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Norton Joint Care Program

Welcome to the Norton Joint Care Program! We are pleased you chose the Norton Orthopedic Institute team to help you on your road to recovery.

This guidebook was developed for you and your coach to help you prepare for your total joint replacement surgery and recovery.

If you have questions during your time with us, ask any member of your healthcare team. We are here for you.

The phone numbers listed below will connect you with staff in preadmission testing at the hospital. Call one of these numbers if you need to reschedule your preadmission testing appointment.

Norton Audubon Hospital	(502) 636-7141
Norton Brownsboro Hospital	(502) 446-8660
Norton Clark Hospital.....	(812) 285-5906
Norton Hospital	(502) 629-2144
Norton King’s Daughters’ Health	(812) 801-0848
Norton Scott Hospital.....	(812) 752-0020
Norton Women’s & Children’s Hospital	(502) 893-1169



Norton Healthcare is the first health system in the nation to be recognized as an Advanced Orthopedic & Spine Center of Excellence by DNV.

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With Norton MyChart, you can:

Manage your appointments. Conveniently schedule appointments and receive reminders — no need to call your provider's office. Check in online and skip the paperwork in the waiting room.

Communicate with your provider anytime. Ask questions, request medical advice and other nonurgent needs and receive responses online through your account.

Get test results faster. They'll be posted in a list with previous test results, so you can compare.

Refill prescriptions. Easily make refill requests through your account.

How to activate your new Norton MyChart account

- You will receive a link by email or by text message to your mobile device. This link will be active for only 24 hours. **Click the link.**
- Complete all the fields and agree to the terms and conditions. **Click submit.**

Your Norton MyChart account is ready to use. Begin managing your health, at your fingertips!

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Visit **NortonHealthcare.com/MyChart** to learn about all the features of Norton MyChart or to sign in to your account.

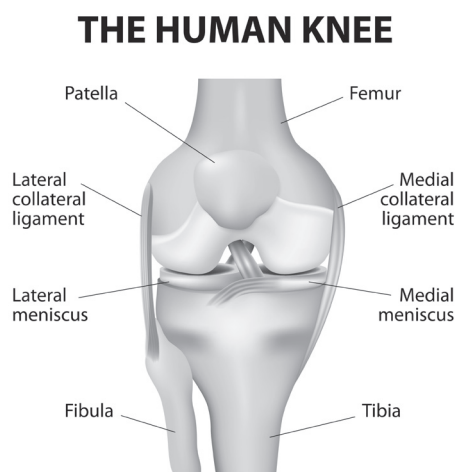


Total knee replacement surgery

What you should know

If you have arthritis in your knee, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended total knee replacement surgery.

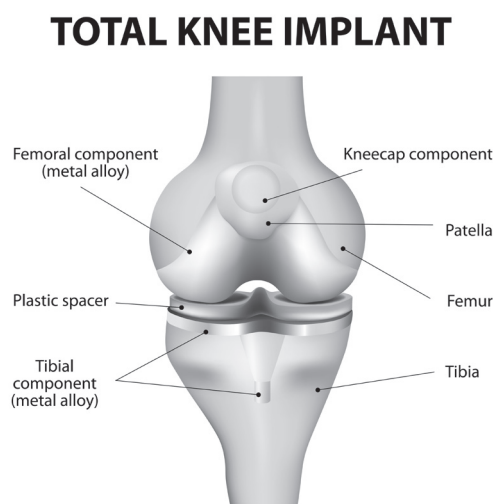
The knee is the largest joint in your body. The knee is made up of the lower end of the thigh bone (femur), which glides on the upper end of the shinbone (tibia). The kneecap (patella) slides in a groove on the end of the thigh bone. Cartilage covers the ends of the femur, tibia and the back of the kneecap. Joint fluid lubricates the knee, making it move smoothly. Ligaments and muscles help keep the knee strong and stable.



When the cartilage starts wearing away, the knee becomes stiff and painful. This is called *arthritis*. Eventually, bone starts rubbing against bone, causing even more pain and loss of function. Knee replacement surgery is used to replace the painful joint with a mechanical one.

During knee replacement surgery, the surgeon will make an incision on the top of your knee. The ends of the femur and tibia will be shaped and trimmed, then replaced with metal and plastic pieces. A plastic button may be placed on the back of the kneecap if the cartilage is worn out there. The new knee comes in different sizes. Your surgeon will decide which size is the best fit for you.

The incision will be closed with staples, stitches and/or glue. During your recovery process, your pain should be decreased and your knee function should improve. Your surgeon will do the easy part; it's up to you to do the rest — physical therapy and following your surgeon's instructions.



Total hip replacement surgery

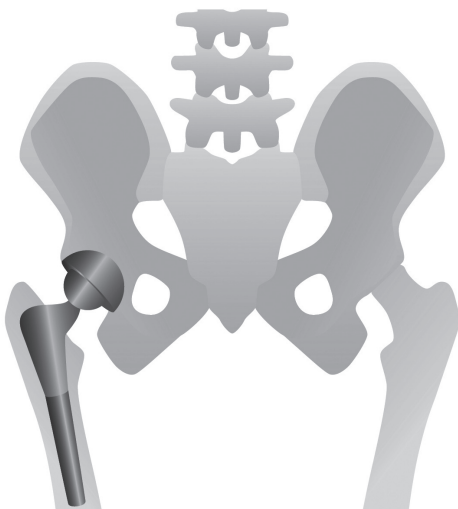
What you should know

If you have arthritis in your hip, you probably have a hard time walking, climbing stairs or even lying in bed. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended hip replacement surgery.

The hip joint is one of the largest joints in the body. It is made up of the ball (head) of the thigh bone (femur), which fits into a socket (acetabulum) in the pelvis. The ball and the socket are covered with smooth cartilage. This allows the ball to glide easily inside the socket. Muscles and ligaments help keep your hip strong and stable.

When arthritis develops in the hip, the cartilage

TOTAL HIP REPLACEMENT (arthroplasty)



wears out so there is no longer a cushion for the bones. The bones then become rough as they rub together. The ball grinds in the socket when the leg moves, causing pain and stiffness. Hip replacement surgery can help ease your pain and get you back to enjoying life again.

During hip replacement surgery, the surgeon will make an incision in the front, side or back of the hip. The ball of the femur will be cut off, and an artificial stem will be placed into the thigh bone. An artificial ball replaces the ball of the femur. An artificial cup is placed in the socket of the pelvis. These parts fit together to create the new hip joint. The parts of the new hip come in different sizes and materials. Your surgeon will decide which size is the best fit for you.

Your incision will be closed with staples, stitches and/or glue. During your recovery process, your pain should be decreased, and your hip function should improve. Your surgeon will do the easy part; it's up to you to do the rest — physical therapy and following your surgeon's instructions.

Total shoulder replacement surgery

What you should know

If you have arthritis in your shoulder, you probably have a hard time moving your arm as you normally would, without pain, weakness and stiffness in your shoulder. It may be hard to do the things you want or need to do. To get you back to your normal routine and enjoying life, your doctor has recommended shoulder replacement surgery. There are two types of shoulder replacement surgeries: a traditional total shoulder replacement and reverse replacement surgery. Your surgeon will discuss the options with you and recommend which surgery approach is best for your recovery.

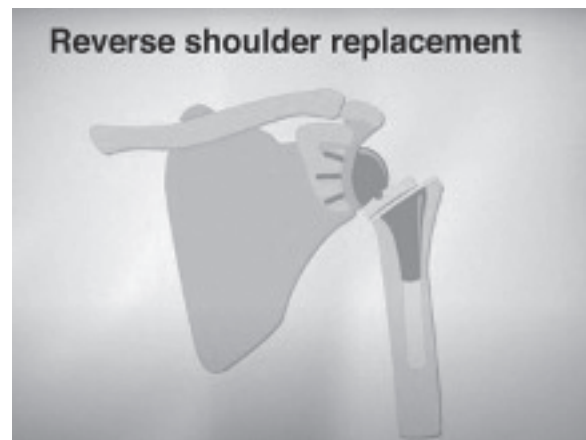
The shoulder joint is shaped like a ball and a socket. Both a traditional and a reverse shoulder replacement give you an artificial ball and socket made of metal and plastic. These artificial parts allow you to move your shoulder in multiple directions like a normal shoulder joint. The only difference with a reverse shoulder replacement is the artificial ball and socket are reversed. This works better for patients with rotator cuff tears, consistent dislocations or a failed traditional shoulder replacement.

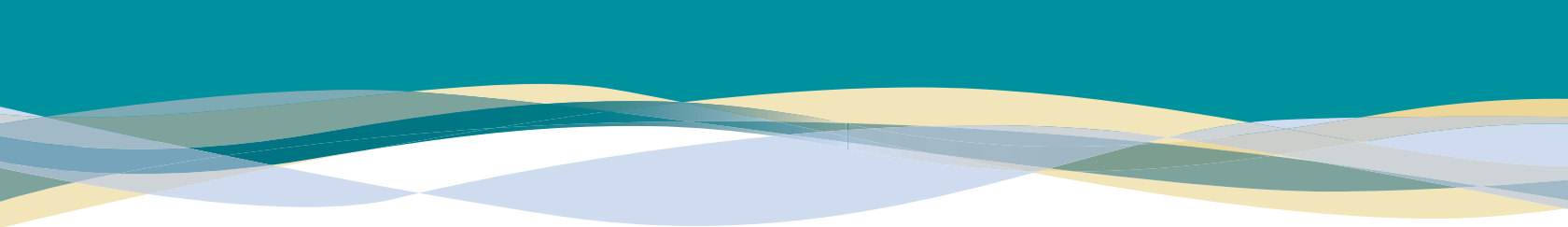
Your surgeon will make an incision on the top of your shoulder. The ball and socket will be replaced with the artificial parts, and then your skin will be closed with either sutures, staples or glue. Then a dressing will be placed over your incision. During your recovery process, your pain should decrease, and your shoulder mobility should improve. Your surgeon will do the easy part; it's up to you to do the rest — physical therapy and following your surgeon's instructions.

TRADITIONAL TOTAL SHOULDER REPLACEMENT



REVERSE SHOULDER REPLACEMENT





The role of the coach

We all go through times when we need help and support. Having surgery is one of those times. It's important to have a family member, friend or group of people to assist in providing physical and emotional support before and after surgery. We call this helper a "coach."

If you are going to have hip, knee or shoulder surgery, we ask you to find a coach to help in your preparation before surgery and healing process afterward. Below is a list of ways your coach can help make this journey as easy and stress-free as possible for you:

- Attend joint class and preadmission testing office visit with you.
- Help you prepare for surgery.
 - Your coach can go with you to some or all of your doctor visits. They can take along a pad of paper and a pen and help you remember questions to ask your doctor, as well as write down your doctor's answers.
 - Your coach can help you get your home ready so you will be comfortable after surgery.
- Remind you to do your exercises before and after surgery.
- Be a familiar and trusting source of encouragement, especially when it comes to exercise and therapy.
- Your coach will drive you to the hospital for your surgery, stay there during your surgery and pick you up when it's time to leave the hospital, which may be the same day.
- Help get you home. It's important to have an extra set of ears to listen to your home care instructions and get your medicines filled.
- Stay with you at home for at least 24 hours, and more if needed or instructed by your surgeon, until you feel safe by yourself. Your coach can help by reminding you to take your medicine correctly, go to the grocery store, cook meals and take you to your doctor's visits.

What you and your coach can do to prepare for surgery

Get your home ready

- ☐ Remove clutter, throw rugs and other tripping hazards.
- ☐ Clean your house and do the laundry.
- ☐ Put clean sheets on the bed.
- ☐ Put night lights in the bathrooms and hallways.
- ☐ Gather items you will want nearby, such as your cellphone, remote control, hand sanitizer, phone charger, medications, etc., and put them in one central location by a chair (with arms) that you will be sitting in when you come home from the hospital.
- ☐ Ensure good lighting is available from your bedroom to your bathroom.
- ☐ Put a nonslip rubber mat in your bathtub/shower so that you do not slip.
- ☐ Stock up on groceries. If you like to cook ahead of time, freeze some items that can be reheated easily and served after surgery.
- ☐ Make sure the chairs, couches and bed you are going to use are stable and sturdy.

Get yourself ready for surgery

- ☐ Follow your diet instructions the day before and morning of surgery. Drink plenty of fluids the day before surgery.
- ☐ Bring your living will or power of attorney papers to the hospital.
- ☐ Bathe with soap that may be given to you during your pre-admission testing and follow the instructions. If no soap was provided, bathe with an antibacterial soap.
- ☐ Stop smoking; it increases your risk for complications.
- ☐ Eat a well-balanced diet high in protein and vitamin C to help with the healing process.
- ☐ Follow instructions from your surgeon and physical therapists for exercises to complete before surgery.
- ☐ See the next pages to prepare for the exercise program you will follow before and continue after your surgery.

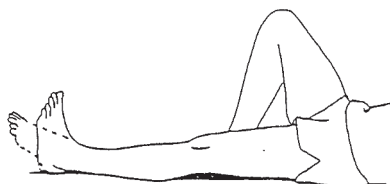
Prehab exercises

Begin practicing the following exercises today. These exercises will help you prepare for your therapy after surgery as well as improve strength/flexibility leading up to your surgery.

Exercises for total knee replacement

Do these exercises 10 times each, two to three times a day.

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



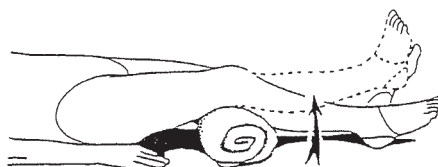
Lie with your knees straight. Tighten the muscle on top of your thigh (the quadriceps), pulling your kneecap up. Hold for a count of 5.

3. Gluteal set



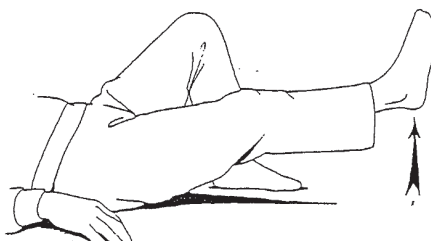
Squeeze buttocks tightly and hold for a count of 5.

4. Short arc quads



Lie with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Straight leg raises



Tighten the thigh as in exercise No. 2, then lift the leg straight up, even with the opposite knee. Hold for a count of 5.

6. Heel slides

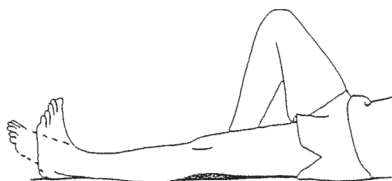


Lying on your back, bend your knee by sliding your heel toward your buttocks.

Exercises for total hip replacement

Do these exercises 10 times each, two to three times a day.

1. Ankle pumps



Sitting or lying, pump your ankle by pulling the foot and toes up, then pushing down again.

2. Quad set



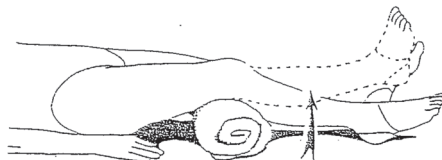
Lie with your knees straight. Tighten the muscle on top of your thigh (the quadriceps), pulling your kneecap up. Hold for a count of 5.

3. Gluteal set



Squeeze buttocks tightly and hold for a count of 5.

4. Short arc quads



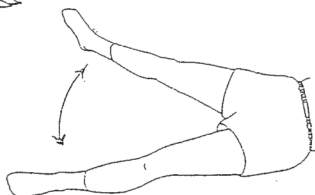
Lie with a towel roll under your knee. Straighten your leg and hold for a count of 5.

5. Heel slides



Lying on your back, bend your knee by sliding your heel toward your buttocks.

6. Hip abduction

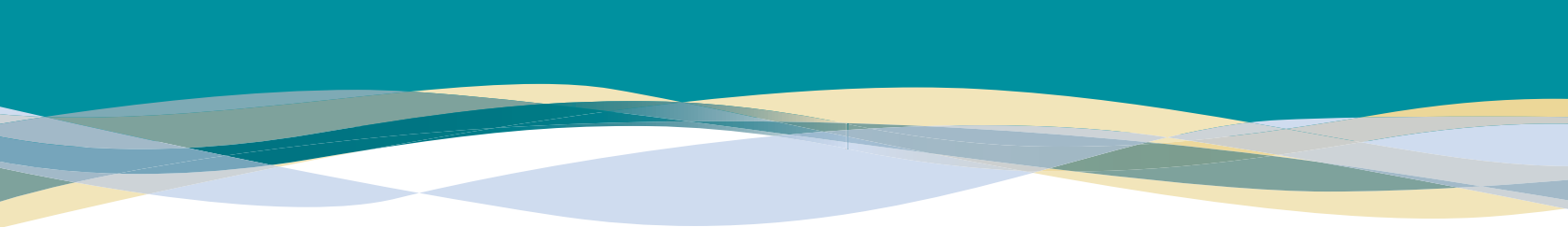


Slide your leg out to the side, keeping your knee straight and toes pointing up. Slide back in, but do not cross midline.

Do these exercises before and after surgery on your own or with the help of your coach. Exercises before and after surgery are important to strengthen your muscles and improve your hip or knee movement. They also are important for increasing blood flow to your legs to prevent blood clots. These exercises will help speed your recovery and reduce your pain after surgery.

Scan the **QR code** or visit **NortonHealthcare.com/Rehab-Videos** for a selection of videos about exercises and everyday tasks.





Day of surgery

Follow your doctor's instructions on what to eat and drink the day before and morning of surgery.

Items to bring to the hospital on the day of surgery

- ☐ This guidebook
- ☐ Clothes to wear after surgery: shorts, T-shirt, loose-fitting clothing. If you are having shoulder surgery, bring a button-down shirt or an oversized T-shirt.
- ☐ Supportive shoes (not slip-ons) with a closed back
- ☐ Personal care and hygiene items
- ☐ Your cellphone and charger
- ☐ Either cash, card or check for any hospital expenses, which could include medications and copays
- ☐ ID (such as driver's license)
- ☐ A list of your medications, with dosages
- ☐ *Note to the coach:* Don't forget items for yourself! (medications, clothing, reading materials, etc.)
- ☐ CPAP machine, if you use one
- ☐ Living will or power of attorney documents

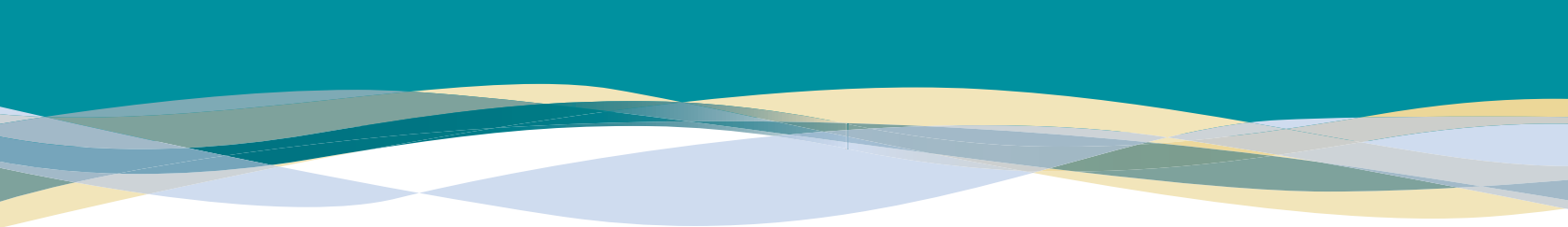
Anesthesia

Several types of anesthesia are used for surgical procedures. A surgeon and anesthesiologist will meet with you before surgery to discuss your options.

Upon your arrival at the hospital

- Go to Registration.
- The registration person will review your information and make sure all paperwork is complete.
- You will be directed to the preoperative area. When you get there, the nurse taking care of you will have you change into a hospital gown.
- Your nurse may draw some blood, start your IV and review your medical history.
- Your coach and family members may stay with you in the pre-op area until you are taken to surgery.
- The nurses will prepare your surgery site by cleaning it with a solution to help prevent infection. Your orthopedic surgeon will mark the location of the correct surgical site and confirm it with you.
- The anesthesiologist will review your medical history and talk about the type of anesthesia that is available to you. They also will give you some medicine to help you relax and get ready for surgery. This could include a nerve block or epidural.
- If you have questions or your coach does, please ask. We are here to help you, and we want you to know what is going on at all times.
- Your coach and family members will be kept informed about what is going on and when surgery is finished.





Outpatient surgery

What is outpatient surgery?

Outpatient surgery is when you have a surgical procedure done, and then later that same day, go home. Outpatient surgery also can be called “same-day” surgery or ambulatory surgery. With new advances in technology, anesthesia methods and ways your pain is managed, your total hip, knee or shoulder replacement surgery can be performed on an outpatient basis. Not all patients require hospital stays; instead they generally begin walking the same day as the procedure. In fact, research has found that patients have better outcomes if they are up faster and gaining independence in their homes rather than in the hospital. Of course, recovery still takes time, but it may surprise you to see how quickly that time passes after outpatient surgery.

What are advantages of outpatient surgery?

- **Less pain:** You will not need a pain pump for self-administered medications or IV painkillers with outpatient surgery. Instead, you may get a nerve block to numb the part of the body where you are having joint surgery.
- **Better recovery at home:** Leaving the hospital means you get to recuperate in the comfort of your own home. You'll progress in a familiar environment where you're more likely to get a good night's sleep.
- **Lower infection risk:** Spending less time in the hospital lowers the chances of infection in your surgery site.
- **Faster independence:** A physical therapist begins working with you the day of surgery or within a few days of your return home. The therapist will help you exercise to regain full function of the joint.

Is outpatient surgery right for you?

You and your surgeon will discuss whether you are a good candidate for outpatient surgery.

Managing your comfort

It is important that you remain as comfortable as possible and that your pain is manageable. You will have pain related to your surgery. If you are prescribed medicine to help with your pain, take it as directed. Cold therapy (ice packs) also will help control your pain and swelling.

Types of pain

Acute pain can be caused by a health condition, an injury or an operation. This kind of pain usually lasts less than six months.

Chronic pain is long-lasting pain usually due to an ongoing injury or a health condition that can't be cured or easily treated. Common causes include arthritis, back injury, nervous system damage (neuropathic pain) and headaches. Sometimes, the exact cause of the pain is unknown.

Knowledge helps lessen pain

Fear and anxiety can make pain seem worse. If you know what to expect, you'll feel less afraid and more in control. This helps make pain a little easier to handle. Exercise, repositioning, relaxation techniques, cold therapy and medications are a few of the methods used for controlling pain.

Communication brings the best results

Your role in managing your pain begins before your surgery. Be sure to tell us all the medicines you take, even the ones you buy in the drug store without a doctor's prescription, such as vitamins. On the day of your surgery, bring a list of everything you take with the following information:

- Name of each medicine
- Strength or dosage of the medicine (for example, 10-milligram tablets)
- How many tablets or capsules you take during a 24-hour period
- How long you have been taking the medicine

Pain control during your hospital stay

Your care providers will ask you to rate your pain using a pain scale. This scale helps you rank your pain and describe it to others. The scale ranges from 0 (no pain) to 10 (worst possible pain).

Pain-relief medications

Oral pain medications and nonsteroidal anti-inflammatory drugs, known as **NSAIDs**, may be used for mild to moderate pain and may help reduce swelling at the surgery site.

Intravenous (IV) pain medications may be used for severe pain while you are in the hospital.

Tips for everyday activities

Getting dressed

- It will be easiest to get dressed while sitting on the edge of your bed or in a chair.
- When getting dressed, start with the arm or leg that had surgery.
- If precautions are given, a reacher or dressing stick will be needed to pull up and push down your pants over your legs.
- Use a sock aid to pull socks over your foot, and push socks off with a reacher or dressing stick from the inside.

Getting in and out of a car

- You can use the front passenger seat or the back seat.
- Have someone slide the seat back as far as possible and recline it before you get in.
- Back up to the seat and sit down. Keep your hands behind you and lean back to bring your legs in safely. Someone may need to help you get your legs into the car.

Bathroom

- If your care team advises it, a raised toilet seat may be needed.
- Getting in/out of the tub: Stand sideways at the tub facing the faucet with the walker in front of you. Bend your knee and step over, using the walker for support.
- If you had a shoulder surgery, you may opt to buy a mesh sling that can be used in the shower. Otherwise, you can remove your arm from the sling but keep your arm in the same position as if you still had the sling on. You also can place a shampoo bottle in your armpit to ensure that your arm is staying away from your body if you have not been instructed to remove the abductor pillow from your sling.

Special precautions with a posterior-approach hip surgery

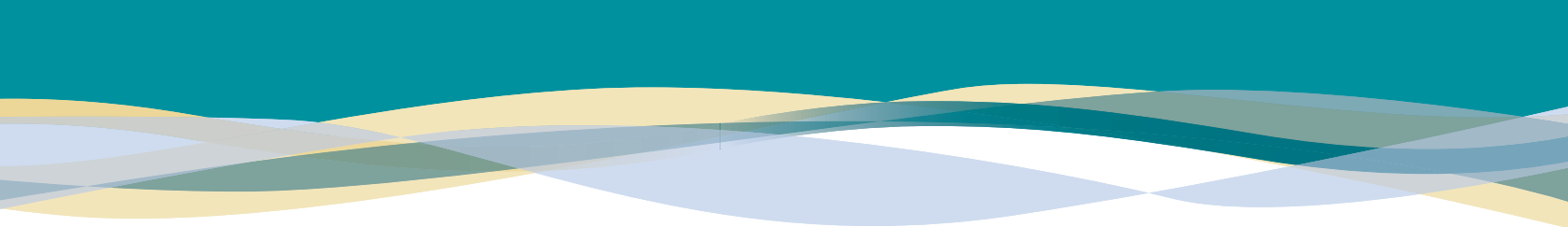
There are two surgical approaches to a hip replacement — anterior (front) and posterior (back). You and your doctor will discuss what approach is best for you. If your surgeon will be using a **posterior** approach, there are precautions to follow to decrease the risk for dislocation. These include:

- No bending at the waist or hips over 90 degrees.
- No crossing your legs.
- No rotating your foot inward (“pigeon toes”).

Signs of hip dislocation

During the healing process, if you do not follow the hip precautions, your new hip may slip (dislocate) out of the socket. Call your doctor immediately if you notice any of the following signs:

- Sudden, severe hip pain followed by continued pain and muscle spasms when you move your hip.
- A new bulge on your hip you can feel with your hand.
- Abnormal rotation of the leg on the surgery side.
- Shortening of the leg (limp) on the surgery side.
- Decreased sensation in the leg on the surgery side.



Getting the most from your new joint

Physical therapy

Physical therapy is a vital part of your care and quick recovery. Carefully following recommendations from your doctor and therapists can greatly improve your ability to get back to your routine as soon as possible. Each person is different, and depending on the type of surgery you are undergoing, your individual therapy program may be different.

The physical therapy staff will begin working with you and your coach after your surgery to gradually increase your activity. They will review the exercise program, how to move in bed, how to get in and out of bed, and how to move around with a walker, cane, sling or other assistive device.

Occupational therapy may be a part of your care. Occupational therapists will teach you how to perform everyday activities like dressing, bathing, using the toilet and getting around your house.

The therapy you need depends on the type of joint replacement surgery you have. Together, your nurses and therapists will work with you and your coach to teach you the correct ways to move. After surgery, you will work with physical therapy and/or occupational therapy to achieve these important individual goals:

- Walk independently with a walker or cane.
- Place and remove the shoulder sling properly.
- Increase strength in the joint that was replaced.
- Improve the range of motion of your new joint.
- Become independent with your daily activities.

Possible joint replacement complications

While your care team will make every effort to ensure your safety and success during and after surgery, complications are always a possibility.

Blood clots

Signs and symptoms:

- Calf swelling/localized redness and warmth
- Extreme pain and tenderness in calf, especially when bending your foot up

How to prevent:

- Your doctor may prescribe aspirin or a blood thinner to help prevent blood clots. If you are prescribed one of these, it is very important to take it when you go home for the length of time prescribed by your doctor.
- You might have foot/leg pumps or stockings to wear to help with circulation in your legs.
- Elevate your legs when sitting and relaxing, with no pillow under the knee.
- When resting, elevate your legs above your heart. This may take several pillows.
- Do the ankle pump exercises every hour.
- Move your legs around while in bed, and get up and about as much as possible.

Pneumonia

Signs and symptoms:

- Cough/coughing up colored sputum
- Fever
- Shortness of breath

How to prevent:

- Drink lots of fluids.
- Use your incentive spirometer for five to 10 breaths every hour while awake.
- Cough and take deep breaths every hour.
- Get up, walk and reposition yourself in bed frequently.
- Do not smoke. Smoking can delay the healing process and increase your risk of blood clots.

Find resources to help you quit smoking at **NortonHealthcare.com/QuitSmoking**.



Infection

Signs and symptoms:

- Foul-smelling or cloudy drainage from the incision
- Extreme redness of incision and surrounding area
- Temperature of more than 101 degrees for 24 hours or more (low-grade fever is expected after surgery)
- New pain that is difficult to control

How to prevent an incisional infection:

- Make sure you, your coach and all your caregivers wash their hands before and after caring for you.
- Report any signs and symptoms to your orthopedic doctor as soon as possible.
- Don't put any ointment or medicine on your incision. This includes lotions, hydrogen peroxide, Neosporin, etc. Don't pick at your incision.

How to prevent infection in the joint:

If you get any kind of infection in your body, it can travel to your new joint, so you need to be careful. Take these steps to stay infection-free:

- Ask your surgeon and dentist about whether you need to take any antibiotics prior to dental work.
- Before any medical procedure, remind your doctor or surgeon that you have had joint replacement surgery.
- If you think you may have a bladder or sinus infection, or any other type of infection, call your doctor as soon as possible.
- Wash your hands frequently.



Day of discharge

In between your surgery and going home, be prepared to focus on your recovery. You will be walking to and from the bathroom, moving around in your room, going up and down stairs (if you have stairs at home), and getting into a chair for meals.

Your nurse will give you a medication sheet with the medicines your surgeon wants you to take at home, along with any specific instructions. Be sure to get any new prescriptions filled and take them as directed. Do not add any new medicines without checking with your doctor. You may use Meds to Beds, the hospital pharmacy and delivery service, if you prefer.

Going home

Here is what you should know about what happens when you go home:

- Wash hands frequently to prevent infection.
- You may drive only when your doctor says it is OK. You cannot drive while taking narcotic pain medications or while wearing your shoulder sling.
- Your pain medication may cause one uncomfortable side effect — constipation. Eating a high-fiber diet like fresh fruits, vegetables and whole-grain breads, as well as drinking a lot of fluids, at least four to six 8-ounce glasses, will help prevent constipation. Some surgeons will prescribe stool softeners to assist with constipation. If not, stool softeners can be purchased over the counter. Prune juice is also a good alternative.
- Keep clothes, towels and sheets as clean as possible.
- You may shower only when your doctor says it is OK.

- Follow your doctor's orders for taking care of your dressing on your incision.
- Do not put any medications, lotions or ointments on the incision. This includes hydrogen peroxide, Neosporin, coconut oil, etc.
- Do your exercises as instructed by your physical therapist.
- Use cold therapy/ice pack on your incision for swelling and pain relief.
- If you have sutures, staples or a wound management system, follow your surgeon's instructions for removal.
- Use your walker, cane or shoulder sling for as long as your physical therapist or doctor instructs.
- When sitting, elevate your legs. If you notice your leg is swelling more, make a point of lying down flat several times a day with your legs elevated higher than your heart. **If you had a knee replacement, do not place a pillow directly under your knee. This causes your knee to be at a slight bend. Instead, place the pillow starting at your calf, so the knee will be in a straight position.**
- The part of your body where you had surgery will look bruised, reddened and swollen. This is normal. If it appears to be getting worse, call your surgeon.
- You may be sent home with thromboembolic deterrent hose (compression stockings) to wear as instructed by your care team.

Managing pain at home

During your first 24 to 48 hours at home, take your pain medication as directed, if needed. Take pain medication with food to reduce nausea symptoms. To get the best pain relief possible, remember these points:

- Use your medication as directed. As pain lessens, start taking your medication less often.
- Remember that medications need time to work. Most oral pain relievers need at least 30 to 45 minutes to take effect, so do not wait until your pain is severe to take medication.
- Try to time your medication so that you take it before beginning an activity.
- Cold therapy can help your pain for weeks after surgery.
- Eat lots of fruits and vegetables, drink plenty of liquids and be as active as possible to reduce constipation, a side effect of some pain relievers. An over-the-counter stool softener can help. If you need recommendations, call your surgeon's office.

Relax to reduce pain

When you're relaxed, pain medications work better. This is because muscles aren't tense, and signals of fear and anxiety aren't flooding your brain. Try the tips below to help you relax:

- Position yourself for comfort and ease of breathing.
- Use meditation, deep breathing and listening to soft music to help with your pain.
- Use your imagination to help reduce tension and pain. First, notice where your body feels tight or sore. Does an image such as knotted muscles come to mind? If so, replace that painful picture with a healing one.

Nerve pain

You may experience nerve pain while recovering from your joint replacement. Nerves can be damaged during surgery, and they can take a long time to heal. Typically, they heal on their own without intervention, but ice and pain medication can help. If symptoms persist or worsen, call your surgeon's office for further treatment recommendations (which may include a topical or oral medication).

Some symptoms of nerve pain include:

- Pain, burning, tingling or numbness sensation
- Sensation of water running down the limb that had surgery
- Extreme sensitivity to touch
- Shooting pain/cramping when changing positions

Tips to improve hip and knee mobility

Walking

- Stand up straight and look straight ahead with chin up.
- Use a walker or cane to help with walking.
- Keep the length of steps equal for both feet.
- Keep your knee pointing straight ahead.
- Bend your knee when you take a step; try to touch the floor with your heel first.
- Do not pivot or twist on your new joint; instead, pick up your feet when you turn.
- Gradually increase the distance you walk.
- Walk at least four to six times daily.
- Avoid uneven surfaces while using a walker or cane.
- Be cautious with entryways. Wet surfaces, leaves and gravel can be hazardous.
- Shoes with closed backs should offer support, comfort and stability. Wear nonslip soles.
Do not wear high heels.
- Remove throw rugs from your home.

Using a walker after hip and knee surgery

Once you stand, you will be using a walker. As you progress with safety and comfort, you may learn to use a cane until you don't need any support.

With your back straight, lean on the walker to support your weight. Step with your operated leg first, then the other leg.

Using stairs

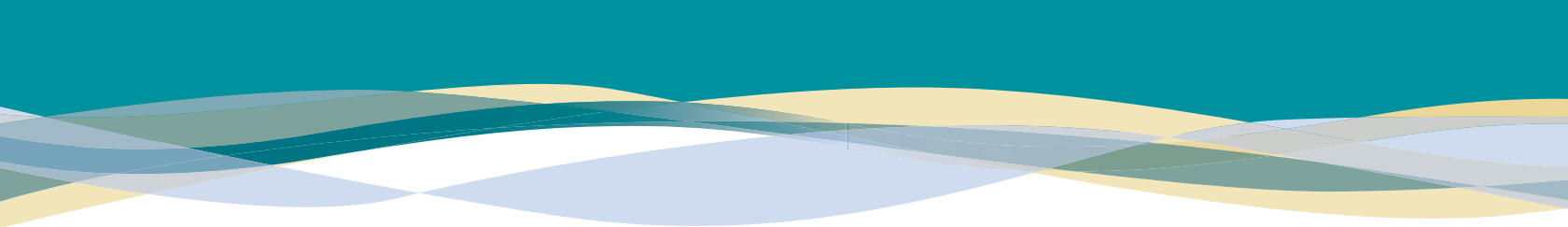
- **Walking up stairs**
 - Step up first with the leg that did not have surgery, then follow with your leg with the new joint and cane if you are using one.
 - Use a handrail if one is available.
 - Have someone stand by for safety at first.
- **Walking down stairs**
 - Step down with your cane, then with your leg with the new joint, then the leg that did not have surgery.
 - The key to maneuvering stairs is to go up the stairs with your stronger leg first and down the stairs with your weaker leg first. If there is a curb or only one step, place your walker/cane up the curb/step or down the curb/step before you step with your feet.

Visit [NortonHealthcare.com/Rehab-Videos](https://www.nortonhealthcare.com/Rehab-Videos) or scan the QR code for a selection of videos about exercises and everyday tasks.



Tips for shoulder surgery patients

- Move your fingers, thumb and wrist regularly for mobility.
- Leave your abductor pillow in place until instructed by your surgeon to remove it.
- Ensure your sling is positioned correctly. A physical therapist will instruct you on correct placement.
- Your physical therapist will give you exercises for your shoulder. Follow these exercises as instructed.



When to call your orthopedic surgeon or 911

Call your orthopedic surgeon if you:

- Have a fever of 101 degrees or more for 24 hours
- Have increased pain that is unrelieved by your pain medicine
- Have increased swelling, tenderness or redness in calf
- Have cloudy or foul-smelling drainage from your incision
- Are not sure about your symptoms and feel they need to be evaluated

Call 911 if you:

- Have chest pain
- Have sudden shortness of breath
- Have trouble talking/putting your thoughts together
- Have a very fast or irregular heartbeat
- Feel dizzy or like you are going to faint
- Have any medical emergency not listed above

Good luck and thank you for entrusting your care to Norton Healthcare. We wish you the best!



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