TOTAL JOINT PROGRAM

Knee Replacement

LOGAN HEALTH

Welcome to Logan Health

TOTAL JOINT PROGRAM

Thank you for choosing Logan Health's Total Joint Program. Now that you have decided to have your joint replaced, the information in this booklet will guide you on your way.

Total joint reconstruction is major surgery and we expect you to have questions, concerns, hopes, and expectations. Within the pages of this booklet, you will find the education and resources you need to make your total joint experience satisfying and successful. Through the process of preparing for your surgery should you or your family have any questions, please contact our orthopedic nurse navigators.

Please read the information in the booklet carefully as you prepare for surgery. Use the included pages to make a list of questions that you have and bring them to your appointment before surgery so we can answer them for you.

The more you know about your surgery, the better you will be able to take part in your recovery and return to an active lifestyle.

Our dedicated orthopedic surgeons and staff have developed a comprehensive total joint program to provide you with the best information possible as you journey towards your joint replacement surgery. We know that the decision to have joint replacement surgery is a personal one that involves many people and affects many aspects of your life.

The orthopedic team at Logan Health is honored you have chosen us to support you in your total joint replacement surgery and recovery. We look forward to providing you with exceptional care as you begin your journey regaining an active lifestyle without joint pain.

The Logan Health Total Joint Replacement Team

KALISPELL

Jennie, Nurse Navigator ..... (406) 607-8045

Ally, Nurse Navigator ..... (406) 858-6898

WHITEFISH

Sue, Nurse Navigator ..... (406) 863-3783

Nurse Navigator office hours: Monday - Friday, 8am - 4:30pm

If after hours , please call (406) 752-6784 to be directed to the on call provider.

PATIENT ROADMAP

Schedule surgery

A surgery scheduler will contact you once a surgical date has been chosen.

Pre-Anesthesia Clinic

Medical evaluation and testing.

View educational videos

hipknee.aahks.org and orthoinfo.org

Discuss Durable Medical Equipment and help at home with nurse navigator

You will need assistance at home for up to two weeks after surgery.

Continue exercises from this booklet at home.

Surgery

Same day discharge vs overnight stay.

Postoperative physical therapy

Initially, you will do your exercises at home. Outpatient physical therapy will begin after your first checkup. You will attend 2 to 3 times a week for around 4 to 6 weeks.

Postoperative visit 1 with a PA (2 weeks)

Postoperative visit 2 with your surgeon

Helpful Links

hipknee.aahks.org (American Academy of Hip & Knee Surgeons)

orthoinfo.org

Logan.org - Search “Total Joint Program”

Scan the QR code with your phone to connect to more articles on knee care.

The following preparation is the patient's responsibility to have completed before the preoperative exam. Failure to complete the preparation checklist may result in delay or cancellation of surgery.

COUNTDOWN TO SURGERY

3 MONTHS PRIOR:

❑ No steroid injections into your surgical joint

2 MONTHS PRIOR:

❑ No other surgical procedures

1 MONTH PRIOR:

❑ **Schedule a dental exam** if you have not been to a dentist within 1 year prior to surgery. Dental infection can put you at risk for surgical infections.

- Any dental cleanings should be done no less than 2 weeks prior to surgery
- Any dental procedure should be done no less than 3 weeks prior to surgery.
- You should be clear of any dental injury or infection before surgery.
- You should NOT have routine dental exams or procedures for 3 months after a total joint replacement.

❑ Complete preoperative testing and imaging

Your surgery scheduler will reach out with all appropriate medical clearance appointments and testing needed.

❑ Have BMI checked

- Your BMI should be under 40 or you should successfully meet your agreed upon goal weight.

❑ Begin preoperative exercises.

❑ Watch educational videos and note any questions you may have for your provider

❑ Monitor diabetes

- Your A1C should be under 7.5.
- No amputations or foot ulcerations within 12 months.

2 WEEKS PRIOR:

❑ Check for flu-like symptoms

❑ Stop use of all tobacco

❑ Check skin

- You should be clear of wounds and infections.
- You should be clear of cuts, scrapes, rashes, active psoriasis, active shingles.

❑ If you are taking blood thinners, have plan in place from the prescribing provider.

❑ Discuss any concerns with your Nurse Navigator

❑ Stop any/all medicines prescribed for weight loss, if applicable.

❑ Talk to your surgeon about stopping all aspirin, including products containing aspirin.

❑ Stop all herbal, vitamins or other over-the-counter supplements.

7 DAYS PRIOR:

❑ If directed by the Pre-Anesthesia Clinic, please stop all aspirin, including products containing aspirin.

❑ Stop taking all anti-inflammatory medications (NSAIDs)

COUNTDOWN TO SURGERY (CONTINUED)

5 DAYS PRIOR:

❑ Stop taking all anti-inflammatory medications (NSAIDS).

3 DAYS PRIOR:

❑ Stop shaving the limb that is scheduled for surgery.

❑ Stop any medication containing naloxone.

DAY BEFORE SURGERY:

❑ Call to obtain arrival time.
Kalispell: call (406) 751-7567 after 2pm.
Whitefish: will call you between noon and 2 pm.

❑ Hydrate well.

- Drink 8 oz of an electrolyte beverage (such as Gatorade) before bed. If diabetic, drink a sugar-free beverage.

❑ **Begin preoperative skin preparation by showering with Hibiclens.**
To reduce the risk of surgical site infection, we recommend that patients undergoing total joint surgery take TWO showers or baths before surgery with an antiseptic solution like Chlorhexidine Gluconate (CHG), also known as Hibiclens.*

- Use the Hibiclens with warm water from the neck down instead of your usual soap, including under your arms.
- If your skin shows ANY sensitivity, discontinue use and call our office.
- DO NOT USE AS A SHAMPOO.
- DO NOT GET IN EYES, EARS, MOUTH or GENITALS.
- Remove ALL jewelry before showering.
- Rinse thoroughly.
- Dry skin with a fresh, clean, dry towel.

*Hibiclens is irritating to the eyes and can cause corneal damage.

*Hibiclens can cause deafness if exposed to the inner ear if the eardrum is ruptured.

❑ Don't eat after midnight.

DAY OF SURGERY:

Please arrive on time.

❑ Please take a shower the morning of surgery using Hibiclens.

❑ Do not apply any lotions, moisturizers or make-up after you shower on the morning of surgery.

On average your surgery will last approximately 1 ½ to 2 hours. This does not include the time that involved in administering your anesthesia, positioning you and making the final preparations for your surgery.

Your care partner needs to be present following your surgery to actively engage in your entire day. They will receive important information and instruction that will allow them to better assist you at home. ***If you have remained overnight, your care partner will need to be ready to take you home no later than 11 a.m.***

HOME PREPARATION AND SAFETY

Falling is a major safety concern following total joint replacement surgery. The following home safety checklist is included to help you assess the safety of your home. The occupational therapist will go over this with you and will be available to help you plan any changes you feel are needed.

- ❑ Stock up on frozen or prepared meals and non-perishable items.
- ❑ If you have a pet, be sure to make arrangements so that they do not become a tripping hazard.
- ❑ It is best to sit in firm, high chairs with arms. Soft, low chairs are difficult to stand up from.
- ❑ Avoid sitting in any chair with wheels as these can cause you to fall.
- ❑ Secure handrails and banisters by stairs.
- ❑ Establish adequate lighting for all stairs, hallways, bathrooms and bedside.
- ❑ Clear hallways and stairways of clutter and loose objects.
- ❑ Rearrange your furniture to create wide pathways.
- ❑ Place electrical cords close to walls and out of your pathway.
- ❑ Remove or secure all rugs.
- ❑ Keep a list of emergency phone numbers (fire, police, ambulance) near your phone.
- ❑ Mark all medicines clearly with name of medicine, date purchased, how and when taken.
- ❑ Do laundry ahead of time and put clean linens on your bed.
- ❑ If possible, arrange for someone to help with housework, snow removal, and outside chores.
- ❑ Ensure the surface on the floor of your bathtub or shower is non-skid.
- ❑ Be sure to have adequate hand-holds for the tub, shower and toilet.
- ❑ Keep a long-handled sponge mop in your kitchen for cleaning up spills.
- ❑ Arrange to have a care partner.
  - You should not be home by yourself for the first 5 - 14 days after surgery.
  - You will also need help driving for up to 6 weeks after surgery.
- ❑ Obtain durable medical equipment (DME).
  - Your provider, physical therapist, or occupational therapist can help you determine what is needed. Most items can be found at medical supply stores, pharmacies, home improvement stores or thrift stores.
  - Check with your insurance company to see what is covered. Patients with VA coverage must obtain their DME through their VA provider.
- ❑ Create a station for getting dressed.
  - Keep your dressing aids and clothing at your station.

At your follow up appointment, you will be notified whether you need prophylactic antibiotics for dental procedures going forward. This will depend on your medical history.

Since your safety is our primary concern, we strongly recommend you have an adult with you at home after your surgery for at least five days, until you are able to perform activities of daily living independently and safely.

HELPFUL EQUIPMENT

You may rent or purchase a front-wheeled walker while in the hospital. Hospital staff will assist you in filling out paperwork to bill insurance through Logan Medical Equipment. When you are done using the walker, please return to Logan Medical Equipment at 55 3rd Ave East North in Kalispell.

You can also find a front-wheeled walker or other medical equipment at a local thrift store, VFW Post, Lowes, or Home Depot.

Please wait to purchase any equipment until your visit with your therapist. They will help determine which of these items is necessary for you.

Reacher

Long handle bath brush

Flexible sock aid

Rigid sock aid

Long handle shoe horn

Grab bar

Front wheel walker

Toilet safety frame

THRIFT STORES/DISCOUNTED PRICING:

KALISPELL LOCATIONS
VETERAN'S PANTRY (406) 756-7304
1349 US HIGHWAY 2 EAST
OPEN 10 AM – 3PM
VFW POST (406) 752-2611
330 1ST AVE WEST

WHITEFISH LOCATIONS
WHITEFISH THRIFT (406) 862-3330
303 E 1ST ST
FLATHEAD INDUSTRIES
(406) 862-5221
237 BAKER AVE
VFW POST (406) 862-4949
20 BAKER AVE

EUREKA LOCATION
VFW POST (406) 297-3361
114 DEWEY AVE

LIBBY LOCATION
SENIOR CITIZENS CENTER
(406) 293-7222
206 E 2ND ST # 2048

POLSON LOCATION
VFW POST (406) 883-2821
423 MAIN ST

3-in-1 commode

Raised toilet seat

Handheld shower

Tub clamp bar

Tub transfer bench

Shower chair

COLD THERAPY RECOMMENDATIONS

Knee Ice Wrap ($)

Cryo Pneumatic Knee Wrap ($$)

Polar Ice Machine ($$$)

SAME DAY DISCHARGE

As medical technology advances, total joint replacement surgery in an outpatient setting is becoming more common place and is considered an innovative approach. Our surgeons and staff understand that an increasing number of people prefer to recover at home with the assistance of family or friends, and are highly motivated to recover quickly.

What to Expect:

Following your surgery, your recovery process will take approximately 6 hours.

You must meet specific criteria in order to be discharged home safely with your care partner.

Your goals for discharge include:

- ❑ You are able to eat and drink.
- ❑ You are able to empty your bladder.
- ❑ Your pain is controlled.
- ❑ Minimal or no nausea.
- ❑ You are able to walk to the bathroom and back to your bed.
- ❑ You are able to demonstrate understanding of your incision care and medication regimen.

OVERNIGHT STAY

If your surgeon determines you need to stay overnight in the hospital due to your medical history, you will work with physical therapy and/or occupational therapy prior to discharging the next day.

AFTER YOUR JOINT REPLACEMENT SURGERY

While you recover from your surgery there is a team of professionals who will care for you. This team includes your doctor, nurses, physical therapists, and occupational therapists. By actively participating in the physical and occupational therapy programs, you can work toward a successful recovery and a smooth transition to your home.

Physical therapy

Physical therapy includes mobility, home exercises, and formal physical therapy in the hospital and in a clinic. The physical therapist will instruct you in an exercise program and assist you until you can do it on your own. Physical therapy will begin the day of surgery.

ROM Milestone

What are important range of motion milestones during the recovery process?

- Week 1: The goal is to reach at least 90 of knee flexion and be working towards full knee extension.
- Week 2-3: The goal is to achieve at least 100 knee flexion and full knee extension.
- Week 4-6: You should be approaching or have already achieved 110-120 of full knee flexion.
- Week 6+: The goal is to focus on strengthening the lower extremity muscles with functional range of motion.

If you have any concerns or questions, we encourage you to call the therapy department:
Kalispell (406) 751-6416 Whitefish (406) 863-3664

EXERCISES

During the first 6 weeks of recovery you need to focus on achieving safe mobility and range of motion of your new knee.

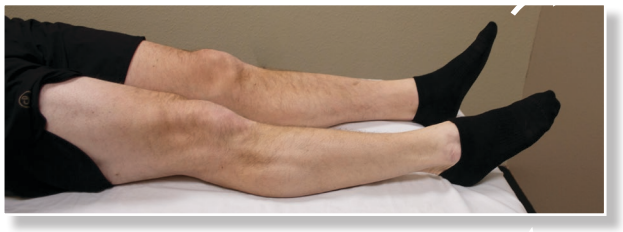
Perform all exercises 2-3 times per day for the first 2 weeks after surgery.

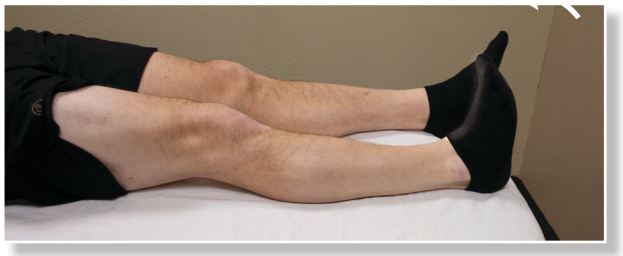
Practice the exercises prior to surgery to familiarize yourself with the motions.

Use the exercise log in the back of this book to record your activities.

Ankle pumps

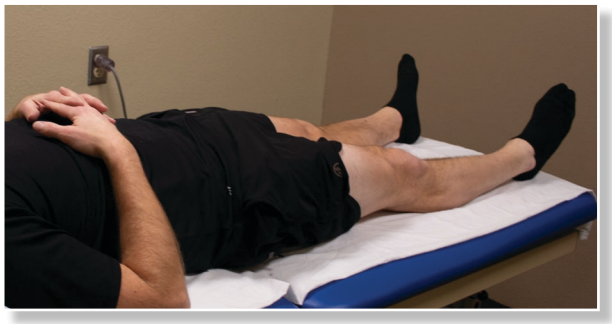
Point your toes down and then up, moving your entire ankle in a slow steady motion. Perform 10 repetitions





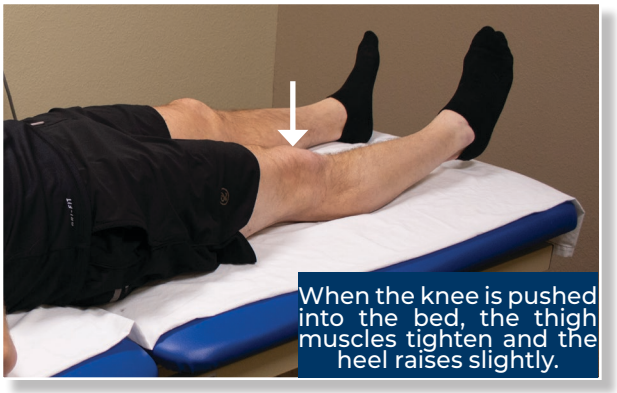
Gluteal sets

Squeeze buttocks together and lift up as able. Hold for 3 seconds. Perform 10 repetitions.



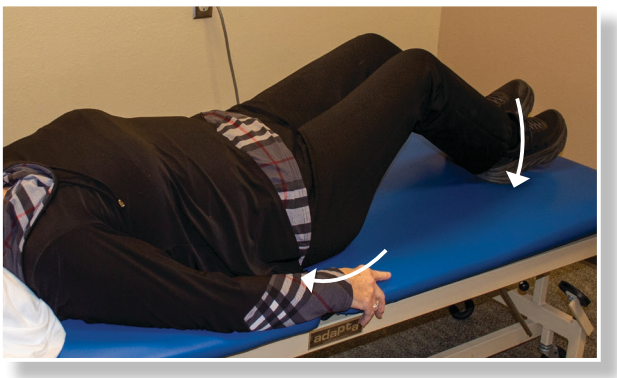
Quad sets

Press the back of your knee flat into the bed. Hold for 3 seconds. Repeat. Perform 10 repetitions.

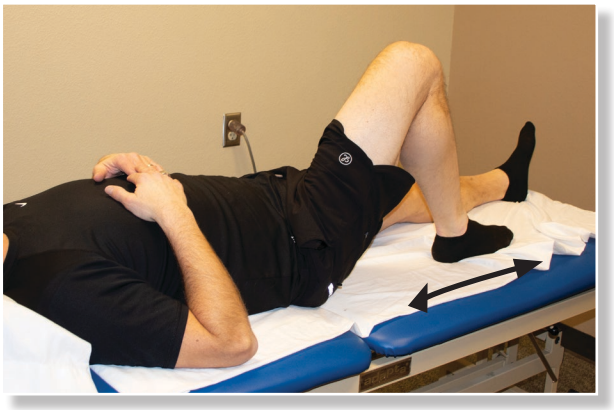


Hamstring sets

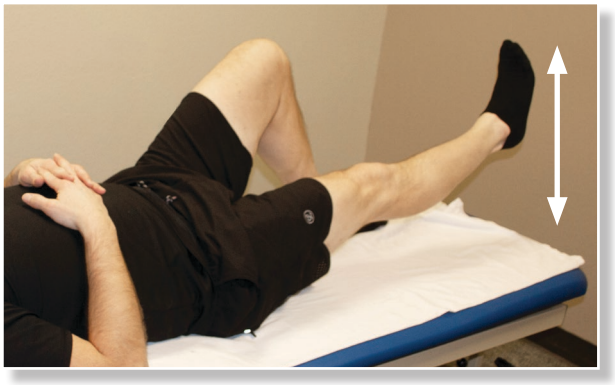
Bend your knee slightly and tighten the back of your thigh by pulling and pressing your heel into the bed (similar to pushing down a recliner footrest). Hold for 3 seconds. Perform 10 repetitions. You should feel the muscles in the back of your thigh tighten.



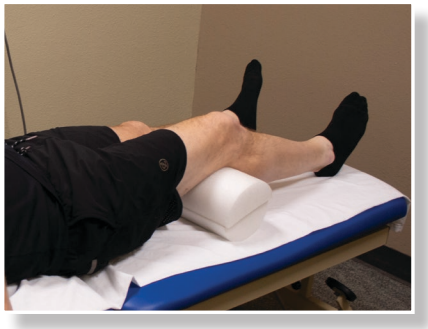
Heel slides
Keeping your kneecap pointed at the ceiling, slowly slide your foot toward your buttock, bending your hip and knee as far as you can. Slowly lower leg to starting position. Perform 10 repetitions.

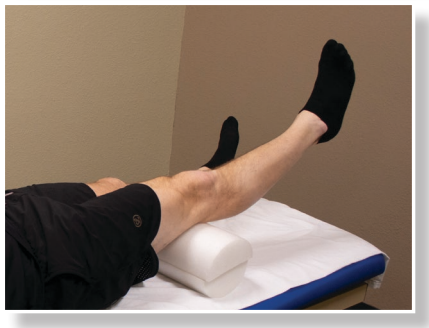


Straight leg raise
Bend non-surgical knee to protect lower back. Raise surgical leg 6-8” off the bed, pause and lower slowly. Be sure to keep leg as straight as possible throughout the movement. Perform 10 repetitions.

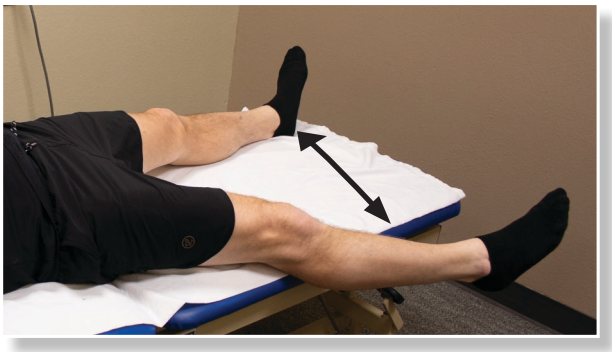


Short arc quad
Place a large rolled towel, pillow, or large coffee can under your knee. Lift your foot off the bed by straightening your knee as far as you can. Keep back of knee on the roll. Hold for 3 seconds and then lower. Perform 10 repetitions.

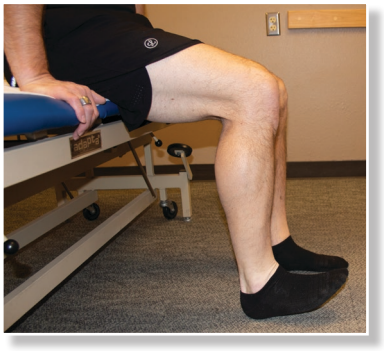


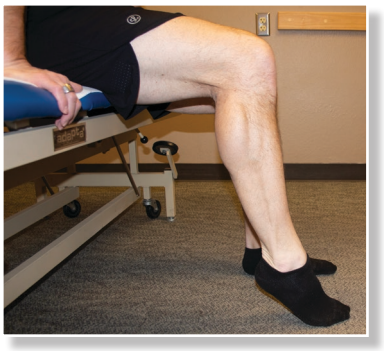


Slide outs
With your leg straight and your kneecap pointed at the ceiling, slide your leg out to the side, then back to the starting position. This can also be done while standing. Perform 10 repetitions.



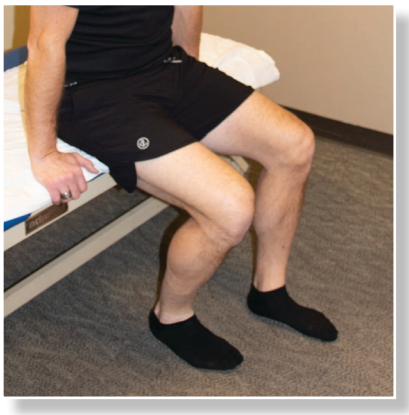
Toe-heel
Raise toes off floor and lower. Then raise heel off floor and lower. Perform 10 repetitions.



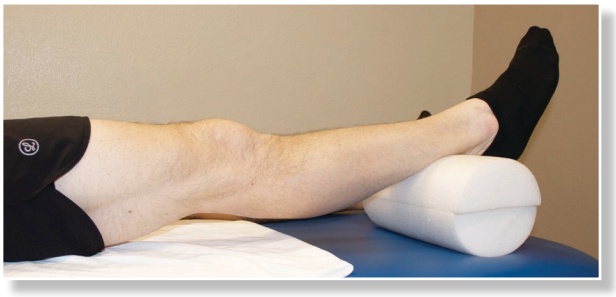


Knee straightening while seated
Slide backward so your back is fully against the back of the chair. With your knee bent, lift your foot so you straighten your knee as far as you can.
Lower leg down to the start position. You are lifting only your lower leg with this exercise. Perform 10 repetitions.

Knee bending
Place your foot flat on the floor. Slide the heel back underneath you as far as you can. You can use other leg to assist in the stretch. Hold for 3 seconds. Perform 10 repetitions.

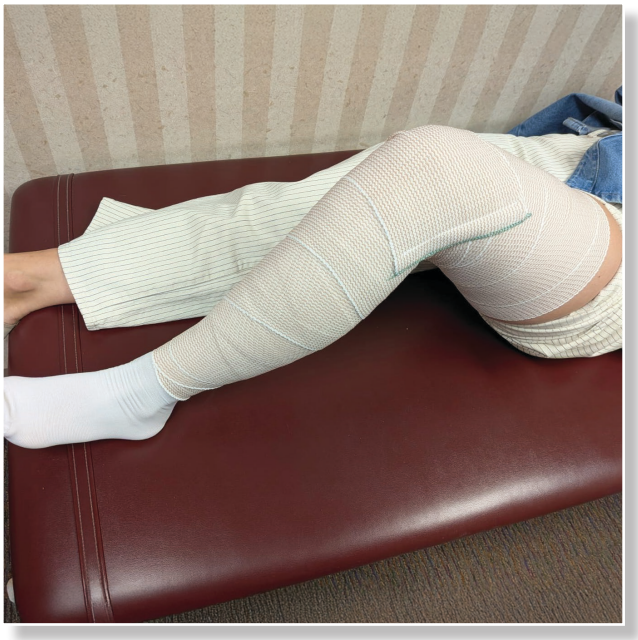


Knee extension stretch
Prop heel on 3 rolled towels or a large cushion and let knee hang straight for 5 minutes.



COMPRESSION ACE WRAP AND TED HOSE

You will have a compressive ace wrap and TED hose on your operative leg the first three days to help reduce the post-operative swelling. Ideally, this should remain in place until day 3, when you can then remove the wrap to shower. The TED hose should be worn as much as possible for the first 2 weeks. We also recommend utilizing the ACE wrap for compression during that time as well. Remember, swelling is the main driver of pain.



GOING HOME

❑ **Keep Moving**

Staying in one position for an extended period of time will cause your new joint to become stiff and painful. Therefore, it is important for you to get up and go for short walks every 1 - 2 hours to help avoid this. Walking for approximately 5-10 minutes on a level surface is advised. Not only will this help with reducing pain, but will also be beneficial in reducing your risk for blood clots and reduce the formation of scar tissue.

❑ **Constipation**

It is very common for people to have constipation while taking pain medicine. Please take a stool softener (available over the counter at your drug store) twice daily as long as you are taking pain medications. It is also helpful to drink plenty of water and eat a balanced diet, including fiber, prunes and apples.

❑ **Sleep**

You will likely have difficulty sleeping it may be more comfortable to sleep in an upright position while your recover. Use over the counter medication as needed.

❑ **Prevent blood clots**

You will go home with compression socks (TED hose) and medicine to prevent blood clots. Wear the compression hose for 2 weeks. Continue the medicines for as long as your surgeon prescribes. Doing your exercises, and being up and around, will help prevent blood clots.

❑ **Bruising**

Bruising is normal after surgery and may not show up until 4-5 days after surgery.

❑ **Avoid having knee flexed over a pillow for extended periods of time.**

❑ **Do not drink alcohol while taking your pain medication.**

❑ Please do not use tobacco products for at least 2 weeks after surgery.

❑ **Travel**

If your ride home is long, we encourage you to stop and stretch every two hours or plan to stay at a local hotel.

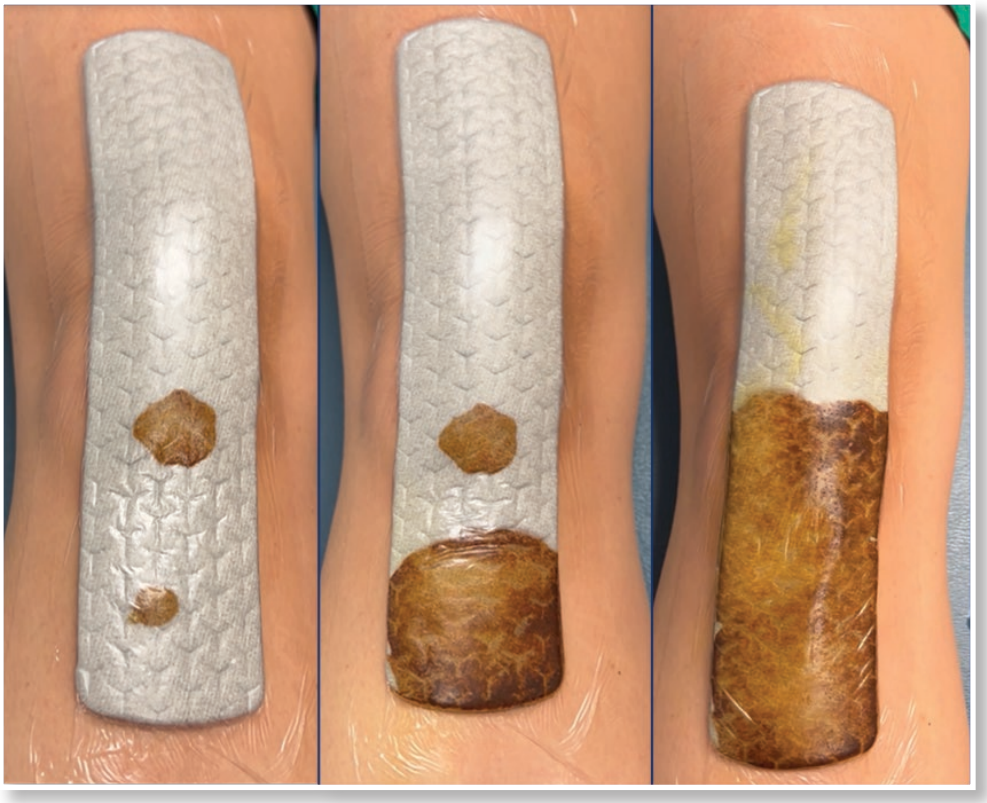
INCISION CARE AND YOUR DRESSING

Key dressing points:

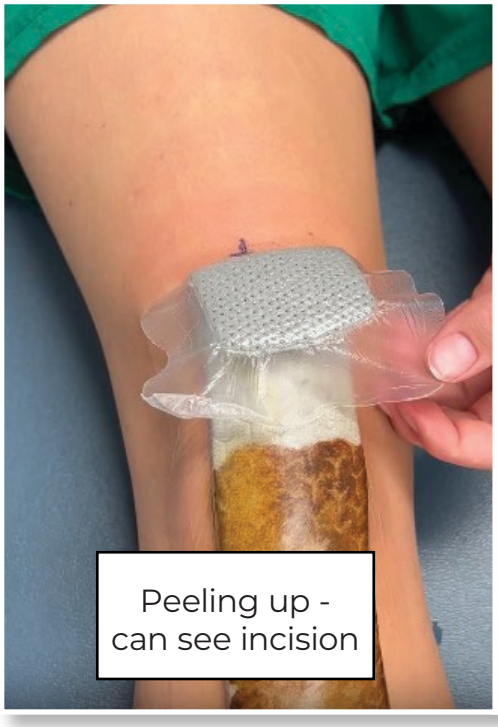
- **Do not remove the dressing** until your postoperative visit unless directed otherwise. If saturated with blood or other drainage, contact your Nurse Navigator.
- You may shower with the dressing in place. You do not have to cover it for showering.
- Do not soak or submerge the dressing or your incision. No baths, hot tubs, pools, lakes, etc. If the inside of your dressing gets wet, contact your Nurse Navigator.

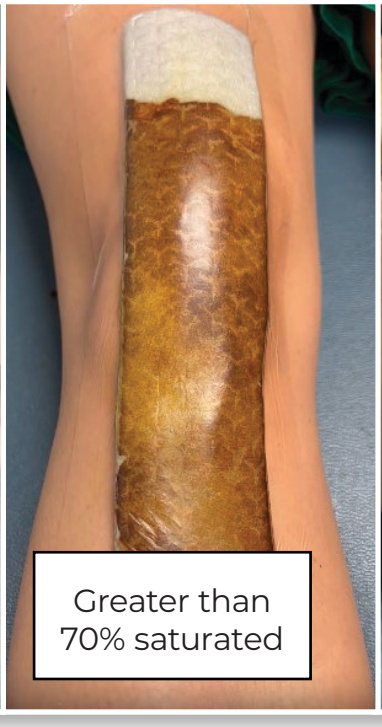
INCISION CARE AND YOUR DRESSING

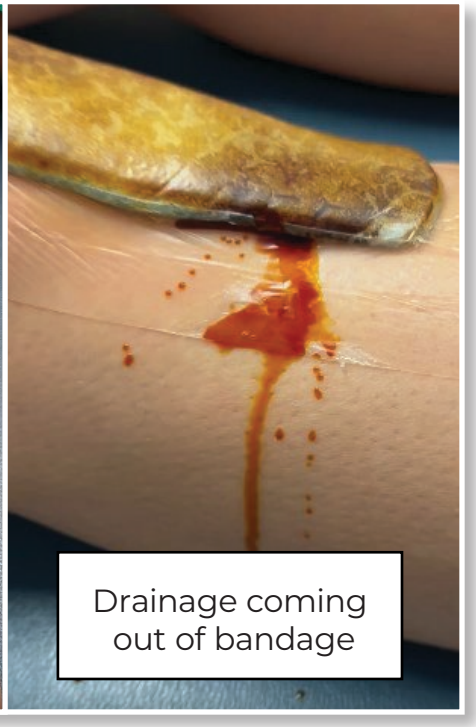
Acceptable amount of drainage - do not remove bandage.



Call your surgeon's office - do not remove bandage without prior instruction.







POST-OP CONSTIPATION PROTOCOL

PREVENTION

Constipation can be a common occurrence after surgery. Symptoms can present as bloating, abdominal discomfort, straining, and less than 3 bowel movements per week. Regardless of your symptoms or which step you are on, you should always be doing the following:

- √ Drinking plenty of fluids (32-64 ounces every day)
- √ Moving or standing once an hour while awake. Goal is 30 minutes per day
- √ Limiting the use of opioids as tolerated
- √ Slowly adding fiber or fiber supplements, like Metamucil, into a healthy diet

Follow the steps below to help relieve and prevent constipation after surgery. All the medications listed are available over the counter.

STEP 1

- **Take one capful** or packet of Miralax (polyethylene glycol) mixed with 16 ounces of water or juice 2 times daily. And/or one tablet of Senna (sennosides, senna-s) 2 times daily
- If no bowel movement for 3 days, move on to step 2

STEP 2

- Increase Senna to 2 tablets twice daily, and increase Miralax mixed with 16 ounces of water or juice 3 times daily
- Once you have regular soft bowel movements daily, adjust as needed
- If no bowel movement for a total of 4 days, continue to step 3

STEP 3

- Add 1 dose (30ml), of Milk of Magnesia (magnesium hydroxide). If no bowel movement for 8 hours add 1 tablet of Dulcolax (disacodyl) or 1 rectal suppository. If no bowel movement for 4 hours, take a second dose (30ml) of Milk of Magnesia.
- If no bowel movement for 24 hours, take 1/2 to 1 bottle of Magnesium Citrate

Seek immediate medical attention with any severe pain, fever, vomiting, blood in stool, black tarry stools. Call your surgeon's office if no bowel movement for 5 days despite following protocol.

SWELLING

You will experience swelling following your surgery. The extent of your swelling is dependent upon several factors:

- Surgical factors – stress placed on the tissues surrounding the surgical site during surgery can lead to more swelling.
- Individual – some people have a tendency to swell more than others.
- Your activity level – if you are doing too much you will have more swelling than what is normally expected after surgery. This is an important sign to scale back on what you are doing.

Swelling is the largest driver of pain and stiffness, so it is important you know how to properly manage it to limit these symptoms. Please follow these steps:

- **Ice.** For the first 72 hours after you return home from the hospital, continue to ice your surgical site routinely. This means applying ice or a cold therapy unit for at least 15 to 20 minutes every 1 to 2 hours while you are awake. Thereafter, continue to use as needed based on your pain and swelling. Please remember to protect your skin with a layer of fabric between you and the ice. Direct application of these items to your skin can cause an ice burn or frostbite.
- **Elevate your extremity.** Elevation is also important to routinely do for the first 48 to 72 hours after you return home. Leaving your surgical leg in a dependent (below waist level) position will encourage the leg to swell.
  - **Elevate above heart level** if your swelling is persistent and not controlled by the above steps. Do this by lying flat on your bed and using pillows under the lower leg to prop the leg up.
- **Compression.** The compression socks (TED hose) will help reduce swelling in your lower leg, foot and ankle. Wear them as much as possible for 2 weeks. You will also have an ace wrap from surgery to use for compression.

Call your doctor if you have any of the following:

- Excessive redness or swelling around your incision.
- Drainage from the incision.
- A fever of 100.5 or greater for more than 4 hours.
- Pain or swelling in the calf of your leg.
- Chest pain, congestion or difficulty breathing.
- Excessive bleeding.
- Any other concerning symptoms

PAIN MANAGEMENT

Pain is normal after surgery and we recommend a tiered, multi-step approach to pain management. This starts with simple things such as gentle motion and distractions with music, games, talking to visitors or watching television.

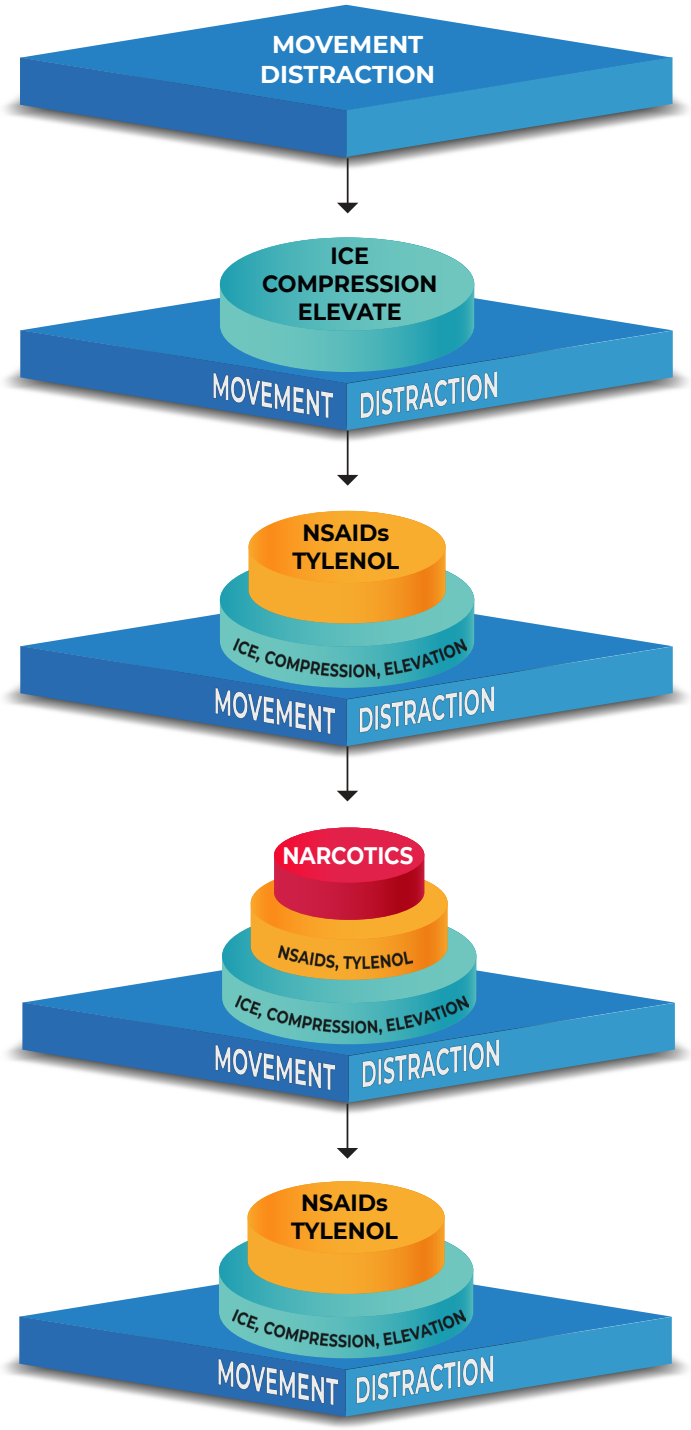
You will be given several medications to address pain from different pathways. Start with an anti-inflammatory (meloxicam or Celebrex) to control pain and swelling. Tylenol is a non-habit forming pain medication that works well with the anti-inflammatory.

- Take the prescribed anti-inflammatory daily.
- Take Tylenol (acetaminophen) 1000 mg every 8 hours.

Narcotics (opioids) are strong pain medications that can be dangerous if taken in excess or for prolonged periods. Use narcotics as the last step for severe pain and wean off of these as you are able.

- Take 1 - 2 tablets every 4 hours as needed for severe pain. You may need to do this for the first 2 -3 days, then cut back to 1 tablet every 4 hours, then space it out to one tablet every 6 - 8 hours, then once or twice a day, then stop the narcotic when you are able.
- The narcotic prescription you receive in the hospital should last until your follow-up appointment.

Remember, the pain will get better every day.

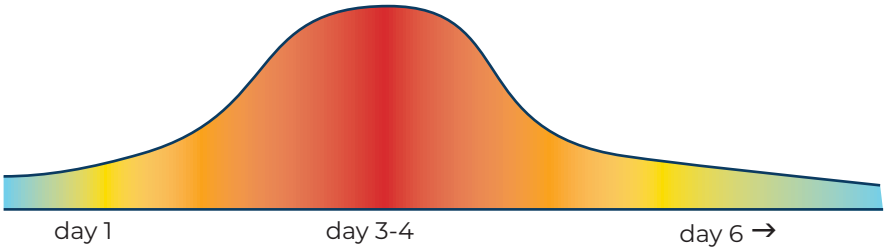


PAIN MANAGEMENT

Below you will find a useful tool that outlines pain based on a scale of 0 to 10.

- We consider your pain adequately managed at a level of 4 or less.
- DO NOT expect your pain to be at a zero – this is unrealistic in light of your surgery. Your pain immediately following and the morning after surgery, in general, is going to be relatively minimal.
- Know that your pain will get worse before it gets better.
- Usually, the second through fifth days after surgery are your most painful days. So, it is important for you to follow a routine regimen during that time frame to keep yourself comfortable.

POST-SURGERY PAIN LEVELS



0	No Pain	
1	Minimal	Pain is hardly noticeable.
2	Mild	Low level of pain.
3	Uncomfortable	Pain bothers me but I can ignore it.
4	Moderate	Aware of pain but can continue most activities.
5	Distracting	Think about the pain most of the time and it interferes with some activities.
6	Distressing	Think about the pain all the time and had to give up many activities.
7	Unmanageable	In pain all the time and it keeps me from most activities.
8	Intense	So severe can think of hardly anything else, talking and listening are difficult.
9	Severe	Can barely talk or move because of the pain.
10	Unable to move	In bed, can't move due to the pain, need to go to the emergency room.

EXPECTATIONS AFTER TOTAL KNEE SURGERY

Total joint replacement surgery is intended for the treatment of various forms of arthritis pain as well as instability. We advise patients to only proceed with surgery when they have exhausted conservative management strategies for pain control and stabilization. Despite a total joint replacement being placed in an ideal position without complication, there are still limitations to the device. The following are some NORMAL findings after total joint replacement:

EXPECTATIONS IN TOTAL KNEE SURGERY:

- **Occasional pain after full recovery:** Research has demonstrated 75% of patients are completely pain free after total knee replacement. This means 20-25% of patients will still have mild or minimal pain even in perfectly conducted knee replacements. This is why we emphasize being maximally debilitated by your symptoms prior to moving forward with surgery.
- **Swelling in the knee joint:** Swelling will occur, especially in relation to activity level for up to six months. The knee may feel warm as well. Rarely, patients will have swelling permanently but their knee will function well. It is common for people to say that the surgical knee always looks bigger than their healthy knee.
- **When will I be able to drive?** You can probably begin driving 3-6 weeks after surgery, depending on your surgeon's recommendation. You should not drive while taking narcotic pain medication.
- **Numbness on the outside of the knee:** Some patients may notice permanent numbness in front of the knee just outside of the incision. Some will have this nerve slowly regenerate and may experience tingling sensations while this occurs.
- **Clicking of the knee joint:** The device is made of metal and plastic. Hearing audible clicking is not abnormal as the device moves against itself during various activities.
- **Pain when kneeling:** Some patients continue to have an uncomfortable feeling when kneeling on the knee. Most require a knee pad to do work on hard surfaces.
- **Descending stairs:** During the first six months of recovery some patients will find discomfort when descending stairs with their new knee. This typically resolves over time as the muscles improve their coordination.
- **Stiff feeling in the knee:** A sensation of stiffness in the knee after gaining full range of motion during recovery is a common complaint. Sometimes this is a strap-like sensation in the front of the knee. The sensation is not fully understood but is related to the post-surgical scar tissue. This typically resolves over the lifetime of the knee replacement.
- **When will I be able to get back to work?** Most patients may return to work in some capacity between two and six weeks following their joint replacement surgery. This varies if your job is sedentary or physically demanding. Please consult and discuss this with your surgeon.

TOTAL KNEE GENERAL RECOVERY OUTLINE

2 Weeks:

- Local numbing medication wears off around day two. Typically days 2-5 are the most painful, make sure you are taking your prescribed pain medications to allow you to work on the exercises 2-3 times per day.
- Swelling is very common. Please ice for 20 minutes every hour while awake and elevate with your foot above the level of your heart when you are not working on the exercises.
- Outpatient physical therapy - please have this set up to start after your first post-operative appointment with the orthopedic office (approximately 2 weeks after surgery).
- Incision: Please gently wash your incision while in the shower with a clean wash cloth starting two weeks after surgery.

6 Weeks

- Resume normal day to day activity. It is normal to still be weak at this point, we encourage you to rest/ice/elevate midday and in the evening when possible.
- Incision: It is okay to be begin submerging your operative extremity under water once your incision is fully healed with no with no remaining scab (generally around 6 weeks after surgery). For 6-12 weeks after your surgery, your scar is still maturing. During this time it is normal to be achy in your operative joint after long periods of sitting or increased activity.
- Swelling: It is still normal to have swelling in your operative leg at this stage of recovery (even for up to 3-6 months after surgery). Please continue to ice and elevate.
- You may begin the kneeling exercises shown in this booklet.

3-6 Months

- The range of motion you have at 3 months after surgery is what you will get to keep! Strengthening the operative extremity is a continued work in progress.
- Continue to progress your activity as your pain and swelling tolerates.
- Most common cause of pain and swelling at this stage of recovery is from quadriceps weakness, please continue to work on your quadriceps exercises that you learned in physical therapy.

1 Year

- Scar should be fully healed and mature.

KNEELING ON A TOTAL KNEE REPLACEMENT

After a total knee replacement, it is typical to experience discomfort with kneeling. You can start the following progression **6 weeks post-surgery** to assist you in returning to kneeling. As tolerated, increase your time in each position up to 10 minutes per day. After a week of performing the activity, you may advance to the next position. This process typically takes 4 weeks to complete.

Week 7 - Kneel on couch.

Week 8 - Kneel on couch cushion on the floor.

Week 9 - Kneel on folded towel on carpet.

Week 10 - Kneel on carpet.

IMPORTANT CONTACT NUMBERS

LOGAN HEALTH WHITEFISH

Nurse Navigator (Sue) ..... (406) 863-3783
Scheduling ..... (406) 863-3574
Hospital ..... (406) 863-3500
Hospital Admissions ..... (406) 863-3503
Hospital Laboratory Services ..... (406) 863-3577
Billing and Patient Accounts:
- Medicare/Medicaid (Last Names A through K) ..... (406) 863-3722
- Medicare/Medicaid (Last Names L through Z) ..... (406) 863-3723
- Commercial Insurance ..... (406) 863-3728

Medical Records ..... (406) 863-3547
Imaging Services ..... (406) 863-3576
Physical Therapy ..... (406) 863-3664

LOGAN HEALTH MEDICAL CENTER

Nurse Navigator (Jennie) ..... (406) 607-8045
Nurse Navigator (Ally) ..... (406) 858-6898
Scheduling/Surgery North ..... (406) 751-7550
Pre-admission Appointment Scheduling ..... (406) 756-3526
Imaging Registration ..... (406) 751-7533
Medical Records ..... (406) 751-7556
Patient Billing ..... (406) 756-4408
Patient Accounting ..... (406) 751-6445
Financial Assistance ..... (406) 752-1767
Physical Therapy ..... (406) 751-6416

SURGEON CLINICS

Orthopedics & Sports Medicine 111 Sunnyview
Dr. Bailey, Dr. Bergman, Dr. Gregorius, Dr. Makman

Orthopedics & Sports Medicine 350 Heritage Way
Dr. Joyce

Logan Health Orthopedics Phone ..... (406) 752-6784

Before your surgery, you will meet with the provider for examination, education, and final testing. Write down any questions you may have and bring this packet with you to your preoperative appointment.

QUESTIONS

MEDICATION LOG

Date	Medication	Dosage	Time	Notes

EXERCISE LOG (PERFORM ALL 2 -3 PER DAY)

	Ankle Pumps	Quad sets	Gluteal sets	Ham-string sets	Heel slides	Long arc quad	Straight Leg Raise	Slide outs	Toe Heel	Knee Bending	Knee Straightening (seated)	Knee Extension Stretch	Walk
Day 1: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 2: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 3: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 4: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												

	Ankle Pumps	Quad sets	Gluteal sets	Ham-string sets	Heel slides	Long arc quad	Straight Leg Raise	Slide outs	Toe Heel	Knee Bending	Knee Straightening (seated)	Knee Extension Stretch	Walk
Day 5: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 6: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 7: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 8: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 9: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												

	Ankle Pumps	Quad sets	Gluteal sets	Ham-string sets	Heel slides	Long arc quad	Straight Leg Raise	Slide outs	Toe Heel	Knee Bending	Knee Straightening (seated)	Knee Extension Stretch	Walk
Day 10: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 11: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 12: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 13: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												
Day 14: Session 1													
	Rest, Ice and Elevate between exercise sessions												
Session 2													
	Rest, Ice and Elevate between exercise sessions												
Session 3													
	Rest, Ice and Elevate between exercise sessions												

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