

# Racing Toward Your Recovery

## (Pre-testing and Pre-op)

The key to winning this race is to understand that the more prepared you are, the better your outcome will be! Please be aware of the following key requests and requirements:

1. I understand that I am to take a list of all my prescription medications, over the counter medications and herbal supplements to my pre-testing appointment. After pre-testing, I will write down these medications, to include doses, and last time taken on a sheet of paper and bring with me to the hospital the morning of surgery. \_\_\_\_\_ Initials
2. I understand that I am to have nothing by mouth after midnight the day before surgery. Further, I will take any morning medications **only if ordered by the surgeon** and then only with sips of water. \_\_\_\_\_ Initials
3. I understand any valuables brought to the hospital are my responsibility. For example; we encourage leaving your cell phone in a safe place, such as on the bedside table so it does not accidentally get mixed with bed linens and disposed of unintentionally. \_\_\_\_\_ Initials
4. I understand that I will be screened for Obstructive Sleep Apnea (OSA) during pretesting and if I have a prior diagnosis of OSA, I will let the nurses know immediately. \_\_\_\_\_ Initials
5. I understand that if I do have medical equipment such as a walker or CPAP, I will bring it/them to the hospital where it will stay in the car until after surgery. My significant other will bring it to my room at that time. My equipment will be labeled prior to bringing into the hospital. \_\_\_\_\_ Initials
6. If I have equipment from a previous surgery that I wish to reuse such as; TENS, TEDS, or Polar-Care, I will need to bring those with me in the morning of the surgery and make staff aware prior to my surgery. \_\_\_\_\_ Initials
7. I understand that prior to the day of surgery; I will have planned for the day of my discharge. I will be mindful of the type of vehicle that I will be leaving in and practice getting in and out with limited mobility. I will have someone pick me up & if my driver cannot come until later, I may have to wait in the Discharge Lounge in the Main Lobby.  
\_\_\_\_\_ Initials
8. I understand that should I have any questions regarding narcotics and side effects such as constipation, I will consult with my surgeon prior to surgery. I understand that should I have any problems with constipation, there are medications that can be ordered and that are available, and it is recommended to have medication at home such as Colace to help prevent constipation. I understand that I may experience nausea. It is recommended that if I am experiencing nausea I will let my Pit Crew know prior to my discharge. I understand that if I become easily car sick, I will let my Pit Crew know so that they can prepare me for my ride home. \_\_\_\_\_ Initials
9. I understand that I will be asked about flu and pneumonia vaccination during the months of October – April. I have the right to decline if this vaccination is offered to me. I also understand for the safety of my family and other visitors that during the Flu Season (October – April) visitors under the age of 12 years are restricted. \_\_\_\_\_ Initials

10. I have not had any aspirin, NSAIDs (ibuprofen, Aleve, etc.) or herbal supplements in the past week. \_\_\_\_\_ Initials

## (Post-Op and Your Hospital Stay)

### DAY'S 1 and 2

1. I understand I may walk with physical therapy on the day of surgery if ordered. This is to help keep blood clots from forming in my legs. \_\_\_\_\_ Initials
2. My physician may order the use of Incentive Spirometer to strengthen my lungs and decrease my risk of pneumonia, and I will use this equipment as directed. \_\_\_\_\_ Initials
3. I understand that shortly after waking, I will be assisted with getting out of bed, assisted with bathing, and then will have my breakfast sitting in a reclining chair. \_\_\_\_\_ Initials
4. I understand I will be walking to group physical therapy twice daily on the unit 7S or the unit I will be on after surgery. \_\_\_\_\_ Initials
5. Throughout the day, I will practice “ankle pumps” and ensure there is always a towel rolled and placed under my heel while in bed or sitting in the chair. Furthermore, I will NOT place anything behind my knee or raise the foot of the bed. \_\_\_\_\_ Initials
6. I will continue to walk throughout the day with my “Chief Mechanic” or primary caregiver. \_\_\_\_\_ Initials

### Discharge Day

1. I understand that I will complete as much of my care as possible with assistance as needed from my “Chief Mechanic”. \_\_\_\_\_ Initials
2. I understand that if I was identified during pretesting as being at high risk for Obstructive Sleep Apnea, I will follow up with my primary physician as referred. \_\_\_\_\_ Initials
3. I understand that after discharge, within 7 days, someone will call me from the hospital to follow-up with and check on me. I may also receive a survey to which I will complete. If I have additional questions at that time, I will let them know. \_\_\_\_\_ Initials

### Medication Questions:

**Equipment Questions:**

**Physical Therapy and Exercise Questions:**

**I would like More information on the following:**

- Obstructive Sleep Apnea
- Pain Medications
- Blood Thinner Medications
- TENS unit
- Surgical Dressing Removal
- Polar Care Cube
- Other: \_\_\_\_\_

## (Your Recovery at Home)

When you go home, there are a variety of things you need to know for your safety, recovery and comfort. Please initial the following statements and if you need clarification, please do not hesitate to ask! We are here to make sure you know what you need to know to take care of yourself! Understanding these key items will best decrease your chance of readmission.

1. I will take my pain medication 30 minutes prior to physical or occupational therapy. \_\_\_\_\_ Initials
2. I will change my position every 45 minutes throughout the day. \_\_\_\_\_ Initials
3. I will use ice for pain control no more than 20 minutes at a time. \_\_\_\_\_ Initials
4. I will drink plenty of water to avoid dehydration. \_\_\_\_\_ Initials
5. I understand that my energy level may be decreased in the month following surgery. \_\_\_\_\_ Initials
6. I understand that narcotic pain medications can increase my risk for constipation. Using a stool softener, increasing water intake and remaining mobile are ways I can avoid constipation. \_\_\_\_\_ Initials
7. I understand that low-impact exercises are recommended for me. \_\_\_\_\_ Initials
8. I understand that my aquacel dressing should stay on for 7 days. After which I will change it and leave on for an additional 7 days. \_\_\_\_\_ Initials
9. I understand that if my surgeon used Exofin, this is good for 21 days and should only be removed at my follow-up appointment. \_\_\_\_\_ Initials
10. I understand I will need antibiotic pre-treatment prior to any dental procedures for at least the next two years. I will need to let my dentist know of my joint replacement surgery to determine if that procedure requires antibiotics. \_\_\_\_\_ Initials
  
11. I understand the signs of infection to be:
  - Increased swelling, redness at incision site
  - Change in color, amount, or odor of drainage
  - Increased pain in/around the knee
  - Fever greater than 100.9F

i. **If I have any of the above symptoms, I will contact my Surgeon for instructions**
  
12. I understand the signs of a blood clot in the legs to be:
  - Swelling in the thigh, calf, or ankle that does not go away with rest and elevation
  - Pain, tenderness in calf
  - Change in color of legs: skin takes on a red or blue tinge, may get warm or itchy

i. **If I have any of the above symptoms, I will contact my Surgeon for instructions**
  
13. I understand the signs of a pulmonary embolus to be an emergency – **I will need to seek emergent care, call 911**
  - Sudden chest pain
  - Shortness of breath
  - Difficult or rapid breathing
  - Sweating

- Confusion

Performing your exercises postoperatively is critical to the success of your total joint replacement. The exercises will be initiated in the hospital on day one after your surgery by your physical therapist. It is important that you gain a solid understanding of the exercises specific to your joint, as you will need to continue to perform them after you return home. Your Race to Recovery guidebook will be key in helping you through your exercises at home. Please refer to it often!

*And Finally, while we LOVE our patients and helping you on this journey, we do not want to see you too soon! Please be aware of some things that can be done around your home to help keep you safe from falls during your recovery.*

- **In the kitchen:**

- Plan ahead and gather all your supplies at one time. Then prepare your meal.
- Place frequently used supplies and utensils where they can be reached without too much bending or stretching.

- **In the bathroom:**

- Do not get down on your knees to scrub the tub. Use a mop or other long handled brush.
- Use a raised commode over the toilet.
- Tub bench, shower chairs and grab bars can also be used while bathing to improve safety during this time of recovery.

- **Around the house:**

- Pick up throw rugs and tack down loose carpeting
- Be aware of floor hazards such as pets, small objects and uneven surfaces
- Provide good lighting! Install night lights in bathrooms, bedrooms and hallways.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide enough support and can lead to slips and falls.
- DO NOT lift heavy objects for the first 3 months, and only then with your surgeon's permission.
- Sit in chairs with arms. It will make it easier to get up. Rise slowly when standing as not to get lightheaded.
- Stop and think. Use good judgment.

Cape Fear Valley Health System: Occupational Therapy Department  
**Resource List for Daily Living Equipment**

The following list is to help patients and families know what equipment can be useful for dressing, bathing, using the toilet and tub, and keeping active at home. Some of the items below may be more helpful than others based on your level of function.

**Please ask your Occupational Therapist about what equipment you may need.**

Popular Items Include:

DRESSING	BATHING/TOILETING	HOME MANAGEMENT
Reacher	Shower Chair	Walker Basket
Elastic Shoelaces	Transfer Tub Bench	Rolling Cart
Sock Aid	Long-Handled Bath Sponge	Reacher
Dressing Stick	Bedside Commode	Mug with Lid
Long-Handled Shoe Horn	Raised Toilet Seat	Cordless Phone
	Hand-Held Shower Hose	Remote Controls
	Grab Bars	
	Safety Rails for Toilet	

You can purchase these items locally or by mail order. Listed below are some of the stores and medical supply companies within the surrounding areas of our facility. *For out of pocket purchases, these items can also be purchased (Walmart, Target, Amazon) typically on websites.* Prices and styles vary, so please research and shop around.

### **MEDICAL SUPPLY COMPANIES**

LEGEND:

(\*) Store will deliver equipment

(#) Company carries bariatric equipment (patients weighing 250 pounds or more)

**A.O.P Inc** (\*) (#)  
450 W. Russell Street, Fayetteville  
910.484.4901  
(Closed Saturday)  
Prosthetic Equipment  
[www.aopoandp.com](http://www.aopoandp.com)

**Massey Hill Pharmacy**  
1072 Southern Ave, Fayetteville  
910.484.0159  
(Closed Saturday)  
Does not fill insurance for supplies

**Liberty Medical Supply** (\*) (#)  
1804 Owen Dr, Fayetteville  
910.864.3810  
(Closed Saturday)  
[www.liberty-ms.com](http://www.liberty-ms.com)

**A.O.P. Inc** (\*) (#)  
2708 Whooten Blvd, Wilson  
252.296.0001  
[www.aopoandp.com](http://www.aopoandp.com)

**Apria Health Care** (\*) (#)  
4859 Cumberland Rd, Fayetteville  
910.426.4000  
Respiratory Care Equipment  
[www.apria.com](http://www.apria.com)

**Family Medical Supply** (\*)  
1637 Owen Dr, Fayetteville  
910.323.1529 / 800.476.0072  
(Closed Saturday)  
[www.familymedsupply.com](http://www.familymedsupply.com)

**Southeastern Home Health**  
2002 N. Cedar St,  
Lumberton  
910.671.5600  
(Closed Saturday)  
[www.srmc.org](http://www.srmc.org)

Cape Fear Valley Health System: Occupational Therapy Department  
**Resource List for Daily Living Equipment**

Medical supplies can also be found at Bordeaux Drugs, CVS, Rite-Aid, Wal-Greens, Lowe's, and Home Depot.

**For Cumberland County Residents:**

**Better Health of Cumberland County**, a community agency runs equipment loan closet. They accept donations of new or used equipment and loan out the equipment for a short period of time at no cost to you.

To ask about a loan or to donate, call them at:

**910.483.7534**  
**1422 Bragg Blvd, Fayetteville**  
**(Closed Saturdays)**

**Other Resources:**

**Cumberland County Coordination Council on Older Adults**  
910.848.0111  
339 Devers St, Fayetteville  
[www.ccccoa.org](http://www.ccccoa.org)

**Bladen County Council on Aging Equipment Loan Closet**  
608 McLeod St, Elizabethtown  
910.872.6330  
[https://bladennnc.govoffice3.com/index.asp?SEC=3F5CBA91-E5C9-4AD6-AA53-3266286D54B7&Type=B\\_BASIC](https://bladennnc.govoffice3.com/index.asp?SEC=3F5CBA91-E5C9-4AD6-AA53-3266286D54B7&Type=B_BASIC)

**IMPORTANT NOTE:** If you are planning on having further joint replacements, please save your equipment. Certain insurances will not cover new equipment within a certain time-frame. Please discuss with your insurance company and our coordination of care team what that timeline will be for you.

## What is TENS?

TENS is a safe, easy to use and drug free method of pain relief used by hospitals and physiotherapy since the 1960's. TENS is an abbreviation of Transcutaneous Electrical Nerve Stimulation.

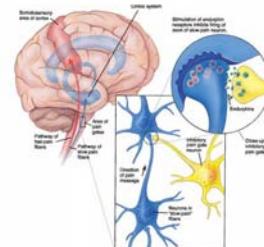
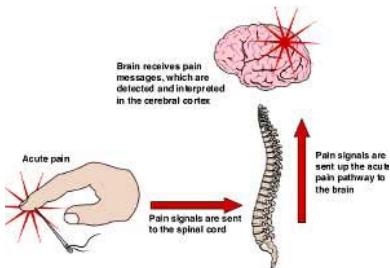
The TENS unit is a small battery operated box, which produces pain relieving electrical pulses. Four self-adhesive electrodes are applied to the skin and attached to the TENS unit with lead wires.

Tiny pulses are then passed from the TENS unit, via the lead wires and electrodes, so that they are applied to the nerves which lie underneath the skin surface. The electrodes are normally positioned over, or around, the area of pain.

## How Does TENS Work?

TENS works through 2 different mechanisms:

- First, electrical stimulation of the nerves can block a pain signal as they travel from the site of injury to the spine and upwards to the brain. If these signals arrive at the brain we perceive pain - if they are blocked enroute to the brain we do not perceive pain - this is known as "Gate Control Theory." When using TENS to "close the gate" we use the Modulation mode. Continuous Modulation TENS mode produces a gentle and pleasant "tingling" under and between the electrodes. The "tingle" sensation helps to block the pain by closing the "pain gate" and slowing down the painful nerve signals - this produces analgesia (numbness) in the painful area.
- Secondly, the body has its own built in mechanism for suppressing pain. It does this by releasing natural chemicals called endorphins in the brain and spinal cord and these chemicals act as very powerful analgesics. The Continuous Modulation mode produces a pulse, which should be strong enough to produce a "twitch" in the muscles underneath the electrodes. This muscle "twitch" helps to perform two benefits. First, the "twitch" releases endorphins and also helps the pain "switches" in the brain to be activated through muscular and reflex activity. Secondly, the "twitch" helps reduce post-operative edema.



### **What are the advantages of TENS?**

- Non-invasive
- Operation is entirely under the patient's control, as in a PCA pump.
- Easy to apply and use.
- Portable – Can be worn on a brace, belt or in a pocket allowing the patient to return to normal daily activities without restriction.
- Can be used for as long as required.
- No side effects – occasional, but minor, skin irritation after long-term use.  
We have special hypoallergenic available for sensitive or delicate skin patients.

### **Contra-Indications**

- Any person who is fitted with a cardiac pacemaker should not use TENS.
- A patient who is in the first 6 months of pregnancy.

### **Side Effects**

- There are no adverse side effects other than a small risk of skin irritation from the electrode gel.
- As previously noted, we have specially formulated electrodes for those people who have sensitive skin or find that normal adhesives cause irritation.

## OPERATING TIPS FOR YOUR TENS UNIT

- **ADJUSTING THE CONTROLS:** The 2 knobs on the top of the TENS unit control the intensity. They are controlled similar to the volume knob of your car stereo (to the right increases, to the left decreases). Both knobs should be set at the same intensity with 1 being the weakest and 8 being the strongest. The stronger the intensity, the better it is for you, but at the same time you do not want the intensity so strong that it becomes uncomfortable for you.
- **TIME DURATION:** For the first 3 to 4 days, or until the swelling goes away, your TENS Unit should be turned on and used nonstop. After that, you should use the TENS Unit as needed for your pain. In general, pain relief will diminish or lessen with 30 minutes of stopping the stimulation. Yes, the TENS Unit will be going home with you, and depending on your insurance, it will be yours to keep.
- **CHANGING THE BATTERY:** With the TENS Unit turned on continuously, the first battery will only last 3 to 4 days. There is an extra battery included in your carrying case. To change the battery, turn off the unit and open the front of the case – remove the old battery & insert the new one. You will see some controls inside the case. Please leave those alone. We have the unit set up for you and doing so may cause your unit to not work appropriately or effectively.
- **ELECTRODES:** When you are discharged, you should take off the electrodes that you are wearing and throw those away. Inside your case, you will find 2 sets of reusable electrodes that are good for 20 to 30 uses. TURN OFF YOUR UNIT. Place the new electrode pads so that they form a box around the site of your surgery. Then connect the wires from the TENS unit to the electrodes so that they form an “X” over the surgery site using a diagonal connection.

If you have any further questions or concerns, please contact

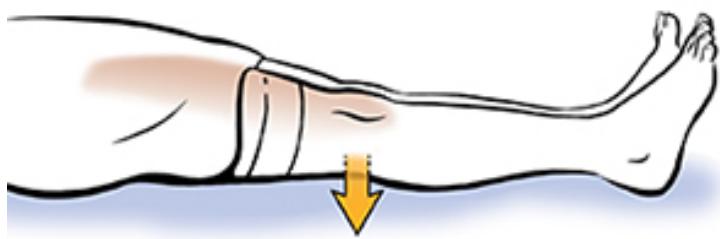
Eric Althof, TENS Unit Representative

(704) 779-1530

*Please remember your exercises for a speedy recovery!*



1 ANKLE PUMP EXERCISE FOR HIP & KNEE REPLACEMENT



2 QUAD (THIGH) EXERCISES FOR HIP & KNEE REPLACEMENTS



3 GLUTEAL (BUTTOCKS) SET FOR HIP REPLACEMENTS



4 HEEL SLIDE EXERCISES FOR KNEE REPLACEMENTS

1. Lie on firm surface with INVOLVED leg elevated on a chair or foot stool.
2. Alternately point foot down then bring it up toward shin.
3. Repeat 10 times.
4. Move the ankle & foot through a comfortable range without causing discomfort.

1. Lie on firm, smooth surface.
2. Keep leg in contact with surface during exercise.
3. Tighten the muscle on the front of the thigh, straighten knee by pushing down with the knee & attempt to lift heel.
4. Hold.
5. Repeat 10 times.

1. Lie on back on firm surface with knees straight.
2. Tighten buttocks muscles, squeezing cheeks together & hold.
3. Relax.
4. Repeat 10 times.

1. Lie on back on firm, smooth surface.
2. Bring knee toward the chest, letting knee bend, & keeping heel supported on the surface.
3. Slowly return to starting position.
4. Repeat 10 times.

*While Awake: 1 set of 10 repetitions hourly for each exercise!*

## DISCHARGE PLANNING OPTIONS: JOINT REPLACEMENT

*After your joint replacement surgery, therapy will be a big part of your successful recovery. You will receive Physical and Occupational Therapy while you are in the hospital if ordered. Once you are discharged from the hospital, Physical Therapy will be arranged for you if ordered by our Coordination of Care Team. Listed below are the different options for discharge.*

### Discharge to Home

1. **Outpatient Physical Therapy (OPPT)**: When you are discharged, an appointment will be scheduled at a local outpatient facility of your choice. You must plan to have a 3+ family member or friend drive you to your appointment. Our Coordination of Care team will schedule your first appointment; after that, you will schedule directly with the facility. OPPT is three times a week and will last for several weeks. You can call your insurance company ahead of time and ask which facilities in your area are “in-network” and will accept your insurance.
2. **Home Health Physical Therapy (HPPT)**: When you are discharged, a site visit will be scheduled for a member of a Home Health Agency of your choice to visit you in your home for evaluation, therapy, and exercises. This must be set up by our Coordination of Care Team prior to your discharge. Please let our team know if you have any concerns for discharge to home, or barriers (ability to get to appointments for example) so that care can be arranged for your safety and success.

### Discharge to Rehab

If you are not safe to return home, your surgeon may request a consult for your evaluation. A team from Rehabilitative Services will come to our hospital to evaluate your progress and determine if you need their services. There are two options:

1. **Acute Rehab (Inpatient)**: Cape Fear Valley Rehab consists of three hours of therapy per day and has an expected stay of 1 to 2 weeks. If accepted by the Rehab Team, Cape Fear Valley Rehab and Coordination of Care will contact your insurance to get authorization.

## DISCHARGE PLANNING OPTIONS: JOINT REPLACEMENT

Not all insurances will cover the costs of Acute Rehab. You can call your insurance and check to see if you have benefits for inpatient rehab. Please note: even if you do have benefits for inpatient rehab, this does not mean your insurance will authorize treatment. You must also meet criteria for inpatient rehab and this will be based on your progress with Physical and Occupational Therapy.

2. **Sub-Acute Rehab:** This level of rehab is at a local nursing facility. Sub-acute rehab usually consists of approximately 1 hour of therapy daily and the anticipated length of your stay is longer than 2 weeks. If the Rehab team determines that you are most appropriate for Sub-Acute Rehab, our Coordination of Care team will speak with you and your family on the different facilities and obtain your preference. The Coordination of Care team will then send your information to the facilities of your choice to check on bed availability. Please keep in mind that some insurances do not cover sub-acute rehab. You may call your insurance to confirm coverage, but please remember that just like Acute Rehab, not all insurances will authorize treatment. You will have to meet criteria based on your progress.

**It is very important to your success that you talk with your family, friends, and surgeon about your discharge plan prior to your surgery. Have a back-up plan in place just in case your original plan does not work out. We will work hard to make sure you have the necessary arrangement for safe discharge; however, you must communicate with us any concerns or confusion. Your safety is important to us, we want you to have the best outcome possible from your joint replacement surgery.**

