



# Outpatient Hip and Knee Replacement Information Manual



## **The Hip & Knee Resource Centre**

Winnipeg Regional Health Authority

331-1155 Concordia Avenue

Winnipeg Manitoba

204-926-1221

<https://wrha.mb.ca/hip-and-knee-resource-centre/>

### **IMPORTANT POINTS TO NOTE**

#### Mandatory Outpatient Hip & Knee Replacement Education Classes

The Hip & Knee Resource Centre will contact you for a phone assessment and to schedule the mandatory education session. **Please await this phone call.**

#### Optional Classes

You may register for optional classes available at the Hip & Knee Resource Centre. You may attend either the Exercise & Nutrition class, the Pain Management class, or the Be Your Healthiest You Class. Call 204-926-1221 to register and please identify yourself as an outpatient.

**Please bring this booklet with you to all appointments related to your surgery**

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## Contents

Introduction to Outpatient Hip and Knee Replacement .....	2
The Surgical Procedure for Total Hip Replacement.....	2
The Surgical Procedure for Total Knee Replacement .....	3
The Surgical Procedure for Unicompartmental or Partial Knee Replacement.....	4
Realistic Expectations for Hip or Knee Replacement.....	4
Complications Associated with Hip or Knee Replacement Surgery .....	5
An Overview of Your Surgical Journey.....	7
Preparation for Surgery .....	8
Day of Your Surgery .....	9
After You are Discharged from Hospital.....	10
Important Considerations.....	10
When and Who to Call.....	15
Appendix A - Exercises .....	16
Appendix B - Hip and Knee Replacement Checklist.....	38

## Introduction to Outpatient Hip and Knee Replacement

Hip and knee replacement surgeries most often require a 1-3 day in-hospital recovery time following surgery. Because of recent improvements in surgical technique, select patients can be safely discharged from hospital the same day of their surgery. An important key to success in same day discharge is pre-operative preparation.

This book has been developed by your health care team in order to provide you with the information you need to prepare yourself and your home so that you can recover quickly and safely at home.

Although the surgical procedure for the outpatient hip and knee replacement surgery is the same as with people proceeding with the regular process for hip or knee replacement, there are a few differences which will be outlined in this manual. You have been chosen for outpatient, or day surgery, because of your current health and physical status.

You must attend a mandatory education session which will include both a teaching component and a functional assessment. **You will be contacted** by the staff at the Hip & Knee Resource Centre to schedule this session and complete a phone assessment prior to attending the class. Please take some time to read through this book before your surgery and write down any questions you may have. These questions can be answered by your surgeon, nurse, physiotherapist or occupational therapist at any time before or after your surgery. Bring this booklet with you to each session or appointment.

If the information provided in this book is different from what your family doctor, surgeon, or orthopedic team advise you, please follow their instructions.

## The Surgical Procedure for Total Hip Replacement

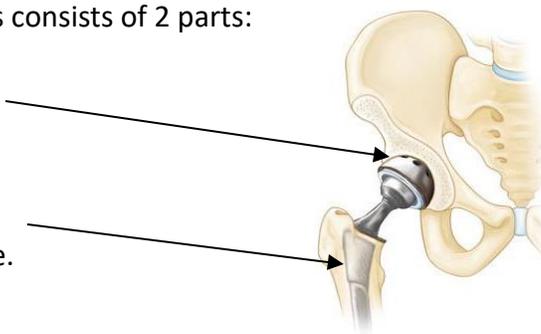
In hip replacement surgery, the damaged bone and cartilage are replaced with ceramic, metal or plastic surfaces to restore hip movement and function.

An incision is usually made over the top of the thigh bone (femur). In outpatient hip surgery, the surgeon starts with a minimal incision length but may need to increase the length of the incision determined by access needed for the procedure. The muscles that hold the hip in place are partially detached and the surgeon exposes the end of the femur and the pelvis socket (acetabulum). The damaged cartilage and bone in the pelvis socket are cleaned away. The acetabular component (cup) and a high-grade polyethylene liner (new cartilage) is fixed in place. The head of the femur is removed. The inside of the femur is prepared for the femoral component (metal stem) which is fixed in place and a femoral head (ball component) is placed on the stem.

The artificial hip is called prosthesis.

The total hip replacement prosthesis consists of 2 parts:

1. Acetabular component (cup) that fits into the pelvic bone/hip socket.
2. Femoral component (stem) that fits into the femur or thigh bone.



Once the components are in place, the hip is put back in place and then tested for movement and stability. The incision is then closed. The surgery usually takes 45-90 minutes.

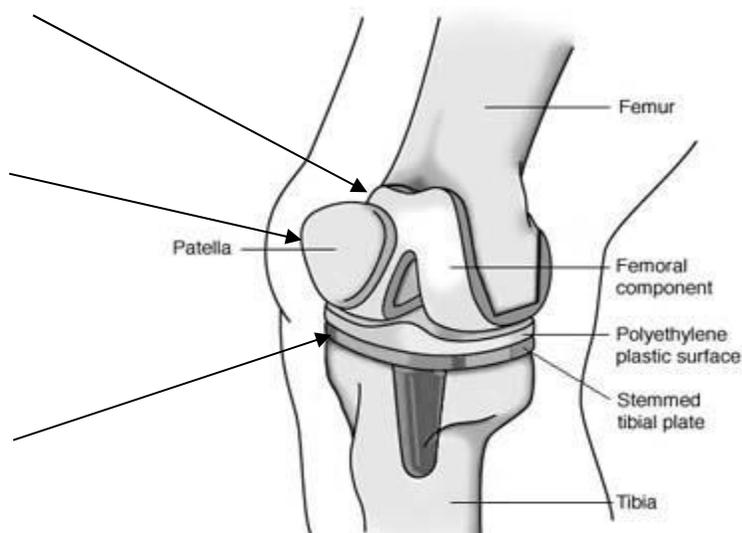
For more information, you can watch an animated version of the hip replacement surgery titled “What is a Total Hip Replacement” on the WRHA Hip & Knee Resource Center’s webpage

<https://wrha.mb.ca/hip-and-knee-resource-centre/videos/>.

## The Surgical Procedure for Total Knee Replacement

In knee replacement surgery, the damaged bone and cartilage are replaced with metal and plastic surfaces to restore knee movement and function. Most of the knee replacements that are done today are cemented into place. The total knee replacement consists of three parts:

1. Femoral (thigh bone) component- metal, replaces the weight bearing surface of the thigh bone, has a groove for the patella (knee cap) to move along.
2. Patella (knee cap) – a plastic button is attached to the back of the knee cap to allow better movement along the femoral component.
3. Tibial (shin bone) component – metal with a plastic (polyethylene) component attached, forms a smooth surface the femoral component can move on during movement of the knee joint.

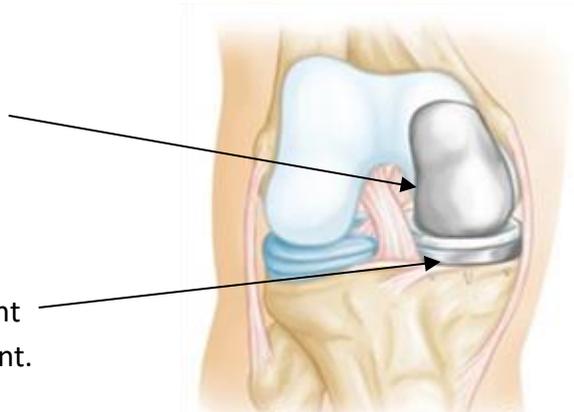


A tourniquet (tight band) is used around the upper thigh to prevent bleeding during this surgery. An incision is made over the front of the knee. The ends of the thigh and shin bones are exposed. Small amount of bone are removed from the surface of the thigh and shin bones. This allows space for the metal and plastic components. An important part of the operation is to balance the knee ligaments and straighten any deformity of the joint. The knee components are then put into the knee and tested for movement and stability. The incision is then closed. You can watch an animated version of the knee replacement surgery “What is a Total Knee Replacement” on the WRHA Hip and Knee Resource Centre’s webpage (<https://wrha.mb.ca/hip-and-knee-resource-centre/videos/>) if you would like more information.

## The Surgical Procedure for Unicompartmental or Partial Knee Replacement

In some situations, arthritis has only impacted one side or portion of the knee joint – this is most commonly the medial or inside area in the knee joint. In a unicompartmental or “partial” knee replacement, damaged bone and cartilage on the affected side of the knee is resurfaced with metal and plastic components. The surgical procedure is similar to a total knee replacement, however recovery time is generally shorter following this surgery due to the smaller incision and less soft tissue impacted. The partial knee replacement consists of two parts:

1. Femoral (thigh bone) component- metal, replaces the weight bearing surface of the thigh bone.
2. Tibial (shin bone) component – metal with a plastic (polyethylene) component attached, forms a smooth surface the femoral component can move on during movement of the knee joint.



## Realistic Expectations for Hip or Knee Replacement

Hip and knee replacement surgery are some of the most common and successful surgeries. Most patients have complete or nearly complete relief of pain following a hip or knee replacement surgery.

The life expectancy of a hip or knee replacement (the new joint) is influenced by the amount of stress placed on the joint. Controlling body weight and adhering to the activity recommendations will increase the life of your joint. In general, more than 90% of hip and knee replacements should last at least 15 years.

The joint replacement components can be made of different types of materials (ceramic, metal or plastic). The surgeon chooses the best prosthesis according to your age, the strength of your bone, the shape and condition of your joint, your general health, weight and activity level.

## Complications Associated with Hip or Knee Replacement Surgery

- 1) **Infection**: After hip or knee replacement surgery there is a chance of developing an infection. Sometimes this is just a mild skin infection but sometimes a more serious infection within the joint may occur. Typically, an infection develops within the first two weeks after surgery. People at a higher risk for infection are those that are elderly, overweight, malnourished, have chronic illness or taking certain medications.
 

Signs of infection are redness, swelling at the incision, increased pain in the joint, cloudy or foul-smelling drainage from the incision, and fever. It is important that you let your surgeon know if you develop any of these signs of infection. Antibiotics are given in the operating room to prevent this type of infection. Your doctor may prescribe additional antibiotics if you develop signs of an infection post operatively.
- 2) **Blood Transfusion**: There is a very small chance that you may need to have a blood transfusion during or after your surgery. Excessive blood loss is uncommon but leads to anemia. Anemia can cause dizziness, weakness, shortness of breath, fatigue and nausea. A complication of anemia is reduced oxygen to vital organs such as the heart and brain, so it is often corrected when it is significant. To correct anemia a blood transfusion can be given. Healthy individuals with anemia can avoid a transfusion by taking additional iron supplements. An iron rich diet is recommended for all people preparing for surgery. For more information about blood transfusion please talk to your surgeon or call Blood Management Service at 204-926-8006.
- 3) **Delirium**: Temporary confusion and agitation rarely occur after surgery but is more common in older people. Some causes of delirium are lack of sleep, pain, infection, alcohol or drug withdrawal, low oxygen levels and side effects of some medications. It is important to let the health care team know if you have had delirium in the past. You should limit your alcohol intake for 6 weeks prior to surgery and refrain from cannabis for 2 days before your surgery.
- 4) **Deep Venous Thrombosis (DVT)**: DVT is more commonly known as a blood clot. Blood clots can develop in the deep veins of your legs during the surgery. The danger in having blood clots is if the blood clot became dislodged from the large vein in the leg and travelled to the lung which is then called a pulmonary embolus (PE). Symptoms of PE are sudden onset of shortness of breath often with chest pain. This is considered a medical emergency. There are ways to prevent DVT. One or more of the following might be applicable to you:
  - a) **Mobilizing**: Moving frequently helps to improve circulation so that blood is less likely to

clot in the legs. You should try to move your legs around every hour while you are awake and walk frequently throughout the day.

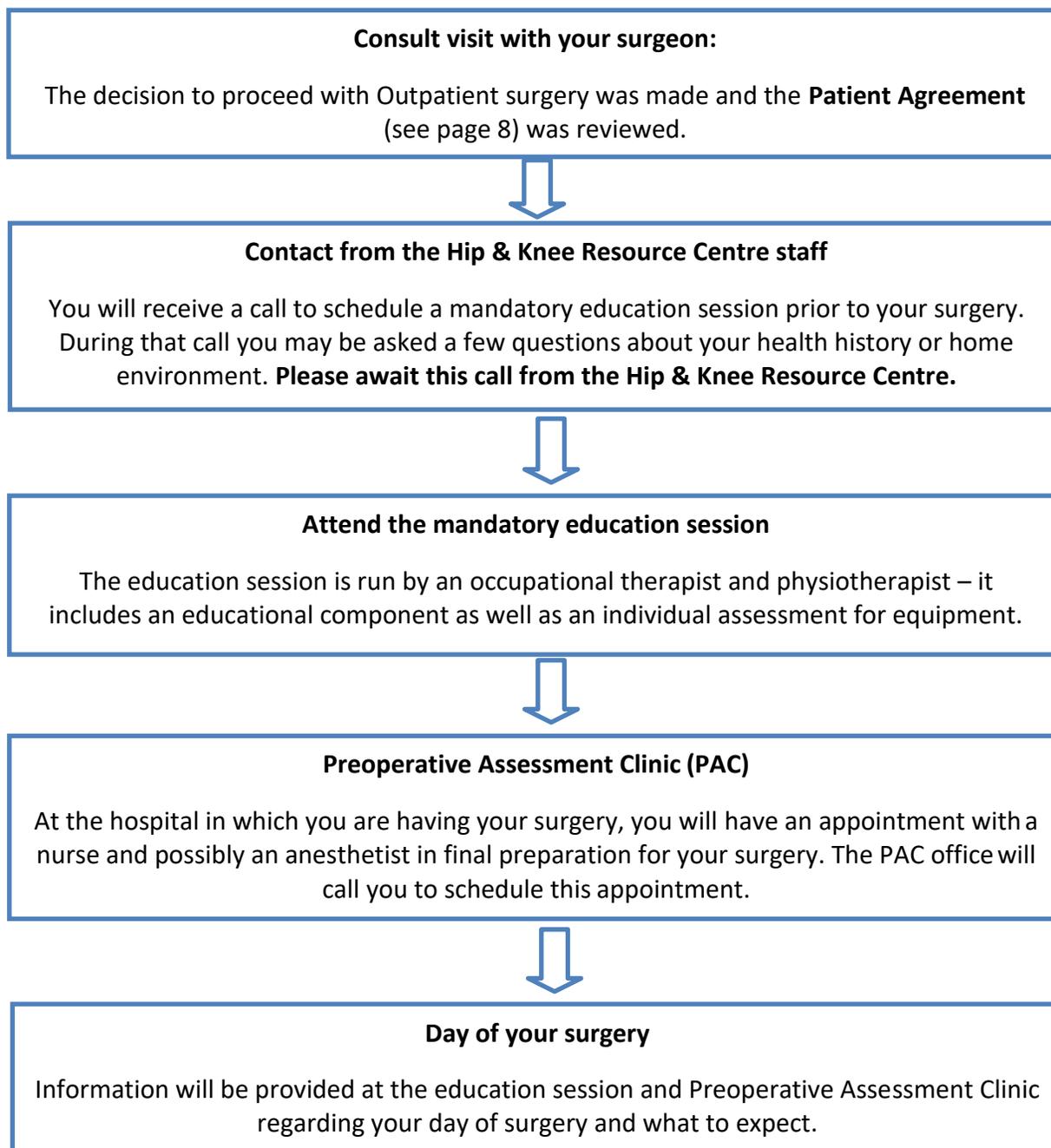
- b) Sequential Compression Devices (SCDs): These are inflatable sleeves that are worn on the lower limbs and function with electricity. The sleeves inflate and deflate to promote blood circulation in the legs. These are typically worn until patients are up mobilizing.
- c) Blood Thinners: Medications can be given to decrease the thickness of blood which prevents clotting. The surgeon will determine and prescribe the appropriate blood thinner for you to take after surgery.

5) Other Minor Complications:

Hip Complications	Knee Complications
<p><u>Hematoma:</u></p> <p>Bleeding (hematoma) may occur in the muscles around the hip joint following the operation. If a hematoma occurs, this may require a trip to the operating room to drain the excess blood that has accumulated under the skin.</p>	<p><u>Swelling:</u></p> <p>It is normal for knees to be slightly swollen, red and warm after surgery. This may last several months. This is different from infection which causes a sudden increase in pain, swelling and stiffness as well as fever and chills.</p>
<p><u>Dislocation:</u></p> <p>This is when the head of the femur dislodges from the socket. It is uncommon and happens within the first 6-8 weeks after surgery. People that have had previous hip surgery are more likely to experience hip dislocation. If this happens repeatedly, a second surgery may be needed.</p>	<p><u>Nerve damage:</u></p> <p>It is possible but unlikely that an artery, vein or nerve at the back of the knee is damaged during surgery. This can result in permanent numbness or weakness of the foot. Normally there is a small patch of numbness on the outside area of the knee. This numbness decreases over time.</p>
<p><u>Different leg length:</u></p> <p>While every effort is made to ensure the legs are the same length, in some cases one may be shorter than the other. This can be corrected with a shoe lift if required.</p>	<p><u>Stiffness:</u></p> <p>Stiffness in the knee joint is common especially if knees are stiff before surgery. It is important to do your exercises (see Appendix A) even if you have stiffness.</p>

## An Overview of Your Surgical Journey

The chart below shows the steps that typically take place from the time you see your surgeon until you have your hip or knee replacement surgery. The pages following will describe in more detail each step, in order to have realistic expectations and to help you best prepare for each step.



## Preparation for Surgery

### *Patient Agreement*

The Patient Agreement (PA) is a document that has been created to help you prepare for surgery. Once a person is identified as a suitable candidate, the surgeon reviews the PA with the patient. This is most likely to occur at the initial surgical consult.

The first page includes the expectations involved in proceeding with the outpatient joint replacement surgery. Please keep the document with your records. It is your responsibility to bring this document to any appointments associated with your surgery. This document will be reviewed during the mandatory education session as well as during your Preoperative Assessment Clinic (PAC) visit.

The document outlines your responsibilities with regards to home setup, equipment, medications and identifying your support person. The goal would be to have all sections completed prior to your surgery date. You will notice that certain sections are your responsibility (any item marked with an asterisk) and some sections are for the medical professionals working with as you prepare for surgery. Please take time to review your Patient Agreement before attending the education session.

### *Education Session*

You will be scheduled to attend a mandatory education session 2-8 weeks prior to your surgery. The purpose of this class is to provide education regarding home set up, potential equipment needs following surgery, exercise, as well as what to expect during and after your hospital stay. The session is led by an occupational therapist and physiotherapist and takes the place of the appointment with these disciplines which usually occurs during your PAC appointment with the hospital site 1-2 weeks prior to your surgery. This session also involves a functional assessment component. You will be provided with a signed prescription for any mandatory and suggested equipment, so you are able to get these items in place prior to your surgery.

Prescription for discharge medications - You will be given a signed prescription for discharge medications. This prescription will expire in 3 days from the date it was signed by your surgeon because it has an order for narcotics. **You must take it to your pharmacy before it expires.**

### *Preoperative Assessment Clinic (PAC) Visit*

This appointment will take place with the hospital where you will be having your surgery. The hospital will call you to arrange the appointment date and time.

What to bring...

- This Outpatient Hip & Knee Replacement Information Manual
- All medications in their original containers (including eye drops, creams, inhalers, insulin)
- Any non-prescription medications that you take including herbs, vitamins, supplements, or pain

medications

- A support person

During your PAC visit, you will speak with a nurse and possibly an anesthetist.

The nurse will...

- ✓ Review your medications with you and provide you with necessary instructions as advised by the anesthetist
- ✓ Review with you the standing order prescription list provided by your surgeon/surgeon's office
- ✓ Review the Patient Agreement
- ✓ Provide you with instructions to follow before your surgery:
  - when to arrive at the hospital on the morning of your surgery
  - when to stop eating and drinking before your surgery
  - what to bring to the hospital on the morning of your surgery or after your surgery
- ✓ Explain what will happen after surgery

The anesthetist will...

- ✓ Review your medical history and assess to see if it is safe to proceed with surgery
- ✓ Review your medications and give any special instructions prior to surgery
- ✓ Discuss the type of anesthetic that you will receive

## Day of Surgery

### *Where to go/ what to bring*

You will likely be scheduled as the first surgical case for the day. On the morning of your surgery, you will present to the Admitting Department at the time instructed to you during your PAC visit. You will then be taken to the Day Surgery Department where you will change into a hospital gown. Additional information will be reviewed with you before you are brought into the operating room. Please see Appendix B for a checklist on surgery preparation.

### *Before You Go Home*

You will spend approximately 2 hours in the Recovery Room after your surgery. You will then be transferred to the post-operative unit. Once you can mobilize, empty your bladder, tolerate your pain and take in food/fluids you will be ready for discharge. A waterproof dressing will be covering your incision and an extra dressing will be provided for you to take home. You will be provided with instructions and a phone number to contact someone on the ward/unit if needed.

### *Physiotherapy Assessment*

Physiotherapy will be assessing you during your hospital stay to ensure you are safe for discharge. This assessment will include ensuring you are safe with all transfers (getting in/out of bed, on/off a chair), a

walking assessment with the mobility aid you will be using at home on discharge, a review of the exercise to be started at home the day following surgery and a stair assessment. You will need to have the mobility aid you plan to use at home available during the hospital stay for this assessment. You will not be seen by an occupational therapist prior to discharge.

## **After Discharge from Hospital**

The following day after your surgery, you will receive a scheduled follow-up phone call from a nurse to check how you are managing with your recovery at home.

## **Important Considerations**

### *Blood Clot Prevention*

Blood thinners decrease the thickness of the blood and make it harder for clots to form in the calf muscle after surgery. You will be prescribed a blood thinner to take for 14-35 days following surgery. To decrease the chance of clots forming, it is important that you remain active and take the blood thinner medication prescribed for you after surgery.

### *Constipation*

This is very common after surgery. Constipation can be caused or worsened by a number of factors: opioid pain medication, lack of activity/exercise/movement, diet changes, inflammation, stress, anxiety, depression, dehydration, and underlying medical conditions. It is important to recognize constipation and address it as soon as possible.

It is always better to prevent constipation after surgery, rather than treat it after it has occurred. Here are some suggestions to optimize your bowel health, so you can avoid as much discomfort as possible:

**Medications:** Your surgeon may prescribe a laxative or stool softener to take along with your pain medication to prevent constipation. Laxatives must be taken with adequate fluids.

**Drink More Fluids:** Drinking adequate fluids can help keep bowel movements regular. Fluids will also help your body recover after you develop constipation.

**Eat More Fibre:** What you eat can increase or decrease your risk of constipation. High fibre foods help your stools stay soft by holding on to liquid. When increasing fibre in your diet, do it slowly so that your digestive system can get used to it. You can also add fibre to your diet with fibre supplements but remember that adding supplemental fibre can increase constipation if too little water is consumed.

**Regular Meals and Snacks:** Small and frequent well-balanced meals can encourage regular bowel movements.

**Physical Activity:** Physical activity, such as walking, has been shown to decrease the risk of

constipation. Be sure to follow the instructions of your surgeon regarding your limits on exercise.

### *Pain Management*

It is normal to have pain, swelling and even some bruising after surgery. In time, the intensity and amount of pain that you experience will start to decrease. It may take up to 6 months before all the pain and swelling is completely gone.

Before you leave the hospital, you will be given a prescription for a combination of pain medications to help you manage your pain. You may be prescribed or advised to take the following:

- A pain medication to be taken regularly for 4 days and then on an as needed basis
- A stronger pain medication that you can take every 2 hours as needed
- An anti-inflammatory to be taken regularly for 4 days

When you go home, it is important that you...

- DO NOT wait until the pain is very bad before taking your pain medication
- Take your pain medication a minimum of 30 minutes before you exercise or take part in prolonged activity
- Avoid standing or sitting for long periods of time
- Change your position frequently and go for short walks if you can
- Elevate your legs and apply ice packs or a cooling unit to the joint as required
- Consider applying the ice pack to the joint after exercise
- Plan time for relaxation and enjoy hobbies to reduce pain
- Increase your activity as tolerated

**\*\*Swelling can add to both pain and stiffness following surgery (more prominent with knees), so it will be beneficial to consider the regular use of ice post-op. A traditional ice pack can be used for 10-15 minutes every two hours over the affected area using a cloth as a barrier between the affected area and ice pack. If you chose to rent a cooling/cryotherapy unit, this can be used for a longer period of time. Information regarding where to obtain this device and its use can be discussed further with the physiotherapist during the education session or during the hospital stay.**

### *Discharge Medication*

In addition to pain medications after surgery, you may also be prescribed or advised to take the following:

- An antibiotic to prevent infection
- A blood thinner
- A medication that you can take every 8 hours if needed to help you with any nausea
- A stool softener to prevent constipation

Note that before surgery, the anesthetist will have reviewed the medications that you are taking on a regular basis and will determine which ones you can resume after surgery and how soon you can start taking them again.

### *Incision Care/Hygiene*

It is important that you have a shower the night before your surgery. Wash the area where the procedure will be with soap and water and scrub gently to remove any dry skin. After surgery, you will go home with a waterproof dressing in place. This will allow you to shower on the second day after your surgery. It is important that you keep your incision dry and the dressing intact until your follow-up appointment for your enclosure removal or assessment (approximately 2 weeks after surgery). Prior to you leaving the hospital, instructions will be reviewed with you regarding this appointment. You will also be given an extra waterproof dressing to take home if your dressing starts to peel off. If your dressing becomes soaked with a large amount of discharge from your incision or you detect a foul smell coming from the area, inform your doctor or surgeon right away or present to an Urgent Care department.

### *Post-op Visit/Suture Removal*

You will need to attend an appointment approximately 2 weeks after surgery to have your incision assessed. At this time the staples or sutures will be removed if in place. Typically, you will meet with your surgeon for a follow-up appointment anywhere from 6-8 weeks after your surgery. Further information regarding these appointments will be provided to you by your health care team.

### *Driving*

You will be restricted in your ability to drive temporarily following your surgery. The length of time that driving will be restricted is based on the joint replaced, your pain level, your strength, and the type of vehicle that you drive. These restrictions will be discussed in more detail during your education session. Ultimately the decision regarding the safe return to this activity will be made in consultation with your health care team and the length of the restrictions will be decided on an individual basis. It is important to be prepared for this temporary restriction when planning for surgery. You should discuss alternate transportation options with friends and family for outings such as follow up appointments and work. Additional community resources will be made available during your education session as well to address this restriction.

### *Dental Work*

The COA (Canadian Orthopedic Association), CDA (Canadian Dental Association) and AMMI (Association of Medical Microbiology and Infectious Disease) recommend that patients should be in optimal oral health before having joint replacement surgery and should maintain good oral hygiene and health following surgery. They no longer recommend the precautionary use of antibiotics for patients with joint replacements when undergoing teeth cleaning or a dental procedure. Your health care provider must use their judgment based on your individual health status when determining if preventative antibiotics are appropriate.

### *Home Equipment*

Medical equipment is used after joint replacement surgery to promote independence, ensure safety, reduce pain and improve energy stores. Equipment needs are best determined on an individual basis. During your education session, equipment options will be discussed and assessed with you based on your current function, home setup and supports in place after surgery.

The only piece of equipment that is mandatory to have at the hospital following surgery is your mobility aid. This will likely be a 2 wheeled walker or crutches, but the option that is best for you will be reviewed at the education session with the physiotherapist. Most patients require this mobility aid for 1-2 weeks following their surgery. The mobility aid is used to provide increased support to your joint to manage pain and promote a natural walking pattern. The transition to a cane can be made within that timeframe as you feel you can take your full body weight through your surgical leg, you have adequate balance and you do not need to alter your walking pattern to manage with the cane. The same is true for the transition from the cane to no support. The cane or crutches will also be used to help you navigate stairs in your home. This technique will also be reviewed with you during your education session.

The occupational therapist will discuss alternate equipment options to assist with activities of daily living such as dressing and transfers in the bathroom. Common items that may be suggested include a raised toilet seat, bath seat, and dressing aids. These items are “for your consideration”. They are not mandatory but can be very helpful to decrease pain, increase safety and allow for less energy requirements to complete a task. You can determine which items you feel you would benefit from after surgery. These can be obtained before surgery or once you have been discharged home.

The education session will provide more information on where these items can be obtained. If you can obtain gently used items from friends, family or other sources, it will be important to ensure the equipment is appropriate for you. It would be suggested that you pick up these items before surgery to ensure they are suitable for you based on the information provided in your education session.

All medical equipment items discussed and suggested for you at the education session will be written

on an equipment prescription for you during the class. This prescription will be signed by the occupational therapist, physiotherapist and your surgeon for insurance purposes. **Remember:** the only item needed during your assessments in hospital will be the mobility aid.

### *Nutrition*

Healthy eating helps to prepare your body for surgery. Your body needs to be well nourished to heal the bones, muscles and skin that are affected by surgery. The nutrients from food provide us with the strength, energy and ability to heal. People who are well nourished are less likely to develop an infection following surgery.

It is important to have a balanced diet before and after surgery which includes a variety of different foods. Aim to have a source of protein, vegetable or fruit and whole grain at each meal as per Canada's Food Guide recommendations. Protein can be especially important after surgery as protein needs will increase as it can help with the healing process. High protein foods would include poultry, beef, pork, eggs, milk and dairy products, soymilk, beans, lentils, nuts, peanut butter and tofu. Eating a variety of foods will help provide the nutrients your body needs to heal.

### *Exercise*

It is important to remain as active as possible in preparation for your joint replacement surgery. The better condition your body is in prior to surgery, the easier the recovery will be. The outpatient joint replacement surgery was devised with healthier, more active individuals in mind. However, pain can be a limiting factor with regards to exercise both before and after your surgery. It is important to remember that you cannot damage your joint before surgery with exercise, but you do want to work within your pain tolerance. It is normal for exercise to cause some discomfort in the joint, however pain should return to your normal level with rest.

Cardiovascular exercise is suggested both before and after surgery to keep your heart and lungs in shape as well as maintaining your activity tolerance. The minimum goal for this exercise before surgery is at least 20 minutes, 3 days week. You can increase the frequency as tolerated. For an activity to be considered exercise you should feel like you are working at moderate intensity – you are tired, it is an effort, but you can continue. You should also be able to perform the exercise for at least 10 minutes without needing to rest. Lower impact options such as water-based exercise or stationary cycling are often recommended as they allow for an increased intensity with decreased stress on the joint.

A basic home exercise program will be started following surgery to work on regaining the range of motion and strength in your joint (see Appendix A). These exercises should be practiced prior to surgery to familiarize yourself with them. If you are taking part in a more strenuous program, you can continue as tolerated just ensuring you review the exercises before your surgery. If you are not exercising regularly, you should continue with these basic exercises as you prepare for your joint

replacement as they can help to maintain range of motion and strength.

Following surgery, a more advanced set of exercises can be started as you tolerate or as indicated by the therapist seen in the hospital following surgery. Return to more vigorous exercise should be made in consultation with your surgeon at your follow up appointments.

### *Physiotherapy Following Surgery*

Following your discharge home from the hospital, you may choose to attend private physiotherapy. Most patients can manage the prescribed exercise routine independently, but if you feel you would like assistance with some aspect of your rehabilitation, you may access a physiotherapist privately. You can also discuss any concerns you may be having with your surgeon at the time of your follow up, and they may be able to provide further direction, including therapy, if required.

For your information, a list of private physiotherapy clinics can be found on the Manitoba Physiotherapy Association website at [www.mbphysio.org](http://www.mbphysio.org) or by contacting the College of Physiotherapists of Manitoba at [www.manitobaphysio.com](http://www.manitobaphysio.com). On the Manitoba Physiotherapy Association website, you can also find a list of physiotherapy clinics or other centers which would offer joint replacement classes for client following joint replacement surgery.

## **When and Who to Call**

If you have a new illness (cold or flu) very close to your surgery call the Preoperative Assessment Clinic.

If you think you might have an infection after your surgery call your surgeon.

If you need more pain medication or have excessive bleeding call your surgeon.

If you have sudden chest pain, shortness of breath, call 911.

For all other questions please call Health Links/Info Sante at 204-788-8200 or 1-888-315-9257.

### **Acknowledgements**

The Hip & Knee Resource Centre acknowledges the contributions made by experts from Grace Hospital, Concordia Hospital, The Hip & Knee Resource Centre, and the WRHA Surgery Program. Content in this education booklet is believed to be the most up to date at time of printing.

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Any questions regarding the material in this booklet should be directed to the Hip & Knee Resource Centre at 204-926-1221 or Hip & Knee Prehab Team email: [hki\\_prehabteam@wrha.mb.ca](mailto:hki_prehabteam@wrha.mb.ca)

## Appendix A: Exercises

### *Pre- Op Exercise Program*

Strength, range of motion and flexibility exercises should be started before surgery to maintain range of motion and strength, familiarize yourself with the exercise routine you will take part in after surgery, and allow for a faster and smoother recovery. You should ensure that your program covers the major muscle groups in the lower leg. Below are the suggested exercises to start with – you can move into the more advanced versions as you feel stronger.

#### **For Knee Replacement Surgery:**

**Range of Motion** – Knee/Hip Flexion/Extension, Knee Flexion (seated), Foot and Ankle

**Strength** – Isometric Quadriceps, Quadriceps Over a Roll, Straight Leg Raise, Bridge, Seated Knee Extension, Isometric Hip Adduction, Standing Knee Flexion, Partial Squat (or Sit to Stand), Standing Hip Abduction (or Side Lying if preferred), Calf Raise, Step Ups if tolerated

**Stretches** – Gastrocs Stretch, Hamstring Stretch, Quadriceps Stretch

#### **For Hip Replacement Surgery:**

**Range of Motion** – Knee/Hip Flexion/Extension, Supine Hip Abduction, Foot and Ankle

**Strength** – Isometric Quadriceps, Isometric Gluts, Quadriceps Over a Roll, Bridge, Seated Knee Extension, Isometric Hip Adduction, Partial Squat (or Sit to Stand), Standing Hip Abduction (or Side Lying if preferred), Standing Hip Flexion, Standing Hip Extension

**Stretches** (only if tolerated) – Gastrocs Stretch, Hip Rotation/Adductor Stretch, Buttock Stretch, Hamstring Stretch, Hip Flexor Stretch (Standing or Supine)

***Please see a Physiotherapist in the community or attend classes at the Hip and Knee Resource Center for a more individualized program and/or more instruction.***

For a visual review of the exercises, please visit our website:

<https://wrha.mb.ca/hip-and-knee-resource-centre/videos/getting-ready-for-a-hip-or-knee-replacement/>

## *Post-Op Exercise Progression*

The exercises you will take part in after joint replacement surgery will be based on which stage of recovery you are in. Therefore, the different stages have been included here for you to review. These exercises can be removed from your manual to follow along with as you progress during your post-op (after surgery) recovery. Your physiotherapist will guide you as to which exercises are appropriate for you. You will start with the basic exercise program immediately following surgery. You will continue with this basic program until indicated by your surgeon or physiotherapist. At that time the intermediate or advanced exercises will be added to continue to progress your range of motion, strength, flexibility and balance. These exercise progressions are outlined in the Intermediate and Advanced Exercises.

**Knee Exercises Only – Blue**

**Hip Exercises Only – Green**

**Both Hip and Knee – Orange**

***NOTE: Your physiotherapist will indicate which exercises they want you to take part in. Please follow the physiotherapist's advice and progress as instructed.***

### **Glossary of Exercise Terms:**

Flexion – bend

Extension – straighten the leg at the knee or lift the leg behind from the hip

Static/Isometric – tightening your muscle without needing to move your joints

Quadriceps – the large muscle on the top of your thigh; it works to straighten your knee

Hamstrings – large muscle group on the back of your thigh; it works to bend your knee

Hip Abduction – the movement of lifting your leg out to the side from the hip

Lateral – to the side

Repetitions – the number of times you repeat an exercise

Sets – the number of times you repeat the specified repetitions in a day

## Knee and Hip Replacement

### Post-Op (after surgery) Exercises

#### Range of Motion

The first series of illustrations look at range of motion or movement at your knee and/or hip. These flexibility exercises are important to regain normal movement in your joint following surgery. Your surgeon or physiotherapist will check your range of motion during your recovery to ensure you are progressing as expected.

Read the instructions carefully. These exercises should be performed daily.

\*Note: the bandage shown is only to mark the side of surgery – you will not have this tensor on after surgery.

**Knee Exercises Only – Blue**

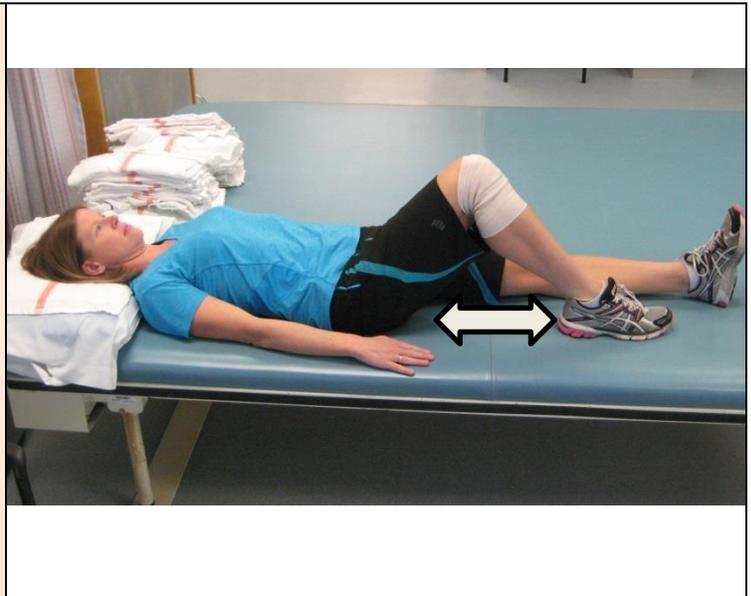
**Hip Exercises Only – Green**

**Both Hip and Knee – Orange**

#### Knee/Hip Flexion/Extension

1. Lie flat on your back.
2. Slide the heel of your surgery leg toward your buttocks, bending the knee and hip.
3. Slowly slide the leg back to a flat position.
4. Complete 10 repetitions each leg. Work up to 30 repetitions as able.

\* A garbage bag can be used under your foot to decrease resistance initially.



### Knee Flexion with Assist

1. Place a sheet around the arch of the foot of the surgical leg.
2. Use your hands on the ends of the sheet to pull your knee into more flexion (bend). Hold for 10 seconds. You should feel a strong stretch/pull along the front of the knee over the incision. Return to start position.
5. Complete 10 repetitions.



### Knee Flexion (seated)

- 1 Sit in a chair.
  2. Bend your surgery knee as much as you can, keep your foot flat on the floor.
  3. Slide your bottom forward on the chair until you feel a stretch in your knee. Hold for 20 seconds. Slide hips back into the chair.
  4. Complete 3-5 repetitions.
- \*You can also use your non-surgery leg to push your surgery leg to get more bend.



### Supine Hip Abduction

1. Slide your surgery leg out to the side, hold for 5 seconds and then slowly bring the leg back into the starting position.
2. Keep your knee straight and feet pointing up.
3. Complete 5-10 repetitions. Work up to 30 repetitions as able.



### Foot and Ankle Exercise

Pump both feet up and down as often as possible and frequently throughout the day.

\*This exercise is important for circulation – it should be completed when sitting or resting for longer periods.



### Weight Shifting/Weight Acceptance

Practice putting more weight through your surgery leg by shifting your body weight from side to side. Use your walker or crutches to help with support as you shift your weight onto the surgery leg. This will allow for an improved walking pattern as you feel comfortable bearing your full weight through your surgical leg.

You should also practice shifting front to back from heel to toes.

Perform for 5 minutes.



## Beginner Strengthening Exercises

The next few exercises are the basic strengthening exercises which will allow your hip or knee to gradually regain strength before you move onto more advanced strengthening.

Complete the strengthening exercises 3 times per day. If you add weight or resistance, you should take a day off between the weighted exercises to allow your muscles to rest and recover.

You can increase from 10 up to 30 repetitions of each exercise as able. You are likely ready to move to the more advanced exercises if you can perform 30 repetitions without rest.

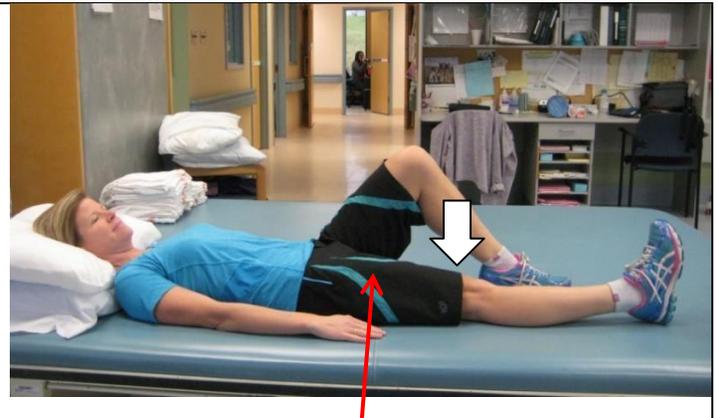
**Knee Exercises Only – Blue**

**Hip Exercises Only – Green**

**Both Hip and Knee – Orange**

### Isometric Quadriceps

1. Lie on your back with your surgery leg straight.
2. Press the back of your knee downward into the bed. This should tighten the muscle on the top of your thigh. Hold 5 seconds.
3. Complete 10 repetitions with each leg or with both legs simultaneously.

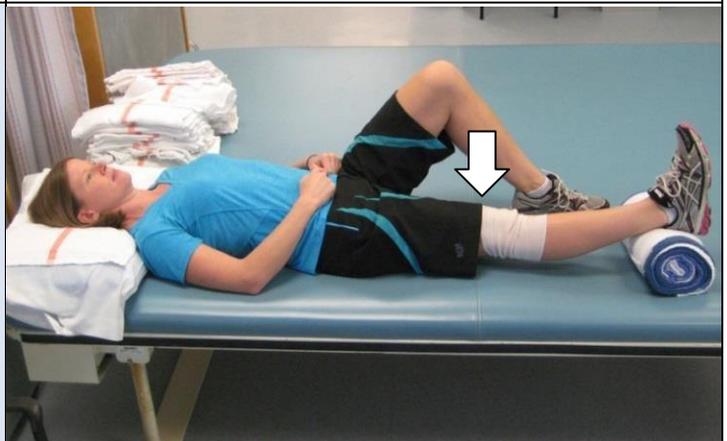


Quadriceps muscle

### Knee Extension with Roll

1. Lie on your back. Place a 6" roll under your heel.
2. Tighten your thigh, pushing the back of your knee towards the bed. Hold 5 Seconds. Relax.
3. Complete 10 repetitions.

\*You should feel a stretch in the back of your knee – this exercise helps promote full extension (straightening of the knee) after surgery.



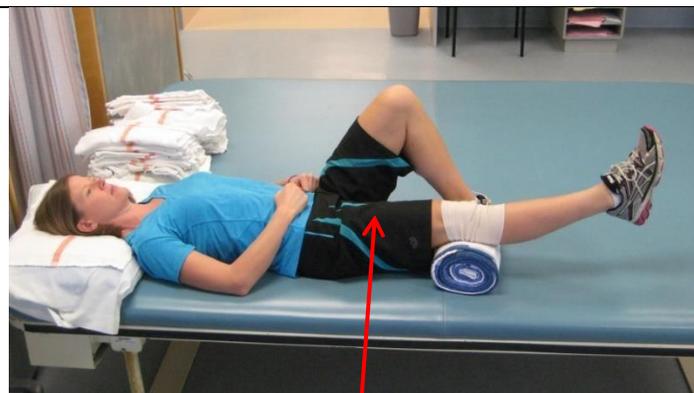
**Isometric Gluts**

1. Lie on your back.
2. Squeeze your buttocks together. Hold for 5 Seconds. Relax.
3. Complete 5-10 repetitions.

**Quadriceps over Roll**

1. Lie on your back with a 6" roll under your knee.
2. Raise your heel off the bed until your knee is as straight as possible. The back of your knee should remain in contact with the roll. Hold 5 seconds and slowly lower.
3. Complete 10 repetitions with each leg, work up to 3 sets per day.

\*This exercise can be progressed gradually by adding resistance (ankle weights).



Quadriceps muscle

## Intermediate Strengthening Exercises

These more challenging exercises allow you to continue to regain strength around the hip or knee. As with the beginner exercises, start with 10 repetitions 3 times per day. Increase repetitions as tolerated up to 30. You may be able to add the more advanced exercises as you recover.

**Knee Exercises Only – Blue**

**Hip Exercises Only – Green**

**Both Hip and Knee –Orange**

### Straight Leg Raise

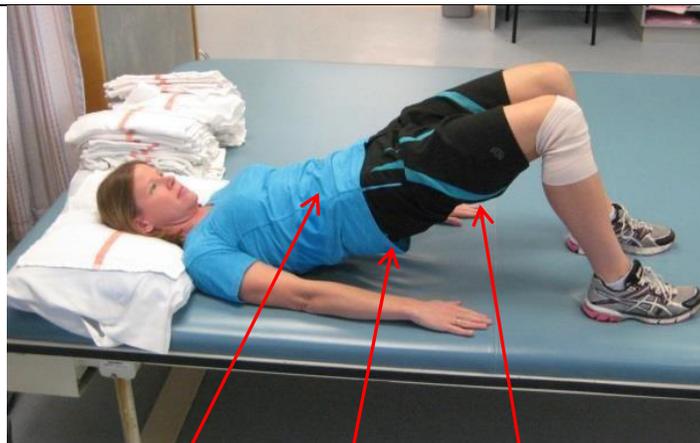
1. Lie on the bed with your surgery leg straight and your other leg bent as shown.
2. Exercise your straight, surgery leg by pulling your toes up towards your nose, fully straightening your knee and lifting the leg about 1 foot off the bed.
3. Hold 5 seconds and then slowly lower back down to the bed.
4. Complete 10 repetitions.



Quadriceps/Hip Flexor (Iliopsoas)

### Bridge

1. Lie on your back with both knees bent as shown.
2. Tighten your buttocks and raise your hips and buttocks off the bed as high as you are able. Keep your pelvis level. Make sure to breathe throughout this exercise!
3. Hold 5 seconds; slowly lower your hips back down to the bed.
4. Complete 10 repetitions.

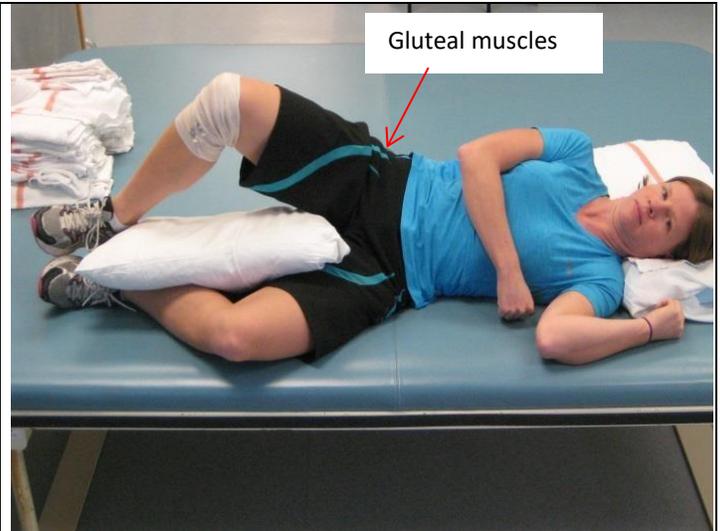


Core muscle, Gluteal muscle, Hamstrings muscle

### Clamshell Hip Abduction/Rotation

1. Lie on your side with your surgery knee on top. Place a pillow between your knees to cushion the top knee. Slightly bend your knees as shown.
2. Keeping your heels together; raise your knee off the pillow, opening your legs from the hip (like a clam!). Hold for 5 seconds.
3. Complete 10 repetitions.

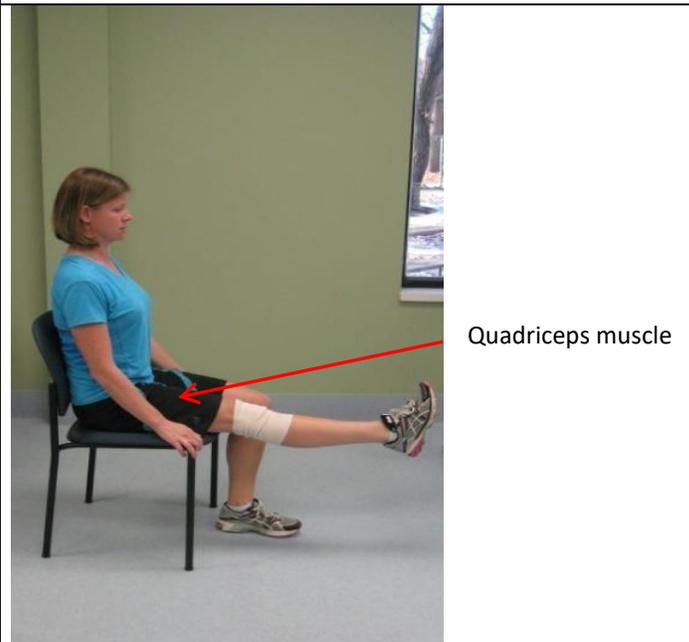
\*You should feel this at the side of your hip and into your gluteal muscles.



### Seated Knee Extension

1. Sit on a chair. Your thigh should be fully supported by chair. Sit all the way back in the chair and choose a chair with enough depth to support up to the crease behind your knee.
2. Pull your toes up and slowly straighten your knee. Hold 5 seconds and slowly lower.
3. Complete 10 repetitions with each leg.

\*You can add resistance (ankle weight) as tolerated.



### Isometric Hip Adduction

1. Sit in a chair – position yourself towards the edge of the chair as shown. Place a towel roll/cushion/ball between your knees.
2. Gently press into the roll with your knees – you should feel the muscles on the inside of your thigh tighten.
3. Hold 5 seconds and then gently relax.
4. Complete 10 repetitions.



Hip adductors/Gracilis

### Standing Knee Flexion

1. Stand holding onto a solid object as shown.
  2. Slowly bend your surgery knee making sure your thighs stay side by side; the bending knee should not move forward.
  3. Hold 5 seconds and slowly lower.
  4. Complete 10 repetitions with each leg.
- \* You can add resistance as tolerated (ankle weights/resistance bands).

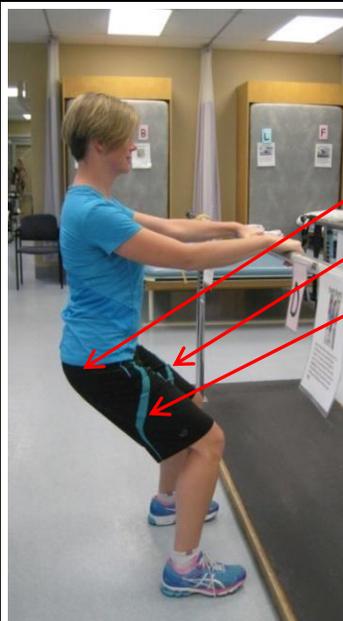


Hamstrings muscle

### Partial Squat

1. Stand holding onto a solid object for support.
2. Slowly bend your knees and sit your hips back into a slight squat position- as if you were going to sit on a chair. Ensure your knees do not bend forward past your toes. Try to keep your knees lined up with your toes, do not let them flare in or out. To return to standing, squeeze your buttocks and use the muscles in the legs to lift you to a standing position, do not pull yourself up using your arms.
3. Complete 10 repetitions.

**Advanced:** Stand against the wall, with a ball between the knees. Come down into a squat position. Hold for 5 seconds squeezing gently into the ball (the ball should allow the knees to stay hip distance apart). Push through the legs to return to starting position. Complete 10 repetitions.



Gluteus Maximus  
 Quadriceps muscle  
 Hamstrings muscle



### Standing Hip Abduction

1. Stand holding onto a solid object for support.
  2. Raise your surgery leg out to the side without letting it come forward. Your hips should stay level throughout the exercise and your toes remain pointing forward. Hold 5 seconds and then slowly relax to the starting position.
  4. Complete 10 repetitions with each leg. Work up to 3 sets per day.
- \* You can use a light ankle weight or bands/tubing for resistance as tolerated.



Gluteus medius, Tensor  
 Fascia Latae (TFL)

### Standing Hip Flexion

1. Stand using your kitchen counter or a stable piece of furniture that is approximately waist height for support.
2. Bend your surgery leg towards your chest. Hold for 5 seconds. Slowly lower your leg.
3. Complete 5-10 repetitions.

**Repeat process on your non-surgery side to increase strength and balance.**

\*You can use a light ankle weight or bands for resistance as tolerated.



Iliopsoas/Quadriceps

### Standing Hip Extension

1. Stand using your kitchen counter or a stable piece of furniture that is approximately waist height for support.
2. Keep your knee straight; lift your surgery leg back. Do not bend forward or arch your back. Hold for 5 seconds. Lower your leg.
3. Complete 5-10 repetitions.

**Repeat process on your non-surgery side to increase strength and balance**

\*You can use a light ankle weight or bands for resistance as tolerated.



Gluteus  
Maximus,  
Hamstring

### Calf Raise

1. Stand with your feet shoulder width apart holding onto a solid object for support.
2. Raise up slowly onto your toes as high as you can. You should feel the muscle in the back of your lower leg tighten.
3. Hold 5 seconds and then slowly lower until your heels contact the ground.
4. Complete 10 repetitions; work up to 3 sets per day.



Gastrocnemius  
(calf muscles)

### Modified Stork Stand/Balance

1. Stand holding onto a solid source of support.
2. Try putting your full weight onto your surgery leg and lift your non-surgery leg off the floor. Your hands should be on the surface in front of you for support to start.
3. Work up to being able to stand on the surgery leg for 30 seconds with support.

**Advanced:** Once you can stand on the surgery leg for 30 seconds, try stork standing while holding on with one hand.



## Advanced Strengthening Exercises

These more challenging exercises allow you to continue to regain strength around the hip or knee and prepare you to gradually return to normal activity. Start with 10 repetitions 3 times per day. Increase repetitions as tolerated up to 30 repetitions. It is important to continue exercise after surgery to maintain your range of motion and strength.

Normal daily activities do not take the place of focused strengthening and stretching!

**Knee Exercises Only – Blue**

**Hip Exercises Only – Green**

**Both Hip and Knee – Orange**

### Side Lying Hip Abduction

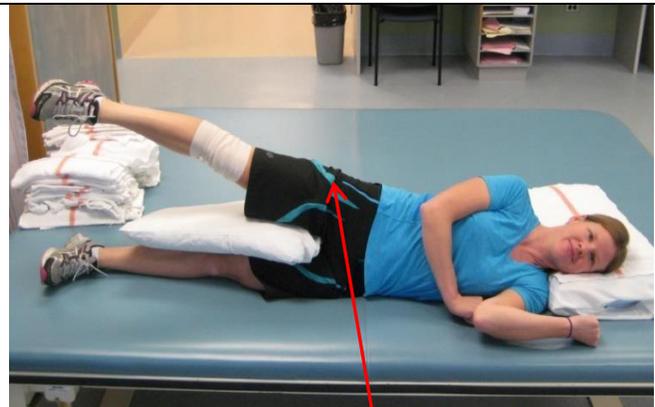
1. Lie on your side with the surgery leg on top. Place a pillow between the knees if needed. (This can help cushion the knees or maintain some space between legs for comfort).

2. Lift your surgery leg up off the pillow. Your hips should remain stacked. You can bend your lower leg for stability if needed.

3. Hold for 5 seconds.

4. Complete 10 repetitions.

\* You can use a light ankle weight or bands/tubing for resistance as tolerated.



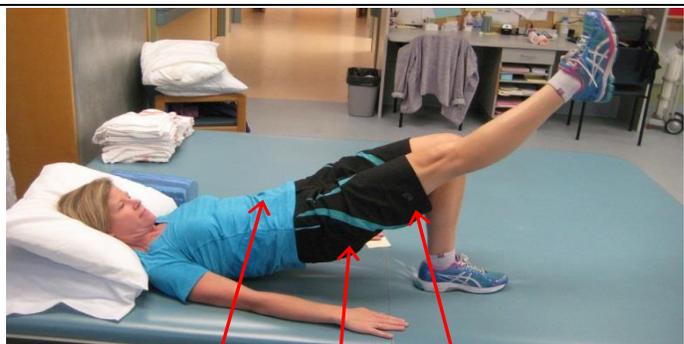
Glut medius, Tensor Fascia Latae (TFL)

### One Leg Bridge

1. Lie on your back with your feet and palms flat on the bed/floor. Contract your buttocks and abdominal muscles to slowly lift your buttocks up off the floor/bed. Once stable and comfortable, lift the non-surgery leg up.

2. Hold for 5 seconds.

3. Complete 3 repetitions.



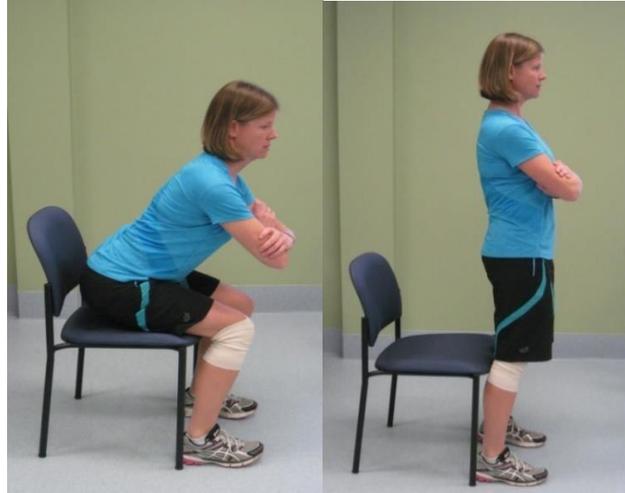
Core muscle, Gluts, Hamstrings muscle

\*You can choose to alternate legs in a marching fashion or alternate sides. You can work up to lifting and lowering your buttocks with the leg extended in the full motion.

### Sit to Stand

1. Sit in a chair. Try to bend your surgery leg as much as possible so your feet are side by side. Stand up using as little assistance from your arms as possible. You can start using a higher chair surface or the arms on a chair to assist.
2. Slowly sit back down. The motion should be controlled – try not to use momentum to stand and try not to drop down onto the chair.
3. Complete 10 repetitions.

**Advanced:** Try to sit and stand without using your arms to help. You can also progress to a lower surface.



### Step Ups

1. Stand holding onto a rail for support (if using the bottom step) or hold onto a solid surface if using a small step. If using a stool, please ensure it is stable and safe – it would be best to start with a lower height such as 2-6 “.
2. Place your surgery leg onto the step. Straighten your surgery leg to lift your other leg off the floor. Ensure your knees do not bend forward past your toes. Try to keep your knees lined up with your toes, do not let them flare in or out. Slowly bend your surgery leg to lower the non-surgery leg down to the ground. Ensure you are controlling both the raising up and lowering down motions.
3. Complete 10 repetitions.

**Advanced:** Increase the height of the step as able.



### Lateral Step Up

1. Stand facing the railing with your surgery leg closest to the step if using the bottom step or holding onto a solid support if using a small step.
2. Place your surgery leg onto the step. Straighten your surgery leg to lift your non-surgery leg off the floor.
3. Slowly bend your surgery leg to lower the non-surgery leg down to the ground.
4. Complete 10 repetitions.

\*Ensure you are controlling both the raising up and lowering down motions.

**Advanced:** Increase the height of the step as able.



### Stair Climbing

1. Stand holding onto one or both rails.
2. Step up onto the first stair. Step up onto the next step with your other leg. Climb up and down 2-3 stairs using alternate legs.

\* To ensure safety always use the rail to start. Start slowly to ensure you are bending your surgery knee as you raise it onto the step and your foot is fully on each step. You require just over 90 degrees bend in the knee to climb stairs with this reciprocal pattern.

**Advanced:** Use this pattern with an entire flight of stairs.



### Stork Stand (Balance)

1. Stand next to something solid for support. Lift your non-surgery leg up off the floor.
2. Try to stand on your surgery leg without holding on – slowly let go of your support once you feel stable. If you feel off balance, place your hands on the surface to steady yourself.
3. Try to hold this position for 30 Seconds.

**Advanced:** Try stork standing on an uneven surface (carpet/mat/towel).



## Knee and Hip Stretches

Stretches work to increase the length of muscles when gradual tension is applied to the muscle over time. These stretches will be essential to decrease stiffness of the muscles around your hip or knee allowing faster return of motion at your joint. Stretches are different from strength-based exercises in that the muscle is held at a point of tension or stretch for a longer period to improve flexibility. Therefore, the hold will be longer (15-30 seconds) but the repetitions are less (2-4). It is beneficial to complete stretches when the muscle is warm – such as following cardiovascular exercise (walking, stationary bike) or following your strengthening exercises.

## Intermediate Stretches

**Knee Stretches Only – Blue**

**Hip Stretches Only – Green**

**Both Hip and Knee – Orange**

### Seated Knee Extension Stretch

1. Sit on a chair with your surgery leg on a chair/stool in front of you. Keep your back and your surgery leg as straight as possible.
2. Slowly lean forward until you feel a stretch down the back of your leg.
3. Hold 30 Seconds.
4. Repeat 2 times.

**Advanced:** Apply a gentle pressure to the front of the knee (as shown).



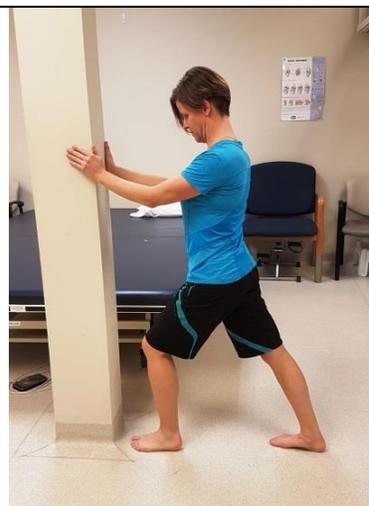
### Stair Bend/Flexion Stretch

1. Stand facing the stairs, holding onto the railings. Place your surgery leg onto the second step.
2. Bend your surgery knee and move your body forward until you feel a stretch across the front of your knee, keeping your back straight.
3. Hold for 30 seconds.
4. Repeat 2-3 times.



### Gastrocs Stretch (Calf stretch)

1. Position yourself against a wall as shown with your surgery leg behind you. Point your toes directly toward the wall and keep your back heel down.
2. Lean into the wall allowing the front knee to bend and keeping the back leg straight so you feel a stretch in the back of your lower leg (calf) on the surgery leg.
3. Hold 15-30 seconds.
4. Repeat 2-4 times per leg.



## Advanced Stretches

Knee Stretches Only – **Blue**

Hip Stretches Only – **Green**

Both Hip and Knee – **Orange**

### Hip Rotation/Adductor Stretch

1. Lie on your back with both knees bent.
2. Keeping your heels together slowly let your legs open out to the side as shown.
3. Hold for 15-30 seconds.
4. Repeat 2-4 times.



### Buttock Stretch

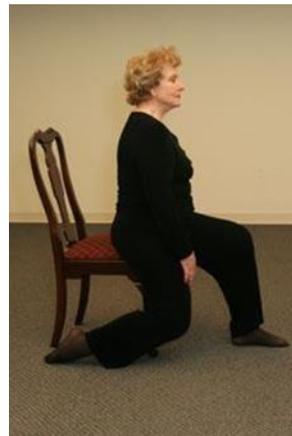
1. Lie on your back. Bend the knee of your non-surgery leg up with your foot resting on the bed.
2. Cross your ankle of the surgery leg onto the thigh of your bent leg.
3. To make the stretch more intense, bring the knee of your non-surgery leg toward your chest. To decrease the stretch, have less bend in the knee of your non-surgery leg.
3. Hold 15-30 seconds.
4. Repeat 2-4 times per leg.



### Quadriceps Stretch

1. Lie on your stomach with both legs straight.
2. Bend the knee of your surgery leg slowly until you feel a stretch in the front of the thigh. To increase the stretch, you could use a strap around your heel to assist your hands. Keep the front of your hip flat on the bed and do not arch your back.
3. Hold 15-30 seconds.
4. Repeat 2-4 times per leg.

**Alternate position:** You could also sit in a chair. You can turn sideways in the chair to let the leg hang off or sit to the side of the chair as shown. The leg hanging down should have the knee bent to about 90 degrees with the knee pointing at the floor. Lean back slightly in the chair to increase the stretch along the front of your thigh and hip.



### Hamstring Stretch

1. Sit at the edge of a chair or bed as shown with your surgery leg straight out in front. Lean forward, keeping your back straight, as if you wanted to touch your toes. Stop when you feel a stretch in the back of your thigh (you should not feel pain). Make sure your knee stays as straight as possible.
2. Hold 15-30 seconds.
3. Repeat 2-4 times per leg.



### Standing Hip Flexor Stretch

1. Stand holding onto kitchen counter for support.

2. Take a step back with your surgery leg.

Lunge forward by bending your non-surgery leg; be sure to keep your back straight and your back leg straight. You should feel a stretch in the front of your surgery hip.

3. Hold for 15-30 seconds.

4. Repeat 2-4 times.

**Progression:** As your balance improves try the above stretch without holding onto the counter.

### Lying Hip Flexor Stretch

1. Lying on your back, bring your non-surgery leg towards your chest (you can grab the back of the thigh or use a strap under the thigh to bring the leg up if more comfortable) keeping your surgery leg flat on the bed. You should feel a stretch in the front of your surgery hip/upper thigh.

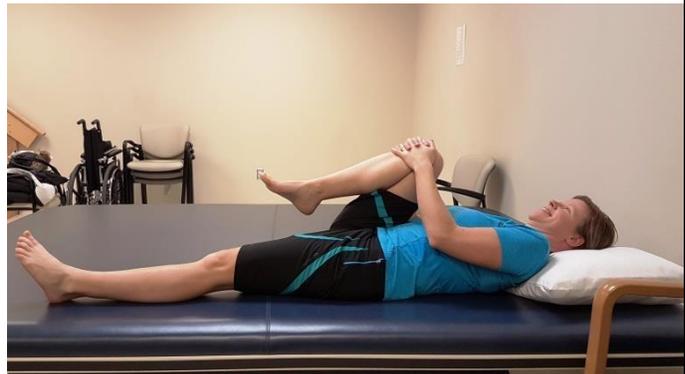
2. Hold 15-30 seconds.

3. Repeat 2-4 times.

\* You do not need to repeat this stretch with your non-surgery leg if it is too sore to bring your surgery leg up towards your chest.



OR



## Appendix B – *Hip and Knee Replacement Checklist*

### What to do the day before surgery:

- Remove all nail polish from fingers and toes.
- Shower or bathe the night before surgery and/or the morning of surgery and wash the surgical area well with soap and water.
- Do not shave the surgical area.
- Do not eat anything (includes gum, candy) starting at\_\_\_\_\_.
- Do not drink anything starting at\_\_\_\_\_.
- Take medications as instructed by the anesthesiologist or nurse.

### Items to bring on the morning of surgery:

- Dentures and Hearing Aids (dentures will be removed before surgery – have a labeled container for these items).
- Glasses with a labeled case.
- Wear comfortable clothes

### Mandatory items to bring in to hospital on the day of surgery

\*\*\* **Mobility Aids** such as a walker or crutches will be discussed with you during your education class at the Hip & Knee Resource Centre. You will be given important information on what equipment will be required. This should be brought into the hospital for assessment purposes.

### \*\* DO NOT BRING:

- ⊗ Personal medications (unless instructed by the nurse or anesthetist)
- ⊗ Large amounts of money, jewelry or any other valuables
- ⊗ Medic Alert bracelets can be left at home

## Outpatient Joint Replacement Program Patient Agreement

### Remplacement articulaire en consultations externes Entente du patient

#### PART 1 To be reviewed with your surgeon at the consult visit:

#### PARTIE 1 : À revoir avec votre chirurgien au moment de la consultation :

Expectations of the patient (bring this agreement with you to all appointments):

*Attentes du patient (apportez cette entente avec vous à tous vos rendez-vous) :*

- ✓ I will take part in and follow the instructions given at the Hip and Knee Resource Center (HKRC) classes and the Pre-Operative Assessment Clinic (PAC).  
*Je m'engage à participer au cours donnés par le Centre de ressources sur la hanche et le genou (le Centre de ressources) et par la Clinique d'évaluation préopératoire (la Clinique d'évaluation) et à suivre les consignes reçues dans le cadre de ces cours.*
- ✓ I will work to maintain or improve my level of functioning by taking an active part in the exercise program given to me by the health care provider(s).  
*Je m'efforcerai de maintenir ou d'améliorer mes capacités fonctionnelles en suivant activement le programme d'exercice donné par le(s) fournisseur(s) de soins de santé.*
- ✓ I am responsible to arrange equipment and assistance at home as recommended or prescribed by the health care provider(s).  
*Il me revient de prendre les dispositions en matière d'équipement de soutien à domicile recommandé ou prescrit par le(s) fournisseur(s) de soins de santé.*
- ✓ I must follow the surgeon's orders so that complications and risks are reduced.  
*Je dois suivre les recommandations du chirurgien afin de réduire les complications et les risques.*
- ✓ I will notify my family doctor of changes in my medical or functional status.  
*J'aviserais mon médecin de famille des changements concernant mon état de santé ou mes capacités fonctionnelles.*
- ✓ I have been advised of the risks/concerns related to excess alcohol consumption.  
*J'ai été avisé des risques ou préoccupations associés à l'abus d'alcool.*
- ✓ I will attend all follow up appointments as scheduled by the health care team.  
*Je me présenterai à tous les rendez-vous de suivi fixés par l'équipe de soins de santé.*
- ✓ I understand that I am not required to participate in the Outpatient to receive my joint replacement surgery.  
*Je comprends que je ne suis pas tenu de participer au programme du service de consultations externes pour subir un remplacement articulaire.*
- ✓ The differences in electing to be part of the Outpatient have been explained to me.  
*Les différences liées au choix de participer au programme du service de consultations externes m'ont été expliquées.*

I agree and understand the above expectations and I am electing to be part of the program.

*Je comprends les attentes énoncées ci-dessus, j'y consens et je choisis de participer au programme.*

PATIENT SIGNATURE / SIGNATURE DU PATIENT \_\_\_\_\_

PRINTED NAME / NOM EN LETTRES MOULÉES \_\_\_\_\_

Date / Date \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A Y/A

All expectations have been discussed with the patient.

*Toutes les attentes ont été examinées avec le patient.*

SURGEON SIGNATURE / SIGNATURE DU CHIRURGIEN \_\_\_\_\_

PRINTED NAME / NOM EN LETTRES MOULÉES \_\_\_\_\_

Date / Date \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A Y/A

#### PART 2 To be reviewed prior to your surgery:

#### PARTIE 2 : À revoir avant la chirurgie :

Included is a list of items that must be completed before your surgery. The list will be reviewed with you at your appointment with HKRC and again at your appointment with PAC. **You are responsible for completing all items identified by an asterisk (\*).** At your appointment at HKRC, a HKRC staff will initial and date each item that they review with you. At your appointment with PAC, a PAC staff will also initial and date each item that they review with you. You will initial and date each item at your PAC appointment. Your initial and date will confirm: (1) that each item has been explained to you by HKRC and PAC staff; and (2) that you have or will have completed each as indicated by the HKRC and the PAC staff prior to your surgery.

*Vous trouverez ci-après la liste des préparatifs à faire avant la date de votre chirurgie. Tous les préparatifs seront revus avec vous au moment de votre rendez-vous au Centre de ressources, puis, de nouveau, au moment de votre rendez-vous à la Clinique d'évaluation. **Vous devez faire tous les préparatifs marqués d'un astérisque (\*).** Au moment de votre visite au Centre d'information, un membre du personnel apposera ses initiales et inscrira la date correspondant à chacun des préparatifs examinés avec vous. Il en ira de même au moment de votre visite à la Clinique d'évaluation. Vous devrez apposer vos initiales et inscrire la date vis-à-vis de chacun des points revus au moment de votre visite à la Clinique d'évaluation afin de confirmer: 1) que tous les préparatifs vous ont été expliqués par le personnel du Centre d'information et de la Clinique d'évaluation; et 2) que vous avez bien terminé chaque préparatif ou vous allez les terminer comme indiqué par le personnel du Centre d'information et de la Clinique d'évaluation avant votre chirurgie.*

## Outpatient Joint Replacement Program Patient Agreement

### Remplacement articulaire en consultations externes Entente du patient

#### Living Arrangements /

#### Dispositions concernant le lieu de vie :

1. Arrangements for living space have been discussed.  
*Les dispositions relatives au milieu de vie ont été examinées.*
2. \* I have removed all tripping hazards (rugs, cords).  
*J'ai retiré tous les objets risquant de me faire trébucher (tapis, cordons).*
3. \* I have cleared pathways in my home for easy access.  
*J'ai dégagé les corridors de la maison pour y circuler plus facilement.*
4. \* My frequently used items are within reach.  
*Les objets souvent utilisés sont à ma portée.*
5. \* My chairs/seats are raised as required.  
*Mes chaises et autres sièges ont été rehaussés au besoin.*
6. \* I have moved/set up a bed on the main floor, if required.  
*J'ai aménagé un lit au rez-de-chaussée, si nécessaire.*
7. \* I have made sure bannisters or a rail are in place and safe for use where I have two or more steps.  
*J'ai fait installer une rampe sécurisée aux endroits où je dois monter deux marches ou plus.*
8. \* I have made arrangements for groceries and meals following surgery.  
*J'ai pris des dispositions concernant l'épicerie et les repas pour après la chirurgie.*

#### Equipment/Functional Assessment / Évaluation des installations et capacités fonctionnelles

9. Bathtub/Shower and toilet transfer techniques have been discussed and/or demonstrated.  
*Les techniques de transfert adaptées au bain ou à la douche et aux toilettes ont été examinées ou démontrées.*
10. Stair management has been reviewed.  
*La gestion des escaliers a été examinée.*
11. Mobility aid assessment has been completed.  
*L'évaluation des aides à la mobilité est achevée.*
12. Equipment needs have been assessed, vendor list provided as required.  
*Les besoins d'équipement ont été évalués, et la liste des fournisseurs a été remise comme requis.*
13. \* I have all prescribed equipment in place at home.  
*Tout l'équipement prescrit a été installé à la maison.*

#### Medications / Médicaments

14. \* I will fill my discharge prescriptions **PRIOR** to surgery.  
*Je remplirai mes ordonnances de congé **AVANT** la chirurgie.*

#### Exercise/Mobility / Exercice/mobilité

15. Exercise handout provided/reviewed.  
*Feuillelet d'exercice remis/examiné.*
16. \* I have maintained my exercise program as prescribed before surgery.  
*J'ai suivi mon programme d'exercice comme prescrit avant la chirurgie.*
17. \* I have crutches or a walker for discharge as prescribed.  
*J'ai prévu des béquilles ou un déambulateur pour le congé comme prescrit.*
18. \* **KNEE PATIENTS ONLY:** I have obtained and prepared a cooling unit or ice packs as instructed.  
***POUR LES CAS DE REMPLACEMENT DU GENOU SEULEMENT:** Je me suis procuré une unité de refroidissement ou des blocs réfrigérants comme on m'a demandé de le faire.*



## Outpatient Joint Replacement Program Patient Agreement

### Remplacement articulaire en consultations externes Entente du patient

#### Discharge / Congé

19. \* I have arranged for help at home with a support person spending 2 days and nights with me.  
*J'ai pris mes dispositions pour m'assurer de la présence d'une personne à la maison durant 2 jours et 2 nuits.*

20. \* I have arranged transportation home from the hospital at the designated time with:  
*J'ai pris des dispositions pour le transport de l'hôpital à la maison à l'heure désignée avec :*

\_\_\_\_\_  
FULL NAME / ÉCRIRE LE NOM COMPLET

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
PHONE NUMBER / NUMÉRO DE TÉLÉPHONE

21. \* I agree to be contacted by phone by a member of the health care team once discharged at:  
*J'accepte d'être contacté par téléphone par un membre de l'équipe de soins de santé après mon congé au :*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
PHONE NUMBER / NUMÉRO DE TÉLÉPHONE

I agree to complete all patient items before my scheduled surgery date.  
*En tant que patient, j'accepte de faire tous les préparatifs requis avant la date de chirurgie prévue.*

\_\_\_\_\_  
PATIENT SIGNATURE / SIGNATURE DU PATIENT

\_\_\_\_\_  
PRINTED NAME / NOM EN LETTRES MOULÉES

Date/Date: \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A

#### Hip and Knee Resource Center / Centre de ressources sur la hanche et le genou

\_\_\_\_\_  
PHYSIOTHERAPIST SIGNATURE / SIGNATURE DU PHYSIOTHÉRAPEUTE

\_\_\_\_\_  
PRINTED NAME / NOM EN LETTRES MOULÉES

Date/Date: \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A

\_\_\_\_\_  
OCCUPATIONAL THERAPIST SIGNATURE / SIGNATURE DE L'ERGOTHÉRAPEUTE

\_\_\_\_\_  
PRINTED NAME / NOM EN LETTRES MOULÉES

Date/Date: \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A

#### Preoperative Assessment Clinic / Clinique d'évaluation préopératoire

\_\_\_\_\_  
NURSE SIGNATURE / SIGNATURE DE L'INFIRMIÈRE

\_\_\_\_\_  
PRINTED NAME / NOM EN LETTRES MOULÉES

Date/Date: \_\_\_\_\_  
D/J D/J M/M M/M M/M Y/A Y/A Y/A