Your Guide To Total Hip Replacement

You are entering a mutual relationship in which my staff and I are committed to improving the quality of your life. This booklet was developed as a resource and teaching tool to answer questions pertaining to your procedure.

Knee replacement surgery is a highly successful procedure. An important part of your recovery is your commitment to the care and rehabilitation of your new and improved hip. We understand that the preparation and recovery processes can be challenging. We encourage you to read through this packet and highlight questions or notes that you can then discuss with the staff.

Please bring this booklet to your pre-operative appointment so we can review it with you.

Thank you for allowing me and my staff to take part in your health care needs.

Sincerely,

Dr. Chadwick B. Hampton

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1. ***This folder has been adapted courtesy of the Hospital of Special Surgery, NY, NY.**

About Dr. Chadwick B. Hampton

Dr. Hampton is a Fellowship-trained orthopedic surgeon who is Board Certified by the American Board of Orthopaedic Surgeons, Fellow of the American Academy of Orthopaedic Surgeons, and Fellow of the American Association of Hip and Knee Surgeons. His surgical focus includes the full spectrum of primary, complex, and revision joint replacement of the hip and knee. He is adept in minimally invasive, muscle sparing anterior hip replacement to promote faster recovery. He incorporates the latest technology including robotic assisted surgery, computer navigation, and patient specific instruments to ensure improved accuracy and results. He also subspecializes in joint preservation surgery of the hip, knee, and shoulder, to include Sports Medicine and femoral osteotomy and osteoplasty.

Dr. Hampton is a graduate of Clark Atlanta University and received his medical degree from Howard University College of Medicine. As an officer in the U.S. Army, he completed his orthopaedic residency at Walter Reed National Military Medical Center. He attended the prestigious Adult Reconstruction and Joint Replacement Fellowship at the Hospital for Special Surgery/ Weill Medical College at Cornell University in New York City. He served as an Assistant Professor of Surgery at the Uniformed Services University and published several scientific articles related to the care of the combat-injured and the management of musculoskeletal conditions.

Dr. Hampton has extensive experience as an Orthopaedic surgeon in both civilian and military settings. His 11 years of active service included multiple operational deployments, overseas tours, and humanitarian missions. While at Walter Reed, he was intimately involved in the care of wounded warriors returning from Iraq and Afghanistan. This unique experience has enhanced his practice and forged his commitment to provide compassionate and comprehensive care to his patients. He continues his commitment to service as an advocate for veterans and military families.

Lastly, Dr. Hampton specializes in minimally invasive, robotic assisted (NAVIO) total knee & partial knee replacement, direct anterior hip replacement, mini posterior hip replacement, and Birmingham Hip Resurfacing (BHR), with an emphasis on rapid recovery, including out-patient surgery as an option.

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Dr. Hampton is on staff at Jupiter Medical Center, and Palm Beach Gardens Medical Center.

Your Team

You will have a dedicated team helping you through the surgery process. Please see below for a list of team members. Our team is quickest to respond via our email: teamhampton@florthocare.com. Please email us your preferred contact number or email.

Scotty	Team Manager/Medical Assistant/X Ray **Tel: 561.327.9116**
Shari	Surgical Scheduler **Tel: 561.408.5403; surgery2@florthocare.com**
Sasha	Medical Assistant/Front Office **Tel: 561.327.9116**
Elizabeth	Front Office **Tel: 561.327.9116**
Main Patient Intake	561-588-9912

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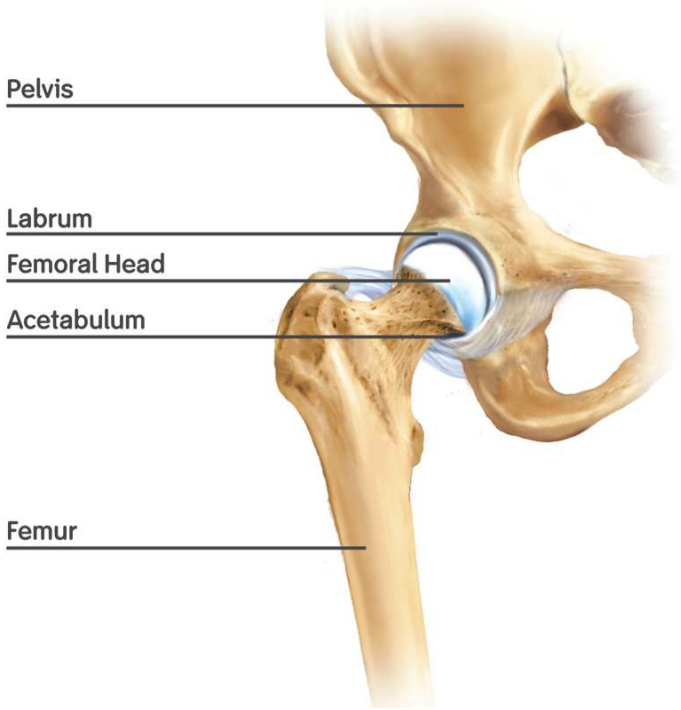
12. **How the Hip Works**

The hip joint is a “ball and socket” joint. The “ball” is known anatomically as the femoral head; the “socket” is the part of the pelvis known as the acetabulum. Both the femoral head and the acetabulum are coated with articular cartilage. Like all joints, the hip has synovial (joint) fluid, acting as a lubricant, which allows for smooth, painless movement within the hip joint.



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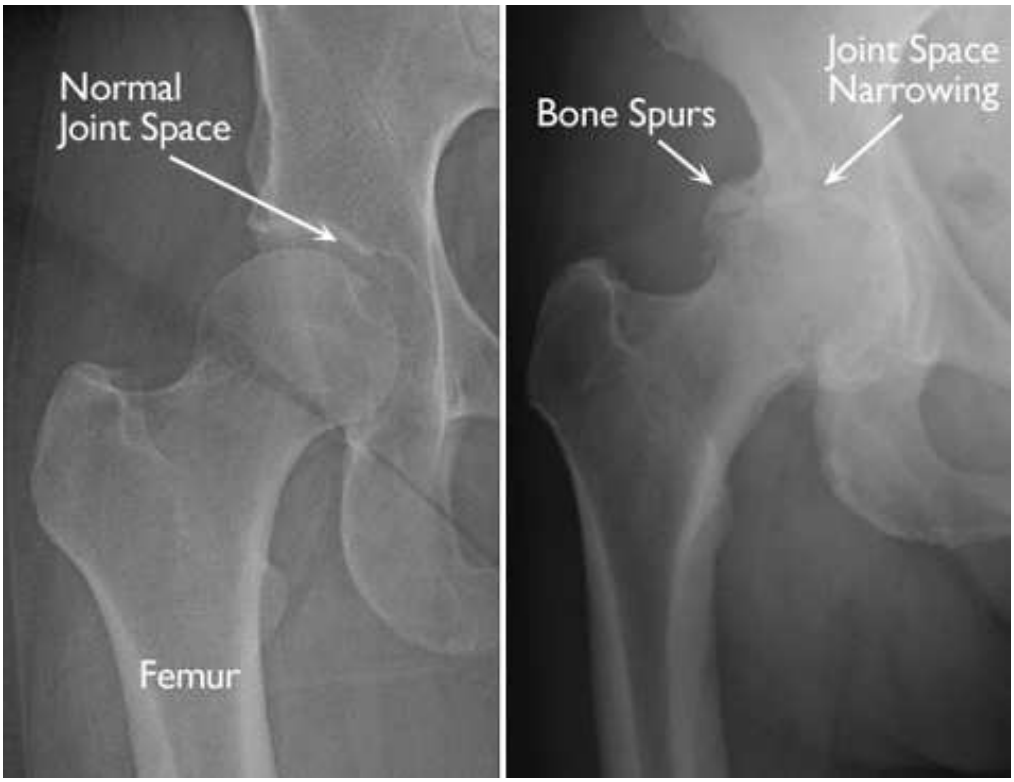
20. Osteoarthritis

The following x-ray images display a normal hip joint and a hip joint with osteoarthritis. The following images demonstrate a wearing of the protective layer “cartilage” causing bone on bone contact, resulting in pain.



Osteoarthritis, the most common type of hip arthritis, is the result of general wear-and-tear of the cartilage in the hip joint. When the cartilage is worn away, bone-to-bone contact may occur and is often painful. Minimally invasive ***total hip replacement*** or ***hip resurfacing*** may be an option for treating osteoarthritis.

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22. How Does A Hip Replacement Work?

The original joint is replaced with a hip prosthesis, commonly called an artificial joint. This allows for easier and more natural movement of the joint. A total hip replacement involves removing the existing arthritis and placing a metal cup in the socket and a metal stem down the femur. There is a plastic, polyethylene, liner that is placed between the ball and socket to provide non metal-on-metal weight bearing surfaces.

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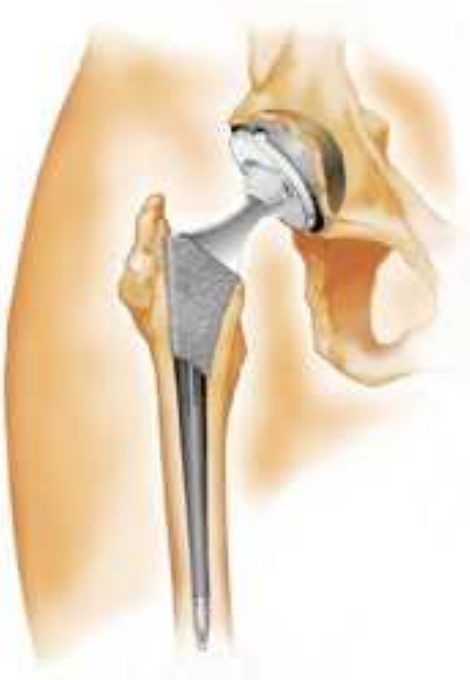
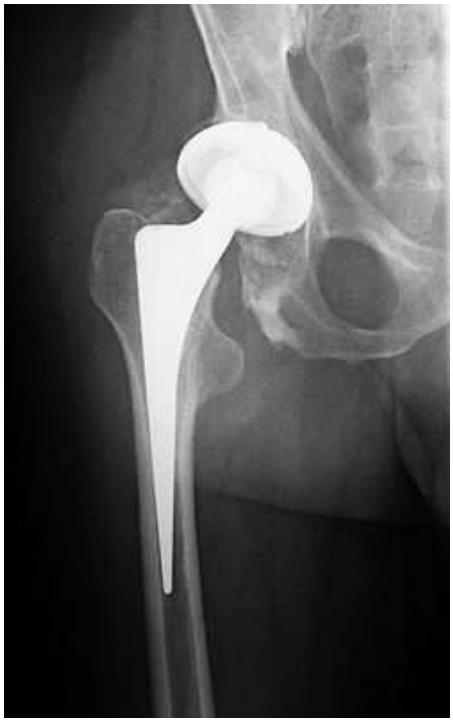
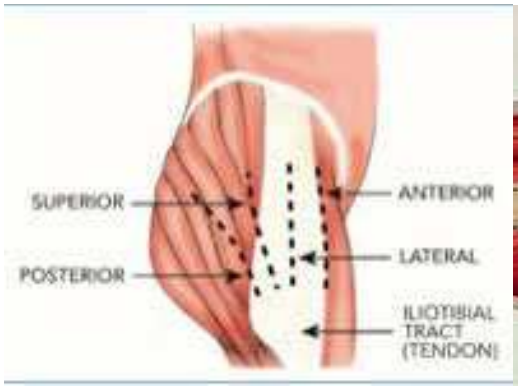
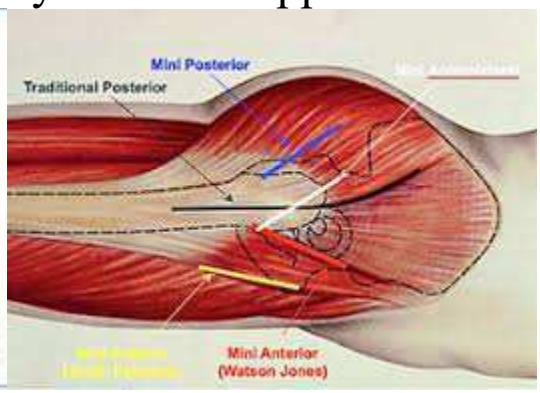




What Does a Minimally Invasive Approach Mean?





While traditional hip replacements involve a 12- to 14-inch incision, minimally invasive hip replacement uses a "mini-incision" (3 to 4 inches or less). The surgery is completed without cutting any of the major muscles or tendons around the hip. ***This means less pain and a quicker recovery and return to activities.*** Additional benefits include less tissue damage, scarring, and lower risk of dislocation.

Dr. Hampton performs several minimally invasive approaches to ensure minimal pain and a quick recovery. Dr. Hampton will work with you to decide on the best and least invasive approach for you.

Mini Posterior Approach

A small incision is made to the back of the upper thigh. After the surgery there are only minor hip precautions taken until healing is complete. It is advised you avoid crossing your leg across your body, and turning your leg toward the body and flexing the hip simultaneously.

Direct Anterior Approach

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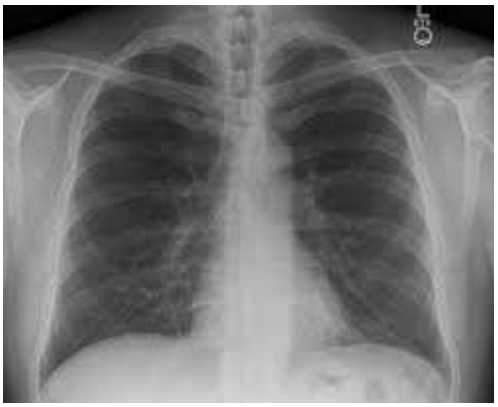
A small incision is made to the front of the upper thigh. After the surgery there are only minor hip precautions taken until healing is complete. It is advised you avoid extending the leg behind your body, rotating your leg away from your body and hip thrusts with your legs extended.

Pre-Operative Testing

All patients must receive medical clearance from a medical physician. Your medical history will be reviewed, and you will receive instructions and orders for what is needed for you to be medically cleared for surgery.



- Pre-operative testing may include blood and urine tests, nasal swab, chest x-ray, EKG and CT-scan.
- A consultation with your medical doctor and/or any specialists involved, such as cardiologist or neurologist, will be required and a letter of medical clearance must be received by Dr. Hampton office ***2 weeks prior to having your procedure.***

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24. Pre-Surgical Checklist

Each of the following items must be completed prior to the day of your procedure.

☐ ***Discontinuing Medication before Surgery:*** Your medications will be discussed with you at your preoperative appointment. You will be given specific instructions on what medications you can continue to take and if any need to be stopped before surgery and if so, for how long.

- ***One week before surgery*** it is necessary to stop taking the following medicines:
  - All anti-inflammatory medicines (Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Celebrex, etc.)
  - Nutritional supplements (Vitamin E, Ginseng, Ginko Biloba, Garlic, Ginger, etc.)
- ***Consult with your prescribing physician*** for the appropriate and safe discontinuation of any medication before surgery, particularly:
  - **Aspirin, Coumadin, Warfarin, Plavix, Heparin, Lovenox and/or any other blood thinning medications:** These medications need to be safely **discontinued at very specific times** before surgery. Some

medical conditions can be life threatening if these medicines are stopped without appropriate timing and precautions.

- ***Rheumatologic medicines*** such as **Enbrel and Humira:** Discuss with your Rheumatologist as some medications need to be **discontinued one month prior** to surgery

☐ ***Arrange for transportation home following discharge.***

☐ ***Attend the pre operative TJR class at the hospital 2-3 weeks before the day of surgery.***

☐ ***Attend your pre-operative appointment with the hospital's staff 2-3 weeks before the day of surgery.***

- You will not be permitted to drive yourself. Your surgery **will be cancelled** if this not arranged.

☐ ***Attend your pre-operative appointment with Dr. Hampton's staff.***

- Review all testing, consent, questions, post-operative pain medication prescriptions, review PT plan

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28. # Preparing Your Home

(The following information was supplemented from material found on AAOS.org)

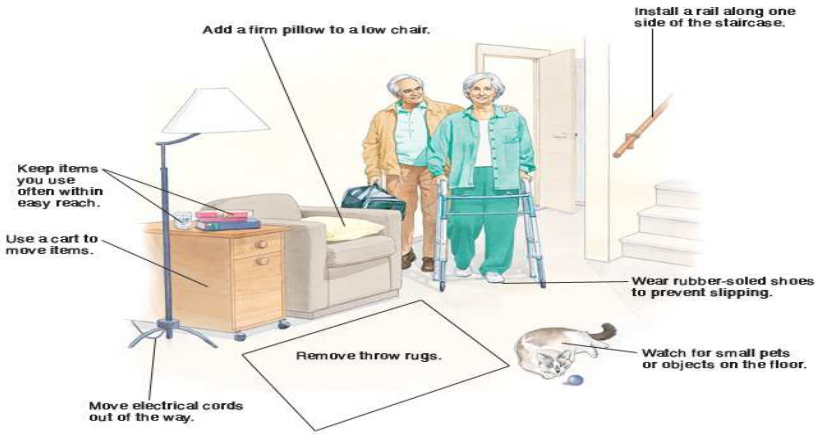
Several modifications can make your home easier to navigate during your recovery. The following items ***may*** help with daily activities. Many of these items are recommended but not required. Speak with your health care team about individual needs.

- ✓ Remove of all loose carpets, area rugs and electrical cords from the areas where you walk in your home
- ✓ Rearrange furniture to allow adequate walkways
- ✓ Develop plan for managing stairs in and around your home
- ✓ Stock up on ice and easily prepared meals
- ✓ Keep items such as phone, television remotes, medications and other frequently used items close-by
- ✓ Securely fasten safety bars or handrails in your shower or bathsecure handrails along all stairways
- ✓ Obtain 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
- ✓ Raised toilet seat

- ✓ Obtain stable shower bench or chair for bathing
- ✓ Obtain long-handled sponge and shower hose
- ✓ Obtain 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
- ✓ Obtain 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

Day Before Surgery

✓ ***Do not eat or drink***



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anything after midnight before your surgery. Your stomach needs to be empty for surgery. You will be instructed as to which of your medications can be taken on the morning of your surgery with small sips of water only.

✓ Avoid alcohol and smoking for the day before and after your surgery.

✓ ***A Registered Nurse will call you <u>one day prior</u> to surgery*** (Friday for a Monday procedure) to inform you of your arrival time at the surgery center or hospital and to answer any additional questions.

- ***If you have not heard from a nurse by 3pm the day before surgery, please call the surgical center or hospital to ask.***
- The contact numbers and addresses for the surgical center and hospitals are provided at the end of this packet

✓ Shower with Hibiclens© antibacterial soap the night before and the morning of your surgery. Hibiclens can be purchased as an over the counter item at your local pharmacy

- Avoid using Hibiclens on the face, genitals or mucous membranes
- You may use regular shampoo on your hair
- Do not use lotions, powders or deodorants after cleansing with Hibiclens
- If you have any allergies or sensitivities to soaps, you may use your own soap. Please discuss with your health care team at your pre-operative visit
- Do not shave near the area of your surgery for 3 days prior to your surgery
- Follow your normal oral care routine
- Avoid wearing make-up and nail polish
- Use clean towels and bedding

29. Day of Surgery

Your surgical team will consist of Dr. Hampton, his physician assistant, nurse practitioner, anesthesiologists, registered surgical nurses and physical therapists. Each individual is important in your care and will provide their expertise to give the best surgical and rehabilitative experience.

✓ **Follow the Fasting Instructions** provided to you during your pre-operative telephone call. Refrain from any food or drink after 12:00 midnight the night prior to surgery. If you were instructed to take any of your medications, take the morning of your procedure with a sip of water. If you are diabetic, do not take any oral medication for your diabetes unless otherwise instructed to by your medical physician.

✓ Dress comfortably. You many also bring personal items such as toiletries and robe. Loose fitting shorts and any shirt

✓ Comfortable walking shoes (preferably slip on shoes with a back for stability while walking) are strongly recommended.

✓ Staff will guide you to the pre-operative unit. Here you will be asked to change into a gown and be prepared for surgery.

✓ The site of surgery will be prepped.

✓ You will need to remove contact lenses. Please bring glasses as needed.

✓ Any dentures or partials will need to be removed.

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- ✓ Alert the RN of any allergies that you may have (penicillin, latex, iodine/shellfish)

- ✓ An IV will be inserted for access, fluids, antibiotics and medications. You will be given a cocktail of medications pre-operatively to minimize pain and inflammation.

- ✓ Family members or your designated contact person will be directed to the waiting room to remain during your surgery. The family can expect Dr. Hampton to come speak with them approximately 2 hours after the start of surgery.

- ✓ The Anesthesiologist will review your medical history and explain the methods for anesthesia and the risks and benefits involved.

- ✓ Dr. Hampton will see you prior to anesthesia to answer any last minute questions, re-examine and sign the surgical site

- ✓ Staff will bring you to the operating room. You will be asked to position yourself on the operating room table. The surgical team will adjust your position, provide warming blankets, and ensure that all body parts are safely positioned and well-padded.

  ✓ After surgery is completed you will be taken to the recovery room by the anesthesiologist and the nurses. Dr. Hampton will go to the waiting room to speak with your family or designated person.

  ✓ In the recovery room, an experienced recovery room nurse will closely monitor you. X-rays will be taken at this time, to ensure correct placement of the components.

  ✓ As you wake up from the anesthesia, you will be transferred to a private second phase recovery room where your family or designated person will be able to see you.

30. Discharge Protocol

If Discharged to Home: Most patients are discharged on post operative day #1

- Take 10 deep breaths each hour
- Get up and walk every hour. Walk as much as possible.
- **Must obtain a rolling walker, raised toilet seat and shower chair prior to discharge.**
- Use walker only as needed. Progress to full weight-bearing as quickly as possible, unless instructed otherwise.
- You may shower with the dressing in place when you leave the hospital. **Do not touch!**
- Do not bathe or swim for 4 weeks post-operatively.
- A home health nurse, if applicable, will visit you in your home. Please share instructions below.
- A home physical therapist may or may not visit you in your home for the first 1-2 weeks post-op. As soon as possible, you should transition to therapy in an outpatient physical therapy center.
- Keep your post-op visit with Dr. Hampton at 14 days post-op.

If Discharged to Skilled Nursing Facility or Rehabilitation Facility:

Most patients receive physical therapy twice daily & occupational therapy to evaluate and develop individualized treatment plan

Information for Skilled Nursing or Rehabilitation Staff:

- ✓ Physical therapy twice daily & Occupational therapy to evaluate.
- ✓ If on Aspirin, continue for 30 days postoperatively.
- ✓ If normally on Coumadin at home, discharge on 81 mg Aspirin BID and regular dose of Coumadin. Discontinue Aspirin when therapeutic on

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Coumadin. PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE COUMADIN.

- ✓ If normally on any other blood thinner at home, discharge on 81 mg Aspirin BID and regular dose of normal blood thinner. PLEASE REQUEST PRIMARY CARE PHYSICIAN TO MANAGE normal blood thinner medication if applicable.
- ✓ **Do not change dressing unless needed, ie. Saturated, draining!** If an aquacel dressing is saturated or needs to be changed, replace with a Silver dressing or Mepilex dressing daily.
- ✓ Aquacel dressing may get wet in **the shower only** when you leave the hospital. **No baths** or swimming for 4 weeks post-operatively.
- ✓ Aquacel dressing may stay on for **10 days**. Home nurse may change the dressing at this time. If Mepilex dressing is saturated or needs to be changed, replace with new Silver dressing or Mepilex dressing.
- ✓ Patient should return to Dr. Hampton's office for an incision check at day 14 after surgery.

31. Immediate Post-Operative Care

When the anesthesiologist and the recovery room nurse have determined it is safe for discharge to home, the nurses will go over a series of instructions and materials to ensure you are prepared for the next step in your recovery. Other materials given to you will include:

After Surgery Medicine Prescriptions

- ✓ Pain medicine prescription and directions for usage will be provided following surgery. Commonly prescribed medications include:
  - Oxycodone – Prescription narcotic
  - Tylenol – Over-the-counter pain reducer
  - Colace – Over-the-counter stool softener
  - Celebrex – Prescription NSAIDS
  - Aspirin – take Aspirin for next four weeks

- ✓ Do not mix pain medicine with alcohol or other sedating drugs
- ✓ Start your medicine as soon as you have pain, when the regional anesthetic begins to wear-off, or just before bed, whichever comes first. Early signs that the anesthetic block is wearing off are the return of sensation and movement in your surgical hip/leg

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- ✓ ***You are not allowed to drive while taking pain medication.***

Medication questions

- ✓ You may contact your Pharmacist or e-mail our team at teamhampton@florthocare.com.
- ✓ **If you are having a medical emergency (such as trouble breathing, chest pain, etc.), call 911!**

Refill requests

- ✓ Refills are authorized Monday – Friday 8am-4 pm and may take up to 48 hours to be authorized.
- ✓ ***Medications containing narcotics such as Percocet cannot be called into a Pharmacy and must be written or printed out and picked up at the office. This is a state law and there are no exceptions. Please plan accordingly.***

Physical Therapy Prescription

- ✓ You will also be given a prescription for physical therapy, which will provide details about your individual rehabilitation protocol
- ✓ Home physical therapy and nursing care will be predetermined by the hospital and will begin after your surgery
- ✓ You will start outpatient physical therapy two weeks after surgery or when recommended by your doctor or in home physical therapist

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34. At Home Following Your Surgery

It is common to have the following reactions after surgery:

- Low-grade fever (<101.4° F) for about a week
- Small amount of blood or fluid leaking from the surgical site
- Bruising, swelling and discoloration in the involved limb or adjacent areas of the body
- Mild numbness surrounding the wound site, possibly for 6-9 months

The following *reactions are abnormal.* If you should have any of the following symptoms, please contact Dr. Hampton or go to the nearest emergency room:

- Temperature of > 101.4° F
- Progressively increasing pain
- Excessive bleeding
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Red, swollen, oozing incision sites

The following *reactions may require emergent intervention* or a visit to the Emergency Room:

- Chest Pain
- Shortness of breath
- Fainting or Loss of Consciousness
- Persistent temperatures > 100.5°F

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- Weakness, numbness, or inability to move operative extremity
- Red, swollen, or painful calf and/or increased numbness or tingling in your foot

***For any urgent medical questions after business hours**

- Please call our main line at 561.588.9912 and the answering service will contact the Doctor on-call

Blood Clot Prevention

Blood clots are the most common complication after hip replacement surgery, but the good news is there are several things you can do to help decrease your risk. This page discusses signs and symptoms of a blood clot and what you can do to help prevent one.

What are Signs of Blood Clot?

If you experience chest pain, difficulty breathing or severe headache call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.

Symptoms to look for in your lower legs:

- ✓ Redness
- ✓ Pain
- ✓ Warmth
- ✓ Swelling

What Steps Can I Take to Help Decrease My Risk?

- ✓ Stay mobile and avoid long bouts of sitting or laying in bed
- ✓ Wear your compression stockings
- ✓ Use your sequential compression devices (if applicable)
- ✓ Ankle pumps (pictured to the right)

There are several medications to help prevent blood clots. These medications are also called blood thinners or anticoagulants. These medicines will be used for between 2-6 weeks after surgery. You maybe notice that you bruise more easily when using this medicine. Your health care team will discuss the best medications options for you for use after surgery.

Medications We Use to Help Prevent Blood Clots Include:

- ✓ Xeralto
- ✓ Aspirin

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Signs of Excessive Bleeding May Include:

- Nose bleeds
- Stomach pains
- Spitting up blood
- Blood in your urine or stool

35. Durable Medical Equipment (DME)

- ✓ Durable medical equipment is any medical equipment used in the home to aid in a better quality of life or to aid in recovering from surgery.
- ✓ Examples of DME include:
  - Rolling walker
  - Cane
  - Raised toilet seat
- ✓ Special note for Medicare patients – you will receive all DME equipment from the hospital.

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36. Physical Therapy

Physical therapy is an important part of your recovery. Everyone receives physical therapy, but your schedule may differ depending on whether you stay overnight in the hospital or are discharged the same day.

In Hospital:

- ✓ Physical therapy will see you the same day of surgery
- ✓ First session usually involves sitting up on the side of your bed, then progresses to walking with the help of an assistive device
- ✓ Goal is to be able to walk as much as possible
- ✓ You will then progress:
  - Taking more steps in your room
  - Walking down the hall
  - Climbing steps

Home:

- ✓ Walk as much as possible
- ✓ Will usually receive two weeks of physical therapy in your home
- ✓ Please give the Resource Page (pg. 26) for Physical Therapy to your therapist

Outpatient Therapy:

- ✓ Most patients start outpatient physical therapy around two weeks after surgery
- ✓ Your physical therapist will develop an individualized plan for you

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Hip Precautions

Hip precautions are a list of identified movements that must be avoided after your surgery. Hip precautions are based on the surgical approach used. See below for instructions. These movements should be avoided for the first 6 weeks after surgery to allow for healing and prevent hip dislocation. Your team and physical therapist will review these precautions with you.

Anterior Approach:

- ✓ Avoid all hip extension for 6 weeks
- ✓ Avoid hip thrusts with straight legs and pushing up on heels
- ✓ Sleeping – see page Self-Management
- ✓ Please see pictures below for positions to avoid

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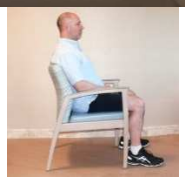
Mini Posterior Approach:

Safe Poses after Surgery



OK sit in chair of comfortable height

OK to cross your ankle over your knee to put on sock/shoe

OK to lean forward to pick up object keeping knees shoulder width apart and body between your legs

Avoid These Poses after Surgery

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DO NOT rise from chair or commode with knees touching

DO NOT reach back behind your leg to the outside of your ankle to shave leg or fix a sock/shoe

Note to physical therapist: Avoid combined internal rotation, hip flexion > 90 deg, and adduction

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44. Resource Page for Physical Therapists

Instructions:
See patient for three times per week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible. Below are recommendations; however, you will determine the protocol on an individual basis.

- ✓ Weight bear as tolerated, unless otherwise stated.

- ✓ Assess need for assistive devices. Patient may obtain a rolling walker, raised toilet seat and /or any other assistive device if needed.
- ✓ Use walker for first 14 days
- ✓ Instruct on hip precautions and on home safety.
- ✓ Hip precautions
- ✓ Increase mobility with gait training, transfers, and stair climbing.
- ✓ Active/Active assisted/Passive Hip Range of Motion
- ✓ Active/Active Assisted Knee Range of Motion
- ✓ Transfer training
- ✓ Gait training – slowly, wean assisted devices as gait normalizes to avoid development of persistent limp
- ✓ Stair training
- ✓ Quad sets and short arc quads
- ✓ Mini-squats
- ✓ Four-direction straight leg raises, begin supine and progress to seated as appropriate

Weeks 7 – 12

- ✓ Progress gluteus, hip abductor/adductor, quadriceps and hamstring strengthening
- ✓ Advanced gait training
- ✓ Proprioceptive/Balance Training
- ✓ Endurance exercises as appropriate: swimming, bicycle and elliptical

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Walking Goals:

- ✓ 1 mile by 4 – 6 weeks
- ✓ 2 miles by 6 – 8 weeks

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46. Resource Page for Physical Therapists

Instructions:

See patient for three times per week until able to transition to outpatient PT center. Please encourage transition to outpatient PT center as soon as possible. Below are recommendations; however, you will determine the protocol on an individual basis.

Phase I: Immediate Post-Surgical Phase (Days 0-3)

- Goals: Perform bed mobility and transfers with least amount of assistance, ambulate with assistive device for 25-100 feet and ascend/descend stairs as appropriate, regain at least 80° of P/AROM knee flexion and less than or equal to -10° extension, independently perform SLR exercises
- Precautions: WBAT w/ assistive device, monitor wound healing and signs of DVT and PE, no resistive exercises, avoid twisting motions across knee
- Exercises: A/AAPROM exercises, isometric quadriceps, hamstring, and gluteal exercises, gait and transfer training, SLR exercises, soft tissue massage
- Criteria to move to *Phase II:* Ability to perform SLR, AROM -10°-80°, independent in transfers and ambulation of at least 100 feet with appropriate device, minimal inflammation

?Phase II: Motion Phase (Day 3 - Week 6)

- Goals: Improve AROM to at least 0-110°, discontinue assistive device use, return to functional activities, improve strength, endurance, and proprioception, decrease inflammation and swelling
- Precautions: Monitor wound healing and signs of infection, WBAT w/ assistive device as appropriate
- Exercises:
  - Weeks 1-4: AA/A/PROM, stationary cycling, SLR in 4 planes, progress quad/hamstring/gluteal isometric exercises, patellar and tibial-femoral mobilizations, gait training to wean off of assistive device
  - Weeks 4-6: Progress above exercises, initiate front and lateral step ups, 1/4 front lunges
- Criteria to move to *Phase III:* AROM 0-110°, good voluntary quad control

Phase III: Intermediate Phase (Weeks 7 - 12)

- Goals: Improve AROM to least 0-115°, good strength in all LE musculature, return to most functional activities, good patella femoral mobility
- Exercises: Progress above exercises with resistance, begin endurance and balance/proprioception program, progress open/closed chain exercises as appropriate
- Criteria to move to *Phase IV:* Pain-free AROM, 4+/5 of all LE musculature, minimal to no pain and swelling

Phase IV: Advanced Strengthening and Higher Level Functioning (Weeks 12 - 16)

- Goals: Return to appropriate recreational activities, improve strength/balance/proprioception/endurance as needed for ADL's
- Exercises: Progress above exercises, inititate return to recreational activities

• Criteria for discharge: Independent, non-antalgic gait, pain-free AROM, at least 4+/5 strength in LE, normal balance/proprioception, independent step over step stair climbing, independent in HEP

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48. Self-Management

Help keep your pain managed:

- ✓ Take pain medications with food and at least 30 minutes before a physical therapy session
- ✓ Tylenol or acetaminophen may be used instead of a narcotic.
- ✓ Use your ice pack or cooling device frequently as tolerated. Use it after your exercised to help decrease swelling and pain

Avoid constipation:

- ✓ This can be a common side effect from pain medications
- ✓ Drink plenty of fluids; water is preferred
- ✓ Use a stool softener, like Colace, while taking pain medicines
- ✓ Take a laxative like Dulcolax, as needed
- ✓ Eat a high fiber diet

Sleeping:

- ✓ Avoid long naps during the day to help get back to a more normal sleep pattern.
- ✓ Sleeping positions
  - Avoid laying on stomach
  - Lay/sleep on back or side
  - Place a pillow between knees and lay on opposite hip

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49. Travelling

Driving:

You are not able to drive while taking pain medications. Driving should not be undertaken until you can drive safely.
If you do drive:

- ✓ If right leg is surgical leg: Must be able to quickly apply and hold pressure on brake
- ✓ You can apply for a temporary, six-month handicap sticker from the state of Florida. You need the DMV application form which the team can assist you with; Please ask about this prior to your surgery, as a health care provider's signature is needed on the form. You may obtain the form at your preoperative visit or the form can be mailed to you.

Flying:

For airplane travel in the six weeks after your surgery, please notify our staff so we prescribe a dose of medication needed for safer travel.
If you do fly:

- ✓ Make sure you stand up and move around the cabin often and as able according to your flight crew. It is also a good idea to do ankle pumps while sitting in your seat.
- ✓ Your new hip will most likely set off the alarms when going through Security. The best option is to select the body scanner when available.

50. Going Back to Work

Returning to work is different for each individual as it depends on your recovery process and the type of work you perform. Discuss your job tasks and responsibilities with your health care team so you can start talking with your employer about returning to work before surgery. Make sure you provide time to going to outpatient therapy.

Return to Work Low to Medium Demand:

Sitting job:	2 – 3 weeks after surgery
Combination sitting and standing:	2 – 4 weeks after surgery
Standing:	4 – 6 weeks after surgery

Return to Work High Demand/Heavy Labor:

Full unrestricted duty will be determined on an individual basis, usually between 3 – 6 months.

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51. Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long, please allow 7 – 10 days for completion.

- **Please submit paperwork prior to your preoperative appointment.**
-
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.

Going to the Dentist

In order to best protect your new hip, you will need to take prescribed antibiotics when going to the dentist. This is required for routine cleanings and other invasive dental work. Using antibiotics can lower the chance that slight bleeding from your gums can cause bacteria from your mouth to travel to your joint and cause an infection.

You will need to contact your dentist and let them know you have a hip replacement. Your dentist will prescribe the number and type of antibiotics you need to take before coming to the dentist. This recommendation stands for as long as you have your hip.

Do not schedule a dentist appointment during the first three months after your surgery.

If you're happy, spread the word!
PLEASE Review Dr. Chadwick Hampton and his team

1. **GOOGLE**
   a. Sign into Google (Gmail) account or follow instructions to create a public google + account if necessary
   b. Search Chadwick Hampton MD on GOOGLE search page
   c. Go to review section
   d. Select number of stars
   e. Type in your personal review
   f. Select post
2. **FACEBOOK @PALMBEACHJOINTREPLACEMENT**
   a. Login to account or create one
   b. Select number of stars
   c. Fill in any comments
   d. Select Review
3. **INSTAGRAM @CHADWICKHAMPTON_PBJR**
4. **TWITTER @PALMBEACHJR**

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55. # Frequently Asked Questions

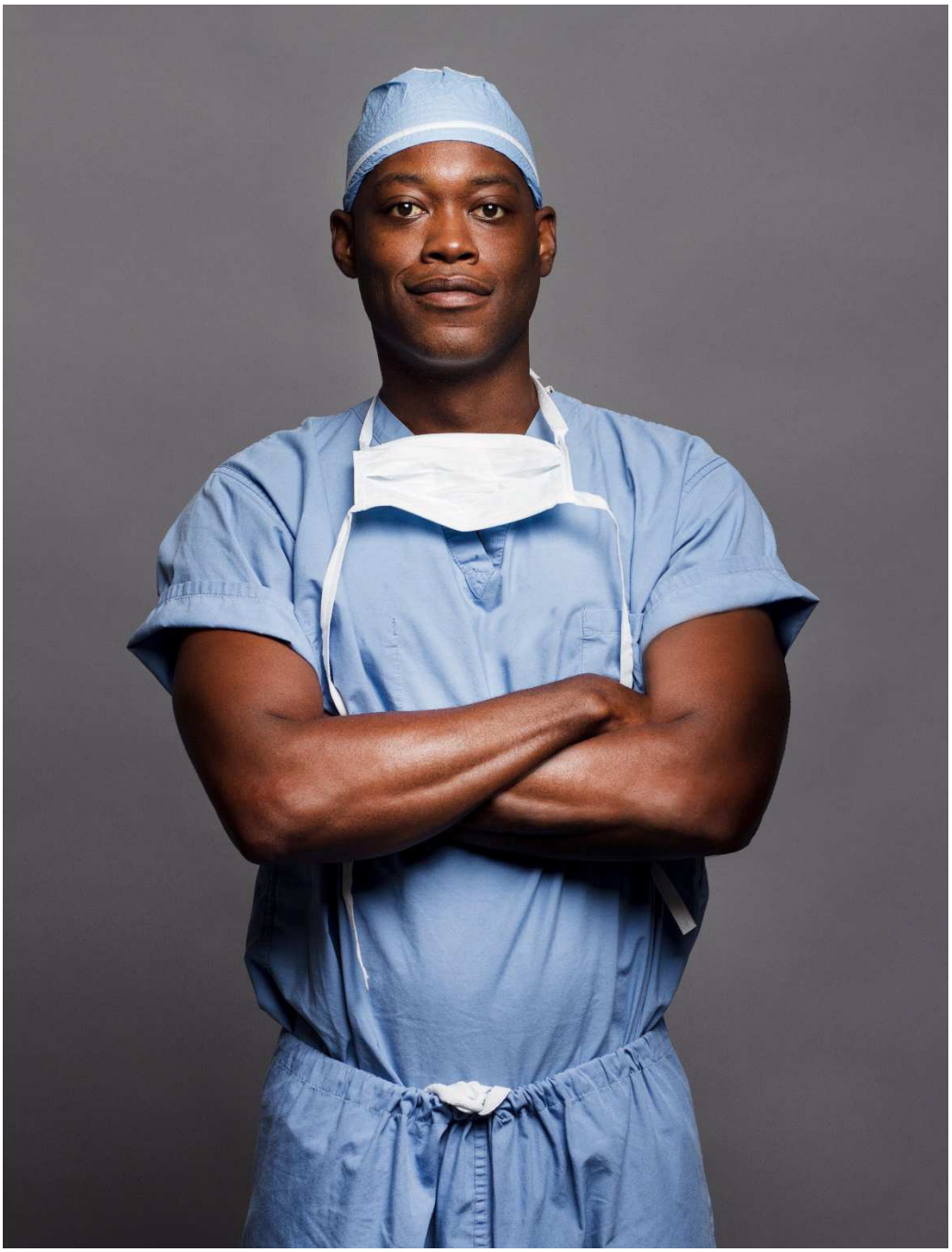
1. What do I need to do with my surgical bandages after I am discharged? *See wound care instructions on page 22.*

2. When can I drive again? *There is no specific time frame when driving is allowed; however, general guidelines are listed on page 32. If you are unsure about your ability and when you can start driving, email your team at* **teamhampton@flothocare.com**.

3. What do I do if I run out of my medications? *Please see instructions on page 25. Refills can take up to 48 hours or may need to be picked up at our office (for narcotics) per state law. Plan accordingly so you will not have a gap between needed medications.*

4. I'm having trouble with having a bowel movement after surgery – what should I do? *This is very normal and a common side effect of many pain medications. Colace is an over the counter medicine that helps with constipation, which you received a prescription for at your preoperative appointment. We recommend drinking lots of fluids.*

5. What is the difference between **outpatient** versus **inpatient** versus **sub-acute** rehabilitation after my surgery? *Outpatient means you will travel to therapy from home. Inpatient or sub-acute rehabilitation means you will be staying at a specialized facility which meets your health care needs to promote your best recovery. The type of rehabilitation you attend is most dependent on other health conditions you may have. This will be discussed prior to your surgery.*



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