Welcome to Joint Camp
About Joint Camp

• Joint Camp is a team approach to caring for our total joint patients. Our team includes our Orthopedic Surgeons, Joint Coordinator, specially trained Nurses and Physical/Occupational Therapists.

• The program received certification from the Joint Commission in 2010 on the care of Total Knee and Total Hip patients.
Joint Camp

• Our program focuses on wellness.
• Most of you are healthy individuals trying to improve your quality of life by getting a new hip or knee
• You will be encouraged to participate in your hospitalization and recovery to home
Your Care Partner

• This is an individual who will assist you during your recovery
• Their participation will be encouraged during the pre and post operative period as well as during your transition to home
• They will be asked to attend at least one therapy session during your hospitalization
• Most patients require a friend and/or family member to be with them initially for the first 48 hours at home
Did You Know?

• Nearly 21 million Americans suffer from osteoarthritis, a degenerative joint disease that is a leading cause of joint replacement surgery

www.arthritis.org
Symptoms of Osteoarthritis

- May develop suddenly or very slowly
- Arthritis can cause pain and stiffness
- Some types of arthritis may cause swelling
- Simple tasks may be difficult to do
Other Reasons Why You May be Getting a Total Joint Replacement

- **Rheumatoid Arthritis**
  Membranes or tissues lining the joint become inflamed

- **Post-traumatic Arthritis**
  Irregularities from the way an old fracture healed leads to wear on the joint

- **Avascular Necrosis**
  Bone may collapse and damage the cartilage
Did You Know?

• More than 300,000 knee replacements are performed each year in the United States.¹

• More than 300,000 hip replacements are performed in the United States each year.²

Did You Know?

• Total joint replacements of the hip and knee have been performed since the 1960s

• Today, these procedures have been found to result in significant restoration of function and reduction of pain in 90% to 95% of patients
Total Joint Replacement

• A Total Joint Replacement is a surgical procedure in which certain parts of an arthritic or damaged joint are removed and replaced with a plastic or metal device or an artificial joint

• The artificial joint is designed to move just like a healthy joint
Joint Replacement

• Joint replacement is a treatment option when pain:
  – Is severe
  – Interferes with daily activities
  – Interferes with work
Total Joint Replacement

- Goals of Total Joint Replacement are to help:
  - Relieve pain
  - Restore motion
Normal Hip X-ray
In a normal hip, there is a lot of space from the ball of the femur to the acetabulum

Arthritic Hip X-ray
In the arthritic hip, you lose that space between the femur and acetabulum. This is an example of “bone on bone”
Total Joint Replacement

A Replaced Hip

Pelvic Bone

Artificial Hip Implant

Femur (thigh bone)
Replaced Hip X-ray
Anterior Approach Total Hip

• In some cases your surgeon may feel that you are a candidate for the Anterior Approach Total Hip Replacement
• Hip exposure from the incision does not detach muscles or tendons from the bone
• Keeping muscles intact decreases risk of dislocations and accelerates your recovery time resulting in a decreased length of stay at hospital
Anterior Hip Precautions

• Unlike the traditional Total Hip Replacement you will only have one precaution to follow after surgery

• You must AVOID putting your surgical leg in extreme extension
Normal vs. Arthritic Knee X-ray

**Normal Knee X-ray**
In a healthy knee, there is a lot of space from the bottom of the femur to the top of the tibia.

**Arthritic Knee X-ray**
In the arthritic knee, you lose that space between the femur and tibia. This is an example of “bone on bone”.
Total Knee Joint Replacement

- End surface of femur replaced with metal
- End surface of tibia replaced with metal
- Plastic liner is inserted between femur and tibia
- Patella is resurfaced with plastic
Replaced Knee X-ray

Anterior (front) View

Lateral (side) View
Preoperative

• Preparing for a joint replacement procedure begins weeks before the actual day of surgery

• In general, patients will need:
  – Medical clearance from primary care physician
  – To begin exercising
  – Quit smoking
  – Stop certain medications such as anti-inflammatory medications or blood thinners
Pre-Admission Testing

• Your pre-admission testing appointment is normally completed 10-12 days prior to surgery.

• **During your appointment:**
  – You will get a general examination by a hospital physician
  – An EKG will be completed
  – Baseline blood work will be obtained

• Please bring a complete and update list of your current medications (including over the counter medications).
Infection Prevention

• To decrease your risk of infection the following will be done:
  – MRSA culture- a nasal swab will be completed to see if you are a carrier to this bacteria
  – Bathing with anti-bacterial soap the night before and morning of surgery
  – Antibiotic administration prior to surgery as well as up to 24 hours after surgery
  – May need to see dentist to assure good oral health
  – Quit smoking- smokers have a higher rate of post-operative infections
Bring to the Hospital

- Loose fitting, comfortable clothing (shorts, t-shirts, pajamas, sweat pants). Part of your therapy sessions will be helping to get you dressed.
- Bring a pair of loose fitting, comfortable, non-skid shoes
- If you use a CPAP machine, please bring your own to utilize
- Your pharmacy phone number
Pain Management

• We will work together to manage your pain control, our goal is to manage and minimize your pain the best we can.

• Because it is unrealistic to say you will have “NO PAIN’ after surgery, try to remember that your pain is now a positive, healing pain and the faster you are able to get up, walk and exercise, the faster you will heal.
Pain Management

- We utilize a multi-modal pain approach to best manage your pain. This includes:
  - Non-Narcotics Medications: you will receive routine around the clock medications such as Tylenol, Neurontin, and Ultram
  - Peripheral nerve block injections for total knee patients
  - Other non-medication interventions, such as ice and position changes
  - Narcotics: these medications may be given orally, or as an injection in your muscle or IV. You will need to ask the nurse for these medications every 3 to 4 hours as needed
Pain Management

• Our Expectations of You:
  – Let the nurse know as soon as you feel the pain beginning because it will be harder to ease pain once it intensifies.
  – We will utilize a pain scale to measure your level of pain because it provides us with consistent, measurable information to let your nurse know if the pain medication is effective or if changes need to be made.
Nerve Block Injections

• For total knee patients, the anesthesiologist will inject a local anesthetic before surgery
• This numbs the front **ONLY** of your operative extremity
• Your muscle control will **NOT** be normal after receiving this medication and your knee may buckle when out of bed
• You are at increased risk for falls, any type of activity **MUST** be done with either a nurse or therapist. A knee immobilizer may be utilized when you are ambulating to give you some support
Hip Precautions

• For patients having a traditional (posterior approach) hip replacement (not the anterior approach), you will need to follow hip precautions after surgery to prevent hip dislocations.

• It will be up to your surgeon to decide how long you will need to follow the total hip precautions:
  1. Do not bend your operated hip past a 90° angle
  2. Do not twist or turn on your operated leg
  3. Do not cross your operated leg over your non-operated leg
1. Do Not Bend Your Operated Knee Beyond a 90 Degree Angle

- **Sitting**
  - Do not sit in raised seat (use pillows if necessary) or on a raised toilet seat/commode with arm rests
  - Reach back for arm rests of chair with both hands. Bring operated leg forward and slowly lower into the chair
  - Do not lean forward while seated
  - Do not raise your knee higher than your hip while sitting

- **Bend at the waist to pick up items on the floor**
  - Use a long handled reacher or other adaptive aid to pick items off the floor
2. Do Not Twist or Turn on Your Operated Leg

- Do not twist your torso when lying, sitting or standing
- Do not turn your operated leg inward in a pigeon-toed position
3. Do Not Cross Your Operated Leg Over the Non-Operated Leg

- You may keep a pillow between your legs as a reminder not to cross your legs
Total Knee Precautions

1. **Do not** squat or kneel unless approved by the surgeon.  
   Sit on a low stool to reach the floor or ground.

2. **Do not** twist your knee.  
   Move your feet to turn your body. Your feet should always be facing the same direction as your body.

3. **No Driving** until approved by your surgeon.  
   Avoid long car rides for more than 60 minutes. If ride is longer we recommend you stop, get out, and walk around before continuing the trip.

4. **Avoid** high impact activities such as running or jumping.

5. **Maintain your weight bearing status until otherwise instructed by your surgeon.**
Physical Therapy/Occupational Therapy Information
General Tips

• Begin the exercises shown as soon as possible. Improved muscle strength before surgery can decrease the time you spend in recovery after surgery.

• When using ambulatory devices after surgery, you will be relying on your upper body strength to assist you. Some of the exercises included in the slides will help you improve the strength in your arms for better endurance when walking.

• Inspect your home environment and implement any safety suggestions recommended to you. Completing these changes before you go home from the hospital will ease your recovery and ensure your safety.
Starting Your Exercise Program

• Before your surgery, perform the exercise 1 to 2 times each day
• Start with 10 repetitions and gradually increase by 1 to 2 repetitions each day until you can perform 15 to 20 repetitions.
• Continue to perform 15-20 repetitions of each exercise until your surgery
Starting Your Exercise Program

- Perform each exercise with slow and controlled movements, you may rest in between each exercise to prevent over exertion
- DO NOT hold your breath.
- Exercise within the limits of your pain tolerance
- Stop all exercise if you experience any chest pain, dizziness, or excessive perspiration and call your doctor immediately
Upper Extremity Exercises

Bicep Flexion
1. Begin with arm at side, elbow straight, palm up, weight in hand
2. Bend elbow upward
3. Return to starting position
4. Repeat with other arm
Upper Extremity Exercises

Bicep Extension

1. Lie on back, arm over head, elbow bent and hanging as shown
2. Hold weight in hand
3.Straighten elbow through available range
4. Return to start position
5. Repeat with other arm
Ankle Pumps

1. With your legs straight, flex your feet up and down at the ankle
Quad Sets

1. Keep your knee straight.
2. Push the back of your knee into the bed while tightening the muscle on the front of your thigh
3. Hold for 5 seconds then relax, returning to the start position
Lower Extremity Exercises

Heel Slides
1. Lie on back with legs straight
2. Slide heel up to buttocks
3. Return to start position
Lower Extremity Exercises

Long Arc Quad

1. Sit in a sturdy chair
2. Lift the leg by straightening your knee, one leg at a time.
3. Return to start position
Lower Extremity Exercises

Short Arc Quad

1. Place a towel roll under your knee
2. Raise your foot off the bed surface by straightening your knee
3. Do not raise your thigh off the towel roll or pillow
4. Return to starting position
Exercise Video

Please review the following video to see a demonstration of the exercises

https://goo.gl/dxzj9u
Fall Prevention

• In order to prevent falls, it is **IMPERATIVE** that you do not do any type of activity without the assistance of a nurse or therapist for the duration of your hospitalization
Day of Surgery: Before Surgery

• You will get a phone call the night prior surgery informing what time you need to be at hospital
• In pre-op holding area, nurses will take your vital signs, ask what medications you took in am and make sure there haven’t been any changes in your general health since your pre-admission testing appointment
• You will meet the anesthesiologist who will discuss what type of anesthesia you will receive
Day of Surgery: Before Surgery

• Your surgeon will see you in this area and mark his initials on your right or left extremity

• Nurses will start IV fluids to keep you hydrated

• For total knee patients, peripheral nerve block injection occurs at this time
Please review the following video by an anesthesiologist discussing what will happen to you before surgery.

https://goo.gl/CkcWVX
Day of Surgery: Operating Room

• Surgery will be approximately 1 ½ to 2 hours
• Many staff members will be in the surgery suite including physician’s assistant, nurse anesthetist and other surgical staff
• Foley catheter may be be placed after you are put to sleep to monitor your urine output
Day of Surgery: Admit to Unit

• After recovery, you will be transported to the Joint Camp Unit
• Your Care Partner will come to your room and encourage use of Incentive Spirometer and ankle pumps
• Incentive Spirometer is a device that it utilized to help keep your lungs clear and prevent pneumonia
• You will be given liquids only, narcotics and anesthesia can cause nausea. We want to prevent as much as nausea as possible by keeping you on liquids until your bowel function as returned.
Day of Surgery: Admit to Unit

• You will be assisted out of bed to chair, most of you ill be evaluated by the physical and occupational therapists
• Oxygen and pulse oximetry may be utilized for 24 to 48 hours after surgery
Post-Operative Day #1

• Remain on liquids for 24 hours, once you pass gas, your diet can be advanced but go slowly to prevent nausea. You may have crackers or toast with medications if needed
• If you have a catheter it will be removed and we will be getting you up to the bathroom
• You will be assisted out of bed by nursing staff and therapists once in the morning, and again in the afternoon
• You will be assisted to chair for all meals
Post-Operative Day #1

• Lab work will be drawn in the morning and a physician will review to determine if blood transfusion needed
  – We try to avoid transfusions unless they are absolutely necessary and blood transfusion rates are very low
• Will be given anticoagulant, this is a blood thinner to help minimize your risk for blood clots
Anticoagulants

- Currently we utilize four different types of medications to decrease your risk of blood clots based on your history and physician preference:
  - **Coumadin**: This is a pill that will be taken daily for one month after surgery. In order to measure the effectiveness of the medication, blood work must be drawn twice a week for the entire month of administration. Coumadin is also a medication that can take 48 to 72 hours to be effective. During that period of time in the hospital, you will receive an injectable medication called Lovenox.

  - **Lovenox**: This is an injection that is normally given twice a day for 2 to 3 weeks following surgery. If this is the medication that your surgeon prescribes, you or a family member will need to learn to self administer prior to discharge.
Anticoagulants

- **Xarelto**: This is a pill that is taken once a day for 2 to 4 weeks following surgery. Everyone is ordered the same dose so blood work is not needed to monitor it’s effectiveness. Because Xarelto is a fairly new medication, not all insurance companies will cover. Please review your insurance benefits and discuss with your surgeon.

- **Aspirin**: Your Physician may prescribe enteric coated Aspirin after surgery to prevent blood clots based on your past medical history.
Day of Discharge

- Lab work will be drawn in the morning
- Advance diet as tolerate, your appetite will most likely not be back to normal
- You will be assisted into a chair for all meals
- Physical and Occupational therapy twice a day
- Occupational therapist will assist with placing street clothes on
- Oral pain medications are ordered, if these are not effective for your pain control, you will have injectable medications available
Activities of Daily Living
Getting Into Bed

- Sit on the edge of the bed with both feet on the ground, make sure you are not bending forward and that your operated hip is not turning in
- Bearing weight on your hands, scoot your hips backward onto the bed
- Lower yourself onto your forearms
- Carefully slide your legs onto the bed, keeping operated leg with knee straight and toes pointed up
Getting Out of Bed

- Slide your legs toward the edge of the bed, keeping operated leg with knee straight and toes pointed up
- Push up onto your forearms
- Push up onto your hands
- Slide legs so your heels are over the edge of the bed
- Scoot your hips forward until both feet are on the ground
- Make sure you are not bending forward and that your operated hip is not turning in
Standing

- Move your operated leg forward and push off the arm rests of the chair to stand
- Once you have your balance, reach for the walker
Walking

- Move the walker/device first
- Then move the operated leg forward
- Push down on the device when you step forward with the non-operated leg
- Do not pivot on the operated leg, instead turn using several small steps
- Land on your heel and push off your toes when walking (a heel toe pattern)
- Make each step the same length
Dressing

- If you have Total Hip Precautions, avoid bending forward and crossing your legs when putting on your pants, socks, and shoes.
- **Putting on your pants:** Put the operated leg into the pant leg first, then put the non-operated leg into the other leg.
- **Removing your pants:** First, remove the non-operated leg from the pant leg, then remove the operated leg from the other pant leg.
- **Tying your shoes:** Use elastic laces or slip on shoes.
Bathing or Showering

- Do not sit on the bottom of the bathtub to bathe
- If you have Total Hip Precautions, use a long-handled sponge to bathe below the knees
Getting In and Out of a Car

Getting Into a Car

- Be sure the passenger seat is pushed all the way back
- Recline the seat back as far as possible
- With your walker in front of you, slowly back up to the car seat
- Sit on the car seat
- Swing your legs into the car. Lean back if you need to avoid bending at the hip more than 90°

Getting Out of a Car

- Push the seat all the way back
- Recline the seat all the way back
- Lift your legs out. Lean back if you need to avoid bending at the hip more than 90°. Place the walker up in front of you and stand up on the unaffected leg
Discharge Options

• **Home with Home Health Care:** This is when the therapist comes to your house 2-3 times a week for your therapy. If you need any blood work completed, this also can be done at home. Staples can be removed at 10-14 days post surgery.

• **Home with Outpatient Physical Therapy:** This is when you go to the outpatient therapy facility twice a week for your therapy sessions. If you need any blood work, you will need to go to a laboratory. Also, you will need to follow up in the office 10-14 days post surgery for staple removal.
Discharge Plans

• Daily after lunch, our team reviews your progress with you and discusses discharge options
• Everyone will evidently end up at outpatient therapy, the sooner a patient who has had a total knee replacement gets to outpatient therapy, the better their rehabilitation will be
Preparing Your Home for Discharge

THESE THINGS SHOULD BEEN DONE PRIOR TO HOSPITALIZATION:

• Add pillows to low chairs and use chairs with arms
• Patients with Total Hip Precautions should avoid all low lying, soft chairs including rocking chairs
• Rearrange furniture to allow enough clearance for a walker
• Keep hallways and doorways clear of objects
• Place phone within easy reach, move the cord out of the way or consider a cordless/cell phone instead
Preparing Your Home for Discharge

• Install nightlights in hallways and bathrooms
• Use your walker bag to transport items
• Store foods and other items at waist to shoulder level to prevent bending over and straining your hip or knee
• Stock up on easy to prepare food and items that you will need
• Plan ahead and discuss with family and friends who would be able to help you with activities of daily living
• If you have stairs, make sure you have a sturdy handrail to utilize
Bathroom Tips

- Consider installing grab bars in your shower or tub for support as you get in and out.
- Use a long handled sponge to wash hard to reach areas (especially hip surgery patients who should not bend greater than 90°).
- Use a non-slip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
- Use a commode chair or elevated commode seat to raise the height of your toilet.
Bathroom Tips

- Relocate the position of your toilet paper to be within reach (especially hip surgery patients who should not bend greater than 90°)
- Consider installing a hand held shower hose
- Store toiletry items within easy reach
Bathroom Equipment

These items are not covered by insurance, but are available for purchase at most medical equipment stores. The Occupational Therapist working with you after surgery, will be able to help you decide which one would be best for you to purchase.
**Hip Kits**

- Hip surgery patients following Hip Precautions will need a Hip Kit.

- A Hip Kit should have at least 4 basic pieces:
  - Reacher
  - Long Handled Shoe Horn
  - Sock Aide
  - Long Handled Sponge
Bedside Commode

A 3-in-1 bedside commode is covered by most insurance providers. Your Occupational Therapist will help you arrange for purchase and delivery.
Signs or Symptoms to Report to Your Physician

1. Temperature greater than 101
2. Increased pain or swelling to operative extremity
3. Increased redness or drainage to Incision
Recovery
Recovery

• Every individual is different and every treatment plan is different

• The length of hospital stay after joint replacement varies and depends on many factors including age and physical ability

• **Estimated Recovery Schedule:**
  – In-hospital Recovery: 2 days
  – Significant Functional Improvement: 6 weeks – 3 months
  – Maximal Improvement: 6 – 12 months
When will I be able to go back to a normal daily routine?

• This is a decision only you and your surgeon can make. Every patient’s experience is different.
General Guidelines to Get Back to Your Routine

- You'll practice stair-climbing in the hospital and should be able to do this by the time you leave.
- You should have no restrictions on leaving your home as long as your safety and comfort are assured. A good balance of exercise, rest and relaxation is best for helping your body heal and gain strength.
- When to resume driving a car, going to work, and/or participating in sports activities are all highly individualized decisions.
- Be sure to follow your doctor's or orthopaedic surgeon's advice and recommendations.
• In general it is safe to resume sexual intercourse 6 weeks after your surgery. If you have any questions or concerns regarding sex, please ask your occupational therapist or surgeon.
Limitations After Surgery

• Athletic activities that place excessive stress on the joint replacement will need to be avoided

• Examples include:
  – Skiing (snow or water)
  – Basketball
  – Baseball
  – Contact sports
  – Running
  – Frequent jumping
Realistic Expectations

Physical Activities

• After joint replacement, acceptable physical activities should:
• Not cause pain – including pain felt later
• Not jar the joint – running and jumping should be avoided
• Not place the joint in the extremes of its range of motion
• Be pleasurable
Realistic Expectations

Longevity of Joint Replacement

• It is impossible to predict in individual cases how long a joint replacement will last. Many factors determine the outcome including:
  – Age
  – Weight
  – Activity level
  – Bone strength
Remember you play an important role in your recovery. We encourage you to do your best with the Physical and Occupational Therapists. Success of this surgery is a team effort and **YOU** are a critical member of this team.
Thank you.

We thank you for choosing University Hospitals Parma Medical Center as your facility of choice. We look forward to caring for your after your surgery. Please read through the educational binder you will receive during your pre-admission testing appointment for more information.

If you have any other additional questions or concerns please call the Joint Camp Coordinator:

**Janet Shell, MSN, RN, CNS**  
Joint Camp Coordinator  
440-743-4428