

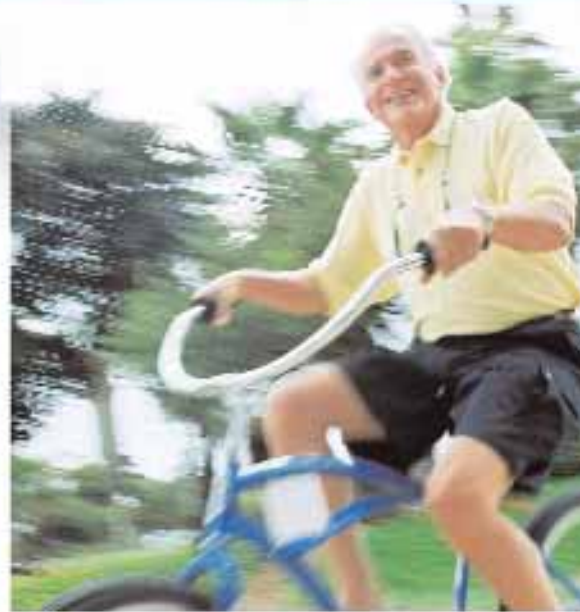
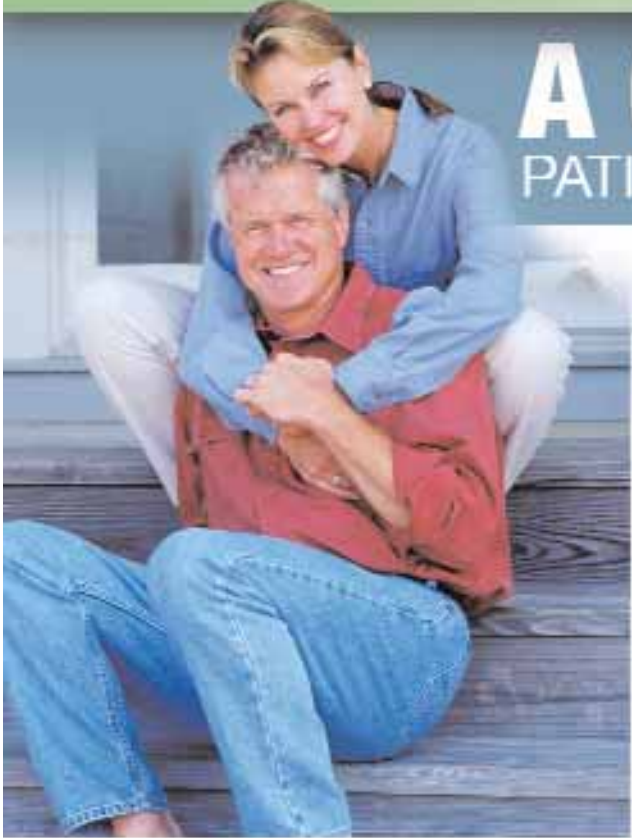
Total Joint Replacement

at Delaware County Memorial Hospital

CROZER-KEYSTONE
HUMAN MOTION INSTITUTE

DELAWARE COUNTY
MEMORIAL HOSPITAL

A GUIDE FOR PATIENTS AND FAMILIES



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



CROZER-KEYSTONE
HUMAN MOTION INSTITUTE

Welcome to Delaware County Memorial Hospital

Thank you for choosing Delaware County Memorial Hospital 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.

Delaware County Memorial Hospital'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 get you back to your normal routine as quickly and safely as possible. We encourage you to enroll in our pre-operative Joint Replacement class, which will educate and prepare you for your surgery. This class helps to ease anxiety and encourage you to become an active participant in your treatment. Trained in the most advanced surgical approaches, our surgeons strive to provide the best outcomes modern medicine can offer. After surgery, our team of nurses and rehabilitation specialists will assist and encourage you through your recovery.

We value you as a patient at Delaware County Memorial Hospital, 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.

Sincerely,

William McCune

Chief Operating Officer, Delaware County Memorial Hospital

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)

Pre-Admission Testing Appointment Checklist

Prior to your appointment, you may eat normally and take your usual medications, unless you have been instructed otherwise. It is helpful to wear comfortable clothing.

Please bring the following items to your pre-admission testing visit:

- Health insurance information
- A list of medications, vitamins, and herbal supplements
- The dosage of the above medications
- Results from recent diagnostic or imaging tests (X-rays, MRI, etc.)

tions and herbal supplements that you take. You will be told which medications and supplements you should stop, and when, and which medications you need to take the morning before surgery.

Additionally, you will be asked if you have a “living will” and/or a “power of attorney for health care.” A living will is a document that gives direction to health care providers about your future treatment choices in certain circumstances, should you be unable to express your wishes. A power of attorney for health care allows you to name someone to make health care decisions for you if you are unable to make these decisions yourself. A living will and power of attorney for health care are not required, but if you do have these documents (called “advance directives”), you can present them at your visit. You can also receive information on writing advance directives.

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.

Your Pre-Admission Experience

As a patient scheduled for joint replacement surgery at DCMH, you will be seen before surgery at our Pre-Admission Testing Unit. Your surgeon’s office will help you schedule your appointment.

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

If your surgeon has requested additional X-rays, they will be done on this day in our Radiology department. In some cases, X-rays will be repeated prior to surgery.

Joint replacement surgery often requires a medical clearance from your primary care physician or cardiologist. If this is necessary, we will get a copy of the physician’s clearance before or after your pre-admission appointment.

During your pre-admission visit, a nurse practitioner will review all the medica-

The Weeks Before Surgery

Before your joint replacement surgery at DCMH, there are certain things you can do to help make your recovery easier and faster. Planning ahead is key to minimizing stress and optimizing your outcome.

Preparation Classes

DCMH offers—and recommends—its Total Joint Replacement class to patients who need hip or knee replacement surgery. Held monthly, this class can help prepare you for joint replacement surgery. At the class, you’ll see the equipment and pain relief devices joint replacement surgery patients encounter. You will also see the adaptive equipment that you may need to use after surgery (see “Familiarizing Yourself with Post-Surgery Devices”). You will learn about what to expect from physical and occupational therapy, and the rehabilitation process that follows surgery. For more information about classes, call (610) 284-8121.

Familiarizing Yourself with Post-Surgery Devices

You may need special equipment and devices after your joint replacement surgery. We recommend that you familiarize yourself with these items before surgery. Helpful devices include:

- An elevated toilet seat or commode, which may be necessary to keep the knees lower than the hips when you sit on the toilet
- A shower seat to provide support while bathing
- Handrails and grab bars to help you steady yourself while getting in and out of the tub
- A grasping device, such as a long-handled shoehorn or a sock aid, to help you put on and take off your shoes and socks without bending over
- An extension “reacher” or “grabber,” for picking up objects that are too low for you to reach

Your rehabilitation team will determine which of these devices will work best for you, and will suggest how you can obtain them.

Pre-Surgery Exercises

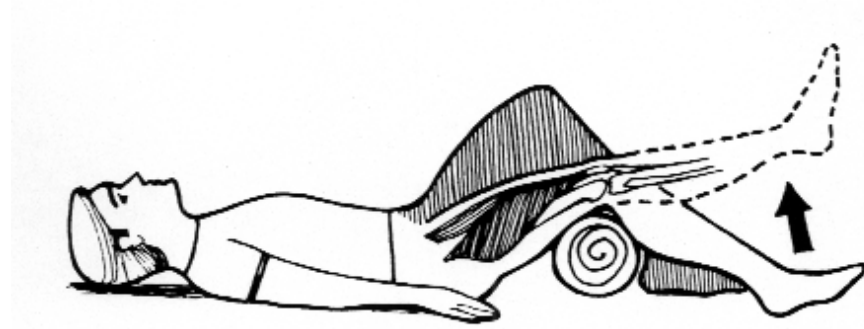
Pre-surgery exercises help to prepare your body for surgery. They also help you become familiar with some of the exercises that you will need to do after surgery.

Exercises can strengthen muscles surrounding the affected joints, which can help you recover faster. Before surgery, it is helpful to learn and practice the exercises that will be prescribed for you post-operatively. Also, doing exercises to strengthen your upper body will help you use crutches or a walker after surgery.

Be sure to check with your doctor about whether pre-surgery exercises are right for you.

Sample Exercises

Terminal Knee Extension



Purpose: To strengthen your thigh muscles (quadriceps).

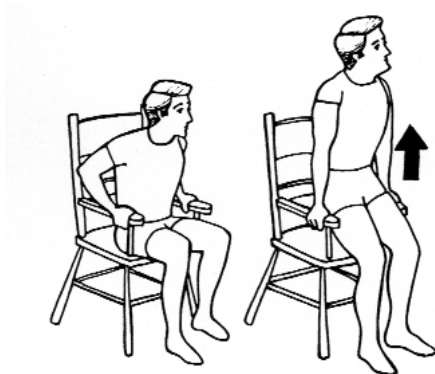
Position: Lie on your back with a firm pillow or large towel roll under your weak leg. Bend the other leg as illustrated.

Action: Slowly lift your foot up. Your knee should remain on the pillow and your leg should be as straight as possible.

Slowly lower your foot to the starting position.

Repeat 10 times. Do exercises once a day.

Sitting Push-Ups



Purpose: To strengthen your shoulders and arms.

Position: Sit forward in a chair with sturdy armrests or in a wheelchair. Place your hands on the armrests or on the top of the wheels of the wheelchair. Be sure the brakes are locked.

Action: Lean forward from the waist. Push down with your arms and lift your bottom up off the chair.

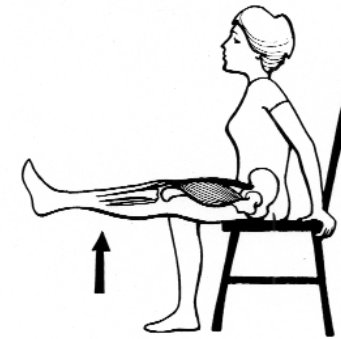
Hold.

Relax.

Repeat 10 times. Do exercises once a day.

Sample Exercises

Leg Strengthening: Sitting



Purpose: To strengthen your thigh muscles (quadriceps).

Position: Sit on a firm chair with both feet flat on the floor.

Action: Lift your foot slowly until your leg is completely straight.

Hold.

Slowly lower your foot down.

Repeat 10 times. Do exercises once a day.

Straight Leg Raise



Purpose: To strengthen your thigh muscles (quadriceps).

Position: Lie on your back with your weak leg as straight as possible. Bend the other leg as illustrated to protect your back.

Action: Tighten your thigh muscle. Raise your leg approximately 10 inches from the bed, keep it straight, and hold it in place for two seconds. Keep your thigh muscles tight and your leg straight as you slowly lower it.

Repeat 10 times. Do exercises once a day.

Just Before Your Surgery

The day before and the morning of your joint replacement surgery, you will be asked to follow specific instructions to prepare yourself. Basic instructions are described below. Your physician and anesthesiologist will inform you if you need to modify these instructions.

Eating and Medication

It is important that you not eat or drink after midnight the night before your joint replacement surgery. You may brush your teeth. Prior to your surgery, your anesthesiologist will let you know whether you need to take your regular medications—and which ones—right before your surgery. Medications should be taken with a small sip of water.

Showering Before Surgery

Showering prior to joint replacement surgery helps prevent the infections that, in rare situations, can occur after surgery as a result of microorganisms on your skin.

Prior to your surgery, you will receive a special packet containing a “Hibiclens” surgical sponge/brush. It is used to add an “extra step” to your regular shower routine. Pay special attention to the joint and surrounding area of your body affected by your surgery.

Take a shower (not a bath) the evening before your surgery, and follow the instructions below:

1. If you need to wash your hair, do this first.
2. Wash your body with soap and a clean washcloth.
3. After the routine shower, open the “Hibiclens” sponge/brush from the package. Remove the plastic stick in the sponge side. For safety reasons, keep the “Hibiclens” soap away from your face and private areas.
4. Use only the sponge side to wash the skin covering and surrounding the joint being operated on. Wash for two minutes. When finished, throw away the sponge/brush. There may still be soap in the sponge, which is fine.
5. Use a clean towel to dry off.
6. Wear clean clothing to sleep.

On the morning of surgery, if time allows, repeat steps 3 through 5, using the second sponge/brush provided.

Packing for the Acute Hospital Stay

The clothes you have with you when you are admitted to DCMH will be kept for you for when you are discharged. If you go on to a rehabilitation facility you will need additional clothing. Please leave all valuables, such as jewelry, credit cards, and checkbooks, at home for safety. You are responsible for hearing aids, glasses, dentures, etc.

Hip replacement patients should bring tie-up walking shoes to the hospital. Knee replacement patients should bring tie-up or Velcro-closure walking shoes.

A sweater or bed jacket is useful to help keep you warm. Feel free to bring along books, crossword puzzles, cards, etc. to help you occupy your time.

Confirming Times and Arrangements

To confirm your arrival time for surgery, please call AM Admissions/6 East at (610) 284-8168 on the day before your scheduled surgery. Staff is available from 1 – 9:30 p.m., but we recommend that you call between the hours of 1 and 5 p.m., if possible. At that time, our staff will review basic instructions and answer your questions. Typically, you will be asked to arrive two hours before your surgery, at the discretion of your surgeon.

Your Surgery Day

When You Arrive at Delaware County Memorial Hospital

On the day of your surgery, you should report to the AM Admissions Unit/6 East, located on the 6th floor of the Main Hospital Building.

Getting to the unit requires a long walk. If you are unable to walk well, it may be best for your ride to drop you off at the Main Entrance where you can wait in the lobby for your family. There is a bench inside. Your family can then get a wheelchair from near the information desk to make getting to the AM Admissions Unit/6 East easier.

To get to the AM Admissions Unit/6 East, from the parking garage:

- Park in the garage or (after 8:30 a.m.) use the valet service that is available outside the Medical Office Building (MOB) Entrance.
- Take the elevators in the garage to level 2/Hospital, or the elevators in the MOB to the second level.
- Walk past the Neighbor Care Pharmacy toward the Main Hospital, which is the corridor with tile floors and large windows.
- Pre-Admission Testing is located just as the corridor begins to turn before the information desk, on the left hand side. Go past Pre-Admission Testing.
- Go past the Main Lobby information desk and continue past the Gift Shop.
- If your family has dropped you off, this is where you will reunite.
- At the end of the corridor, there will be an elevator bank on the left-hand side.
- Take these elevators to the 6th floor.
- Upon exit from the elevator follow the signs for the nursing station on 6 East, at the far end of the hallway.
- If you get lost, please ask for directions to 6 East.

Your Family

Your family will be able to stay with you in your room on 6 East before you are taken to the OR holding area to await your surgery. When you leave for the holding area, your family will be asked to wait in the Hospitality Room on the 6th floor. Following the surgery, the physician will look for your family in the Hospitality Room. Also, a Meditation Room is available on the 5th floor, off of the nursing station on 5 East. It is open 24 hours a day.

Cell phones are **only** allowed in the Main Lobby, Medical Office Building Lobby, in the Cafeteria, and outside the hospital. Using a cell phone anywhere else in the hospital could interfere with medical/electronic equipment. Pay phones are located in the Main Lobby, outside the Cafeteria, and outside the Hospitality Room.

Protecting Your Privacy

To protect your privacy, we will not give out any information, other than condition, over the phone. You will be asked to name only one person as a primary contact to receive information about your condition. Upon arrival to your room, a nurse will assign an ID number to your primary contact.



Your Care Following Your Surgery

After your surgery is completed in the Operating Room, you will be transferred to the Recovery Room on a bed with an overhead frame and a “trapeze” (a triangle-shaped bar over your bed). You will be awake when you arrive in the Recovery Room, and you will remain there until your room is ready. The nurses in the Recovery Room will update you and your family.

Post-operatively, you will receive a blood thinner, iron, and a stool softener, as well as oral pain medications. Your physician will order your regular medications. You will have the following equipment:

- A Patient Controlled Epidural Anesthesia (PCEA) or Patient Controlled Anesthesia (PCA) device for pain control, which will allow you to control the amount of pain relief that you need to feel comfortable. You will also be asked to rate your pain level on a scale of one to 10, so that we may ensure that you are receiving adequate pain management.
- An intravenous (IV) line for medications and IV fluids. You will be instructed to use the call bell to call the nurse if your IV pump begins beeping or if you have any pain or swelling around your IV site.
- An incentive spirometer, which helps improve your breathing. You will be shown how to use the incentive spirometer once you are in your room.
- A nasal cannula to provide you with oxygen for the first 24 to 48 hours.
- Foot pumps and compression stockings to prevent blood clots and aid in circulation.
- A Foley catheter for urine collection until you are more mobile.
- Ice packs to decrease swelling and pain.

Total knee replacement patients will have a Continuous Passive Motion (CPM) device, a mechanical device that flexes and extends the knee at a preset rate and amount of flexion.

Total hip replacement patients will have an abductor pillow between their legs to keep legs apart in order to prevent a dislocation.

In most cases, you will have a private room. Private rooms share a bathroom with an adjoining room. We will provide the equipment that is appropriate for your special needs.

If you have any concerns or complaints, such as noise level or room temperature, or any questions about your care, please share them with any of your caregivers.

Your Hospital Rehabilitation Process

The first day after your joint replacement surgery, you will begin therapy with Physical and Occupational Therapy to regain your functional mobility and self-care abilities. You will be encouraged to get out of bed and possibly walk. This will continue for two-to-four days while you are on the post-surgical nursing unit. Depending on your individual status and insurance, a decision is made regarding where you will receive further rehabilitation services.

The goal of rehab is to help you return to and/or improve your level of functional activities both at home and in the community. In the DCMH Rehab Unit, your rehabilitation team will be made up of a rehabilitation physician, nurses, physical therapists, occupational therapists, recreational therapists, psychiatrists/psychologists, a social worker, and a case manager. Your care will be individualized according to your needs and your doctor's orders.

While in the unit, your rehabilitation day will begin around 7 a.m. A rehabilitation doctor will see you every morning. Your nurse or therapist will assist you with your bathing and dressing as needed. After breakfast, you will begin your therapy sessions. You may receive therapy in the morning, afternoon, or both. During the week, you will receive approximately three hours of therapy a day. You may also receive therapy on weekends. Your schedule might vary slightly, and rehabilitation generally begins the day after surgery.

Pain medication plays a vital role in your rehabilitation and is as important as any other prescribed medication. Patients whose pain is under control are better able to participate in therapy and recover more quickly.

We encourage your family or caregiver to attend therapy sessions when necessary in order to know how to assist you upon your discharge. If needed, a special family education session will be scheduled before you are discharged.

Your physical therapist will help you learn 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 teach you safe and alternative ways to do your activities of daily living, such as dressing, bathing, toileting, using the kitchen, and doing laundry.

Recreational therapy will be available to provide enjoyable activities such as hobbies, crafts, reading material, and so on depending on your personal interests. A social worker will update you on length of stay and discharge date, make arrangements for family teaching sessions, community resources, or any other issues related to your discharge, in order to have a smooth transition from rehabilitation to home. A case manager will assist with insurance issues, ordering equipment prior to your discharge, and making referrals for home care if necessary.

Delaware County Memorial Hospital is committed to helping you achieve your highest level of independence at the time of your discharge. If you have any questions about rehabilitation, feel free to contact us at (610) 284-8672.

Mobility After Surgery

As you resume movement after joint replacement surgery, keep in mind that certain movements could put added stress on your new joint or cause dislocation. The following are a few common-sense tips to follow after your hip or knee replacement surgery.

If You've Had a Hip Replacement. . .

DO:

always keep your knees lower than your hips when sitting

use pillows between your legs at night to keep your hips properly aligned



DON'T:

- bend at your middle more than 90 degrees
- let your knee move inward past your navel, or bring your legs together
- turn your feet in or out, or twist
- cross your legs at your knees or ankles

If You've Had a Knee Replacement. . .

DO:

bend your knee as much as you can

pick up your foot when you turn



straighten your knee all the way

DON'T:

- twist or pivot with your feet planted
- squat
- kneel
- sleep or rest with a pillow directly under your knee

Home Care

After surgery many patients will go home, but others will go to a rehabilitation facility or skilled nursing facility before returning home. This decision is based on a variety of factors. The hospital case manager or social worker will arrange for home care or transfer to a rehabilitation or skilled nursing facility as decided by your physician.

A number of home health care professionals are available to assist with your care. A home care nurse can help you manage your pain and medications and remove your staples. The home physical therapist can review your exercises with you and assess and review home and bathroom safety. If needed, an occupational therapist can review home management skills. Arrangements can also be made for home blood studies as needed. Medicare and most insurance providers cover home care services.



Life After Joint Replacement Surgery

Each joint replacement surgery patient's experience is different. 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 Patient Controlled Epidural Anesthesia (PCEA) or Patient Controlled Anesthesia (PCA) device will allow you to control the level of pain relief you receive so that you may be most comfortable. At the time of discharge, your pain will be improved significantly. As you begin to use your new joint, you will likely have some temporary pain because the surrounding muscles are weak from inactivity and the tissues are healing. Over the following weeks you will find that the pain caused by arthritis or other conditions will be relieved.

What warning signs should I be aware of after my surgery?

Your physician will give you specific instructions on what to look out for as you recover. You should call your doctor if:

- You develop a temperature above 101 degrees.
- You notice redness, heat or drainage around your incision site.
- You develop excessive pain.
- You have pain in the calf of your leg.
- You experience chest pain, shortness of breath, or difficulty breathing.
- You have any other symptom that you don't understand.

How should I care for my incision site?

Care for the area surrounding your surgery site by keeping it dry and cleaning it with alcohol wipes. Do not use body lotions or creams unless instructed by your doctor. Ask your doctor for instructions on bathing after your surgery. Some may recommend sponge baths until sutures are removed. Others may allow showering after the dressing is removed, but not tub baths. Always use clean towels and dry incision sites carefully.

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 walking, dancing and swimming. However, more strenuous sports, such as tennis or running, may be discouraged. Talk to your physician to find out what activities you can resume.

How soon until I can drive?

It is essential to regain muscle control before resuming driving. Physicians generally recommend that joint replacement patients wait 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 vitamin 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.

Getting to Delaware County Memorial Hospital

From I-476 (Blue Route) Going North

- Follow I-476 North to Exit 5, Springfield (Rte. 1 North/State Rd.).
- Follow Rte. 1 about two miles to the fork in road and bear right onto State Rd. (Drexeline Shopping Center will be on your right).
- Follow State Rd. to Lansdowne Ave.
- Turn right onto Lansdowne Ave.
- DCMH is up the hill on the left, immediately after Upper Darby High School.

From I-476 (Blue Route) Going South

- Exit from I-476 at Exit 9 (Upper Darby).
- Make a left on Rte. 3 and continue on West Chester Pike to Lansdowne Ave.
- Take a right onto Lansdowne Ave. and continue for approximately 1 mile.
- DCMH is on the left, immediately after Upper Darby High School.

From I-95 Going North

- Take I-95 North to Exit 7 (I-476 North - going toward Plymouth Meeting).
- Follow I-476 until you come to Exit 5, Springfield (Rte. 1 North/State Rd.).
- Follow Rte. 1 about two miles to the fork in road and bear right onto State Rd. (Drexeline Shopping Center will be on your right).
- Follow State Rd. to Lansdowne Ave.
- Turn right onto Lansdowne Ave.
- DCMH is up the hill on the left, immediately after Upper Darby High School.

Getting to Delaware County Memorial Hospital

From I-95 Going South

- Take I-95 South to Exit 7 (I-476 N.).
- Follow I-476 until you come to Exit 5, Springfield (Rte. 1 North/State Rd.).
- Follow Rte. 1 about two miles to the fork in road and bear right onto State Rd. (Drexeline Shopping Center will be on your right).
- Follow State Rd. to Lansdowne Ave.
- Turn right onto Lansdowne Ave.
- DCMH is up the hill on the left, immediately after Upper Darby High School.

From Chester County or Western Delaware County

- Take Rte. 3 into Havertown.
- Turn right onto Darby Rd.
- Continue for approximately 1 mile.
- DCMH is located on your left, immediately after Upper Darby High School.

From Rte. 76 (Schuylkill Expressway)

- Exit Rte. 76 at Rte. 1 South (City Line Ave.).
- Continue on Rte. 1 for approximately 10 miles into Delaware County (name changes to Township Line Rd.).
- After Rte. 1 crosses Rte. 3, turn left onto Lansdowne Ave.
- Continue on Lansdowne Ave. for approximately 1 mile.
- DCMH is located on your left, immediately after Upper Darby High School.

Getting to Delaware County Memorial Hospital

From Center City Philadelphia

- Take I-95 South to Exit 7 (I-476 North).
- Follow I-476 until you come to Exit 5, Springfield (Rte. 1 North/State Rd.).
- Follow Rte. 1 about two miles to the fork in road and bear right onto State Rd. (Drexeline Shopping Center will be on your right).
- Follow State Rd. to Lansdowne Ave.
- Turn right onto Lansdowne Ave.
- DCMH is up the hill on the left, immediately after Upper Darby High School.

From the Philadelphia Airport

- Take I-95 South to Exit 7 (I-476 North).
- Follow I-476 until you come to Exit 5, Springfield (Rte. 1 North/State Rd.).
- Follow Rte. 1 about two miles to the fork in road and bear right onto State Rd. (Drexeline Shopping Center will be on your right).
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**DELAWARE COUNTY
MEMORIAL HOSPITAL**

501 North Lansdowne Avenue
Drexel Hill, PA 19026



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

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