

New England Baptist Surgery Center
Total Joint Program
Patient Education



New England Baptist
Surgery Center



Welcome to New England Baptist Surgery Center

- New England Baptist Surgery Center is a Licensed Outpatient Surgery Center.
 - We are proud to offer high quality care as a more convenient and cost-effective alternative to traditional hospital care.
- Our Physicians are all board certified or board eligible in their Orthopedic Surgery.

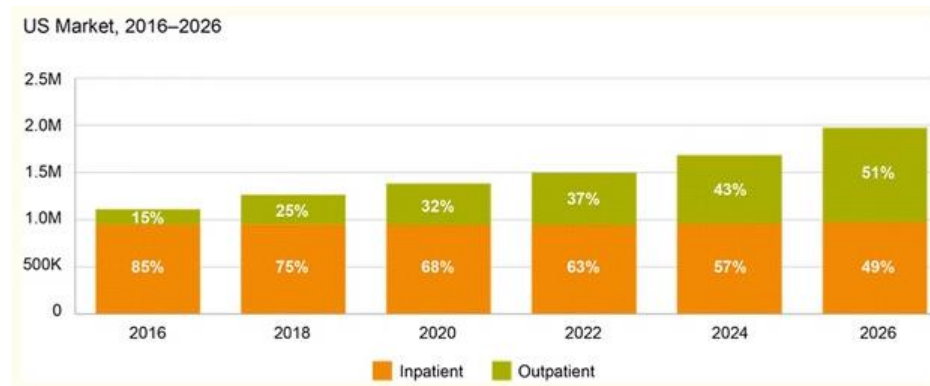


Introduction

- This presentation is designed to give you the important information you need to achieve the best outcome from your joint replacement surgery.
- By participating in this patient education program, patients experience lower infection rates and shorter recovery time with early return to activity.
- Your total joint hip, knee and/or shoulder replacement surgery will be performed by one of the most experienced orthopedic surgical teams in Massachusetts.

Out-Patient Total Joint Replacements

- Total joint replacement surgery has been performed in out-patient settings for over a decade.
- More than half of all orthopedic ASC's perform TJR surgery.
- Out-patient joints have shown a decrease in infection risk and an increase in patient satisfaction.
- Trends predict a continued shift to out-patient settings.



[Curr Rev Musculoskeletal Med. 2017 Dec; 10\(4\): 567–574.](#)
Published online 2017 Oct 24. doi: [10.1007/s12178-017-9451-2](#)

Our Goals

1. Provide a safe, comfortable and confident environment to our patients.
2. Provide patients with the necessary knowledge and support to produce the best outcome.

Topics Discussed During this Presentation

1. How to prepare *for your upcoming surgery.*
2. What to expect *before, during, and after surgery.*
3. What to do *in order to continue your successful recovery at home.*

NEBSC Total Joint Program

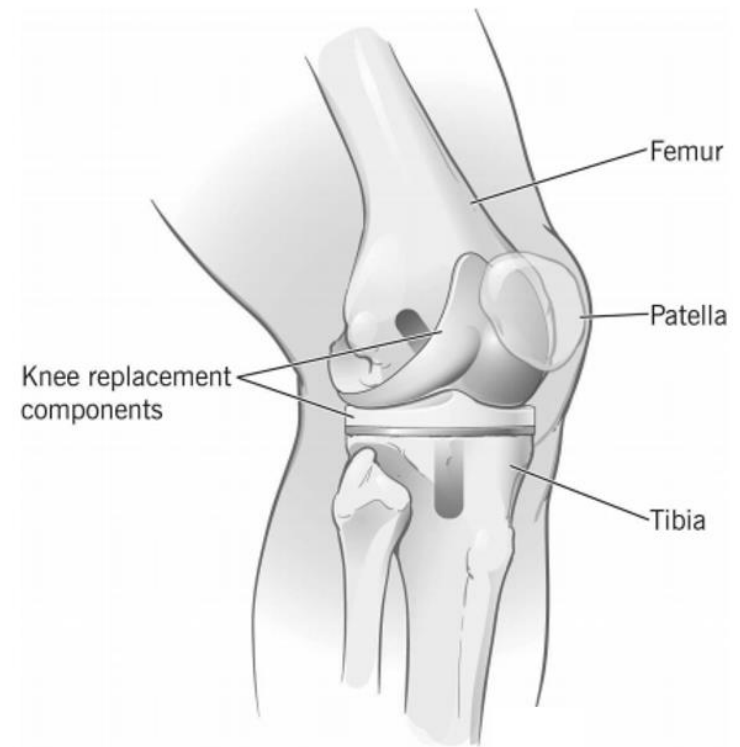
- A collaborative team approach.
- Your team includes:
 1. your surgeon
 2. nursing team
 3. anesthesia team
 4. home care services
- Patients who become active partners in their own care achieve better outcomes.

Customized Care Plan

- Your healthcare team evaluates and addresses your individual needs to develop a customized care plan.
 - Patient selection for outpatient total joint surgery
 - Home Health/Physical Therapy home visits
- Review Total Joint Education Materials
 - Select personal care partner to learn with you and support you

Total Knee Replacement

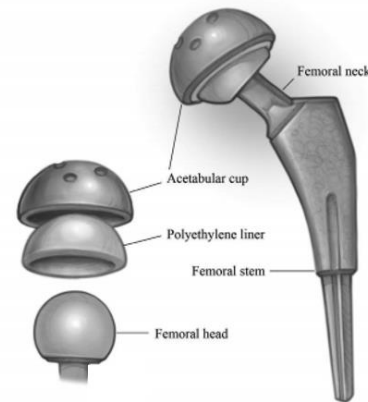
- The knee joint is the largest joint in the body.
- It is the “hinge” joint of the leg.
- Bone cement may also be used in the repair.
- During total knee replacement surgery, a relatively thin amount of bone is removed from the end of the thigh bone, the top of the leg bone, and the underside of the kneecap. ***Only the damaged part of the bone is removed and replaced with an implant.***
- This creates bone surfaces that allow the implant to have a good fit.
- Most of the major ligaments and tendons of the knee are left in place so that the knee can bend and straighten yet remains steady in position from side-to-side and front-to-back.
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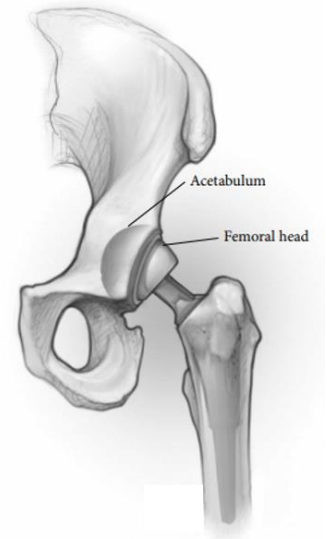
Total Hip Replacement

- The hip joint is a ball and socket joint.
- It helps us keep our balance and supports our weight in all of its movements.
- The upper end of the leg bone (*femur*) has a rounded head (*femoral head*) that fits into a socket (*acetabulum*) in the pelvis to form the hip joint.
- During total hip replacement surgery, the damaged part of the hip is removed and replaced with implants, called components.

Total Hip Replacement Components



Location of Components in the Hip



Total Shoulder Replacement

- The shoulder is also a ball and socket joint.
- The upper end of the arm bone (*humorous*) has a rounded head that fits into a socket (*glenoid socket*) in the shoulder bone (*scapula*).
- During total shoulder replacement surgery, the damaged part of the bone surfaces are removed and replaced with implants, called components.
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Total shoulder arthroplasty



Reverse shoulder arthroplasty



Implants

- The type of implant varies from person to person.
- Your surgeon will choose the implant that is best suited for your needs and lifestyle.
- Factors considered are your age, activity level, body type and amount and strength of your bone and bone tissue.
- Implants are made of various materials:
 - Stainless steel
 - Titanium
 - Chrome
 - Cobalt
 - Polyethylene

BEFORE YOUR SURGERY

Exercise

- Exercising up to the day before your surgery, helps improve your strength, range of motion & endurance.
- This helps lead to a more successful outcome and recovery.
- Strengthening exercises for the hip, knee or shoulder joints improve recovery outcomes.
- A walking or water exercise program increases endurance, flexibility, and overall strength.
- *Specific exercises will be discussed later in this presentation.*

Eating for Healing

Healthy eating and proper nutrition before your surgery aids the healing process. Eat light meals, especially the day before surgery.

FLUIDS Drink plenty of fluids and stay hydrated.

IRON Eat foods rich in iron (lean red meat, dark green leafy vegetables, raisins, & prunes).

VITAMIN C Eat foods high in vitamin C to help your body absorb iron (oranges, cantaloupe, & tomatoes).

CALCIUM Eat foods high in calcium, which is needed to keep your bones strong (milk, cheese, yogurt, dark leafy greens, & fortified cereal).

FIBER Eat more fiber to help avoid constipation (corn, peas, beans, avocados, whole wheat pasta & breads, broccoli, & almonds). The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery.

Smoking and Alcohol Use

- Smoking

- Smoking causes breathing problems, increases the risk of medical complications and slows recovery.
- Smoking also increases the risk of infection and blood clots after surgery.
- If you smoke, we encourage you to quit at least a few weeks before surgery.
- Please be aware that New England Baptist Surgery Center is a smoke-free facility.

- Alcohol Use

- Before surgery, it is important to be honest with your health care providers about your alcohol use.
- Tell your health care provider how many drinks you have per day (*or per week*).
- This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery.
- We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Diabetes

- Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery; such as, infection and other complications.
- Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels.
- Surgery can also affect your normal diet and may change your usual medication routine.
- Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-operative testing and continuing through the post-op period.

Medications

- Some medications thin your blood or increase the risk of bleeding after surgery or interfere with healing. These medications may need to be stopped before surgery.
- Purchase Acetaminophen (Tylenol) 500 mg to help with pain management after surgery.
- Ask your surgeon when to stop taking these medications if you take :
 - Aspirin or anti-inflammatory drugs; *such as, ibuprofen [Motrin®], Advil®] and/or naproxen [Aleve®]*
 - blood thinners; *such as, warfarin, [Coumadin®]*- Because blood-thinning medications affect clotting and bleeding.
 - these medications (*plus all your other medications*) will be reviewed with you either at your pre-admission visit or by your surgical team.
- If you have any questions about your medications, please contact your surgeon's office.

Blood Thinning Therapy

- Your surgeon may prescribe medication to thin your blood.
- This medication, sometimes referred to as an anti-coagulant, lessens the chance of harmful clots forming in your blood vessels.
- Blood-thinning drugs may be given by mouth or by injection.
- Remaining active throughout your recovery and continuing to wearing support stockings are also important factors in aiding to reduce the possibility of blood clots forming.



Home Safety Planning

- Setting up your home before surgery will help keep you safe, make your life easier and aid in your recovery.
- Sometimes, an in-home evaluation will be recommended by your surgeon which will be conducted by a physical therapist employed by the home care agency assigned by your doctor.

Home Safety Preparation Measures

TRAFFIC PATTERN

Move obstacles; such as throw rugs, extension cords and footstools out of your walkway. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker or crutches.

BATHROOM

Ask a therapist how to adapt your bathroom to best meet your needs during recovery. You will likely need an elevated toilet seat or commode and a shower chair.

SITTING

Sit in chairs that keep your knees lower than your hips.

Choose a firm, straight-back chair with armrests. A dining room chair may work if you don't have other chairs. Add a foam cushion or folded blanket if you need to raise yourself up. Avoid sitting on a soft pillow. Also, avoid sitting in rolling chairs or recliners.

Home Safety Preparation Measures

CHILDREN AND PETS

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep pets in another area of the house when you arrive home.

ACCESS TO ITEMS

To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom, and bedroom. It is a good idea to carry a cell phone or portable phone with you at all times during your recovery.

STAIR CLIMBING

It's okay to climb stairs without assistance, if you are able. However, you may need help with climbing stairs when you first get home. Consider installing handrails or make sure existing handrails are secure.

LAUNDRY AND CLEANING

Get help with cleaning and laundry. Have a few weeks of clean clothes available.

Home Safety Preparation Measures

MEALS

Arrange for help with your meals and perishable foods (*milk, salad, and fruits and vegetables*). Freeze pre-made dinners before your surgery. Stock up on non-perishable foods (*boxed, canned, and frozen*) to make it easier to prepare meals after surgery.

DRIVING

Arrange for someone to drive you to your after-surgery appointments. **Absolutely** no driving while taking narcotic medications. Do not drive until you have regained the range of motion, strength, and the reaction time needed to drive safely. Do not drive until your surgeon tells you it's okay to do so.

Adaptive or Durable Medical Equipment (DME)

- If you do not already own a walker, cane, or crutches that you could bring to the surgery center, they will be provided to you.
- Other items to consider are listed below. Most of the items can be found at a medical supply store or at pharmacies, home improvement stores or thrift stores.

Personal Aids

Reacher (*or grabber*)
Sock aid
Long-handled shoehorn
Elastic shoelaces

Bathroom

Elevated commode seat
Toilet seat riser
Shower chair
Grab bar for shower / tub
Hand-held shower head
Long-handled bath sponge

Pre-Admission Testing

- This will occur in the weeks leading up to your day of surgery.
- Testing includes:
 - Labs and EKG if needed
 - A history and physical exam is also required within 30 days of your surgery date
- All results are shared with this facility.

The Day Before Surgery

The Day Before Surgery:

- You will receive a call from the facility to confirm your procedure and the time you need to arrive.
- If you do not receive a call by 3:00 p.m. the day before surgery, please call New England Baptist Surgery Center at 781-809-2050.
- For Monday surgeries, you will be called on Friday.

Dos

- ☐ Shower using Hibiclens antiseptic cleanser (purchased from your local pharmacy) starting 2 days before your surgery date AND the morning of surgery. Do not use this cleanser on your face or genitals.
- ☐ Wash your hair the night before.
Bathing helps reduce bacteria on the skin and may lessen the risk of infection after surgery.
- ☐ Sleep in clean pajamas or clothes.
- ☐ Sleep on freshly laundered linens.
- ☐ Get a good night's sleep – it's important to be well-rested before surgery.

Don'ts

- ☐ Do NOT eat or drink anything after the time you were instructed; ice chips, gum, or mints are NOT allowed.
- ☐ Do NOT use lotions or powders.
- ☐ Do NOT shave before surgery (legs or face).

Arrange Before Surgery

- ☐ Verified coverage with insurance company for surgery.
- ☐ Completed pre-admission testing/labs work.
- ☐ Completed a Living Will or Health Care Power-of-Attorney.
- ☐ Stopped shaving legs for 3 days prior to surgery.
- ☐ Arranged for someone to drive you to and from the facility on the day of surgery.
- ☐ Fill prescription for pain medication.
- ☐ **PLAN FOR SOMEONE TO STAY OVERNIGHT AFTER SURGERY** and remain available for 2-3 Days to support you following your surgery.
- ☐ Arranged a driver for all follow-up appointments.

Health Related Preparation before Surgery

- ☐ Quitting smoking improves healing and reduces the risk of infection after surgery.
- ☐ Have a dental check-up to make sure all dental needs are taken care of before surgery.
- ☐ Receive a flu vaccination if during flu season (*October → March*).
- ☐ Eat lightly the week before surgery. This helps reduce the risk of constipation. Increase fluids and fiber in your diet as well.
- ☐ Have diabetes checked - for dosage adjustments and/or recommendations (*if applicable*).

DAY OF SURGERY

What to Bring to NEBSC

- ☐ Current list of medications and supplements
- ☐ Under garments
- ☐ Loose shorts, jogging suit, sweats, and/or tops
- ☐ Slip on shoes (no flip flops)
- ☐ Eyeglasses
- ☐ Hearing aid and batteries
- ☐ CPAP machine
- ☐ Cell phone
- ☐ Driver's license or photo ID, insurance card and Medicare or Medicaid card
- ☐ Copy of your Advanced Directives
- ☐ Important telephone numbers (*include person bringing you home*)

What **NOT** to bring with you

- ☐ Do not bring valuables. This includes jewelry, credit cards, checkbook or cash.
- ☐ Do not bring your own medications, unless instructed to do so (i.e., inhalers).

Arriving at NEBSC

Registration:

Check in at reception to complete registration process.

Admittance to Pre-operative Area:

- You will be escorted to the pre-operative area. You will have an opportunity to use the restroom.
- A member of the clinical staff will escort you into the pre-operative area. You will be asked to remove any glasses, contacts, hearing aids, or dentures before surgery. They will be secured and returned to you after surgery.
- You will have your vital signs checked (heartbeat, pulse rate, breathing rate, body temperature, and blood pressure).
- Your operative site will be marked, prepped and the surgeon will review the procedure. An intravenous (IV) line will be started to give you fluids and medication.

Anesthesia

- The anesthesiologist or nurse anesthetist will talk with you about the types of anesthesia used during surgery.
 - GENERAL ANESTHESIA puts you to sleep following an injection of medications into your IV. You will not feel pain and will be completely asleep throughout your surgery.
 - SPINAL ANESTHESIA numbs the bottom part of your body following an injection of medication into spinal fluid in your back.
 - REGIONAL ANESTHESIA numbs a part of your body with an injection of local anesthetic around nerves to prevent feeling pain.

Surgery

- Your surgery takes between 1-3 hours to complete.
- While you recover, the surgeon or representative will speak with your family while you are recovering.

AFTER YOUR SURGERY

Multimodal Pain Control

- To decrease the dependency on opioids for post-operative pain control, NEBSC takes a multimodal approach to pain management.
- The use of regional anesthesia of a neuro-blockade agent in combination with pain medications.
- Neuro-blockade via regional anesthesia can last 2-3 days.
- Other means of pain relief include cold therapy, repositioning and movement.
- We will work together to manage your pain safely.
- Help us stay ahead of your pain by letting us know of any changes in your pain level.

Managing Pain and Discomfort at Home

- We encourage you to take your pain medication as soon as you begin to feel pain. **Do not wait until the pain becomes severe.**
- Follow the instructions on the prescription label.
- Remember to take your pain medication before activity and bedtime.
- You are not permitted to operate a motor vehicle while taking pain medication.
- Pain medication may cause nausea. If this happens, decrease the amount you are taking or stop and contact your surgeon's office.
- If you need additional pain medication, please contact your surgeon's office.
- Anesthesia and pain medication often cause constipation. Drink plenty of fluids and eat whole grains, fruits, and vegetables. A stool softener or laxative can help bowel function return to normal.
- Please do not hesitate to call your surgeon's office with any questions or concerns.

After Surgery

- You will recover in the Post-Anesthesia Care Unit (PACU) or recovery room and be cared for by a specially trained member of our nursing team.
- The average time in this unit is about **2-3** hours.
- During recovery:
 - Your vital signs will be checked
 - You will be asked questions to determine if anesthesia is wearing off
 - You will be medicated for any pain
 - You will be warmed with blankets if you are cold
 - You will be given oxygen to help you breathe (*if needed*)
 - You will wear compression sleeves on your lower legs to help prevent blood clots until you are moving your feet and legs independently
 - You will be required to void prior to discharge

When to call your Surgeon

It's important that you contact the surgeon's office if any of the following occur:

- ⚠ You have a temperature above **101°** for more than 24 hours.
- ⚠ New or increased redness or warmth to the surgical site since discharge
- ⚠ New or increased drainage from your incision.
- ⚠ Operative site is increasingly swollen.
- ⚠ Your calf becomes swollen, tender, warm or reddened.
- ⚠ Increased pain in the operative site within a week of your surgery.
- ⚠ For total knee replacement patients, your ability to bend your knee has decreased or remains the same as when you were discharged from the facility.

Fall Safety

Although the goal is to keep moving, you must be aware of the potential to fall.

- Do not get up alone the first few times.
- Anticipate your needs and keep items in reach.
- Keep a wireless phone nearby.
- Most falls occur in the bathroom. Don't try to rise from or lower to the toilet alone.
- Wear proper footwear, eyeglasses, and use an assistive device (walker, crutches) when getting up.
- Put a light on at night.
- If you should fall, report it to your surgeon.

Total Joint Precautions

- While recovering from surgery, you will follow specific precautions provided to you by your surgeon and therapists.
- These precautions allow you to heal properly and help prevent potential complications.
- Make sure to ask your surgeon and/or therapist(s) when it is safe to stop following these precautions.
 - Do not pivot or twist your operated leg.
 - Do not kneel or squat.
 - Do not bend your operated leg beyond a 90-degree angle.
 - Do not cross your operated leg or ankle.



Rehabilitation Process

- Physical therapy after your joint replacement surgery is critical to regaining range of motion and strength as part of your recovery.
- Pain associated with therapy is not uncommon. DO NOT take pain medication to get “more” out of therapy.
- Your physical therapist or nurse will teach you how to:
 - Lay in your bed in comfortable positions.
 - Move from sitting to standing
 - Walk with an assistive device (*a walker, crutches, a cane*).
 - Comply with hip and knee precautions.
 - Perform a home exercise program on your own.
 - Walk up and down stairs with an appropriate assistive device.
 - Comply with hip or knee precautions while performing functional activities
 - Perform transfer techniques, such as getting on and off toilet seat with and without assistance or getting into and out of a car.
 - Perform self-care activities, such as dressing with adaptive equipment and assistance if needed.

The Days Following Surgery

- Your goal is to **KEEP MOVING!**
- With assistance, get up for meals, go to the bathroom and get out of bed.
- You will continue to have therapy, and your activity level will increase.
- Pain is an expected part of recovery. Pain levels vary per person.
- You may use cold packs or wraps to manage your pain and reduce swelling.

Recovery Phase

- No matter how much you prepared for your homecoming, it will be an adjustment.
- You will likely experience anxiety and question whether you were discharged too early. This is a normal feeling.
- Expect a follow-up call the next day from NEBSC nursing staff. This is your opportunity to report any problems and ask any additional questions.
- Also expect a visit from the physical therapist daily.

At Home and Beyond

- You can expect gradual improvement over the coming months.
- You should expect less pain, stiffness/swelling and a more independent lifestyle.
- Returning to work depends on how quickly you heal and how demanding your job may be on a new joint.
- It will be a few weeks before you return for a follow-up visit with your surgeon. This is pre-scheduled.
- This time is critical in your rehabilitation and for positive long-term results from your surgery. In general, patients do very well after discharge.

Resuming your Diet

- Resume your diet as tolerated and include vegetables, fruits and proteins to promote healing.
- Remember to have adequate fluid intake – at least 8 glasses a day.
- It is **not** uncommon to lack an appetite due to anesthesia and medications after surgery.
- What you eat can help heal your wounds and prevent infection and potential complications. Remember your Iron, Vitamin C and Fiber.

Incision Care

- Your incision will be covered with a dressing.
- Before you go home, your surgeon or nurse will explain how to take care of your wound and when to remove your dressing.
- Make sure you understand these instructions before you leave the facility and who to contact if you need assistance.
- Call your surgeon immediately if you notice any increase in drainage, redness, warmth or have a fever above **101°** Fahrenheit for more than 24 hours.

Surgical Site Infection

- A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place.
- Most patients who have surgery do not develop an infection.
- Some common symptoms of surgical site infection are:
 - Increased redness and pain around the area where you had surgery.
 - Any drainage, in particular, cloudy fluid from your surgical wound.
 - Fever - temperature greater than **101°F** for more than 24 hours.
 - If any of these symptoms occur, contact your surgeon's office immediately.

Infection Prevention for Life

Preventing infection is extremely important for the rest of your life.

- Your new joint is artificial and does not have your body's natural protection against infection.
- It is possible to develop an infection in your artificial joint if antibiotics are not taken before certain procedures.
 - These procedures include dental surgery (*fillings, caps, etc.*)
 - Cystoscopy/Genitourinary instrumentation
 - Prostate and/or bladder surgery
 - Kidney surgery
 - Cardiac catheterization
 - Barium enema
 - Endoscopy (*not for colonoscopy*)
- Before having any procedures, let the physician or dentist doing the procedure know you have an implant.
- You may also contact the surgeon who performed your joint replacement to obtain the appropriate prescription antibiotics, if needed.

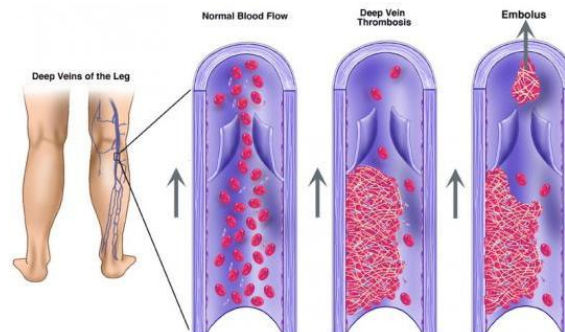
Potential Complications

Blood Clots are potential complications following joint replacement surgery.

- A blood clot from your leg can travel to your lungs and cause serious health complications.
- Preventing a blood clot from forming is the best treatment method.
- You can lower your risk of developing a blood clot by:
 - Exercising and staying active (*moving about*).
 - Taking blood thinning medications prescribed by your physician.
 - Continue wearing support stockings.
 - Some foods and supplements may alter the effectiveness of blood-thinning medications; such as, foods with high amounts of vitamin K.
 - Talk to your surgeon about certain foods to avoid while on this medication.

Blood Clot Symptoms

- Pain and/or redness in your calf and leg unrelated to your incision.
- Increased swelling of your thigh, calf, ankle, or foot.
- Increased skin temperature at the site of the incision.
- Shortness of breath and chest pain or pain when breathing.



Activity

- Continue your exercise program and increase activity gradually. Your goal is to regain strength and function.
- Follow all therapy instructions and recommendations from your care team.
- Resume activity as you gain strength and confidence.
- For total knee replacement, swelling of the knee or leg is common with an abrupt increase in activity.
 - If this occurs, elevate the leg above the level of your heart (*place pillows under the calf, not behind the knee joint*) and apply an ice pack directly to the knee.
 - You may continue with elevation and icing as needed, up to 20 minutes per hour, to help decrease swelling and discomfort.
- Continued exercise at this early stage is important to achieve the best outcome with your new joint replacement.

Activity

- Do not sit for prolonged periods of time.
- Use chairs with arms.
- You may nap if you are tired, but do not stay in bed all day.
- Frequent, short walks—either indoors or outdoors— are the key to a successful recovery.
- You may experience discomfort in your operated hip, knee or shoulder and you may have difficulty sleeping at night.
 - This is part of the recovery process.
 - Getting up and moving around relieves some of the discomfort.
- You should climb stairs with support.
 - Climb one step at a time – “good” leg up - “bad” leg down.
 - Hold on to a railing, if available.
- You may be a passenger in a car, but you should sit on a firm cushion or folded blanket to avoid sitting too low.
- **You may not drive before your first post-op visit.**
 - The decision to resume driving your vehicle is made by your surgeon.

Lifting Precautions

- Do not lift anything heavy after surgery.
- Avoid lifting objects in a position where you need to squat or bend.
- Your surgeon will let you know when it is OK to lift heavy objects.
- Avoid climbing ladders.

Car Ride Precautions

- When taking extended car rides, make sure to take breaks every 30 to 45 minutes.
- Get out of car and walk / stand for a few minutes so you don't become too stiff.
- Generally, driving is not recommended for several weeks after surgery.
- Please contact your doctor to find out when it is safe to resume driving.

Getting in and out of a Car

1. The front passenger car seat should be pushed all the way back before you enter the car.
2. Have the driver park on a flat surface and / or near the driveway ramp.
3. Walk toward car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger car seat. **Buttocks first. Never step into the car.** Placing a plastic bag on a fabric seat may make moving easier.
5. Reach with your right hand and hold the door frame or headrest.
6. Place your left hand on the car seat or dashboard.
7. Slowly lower yourself to the car seat.
8. Slide yourself back onto the car seat.
9. Swing your legs into the car. Try to move one leg at a time. Keep your toes pointed upward. Do not cross your legs.
10. Reverse these steps to exit the car.

Getting In and Out of the Car



EXERCISES

Exercises

- It's important to keep your body strong and flexible both before & after your joint replacement surgery.
- Following the exercise program discussed here and by your therapist will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.
- The following exercises can be performed before & after surgery.



Circulation Exercise

Ankle Pumps

- Lie on your back
- Gently point and pull ankle of your surgical leg by pumping foot up and down
- Repeat 10 times (*1 set*)
- Do two sets

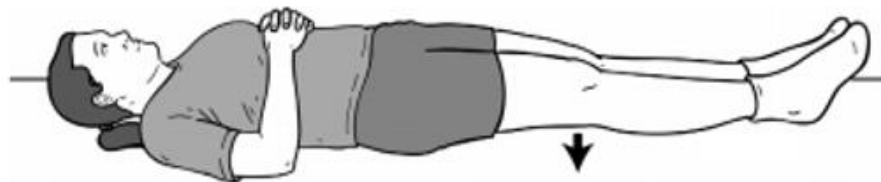




Circulation Exercise

Quadriceps Sets

- Lie on your back with your legs straight
- Tighten your thigh muscle by pushing your knee down into the bed
- Do NOT hold your breath
- Repeat 10 times (*1 set*)
- Do two sets a day

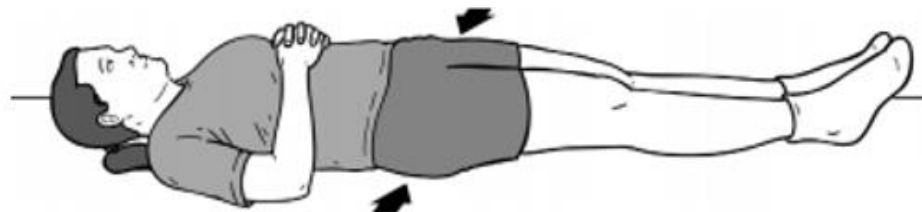




Circulation Exercise

Gluteal Sets (*buttock*)

- Lie on your back with your legs straight
- Squeeze buttock together and tighten buttocks muscles
- Do NOT hold your breath
- Repeat 10 times (*1 set*)
- Do two sets a day



Short ARC Quads



- Lie on your back with a towel rolled under your knee
- Slowly straighten your surgical knee by lifting your foot up while keeping your thigh on the roll
- Repeat 10 times (*1 set*)
- Do two sets a day



Heel Slides



- Lie on your back
- Bend your surgical knee by sliding your heel toward your buttocks
- Repeat 10 times (*1 set*)
- Do two sets a day
- You may be instructed to pull on a bed sheet hooked around your foot to help you slide your heel



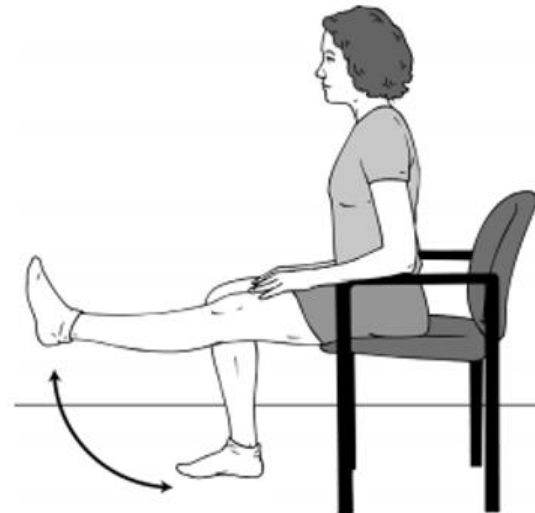
Sitting Knee Flexion

- Sit with a towel under your surgical leg(s)
- Your feet should be flat on the floor
- Slide one foot back, bending your surgical knee
- Hold for 5 seconds, then slide your foot forward
- Repeat 10 times (*1 set*)
- Do two sets a day



Seated Knee Extension

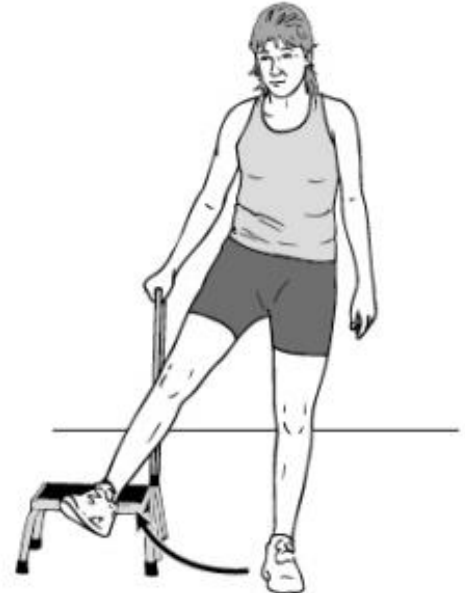
- Straighten your surgical leg
- Repeat 10 times (*1 set*)
- Do two sets a day



Hip Abduction



- While standing, hold on to something stable for balance, and raise your leg out to the side
- Keep your leg straight and keep your toes pointed forward the entire time
- Repeat 10 times (*1 set*)
- Do two sets a day



Single Leg Stance



- Stand on one leg and maintain your balance
- Be near a wall or something stable in case you need to grab it if you become off balance
- Repeat 10 times (*1 set*)

