

Your Total Knee Replacement

(aka: Total Knee Arthroplasty)

Client's Reference Handbook

Provided by:



PACIFIC HOSPITAL OF LONG BEACH

The information in this booklet is intended to provide an understanding of total hip replacement operations. It includes advice on how to help your recovery go as smoothly as possible. It also explains some of the hospital care that is involved with a total hip replacement operation.

This is a general overview since not all of the advice and exercises included here are appropriate for every individual. Because of this, surgeons, physical therapists and occupational therapists will tailor your care to your specific needs. Please ask any questions that you can think of – any member of the team caring for you will be happy to answer them.



WEIGHT BEARING

Weight bearing is the amount of weight that the doctor wants you to put on your operated hip.

1. **Non-weight bearing** – Your operated leg does not touch the floor, thus you should not put any weight on it.
2. **Feather or touch weight** – Your operated leg touches the floor enough to help you balance. Do not put any weight on it.
3. **Partial weight bearing** – Only a certain amount of weight can be put on your operated leg.
4. **Weight bearing as tolerated** – You can put as much weight as you can tolerate on your leg when standing or walking.

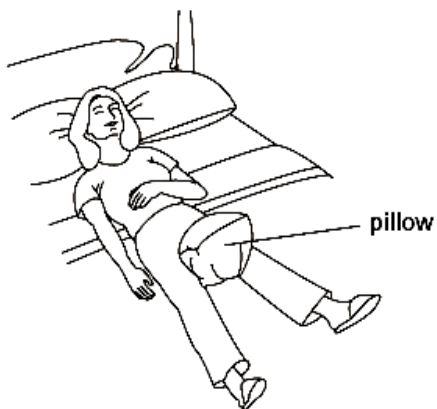
GETTING UP AND ABOUT AFTER SURGERY

The following precautions should be followed for 12 weeks after your surgery unless stated by your surgeon. Depending on your surgeon, different guidelines are to be followed.

LYING DOWN

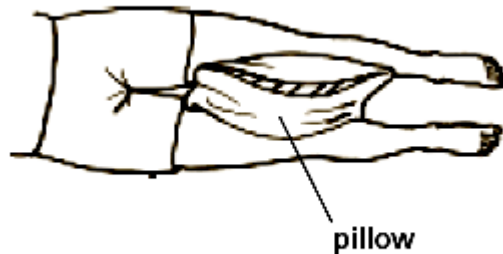
Lie on your back while resting in bed.

Keep a pillow between your legs at all times to prevent your knees from touching or crossing your legs.



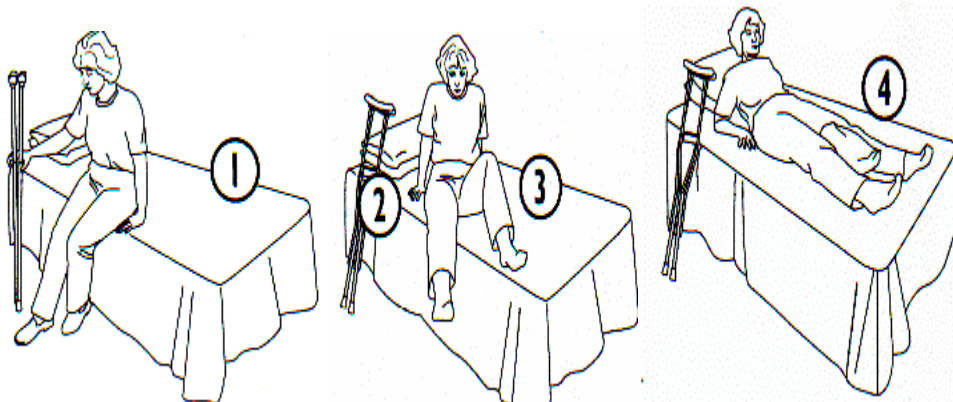
LYING ON YOUR SIDE

Place a pillow between your legs when lying on your side.



GETTING IN AND OUT OF BED

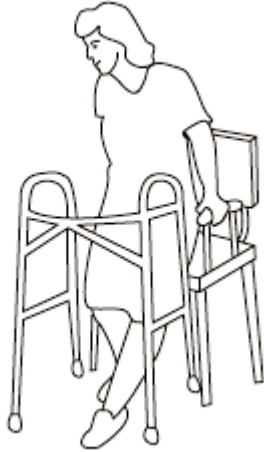
1. **Sit** down on the bed in the same manner as you would sit in on a chair (see page 10).
2. **Slide** your buttocks backward until your knees are on the bed.
3. **Pivot** on your buttocks as you lift your legs onto the bed.
4. Use a pillow to keep your legs apart when lying in bed.
5. Reverse the procedure to get out of bed.



STANDING UP

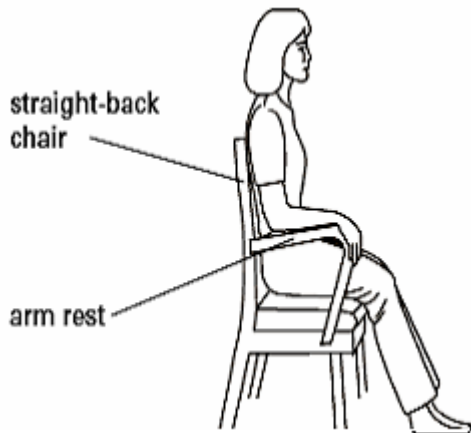
1. **Move** your **buttocks** to the edge of the bed or chair so that your feet are flat on the floor.
2. **Bend** your **healthy leg** under you to hold your body weight.
3. **Keep** your **operated leg straight** out in front of you.
4. **Do not** bend forward.

5. **With** your hands, **push** off the surface you are sitting on. Put most of your weight on your healthy leg.



SITTING

- Sit in a firm, straight-back chair with arm rests.
- Sit in chairs higher than knee height.
- **DO NOT** sit on soft chairs rocking chairs, sofas or stools.



To sit down:

1. Feel for the chair or bed with the back of the legs
2. Reach for the armrests
3. Lower yourself down keeping the operated leg straight out taking the weight on your good leg.
4. Do not bend forward.

Step 1



Step 2



Step 3



WALKING

The physical therapist will give advice on how to walk with walking aids (crutches or a walker).

It is possible to turn around either way but it is important **NOT** to **pivot** or **twist** the operated leg. Use small steps when turning.

GOING UP AND DOWN STAIRS

Using a rail is safest. Your physical therapist will practice going up and down the stairs with you, before you return home.

REMEMBER:

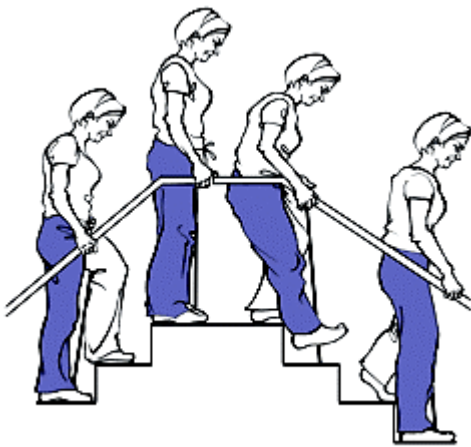
- Going up stairs, **good** leg leads
- Going down stairs, **operated** leg leads

Getting up stairs:

1. Hold onto the railing with one hand and put the crutch into the other hand. If there are no railings use both crutches
2. Go up the stairs with the **good leg first**.
3. Follow with your operated leg and your crutches together.

Getting down stairs:

1. Hold onto the railing with one hand and put your cane or crutch in the other hand. If you have two crutches put them both under one arm.
2. Put the crutches in the middle of the next lower step, followed carefully by the **operated leg**
3. Put your **weight** on the crutch handles. Step down with the healthy leg.



POST OPERATIVE EXERCISES

Exercises can help strengthen muscles improve joint range of motion and prevent circulation problems. Breathe normally while you hold a position. Continue with these exercises daily until your follow-up doctor's appointment.

GENERAL GUIDELINES FOR STRETCHING:

Do NOT bounce. Flexibility and stretching exercises should be STATIC, slow, and relaxed movements.

Stretch until you feel a MILD tension through the muscle. This tension should decrease as you hold the position.

Hold the stretch for a minimum of 10 seconds. Increase until you can hold the stretch for 1 minutes.

BREATHE. Do not hold your breath. Use slow and controlled breaths.

GENERAL GUIDELINES FOR STRENGTHENING:

If the exercise hurts, STOP.

You should not have an increase in pain intensity after exercising.

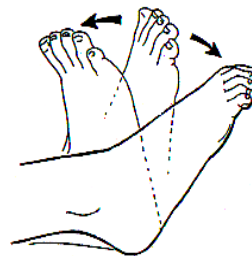
Pain should not last longer than 24 hours.

You should not have more swelling after exercising.

If you experience any of the symptoms:

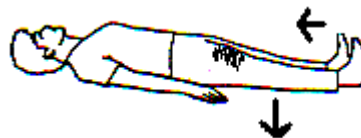
Let your therapist or doctor know, so that your home exercise program can be modified.

Complete the exercises that are checked off by your physical therapist



Activity 1

1. Pump both ankles up and down as far as you can in each direction.
2. Do 20-100 times hourly while in hospital; and 20 repetitions 3 times per day at home.



Activity 2

1. Lie on your back with both legs straight.
2. Press the back of your knee downward against the bed. This will tighten the muscle on the top of your thigh.
3. Hold five seconds, then relax.
4. Do 10-20 repetitions, 3 times per day.

Activity 3

1. Lie on your back.
2. Tighten your buttocks together firmly.
3. Hold 5 seconds, then relax.
4. Do 10-20 repetitions, 3 times per day.



Activity 4

1. Lie on your back with a 6 inch roll (ie. coffee can) under your operated side knee.
2. Raise heel off surface until knee is straight.
3. Hold 5 seconds and slowly lower.
4. Do 10-20 repetitions, 3 times per day.



Activity 5

1. Lie flat on back.
2. Bend your hip and knee by sliding your heel along the bed towards the buttocks. Keep knee facing ceiling.
3. Hold 5 seconds and slowly lower.
4. Do 10-20 repetitions, 3 times per day.



Activity 6

1. Lie as shown with operated side knee bent partially.
2. Press heel to the floor.



3. Hold 5 seconds, then relax your foot.
4. Do 10-20 repetitions, 3 times per day.



Activity 7

1. Lie down and bend knees
2. Breathing normally, tighten stomach muscles
3. Hold 5 seconds, then relax
4. Do 10- 20 repetitions, 3 times per day.

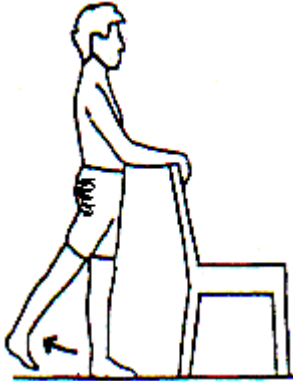
Activity 8

1. Sit on edge of table or bed. Lean back slightly.
2. Straighten the operated side knee fully.
3. Hold 5 seconds and slowly lower.
4. Do 20 repetitions, 30 times per day.



Activity 9

1. Stand straight holding on to a support.
2. Bring your leg backwards keeping your knee straight.
3. Do not lean forward.
4. Do 20 repetitions, 3 times per day.



□ **Activity 10**

1. Stand straight holding on to a support.
2. Lift your leg sideways and bring your leg out to the side
3. Relax.
4. Keep trunk straight throughout the exercise.
5. Do not cross your legs.
6. Do 20 repetitions, 3 times per day.



□ **Activity 11**

1. Stand with knees straight, hold onto a support.
2. Bend the knee and hip upward as shown.
3. Hold 5 seconds, slowly relax.
4. Do 20 repetitions, 3 times per day.
5. Never bring your knee higher than the level of your hip.



□ **Activity 12**

1. Stand with legs straight, hold onto a support.
2. Bend your knees by lifting your heel up towards your buttocks.
3. Do not move your thigh forward.
4. Hold 5 seconds, slowly relax.
5. Slowly lower foot to the floor.



ACTIVITIES OF DAILY LIVING

The occupational therapist will make sure you can manage daily activities. The therapist will show you how to use adaptive equipment and give you tips on how to limit the amount of bending you usually do.

Whatever activity you are doing, problems can be kept to a minimum by following the precautions as previously outlined.

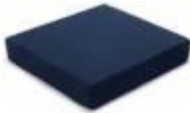


Long-handled bath sponge — to assist you with washing your lower legs and feet. The long-handled bath sponge is useful to avoid bending.

You can also wrap a towel around the sponge to help with drying off.



Raised toilet seat — to use on your toilet at home to reduce stress on your hips and knees.



Seat cushion — to use on a chair to elevate the seat to the appropriate height.



Reacher—to help pick up dropped items and put on underwear or pants.



Sock aid — Use to put on socks.



Long-handled shoe horn — The handle on this shoehorn has been extended to avoid bending when putting your shoes on. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.



Elastic shoelaces — These rubber/rayon laces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



Tub Transfer bench — lets you sit while taking a shower or bath.



Grab bars — installed around your toilet, bathtub, or shower will increase your safety during transfers.



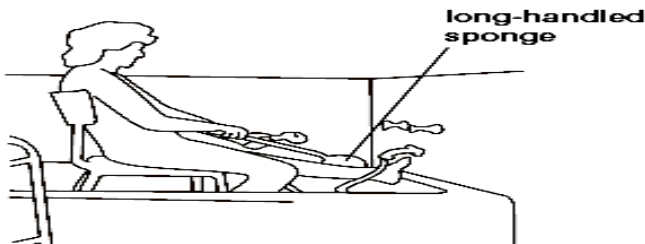
Hand-held shower head – allows you to control the spray of water while sitting, bathing, and gets to those hard to reach spots.

DAILY ACTIVITY GUIDELINES

Below are some guidelines to make your daily activities easier and safer by using the adaptive equipment mentioned.

Bathing/Showering

- Use **long-handle bath sponge** and hand held shower head to wash your legs and feet.
- Your therapist will show you how to use a **bath bench** or chair in the bathtub or shower stall.
- Use a **rubber bath mat** and/or **grab bars** for support and safety when you get in and out of the tub.



Toileting

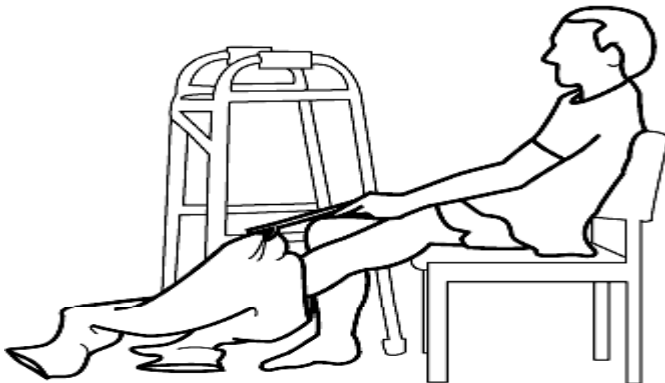
- Use a **raised toilet seat** at or above knee height.
- Sit by using the proper seating technique described earlier.
- Do not twist your trunk to wipe, instead reach behind.



Lower Body Dressing: Pants, Underwear, Socks and Shoes

Helpful hints:

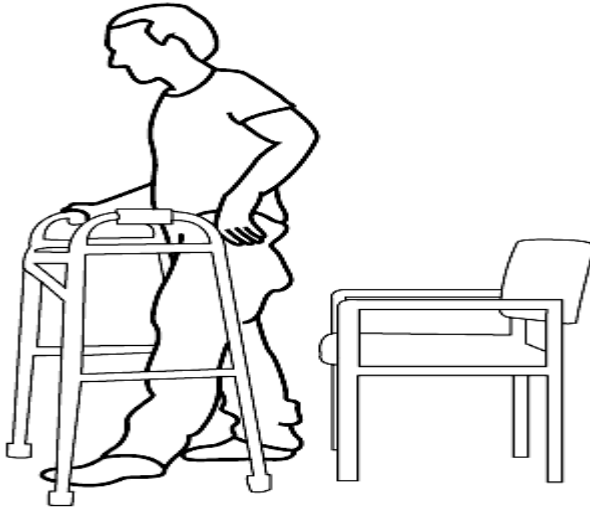
- Gather your socks and shoes, dressing aids, and walker. Place them within easy reach.
- Sit on a high firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your **operated leg first**.
- Use devices such as a **reacher**, **long-handled shoe horn**, **sock aid** and **elastic shoelaces**.



How to put clothes on

1. Lay out your skirt, pants, or underwear as you normally would.
2. Sit down. Use the **reacher** to pinch the waist of the garment.

3. Lower the garment to the floor. **First**, slip it over the **operated** leg. Then slip it over the other leg.
4. Use the reacher to pull the garment up and over your knees.
5. Stand up, with your walker in front of you.
Be sure to keep your balance.
6. Pull the garment up over your hips.
7. Sit down to button or zip the garment.



How to take clothes off

1. Sit down to unbutton or unzip your garment.
2. Stand up, with your walker in front of you. Be sure to keep your balance.
3. Pull the garment down over your hips.
4. Then push the garment down and over your knees.
5. Sit down.
6. Lower the garment to the floor using your reacher. Slip it over the weaker leg first. Then slip it over your stronger leg.

Socks

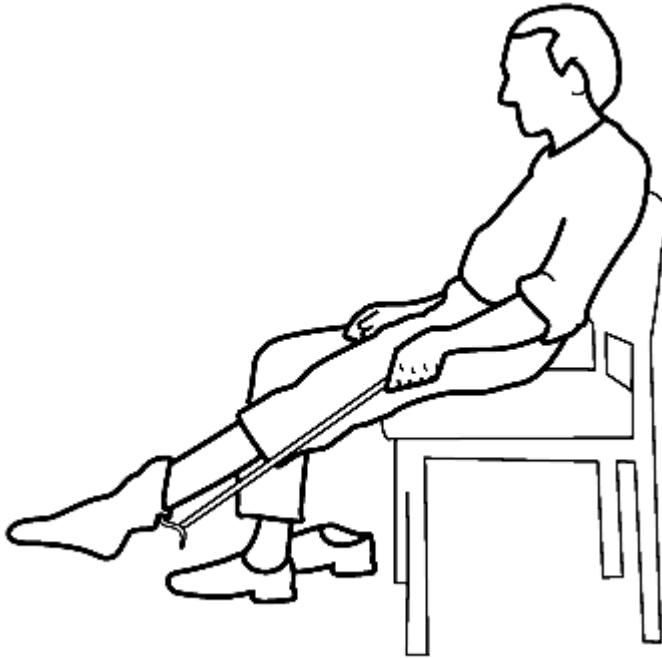
1. Place the **sock aid** into your sock or stocking. Make sure the heel of your sock is at the back of the sock aid.

2. Hold the sock aid by the straps with both hands. First, start with the foot of the operated leg. While holding the straps, drop the sock aid to the floor in front of the foot on your weaker leg.
3. Slip your foot into the sock aid. Then pull on the straps to pull the sock aid onto your foot.
4. Pull until the sock is up your leg. Keep pulling until the sock aid comes out of your sock.
5. Follow the same steps to put a sock on the other foot.



To remove socks

1. Hold your **reacher**. Slide or push down your sock along the back of your leg and heel.
2. Use your reacher to pick up your socks from the floor.



Shoes

It is important to have proper fitting shoes that support your ankles. **Elastic shoelaces** will make tying your shoes unnecessary.

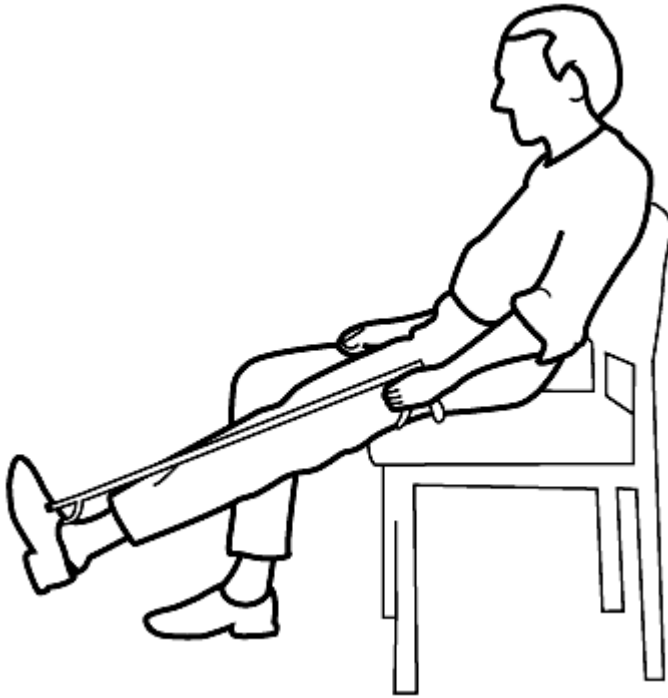
To put on shoes

1. With your **reacher**, pinch the tongue of the shoe.
2. Then use the reacher to line up the shoe with your toes.
3. Slide your foot into the shoe. You may want to use a **long-handle shoe horn** in the back of your shoe.

To take off shoes

Use your **reacher**, or **long-handle shoe horn** to push your shoe off from your heel.

Note: Your therapist may tell you other ways to dress and undress, based on your needs.



Getting into a car

1. **Move the seat back** as far as it goes, and recline it slightly.

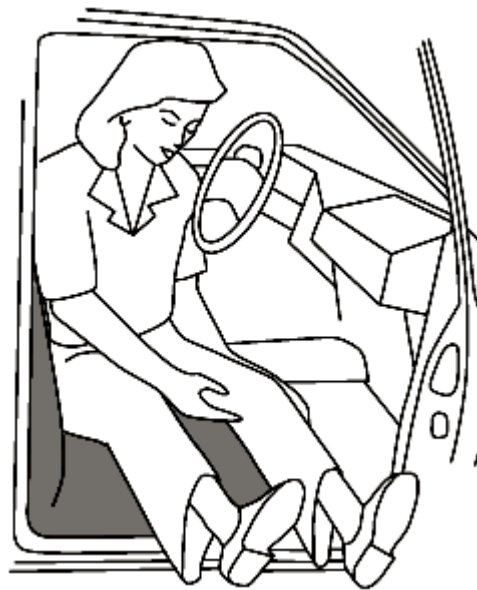
Reclining the back of your seat will help you keep your **operated hip straight** when bringing your legs into the car.

2. **Back up** close to the seat and place one hand on the back of the seat and one hand on the dashboard for support. **Do not** hold on to door.

3. **Sit down** slowly keeping your operated leg straight.

4. **Slide back** as far as you can go. Swing your legs in, bending **your knee** to a comfortable position.

Tips: Adding a **firm cushion** on the seat will also help you keep your operated hip straight and will help you get in and out of the car easier. You can also put a **plastic bag** on the seat to help you move easier.



GOING HOME AFTER A TOTAL KNEE REPLACEMENT

WHEN DO I GO HOME?

Your discharge date is decided by a number of factors that are unique to you.

Discharge date is established between you and your health care team. Typically,

a hospital stay is between 3 and 4 days. General guidelines for discharge are as follows:

- You are medically stable.
- You understand the precautions following your surgery.
- You can use your walking aids properly.
- You can climb stairs.
- You can get in and out of bed.
- You can dress and bathe yourself with equipment or assistance.
- You have equipment needs identified.
- You have proper support available at home or through community agencies.

GOING HOME

Your health care team will help you return home with the **proper support, equipment and knowledge about precautions.**

Sit and move the way you were taught in the hospital. Be sure to see your surgeon for your scheduled **follow-up visit**, and return to activity slowly. Don't be surprised if you feel a little stiff and fatigued at first.

If needed, your Social Worker will help you set a **support** system at home before you return. If **community resources** are needed, your social worker will ensure that you receive the proper care.

After you return home, you should be continuing the exercise program given by your physiotherapist until you see your doctor for a follow up visit. If you need more therapy your surgeon will refer you to an outpatient physical therapy clinic or a physical therapist will come to your home.

Do not hesitate to ask questions or express your concerns about your stay, your return home, support available, when to return to your normal activities, etc... **We are here to help you get better and to return home safely.**

PAIN CONTROL

Most people have some pain, swelling and bruising around their hip after the operation. This is normal and will progressively decrease as your strength improves, and as tissues heal. It takes, on average, 10-14 days for skin to heal, and 6-8 weeks for bone, muscle, and other tissues to heal. Once your pain is controlled, you will be able to sleep better, have greater comfort while you exercise, walk, do your daily activities and promote healthy healing of your hip.

Ice can help reduce the pain and the swelling in your hip. If you don't have an ice pack, you can make an inexpensive one by using a **package of frozen peas or corn** wrapped in a damp towel.

- Apply the ice on your hip for 10-15 minutes.
- Occasionally check your skin to ensure that it has not turned white.
- Repeat every 1-3 hours if pain continues.

PROBLEMS TO WATCH FOR AFTER SURGERY

After surgery you may experience the following problems. If they persist seek medical attention.

- Nausea
- Constipation
- Skin burning, redness or pain
- Urinary Problems
- Infection shown by:
 - Increased redness and warmth around the incision
 - Swelling or puffiness in calf or leg
 - Drainage from the incision
 - Increased pain
 - Fever

AT HOME: RETURNING TO REGULAR ACTIVITIES





Driving a car

- Usually you will be able to drive a car between 4-12 weeks, depending upon your physician's recommendations. This also depends on which leg is operated on. People should not drive until they have the speed and mobility to perform an emergency stop.
- Confirm this with your surgeon.

Sexual Activities

- In absence of pain and with your doctor's approval, sexual relations may begin when you are comfortable. Consult with your surgeon.



Sports and hobbies

- Specific advice will be given by the surgeon about when it is possible to return to active or sporting hobbies, such as gardening or golf. This varies for each person.



Travel

- If a patient is going travelling in the first 12 weeks or so after their operation, it is worth seeking medical advice first. It is also a good idea to ask the travel company to make arrangements for assistance and adequate legroom.
- Anyone planning to fly should bear in mind that the prosthesis may be picked up by metal detectors, so it might be necessary to carry written evidence of the hip replacement. Your surgeon can give more advice about this.

Work

- Returning to work depends on how physical demands of your job. Your surgeon will advise about this.

TIPS TO MAKE YOUR HOME SAFER

This list identifies adaptations that can prevent accidents and increase your independence.



Kitchen/Dining room

- Move food and dishes to shelves/ cupboards that are easy to reach (between chest and knee height).
- Use a cart with wheels to carry items from the counter to the kitchen table or from room to room.
- Use an apron with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a stool when doing countertop tasks.



Living room

- Increase the height of your chairs with a solid cushion or with wooden blocks under the legs of your chairs/ sofa.
- Sit on a solid chair with armrests, or sit at the side of a sofa so that you can use the one armrest.



Bedroom

- Move clothing to cupboards that are at an easy to reach height (between knee and chest height).
- Add a small bed rail on the side of your bed to help you in and out.

General

- Remove items that clutter the floor to prevent falls.
- Remove scatter rugs and small mats from the floor.
- Install light fixtures or floodlights to illuminate entrances, steps and walkways.
- Carry a portable phone with you as you move from room to room.
- Have a list of emergency numbers near the telephone.
- Ensure that you have smoke alarms that are functioning properly.

FOLLOW UP

Your surgeon will normally review progress around six weeks after your surgery.

- Continue to follow all precautions until your surgeon tells you otherwise.
- Continue to complete the post-operative exercises until your follow up appointment.

REFERENCES:

ADL and Therex pictures from VHI