with your other leg.*

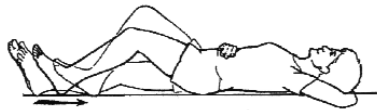
Your therapist will instruct you in what exercises to do and when to begin. Some of the following exercises may be incorporated into your treatment plan:



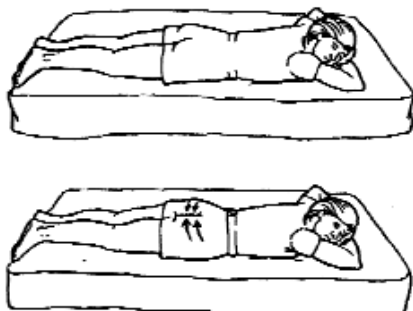
1. Bend your ankle up toward your body as far as possible.
2. Hold \_\_\_ seconds.
3. Point your toe away from your body.
4. Hold \_\_\_ seconds.



1. Lie on your back with your knee straight and other knee bent, as shown.
2. Keep the leg completely straight, then raise it \_\_\_ inches.
3. Hold \_\_\_ seconds and slightly lower.

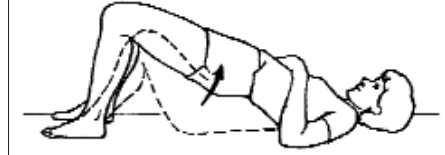


1. Lie flat on your back.
2. Slide your heel toward your buttocks, bending your knee.
3. Hold \_\_\_ seconds and slowly lower.



1. Lie on belly.
2. Tighten buttocks together.
3. Hold \_\_\_ seconds, slowly relax.
3. \_\_\_ repetitions, \_\_\_ times per day.

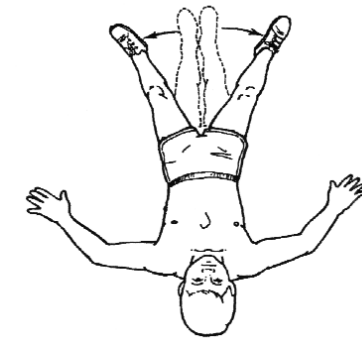
1. Lie on back with \_\_\_ leg bent as shown.
2. Tighten buttocks and raise them off floor as high as you can.
3. Keep pelvis level.
4. Hold \_\_\_ seconds, slowly relax.
5. \_\_\_ repetitions, \_\_\_ times per day.



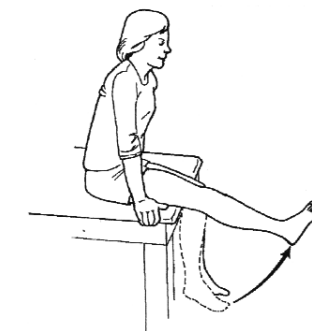
1. Lie on your back with \_\_\_ inch roll under your knee.
2. Raise your heel off of the floor until your knee is straight.
3. Hold \_\_\_ seconds and slowly lower.



1. Lie on your back.
2. Spread your legs apart as far as you can.
3. Hold \_\_\_ seconds, and slowly relax.



1. Sit on the edge of a table or bed.
2. Straighten your knee fully.
3. Hold \_\_\_ seconds and slowly lower.



## Occupational Therapy After Your Total Hip Replacement Surgery

The goal of occupational therapy (OT) is to help you become as independent as possible in your daily life. Occupational therapists use therapeutic approaches to restore and enhance your daily living skills. Occupational therapists assist you in resuming their daily routines, which may be more difficult following hip surgery.

While you are recovering from your hip surgery, your occupational therapist will help you with the following:

- Learn new ways to manage daily tasks such as bathing, dressing, toileting, and grooming.
- Obtain special adaptive equipment and devices to help you function more independently.
- Discover ways to increase strength, endurance and mobility.
- Develop skills necessary to return to household activities, work and community activities.

The occupational therapist will see you on the first day after your surgery for an initial evaluation. This evaluation will include the following:

- Upper extremity range of motion and strength testing.
- Visual and cognitive screenings.
- Assessment of ADL (activities of daily living) status (such as dressing, bathing, toileting).
- Assessment of transfer status (such as your ability to get in/out of bed, in/out of chair and on/off toilet or commode).
- Monitoring of vital signs and pain management.

Based on the results of this evaluation and the patient's goals an individualized treatment plan will be formulated to assist the patient in their recovery.

Following this initial evaluation, you will have one daily OT treatment session. The focus of these treatment sessions will include, but are not limited to, the following areas:

- Instruction on adaptive equipment and adaptive techniques to increase independence with bathing, dressing and toileting.
- Instruction on proper transfer techniques, specifically on/off a toilet/commode and in/out of a tub/shower.
- Instruction on management of household activities (such as meal preparation, laundry tasks and light cleaning tasks).

## Precautions After Your Total Hip Replacement

### Avoid crossing your legs beyond midline (either in bed or seated)

- When lying on your back, keep a wedge or pillow between your knees.
- When lying on your non-operative side, a pillow should always be between your legs and the non-operative leg should be bent at the hip and knee.
- Always keep your feet at least six inches apart.



### Avoid bending your hip beyond 90 degrees (as when seated upright or bending forward from a seated position)

- When sitting, the knee should be below the level of your new hip.
- Avoid low chairs that do not have a pillow or extra cushion on the seat. Slightly lean back when sitting and standing to keep the hip from bending more than 90 degrees.
- Avoid bending at the waist.
- Use an elevated toilet seat.
- Use adaptive equipment for lower body dressing.



### Avoid turning your foot inward

- Avoid twisting or rotating your body.
- Avoid pivoting on your operative leg. Always pick up your feet when you are turning around.

## Rehabilitation and Therapy After Your Acute Care Stay

After being discharged from your acute care stay at Crozer-Chester Medical Center, joint replacement patients may go to an inpatient rehabilitation facility, a sub-acute/skilled rehabilitation facility, or directly home with home care services. Where you continue your therapy is determined by your functional mobility, ability to tolerate intense therapy, and your insurance coverage. Inpatient rehabilitation offers patients therapy and care that supports them in regaining optimal functioning and helps them get back to their regular lives at home and in the community.

The length of time a patient stays in inpatient rehabilitation depends on many factors, including the extent of the joint problem prior to surgery and the patient's age, health status, home environment, and insurance coverage. Inpatient rehabilitation patients are cared for by a team of specialists including a rehabilitation physician, nurses, physical therapists, occupational therapists, recreational therapists, psychiatrists/psychologists, a social worker, and a case manager.

"At home" care is another option for some patients. Through home services, patients receive care in their recovery from skilled nurses, home health aides, rehabilitation therapists, and other specialists.

After returning home, some joint replacement patients complete their recovery through outpatient physical therapy, generally two to three times a week until goals are met.

You will be assisted by your case manager and social worker in developing the plan that is best for you. They will work with your physician and your insurance company to make these arrangements.



## Your Family and Friends

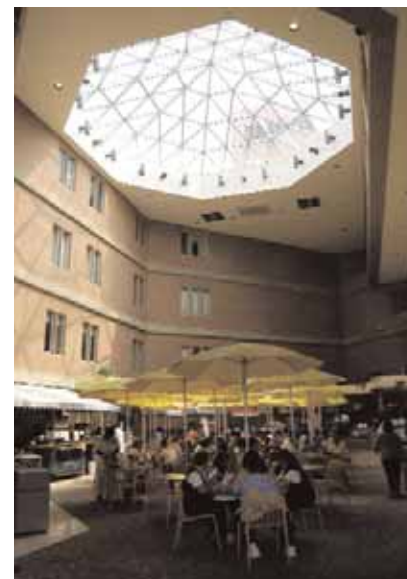
Some notes for family members and friends who may visit during and after your procedure:

**Parking.** Parking is available in Parking Garage I or Parking Garage II. Visitors may also have their cars valeted at the circle in front of the Professional Office Building, or in front of the Emergency Department. The first 45 minutes are free, and parking fees range from \$2 to a maximum of \$6 for a 24-hour period. There is no additional charge for using the valet service.

**Waiting.** A waiting area is located next to the Short Procedure Unit. After your surgery, your surgeon will go to the waiting area to speak to your family. Visitors are not permitted to be in the operating room or PACU and will reunite with you when you are transported to your room.



*Short Procedure Unit waiting area*



*Atrium*

**Food.** Visitors may enjoy a cup of coffee or a variety of hot and cold meal selections at the medical center's cafeteria, located on the ground floor, or the Atrium, located near the main lobby. The cafeteria is open Monday through Friday (not on weekends) from 7 a.m. to 2 p.m.; the Atrium is open Monday through Friday from 7:30 a.m. to 7:30 p.m., and on Saturday and Sunday from 7:30 a.m. to 6:30 p.m. Vending machines offering beverages, ice cream, and snacks are located on the ground floor, near the Cafeteria.

**Gift Shop:** The Gift Shop is located in the main lobby. It is open Monday through Friday from 10 a.m. to 8 p.m., and Saturday and Sunday from noon to 8 p.m.



*Gift Shop*

**Meditation Room:** A Meditation Room is located in the main lobby, next to the Gift Shop. It is open 24 hours a day.

**Telephone and Television Use:** Cell phones are not permitted to be used in the hospital. Public phones are located on the ground floor near the North Entrance; on the first floor in the 1 West wing; on the second floor at the entrance to EEG/EMG; on the third floor outside of the Labor and Delivery waiting room; and on the fourth floor at the entrance to the West Wing. In your room, you can dial extension 4500 to get your telephone and/or television service turned on. There are daily fees for use of your telephone and television. You will be billed on your home phone bill for credit card. No cash is accepted. Upon discharge, dial extension 4500 to have your television and telephone turned off. Your friends and family can directly dial your room by using the direct dial number on your telephone.

**Directions:** Printed directions and maps are available at the Information Desk in the main lobby or at the Security Desk in the Professional Office Building lobby.

**Visiting hours:** Visiting hours vary from unit to unit. Ask your nurse for the correct information for your unit. For our patients' speedy recovery, we ask that all family members and friends observe official visiting hours.

## When to Call Your Doctor

Call your physician's office if you develop any unusual symptoms, including:

- Redness, draining, or heat around your incision.
- A fever over 100 degrees.
- Excessive pain not relieved by your medication.
- Pain in the calf of your leg.
- Chest pain, shortness of breath, or difficulty breathing.
- Other symptoms that you don't understand.

## Life After Joint Replacement Surgery

Each joint replacement surgery patient's experience is individual. Here are answers to some common questions about what to expect after surgery. . .

### How much pain will I have after surgery?

All surgery involves some pain. While in the hospital, your pain will be controlled as much as possible to make you comfortable. Pain medication is an important component in your early recovery and allows you to participate more fully in physical therapy. At the time of discharge, your pain will be improved significantly. As you begin to use your new joint, you will likely have some pain because the surrounding muscles are weak from inactivity and the tissues are healing. Over the following weeks, you will be reassured to find that the pain caused by arthritis or other conditions will be relieved.

### Will I be able to get back to all of the activities I enjoy?

For several weeks, you will use a walker, crutches, or a cane to walk. After healing and rehabilitation, you will likely be permitted to participate in physical activities, such as golfing, walking, dancing, and swimming. However, more strenuous sports, such as tennis or running, may be discouraged.

### How soon until I can drive?

It is essential to regain muscle control before resuming driving. Physicians generally recommend that joint replacement patients wait for six to 12 weeks—or even longer—before resuming driving. Driving a stick-shift car would extend the waiting period for left hip patients. Hip replacement patients should avoid driving a small sports car that is low to the ground, as these cars force you to sit with your knee higher than your hip.

### Do I have to eat special foods after my surgery?

When you return home, you will be eating a regular diet. Your doctor may recommend that you take vitamins supplements, especially those containing iron and vitamin C, and that you limit caffeine and alcohol intake. According to the American Academy of Orthopaedic Surgeons, you should avoid excessive intake of vitamin K while you are taking blood thinner medications, which are prescribed after surgery. Foods rich in vitamin K include broccoli, cauliflower, Brussels sprouts, liver, green beans, garbanzo beans, lentils, soybeans, soybean oil, spinach, kale, lettuce, turnip greens, cabbage, and onions.

## Important Information for Crozer-Chester Medical Center Patients

### Phone Numbers

Admissions: . . . . .	610-447-6284
Billing Office: . . . . .	610-490-7900
Cafeteria Menu Line: . . . . .	610-447-3288
Case Management: . . . . .	610-447-2341
Gift Shop: . . . . .	610-447-2620
Information Desk: . . . . .	610-447-6321
Parking: . . . . .	610-447-2889
Patient Representative: . . . . .	610-447-6317
Physical Medicine and Rehabilitation: . . . . .	610-447-2429
Pre-Procedure Testing Center: . . . . .	610-447-6021
Pre-Procedure Testing Center (Scheduling): . . . . .	610-447-6287
Social Work: . . . . .	610-447-2351
Telephone/Television Information: . . . . .	610-447-4500

## Getting to Crozer-Chester Medical Center

### From the Granite Run Mall

Time: 15 minutes

1. Take Rte. 352 S.
2. After the Brookhaven Shopping Center, road becomes two-lane Edgmont Ave.
3. After 1/2 mile, turn right onto 22nd St.
4. Bear left at the "V."
5. At stop sign, turn left onto Upland Ave.
6. Take 2nd right to Medical Center Blvd.

### From the Springfield Mall

Time: 15 minutes

1. Take Rte. 320 S. through Swarthmore.
2. After 3.6 miles, turn right onto 22nd St.
3. Follow through 2 traffic lights.
4. Bear left at the "V."
5. At stop sign, turn left onto Upland Ave.
6. Take 2nd right to Medical Center Blvd.

### From Delaware State Line

Time: 8 minutes

1. After exit for Rte 322 E., move to extreme right lane.
2. Exit at Kerlin St.; then turn left onto Kerlin St.
3. When Kerlin St. ends, turn right onto Upland Ave.
4. Pass Sunnyside, Garden and Presidents Drives.
5. Turn right onto Medical Center Blvd.

### **From Rte. 420/MacDade Blvd. intersection in Ridley**

Time: 11 minutes

1. Take MacDade Blvd. S.
2. After Woodlyn Shopping Center, road becomes 22nd St.
3. After 1 mile, road divides; bear left.
4. At stop sign, turn left onto Upland Blvd.
5. Take 2nd right onto Medical Center Blvd.

### **From Center City Philadelphia**

Time: 20 minutes

1. Take I-95 S.
2. Exit 6 Crozer-Chester/Widener University.
3. Make right off exit ramp to 1st left, E. 13th St.
4. Cross over Providence Rd., E. 13th merges with E. 14th.

CROZER-KEYSTONE  
HUMAN MOTION INSTITUTE



CROZER-CHESTER  
MEDICAL CENTER

One Medical Center Boulevard  
Upland, PA 19013



We're 5 hospitals, 2,600 doctors and nurses, and 7,100 caring people with 1 vision.

**Crozer-Keystone. Something to feel good about.**

1-800-CK-HEALTH  
1-800-254-3258  
[www.crozer.org](http://www.crozer.org)

*"Crozer-Keystone physicians" are those doctors who hold staff privileges at CKHS-owned hospitals.  
They may not be employees of CKHS or its subsidiaries.*