



*Sparta Community
Hospital*

Welcome
to the
*Total
Joint
Class*



Welcome to Sparta Community Hospital Total Joint Class

Clinic experience

What to expect at the time an order is received in the clinic:

The clinic staff will start the pre-clearance process with the surgery staff, you will receive specific instructions.

Pre-home visit

What to expect at your pre-op home visit:

- One of Sparta Community Hospitals occupational therapist will call and schedule a time to visit you in your home, the purpose of this visit is:
- To assess your possible discharge needs.
 - Keep a list of questions.
 - Answer any questions you may have.
 - The staff will answer your questions or get the answer to you.
 - They will do a home safety check.

Surgery experience

Your first visit to the surgery department:

You will meet with a Certified Registered Nurse Anesthetist (CRNA) & or a Registered Nurse (RN) to Determine your pre-op labs/radiology, and other needed clearance.

The surgery staff will schedule the formal Sparta Community Hospital Total Joint Class.

Date and time of scheduled joint class: _____ time: _____.

Your Total Joint Class

What to expect at your second visit with surgery which will be SCH Total Joint Class:

*We strongly encourage you to bring a family member or friend to be your couch. Your couch should be the caregiver that will be spending the most time with you during, and after surgery. This is not a requirement, just a suggestion. Please bring your couch with you to you SCH Total Joint Class, as well as the day of your surgery, it is always helpful for a couch to be present at the time of discharge that can hear your discharge instructions.

*An educational session with your care team which includes:

- **Surgery RN**
 - During this visit you will be shown an educational power point.
 - This education will help you in preparing for your total joint replacement.
 - It will prepare you for the day of your surgery.
 - Prepare you for your hospital stay.
 - Prepare you for your discharge planning and options.
 - And much more.

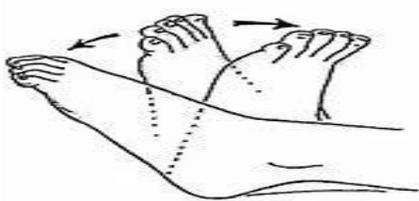
- **Anesthesia**
 - Will prepare you on expectations of anesthesia.
 - Answer your questions about anesthesia.

- **Social Services**
 - Will discuss discharge options.
 - Will discuss any of your discharge concerns.

- **Physical Therapy (PT)**
 - PT will do range of motion measurements during this visit.
 - PT will instruct you on the pre-op exercises that you will need to preform prior to your surgery, which includes:

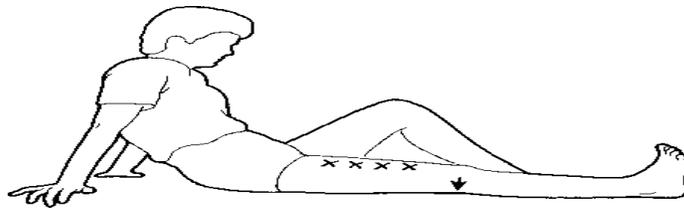
1. Ankle pump: Lie on your back while gently pointing and pulling ankle of your surgical leg by pumping ankle up and down.

- Repeat this 10-20 times (1 set)
- Do 2 sets per day



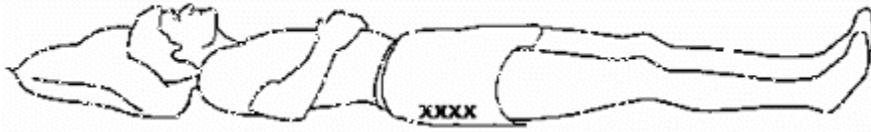
2. Quad sets-knee push-downs: Lie on your back with your legs straight, tighten your thigh muscle by pushing down your knee into the bed, do not hold your breath.

- Repeat 10-20 times (1 set)
- Do 2 sets a day



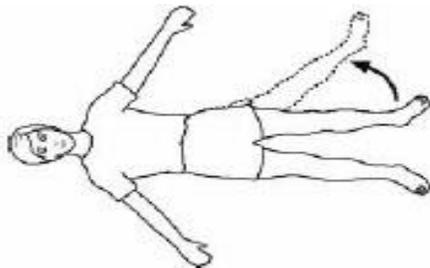
3. Gluteal sets-butt squeezes: Lie on your back with your legs straight, squeeze your buttock together and tighten buttock muscles, do not hold your breath.

- Repeat 10-20 times (1 set)
- Do 2 sets a day



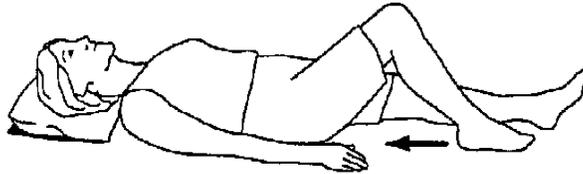
4. Hip abduction and adduction: Lie on your back, keep your knees straight and point toes toward the ceiling. Slide your surgical leg out to the side and back to the center, do not allow your surgical leg cross the center line.

- Repeat 10-20 times (1 set)
- Do 2 sets per day



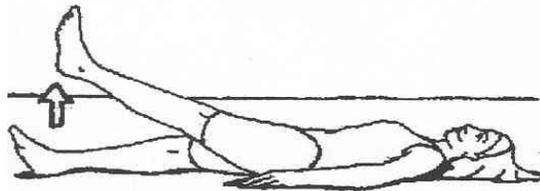
5. Heel Slides: Lie on your back, bend your surgical knee by sliding your heel toward your buttock.

- Repeat 10-20 times (1 set)



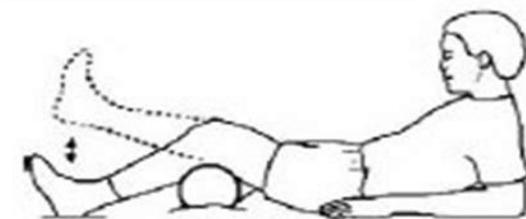
6. Straight leg raises: Lie down and tighten muscle on front of thigh, then lift leg 8-10 inches from the surface and hold for 5 seconds.

- Repeat 10-20 times (1 set)
- Do 2-3 sets per day



7. Short Arc quads: Lie on your back with a towel rolled up under your knee, slowly straighten your surgical knee by lifting your foot up while keeping your thigh on the roll.

- Repeat 10-20 times (1 set)
- Do 2 sets per day



- **Occupational Therapy (OT)**
 - OT assess your activities of daily living through an assessment.
 - OT will also schedule a home visit.
- **Respiratory Therapy**
 - Will discuss respiratory care following your procedure.
- **Dietician**
 - Will discuss the how your diet effects your healing process.

Surgery Day

What to expect the day of surgery

- Upon arrival, you will see the registration desk as soon as you enter the front door, they will get you registered.
- You will be directed to the OR waiting room.
- You will see directions beside the phone sitting on a table in waiting room, there you will see a phone number to call and let the surgery team know you are here.
- The surgery team will call you back to prep and hold area to prepare you for your procedure.
- You will again meet with several of the surgical team members.
- Ask questions as you visit with the different team members.
- Your surgeon will meet with you in this area prior to your procedure.
- You will then be taken back to the operating room for your procedure.
- The procedure will usually last about 2-3 hours.

What to expect immediately following your procedure

- You will be taken to the recovery room.
- You will have a registered nurse assigned to you.
- A Certified Registered Nurse Anesthetist (CRNA) will oversee your recovery period.
- Your recovery period will be at least one hour.

Transfer from the surgery department to the Medical Surgical Floor

What to expect during your hospital stay

- Following your full recovery you will be taken out to the Medical Surgical floor, you will be placed in a room close to the nurse's station for the first 24 hours for close monitoring and then moved to a private room.
- During your stay on the medical surgical floor you will be busy working with several disciplines which include:
 - Nursing, a registered nurse will greet you, this nurse will sit you up on the edge of the bed the day of surgery and assist you to the bathroom. You will sit in the bedside chair post-op day one. This will aid in your preparation to start physical and Occupational therapy.
 - Physical therapy, will get you started on physical therapy within 24 hours of arrival.
 - Occupational therapy will also evaluate you and work with you on your needs such as activities of daily living, bathing, dressing, simple meal preparation and much more.
 - You will be working with Physical/Occupational Therapy 1-3 hours per day.

What to expect as you progress with your therapy

- The social service/discharge planner will be meeting with you from the day of admission and will review your discharge planning options such as, going home and receiving outpatient therapy, going home with home health nursing and physical/occupational therapy, the possibility of staying in the hospital for skilled care, or going to another skilled care facility until expected recovery to return home.
- Sparta Hospitals goal will also be to return you to your home in the shortest amount of time possible.
- Physical/Occupational Therapy and nursing will plan on visiting you at home if your provider feels that will be beneficial.

Discharge Day

What to expect upon return to your home

- **Controlling your pain:**
 - Follow your discharge pain control orders, you will probably already be weaned down to Tylenol only and can continue using an ice pack as needed.
 - Change your body position every 45 minutes throughout the day.
- **Body changes:**
 - Your appetite may be poor, drink plenty of fluids to keep from getting dehydrated, your appetite will improve over time.
 - You may have difficulty sleeping, this is not unusual, try to stay awake all day without napping.
 - You may also see a change in your energy level the first month, this will return to normal over time as well.
 - If you are still taking prescription pain medication, you will need to use stool softeners or laxatives such as milk of magnesia when needed.
- **Anticoagulation therapies/ Deep vein thrombus or (DVT):**
 - You will be on a blood thinner after surgery to aid in avoiding a blood clot, your provider will decide which blood thinner is right for you and how long it will be needed. There are a lot of health factors to consider with this decision.
 - You will receive educational information on the medication prescribed at the time of discharge.
- **Compression stockings:**
 - While you are in the hospital, you will be wearing thrombo-embolic deterrent hose (TED) and or sequential compression device (SCD) hose, both are a form of compression which compress your veins in your legs to help keep swelling down and reduce the risk for a blood clot to develop.

- Your provider will determine the need to continue with the compression stockings at the time of discharge. You will receive instructions on the compression hose at discharge.
- **Signs and symptoms of a deep vein thrombosis or (blood clot):**
 - Swelling in the thigh, calf or ankle that does not go down with elevation.
 - Pain or tenderness in calf. Blood clots can develop in either leg not just the operative site.
- **Prevention of DVT or (blood clot):**
 - Foot and ankle pumps
 - Walking
 - Compression stockings
 - Blood thinners
- **Signs and symptoms of a pulmonary embolus or (blood clot):**
 - Sudden chest pain.
 - Difficulty and/or rapid breathing.
 - Shortness of breath.
 - Sweating.
 - Confusion.
- **Prevention of embolus or (blood clot):**
 - Prevent blood clots in legs which can travel to your lungs.
 - Recognition of the signs and symptoms and calling 911 immediately.
- **Ability to recognize signs and symptoms of potential complication:**
 - If you notice pain or swelling in the operative extremity, call your provider.
 - You may also lay down and elevate the extremity above the level of your heart.
 - Do not stop the use of your compression stockings without an order from your provider.
- **Caring for your incisional site:**
 - The nurse will teach you how to care for your operative site prior to your discharge.

- Your discharge instructions will include a time line of when you may shower and start cleaning your incision site with soap and water.
- Do not take a bath until your incision is healed.
- You should look at your site at least once a day, if you notice swelling, redness, or draining call your visiting nurse and or your provider at that time.
- **Prevention of infection:**
 - Care for your incision site as you were taught to do, do your site care exactly as ordered.
 - Notify your provider and dentist of your total joint replacement so they can order antibiotics prior to dental work, this will be a necessity for ever.
- **Post-operative exercises:**
 - Physical and Occupational Therapist will give you specific instructions on what exercise to do after discharge.
- **Precautions and safety tips:**
 - **Lying in bed:** Keep knee straight
 - ❖ Lie in bed with a small pillow under your ankle. **DO NOT** put pillow under your knee. Your knee should be kept as straight as possible.
 - **When getting into bed:**
 - ❖ You should back up to your bed until you can feel it on the back of your legs.
 - ❖ Reaching back with both hands, sit down on the edge of the bed and then scoot backwards toward the center of the bed.
 - ❖ Move your walker out of the way, but keep it within reach.
 - ❖ Scoot your hips around so that you are facing the foot of the bed.
 - ❖ Lift your legs into the bed while you are scooting around.
 - ❖ Keep scooting your hips toward the center of the bed.
 - **When getting out of bed:**
 - ❖ Scoot your hips to the edge of the bed.

- ❖ Sit up while lowering your un-operated leg to the floor.
- ❖ If necessary, use a lifter to lower your operated leg to the floor.
- ❖ Scoot to the edge of the bed.
- ❖ Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
- ❖ Balance yourself before grabbing for the walker.
- **Getting into of bathtub:**
 - ❖ Sit the shower bench in the tub facing the faucets.
 - ❖ Back up to the tub until you feel the seat against the back of your legs. Be sure you are in front of the shower bench.
 - ❖ Reach back with one hand for the back of the shower bench, keep the other hand in the center of the walker.
 - ❖ Slowly lower yourself onto the shower bench, keeping the operated leg out straight.
 - ❖ Move walker out of way, but within reach.
 - ❖ Lift your legs over the edge of the tub using a lifter for the operated leg if necessary, hold onto the back of shower chair.
- **Getting out of bathtub:**
 - ❖ Lift your legs over the outside of the tub.
 - ❖ Scoot to the edge of the shower bench.
 - ❖ Push up with one hand on the back of the shower bench while holding on to the center of the walker with the other hand.
 - ❖ Balance yourself before grabbing the walker.
- **Walker ambulation:**
 - ❖ Move the walker forward.
 - ❖ With all four walker legs firmly on the ground, step forward with the operated leg, place the foot in the middle of the walker area. **DO NOT** move it past the front feet of the walker.
 - ❖ Step forward with the un-operated leg.
- **Stair climbing:**
 - ❖ Ascend with non-operated leg first (up with the good).

- ❖ Descend with the operated leg first (down with the bad).
- **Automobiles:**
 - ❖ Push the car seat all the way back, recline if possible, but return it to upright position for traveling.
 - ❖ Place a plastic bag or sheet on the seat of the car to help you slide and turn forward.
 - ❖ Back up to the car until you feel it touch the back of your legs.
 - ❖ Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the door frame.
 - ❖ Turn forward, leaning back as you lift the operated leg in the car.
- **Personal care, using a dressing stick to put on pants or underwear:**
 - ❖ Sit down.
 - ❖ Put your operated leg in first. Then your un-operated leg. Use your dressing stick to guide the waist band over your foot.
 - ❖ Pull your pants up over your knees, within easy reach.
 - ❖ Stand with the walker in front of you to pull your pants up the rest of the way.
- **Personal care, using a dressing stick to take off pants or underwear:**
 - ❖ Back up to chair or bed where you will be undressing.
 - ❖ Unfasten your pants and let them drop to the floor, push your underwear down to your knees.
 - ❖ Lower yourself down, keeping your operated leg out straight.
 - ❖ Take your un-operated leg out first and then the operated leg. Use your dressing stick if appropriate to help you remove your pants from your foot and off the floor.
- **Socks and shoes:**
 - ❖ Sit down.
 - ❖ Bend over to put your foot up on a footstool.
 - ❖ Do not cross your legs when putting on your socks, use a sock aid if you are having difficulty reaching your feet.
- **How to use a sock aid:**

- ❖ Slide the sock onto the sock aid.
- ❖ Straighten your knee, point your toe and pull the sock on.
- ❖ Keep pulling until sock aid pulls out.
- ❖ If you had a total hip replacement, **DO NOT** bend past your precautions
- **Using a long handled shoe horn or reacher for shoes**
 - ❖ Use your reacher, dressing stick or long handled shoehorn to slide your shoe in front of your foot, bend your knee as much as possible when doing this.
 - ❖ Place your shoe horn inside the shoe against the back of your heel, have the curve of the shoehorn match the curve of your shoe.
 - ❖ Lean back if necessary as you lift your leg and place your toes in the shoe.
 - ❖ Step down into your shoe, sliding your heel down the shoehorn.

What to expect your therapist to order as your Post-operative exercise program

- **Weeks 1-2**
 - Continue with your walker or crutches unless instructed otherwise, your goals for week 2 are to:
 - Walk at least 300 feet per day.
 - Climb and descend a flight of stairs (12-14) steps with a rail one time per day.
 - Walk on curbs, ramps, etc.
 - Actively bend your knee 90 degrees.
 - Straighten your knee completely.
 - Independently sponge bath or shower and dress.
 - Gradually resume normal tasks around your home.
 - Do 20 minutes of exercises given to you by your Physical/Occupational Therapist twice a day with or without the therapist.

- Main focus should be the range of motion (bending and straightening the knee).
- **Weeks 2-4**
 - You will now start seeing more independence, you must remain faithful to your home exercise program which will aid in the best outcome, your goals for this period are to:
 - You should have achieved week 1-2 goals.
 - Wean off full support to a cane or single crutch as instructed, if you are not limited in your weight bearing.
 - Walk at least ¼ mile.
 - Climb and descend a flight of stairs (12-14) steps more than once per day.
 - Resume normal tasks at home.
 - Do 20 minutes of home exercise 2 times a day with or without your therapist.
 - Bend your knee more than 90 degrees.
 - Straighten your knee completely (to zero degrees).
 - If you have not achieved the last 2 goals yet, you may need to reduce some of the other activities.
- **Weeks 4-6**
 - You will see much more recovery to full independence, your home exercise program will be even more important as you receive less supervised therapy, your goals for this period are to:
 - Achieve week 1-4 goals.
 - Walk with a cane or single crutch.
 - Walk ¼ to ½ mile.
 - Begin progressing on stairs from 1 foot at a time to regular stair climbing.
 - Activity bend knee 110 degrees.
 - Straighten your knee completely.
 - As long as range of motion is acceptable and improving, you may increase other activities as tolerated.
 - Drive a car (either right or left knee surgery).

- Continue with home exercise program 2 times per day.
- **Weeks 6-12**
 - During this time period you should be able to begin resuming all of your activities, your goals include:
 - Achieve week's 1-6 goals.
 - Walk with no cane or crutch and without a limp.
 - Climb and descend stairs in normal fashion, foot over foot.
 - Walk ½ mile.
 - Bend knee 120 degrees.
 - Straighten knee completely.
 - Improve strength to 80%.
 - Resumption of all activities including dancing, bowling, and golf.

Necessary Safety Precautions

What to expect with your ability to do household chores and necessary precautions

- **Kitchen:**
 - **Do NOT** get down on your knees to scrub floors, use a mop with a long handle.
 - Always plan ahead, prepare all the supplies you will need at one time then you can sit while you prepare meals.
 - Keep all your cooking utensils in an area that can be reached easily without bending or stretching.
 - Keep a high stool in the kitchen, you will be able to get up and down from a high stool and reach the counter and work areas easier.
- **Bathroom:**
 - Again use a long handled mop to clean, **DO NOT** get down on hands and knees.
- **Fall precautions in all areas:**
 - Remove all throw rugs and loose carpeting.
 - You must be aware of pets, small objects and uneven surfaces all of which can cause a fall.

- Install night lights throughout your home, proper lighting is a necessity.
- Check for any cords that you may have under rugs or in your walk way, remove all of them.
- Always wear closed toe shoes, open toe shoes can cause a fall.
- Consider where you sit, you need chairs with arms which will assist you with getting up and down.
- Always rise slowly from lying or sitting to help prevent light headedness.
- Follow your surgeon's instructions on lifting, you should not lift heavy objects per instructions.
- Always think about your activity, plan ahead and think activities through, be safe.

Follow Up Visits

What to expect with ordered follow up visits with your orthopedic surgeon and your medical provider

- **When should you follow up with your surgeon/medical provider:**
 - You will be scheduled a follow visit with your orthopedic surgeon and your primary care doctor before you are discharged from the hospital.
 - Always go to every appointment that your providers schedules
 - If you feel something is wrong, you have a fall, you incision site is suddenly more painful, you develop drainage from your incision, you start running a fever, or any change in your condition, call your surgeon immediately.
 - You should schedule a follow up with your surgeon every 1 year after a full discharge from your joint replacement.
- **Why is it necessary to follow up:**
 - You always need to be proactive with a change in your condition. The sooner you see your surgeon, the sooner the action plan can be implemented.

- You do not want a setback in the recovery of your new joint, so be proactive, and go to all your scheduled appointments.
- You will need to see a physician before you have dental work and certain other invasive procedures where bacteria is present. Your physician will instruct you on the need for antibiotic therapy.

Recovery

What to expect with your continued recovery

- Your pain should be controlled with plain Tylenol only, remember you cannot exceed 3250 mg of plain Tylenol per day.
- Always think of your safety and use the safety precautions you have been taught throughout Sparta Community Hospital Total Joint Class.

You will have a Specialty Care Coordinator

- The role of your Care Coordinator will include several things:
 - To assist you in your preparation for your total joint replacement.
 - To ensure your entire plan of care is complete.
 - If necessary assist with your discharge and follow-up care.
 - To be your key contact person for you and your family before, during, and after your surgery and hospital stay.
 - Before your surgery your specialty care coordinator will contact you to answer any questions you may have and confirm your scheduled total joint replacement.
 - SCH has two specialty care coordinators they are both Occupational Therapist. You will start out with one of them, thereafter they will share the role. If one of them are off the other one will fill in, they both will be well versed on your upcoming total joint replacement.
 - Your specialty care coordinator will be available by phone M-F 8:00am-4:30pm.
 - After working hours you can **618-443-2177** and ask to speak with the House Supervisor, they will get you the answer you are looking for

Your Specialty Care Coordinators:



**Nathan Preuss,
Occupational Therapist**



**Lindsey McMeans,
Occupational Therapist**

Nathan Preuss, Occupational Therapist /Lindsey McMeans, Occupational Therapist

Contact number for both Occupational Therapists is 618-443-2177 ext: 2960.

What your role is after your full discharge from all disciplines

Outcome

- After you are fully released from your providers, the rest is up to you.
- Always call your provider if you have questions.
- Continue your exercise program set up by your Physical & Occupational Therapist and your provider.
- Continue all safety measures you have been taught in Sparta Community Hospital Total Joint Class.
- Continue to be strong and healthy.

Patient satisfaction survey

Sparta Community Hospital would like to thank you for participating in our Total Joint Camp Class, we strive for 5! You may receive a patient satisfaction survey about your service throughout your joint boot camp class, if you foresee any reason you cannot score our performance a 5, please contact any staff member to contact a department manager or call 443-help, so your concern may be addressed during today's visit. Thank you for choosing Sparta Community Hospital.