



Total Joint Camp

PHYSICAL THERAPY

Today's Objectives

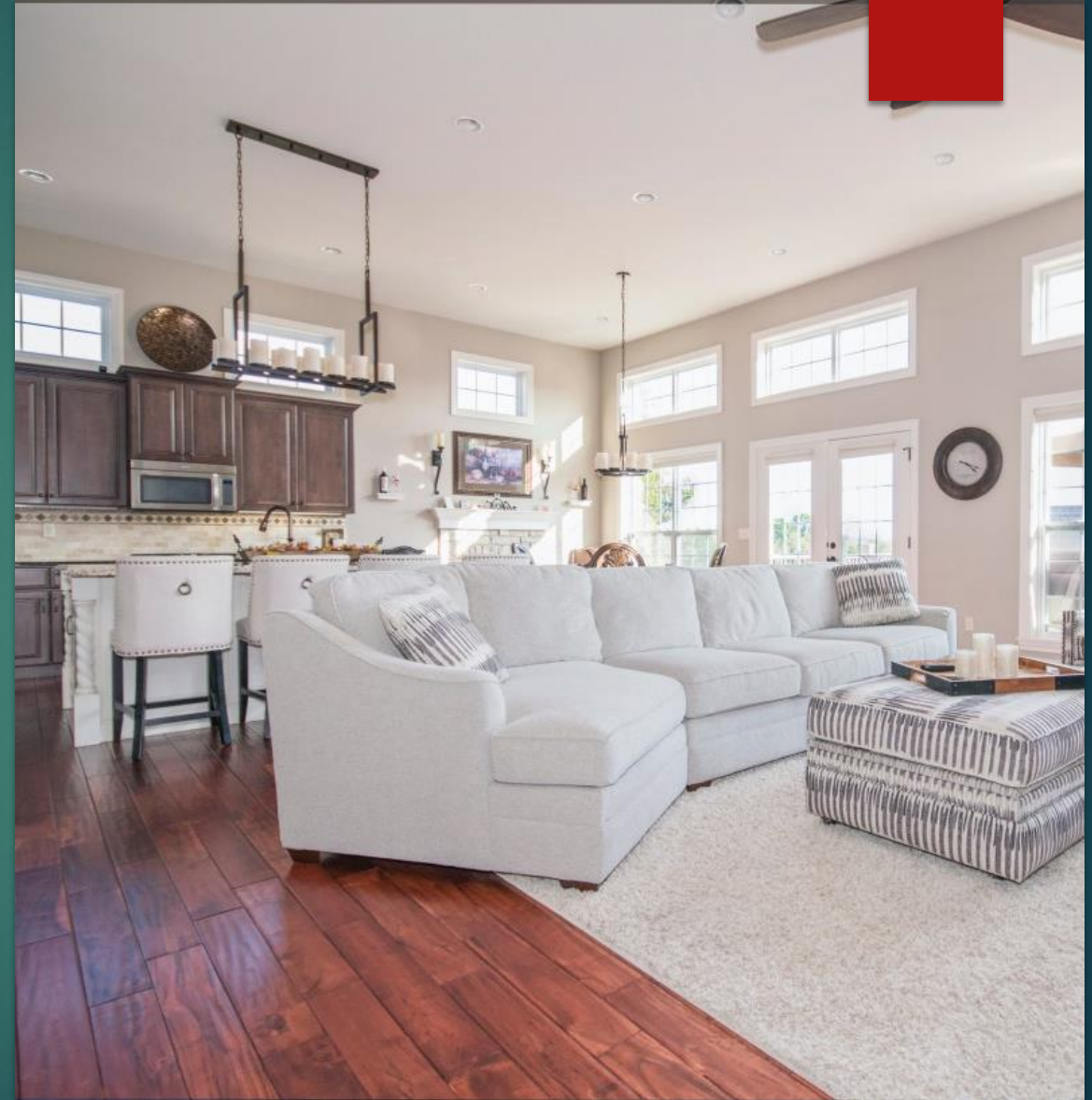
- ▶ Pre-Operative Preparation
- ▶ Post-Operative Instructions
- ▶ Home Exercises and Physical Therapy
- ▶ What to Expect After Surgery



Pre-Operative

Home Setup

- ▶ Pick up throw rugs or other cords
- ▶ Watch out for pets and toys or bones
- ▶ Clear walkways through the house
 - ▶ Take your walker through the house like you would be using it to ensure clear pathways
- ▶ Sit on higher surfaces
 - ▶ Put a pillow or folded blanket on lower surfaces to raise them up
- ▶ Night lights for visibility during the night
 - ▶ You will likely be up and moving during the night



Sleeping

- ▶ Set up a place to sleep on the main level
 - ▶ Can be a bed or recliner
- ▶ If you must go upstairs, limit the number of times you go up and down
- ▶ You will likely wake up with pain, if/when that happens, get up and take a short walk around the house
- ▶ **Total knees:** trying to keep the knee fully straight **without** letting the toes roll out. No support under just the knee.
- ▶ **Total hips:** recliner is ok to sleep in.

Navigating the Bathroom

- ▶ Toilet

- ▶ Make sure you have something to push off (vanity, window sill, or grab bars)
- ▶ **Please don't push off the toilet paper holder unless you know it is secure!**
- ▶ Can get a toilet riser

- ▶ Shower

- ▶ **Shower chairs are recommended**
- ▶ Walk-in shower – make sure you have something to hang on to.
- ▶ Tub-Shower – make sure you have something to hang on to.
 - ▶ **You will step in with your surgical leg first!**

Optional Equipment



Sock donner



Grabber



Shower Chair



Can be rented or bought from:

- Walmart
- Walgreens
- Good News Project
- Aspirus Home Medical



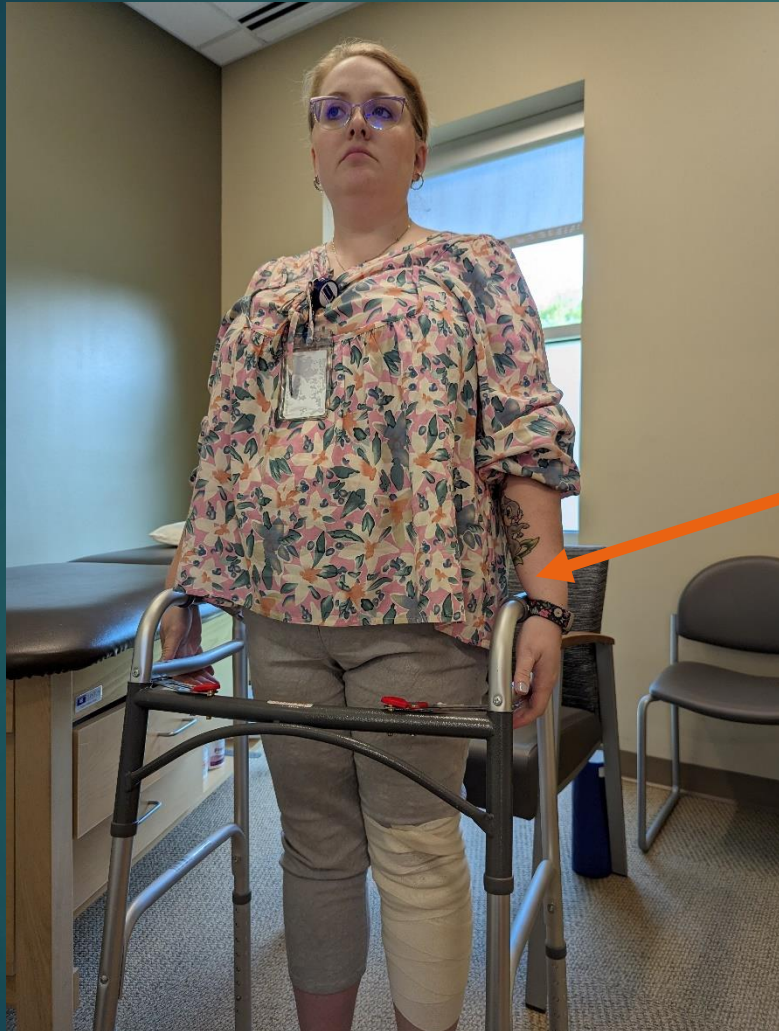
Raised toilet seat

Walker

- ▶ Front wheeled walker is preferred (see picture)
 - ▶ 4 wheeled walkers are **not** recommended
- ▶ Decreases pain by off-loading your surgical side
- ▶ Helps maintain a more normal walking pattern
- ▶ Prevents long term movement compensations from developing
- ▶ Decreases fall risk by providing stability



Fitting the Walker



Handles of the walker should hit you in the wrist crease when you are standing inside of the walker



Sitting and Standing with the Walker

Surgical leg is slightly out in front to decrease the pressure



One hand on the arm of the chair & one hand on the walker.

*You can also use two hand on the arms of the chair

Demonstration: Sitting and Standing with the Walker

[Home Program \(medbridgego.com\)](http://medbridgego.com)

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Exercise

- ▶ Start post-operative exercises prior to surgery to build muscle memory, strength, and muscle activation
- ▶ Maintain current activity prior to surgery
- ▶ Avoid any activities that will significantly increase pain/soreness in the 2 days leading up to surgery
- ▶ Ensure upper body is strong enough to support you while your leg is healing

Hip Precautions

- ▶ These are general guidelines, discuss individual precautions and restrictions with your surgeon
- ▶ Typically followed for 6 weeks
- ▶ Anterior Approach (incision in front)
 - ▶ Limit how far your surgical leg goes behind you
 - ▶ Most frequent time we see this is getting into a tub shower. Make sure to step in with your **surgical side first**
 - ▶ Limit significantly rotating your toes outward
 - ▶ Avoid crossing your legs
- ▶ Posterior Approach (incision in back)
 - ▶ Avoiding bringing your thigh past 90 degrees (keep knee below hip)
 - ▶ This includes bending forward to reach to your feet
 - ▶ Avoid crossing your legs

Therapy Pre-Operative Checklist

- ❑ Get a walker and cane
- ❑ Get a means to ice the knee/hip (ice pack vs home cold therapy machine)
- ❑ Take walker through house to clear pathways
- ❑ Practice stairs in correct post-op pattern
- ❑ **Schedule physical therapy and find driver**

Post-Operative

Icing

- ▶ Ice machine
 - ▶ Can use continuously, even when sleeping, stays cold for 4-6 hours
 - ▶ Can use frozen water bottles, **without the covers**, to stay cold longer and limit ice use
 - ▶ Make sure to take the cap off so the volume of water in the machine increases as the ice melts
 - ▶ Keep ice machine at height of knee, if possible
 - ▶ Minimum of 1 hour to achieve the same cooling effect as ice packs
 - ▶ No on/off switch, once it's plugged in, it will circulate water (don't plug it in until it is full of ice and water)
 - ▶ Not typically covered by insurance, but HSA and FSA eligible (Cost: \$175 for ice machine and knee or hip pad, which can be used for other body parts)
- ▶ Ice Bags/Gel Packs
 - ▶ Colder, so only 20 minutes per hour, with something between your skin and ice
 - ▶ Can put on front, side, or back of knee or hip

Ice Placement: Gel Packs/Ice Bags



Total Knee

Ice wrapping
around the
whole knee



Ice in
the front

Total Hip

Ice wrapping
around the side



Ice Placement: Ice Machine

Total Knee



Pillows under leg and
knee for elevation

Ice machine pad
over knee

Total Hip



Pillows under leg for
elevation

Ice machine pad
around hip

Positioning

▶ Total Knees

- ▶ Goal is to keep the knee straight most of the time with the toes pointed towards the ceiling
- ▶ **NO** support under just the knee
- ▶ Elevate when sitting, if possible
 - ▶ Knee positioned above the heart for at least 10 minutes, 3 times per day

▶ Total Hips

- ▶ Goal is to keep the toes pointing towards the ceiling and stretch out the front of the hip
- ▶ Recliner is OK, but you must lay in bed, flat on your back for 30 minutes, 2 times per day

Knee Positioning

Good Positioning



1. Toes point towards the ceiling
2. Knee is straight, but supported

Bad Positioning



1. Toes rolled out to side
2. Knee is bent with pillow only under the knee

Hip Positioning

Good Positioning



1

2

1. Toes pointed towards ceiling
2. Only one pillow under the leg to promote stretching in the front of the hip

Bad Positioning



1

2

1. Toes rolled out
2. Pillows stacked under the knee with the knee flopping out to the side

DVT Prevention

- ▶ TED stockings
 - ▶ Wear on **both** legs, **23 hours** per day
 - ▶ You can take them off to change them or shower
 - ▶ Timeframe for wearing TEDs is anywhere from 2 to 6 weeks
 - ▶ Specific time is determined by your surgeon or their PA at your first follow up visit at 2 weeks post-op
 - ▶ To help put the TEDs on, roll the sock down to the heel. The toe is open, so you are able to put a plastic bag over the foot to help slide the sock on. **Be sure to pull the plastic bag back out.**
 - ▶ Hand wash and hang dry
- ▶ Hourly Movement
 - ▶ Each hour you're awake, get up and take a short walk.
 - ▶ Perform your hourly exercises (ankle pumps, glute sets, quad sets)

Demonstration: Getting in and out of the Car

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*You can have your driver put the walker in the backseat or trunk. It doesn't have to stay with you in the front seat


Stair Navigation

- ▶ Up with the good, down with the bad
 - ▶ "Good" - non-surgical leg will be stronger and steadier
 - ▶ "Bad" - surgical leg will be weaker and more painful
- ▶ Use railing for stability
 - ▶ Cane will help if you do not have 2 handrails
- ▶ Whoever is helping you should be below you when going up the stairs, and in front when you are going down (between you and where gravity will take you)
- ▶ Practice before surgery!
- ▶ Take your time, especially if you have a full flight
- ▶ Your physical therapist will work with you after surgery to return to normal pattern
- ▶ **REMEMBER: UP WITH THE GOOD, DOWN WITH THE BAD**

Demonstration: Stair Navigation

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A photograph of a physical therapy clinic, overlaid with a semi-transparent teal filter. The room contains various pieces of exercise equipment, including treadmills, stationary bikes, and a large piece of equipment with a seat and pedals. In the foreground, a human spine model is visible on a stand. The text "Home Exercises and Physical Therapy" is written in white, sans-serif font across the center of the image. A solid red rectangle is located in the top right corner.

Home Exercises and Physical Therapy

Physical Therapy

- ▶ Our goal is to improve your function and get you back to the activities you love
 - ▶ Make sure to let your physical therapist know what is most important to you
- ▶ Schedule physical therapy at the location of your choosing at 1 day post-op for knees and 1-3 days post-op for hips
 - ▶ **Schedule ahead of time!**
 - ▶ 2-3x per week for 6-12 weeks depending on progress
 - ▶ If you are receiving home care or staying at a rehabilitation center, this may differ. Discuss with your care team.

Exercises

- ▶ Exercises don't have to be painful to be helping, but they may not be comfortable.
 - ▶ When you have more pain, your intensity of exercise may decrease, but you still need to exercise.
- ▶ Exercises and movement will help you feel better - "Motion is lotion"
- ▶ If you hurt, **MOVE**. Movement will help improve blood flow, help pump swelling out, and make the joint move more freely.
 - ▶ The worst thing you can do is be sedentary.
- ▶ As you exercise, pressure, pulling, and tightness is **OK** and **SAFE**. Sharp, stabbing, shooting means you have pushed too far.

Home Exercise Program

- ▶ Perform the following 10 times per hour to prevent blood clots and increase muscle activation.
 - ▶ Ankle pumps, quad sets, and glute sets
 - ▶ These are meant to be your easy exercises.
- ▶ Perform the following exercises 2 sets of 10 repetitions, 2-3x per day, **EVERY DAY**
 - ▶ Knees: short arc quads, long arc quads, straight leg raise, heel slides, heel prop
 - ▶ Hips: short arc quads, long arc quads, straight leg raise, heel slides, supine hip abduction
- ▶ As you work with your physical therapist, they will update these exercises to provide continued progression and challenge

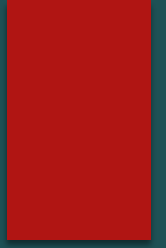
Home Exercises and Physical Therapy

- ▶ Ankle Pumps
- ▶ Glute Sets
- ▶ Quad Sets
- ▶ Heel Prop
- ▶ Heel Slides
- ▶ Short Arc Quad
- ▶ Long Arc Quad
- ▶ Straight Leg Raise
- ▶ Supine Hip Abduction

[Home Program \(medbridgego.com\)](http://medbridgego.com)

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What to Expect After Surgery



What to Expect After Surgery: Avoiding Falls

- ▶ Take extra time transitioning from laying to sitting to standing to walking, you might get dizzy
 - ▶ Spend a good 5-10 seconds in each position before transitioning to the next
- ▶ Follow your therapist's recommendations on walker or cane use
- ▶ If your surgery is in winter, take extra care when walking outside

Falls do happen. If you fall, contact Bone and Joint triage for assessment and instruction. They may want you to come in for a check-up. Let your therapist know at your next session.

What to Expect After Surgery: Post-Op 0-48 Hours

- ▶ The first 0-48 hours, you may be surprised with how good you feel.
 - ▶ Do **NOT** overdo activity or exercises
 - ▶ Take your pain medications as prescribed (no metals for people who don't take them :))
- ▶ Use caution when changing positions. You likely will be dizzy.
- ▶ No longer than 5-10 minutes on your feet at one time
- ▶ Get up each hour for a short walk to the kitchen or restroom
- ▶ Ice consistently
- ▶ Elevate when sitting
- ▶ Extended time in any position will make you stiff

What to Expect After Surgery: Post-Op 0-48 Hours (continued)

Total Knees

- ▶ **Start therapy during this period**
- ▶ It's normal to have pain in the upper/mid-thigh due to tourniquet placement during surgery
- ▶ Mako (robotic assisted surgery) – you will likely have a small incision below and above your large bandage from the alignment
 - ▶ You will change these bandages at day 5

Total Hips

- ▶ Total Hip: you may notice blood on your drain site bandage
 - ▶ **This is normal!**
 - ▶ You may need to change this bandage
- ▶ Mako (robotic assisted surgery) – you will likely have an incision on the opposite hip from the alignment
 - ▶ You will change this bandage at day 5

What to Expect After Surgery: Post-Op 48-72 Hours

- ▶ For some, this is where you will start to experience more pain (You may feel like you've been hit by a truck)
 - ▶ **THIS IS NORMAL!!**
- ▶ Injected medications and nerve block will start to wear off
 - ▶ Make sure you are taking your oral pain medications
- ▶ **DON'T** stop moving, even if it hurts. You will feel **BETTER** if you move.
 - ▶ Continue to walk each hour
 - ▶ Continue to do your therapy exercises
- ▶ Ice can help decrease pain
- ▶ **Total hips will start therapy during this time.**
- ▶ Bruising varies by individual, and can take a few days to fully develop
 - ▶ You may notice bruising in your foot and toes, this is **NORMAL**

What to Expect After Surgery: Post-Op Days 4-7

- ▶ Each day you will start to feel better. You will see large amounts of progress each day.
- ▶ Continue to perform exercises as prescribed by your PT.
- ▶ Continue to use your walker, unless instructed by your PT.
- ▶ Ice at least 4 times per day, but you can ice more as needed.
- ▶ Time on your feet continues to be limited to 10 minutes at most.
- ▶ You can navigate stairs in the correct post-op pattern, but do **NOT** seek out extra stairs.
- ▶ Day 5 = bandage change

What to Expect After Surgery:

Weeks 1-2

- ▶ Each day you will start to feel better. You will see large amounts of progress each day.
- ▶ Continue to perform exercises as prescribed by your PT.
- ▶ Continue to use your walker, unless instructed by your PT.
- ▶ Ice as needed, especially following activities
- ▶ Slowly increase time on your feet
- ▶ You can navigate stairs in the correct post-op pattern
- ▶ Total Knee ROM goal: fully straight (0 degrees) and 90 degrees of bending

What to Expect After Surgery: Weeks 2-4

- ▶ Physical therapist will work with you on transitioning to cane and then to no assistive device
- ▶ Increased walking tolerance
 - ▶ Gradually increase time on your feet based on how you're feeling
- ▶ Continue to ice after exercises or activity
- ▶ Total Hip: range of motion goal is 0 degrees of hip extension or more (surgical leg can rest fully on the bed without bending the knee)
- ▶ You will have your first follow-up visit with the surgeon or their PA
- ▶ May be able to begin driving if your surgery is on the LEFT side
 - ▶ Check with physical therapist and surgeon prior to this
 - ▶ You **CANNOT** drive if you are taking narcotic pain medications
- ▶ Some people may return to work at this time in some capacity
 - ▶ Seated work for a few hours per day

What to Expect After Surgery: Weeks 4-6

- ▶ Physical therapist will work with you on discontinuing cane
 - ▶ May still use for longer distances or outdoor walking
- ▶ Your rate of progress will slow, but focus on the little gains each day
- ▶ Ascend stairs with one foot on each step
- ▶ Total Knee: range of motion goal is 110-120 of bending
- ▶ Total Hip: range of motion goal is about 90 degrees of hip flexion and 30 degrees of hip abduction
- ▶ Around 6 weeks begin driving if your surgery is on the RIGHT side
 - ▶ Check with physical therapist and surgeon prior to this
 - ▶ You **CANNOT** drive if you are taking narcotic pain medications
- ▶ Sleep will start to improve around this time

What to Expect After Surgery: Weeks 6+

- ▶ More good days than bad days
- ▶ Descend stairs one foot on each step
- ▶ Transition from physical therapy to independent exercise progression
 - ▶ Exact timeline will depend on individual
- ▶ Returning to normal activities and recreation
- ▶ Starting to feel happy you had the surgery
- ▶ Those with physical jobs typically return at 10-12 weeks post-op



Questions?

- ▶ Thank you for choosing Bone and Joint!
- ▶ Medicare patients who need walkers or home cold therapy units – please pick up at our Rib Mountain location
- ▶ Commercial or VA insurance patients – please head down the hall to pick up your walker and/or home cold therapy unit. (follow signs for the women's restroom)