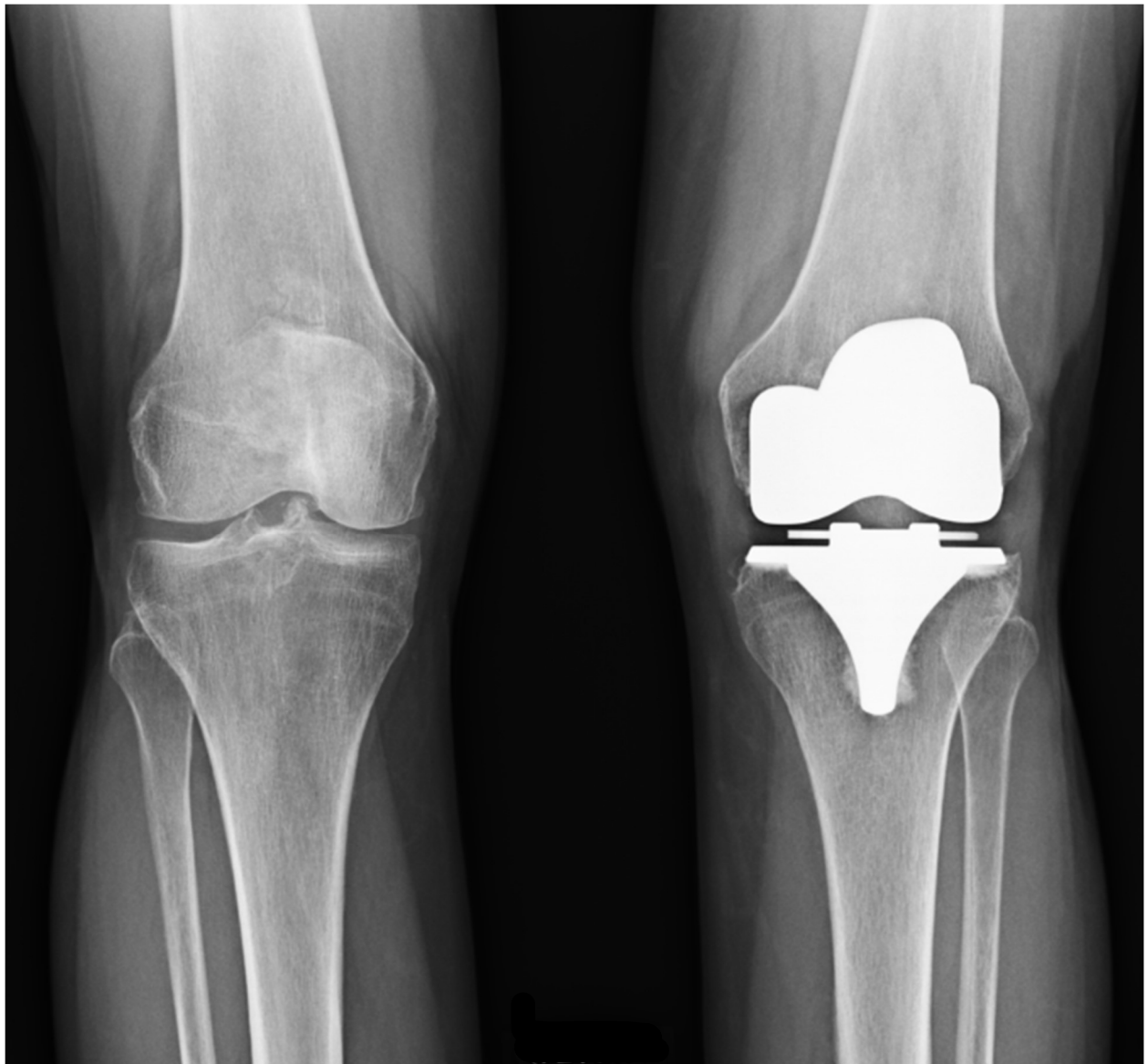


Salin's Solutions to Total Knee Replacement





Total Joint Replacement Guidebook

Dr. Jeffrey W. Salin

Welcome!

You have made the decision with your orthopedic surgeon to have a joint replacement surgery. This book is to guide you through the process. The process can be overwhelming, but with the help of the staff and this book, we hope to make you as comfortable as possible.

Important Contact Information:

KCBJ Main Office

Corporate Medical Plaza, Building #1

10701 Nall Ave., Suite 200 Overland Park, KS 66211

Phone: 913-381-5225

Fax: 913-901-0186

Overland Park Surgical Suites: Main: 913-469-6777

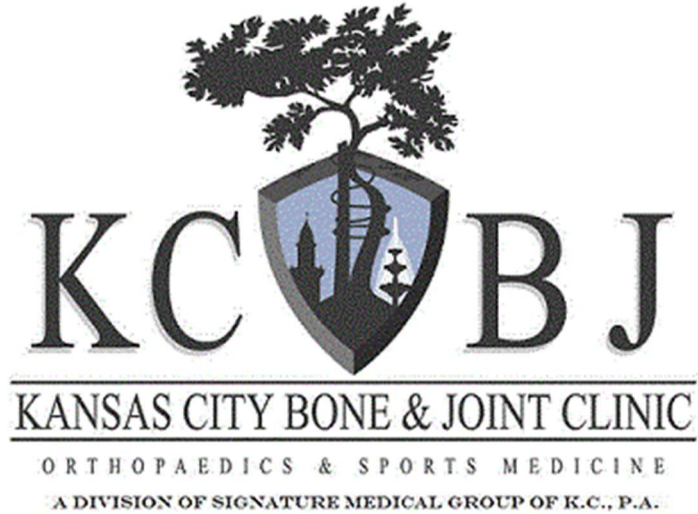
Menorah Medical Center: Main: 913-498-6000 | Pre-Op Assessment: 913-498-6030

AdventHealth South Overland Park Hospital: Main: 913-373-2000

Patient Access/Pre-Registration: 913-676-2242 | Pre-Surgery Clinic: 913-373-5853

St. Luke's South Hospital: Main: 913-317-7000 | Pre-Op Assessment: 913-317-7540

Olathe Medical Center: Main: 913-791-4200



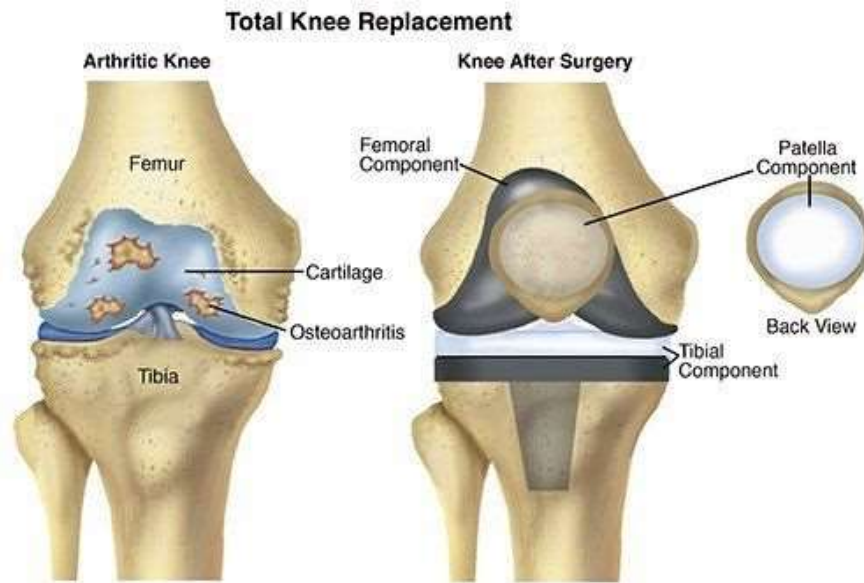
If you have any questions about your upcoming surgery, **please refer to this packet before calling the KCBJ office.**

Your answer is very likely in the following information!

If you are unable to find the information you are looking for, call 913-381-5225

ext. 470

Overview of a Total Knee Replacement



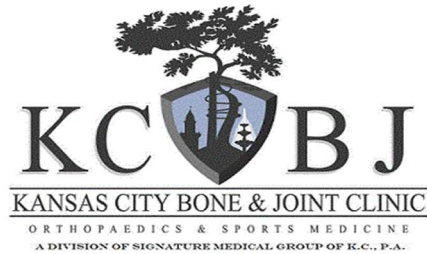
Osteoarthritis (OA) is the most common type of arthritis and is one of the most reported causes of knee pain. It is estimated that more than 10 million people in the U.S. alone have OA in one or both knees. Osteoarthritis is a cause of degenerative joint disease (DJD) in the knee.

If you have OA in your knee, the fluid (Synovial Fluid) that cushions and lubricates the joint can break down and lose the ability to cushion the knee. The cartilage protecting the ends of the bones can also deteriorate and then comes the dreaded saying of "bone on bone" arthritis.

Osteoarthritis may be related to an injury or may develop with advancing age. Other types of arthritis may be related to infection, or an inflammation of the joint lining. There are three compartments in the knee that could develop arthritis:

- Medial compartment (the inside)
- Lateral compartment (the outside)
- Patellofemoral compartment (the kneecap region)

Your arthritis could be in one, two, or all three compartments.



Please take the time to read this entire packet of information prior to your surgery.

General Information for a Joint Replacement

- KCBJ will pre-certify your surgery through your insurance, then will call you to discuss your benefits prior to surgery.
- It is **possible for the time of your surgery to change** depending on the specific cases Dr. Salin will be doing at your surgery facility that day. Your surgery facility will confirm your surgery time with you the week before surgery.
- Dr. Salin recommends not having any dental procedures OR cleanings 6 weeks before surgery through 12 weeks after surgery.
- After your joint replacement, you will need to be pre-medicated for life with antibiotics prior to any dental procedure OR cleanings. Please call the office for the correct medications to be called into your pharmacy prior to your dental appointment.
- Most of Dr. Salin's implants have an identification card for you to carry post-surgery. You can request this card at your 2-week post-operative appointment.

Pre-Operative Instructions

- Prescriptions may be sent to your pharmacy prior to surgery. We want to send them to the pharmacy early so they will be available for you when you go home from the hospital. The medications you receive will depend on your medical history and allergies.

ONLY HIGHLIGHTED MEDICATIONS PERTAIN TO YOU:

- Aspirin 325mg = 1 tablet twice daily for 6 weeks after surgery.
- Xarelto 10mg = 1 tablet daily for 4 weeks after surgery
- Celebrex 200mg = 2 capsules the night prior to surgery and then 1 table twice daily for 13 days after surgery
- Neurontin 300mg = 1 capsule the night prior to surgery
- Hibiclens = wash body daily for 5 days prior to surgery (you do not use after surgery unless instructed otherwise)
- Mupirocin 2% external ointment = apply to the anterior nares (nostrils) two times per day for 5 days prior to day of surgery (do not use after surgery unless instructed otherwise)

The above medications will be sent to your pharmacy **1-2 weeks prior to your surgery.**



- Prior to surgery, you are required to complete pre-operative testing. This includes a chest x-ray, EKG, urinalysis, and lab work. All results will be faxed to Dr. Salin's office for review.
- The facility where your surgery is taking place will call you approximately 1-2 weeks prior to surgery to arrange your pre-operative appointment and to discuss your medical history, anesthesia, etc.
- For patients having surgery at **St. Luke's South, Advent Health South OP, or Menorah Medical Center** the facility will call you and set up the testing for you.
- For patients having surgery at **Overland Park Surgical Suites or Olathe Medical Center**, there is a lab order included in this packet that you will take with you to a hospital, local outpatient lab, or your primary doctor.
 - Labs must be done 2-4 weeks prior to surgery (This does not include COVID-19 testing). If your surgical facility has contacted you about your pre-operative testing, and it is already completed, give the date of lab work and the name of the physician/ location of where they were done to your surgery facility so they can obtain a copy of your testing as well. Please have all pre-operative lab work and testing faxed to KCBJ: 913-901-0186.
 - We recommend going to Menorah Medical Center because we have quick access to the results if labs are done there.
- No food or drink after midnight the night prior to your surgery.
- Stop all blood thinning medications including Aspirin, Xarelto, Lovenox, Eliquis, or Warfarin 7 days prior to surgery unless told otherwise by your primary care doctor or cardiologist.
- Stop all over the counter vitamins/supplements 7 days prior to surgery.
- Stop all NSAIDs including Ibuprofen, Naproxen and Aleve 7 days prior to surgery. *Meloxicam is the only NSAID you can take up until the day of surgery.*
- ****Tylenol products are OKAY prior to surgery****
- You may continue to take all other regularly prescribed medications (blood pressure, anxiety medications, etc.) unless instructed otherwise by the hospital anesthesia department.
- Dr. Salin recommends that patients stop smoking ASAP prior to having a total joint surgery. Smoking puts you at increased risk for infection post operatively. Also, smoking puts you at increased risk for fracture or loosening of the implant because the nicotine inhibits bone growth around the implant.



Blood Thinning Medications

You will be on a blood thinner for 4-6 weeks after surgery. This will help inhibit blood clotting or deep vein thrombosis (DVT) formation. You will start taking it the **morning after surgery**. Options include:

- Aspirin (Ecotrin) = 325mg twice daily for 6 weeks after surgery
OR
- Xarelto= 10mg once daily for 4 weeks after surgery

You will receive Xarelto as your post-operative blood thinner if you have any of the following risk factors:

Family history of blood clotting/DVT

Personal history of blood clotting/DVT

Blood clotting disorder

Nicotine usage (Smoking)

Estrogen based hormone replacement usage

There is no alternative to Xarelto and in some cases it can be expensive. You can talk to your pharmacy to see if a prior authorization through your insurance is required for this medication. If you are already taking a blood thinner regularly that was given to you by another doctor, we will use that medication as your post-operative blood thinner. However, you will need to know how long you are to be off your blood thinner prior to surgery. This can be anywhere between 3-7 days. Talk to the doctor that prescribes your blood thinner about this because they will determine how long you will be off your blood thinner prior to surgery. Cardiac clearance will need to be obtained before proceeding with surgery.

Pain Management:

After your surgery, you will be given prescriptions to help you with pain control. These will be prescribed for you at the surgery facility. You may receive some of the following medications:

Celecoxib (Celebrex) = anti-inflammatory

Gabapentin (Neurontin) = helps alleviate nerve pain

Pregabalin (Lyrica) = helps alleviate nerve pain

Tramadol (Ultram) = narcotic pain medication

Hydrocodone-Acetaminophen (Norco) = narcotic pain medication

Oxycodone = narcotic pain medication

Oxycodone-Acetaminophen (Percocet) = narcotic pain medication

For any additional refills, please call the KCBJ office. If you are unable to get a nurse, leave a voicemail with the drug name, dosage, and name/location of pharmacy you want it sent to. Voicemails are checked throughout the day and Dr. Salin's nurse will get the medication called into the pharmacy for you. **Dr. Salin will stop giving refills of narcotics/controlled substances 12 weeks post-surgery.** Make sure you are weaning off the pain medication before this time.



Post-Operative Incision

- Your incision will be very minimal, only about 6 inches long in length and will be located on the front of your knee.
- You will go home with a dressing in place over the incision. This dressing will be REMOVED 7 DAYS POST SURGERY. You can remove this yourself by simply peeling off the dressing. Everything is superficial and peels off the skin.
- If there is no drainage, leaking or bleeding, you may leave the incision open to air. If there is any fluid coming from the incision, call the KCBJ office. If your underwear/clothes rub or irritates the incision, place a small gauze pad or band-aid over the incision to pad it. You can use skin tape to hold this in place.
- You will be able to shower 24 hours after being discharged from the hospital. Do not let water directly hit the incision or dressing. Pat-dry thoroughly. You cannot soak in a pool, bath or hot tub until the incision is completely healed.
- Dr. Salin recommends using cling wrap to cover the incision during showers. You will need to keep the incision covered during showers **even after the dressing is removed**. Do this until your post-operative appointment.

Physical Therapy

- The amount of time you will need an assistive device like a walker, cane, crutches will be determined by your therapist and how safe you are when walking. You will start off utilizing a walker, then advance from there. You will likely be using assistive devices for approximately 4-6 weeks.
- After you are discharged from the surgical facility, you will start Home Health therapy for 2 weeks. This will be ordered to take place 2-3 times per week with a therapist/nurse coming to your home. If you are having surgery at a hospital (SLS, MMC, ASOP, or OMC), the HH therapy will be set up while you are there. If you are having surgery at the ambulatory surgery center (OPSS), KCBJ will send an order to a home health agency for you, and they will be calling you prior to your surgery to arrange sessions for PT.
- You will do HH therapy for the first 2 weeks until your post-operative appointment at KCBJ. At that appointment, you will likely start formal outpatient therapy at a facility of your choice. This will be discussed further at your post-operative appointment.
- At your post-operative appointment, we will be getting x-rays. Please wear comfortable clothing that can be easily removed or something that does not have zippers, snaps, or any type of metal.



Compression Stocking (TED Hose)

- You must wear TED hose for a total of 4 weeks. For the first 2 weeks they are to be worn **at all times** (24 hours per day), taking them off only to shower. Weeks 3-4 after surgery, you must wear the stockings during the daytime only and may take them off at night.

Driving

- You may drive approximately 4 weeks after surgery. If your surgery was on your right leg, this time may be longer. Before you start driving you must be off all narcotic pain medications, feel like you have your reflexes back, and Dr. Salin/Midlevel feels comfortable with you driving.

Follow up Appointment

- You will be seen in the KCBJ office approximately 2 weeks after your surgery by one of Dr. Salin's midlevels. If this has not been set up, please call the KCBJ office. You will also have follow-ups at 6 weeks, 3 months, 12 months and then as needed every 4-5 years.

Handicap Parking Permit

- These permits can be obtained from Dr. Salin's office. A form will be filled out that you will take to the DMV. The DMV will then give you the placard to hang in your car. You can ask Dr. Salin's assistant for a handicap placard form and it can be picked up at the KCBJ office or mailed to your home address. We can only give these temporary placards after surgery and up to 3 months at a time.

Frequently Asked Questions and Answers

- **Do I have to call my insurance company for authorization prior to my surgery?**
 - KCBJ and your specific surgery facility will do all the necessary authorizations needed for your surgery. You should be called from our bookkeeping department once this is complete. You may be responsible for any deductible that has not been met prior to surgery.
- **Do I need to start an iron supplement prior to surgery?**
 - If you currently take iron and it does not upset your stomach, you may continue. This is not a requirement for Dr. Salin's patients.
- **Do I need to schedule a pre-op appointment with Dr. Salin?**
 - If we have scheduled your surgery, then you have met this requirement for Dr. Salin. If you have an extensive medical history, it is always best to contact your primary medical doctor for clearance. The hospital will call you about 1-2 weeks prior to surgery for any pre-op labs and testing needed prior to surgery.



- *Do I need to donate blood prior to surgery?*
 - Dr. Salin does not recommend that you donate blood prior to surgery. With the minimally invasive approach and techniques, there is little blood loss during surgery.
- *When will I find out my correct arrival time before surgery?*
 - The surgery facility will confirm your arrival time the day before surgery.
- *How long will I be in the hospital?*
 - On average, patients stay 1-2 nights after surgery. Depending on how you do during your recovery, you could be there longer or shorter.
- *Will I have long term restrictions after surgery*
 - You will not have any long-term restrictions post-surgery. Please follow your specific post-operative instructions.

Our team is here for you through this entire process. Please do not hesitate to reach out to us if you have questions or concerns.



Dr. Salin Antibiotic Protocol

Total Joint Antibiotic Protocol

For future dental work and surgery, it may be necessary to protect your new joint with antibiotics. **Keep this paper for future reference to show your dentist and other doctors.** Dr. Salin recommends antibiotic prophylaxis, to be continued for the life of the implant.

Dental Procedures

- First option: Amoxicillin 2 Gms by mouth 1 hour prior to procedure.
 - a. If allergic to Amoxicillin, substitute Keflex 2 Gms by mouth 1 hour prior to procedure.
 - b. If allergic to Keflex, substitute Clindamycin 600 mg by mouth 1 hour prior to procedure.

If you have a question, you can access our “Portal Messages” portion on the secure patient portal at www.kcbj.com or you can contact our office at 913-381-5225.

Dr. Salin

Surgery Time

The hospital/surgical facility may change the order of the surgical cases for your surgical day, depending on the necessary equipment needed and to accommodate rooms/staff/reps. All surgical patients will be notified the day before surgery by the hospital/surgical facility with the exact time to check-in and any instructions.

Any time that is given to you by Dr. Salin's surgical coordinator is TENTATIVE!

Preparing for Surgery

Medical Appointment

Prior to surgery you may be required to have a medical clearance. You will be instructed by your physician if this is needed. Your surgeon will then review these results and determine if you are cleared for surgery.

Dental Exam

It is very important that you do not have any underlying dental problems prior to surgery. Dental procedures could allow bacteria to enter your blood stream which may lead to increased risk of infection of your total joint. After surgery you will be required to be pre-medicated prior to any dental appointment. You will need to be pre-medicated for life for ANY dental procedure and cleanings after your surgery. It is recommended that you wait 3 months after surgery before scheduling any routine dental visits. Please call your surgeon for the correct medications prior to your dental appointment.

Exercise

Exercising prior to surgery can be just as important as the rehabilitation after surgery. Enclosed in this book are exercises that can help you increase your strength prior to surgery. This will help with your recovery process. It is recommended that you start these exercises 4-6 weeks prior to surgery unless you have been instructed otherwise by your physician.

Medication

Your physician will instruct you on what medications to continue or stop prior to surgery. You will need to stop ANY over the counter supplements as well as Aspirin, Ibuprofen, or Aleve one week prior to surgery. You may use Tylenol and ice/elevation for pain management up until surgery, but **Dr. Salin will not give you narcotic pain medication before your surgery.**

Please allow 24 hours for refill on narcotic pain medications.

Prepare Your Home

It is best to have your home prepared prior to surgery. Following is a list of suggestions that might help with your return home:

- Clean
- Move loose fitting clothes to an area that is easy to access
- Place clean linens on your bed
- Pick up throw rugs and tack down any loose carpeting
- Remove any cords that may be tripped over
- Install night lights in bathrooms, bedrooms, and hallways
- Make sure all hallways and doorways are accessible and not blocked
- Place a non-skid mat in the tub or shower
- Prepare and freeze meals ahead of time
- Social planning
 - Prepare transportation to and from the surgery facility
 - Make sure you have someone available if help is needed for pet care, cleaning, laundry, and grocery shopping

Preoperative Care

- The facility will call you approximately 1-2 weeks prior to surgery to discuss your medical history, anesthesia, etc.
- Our office will pre-cert your surgery, then someone from our bookkeeping department will call you to discuss your benefits prior to surgery.
- Stop ALL over the counter supplements, Aspirin, Ibuprofen, or Aleve 1 week prior to surgery (some over the counter medications interfere with anesthesia)
- ****Tylenol products are okay prior to surgery****
- No food or drink after midnight the night prior to your appointment

What to Bring to Surgery

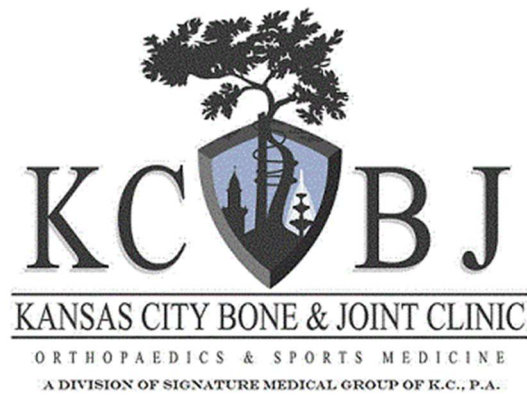
- Current medication LIST (Leave all medications at home)
- Insurance cards, driver's license or photo ID
- Comfortable clothes, loose fitting pants to return home in
- Co-payment for your insurance company
- Leave all valuables at home

Night Prior to Surgery

- Take medications as prescribed
- No lotions or powder on surgical extremity
- Remember no food or drink after midnight

Morning of Surgery

- Take medications as directed with a small sip of water
- No make-up or jewelry
- Check in to the facility two and half hours prior to procedure



Dr. Salin's office will call-in your post-operative blood thinner prior to surgery if you do not already normally take one.

DO NOT take the blood thinner (Aspirin or Xarelto) prior to surgery!!

IF YOU TAKE THESE
MEDICATIONS WITHIN 7 DAYS
OF YOUR SURGERY, YOUR
SURGERY COULD BE
CANCELLED.



ALL NSAIDS (excluding
Meloxicam/Celebrex), FISH OIL,
VITAMINS AND SUPPLEMENTS
MUST BE DISCONTINUED 7
DAYS PRIOR TO SURGERY. IF
THESE ARE NOT STOPPED YOUR
SURGERY COULD BE
CANCELLED.



If you are having surgery at **Overland Park Surgical Suites or Olathe Medical Center**, you will be required to obtain your own standard rolling walker. It can be a used product and will not be needed for long. Please take this with you to the surgery facility.

If you are having surgery at a **St. Luke's South, Advent Health South, Menorah Medical Center**, they will help you obtain a walker when you are there at the facility if you do not already have one.



Day of Surgery

Admissions

On the day of surgery, you should arrive to the facility 2 hours and 30 minutes prior to your scheduled procedure. This gives the facility and nursing staff the adequate amount of time to get you prepared for your surgery. During the registration process you will need to have your insurance cards, photo ID, and any co-payment that may be required by your insurance.

Pre-operative Care

After registration is complete you will be escorted to the pre-operative area. After you are prepared for surgery, you may have a family member sit with you until the time for your surgery. During your surgery, your family will return to the waiting room. The facility staff will ask for a phone number of the person you want to be contacted after your surgery is complete.

In the pre-operative area, you will meet with the medical staff who will prepare you for surgery. This will include gathering health information, physical assessment, and starting an IV. The anesthesia staff will also meet with you to discuss your anesthesia needs. Your surgeon will also confirm the surgical site and initial the area.

Operating Room

After they have made all preparation for surgery, you will then be taken to the operating room. Here the staff will verify your name, date of birth, and the surgical procedure that will be performed. At this time, you will be under the care of the anesthesia staff, your orthopedic surgeon and the operating room nursing staff. A joint replacement may take about 90-120 minutes. Updates will be provided to your family during your surgery.

Once your surgery is completed, the surgeon will contact your family members and discuss your surgery.

Post Anesthesia Care Unit (PACU)

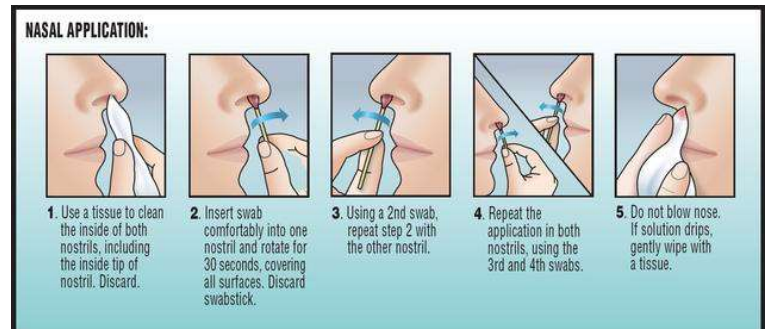
Once your surgery is complete members of the operating staff will escort you to the PACU. In the post anesthesia care until you will be monitored closely by the nursing staff.

A dressing will be present over the incision along with an ice pack to help keep the swelling down and help manage your pain. Your pain will be monitored closely, and pain meds will be given to you as needed. You will be offered ice chips which will gradually be increased to sips of fluids. Once your pain is under control and you can tolerate liquids, you will be allowed to go home.

Pre-Op Outpatient Medication Instructions

Stop all over the counter medications one week prior to surgery

- Anti-inflammatory – Celebrex 200 mg 2 capsules night prior to surgery (if allergic to sulfa this does not apply) *If script needs pre-cert, it will be cancelled.*
- Neurontin 300 mg night prior to surgery
- Hibiclens Body wash- wash with this soap for 5 days prior to surgery
- Bactroban Nasal Ointment is to be placed on the anterior nares (nostrils) twice daily for 5 days prior to surgery as well. This is prophylactic measure for MRSA/Staph infections



Post-OP Outpatient Medication Instructions

- Anti-inflammatory – Celebrex 200 mg 2 capsules night prior to surgery and then 1 capsule twice per day for 13 days after surgery (if sulfa allergy this does not apply) - *If script needs pre-cert, it will be cancelled*
- Nausea – Zofran 4 mg 1-2 tables by mouth every 8 hours as needed for nausea
- Blood thinner – Ecotrin 325mg 1 tablet by mouth twice daily for 6 weeks post-surgery - **OR** -
- Blood thinner – Xarelto 10 mg 1 tablet by mouth every day for 4 weeks post-surgery
- Post-op antibiotic – Keflex 500mg 1 tablet by mouth every 6 hours after surgery until competed

Pain Medications

- Norco 5/325 – 1-2 tablets every 4 hours for 3-7/10 pain (Max Tylenol 3,000mg per 24 hours)
- Oxycodone 5mg – 1-2 tablets by mouth every 4 hours as needed for pain – for breakthrough pain
- Dilaudid 2mg – 1-2 tablets by mouth every 4 hours as needed for severe pain – Only take if no relief from Norco and Oxycodone

Every patient of Dr. Salin's is unique and has different needs. IT IS LIKELY YOU WILL NOT NEED ALL THE MEDICATIONS ON THIS LIST. If you do not have each of the medications on this list, **that is OK**. However, call Dr. Salin's nurse if you have questions/concerns.

Kansas City Bone & Joint Clinic

Division of Signature Medical Group of KC, PA

Overland Park: Corporate Medical Plaza, Building #1 10701 Nall Ave., Suite 200, Overland Park, KS 66211

Lee's Summit: 3151 NE Carnegie Dr., Suite B, Lee's Summit, MO 64064

Advent Health South: Medical Building, 7840 W. 165th St., Suite 280, Overland Park, KS 66223

Phone: 913-381-5225 | Fax: 913-901-0186

www.KCBJ.com

Prescription Policy

We will gladly assist our patients in obtaining appropriate medication refills during normal business hours. **Please allow 24 hours** for all refill request to be completed.

However, we **will not** refill narcotic prescriptions after 3pm on Fridays, and **we will not refill any** prescriptions after normal business hours or on weekends.

Please plan ahead to avoid any problems.

Thank you,
KCBJ Staff

Opioid-Induced Constipation

Opioids, a type of prescription pain medication, can trigger a specific type of constipation known as opioid-induced constipation (OIC). Opioid drugs include pain medications such as:

Oxycodone (OxyContin)
Hydrocodone (Zohydro ER)
Tramadol
Codeine
Morphine

These medications are effective because they block pain signals by attaching to receptors throughout your nervous system. These receptors are also found in your bowels.

When opioids attach to receptors in your gut, it lengthens the amount of time it takes stool to pass through your gastrointestinal system.

Opioid-Induced Constipation Medication Over the counter (OTC)

- Stool Softener: these include Docusate (Colace) and Docusate Calcium (Surfak). They increase the amount of water in your colon and help stools pass easier.
- Stimulants: These include Biscacodyl (Ducodyl, Dulcolax) and Senna-sennosides (Senokot). These induce bowel activity by increasing intestinal contraction.
- Osmotics: Osmotics help fluid move through the colon. These include oral magnesium hydroxide (Phillips Milk of Magnesia) and polyethylene glycol (MiraLAX).

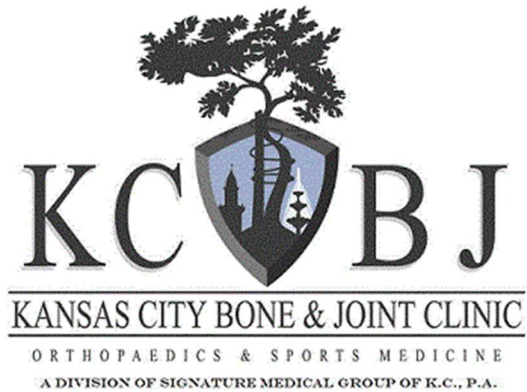
In order for these medications to work, you need to be plenty hydrated. Increase your fluid intake by consuming water, coffee, Gatorade, or Pedialyte. AVOID: teas, alcohol, and milk.

Dairy naturally slows down digestion. Avoid dairy products while using opioids. Fatty and processed foods are difficult to digest and may make OIC worse. Limit your intake of trigger foods, such as fast foods and junk foods.

If the medications listed above or the medications you are given post-operatively do not work, you can try this:

Go to your local pharmacy and purchase a bottle of magnesium citrate and a box of Miralax capsules. Try taking 1/3 a bottle of Magnesium Citrate. You can mix it with water or 7UP soda if needed. Then, wait 45-60 minutes and repeat until the bottle is empty. If this does not work, you can try taking Miralax 1 capsule per hour until you have relief.

Please call the office if you have questions of if this does not work.



Blue Zone

We refer to the “Blue Zone” as a period in your recovery when you seemingly hit a plateau in your progress. This typically happens between 6-10 weeks after surgery. THIS IS NORMAL. It can be very frustrating, and you may experience some pain that you would characterize as achy, tender, stiff, and sore. This WILL start to improve after this 4-week window, and you will begin to start making progress again. This is all part of the healing process, and we encourage patients to be patient through the recovery process.

You will feel better soon!



The following exercises are to be performed
BEFORE SURGERY ONLY.

If you are unable to perform the exercises due to pain,
you are NOT required to do them. They are only for your
benefit to help build muscle strength prior to surgery,
which can help make your recovery easier.

Total Knee and Total Hip Replacement Exercises

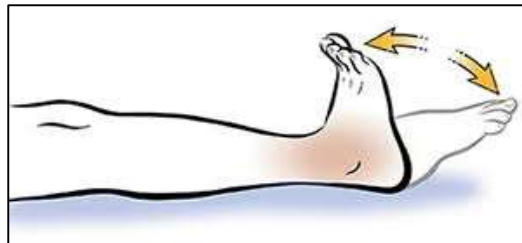
General Information

It is important to keep your body strong and flexible both before and after your joint replacement surgery. Following the exercise program presented below will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.

Circulation Exercise: Ankle Pumps

Lie on your back. Gently point and pull ankle of your surgical leg by pumping foot up and down.

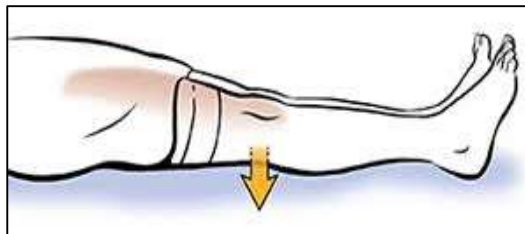
- Repeat 10 times (1 set)
- Perform 2 sets a day



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

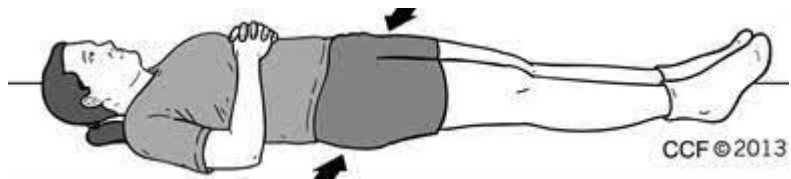
- Repeat 10 times (1 set)
- Perform 2 sets a day



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.

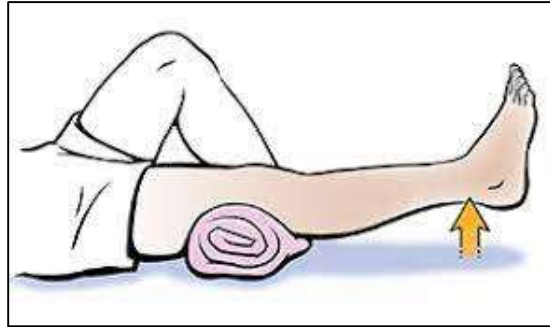
- Repeat 10 times (1 set)
- Perform 2 sets a day



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 a roll

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

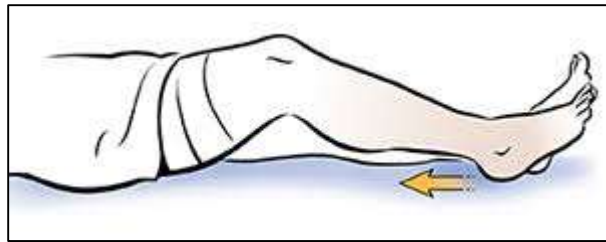


Heel Slides

Lie on your back. Bend your surgical knee by sliding your heel toward your buttocks.

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

You may be instructed to pull on a bed sheet hooked around your foot to help you slide your heel.

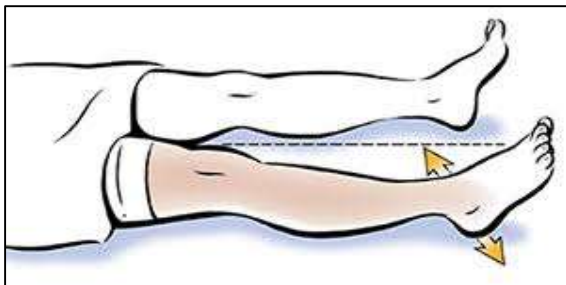


Hip ABD/Adduction

Lie on your back. Keep your knee straight and toes pointing toward the ceiling. Slide your surgical leg out to the side and back to the center. Do NOT allow your surgical leg to cross the midline.

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

Note: After surgery for a hip replacement, ask your surgeon or therapist about this exercise

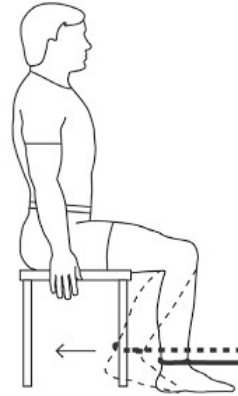


Additional Joint Replacement Exercises

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.

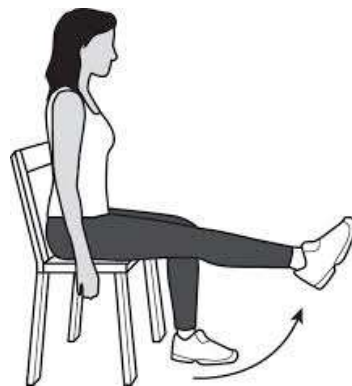
- Repeat 10 times (1 set)
- Perform 2 sets a day



Sitting Knee Extension

Straighten your surgical leg.

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



Hip Abduction, Standing

While standing, raise your leg out to the side. Keep your leg straight and keep your toes pointed forward the entire time. Use your arm if needed for balance and safety.

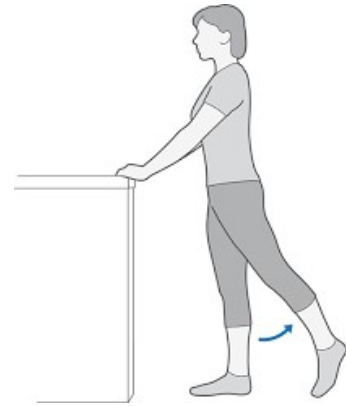
- Repeat 10 times (1 set)
- Perform 2 sets a day



Hip Extension, Standing

While standing, move your leg back. Use your arms if needed for balance and safety.

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



Hip Extension, Standing

Stand on one leg and maintain your balance

- Repeat 10 times (1 set)



Additional Knee Replacement Exercise

Straight Leg Raise

Lie on your back with your non-surgical leg bent. Tighten your knee on surgical leg and slowly lift your leg to the level of the bent knee. Keep your back flat on the surface.

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



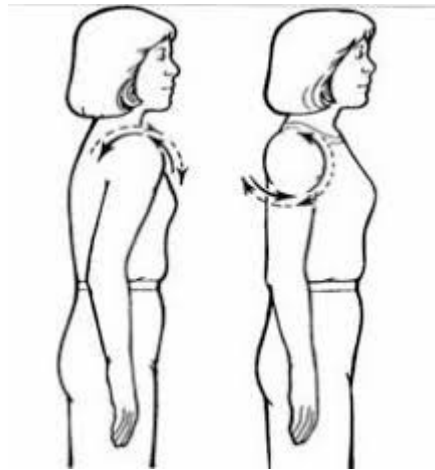
Upper Body Conditioning/Strengthening Exercises

Before undergoing joint surgery, it is important to prepare for your rehabilitation. The following exercise program should be started 4-6 weeks before surgery. These exercises should be done daily if possible or at least 5 times per week.

Conditioning/Strengthening Exercises

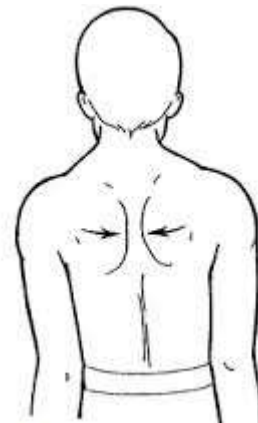
Move shoulders forward in a circular motion for a count of 10. Then, move shoulders backward in a circular motion for a count of 10.

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



Pinch shoulder blades together by pulling arms back toward each other. Remember to keep elbows straight. Hold for 5 seconds, then relax.

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



Standing or seated with one arm bent to 90 degrees at side. Slowly bend elbow and raise the weight toward the shoulder. Remember to keep the palm up. Repeat with the opposite arm. Movements should be slow and controlled.

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



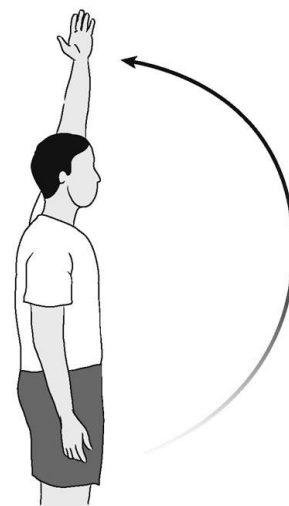
Stand or sit and bring arm up so the elbow is near the ear. Support the arm that is holding the weight with the other hand by the elbow. Now slowly straighten the arm then bend it. Repeat using the opposite arm.

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



Keep Elbow straight and raise arm above head. Very slowly return arm to side. This exercise may be performed sitting or standing. Repeat with opposite arm.

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



Sitting with back against chair, scoot to the edge of the chair, then scoot back. Remember to use both arms during this activity.

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



Sitting on the edge of the chair, place hands on arms of the chair and push body up out of the chair. Lower body slowly back into the chair. Remember to use both arms during this activity.

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

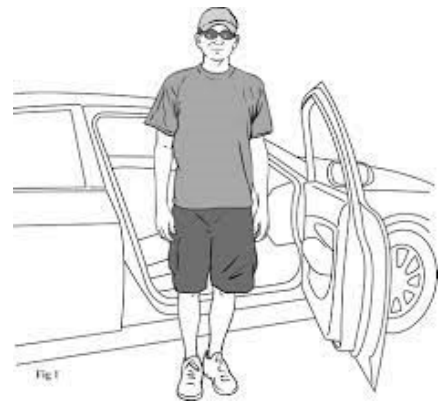


How to Get In and Out of a Car After a Total Joint Replacement

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 the car using the appropriate walking device.
4. When close to the car, turn and begin backing up to the front passenger car seat. Never step into the car!
5. Placing a plastic bag on fabric seat may make moving easier.
6. Reach with your right hand and hold the door frame or headrest. 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.
10. Do NOT cross your legs!
11. Reverse these steps to get out of a car.

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 do not become too stiff.

Generally, driving is not recommended for 6-8 weeks after surgery. Please contact your doctor to find out when it is safe to resume driving.





Surgical Financial Statement

SURGERY DEPOSIT- If you have not met your deductible or have an insurance co-pay, you will be required to make a surgery deposit prior to surgery that will be applied to your balance after insurance pays. Our office will call you with the pre-pay amount.

CHECK WITH YOUR INSURANCE- Some insurance plans require the patient to notify them of any scheduled surgery. Checking on your benefits will allow you to plan for any expenses. We will check for surgical authorization with your insurance as well as the hospital/surgical center.

CHARGES YOU MAY SEE- Typically, you will receive charges from several different companies including the surgeon, the surgical facility, the anesthesiologist, and sometimes lab companies.

WORKMAN'S COMPENSATION- If you are covered under workman's compensation, you typically will not see any of these bills. If you do get a bill, be sure to contact the billing provider with your employer to ensure they have your correct insurance information.

NOTICE OF PHYSICIAN OWNERSHIP- Several of our physicians have ownership in certain outside facilities. Please be advised that your physician may hold a financial interest in the surgical facility chosen for your surgery. A list of physician owners and facilities is available upon request.

CHARGES AFTER SURGERY- You will not be billed an office visit fee for a period of time, as long as that visit is related to the surgery, however you may have a charge for x-rays, supplies, or medications from an injection if performed. A "co-pay" or coinsurance may be required by your insurance in this situation. This time frame is often referred to as a 'global period' (most likely for 90 days). If covered under workman's compensation, these fees will be covered.

FMLA- Please see attached form for information on FMLA/Disability Form completion. You may need to contact your employer/HR department, insurance company, etc. for this information.

DO NOT BRING THESE FORMS TO SURGERY. THIS MUST BE DONE PRIOR TO YOUR SURGICAL DATE.

Thank you for choosing Kansas City Bone and Joint Clinic to assist you with your needs.

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