

# Going Home

Your stay at Joint Camp will likely last two to three days, after which our goal is for you to go home. By coming to Joint Camp and participating in the exercises and group therapy, you will become stronger. You also will have learned the important skills needed to ensure your safety and aid your recovery.

## Caring for Yourself at Home

When you go home, there are a variety of things you need to know about your safety and comfort while you recover. Remember the skills you learned at Joint Camp.

At first, you may notice some changes in your body— such as a poor appetite, difficulty sleeping at night or a very low energy level. These are all common after having surgery. Remember, your body will gradually return to normal as you regain your desire for solid food and develop a sleep schedule.

You may also have some low days when you feel blue or depressed. On those days, call a friend or family member to talk and make sure you continue the exercises you learned at Joint Camp. Socializing and physical activity can help improve your mood and remind you that better days are ahead.

## Pain and Medication:

- Make a schedule to take your pain medicine regularly. Be sure to take pain medicine at least 30 minutes before physical therapy and planned exercises.
- You can start taking pain medicine less often when your pain subsides. Gradually, you will wean yourself off the prescription pain medicine and take acetaminophen (Tylenol®) instead.
- Time your pain medicine so you take a dose before you go to bed. This will help keep you comfortable through the night while you sleep. If you awaken in the middle of the night, you may need to repeat the dose. Try not to sleep or nap too much during the day.
- Keep taking your blood-thinning medicine as prescribed to prevent blood clots from forming.
- Try to change your position at least once every hour while you are awake.
- Use an ice pack (or a bag of frozen peas wrapped in a kitchen towel). Ice helps with pain and swelling, and may feel especially good before and after your exercise program.
- Taking pain medicine and not being at a normal activity level increases the risk of constipation. Use stool softeners as recommended by your pharmacist (usually two to three times a day). Be sure to eat plenty of fruits and vegetables; this will help normalize your bowel movements. Also, drink six to eight glasses of water each day. You may need to take a laxative periodically.
- Notify your dentist that you have had a total joint replacement. You must take a prophylactic antibiotic when you have dental work or any other invasive procedure. This will need to be done for the rest of your life. Antibiotics may be prescribed from your dentist, your family doctor or your orthopaedic surgeon.
- Continue to take a multivitamin every day.

## Your Incision:

- Keep your incision dry.
- Keep your incision covered with a light, dry dressing until there is no drainage. You may continue to cover your incision if your clothes are rubbing the incision line. Be sure to change your dressing daily.
- You may shower daily, but do not scrub your incision or rub it dry. Instead, wash lightly and pat dry. No tub baths or soaking in a pool or hot tub is allowed until the incision line is healed.
- Notify your surgeon of any signs of infection: change in color, amount, or odor of drainage; increased pain; surrounding skin feels hot to the touch; or an increased amount of redness around your incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it is higher than 101° F.

## Special Instructions for Knee Campers

- If prescribed by your surgeon, continue using the continuous passive motion (CPM) machine. You should use it two to three times a day, for one to two hours at a time. You may use it one time less on the days you go to outpatient therapy. You will continue using this machine for six weeks after surgery.
- Make sure to keep your first outpatient physical therapy appointment and schedule additional appointments in advance, if possible.

## Home Exercises

- Continue doing the exercise routine you learned at Joint Camp at least twice each day.
- Keep walking, this will help your muscles get stronger. You will need to use a walker or crutches at first for your safety. Keep using your walker or crutches until your therapist or surgeon tells you that you no longer need them.

## Preventing Blood Clots at Home

When you go home, you still have an increased risk of developing blood clots because you will not be at a “normal” physical activity level for a period of time after surgery. Foot and ankle pumps, walking, compression stockings and blood-thinning medicines (like aspirin, Coumadin®, Fragmin® or Arixtra®) ordered by your surgeon will help prevent blood clots from forming.

When taking a prolonged car ride, make sure that you get out and walk around for a few minutes every one or two hours. This will help the blood circulation in your legs and throughout your body. When flying, do foot and ankle pumps often when sitting and walk in the aisle every one or two hours, if possible.

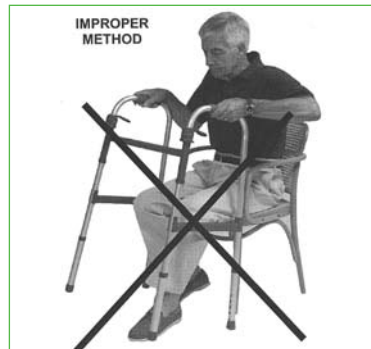
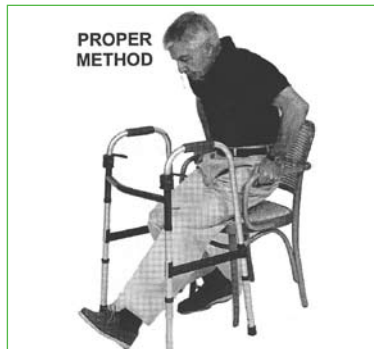
Call your physician if you notice pain of tenderness in your calf or swelling in your thigh, calf or ankle that does not go down with elevation.

Sometimes, an unrecognized blood clot can break away from the wall of a vein and travel to the lungs. This is a very serious, possibly fatal condition called a pulmonary embolism (PE). The signs of a PE include sudden chest pain, difficult and/or rapid breathing, shortness of breath, sweating and confusion. If you notice any of these symptoms, call 911 right away.

## Activities of Daily Living

### Precautions and Home Safety Tips

#### When Standing Up from a Chair



**DO NOT** pull up on the walker to stand. Sit in a chair with arm rests when possible.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the arm rests. If sitting in a chair without armrests, place one hand at the center of the walker while pushing off the side of the chair with the other.
3. Balance yourself before grabbing for the walker.

#### Walker Ambulation



1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. **DO NOT** move it past the front feet of the walker.
3. Step forward with the operated leg. **\*NOTE\*** Take small steps. Do not take a step until all four walker legs are flat on the floor.
4. Stair-climbing: Ascend with non-operated leg first (“Up with the good.”) Descend with operated leg first (“Down with the bad.”)

## Lying in Bed – HIP Patients



Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or towel-roll on the outside of your leg may help you maintain this position.



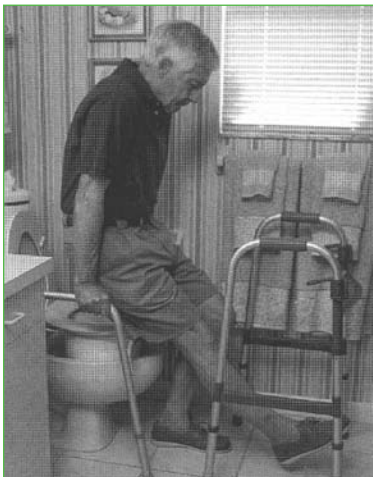
When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then, place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto your side.

## Lying in Bed – KNEE Patients



- Lie in bed with a pillow under your ankle.
- Do not put a pillow under your knee.
- Your knee should be kept as straight as possible.
- Place a small pillow under your ankle to assist in straightening.

## Transfer – Toilet



You may need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

### When sitting down on the toilet:

- Take small steps, and turn until your back is to the toilet. Hip patients: never pivot.
- Back up to the toilet until you feel it touch the back of your leg.
- If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. If using a raised toilet seat without armrests, keep one hand at the center of the walker while reaching back for the toilet seat with the other.
- Slide your operated leg out in front of you when sitting down.

### When getting up from the toilet:

- If you are using a commode with armrests, use the arm rests to push yourself up. If using a raised toilet seat without armrests, place one hand on the walker and push off the toilet seat with the other.
- Slide the operated leg out in front of you when standing.
- Balance yourself before grabbing the walker.

## Transfer – Into Bed



### When getting into bed:

- Back up to the bed until you feel it on the back of your legs (you should be midway between the foot and head of your bed). Hip patients: be sure to slide your operated leg out in front of you when sitting down.
  - Reaching back with both hands, sit on the edge of the bed and scoot back toward the center of the mattress. Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier.
  - Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
  - Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your theraband to assist with lifting that leg into bed).
  - Keep scooting and lift your other leg into the bed.
  - Scoot your hips toward the center of the bed. Hip patients: do not cross your legs while trying to help the operated leg into bed.

## Transfer – Out of Bed



### When getting out of bed:

- Scoot your hips toward the edge of the bed.
  - Sit up while lowering your non-operated leg to the floor.
  - If necessary, use a leg-lifter to lower your operated leg to the floor.
  - Scoot toward the edge of the bed.
  - Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing off the bed with the other.
- Hip patients: slide your operated leg out in front of you when standing up.
  - Balance yourself before grabbing for the walker.

## Transfer – Tub



### Getting into the tub using a bath seat:

- Place the bath seat in the tub facing the faucets.
- Back up to the tub until you can feel it on the back of your knees. Be sure you are in front of the bath seat.
- Reach back with one hand for the bath seat. Keep the other hand in the center of the walker. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub, using a leg lifter for the operated leg, if necessary.
- Hold onto the back of the shower seat.

**\*NOTE\*** Always use a rubber mat or non-skid adhesive on the bottom of the tub or shower. To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

**\*NOTE\*** Although bath seats, grab bars, long-handled bath brushes, and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

### Getting out of the tub using a bath seat:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
- Balance yourself before grabbing the walker.



### Getting into the tub without a bath bench:

- Walk to the side of the tub, with your non-surgical leg closest to the tub.
- Using your walker in front of you, step into the shower with your non-surgical leg first.
- Continue to use your walker for support as you step in with the surgical leg. Make sure that you do not twist on your operative leg.
- Take small steps to turn and face the faucets if necessary.

### Getting out of the tub without a bath bench:

- Step out over the side of the tub with surgical leg first using the walker outside of the tub for support.
- Lift your non-surgical leg over the edge of the tub.

## Getting into a walk-in shower:

- Back up to the shower with the walker in front of you.
- Step back into the shower with non-surgical leg.
- Lift surgical leg into shower.

## Getting out of a walk-in shower:

- With walker in front of you, step out of the shower with your surgical leg first.
- Step out with non-surgical leg.

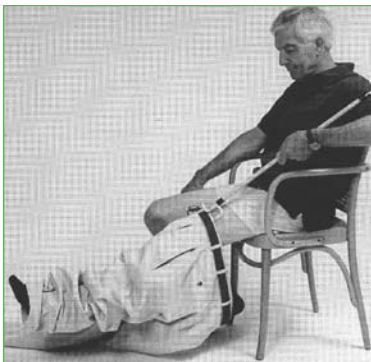
## Transfer – Car



- Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- Place a plastic trash bag on the seat to help you slide and turn frontward.
- Back up to the car until you feel it touch the back of your legs.

- Reach back for the seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you do not hit it on the door frame.
- Turn frontward, leaning back as you lift the operated leg into the car. Hip patients: turn frontward when there is enough room for the knee to bend comfortably, but not past 90 degrees.

## Pants/Underwear – HIP PATIENTS



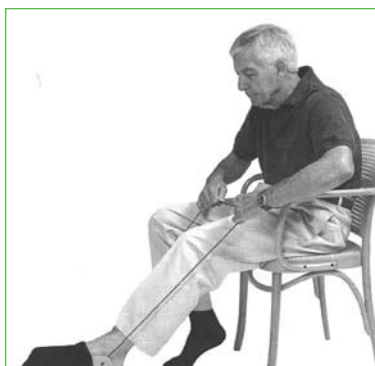
Taking off pants and underwear using a “reacher” or “dressing stick”:

- Back up to the chair or bed where you will be undressing.
- Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
- Lower yourself down, keeping your operated leg out straight.
- Take your non-operated leg out first, and then the operated leg.

## Putting on pants and underwear:

- Sit down.
- Put your operated leg in first, and then your non-operated leg. Use a reacher or dressing stick to guide the waistband over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.
- A reacher or dressing stick can help you remove your pants from your foot or off the floor.

## Socks



### Putting on socks

How to use a sock aid:

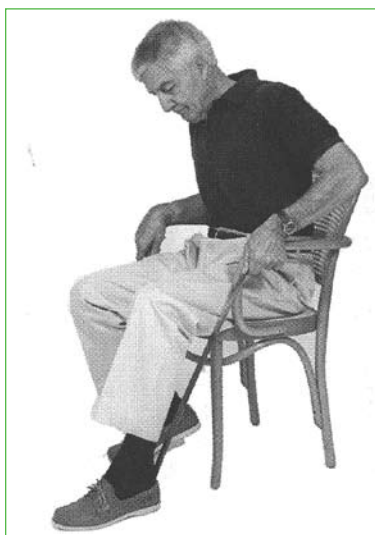
- Slide your sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on.
- Keep pulling until the sock aid pulls out.
- If using knee high TED hose, use a reacher or dressing stick to pull sock the rest of the way up your leg, if needed.

### Taking socks off

How to use a dressing stick:

- Slide the stick between the sock and your leg.
- Push on the dressing stick to slide the sock over your heel.
- Keep pushing until the sock is off your toes.
- A reacher or dressing stick can be used to remove a sock off your foot or from the floor.

## Shoes



Using a long-handled shoe horn:

- Use your reacher, dressing stick, or long-handled shoe horn to slide your shoe in front of your foot.
- Place the shoehorn inside your shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
- Lean back, if necessary, as you lift your leg and place your toes in your shoe.
- Step down into your shoe, sliding your heel down the shoehorn.

**\*NOTE\*** Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. Do not wear high-heeled shoes or shoes without backs.

## Going Up/Down Steps



- Use rail if available. Turn walker sideways. Step up with strong leg first.
- Step up with weaker leg and then move walker up a step. Repeat with strong leg first.
- Step down with the weaker leg first.
- Use the rail for support. Step down second with the strong leg. Repeat.

Always remember: UP with the GOOD leg. DOWN with the BAD leg

## Going Up/Down Stairs with Crutches



### To go upstairs:

- Start close to the bottom step, and push down through your hands
- Step up with your good leg first leaving the crutches on the step below
- Step up to the same step with the injured leg bringing the crutches with
- Repeat steps 1-3 for remaining steps



### To go down the stairs:

- Start at the edge of the step
- Place crutches down one step
- Step down with your injured leg first, putting weight through the crutches
- Step down with your good leg
- Repeat steps 1-4 for remaining steps

Always remember: UP with the GOOD leg. DOWN with the BAD leg