

**Healthy Driven™**

Edward-Elmhurst  
HEALTH



PATIENT GUIDE

# TOTAL HIP REPLACEMENT SURGERY

What to expect during your total hip replacement surgery at Elmhurst Hospital

(331) 221-1000  
[EEHealth.org/orthopedics](http://EEHealth.org/orthopedics)



ELMHURST HOSPITAL  
A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# WELCOME

WELCOME

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## Welcome to Elmhurst Hospital

As you prepare for total joint replacement surgery, it is normal to feel anxious and nervous. Knowing what to expect will ease your anxiety and help with your recovery. We are providing this binder to you and your family to guide you through your surgical experience at Elmhurst Hospital. The doctors, nurses and other healthcare team members strive to provide you with the safest and best medical care possible. Please do not hesitate to ask your surgeon, nurse or other healthcare team member any questions before, during, and after your operation.

This education binder will also help you organize important information you will receive during your hospital stay. We ask you to bring the binder with you to the hospital on the day of your surgery and keep the binder in your room until you go home.

**Remember, this is a guide. Your surgeon and their team may add to or change any of the recommendations. Always follow their instructions and ask questions if you are unsure or do not understand.**

## Directions and Contacts

### Directions

**Address:** 155 E. Brush Hill Road  
Elmhurst, IL 60126

**Hospital website:** <http://www.eehealth.org>

From the home page, click on Find a Location, then choose Elmhurst Hospital – Main Campus.

### Contacts

#### Pre-admission Testing (PAT)

Phone: (331) 221-0460

FAX: (331) 221-3885

#### Pre-op and Recovery Unit

Phone: (331) 221-1072

#### Surgery Reception Desk

Phone: (331) 221-0490

#### Service Line Director– Orthopedics, Neuroscience, Cardiology

Phone: (331) 221-0112

Email: [Lrempal@emhc.org](mailto:Lrempal@emhc.org)

#### Discharge Planning Case Manager or Social Worker

Phone: (331) 221-1146

#### Outpatient Rehab Services

Scheduling: (331) 221-6050

#### Inpatient Rehab Services

Phone: (331) 221-0590

#### Patient Accounts (Billing)

Phone: (331) 221- 6600

Visit our website at: <https://www.eehealth.org/services/orthopedics>



# TOTAL HIP REPLACEMENT

## Main Campus

155 E. Brush Hill Road,  
Elmhurst, IL 60126

February, 2016

**1** Emergency Department

### RETAIL

**4** Walgreens  
**5** The Wild Rose Floral & Gift Shop

### DIAGNOSTICS

**9** Diagnostics Main  
**10** Diagnostics East

### OUTPATIENT

**11** Registration

### PARKING

**3** Valet  
**8** Expectant Mothers

**6** WILDFLOWER Café  
**7** Starbucks  
**8** Falling Water Boutique

### BUS STOP

**12** PACE

**E** Entrance



## Live a Healthy Driven Life and Take a Free 5 Minute Health Aware Test Today!

Our assessments provide a quick analysis of your health and suggested next steps if you are found to be at risk. In just five minutes, you can gauge your risk of developing diseases or disorders that can weaken your health and affect your lifestyle.

### Learn.

Take the free, confidential assessment and learn if you are at risk.

### Listen.

If eligible, accept the free clinical screening where you'll learn what Steps to take to improve your health.

### Live Healthy Driven.

Follow the clinical recommendations and visit your doctor for a longer, healthy driven life.

Find our assessments at [www.eehealth.org/healthy-driven/health-aware](http://www.eehealth.org/healthy-driven/health-aware)

<p><b>DIABETES AWARE</b></p> <p>I want to catch diabetes early before it leads to serious complications.</p>	<p><b>STROKE AWARE</b></p> <p>I want to protect myself from stroke to avoid serious after effects.</p>	<p><b>ADDICTION AWARE</b></p> <p>I want to uncover an alcohol or drug problem to save what matters most.</p>	<p><b>DEPRESSION AWARE</b></p> <p>I want to know if I have depression so I can treat it and feel better.</p>
<p><b>LUNG AWARE</b></p> <p>I want to detect a lung problem early to breathe easier and live better.</p>	<p><b>BREAST AWARE</b></p> <p>I want to detect breast cancer early, when it's most treatable.</p>	<p><b>COLON AWARE</b></p> <p>I want to know my risk for colon cancer so I can stop it before it starts.</p>	<p><b>SLEEP AWARE</b></p> <p>I want to find out if I have a sleep disorder to protect my long-term health.</p>
	<p><b>HEART AWARE</b></p> <p>I want to learn my risk for heart disease to escape this often silent killer.</p>	<p><b>ANXIETY AWARE</b></p> <p>I want to know if I have anxiety so I can get relief and get on with life.</p>	

# HOSPITALIST PROGRAM

Staying at Elmhurst Hospital? You're in good hands. You can be assured that one of our hospitalists will be dedicated to you while you stay with us.

## What is a hospitalist?

Hospitalists are physicians who focus on the general medical care of hospitalized patients. Think of each hospitalist as your “on-site expert”— someone in constant communication with your primary care physician who has access to all of your medical records but is only a few footsteps away.

## What are the benefits of a hospitalist?

Hospitalists spend most or all of their day in the hospital and are more readily available to you. By focusing on hospitalized patients, they can dedicate themselves to the unique aspects of your needs during your hospital stay.

Once your hospital stay is complete, the hospitalist will refer you back to your primary care physician or a physician from our medical staff should you not already have one.

After all, your needs are what matters most.

Please contact the Hospitalist Support Team, at [\(331\) 221-8952](tel:331-221-8952).

Monday–Friday, 8:00 am–4:00 pm with questions.





ELMHURST HOSPITAL

A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# WHAT YOU NEED TO KNOW

WHAT YOU NEED TO KNOW

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## Total Hip Replacement

Page (1)

Whether you have just begun exploring treatment options or have already decided to undergo hip replacement surgery, this information will help you understand the benefits and limitations of total hip replacement. This article describes how a normal hip works, the causes of hip pain, what to expect from hip replacement surgery, and what exercises and activities will help restore your mobility and strength, and enable you to return to everyday activities.

If your hip has been damaged by arthritis, a fracture, or other conditions, common activities such as walking or getting in and out of a chair may be painful and difficult. Your hip may be stiff, and it may be hard to put on your shoes and socks. You may even feel uncomfortable while resting.

If medications, changes in your everyday activities, and the use of walking supports do not adequately help your symptoms, you may consider hip replacement surgery. Hip replacement surgery is a safe and effective procedure that can relieve your pain, increase motion, and help you get back to enjoying normal, everyday activities.

First performed in 1960, hip replacement surgery is one of the most successful operations in all of medicine. Since 1960, improvements in joint replacement surgical techniques and technology have greatly increased the effectiveness of total hip replacement. According to the Agency for Healthcare Research and Quality, more than 300,000 total hip replacements are performed each year in the United States.

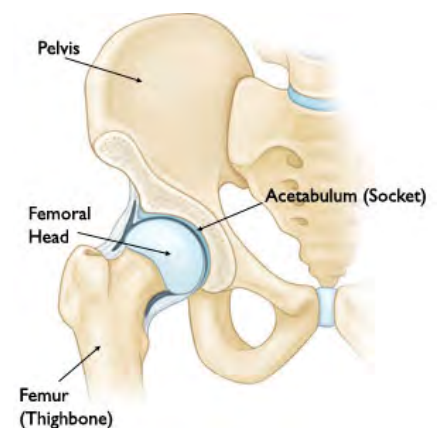
### Anatomy

The hip is one of the body's largest joints. It is a ball-and-socket joint. The socket is formed by the acetabulum, which is part of the large pelvis bone. The ball is the femoral head, which is the upper end of the femur (thighbone).

The bone surfaces of the ball and socket are covered with articular cartilage, a smooth tissue that cushions the ends of the bones and enables them to move easily.

A thin tissue called synovial membrane surrounds the hip joint. In a healthy hip, this membrane makes a small amount of fluid that lubricates the cartilage and eliminates almost all friction during hip movement.

Bands of tissue called ligaments (the hip capsule) connect the ball to the socket and provide stability to the joint.



Normal hip anatomy.

## Common Causes of Hip Pain

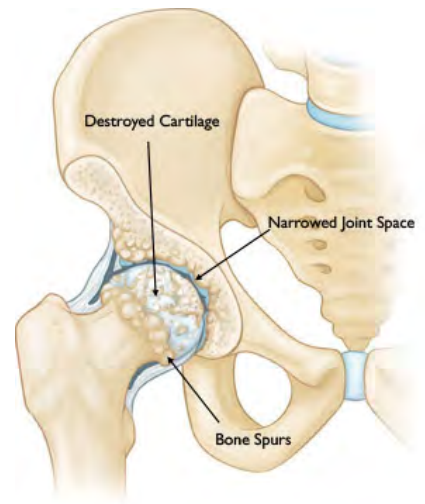
The most common cause of chronic hip pain and disability is arthritis. Osteoarthritis, rheumatoid arthritis, and traumatic arthritis are the most common forms of this disease.

- **Osteoarthritis.** This is an age-related “wear and tear” type of arthritis. It usually occurs in people 50 years of age and older and often in individuals with a family history of arthritis. The cartilage cushioning the bones of the hip wears away. The bones then rub against each other, causing hip pain and stiffness. Osteoarthritis may also be caused or accelerated by subtle irregularities in how the hip developed in childhood.
- **Rheumatoid arthritis.** This is an autoimmune disease in which the synovial membrane becomes inflamed and thickened. This chronic inflammation can damage the cartilage, leading to pain and stiffness. Rheumatoid arthritis is the most common type of a group of disorders termed “inflammatory arthritis.”
- **Post-traumatic arthritis.** This can follow a serious hip injury or fracture. The cartilage may become damaged and lead to hip pain and stiffness over time.
- **Avascular necrosis.** An injury to the hip, such as a dislocation or fracture, may limit the blood supply to the femoral head. This is called avascular necrosis (also commonly referred to as “osteonecrosis”). The lack of blood may cause the surface of the bone to collapse, and arthritis will result. Some diseases can also cause avascular necrosis.
- **Childhood hip disease.** Some infants and children have hip problems. Even though the problems are successfully treated during childhood, they may still cause arthritis later on in life. This happens because the hip may not grow normally, and the joint surfaces are affected.

## Description

In a total hip replacement (also called total hip arthroplasty), the damaged bone and cartilage is removed and replaced with prosthetic components.

- The damaged femoral head is removed and replaced with a metal stem that is placed into the hollow center of the femur. The femoral stem may be either cemented or “press fit” into the bone.
- A metal or ceramic ball is placed on the upper part of the stem. This ball replaces the damaged femoral head that was removed.
- The damaged cartilage surface of the socket (acetabulum) is removed and replaced with a metal socket. Screws or cement are sometimes used to hold the socket in place.



A hip with osteoarthritis.



(Left) The individual components of a total hip replacement. (Center) The components merged into an implant. (Right) The implant as it fits into the hip.

- A plastic, ceramic, or metal spacer is inserted between the new ball and the socket to allow for a smooth gliding surface. However both arms can be affected.

## Is Hip Replacement Surgery for You?

The decision to have hip replacement surgery should be a cooperative one made by you, your family, your primary care doctor, and your orthopaedic surgeon. The process of making this decision typically begins with a referral by your doctor to an orthopaedic surgeon for an initial evaluation.

### Candidates for Surgery

There are no absolute age or weight restrictions for total hip replacements.

Recommendations for surgery are based on a patient's pain and disability, not age. Most patients who undergo total hip replacement are age 50 to 80, but orthopaedic surgeons evaluate patients individually. Total hip replacements have been performed successfully at all ages, from the young teenager with juvenile arthritis to the elderly patient with degenerative arthritis.

### When Surgery Is Recommended

There are several reasons why your doctor may recommend hip replacement surgery. People who benefit from hip replacement surgery often have:

- Hip pain that limits everyday activities, such as walking or bending
- Hip pain that continues while resting, either day or night
- Stiffness in a hip that limits the ability to move or lift the leg
- Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports

## The Orthopaedic Evaluation

An evaluation with an orthopaedic surgeon consists of several components.

- **Medical history.** Your orthopaedic surgeon will gather information about your general health and ask questions about the extent of your hip pain and how it affects your ability to perform everyday activities.
- **Physical examination.** This will assess hip mobility, strength, and alignment.
- **X-rays.** These images help to determine the extent of damage or deformity in your hip.
- **Other tests.** Occasionally other tests, such as a magnetic resonance imaging (MRI) scan, may be needed to determine the condition of the bone and soft tissues of your hip.

## Deciding to Have Hip Replacement Surgery

### Talk With Your Doctor

Your orthopaedic surgeon will review the results of your evaluation with you and discuss whether hip replacement surgery is the best method to relieve your pain and improve your mobility. Other treatment options – such as medications, physical therapy, or other types of surgery – also may be considered.

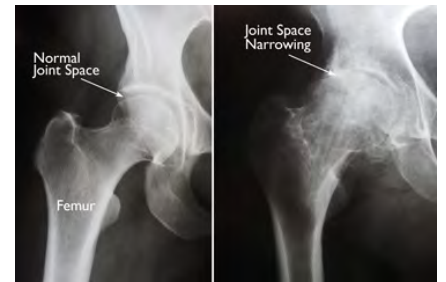
In addition, your orthopaedic surgeon will explain the potential risks and complications of hip replacement surgery, including those related to the surgery itself and those that can occur over time after your surgery.

Never hesitate to ask your doctor questions when you do not understand. The more you know, the better you will be able to manage the changes that hip replacement surgery will make in your life.

### Realistic Expectations

An important factor in deciding whether to have hip replacement surgery is understanding what the procedure can and cannot do. Most people who undergo hip replacement surgery experience a dramatic reduction of hip pain and a significant improvement in their ability to perform the common activities of daily living.

With normal use and activity, the material between the head and the socket of every hip replacement implant begins to wear. Excessive activity or being overweight may speed up this normal wear and cause the hip replacement to loosen and become painful. Therefore, most surgeons advise against high-impact activities such as running, jogging, jumping, or other high-impact sports.



**(Left)** In this x-ray of a normal hip, the space between the ball and socket indicates healthy cartilage. **(Right)** This x-ray of an arthritic hip shows severe loss of joint space.



This x-ray shows a large bone spur that has developed on the ball of an arthritic hip.



## Preparing for Surgery

### Medical Evaluation

If you decide to have hip replacement surgery, your orthopaedic surgeon may ask you to have a complete physical examination by your primary care doctor before your surgical procedure. This is needed to make sure you are healthy enough to have the surgery and complete the recovery process. Many patients with chronic medical conditions, like heart disease, may also be evaluated by a specialist, such a cardiologist, before the surgery.

### Tests

Several tests, such as blood and urine samples, an electrocardiogram (EKG), and chest x-rays, may be needed to help plan your surgery.

### Preparing Your Skin

Your skin should not have any infections or irritations before surgery. If either is present, contact your orthopaedic surgeon for treatment to improve your skin before surgery.

### Blood Donations

You may be advised to donate your own blood prior to surgery. It will be stored in the event you need blood after surgery.

### Medications

Tell your orthopaedic surgeon about the medications you are taking. He or she or your primary care doctor will advise you which medications you should stop taking and which you can continue to take before surgery.

### Weight Loss

If you are overweight, your doctor may ask you to lose some weight before surgery to minimize the stress on your new hip and possibly decrease the risks of surgery.

### Dental Evaluation

Although infections after hip replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, major dental procedures (such as tooth extractions and periodontal work) should be completed before your hip replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

### Urinary Evaluation

Individuals with a history of recent or frequent urinary infections should have a urological evaluation before surgery. Older men with prostate disease should consider completing required treatment before having surgery.

### Social Planning

Although you will be able to walk with crutches or a walker soon after surgery, you will need some help for several weeks with such tasks as cooking, shopping, bathing, and laundry.

If you live alone, your orthopaedic surgeon's office, a social worker, or a discharge planner at the hospital can help you make advance arrangements to have someone assist you at your home. A short stay in an extended care facility during your recovery after surgery also may be arranged.

### Home Planning

Several modifications can make your home easier to navigate during your recovery. The following items may help with daily activities:

- Securely fastened safety bars or handrails in your shower or bath
- Secure handrails along all stairways
- A stable chair for your early recovery with a firm seat cushion (that allows your knees to remain lower than your hips), a firm back, and two arms
- A raised toilet seat
- A stable shower bench or chair for bathing
- A long-handled sponge and shower hose
- A dressing stick, a sock aid, and a long-handled shoe horn for putting on and taking off shoes and socks without excessively bending your new hip
- A reacher that will allow you to grab objects without excessive bending of your hips
- Firm pillows for your chairs, sofas, and car that enable you to sit with your knees lower than your hips
- Removal of all loose carpets and electrical cords from the areas where you walk in your home



Set up a "recovery center" where you will spend most of your time. Things like the phone, television remote control, reading materials, and medications should all be within reach.

### Your Surgery

You will most likely be admitted to the hospital on the day of your surgery.

### Anesthesia

After admission, you will be evaluated by a member of the anesthesia team. The most common types of anesthesia are general anesthesia (you are put to sleep) or spinal, epidural, or regional nerve block anesthesia (you are awake but your body is numb from the waist down). The anesthesia team, with your input, will determine which type of anesthesia will be best for you.

### Implant Components

Many different types of designs and materials are currently used in artificial hip joints. All of them consist of two basic components: the ball component (made of highly polished strong metal or ceramic material) and the socket component (a durable cup of plastic, ceramic or metal, which may have an outer metal shell).

The prosthetic components may be “press fit” into the bone to allow your bone to grow onto the components or they may be cemented into place. The decision to press fit or to cement the components is based on a number of factors, such as the quality and strength of your bone. A combination of a cemented stem and a non-cemented socket may also be used.

Your orthopaedic surgeon will choose the type of prosthesis that best meets your needs.

### Procedure

The surgical procedure takes a few hours. Your orthopaedic surgeon will remove the damaged cartilage and bone and then position new metal, plastic, or ceramic implants to restore the alignment and function of your hip.

After surgery, you will be moved to the recovery room where you will remain for several hours while your recovery from anesthesia is monitored. After you wake up, you will be taken to your hospital room.

### Your Stay in the Hospital

You will most likely stay in the hospital for a few days. To protect your hip during early recovery, a positioning splint, such as a foam pillow placed between your legs, may be used.

### Pain Management

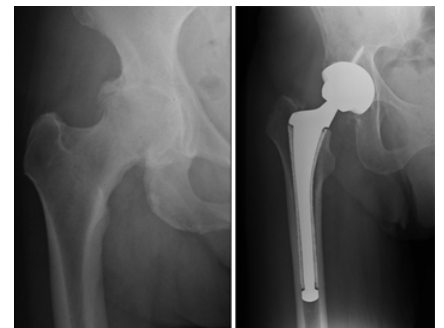
After surgery, you will feel some pain, but your surgeon and nurses will provide medication to make you feel as comfortable as possible. Pain management is an important part of your recovery. Movement will begin soon after surgery, and when you feel less pain, you can start moving sooner and get your strength back more quickly. Talk with your surgeon if postoperative pain becomes a problem.



**(Left)** A standard non-cemented femoral component. **(Center)** A close-up of this component showing the porous surface for bone ingrowth. **(Right)** The femoral component and the acetabular component working together.



**(Left)** The acetabular component shows the plastic (polyethylene) liner inside the metal shell. **(Right)** The porous surface of this acetabular component allows for bone ingrowth. The holes around the cup are used if screws are needed to hold the cup in place.



X-rays before and after total hip replacement. In this case, non-cemented components were used.

### Physical Therapy

Walking and light activity are important to your recovery. Most patients who undergo total hip replacement begin standing and walking with the help of a walking support and a physical therapist the day after surgery. In some cases, patients begin standing and walking on the actual day of surgery. The physical therapist will teach you specific exercises to strengthen your hip and restore movement for walking and other normal daily activities.

### Preventing Pneumonia

It is common for patients to have shallow breathing in the early postoperative period. This is usually due to the effects of anesthesia, pain medications, and increased time spent in bed. This shallow breathing can lead to a partial collapse of the lungs (termed "atelectasis") which can make patients susceptible to pneumonia. To help prevent this, it is important to take frequent deep breaths. Your nurse may provide a simple breathing apparatus called a spirometer to encourage you to take deep breaths.

### Recovery

The success of your surgery will depend in large measure on how well you follow your orthopaedic surgeon's instructions regarding home care during the first few weeks after surgery.

### Wound Care

You may have stitches or staples running along your wound or a suture beneath your skin. The stitches or staples will be removed approximately 2 weeks after surgery.

Avoid getting the wound wet until it has thoroughly sealed and dried. You may continue to bandage the wound to prevent irritation from clothing or support stockings.

### Diet

Some loss of appetite is common for several weeks after surgery. A balanced diet, often with an iron supplement, is important to promote proper tissue healing and restore muscle strength. Be sure to drink plenty of fluids.

### Activity

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal light activities of daily living within 3 to 6 weeks following surgery. Some discomfort with activity and at night is common for several weeks.



A spirometer measures the amount of air you breathe in and out.

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Your activity program should include:

- A graduated walking program to slowly increase your mobility, initially in your home and later outside
- Resuming other normal household activities, such as sitting, standing, and climbing stairs
- Specific exercises several times a day to restore movement and strengthen your hip. You probably will be able to perform the exercises without help, but you may have a physical therapist help you at home or in a therapy center the first few weeks after surgery

## Possible Complications of Surgery

The complication rate following hip replacement surgery is low. Serious complications, such as joint infection, occur in less than 2% of patients. Major medical complications, such as heart attack or stroke, occur even less frequently. However, chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur they can prolong or limit full recovery.

### Infection

Infection may occur superficially in the wound or deep around the prosthesis. It may happen while in the hospital or after you go home. It may even occur years later.

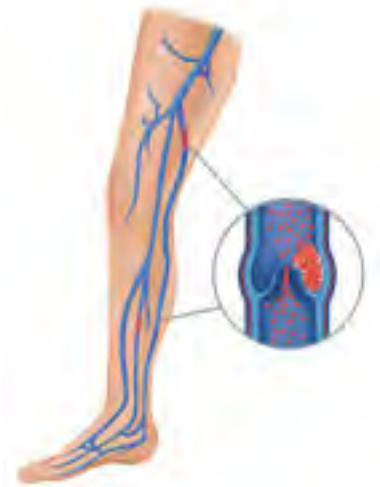
Minor infections of the wound are generally treated with antibiotics. Major or deep infections may require more surgery and removal of the prosthesis. Any infection in your body can spread to your joint replacement.

### Blood Clots

Blood clots in the leg veins or pelvis are one of the most common complications of hip replacement surgery. These clots can be life-threatening if they break free and travel to your lungs. Your orthopaedic surgeon will outline a prevention program which may include blood thinning medications, support hose, inflatable leg coverings, ankle pump exercises, and early mobilization.

### Leg-length Inequality

Sometimes after a hip replacement, one leg may feel longer or shorter than the other. Your orthopaedic surgeon will make every effort to make your leg lengths even, but may lengthen or shorten your leg slightly in order to maximize the stability and biomechanics of the hip. Some patients may feel more comfortable with a shoe lift after surgery.



Blood clots may form in the leg veins or pelvis.



### Dislocation

This occurs when the ball comes out of the socket. The risk for dislocation is greatest in the first few months after surgery while the tissues are healing. Dislocation is uncommon. If the ball does come out of the socket, a closed reduction usually can put it back into place without the need for more surgery. In situations in which the hip continues to dislocate, further surgery may be necessary.

### Loosening and Implant Wear

Over years, the hip prosthesis may wear out or loosen. This is most often due to everyday activity. It can also result from a biologic thinning of the bone called osteolysis. If loosening is painful, a second surgery called a revision may be necessary.

### Other Complications

Nerve and blood vessel injury, bleeding, fracture, and stiffness can occur. In a small number of patients, some pain can continue or new pain can occur after surgery.

## Avoiding Problems After Surgery

### Recognizing the Signs of a Blood Clot

Follow your orthopaedic surgeon's instructions carefully to reduce the risk of blood clots developing during the first several weeks of your recovery. He or she may recommend that you continue taking the blood thinning medication you started in the hospital. Notify your doctor immediately if you develop any of the following warning signs.

**Warning signs of blood clots.** The warning signs of possible blood clot in your leg include:

- Pain in your calf and leg that is unrelated to your incision
- Tenderness or redness of your calf
- New or increasing swelling of your thigh, calf, ankle, or foot

**Warning signs of pulmonary embolism.** The warning signs that a blood clot has traveled to your lung include:

- Sudden shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing



Hip implant dislocation.

### Preventing Infection

A common cause of infection following hip replacement surgery is from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections.

Following surgery, patients with certain risk factors may need to take antibiotics prior to dental work, including dental cleanings, or before any surgical procedure that could allow bacteria to enter your bloodstream. Your orthopaedic surgeon will discuss with you whether taking preventive antibiotics before dental procedures is needed in your situation.

**Warning signs of infection.** Notify your doctor immediately if you develop any of the following signs of a possible hip replacement infection:

- Persistent fever (higher than 100°F orally)
- Shaking chills
- Increasing redness, tenderness, or swelling of the hip wound
- Drainage from the hip wound
- Increasing hip pain with both activity and rest

### Avoiding Falls

A fall during the first few weeks after surgery can damage your new hip and may result in a need for more surgery. Stairs are a particular hazard until your hip is strong and mobile. You should use a cane, crutches, a walker, or handrails or have someone help you until you improve your balance, flexibility, and strength.

Your orthopaedic surgeon and physical therapist will help you decide which assistive aides will be required following surgery, and when those aides can safely be discontinued.

### Other Precautions

To assure proper recovery and prevent dislocation of the prosthesis, you may be asked to take special precautions when sitting, bending, or sleeping – usually for the first 6 weeks after surgery. These precautions will vary from patient to patient, depending on the surgical approach your surgeon used to perform your hip replacement.

Prior to discharge from the hospital, your surgeon and physical therapist will provide you with any specific precautions you should follow.

## Outcomes

### How Your New Hip Is Different

You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending. These differences often diminish with time, and most patients find these are minor compared with the pain and limited function they experienced prior to surgery.

Your new hip may activate metal detectors required for security in airports and some buildings. Tell the security agent about your hip replacement if the alarm is activated. You may ask your orthopaedic surgeon for a card confirming that you have an artificial hip.

### Protecting Your Hip Replacement

There are many things you can do to protect your hip replacement and extend the life of your hip implant.

- Participate in a regular light exercise program to maintain proper strength and mobility of your new hip.
- Take special precautions to avoid falls and injuries. If you break a bone in your leg, you may require more surgery.
- Make sure your dentist knows that you have a hip replacement. Talk with your orthopaedic surgeon about whether you need to take antibiotics prior to dental procedures.
- See your orthopaedic surgeon periodically for routine follow-up examinations and x-rays, even if your hip replacement seems to be doing fine.

OrthoInfo.org provides expert information about a wide range of musculoskeletal conditions and injuries. All articles are developed by orthopaedic surgeons who are members of the American Academy of Orthopaedic Surgeons (AAOS). To learn more about your orthopaedic health, please visit [orthoinfo.org](http://orthoinfo.org).



ELMHURST HOSPITAL

A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# PREPARING FOR YOUR SURGERY

PREPARING FOR YOUR SURGERY

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# Patient Pre-Op Checklist for Total Joint Total Replacement

The items on this checklist will help you prepare for surgery.

## PRIOR TO SURGERY:

- The Pre-Admission Testing (PAT) department will contact you to complete your pre-admission assessment by phone. You will need a list of all your medications (prescribed, over the counter, vitamins, supplements, and herbal preparations) or will need to have labeled bottles in front of you for this call.
- Attend Discharge Planning Clinic before surgery.
  - Pre-operative Physical Therapy evaluation. Follow the pre-operative strengthening exercises to optimize outcomes.
  - Discuss and plan for discharge with Case Management
- Call your insurance company to notify them of your planned surgery
- Pre-Operative Primary Care Physician appointment: \_\_\_\_\_ for medical clearance
  - Complete ideally 10-14 days before surgery
  - Complete any medical specialty visits (such as Cardiology) 10-14 days before surgeryIF REQUIRED
- Complete all tests and blood work within 28 days of surgery.
- Prepare your home for your return after surgery.
- Arrange for post-operative assistance
- Purchase any required equipment or aides
- Check with your primary physician or cardiologist before stopping any prescription medication and to get directions on what medications you should continue to take around the time of your surgery



## TOTAL HIP REPLACEMENT

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- Please follow specific instructions provided by your physician or the PAT nurses for the following types of medications:
  - Blood thinners (examples are: Coumadin, Plavix, Xarelto, Pradaxa, Eliquis)
  - Non-steroidal anti-inflammatory drugs (examples are: aspirin, ibuprofen, naproxen sodium)
  - Blood pressure, heart, and diabetic medications
- 14 days prior to surgery STOP taking herbal preparations, Vitamin E, Fish Oil, and appetite suppressants (diet aides)
- You can continue taking:
  - Tylenol arthritis, acetaminophen
  - Ultracet/Ultram (Tramadol)
- Help fight infection by bathing with Hibiclens soap for the 3 days before surgery (See Instruction Sheet). If your surgeon has instructed you to use Chlorhexidine (Hibiclens or Betasept) soap, please follow the instructions as provided. If you have not been instructed to use Chlorhexidine, please use **Dial Gold Antibacterial Body Wash** (Antibacterial liquid soap) for 3 days prior to your surgery.
  - Dial Antibacterial Bar Soap may also be used, but you will need to use a new bar of every day.
  - Be sure to pay special attention to skin folds and area for surgery.
  - Sleep on clean sheets and use clean clothing after bathing.
- Arrange for transportation home from the hospital

Please contact your surgeon's office for any questions or concerns.

## Preparing Your Home before Your Surgery

**Consider these changes to make your transition home easier.**

- Arrange for a relative or friend to live with you 3-7 days after surgery
- Arrange shopping/housekeeping/pet care for 4-6 weeks after surgery
- Arrange for single level living if possible
- Clear pathways to allow space for walker in hallways and rooms (approximately 20 inches wide)
- Remove any potential tripping hazards: throw rugs, electrical cords, clutter, make sure carpet is secure without ripples
- Make sure pathways are well-lit
- Install motion sensing lights or night lights in bathroom and bedroom
- Put bells on small pets to alert for tripping hazard
- Rearrange closets/dressers/nightstands/kitchen/bathroom/medications so that most frequently used items are within easy reach (waist height)
- Stock up on pre-made meals. Prepare and freeze in advance or buy healthy microwaveable meals
- Use paper plates and plastic utensils to avoid bending over to load the dishwasher
- Adjust your bed height to make it easier to get in and out of
- Install grab bars prior to surgery in shower/tub/near toilet for safety and support
- Use non-slip mat or strips in shower
- Add bath/shower seat or transfer bench as needed
- Purchase and pre-install elevated toilet seat after total hip replacement (posterior approach)
- Replace shower head with hand-held
- Attach a basket or bag to your walker, or wear shirts with large pockets to carry small items
- Anticipate and pre-shop for any items that will make your life easier after surgery. For example: long handled reachers, long handled sponges, a shirt with big pockets, elastic waist pants or shorts



Create a “recovery center” where you will relax between exercise, walks, and sleeping. Choose a space and prearrange the area so everything you need is within reach.

### Items to consider for your “recovery center”:

- Stool to elevate legs
- Phone
- Emergency numbers
- Tissues
- Books
- Laptop
- Notepad and pen
- Garbage pail
- Snacks
- Water pitcher and glass

After a total hip replacement with a posterior approach, avoid low, deep recliners. Instead, opt for a comfortable elevated chair with arms that is easy to get out of with a nearby footstool to elevate your legs.

## Preparing Your Skin before Your Procedure

Please follow your doctor’s instructions for the type of antibacterial soap to buy. Your doctor will tell you to buy a liquid soap that contains either Chlorhexidine Gluconate (CHG) or Dial Gold Antibacterial Body Wash. You will need enough soap for THREE (3) antibacterial liquid soap treatments or about 10 ounces.

Liquid soap brand	Where to buy
Walgreens brand (CHG liquid soap)	Sold over the counter at the following stores: Walgreens, CVS Pharmacy, Target, Jewel and Walmart
Hibiclens (CHG liquid soap)	
Betasept (CHG liquid soap)	
Dial Gold Antibacterial Body Wash (Antibacterial liquid soap)	

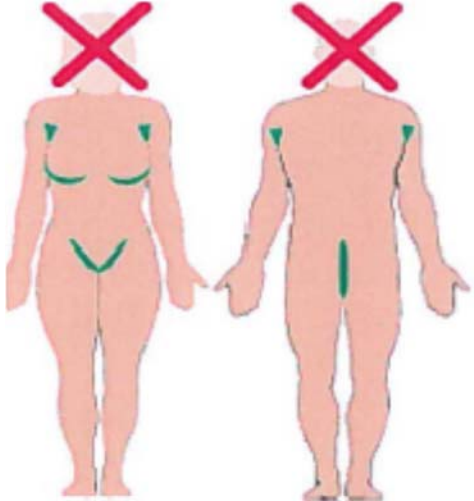
## Preparation Schedule

One (1) Week before procedure	<b>DO NOT</b> remove any body hair below the neck; face shaving is ok
Three (3) days before procedure	Shower or bathe with liquid soap (CHG or Dial) once daily for 3 total antibacterial liquid soap treatments. Please fill in the dates of your procedure and antibacterial liquid soap treatments: _____ Date of procedure _____ Complete 1st Treatment _____ Complete 2nd Treatment _____ Complete 3rd Treatment ( the morning of your procedure)
24 Hours before procedure	<b>DO NOT</b> apply lotion, powder, or deodorant to your body

## TOTAL HIP REPLACEMENT

### Step-by-step Instructions for CHG or Dial Gold Antibacterial

Please take a moment to read through this entire instruction sheet before you begin your antibacterial liquid soap treatments. We thank you for helping to prepare your skin for your procedure and reduce the risk of infection.

1	Wash your hair, face, and body with your normal shampoo/conditioner and soap. Rinse completely.
2	Step out of the shower/bath water, if you took a HOT shower/bath, allow your skin to cool down before using the liquid soap.
3	Pour a quarter-size amount of liquid soap onto a clean, wet washcloth.
4	Use the soap-filled washcloth to clean your entire body from the neck down (see pictures below). Add more soap to the washcloth when needed. <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px;"> <p>With the soap-filled washcloth, use a back-and-forth motion to rub the soap onto the skin.</p> <p><b>Clean your entire body including:</b></p> <ul style="list-style-type: none"> <li>• Armpits</li> <li>• Under breast tissue</li> <li>• Between skin folds</li> <li>• And the “hair bearing areas” of groin and between buttocks</li> </ul> <p><b>These areas have the most germs (bacteria). We want to reduce the bacteria to prevent infection.</b></p> <ul style="list-style-type: none"> <li>• Do not use soap on your head, face, or private parts</li> <li>• Keep soap away from eyes, ears, and mouth</li> </ul> </div> </div>
5	Let the soap stay on your skin for THREE (3) minutes. After THREE (3) minutes, rinse the soap off of your body.
6	Notify your Doctor right away if you have skin irritation such as redness, blistering, peeling, swelling, or a noticeable rash.
7	Repeat daily for a total of THREE (3) antibacterial liquid soap treatments. Please fill out the dates you completed your antibacterial liquid soap treatments on the front side of this sheet.
8	The morning of your procedure (after your bath) wear fresh, clean clothes.
9	At the hospital, your Nurse will ask you how many antibacterial soap treatments were completed. Please give this sheet to the Nurse.



## Night Before and Day of Surgery

### The Night before Surgery

#### NPO - Do Not Eat or Drink

- Do not eat or drink anything, EVEN WATER, after midnight unless otherwise instructed to do so.
- If you must take medication the morning of surgery, do so with a small sip of water.
- Take medications as instructed by the PAT nurses with sip of water (unless instructed differently)
- You may brush your teeth, rinse and spit.

#### What to Bring to the Hospital

- Advance directives and living will
- Insurance card and ID
- Personal hygiene items (toothbrush, powder, deodorant, razor, etc.)
- Bring loose-fitting t-shirts, and shorts or sweat pants with an elastic waistband
- Well-fitting non-skid shoes with a back – slippers are a good option
- Loose-fitting warm-up suit for the ride home
- For safety reasons do NOT bring electrical items (hair dryers, personal fans, etc.)
- A favorite pillow with a pillowcase in a pattern or color so it will not end up in the hospital laundry
- Please leave your valuables at home
- Do not wear jewelry or denture adhesive on the day of surgery
- Please remember to bring ALL X-rays or discs with MRI's or CT scans that were not done at Elmhurst WITH YOU ON THE DAY OF SURGERY
- Bring ID bracelet if one was given to you when your blood was drawn

### Day of Surgery:

#### Arriving at the Hospital:

Park in the blue or green color-coded parking lot. The green lot is closer to the Surgery Reception desk and the blue lot is closer to the inpatient unit. Enter the hospital through the Main Entrance. Wheelchairs are available if needed. You will proceed to the main elevators that will take you to the Interventional Platform on the second floor of the hospital. Turn left when you get off the elevators and head to the Surgery Reception Desk. Here you and your family will be checked in and escorted to a preoperative room to be prepared for surgery. Up to two family members may wait with you until you are taken to surgery. Your family may then wait in the Surgical Waiting room until notified by the surgeon that the surgery has been completed. A volunteer will take down contact information so that your family may be easily reached when it's time to speak with the surgeon. Your family will be given a gift card for a complimentary coffee in the Wildflower Café. The Café, Starbucks, Walgreens, Wild Rose Floral & Gifts and the Resource Center are located on the first floor.

#### Pre-op, Operating Room, and Post Anesthesia Care:

In the preoperative room, you will be prepared for surgery. The team will be checking your vital signs, starting your IV, validating your medications, health history, lab results and any follow up for additional testing needed. At this time, they will obtain your consent for surgery and answer any questions you may still have. Your anesthesiologist and surgeon will see you and your family prior to your surgery. The surgeon will mark your surgical site. You will be escorted to the operating room by cart. Your family can stay with you until you are taken to the Operating Room. Following surgery you will be taken to the Post Anesthesia Care Unit (PACU) where you will recover for approximately an hour. During this time, pain and nausea control will be established and your vital signs will be monitored. You will then be taken to the orthopedic unit where our specialized staff will care for you. Friends and family can see you at this time.

## TOTAL HIP REPLACEMENT

### Once you are on the Orthopedic Unit:

For the rest of this day, you will begin with liquids advancing to soft foods. We encourage you to drink plenty of water. We will instruct you on breathing exercises, benefits of early ambulation, ankle pumps, compression stockings, and sequential compression devices (SCD's). Our staff will **assist** you out of bed to the chair or walking in the hallway. Initially, your pain will be managed with oral and IV medication. There will be a dressing over your Incision. You may have a catheter to your bladder that will be removed as soon as you are able to walk.

## Understanding Pain Management

**Goal: Manage your pain so you can actively participate in your recovery.**

The amount of discomfort you experience depends on multiple factors, especially the kind of surgery you are having. You will receive pain medication through your IV after surgery and by mouth once you are recovering in the hospital. Your physicians and nurses will do everything possible to relieve your pain and discomfort using medications and other techniques. Though your discomfort should be tolerable, you should not expect to be totally pain free.

Communication is an important part of helping us manage your discomfort and pain. We encourage you to share information with your nurses about any pain you experience. Be as specific as possible. Where is the pain? How often do you feel pain? What does the pain feel like? Is it sharp or dull? On a scale of 1 to 10, where 10 is the worst pain imaginable, how would you rate your pain? Is there anything that makes the pain go away?

Most patients will receive oral pain medications along with intermittent low-doses of pain medication into their IV. Generally, these oral pain medications are the same medications you will take at home once you are discharged from the hospital. Throughout your hospital stay, your surgeon and nurses will assess your physical condition and look for signs of pain and side effects. Pain Service physicians and APN's are available when needed and consulted to help optimize your treatment program. Using this approach, most of our patients have very satisfactory pain control after surgery.

It is very important for you to provide accurate information to your surgeon about the amount of pain medication you have been taking. Inaccurate information could result in a needlessly stressful post-operative course.

**Please contact your surgeon's office for any questions or concerns.**



ELMHURST HOSPITAL

A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# DURING YOUR HOSPITAL STAY





DURING YOUR HOSPITAL STAY

**Healthy Driven**<sup>™</sup>  
Edward-Elmhurst  
HEALTH








# Roadmap to Recovery: What to Expect After Your Total Hip Replacement Surgery (Posterior Approach) Elmhurst Hospital

These are general guidelines for what you can expect during your recovery.  
Of course, each person is different and recovery may vary slightly from patient to patient.

	Day of Surgery	Postoperative Day #1	Postoperative Day #2
<b>Main Goals</b> 	<ul style="list-style-type: none"> <li>Pain and nausea should be well-controlled</li> <li>Be prepared to move today (as ordered by your surgeon)</li> </ul> 	<p><b>Always ask for assistance when getting out of bed</b></p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> <li>Get out of bed at least 3 times to:               <ul style="list-style-type: none"> <li>Move in and out of bed</li> <li>Sit in bedside chair</li> <li>Eat your meals</li> <li>Use the bathroom</li> <li>Walk using a device</li> </ul> </li> </ul>	<p><b>Always ask for assistance when getting out of bed</b></p> <p>Pain and nausea should be well-controlled</p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> <li>Get out of bed at least 3 times to:               <ul style="list-style-type: none"> <li>Move in and out of bed</li> <li>Sit in bedside chair</li> <li>Eat your meals</li> <li>Use the bathroom</li> <li>Walk using a device</li> </ul> </li> <li>Practice: Technique for dressing               <ul style="list-style-type: none"> <li>Dress in clothing from home</li> </ul> </li> </ul>
<b>Medications</b> 	<p>Expect pain medicine to be given by mouth and/or through an IV.</p> <p><b>Medications may include:</b></p> <ul style="list-style-type: none"> <li>Pain and nausea medication, stool softeners, blood thinners, antibiotics to prevent infection, and others per your physician</li> <li>Your nurse will review your medication information with you</li> </ul>	<p>Transition to oral pain medication Your nurse will review your medication information with you</p> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>Safe use of all medication including blood thinners</li> <li>Name, purpose, and side effects of each medication</li> <li>Be sure to ask questions as needed. We want to be sure that you have all the information that you need.</li> </ul>	<p>Pain controlled with receive oral pain medication</p> <p><b>Education:</b></p> <ul style="list-style-type: none"> <li>Safe use of all medication including blood thinners</li> <li>Name, purpose, and side effects of each medication</li> <li>Be sure to ask questions as needed. We want to be sure that you have all the information that you need.</li> </ul>
<b>Diet</b> 	<ul style="list-style-type: none"> <li>Start with clear liquids</li> <li>Slowly progress to regular diet as tolerated</li> </ul>	<p>Begin on a regular diet or alternative diet depending on your medical needs. Snacks are available; please ask nursing staff for assistance.</p>	



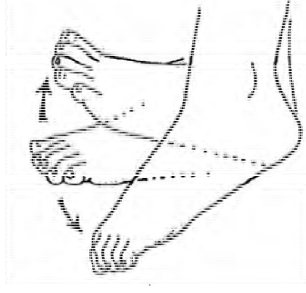
	Day of Surgery	Postoperative Day #1	Postoperative Day #2-3
<p><b>Exercise/ Therapy</b></p> 	<ul style="list-style-type: none"> <li>Be prepared to move today (as ordered by your surgeon)</li> </ul> 	<ul style="list-style-type: none"> <li>Physical Therapy (PT) 2x/day and Occupational Therapy (OT) twice before discharge</li> <li>Check the whiteboard at the foot of your bed for therapy times</li> <li>While in a chair, change your position every 45 minutes (active sitting)</li> </ul> <p><b>You will learn techniques and precautions for:</b></p> <ul style="list-style-type: none"> <li>Moving in and out of bed</li> <li>Transfers out of bed to a chair</li> <li>Transfers on and off the toilet</li> <li>Using assistive devices to walk and get dressed</li> <li>Transfers in and out of a car, climbing stairs</li> </ul>	<p><b>You can help prevent complications by:</b></p> <ul style="list-style-type: none"> <li>Coughing, deep breathing using incentive spirometer (10 times per hour)</li> <li>Ankle pumps</li> <li>Getting up and moving!</li> </ul> <p><b>Expect:</b></p> <ul style="list-style-type: none"> <li>Blood draws for necessary tests</li> <li>Splint or pillow between your legs</li> </ul>
<p><b>Nursing Care</b></p>  <p><b>Nursing Checks:</b> Temperature, pulse, blood pressure, dressings, leg circulation, pain, and bowel status</p>	<p><b>You can help prevent complications:</b></p> <ul style="list-style-type: none"> <li>Coughing, deep breathing using incentive spirometer (10 times per hour)</li> <li>Ankle pumps</li> <li>Getting up and moving!</li> </ul> <p><b>After surgery, you may have:</b></p> <ul style="list-style-type: none"> <li>Support stockings and/or compression devices</li> <li>A catheter to drain urine</li> <li>A surgical drain</li> <li>Splint or pillow between legs</li> <li>Ice pack to surgical hip</li> </ul>	<p><b>You can help prevent complications:</b></p> <ul style="list-style-type: none"> <li>Coughing, deep breathing using incentive spirometer (10 times per hour)</li> <li>Ankle pumps</li> <li>Getting up and moving!</li> </ul> <p><b>Expect:</b></p> <ul style="list-style-type: none"> <li>Blood draws for necessary tests</li> <li>Removal of surgical drain</li> <li>Abductor splint or pillow between your legs</li> <li>Removal of the catheter for urine</li> </ul>	<p><b>You can help prevent complications by:</b></p> <ul style="list-style-type: none"> <li>Coughing, deep breathing using incentive spirometer (10 times per hour)</li> <li>Ankle pumps</li> <li>Getting up and moving!</li> </ul> <p><b>Expect:</b></p> <ul style="list-style-type: none"> <li>Blood draws for necessary tests</li> <li>Splint or pillow between your legs</li> </ul>
<p><b>Discharge Planning</b></p> 	<p><b>A Social Worker will:</b></p> <ul style="list-style-type: none"> <li>Be available to help you with discharge planning</li> <li>Continue the plan that was started prior to your surgery</li> </ul>	<p><b>Your Social Worker will:</b></p> <ul style="list-style-type: none"> <li>Discuss discharge options based on physician and therapist recommendations</li> <li>Facilitate arrangements for your discharge</li> </ul>	<p><b>You will receive:</b></p> <ul style="list-style-type: none"> <li>Information and written instructions on how to care for yourself when you are discharged</li> <li>Prescriptions</li> </ul>
<p><b>Family/Friend Support</b></p> 	<p><b>Encourage patient to:</b></p> <ul style="list-style-type: none"> <li>Keep a positive outlook</li> <li>Do breathing and ankle exercises each hour</li> <li>Tell us if he/she is experiencing any pain</li> <li>Get out of bed, sit in a chair or walk (only with staff assistance)</li> </ul>	<p><b>Encourage patient to:</b></p> <ul style="list-style-type: none"> <li>Ask questions regarding his/her care, medications, or discharge plans</li> <li><b>Maintain hip precautions: do not bend hip more than 90 degrees; no crossing of legs</b></li> </ul>	<p><b>Support patient by learning:</b></p> <ul style="list-style-type: none"> <li>How to assist the patient to move and use adaptive equipment</li> <li>The exercise program to follow at home</li> <li>Incision and dressing care</li> <li>Signs and symptoms of infection</li> <li>Medication uses and side effects</li> </ul>

## Exercises Throughout Your Hospital Stay

The exercises below will be reviewed with you during your first physical therapy session. You should then perform them on your own throughout your stay. Your therapist will do additional exercises with you during your therapy treatment sessions. Mobility is a very important part of your recovery and we encourage you, with assistance, to complete your exercises, get dressed every day, sit up in your chair for all meals and walk with nursing in addition to your scheduled therapy sessions in order to maximize your recovery in the hospital.

### Ankle Pump

Lying on your back or sitting.



Bend and straighten your ankles briskly.

Repeat **20** times



### Heel Slides/Hip Flexion/Extension

Lying on your back.

Slide your heel towards your body to bend your leg.

Straighten it back down.

Repeat **10** times. Rest. Repeat an additional **10** times.



### Quad Sets

Lying on your back with legs straight.

Bend your ankles and push your knees down firmly against the bed.

Hold **5** seconds. Relax. Repeat **20** times



### Hip Abduction/Adduction

Lying on your back.

Bring your leg to the side and then back to mid position. You will need assistance with your surgical leg the first few times you perform this exercise.

Repeat **10** times. Rest. Repeat an additional **10** times.



### Sitting Knee Extension/Long Arc Quads

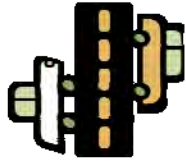
Sit on a chair

Pull your toes up, tighten your thigh muscle and straighten your knee.

Repeat **10** times. Rest. Repeat **10** additional times.










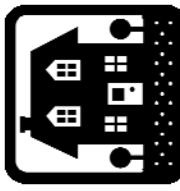

Remember to continue to use your Incentive Spirometer **10** times an hour!



# Roadmap to Recovery: What to Expect After Your Total Hip Replacement Surgery (Anterior Approach) Elmhurst Hospital

These are general guidelines for what you can expect during your recovery. Of course, each person is different and recovery may vary slightly from patient to patient.

	Day of Surgery	Postoperative Day #1	Postoperative Day #2
<p><b>Main Goals</b></p> 	<ul style="list-style-type: none"> <li>• Pain and nausea should be well-controlled</li> <li>• Be prepared to move today (as ordered by your surgeon)</li> </ul> 	<p><b>Always ask for assistance when getting out of bed</b></p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> <li>• Get out of bed at least 3 times to:           <ul style="list-style-type: none"> <li>○ Move in and out of bed</li> <li>○ Sit in bedside chair</li> <li>○ Eat your meals</li> <li>○ Use the bathroom</li> <li>○ Walk using a device</li> </ul> </li> </ul>	<p><b>Always ask for assistance when getting out of bed</b></p> <p>You should be able to eat solid food and participate in Physical Therapy</p> <ul style="list-style-type: none"> <li>• Get out of bed at least 3 times to:           <ul style="list-style-type: none"> <li>○ Move in and out of bed</li> <li>○ Sit in bedside chair</li> <li>○ Eat your meals</li> <li>○ Use the bathroom</li> <li>○ Walk using a device</li> </ul> </li> <li>• Practice: Technique for dressing</li> </ul>
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	Day of Surgery	Postoperative Day #1	Postoperative Day #2-3
<p><b>Exercise/ Therapy</b></p> 	<p>Be prepared to move today (as ordered by your surgeon)</p> 	<p>Physical Therapy (PT) 2x/day and Occupational Therapy (OT) twice before discharge Check the whiteboard at the foot of your bed for therapy times While in a chair, change your position often (active sitting) <b>You will learn techniques and precautions for:</b></p> <ul style="list-style-type: none"> <li>• Moving in and out of bed</li> <li>• Transfers out of bed to a chair</li> <li>• Transfers on and off the toilet</li> <li>• Using assistive devices to walk and get dressed</li> <li>• Transfers in and out of a car, climbing stairs</li> </ul>	
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<p><b>Discharge Planning</b></p> 	<p><b>A Social Worker will:</b></p> <ul style="list-style-type: none"> <li>• Be available to help you with discharge planning</li> <li>• Continue the plan that was started prior to your surgery</li> </ul>	<p><b>Your Social Worker will:</b></p> <ul style="list-style-type: none"> <li>• Discuss discharge options based on physician and therapist recommendations</li> <li>• Facilitate arrangements for your discharge</li> </ul>	<p><b>You will receive:</b> Information and written instructions on how to care for yourself when you are discharged Prescriptions</p>
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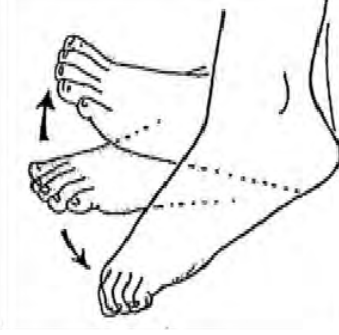
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### Ankle Pumps

Lying on your back or sitting.

Bend and straighten your ankles briskly.

Repeat **20** times



### Quad Sets

Lying on your back with legs straight.

Bend your ankles and push your knees down firmly against the bed.

Hold **5** seconds. Relax. Repeat **20** times



### Sitting Knee Extension/Long Arc Quads

Sit on a chair

Pull your toes up, tighten your thigh muscle and straighten your knee.

Repeat **10** times. Rest. Repeat **10** additional times.



### Hip Abduction/Adduction

Lying on your back.

Bring your leg to the side and then back to mid position. You will need assistance with your surgical leg the first few times you perform this exercise.

Repeat **10** times. Rest. Repeat an additional **10** times.



Remember to continue to use your Incentive Spirometer **10** times an hour!

Exercise photographs provided by @PhysioTools Ltd.



# Common Medication and Side Effects

The table below lists the most common medications that are used in the hospital, what the medication is for and the common side effects associated with the medication. The medications you are prescribed will vary based on your medical conditions and type of surgery. Please ask your nurse or pharmacist if you have questions about any of your medications.

MEDICATION	PURPOSE	SIDE EFFECTS
<b><u>Pain Relievers</u></b>		
Acetaminophen (Tylenol)	Pain or Fever	Rash
Hydrocodone with Acetaminophen (Norco)	Moderate to Severe Pain	Dizziness, Drowsiness, Nausea, Vomiting, Constipation
Hydromorphone (Dilaudid) or Morphine	Pain	Dizziness, Drowsiness, Nausea, Vomiting, Flushing, Sweating, Itching, Dry Mouth
<b><u>Antacids</u></b>		
Famotidine (Pepcid)	Treat Stomach Ulcers, Acid Reflux	Headache, Dizziness, Diarrhea
Pantoprazole (Protonix)	Acid Reflux	Headache, Nausea, Gas
<b><u>Anti-anxiety</u></b>		
Lorazepam (Ativan)	Relieves Anxiety, Agitation	Drowsiness, Dizziness, Weakness
<b><u>Antibiotics</u></b>		
Ciprofloxacin (Cipro)	Treat or prevent Bacterial Infection	Nausea, Vomiting, Diarrhea
Piperacillin-Tazobactam (Zosyn)	Treat a Bacterial Infection	Upset Stomach, Diarrhea
<b><u>Anticoagulants (Blood Thinners)</u></b>		
Apixaban (Eliquis)	Prevents Strokes and/or Blood Clots	Bleeding, Headaches, Swelling
Dabigatran (Pradaxa)	Treats Current Blood Clots and Prevents Future Blood Clots	Stomach Pain, Bruising, Bleeding, Swelling
Enoxaparin (Lovenox)	Prevents Blood Clots	Irritation or Burning at Injection Site, Bruising, Bleeding
Heparin	Prevents Blood Clots, Stops the growth of Blood Clots	Redness, Pain, Bruising at Injection Site, Bruising, Bleeding
Rivaroxaban (Xarelto)	Treats Current Blood Clots and prevents Future Blood Clots	Muscle Spasms, Bruising, Bleeding
Warfarin (Coumadin)	Prevent Blood Clots	Gas, Bloating, Bruising, Bleeding
<b><u>Anti-Nausea</u></b>		
Ondansetron (Zofran)	Prevent Nausea and Vomiting	Headache, Constipation

## TOTAL HIP REPLACEMENT

MEDICATION	PURPOSE	SIDE EFFECTS
<b><u>Anti-platelet</u></b> Aspirin (Baby—81mg) Aspirin (Full Dose—325 mg) Clopidogrel (Plavix) Prasugrel	Heart Health Prevents Blood Clots Prevents Blood Clots Prevents Blood Clots	Bruising, Bleeding, Upset Stomach Bruising, Bleeding, Upset Stomach Bruising, Bleeding, Upset Stomach Dizziness, Tiredness, Cough
<b><u>Sleep Medications</u></b> Temazepam (Restoril) Zolpidem (Ambien)	Treats Insomnia (Difficulty Falling or Staying Asleep) Treats Insomnia (Difficulty Falling or Staying Asleep)	Drowsiness, Dizziness, Nausea, Vomiting Drowsiness, Tiredness, Headache
<b><u>Steroids</u></b> Methylprednisolone (Solu-Medrol) Prednisone	Swelling, Redness, Itching, Inflammation, Allergic Reactions Swelling, Redness, Itching, Inflammation, Allergic Reactions	Weight Gain, Restlessness, Indigestion Weight Gain, Restlessness, Indigestion
<b><u>Peripheral Neuropathy Medication</u></b> Gabapentin (Neurontin) Pregabalin (Lyrica)	Restless Leg Syndrome, Nerve Pain Nerve Pain	Dizziness, Drowsiness, Fatigue Swelling, Dizziness, Tiredness, Weight Gain
<b><u>Stool Softeners/Laxatives</u></b> Docusate Sodium (Colace) Senokot S/Senna Fruit	Soften Stools Stool Softener and Laxative	Abdominal Discomfort, Diarrhea Diarrhea, Abdominal Discomfort, Nausea
<b><u>Diuretics</u></b> Bumetanide (Bumex) Furosemide (Lasix)	Heart Failure, Swelling Heart Failure, Swelling	Frequent Urination, Dizziness, Low Potassium Frequent Urination, Dizziness, Low Potassium
<b><u>Cholesterol-Lowering Medications</u></b> Atorvastatin (Lipitor) Simvastatin (Zocor)	High Cholesterol High Cholesterol	Headache, Stomach Ache, Muscle Aches Headache, Stomach Ache, Muscle Aches
<b><u>Cardiac Medications</u></b> Captopril (Capoten) Enalapril ( Vasotec) Lisinopril (Prinivil, Zestril) Losartan (Cozaar) Valsartan (Diovan) Atenolol (Tenormin) Carvedilol (Coreg) Metoprolol (Lopressor, Topral XL) Amlodipine (Norvasc) Diltiazem (Cardizem) Verapamil (Calan)	High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Heart Failure High Blood Pressure, Abnormal Heart Rhythms High Blood Pressure, Abnormal Heart Rhythms High Blood Pressure, Abnormal Heart Rhythms	Dizziness, Headache, Dry Cough Dizziness, Headache, Dry Cough Dizziness, Headache, Dry Cough Dizziness, Drowsiness, Cough Dizziness, Drowsiness, Cough Drowsiness, Dizziness Drowsiness, Dizziness Drowsiness, Dizziness Dizziness, Flushing Dizziness, Flushing Dizziness, Flushing



ELMHURST HOSPITAL

A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# GOING HOME

GOING HOME

***Healthy Driven***<sup>™</sup>  
Edward-Elmhurst  
HEALTH

## Total Joint Replacement Discharge Planning

### Discharge Plans and Expectations

The plan for your discharge begins with your decision to have surgery. Our goal is for you to optimize your recovery in the comfort of your own home.

You will be admitted to the hospital on the morning of your surgery. The average length of stay for total joint patients is 2 to 3 days. As early as the day of surgery, you may start physical therapy in the hospital. These sessions will include individual training and group therapy sessions with other total joint patients. You need to discuss your discharge options with your doctor and family PRIOR to your surgery. Case Management and nursing staff will collaborate with your surgeon for the most appropriate discharge plan. While most patients go directly home, sometimes the services of home physical therapy or a sub-acute rehabilitation facility are needed. If so, the Social Worker will work with you to arrange the appropriate referrals.

After your discharge, we encourage our patients to start physical therapy as soon as possible. In some cases, a home health nurse and physical therapist will come to your home to work with you until you are able to leave the house to attend outpatient physical therapy and the other required medical follow-up. We believe that you will benefit the most from physical therapy in an outpatient center setting and strongly encourage outpatient appointments as soon after surgery as possible.

Patients who need to be discharged to a sub-acute rehabilitation center prior to returning home must meet their insurance company's specific criteria before approval can be granted. If approved, you can anticipate a 7-10 day length of stay at the sub-acute rehabilitation center. If you do not meet these criteria, but strongly wish to pursue a sub-acute rehabilitation center, you have the option to pay privately for your stay.

Our team will also assist you in arranging the appropriate transportation (Medivan vs. ambulance) based on your needs. There is an out of pocket fee for transportation. You can discuss this further with the Social Worker.

**Please contact your surgeon's office for any questions or concerns.**

# Discharge Checklist for Patients

Your Edward-Elmhurst Health care team is dedicated to making every possible effort to have you ready for discharge by 12 noon. Please communicate your discharge plan with your care partner in order to arrange safe transportation home. Our goal is to assist you with a safe and timely discharge, supporting your health and well-being.

- I will be involved in my discharge planning process
- The doctor and nurse have answered my questions prior to leaving the hospital
- I understand where I am going after I leave this facility and what will happen to me once I arrive
- I have a name and phone number of a person I should contact if a problem arises following my discharge
- I understand what symptoms I need to watch out for and who to call should I notice them
- I have what I need at home (home health, equipment, oxygen)

## Medications

- I've received my medication list with side effects
- I understand how to fill my prescriptions and where to pick them up  
(select one)
  - Electronic prescriptions
  - Walgreens
  - Paper copy

## Transportation

- My family has been notified of my anticipated discharge time
- I have a ride home scheduled
- Someone is available to care for me and knows what I need once I leave the facility

## Follow up appointments

- I know when to follow up with my physician and I have transportation to this appointment
- I have transportation to any other already scheduled follow up appointments



## Home Health Care

Your physician and hospital healthcare providers may determine that you will benefit from home healthcare. Elmhurst Hospital has a home healthcare agency, Residential Home Health. The staff members planning your discharge will assist you with these arrangements.

Residential Home Health focuses on continuing care and education that was started during your hospitalization. This care can include:

- Helping you regain your strength and mobility
- Showing you how to reduce the chance of falling
- Additional information about your medical condition and medications
- Monitoring your progress and reporting to your physician

If you feel that you may need assistance after your discharge, please let a member of the healthcare team know.

The home care team is composed of many skilled clinicians. Depending on your needs, you may receive the services of registered nurses, physical therapists, medical social workers, or home health aides.

Most insurances and Medicare cover the cost of home healthcare services. It is always best to check with your insurance plan to see if your insurance covers these services.

For more information, call Residential Home Health at (866) 902-4000.

# HELPING PATIENTS RECOVER FASTER AFTER ORTHOPEDIC SURGERY



Residential's 30-day  
readmit rate for all  
joint replacement  
patients was <2%  
in 2014.

## Residential Home Health's Joint Replacement Home Therapy Program:

- Safe and smooth transitions from hospital to home
- Customized care plans
- Lower risk of unplanned hospital readmissions
- In-home therapy and nursing
- Dedicated care team of physical therapists, occupational therapists, and nurses
- Covered 100% by Medicare for eligible beneficiaries

p: (866)902-4000    [www.residentialhomehealth.com](http://www.residentialhomehealth.com)



p: (866)902-4000 | [www.residentialhomehealth.com](http://www.residentialhomehealth.com)

## Residential's Approach to Joint Replacement Recovery

In order to support orthopedic surgeons and joint replacement patients, Residential offers:

### ORTHOPEDIC CARE SPECIALIST

**A dedicated Orthopedic Care Specialist is available to every patient to aid in the transition from hospital to home:**

- Provides educational resources and answers patients' questions before and after surgery
- Facilitates delivery of equipment and medical supplies to each patient's home
- Helps with coordination of home care prior to discharge
- Assists in scheduling post-surgical physician appointments
- Identifies potential health issues, including comorbidities that could lead to rehospitalization
- Establishes communication with patients, eliminating unnecessary calls to physicians' offices

### EARLY INTERVENTION & TIMELY CARE

- Therapy care begins within 24 hours of discharge
- Timely assessment of post-op pain and medications
- Initiation of manual techniques, safety assessment, and individualized care plan to prevent development of adhesions and to boost range of mobility
- Progressive visit goals to normalize range of motion and develop self-management of pain and home therapy program

### ACCESSIBILITY

- 24-hour availability for patients helps reduce office calls and provide confidence and reassurance to patients and caregivers
- Residential can deploy all disciplines 7 days/week to readmit and treat patients, ensuring care happens when it's needed most

### DEDICATED CARE TEAM & INDIVIDUALIZED CARE

#### Physical and Occupational Therapy

- Provide exercises to improve mobility, balance, and strength
- Evaluate the home environment for potential hazards and label or remove them as necessary
- Incorporate StepWise, Residential Home Health's fall prevention and awareness program, to assess and reduce future fall risk
- Offer Solaris Light Therapy for joint and muscle pain control, inflammation, and tissue repair

#### Nursing Services (if needed)

- Blood draws
- IV antibiotics and anti-coagulants, including dosage services if necessary
- Wound care
- Medication management

"Activity is the key component to recovery from joint replacement."

-American Academy of Orthopedic Surgeons

## ELMHURST HOSPITAL

# SKILLED NURSING FACILITY PREFERRED PARTNERS

Elmhurst Hospital is committed to ensuring you or your loved one a smooth transition from the hospital to your chosen skilled nursing facility. We have recommended five skilled nursing facilities that we have partnered with to provide the highest quality care possible.

Choosing one of these five facilities ensures:

- ▶ A dedicated Nurse Practitioner or Facility-Based Physician will work hand in hand with your physician to coordinate your care.
- ▶ That the Facility has met Elmhurst Memorial's quality standards and is regularly monitored by us.
- ▶ Should your condition dictate that you visit the hospital again, your re-admission will be carefully coordinated by Elmhurst Memorial and the Facility.



111 E. Washington St.  
Bensenville, IL 60106  
630-766-5800

**Amenities:** Designated wing for short term rehab with private rooms and suites; Each guest is provided with a mini fridge, cable television, phone, microwave and Wi-Fi; State of the art rehab center; stained glass chapel, memorial gardens, fireside lounge, hair salon, bistro, complimentary laundry; Transportation and escorts to medical appointments available. Dedicated and Compassionate staff. Bridgeway is part of a 26 acre park-like senior community also offering independent and assisted living apartments amidst beautifully landscaped grounds.

**General Programs:** Advanced physical, occupational and speech therapy offered 7 days a week. Post-acute rehab (after a hospital stay) either for in-patient or outpatient care; 24 Hour skilled nursing with Memory program, Respite arrangements, Hospice and Palliative Care. Accept Medicare, Medicaid and most insurance. Recreational activities and social programs scheduled daily with community bus for outings. Our full-time chaplain leads regular worship services and spiritual support for mind, body and soul.

**Clinical Specialties:** Nurse Practitioner/Medical Director present 6 days a week to coordinate care with Elmhurst Memorial Hospital. Complex Wound Care Program with certified specialists, Cardiac and Pulmonary medical team; Respiratory Therapist, Registered Dietician, Optometrist, Podiatrist, Psychiatrist, Psychologist, Dentist and Audiologist available. Labs, x-rays on-site.



Elmhurst Extended Care Center  
"Where Family Matters"  
200 E. Lake St  
Elmhurst, IL 60126  
630-516-5000

[elmhurstextendedcarecenter.com](http://elmhurstextendedcarecenter.com)

**Amenities:** Privately owned and operated since 1960. Private and semi-private rooms, flat screen televisions, wireless internet access, beautiful landscaped fountain and patio, aviary with a variety of colorful birds, beauty salon, family lounge, and interdisciplinary care team. CARF Accredited Program (Commission on Accreditation of Rehabilitation Facilities).

**General Programs:** Sub-acute rehabilitation (7 days a week), physical therapy, occupational therapy, speech therapy, in-patient hemodialysis, restorative nursing, cardiovascular, wound management, pain management, IV antibiotic and central catheter, ostomy care, certified Alzheimer's/dementia care, respite stay, hospice, and activities.

**Clinical Specialties:** In-patient hemodialysis, cardiologist, nephrologist, wound care physician, psychologist, psychiatrist, registered dietician, podiatrist, dentist, and audiologist.



## TOTAL HIP REPLACEMENT



420 West Butterfield Rd.  
Elmhurst, IL 60126  
630-832-2300  
[www.lexingtonhealth.com](http://www.lexingtonhealth.com)

**Amenities:** Private rooms, Suites and Semi-private rooms, State-of-the-Art Therapy gyms with Specialized Rehabilitation Equipment including AlterG Anti-Gravity Treadmill, OmniVR, OmniCycle Elite Motorized Rehabilitation System. Wi-Fi access facility with loaner tablets, Flat-screen TVs, Direct phone lines, Family lounge with complete kitchen. Dining options include Room Service or Buffet style dining, complimentary laundry service, salon/spa services, Gift shop and two outdoor garden patios.

**General Programs:** Post-Acute Transitional Rehabilitation offered 7 days a week (Physical therapy, Occupational therapy and Speech therapy), Orthopedic Rehabilitation, Pulmonary Rehabilitation, Cardiac Management, Complex Wound Care Program, IV Antibiotic and Infusion Therapy, Kidney Disease Management, Neurological/Stroke rehabilitation, Restorative Program, Respite Care, Palliative /Hospice Services, Skilled Nursing. Joint Commission Accreditation.

**Clinical Specialties:** Daily on-site Physicians, Full-time Nurse Practitioner 7 days a week, Cardiologist, Pulmonologists and Respiratory therapist, Nephrologist, Physiatrist, Psychologist, Wound care MD and Certified Wound Care Nurse, After hours MD coverage via ESNF. Transitional Care Nurses, Transitional Planning Coordinators, Registered Dietitian. Optometrist, Podiatrist, Dentist and Audiologist also available. On-Site Diagnostics including EKG, Labs, X-Rays and Arterial/Venous Dopplers.



2013 Midwest Road  
Oak Brook, IL 60523  
630-495-0220  
[www.oakbrookcare.com](http://www.oakbrookcare.com)

**Amenities:** Boutique-style private and semi-private rooms, Wi-Fi access, room service, Cable TV, concierge services: salon, spa and massage; manicure & pedicure; complimentary laundry service, valet, outdoor patios.

**General Programs:** Skilled nursing, Post-acute transitional rehab, Therapy services 7 days a week utilizing progressive technology, including virtual rehabilitation, electrical stimulation and ultrasound, Pain management, Wound management, Cardiac care, Respiratory care, Home adaptation, Wellness programs, Respite care, Palliative and Hospice care, Memory Care with all staff specially trained.

**Clinical Specialties:** Full-time Nurse Practitioner, Physiatrist, Cardiologist, Pulmonologist, Wound Care MD, Dietician, Infectious Disease Specialist, Nephrologist, Psychiatrist, Psychologist, Clinical nurse liaison, on-site diagnostics, Joint Commission Accreditation and Rehabilitation Certification.



1150 S. Euclid Ave.  
Elmhurst, IL 60126  
630-936-4100  
[www.providencelifeservices.com](http://www.providencelifeservices.com)

**Amenities:** Private and semi-private rooms. Wi-Fi, flat screen televisions, direct phone lines. Beauty shops, outdoor patios, multiple therapy gyms. Chaplain. Transportation.

**General Programs:** Marionjoy therapy focusing on short term post-acute rehabilitation. Distinct orthopedic floor. A Continuing Care Retirement Community which additionally offers independent living, assisted living and memory support services.

**Clinical Specialties:** Nurse Practitioner, Seven Day per Week Physician coverage including: Physiatrist, Cardiologist, Gerontologist, Wound Care M.D., Infectious Disease M.D., Psychiatrist, Psychologist, Registered Dietitian. Joint Commission Accreditation including Post Acute certification





# Illinois Statutory Short Form Power of Attorney for Health Care

## NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your “health care agent.” Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written form is often called an “advance directive.” You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and online resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

### WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect - in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

- (i) What is most important to you in your life?
- (ii) How important is it to you to avoid pain and suffering?
- (iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- (iv) Would you rather be at home or in a hospital for the last days or weeks of your life?
- (v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?
- (vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?
- (vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

### WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the actions your agent could take are to:

- (i) talk with physicians and other health care providers about your condition.
- (ii) see medical records and approve who else can see them.
- (iii) give permission for medical tests, medicines, surgery, or other treatments.
- (iv) choose where you receive care and which physicians and others provide it.

- (v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.
- (vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.
- (vii) decide what to do with your remains after you have died, if you have not already made plans.
- (viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

### **WHO SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?**

Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

- (i) is at least 18 years old;
- (ii) knows you well;
- (iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;
- (iv) would be comfortable talking with and questioning your physicians and other health care providers;
- (v) would not be too upset to carry out your wishes if you became very sick; and
- (vi) can be there for you when you need it and is willing to accept this important role.

### **WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?**

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

### **WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?**

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate".

There are reasons why you may want to name an agent rather than rely on a surrogate:

- (i) The person or people listed by this law may not be who you would want to make decisions for you.
- (ii) Some family members or friends might not be able or willing to make decisions as you would want them to.
- (iii) Family members and friends may disagree with one another about the issue being decided.
- (iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

## **WHAT IF THERE IS NO ONE AVAILABLE WHO I TRUST TO BE MY AGENT?**

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

## **WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?**

Follow these instructions after you have completed the form:

- (i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it.
- (ii) Ask the witness to sign it, too. There is no need to have the form notarized.
- (iii) Give a copy to your agent and to each of your successor agents.
- (iv) Give another copy to your physician.
- (v) Take a copy with you when you go to the hospital.
- (vi) Show it to your family and friends and others who care for you.

## **WHAT IF I CHANGE MY MIND?**

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to your agents and your physicians.

## **WHAT IF I DO NOT WANT TO USE THIS FORM?**

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you. Designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers. It need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.



# Illinois Statutory Short Form Power of Attorney for Health Care

## MY POWER OF ATTORNEY FOR HEALTH CARE

**THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.**

My name (Print your full name): \_\_\_\_\_

My address: \_\_\_\_\_

**I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT** (an agent is your personal representative under state and federal law):

(Agent name) \_\_\_\_\_

(Agent address) \_\_\_\_\_

(Agent phone number) \_\_\_\_\_

### MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

- (i) Deciding to accept, withdraw, or decline treatment for any physical or mental condition of mine, including life-and-death decisions.
- (ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.
- (iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.
- (iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue, or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

### I AUTHORIZE MY AGENT TO: (Please check only one box; if more than one box or no boxes are checked, the directive in the first box below shall be implemented.)

- Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.
- Make decisions for me starting now and continue after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

### LIFE-SUSTAINING TREATMENTS

The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements. **SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES (optional):**

- The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.
- Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

**SPECIFIC LIMITATIONS TO MY AGENT’S DECISION-MAKING AUTHORITY:**

The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically on the lines below or add another page if needed:

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**YOU MUST SIGN THIS FORM, AND A WITNESS MUST ALSO SIGN IT BEFORE IT IS VALID.**

My signature: \_\_\_\_\_ Today’s date: \_\_\_\_\_

**HAVE YOUR WITNESS COMPLETE THE FOLLOWING AND SIGN:**

I am at least 18 years old, and (check one of the options below):

- I saw the principal sign this document, or
- The principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal’s physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness printed name: \_\_\_\_\_

Witness address: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Today’s date: \_\_\_\_\_

**SUCCESSOR HEALTH CARE AGENT(S) (optional):**

If the agent I have selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names):

\_\_\_\_\_  
(Successor agent #1 name, address and phone number)

\_\_\_\_\_  
(Successor agent #2 name, address and phone number)



ELMHURST HOSPITAL

A GUIDE TO TOTAL HIP REPLACEMENT SURGERY

# REHABILITATION

REHABILITATION



# REHABILITATION SERVICES



We partner with you, your family and your physician in order to provide the highest possible care. Our dedicated rehabilitation team consists of physical therapists, physical therapy assistants, occupational therapists, occupational therapy assistants and speech-language pathologists.

We offer a comprehensive range of physical, occupational and speech-language therapy programs with leading experts in the field of rehabilitation. All of our clinicians have graduated from accredited programs and participate regularly in continuing education to provide the most up to date clinical care, and many have advanced certifications.

### PHYSICAL THERAPY

Our physical therapists develop and implement programs to help improve muscle strength, coordination and balance.

#### Specialties include:

- Sports rehabilitation
- Women's health management
- McKenzie Method treatments
- Fall prevention
- Vestibular rehabilitation
- Pelvic health management
- Orthopedic rehabilitation
- Lymphedema rehabilitation
- Neuromuscular rehabilitation
- Occupational health
- LSVT
- Pre-Operative Joint Evaluations
- Concussion management
- IASTM
- Spine Care

### OCCUPATIONAL THERAPY

Our occupational therapists are committed to helping patients function at their best at home, work and within the community. This therapy helps improve muscle strength, coordination, sensory/perceptual and cognitive abilities, as well as activities of daily living.

#### Specialties include:

- Hand therapy
- Splint fabrication
- Neuromuscular rehabilitation
- Arthritis therapy
- Orthopedic rehabilitation
- Equipment recommendations for improved home safety
- Occupational health
- Ergonomic evaluations
- Adaptive Equipment Education

### SPEECH-LANGUAGE THERAPY

We provide complete evaluations and individualized treatment plans to help our patients achieve maximum communication skills, including comprehension, expression of thought, memory and problem solving. We can also access and enhance swallowing ability through state-of-the-art video fluoroscopic swallowing studies (VFSS).

#### Additional specialties include:

- Dysphagia management
- Airway management for speech production
- Voice management
- Aural rehabilitation
- Fluency management
- Cognitive rehabilitation
- Aphasia

## TOTAL HIP REPLACEMENT



Find the care you need at one of our convenient locations:

### **Edward Elmhurst Health Center - Addison**

303 West Lake Street , First Floor  
Addison, IL 60101  
(331) 221-1636

### **Center for Health**

1200 South York Road, Suite 1300  
Elmhurst, IL 60126  
(331) 221-6044

### **Neurosciences Physical Therapy at the Center for Health**

1200 South York Road, Suite 1166  
Elmhurst, IL 60126  
(331) 221-9696

### **Physical Therapy North Elmhurst**

429 North York Road  
Elmhurst, IL 60126  
(331) 221-5590

### **Edward Elmhurst Health Center - Lombard**

#### **Pediatrics**

Pediatrics 1st Floor  
130 South Main Street  
Lombard, IL 60148  
(331) 221-5840

#### **Adult 3rd Floor Suite 301**

130 South Main Street, Suite 301  
Lombard, IL 60148  
(331) 221-5810

### **Edward Elmhurst Health Center -Hinsdale**

8 Salt Creek Lane  
Hinsdale, IL 60521  
(331) 221-6050

## Map of Rehabilitation Service Locations

- 1** Edward Elmhurst Health Center—Addison  
303 West Lake Street  
First Floor  
Addison, IL 60101  
(331) 221-1636
- 2** Center for Health  
1200 South York Road  
Suite 1300  
Elmhurst, IL 60126  
(331) 221-6044
- 3** Edward Elmhurst Health Center—Hinsdale  
8 Salt Creek Lane  
Hinsdale, IL 60521  
(331) 221-2464
- 4** Edward Elmhurst Health Center—Lombard  
130 South Main Street  
Suite 301  
Lombard, IL 60148  
(331) 221-5810
- 5** Edward Elmhurst Health Center—Lombard  
130 South Main Street  
First Floor  
Lombard, IL 60148  
(331) 221-5840
- 6** Neurosciences Physical Therapy at the Center for Health  
1200 South York Road  
Suite 1166  
Elmhurst, IL 60126  
(331) 221-9696
- 7** Physical Therapy North Elmhurst  
429 North York Road  
Elmhurst, IL 60126  
(331) 221-5590



**TOTAL HIP REPLACEMENT**

Elmhurst Hospital Outpatient Rehabilitation Services

<p><b>Elmhurst Center for Health</b> 1200 S York Street, Elmhurst, IL</p>	<p><b>Lombard Health Center</b> 130 S. Main Street, Lombard, IL</p>
<p><b>Main Floor Suite 1300</b> 6am- 8pm M-Th, 6am- 5:30pm F, 8-12 Sa</p> <p><b>Services Offered:</b></p> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> <li>Speech Therapy</li> </ul> <p><b>Specialty Services Available:</b> Lymphedema (Mon- Friday 6am- 5p)</p> <ul style="list-style-type: none"> <li>Concussion Management (M- Th 9- 4p)</li> <li>Vestibular</li> <li>General Orthopedic/Sports Medicine</li> <li>McKenzie Approach</li> <li>Occupational Medicine</li> <li>Hand Therapy</li> <li>Splint Fabrication</li> <li>Fall Prevention</li> <li>Dysphagia</li> <li>Voice Management</li> <li>IASTM</li> <li>Pre &amp; Post Natal Care</li> </ul>	<p><b>Adult Rehab Suite 301</b> 7am- 8p M-Th, 7a- 5:30p Fr</p> <p><b>Services Offered:</b></p> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Occupational Therapy</li> </ul> <p><b>Specialty Services Available</b></p> <ul style="list-style-type: none"> <li>Lymphedema</li> <li>Vestibular</li> <li>McKenzie Approach</li> <li>General Orthopedic/Sports Medicine</li> <li>Occupational Medicine</li> <li>LSVT Parkinson Treatment</li> <li>Hand Therapy</li> <li>Splint Fabrication</li> <li>Fall Prevention</li> <li>IASTM</li> <li>Pre &amp; Post Natal Care</li> </ul>
<p><b>Neurosciences at CFH 1<sup>st</sup> Floor</b></p> <p><b>Services Offered:</b></p> <ul style="list-style-type: none"> <li>Physical Therapy</li> </ul> <p><b>Specialty Services Available:</b></p> <ul style="list-style-type: none"> <li>Pelvic Health (M- Fri 10am- 6:30 pm)</li> <li>Advanced Manual Therapy Skills</li> <li>Chronic Pain Management</li> <li>Orthopedic Rehabilitation</li> <li>Neuromuscular Rehabilitation</li> <li>IASTM</li> <li>Pre and Post Natal Care</li> <li>McKenzie Approach</li> </ul>	<p><b>Pediatric Rehab 1<sup>st</sup> Floor</b></p> <p><b>Services Offered:</b></p> <ul style="list-style-type: none"> <li>Physical, Occupational &amp; Speech Therapy</li> </ul> <p><b>Specialty Services Available</b></p> <ul style="list-style-type: none"> <li>Autism spectrum disorders</li> <li>Neurological disorders and injuries</li> <li>Genetic disorders</li> <li>Orthopedic injuries/conditions</li> <li>Sensory Integration Disorders</li> <li>Feeding Disorders</li> <li>Augmentative and Alternative Communication</li> <li>Therapeutic Listening Program</li> </ul>
<p><b>Addison Health Center Physical Therapy</b> 303 W. Lake Street Addison Mon- Thurs 7am- 7 pm; F 8-12p</p>	<p><b>Hinsdale Health Center Physical Therapy</b> 8 Salt Creek Lane Hinsdale Mon- Thurs 7:30 – 6:30 pm</p>
<ul style="list-style-type: none"> <li>General Orthopedic/Sports Medicine</li> <li>McKenzie Approach</li> <li>Occupational Medicine</li> <li>IASTM</li> </ul>	<ul style="list-style-type: none"> <li>General Orthopedic/Sports Medicine</li> <li>Occupational Medicine</li> <li>IASTM</li> <li>Muscle Activation Technique (MAT)</li> </ul>

For appointments at any of our locations please call **331-221-6050**



# ELMHURST HOSPITAL

## HEALTHY DRIVEN VAN

Elmhurst Hospital has partnered with Superior Ambulance to offer a patient transportation service for patients who need help with transportation from home to the hospital for medical visits. The service provides transportation to patients who live in communities surrounding the hospital campus. An experienced driver will provide service from a patient's door and with stops at the Main Entrance of Elmhurst Hospital, the Elmhurst Memorial Center for Health, the Nancy W. Knowles Cancer Center, and the Edward-Elmhurst Health Center in Lombard.

### The Healthy Driven Van is available for the following services:

#### Nancy W. Knowles Cancer Center

- ▶ Chemotherapy/Infusion
- ▶ Radiation oncology
- ▶ Cyberknife

#### Ambulatory Clinics

Diabetes Education Center

Wound Center

Clinics – Congestive Heart Failure, Atrial Fibrillation, COPD

Bariatric and Weight Management

#### Radiology

PET scans	X-ray
MRI	Ultrasound
CT	Dexascan
Mammography	Nuclear Medicine

#### Rehab Services

Physical Therapy  
Occupational Therapy  
Speech Therapy

#### Phase II Cardiac Rehab

#### Pulmonary Rehab

#### Please note:

The service is not available for patients being discharged from the hospital.

Patients must be ambulatory or wheelchair independent. Oxygen can be transported if properly secured. Patients must have their own oxygen. Let the service know at the time the appointment is scheduled so that mounting equipment can be provided.

### Travel boundaries

The Healthy Driven van is available for patients who live in a 7-10 mile radius of the hospital. If you have a question about whether you live within the boundaries, please call (331) 221-RIDE (7433) to learn more.

- ⇒ North to Thorndale/Irving Park Rd. including Bensenville/Wood Dale
- ⇒ East to Harlem
- ⇒ South to I55 including Burr Ridge/Darien excluding Bolingbrook
- ⇒ West to N/S Park Blvd/Glenn Ellyn Rd. including Glen Ellyn/Wheaton

### Hours of operation

Monday through Friday from 7 a.m. to 5 p.m. The last available home pick-up appointment is 4 p.m.

### Cost

\$5 charge for one-way  
\$10 for two-way  
Payment will be collected by the driver.

### To schedule a ride

Call (331) 221-RIDE (7433) 24-48 hours prior to the scheduled appointment. A scheduling representative is available 24 hours a day/7 days a week. For the return visit, hospital departments must call the service 30 minutes in advance of pick-up.

# ELMHURST HOSPITAL

## HEALTHY DRIVEN VAN—Q & A

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### Who can use the Healthy Driven Van service?

The van is available for patients who need help with transportation from home to the hospital for medical visits. The service is available for patients who live within a 7-10 mile radius of the hospital.

### Where does the Healthy Driven Van stop?

The van provides service from a patient's door and with stops at the Main Entrance of Elmhurst Hospital, the Elmhurst Memorial Center for Health, the Nancy W. Knowles Cancer Center, and the Edward- Elmhurst Health Center in Lombard.

### Can patients with wheelchairs or oxygen use the service?

Patients who are wheelchair independent (do not require someone to push the chair) can use the service. Patients on oxygen can also use the service if they bring their own oxygen. They will need to make arrangement at the time the appointment is scheduled so that mounting equipment can be provided.

### Can a patient bring someone with them?

Under special circumstances, a patient may bring someone with them to their visit.

### What are the hours of operation?

The van operates Monday through Friday from 7:00 a.m. to 5:00 p.m. The last available home pick-up is 4:00 p.m.

### What does the service cost?

\$5 charge for one-way; \$10 for two-way. Payment will be collected by the driver.

### How do patients schedule a ride?

Patients can call (331) 221-RIDE (7433) , 24-48 hours prior to the scheduled appointment. A scheduling representative is available 24 hours a day/7 days a week. For the return visit, hospital departments must call the service 30 minutes in advance of pick-up.

### Can patients use the van to schedule a ride home from an inpatient stay?

The service is not available for patients being discharged from the hospital.

### Who has oversight of the program?

The Healthy Driven Van Program is managed by Mark Hoffman, Director of Ambulatory and Hospital Services. Mark can be reached at (331) 221-6085 or [mhoffma@emhc.org](mailto:mhoffma@emhc.org).



## Adaptive Equipment for Bathroom

The following equipment may assist you with your transition home after discharge. Your therapist will discuss what will work best for you.

 <p><b>Raised Toilet Seat</b></p> <ul style="list-style-type: none"><li>• With handles</li><li>• Without handles</li></ul>	 <p><b>Hand-Held Shower</b></p>	 <p><b>Tub Transfer Bench</b></p>
 <p><b>Grab Bars</b></p>	 <p><b>Tub Clamp</b></p>	 <p><b>Toilet Safety Frame</b></p>
 <p><b>Commode</b></p> <ul style="list-style-type: none"><li>• 3-in-1</li><li>• Drop arm</li></ul>	 <p><b>Shower Chair</b></p> <ul style="list-style-type: none"><li>• With back</li><li>• Without back</li></ul>	<p><b>Other Recommendations:</b></p>

## Adaptive Equipment for Dressing

The following equipment is easy to use and assists an individual with their dressing needs, including putting on socks, pants and shoes. There is also equipment available to aid in bathing.

The items we recommend for you are checked below:

 <p>A white fabric sock aid with two dark red cylindrical handles and a white strap.</p>	 <p>A long-handled white reacher with a black handle and a yellow and black gripper at the end.</p>	 <p>A long-handled blue bath sponge with a yellow foam head.</p>
<b>Sock Aid</b>	<b>Reacher</b>	<b>Long Handled Bath Sponge</b>
 <p>A long wooden dressing stick with a black handle and a metal hook at the end.</p>	 <p>A long-handled white shoe horn with a metal hook at the end.</p>	 <p>A bundle of grey elastic shoelaces tied together.</p>
<b>Dressing Stick</b>	<b>Long Handled Shoe Horn</b>	<b>Elastic Shoelaces</b>

## Total Hip Arthroplasty Exercises

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### Ankle Pumps



Lying on your back

Bend and straighten your ankles. If you keep your knees straight during the exercise you will stretch your calf muscles.

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

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### Gluteal Sets



Lying on your back.

Squeeze buttocks firmly together. Hold approx. 10 secs.

Relax.

Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated

1-2 times per day

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### Quad Sets



1. Sit or lie on your back with involved leg straight
2. Press the back of your involved knee downward
3. This will tighten the muscle on top of your thigh and move your kneecap as shown
4. Hold 10 seconds

Begin with 1 set of 10 repetitions and progress to 2 sets of 10, as tolerated

1-2 times per day

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### Heel Slides



1. Lie flat on back
2. Slide involved heel toward your buttocks, bending the knee to tolerance
3. Hold 5 seconds
4. Slowly release and straighten the knee

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

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Lying on your back

Bring your leg out to the side and then back to mid position

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

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Stand

Push up on your toes

Relax.

Begin with 1 set of 10 repetitions and progress to 3 sets of 10, as tolerated

1-2 times per day

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## TOTAL HIP REPLACEMENT

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40019

### Sex Positions After Joint Replacement

You've had joint replacement surgery, and your healthcare provider has said it's OK to have sex. You may be wondering what positions are safe. These positions should be safe after either a hip or a knee replacement. Try to avoid putting too much pressure on your new joint. Also, take the same care getting out of a position as you did getting into it. If you have had a hip replacement, always keep the joint within a safe range of motion.

#### For hip replacements

After a hip replacement, be sure the knee on the affected side:

- Remains level with or below the hip.
- Does not cross the belly button (the body's midpoint)

### Setting the scene

Having sex can be a little easier if you plan ahead. Here are a few tips:

- Take a mild pain medication about 20 to 30 minutes before sex. This can help prevent minor aches. Avoid taking medication so strong that it masks warning pain.
- Have pillows and rolled towels nearby. They can be used for body support.
- Relax. Do a few easy stretches within a safe range of motion.

#### Face-to-face



- This position works after either a hip or a knee replacement. Being on the bottom is safe for a man or a woman with a new joint.
- The partner on the bottom keeps his or her legs apart and turned out slightly. Use pillows to support the legs on the outside.
- Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat.
- If the man has a new hip joint, place pillows between his knees. This keeps his knees from crossing his body's belly button, or midpoint.

#### Sitting in a chair

- This position works after a hip or knee replacement. It is a safe position for a man or a woman with a new joint.
- The man sits on a straight chair. His feet are supported or are flat on the floor.
- The woman sits on the man's lap.



#### Woman lying and man kneeling

- This position works for a woman with a new hip or knee joint.
- The woman lies on the bed on her back, buttocks near the edge of the bed. Both feet should be supported or flat on the floor.
- The man kneels in front of the woman, on pillows placed on the floor. His hands are placed on either side of her body.



## Side-lying position

- This position works for a man with a replaced knee joint.
- He should lie on his side, with the new joint on the bottom.
- A woman with a replaced hip or knee joint can also use this position. She lies on her side, with the new joint on the bottom.
- Use pillows for support.



## Man propped on elbows



- This position is for a man with a new hip joint.
- He lies on top of his partner.
- His legs are stretched out behind him, with a pillow between his knees.
- He supports his weight on his elbows.

### Special note

If your partner has had a hip replacement:

- Make sure your partner's provider says it's OK to have sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Don't put all your weight on your partner's hips.

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## Hip Precautions – Posterior Approach

### Hip Precautions (Posterior Approach)

Do not bend your hip past 90 degrees

Your knees must be lower than your hips while sitting

Do not reach toward the floor to pick up objects or to put on socks/shoes

While sitting, do not reach forward if you have to bend at your waist

Keep objects you may need close by

While sitting in bed, do not lean forward to pull up covers

Do not sit on a low toilet seat, couch or chair

Instead, use a raised toilet seat or place pillows or blankets on the chair/couch to raise your hips above your knees. This is also important while riding in a car

Do not turn your knee or foot inward

Do not reach across your body when reaching for items such as the phone or to fasten your seat belt

Do not pivot on your operated leg

Make sure you are picking your feet up and taking small steps to turn

Be careful not to let your leg turn inward while getting into or out of a bed or car

Do not cross your leg past the middle of your body

Do not cross your knees or ankles. You may put a pillow between your knees as a reminder

Do not bring your knees together at any time

While sleeping or turning on your side, keep pillows between your knees to keep them from touching each other

Do not lie on your operated hip without talking to your doctor first.

## Hip Precautions – Anterior Approach

### Hip Precautions (Anterior Approach)

No crossing legs

Do not turn your knee or foot outward

Do not twist and reach across your body toward your non-operated side  
(especially while standing)

Do not walk with your foot/toes turned outward

Do not pivot on your operated leg. Make sure you are picking your feet up and  
taking small steps to turn

Do not extend your hip backward beyond the neutral position

When backing up, step back with your non-operated leg first

Do not take large steps forward with your non-operated leg

## Car Transfers

### Car Transfer: Front Seat

This page will tell you how to safely get in and out of the front seat of a car. Getting into and out of a car requires a great deal of bending. The following tips will make it easier for you.



**1.** Be sure the front seat is as far back as it will do. Recline the seat back if you'd like.

**2.** The car should be parked several feet away from the curb. With the front door open, stand on the street, as close to the car as possible.

**3.** Turn so your back is facing the seat. Back up until you feel the car seat behind both legs.

**4.** Place one hand on the back of the car seat. Place your other hand on the car dash board. Never use the car door for support.

**5.** Carefully lower yourself onto the car seat.

Slide back until your knees are on the seat (see picture at right). If you've had a total hip replacement, remember your precautions. Lean backwards, keeping your shoulders behind your hips as you slide back.



**6.** Bring your legs into the car one at a time. Move each leg a few inches at a time. If you need to, use your hands to help move your legs (see picture at right).

**7.** Continue to do this slowly until you are facing forward. Be sure that your hips and knees are at the same level while seated (below).

## TOTAL HIP REPLACEMENT

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### Safety tips

- If you have had a total hip replacement and the car seat causes your knees to be higher than your hips, use a firm pillow to raise the level of the seat.
- Place the pillow in a garbage bag, and then put it on the seat. This will make it easier for you to move on the seat.
- Use pillows to cushion your back, if your doctor says you may.
- Always wear your seat belt.



**Note:** Your therapist may show you different ways to get in and out of a car depending on your situation. Follow the instructions you are given.