

Joint Replacement Patient Guide

Inova Loudoun Hospital



Welcome

Thank you for choosing **Inova Loudoun Hospital's Replacement Program** for your joint replacement. Our goal is to restore you to a higher quality of living with your new prosthetic hip or knee.

Good candidates for joint replacement surgery are individuals with chronic joint pain from arthritis that interferes with daily activities, walking, exercise, leisure, recreation and work. The surgery's goal is to relieve pain, restore your independence, and return you to work and other daily activities.

Total hip and knee replacement patients typically recover quickly. Most patients are able to walk the day of surgery. Generally, patients are able to return to the things they enjoy in six to 12 weeks.

Inova Loudoun Hospital has a comprehensive course of treatment planned for you. We believe that you and your coach, a role described further on page 9, play a key role in promoting a successful recovery. Our goal is to have you partner with your healthcare team through each step of the joint replacement program. This guidebook will give you information and answer your questions, which will promote a more successful surgical outcome.

Your team includes physicians, physician assistants, registered nurses, patient care technicians, and physical and occupational therapists specializing in total joint care. Every detail, from pre-operative teaching to postoperative exercising, is considered and reviewed with you. The joint replacement care team will help plan your individual treatment program and guide you through it.

Purpose of this Guidebook

This guidebook is designed to educate you, your family and friends about what to expect every step of the way, what you need to do and how to care for your new joint.

Remember, this is just a guide. Your physician, physician assistant, nurses or therapist may add to or change any of these recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your guidebook as a handy reference for the first year following surgery.

Using the Guidebook: Instructions for Patients

- Read the General Information section
- Read the Pre-operative Checklist section, and check off items as you complete them
- Read the Hospital Care and Postoperative Care sections for surgical and post-op information
- Carry your guidebook with you to the hospital, outpatient therapy and all physician visits
- Bring this guide to your scheduled joint camp class

Surgery Date and Time:

Surgeon:

Other Important Information

In Case of Cancellation

If you develop a cold, fever, persistent cough, infection or become ill within 48 hours of your surgery, or if you need to cancel for any reason, call your surgeon.

Registration

A member of the financial coordination team will:

- Contact you by phone to complete the registration process and confirm your contact and insurance information
- Contact your insurance carrier to verify benefits
- Discuss and make arrangements with you for any financial responsibilities not covered by your insurance

Payment arrangements are expected to be made prior to scheduled surgery. Payment may be made by credit card for copays, deductibles and/or coinsurance with a financial quality coordinator over the phone, or at the time of service.

If you do not have insurance coverage, or need to make financial arrangements, please contact the financial coordinator prior to surgery at **703.858.8091** or **703.858.8973**.

Important Phone Numbers

Main Number	703.858.6000
Presurgical Testing Appointment	703.858.6768
Presurgical Testing Fax	703.858.6425
Inova Blood Donor Services	571.434.3600
Financial Counseling	703.858.8091
Anesthesia Department	703.433.9252
Joint Navigator	703.858.6721
Joint Camp Registration	703.858.8025

Joint Camp classes are offered every week for two hours at the hospital. It is important for you and your coach to attend one of these classes. Joint Camp will help you and your family prepare yourself and your home for your surgery, hospital stay and discharge.

Frequently Asked Questions About Total Joint Replacement Surgery

We are glad you have chosen Inova Loudoun Hospital to care for your new replacement joint. Below is a list of questions and answers that many patients ask about total joint replacement. If there are any other questions you need answered, please ask your surgeon or any member of the joint replacement care team. We want you to be completely informed about your procedure.

What is osteoarthritis, and why does my joint hurt?

Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage. Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Sometimes, as the result of trauma, repetitive movement or for no apparent reason, the cartilage wears down, exposing bone ends. It is this lack of cartilage that causes pain. This can occur quickly over months, or it may take years to occur. Cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

Should I exercise before the surgery?

Yes. You should consult your surgeon and physical therapist about the exercises appropriate for you.

Can I have dental work done near the date of my joint replacement?

Please check with your physician on recommended timelines regarding dental work before or after your procedure. If you have emergency dental work performed within three months after your surgery, inform your physician immediately.

Your prosthetic joint can become infected at anytime after the surgery. If your immune system is compromised, or if you have any procedure that introduces significant bacteria into the blood, you might be at risk for an infection. Before any elective surgery or dental work, you should talk with your surgeon or dentist about the need for antibiotics prior to the procedure.

Will I need blood?

It's not likely, but in rare cases, patients will need blood after surgery. We generally recommend that you use the community blood supply rather than your own blood donated prior to surgery. Please talk with your care team for more information.

How long will I be in the hospital?

Most patients will be hospitalized for one or two nights after surgery.

Will I need a second opinion before the surgery?

The surgeon's office will contact your insurance company to preauthorize your surgery. If a second opinion is required, you will be notified by your doctor's office.

How do I make arrangements for surgery?

Your pre-operative arrangements are made through your surgeon's office. Your joint replacement care team and navigator will guide you through your hospital stay. Postoperative arrangements are made during your hospital stay by the Case Management department. Talk to the staff at your surgeon's office about scheduling Joint Camp.

How long does the surgery take?

The hospital reserves approximately two to three hours for surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Do I need to be put to sleep for this surgery?

Currently, the recommended practice for anesthesia is regional anesthesia, which is a combination of spinal/epidural and IV sedation.

For Total Knee patients, you may also receive an adductor canal nerve block (also known as a nerve block), where anesthetic medication is injected around the adductor canal nerve in the anterior thigh. An adductor canal nerve block may cause numbness in the thigh, knee and foot for 12 to 18 hours.

Some patients prefer general anesthesia. You, your surgeon and the anesthesiologist will decide which option is best.

Will there be pain after surgery?

You will have pain around the incision site after the surgery, but you will be kept as comfortable as possible with appropriate medication. Please talk with your care team about any pain after surgery. Talk with your surgeon or anesthesiologist for more information.

Who will be performing the surgery?

Your orthopedic surgeon will perform the surgery along with a highly trained clinical team to assist throughout the procedure.

Will I need a walker or crutches?

Yes. We recommend that you use a walker for your safety immediately after surgery. The case manager will arrange for a walker for you to take home.

Will I need any other equipment?

As a part of your hospital stay, you will be taught to use assistive devices to help you with lower-body dressing and bathing. Your occupational therapist can provide you with information on where to purchase assistive devices and how to use them. You may benefit from a bath seat or grab bars in the bathroom. Patients undergoing hip replacement surgery will need a raised toilet seat for about three months. This can be bought at most major drug stores. The case manager can also arrange for a three-in-one commode to be delivered that will fit over your toilet, if covered by your insurance.

Where will I go after discharge from the hospital?

Most patients are able to go home directly after discharge. In rare cases, some patients may need to go to a subacute care facility for a short period of time as a result of a functional need. The joint replacement care team, along with the case manager, will help you and your family with this decision and make the necessary arrangements. You should check with your insurance company to see if you have subacute benefits.

Will I need help at home?

Yes. For the first several days or weeks, depending on your progress, you will need someone to assist you with meal preparation, and other activities of daily living including driving. If you go directly home from the hospital, the case manager can arrange for a home healthcare physical therapist and occupational therapist to come to your house as needed. Family members or friends need to be available to help. To reduce the need for extra help, clean the house, do laundry, complete yard work, put clean linens on the bed and prepare single-portion frozen meals before surgery.

Will I need physical therapy when I go home?

Yes. You will have either outpatient or in-home physical therapy. While outpatient therapy is generally recommended, if you need home physical therapy, your case manager will arrange for a physical therapist to come to your home to provide therapy. The therapist will visit you two to three times a week for about two to three weeks at home. Following this, you may go to an outpatient facility three times a week, or as recommended by your surgeon, to assist in your rehabilitation. The length of time required for this type of therapy varies with each patient.

How long until I can drive and get back to normal?

You should not drive if you are taking narcotics. The ability to drive depends on whether surgery was on your right side or your left side and the type of car you have. If the surgery was on your left hip and you have an automatic transmission, you could be driving in as few as three weeks. If the surgery was on your right hip, your driving could be restricted as long as six weeks. For patients who have knee replacement, the limitations are generally the same, with restrictions up to six to eight weeks. Getting “back to normal” will depend somewhat on your progress. Talk with your surgeon or therapist for their advice on your activity.

When will I be able to get back to work?

We recommend that most people take at least one month off from work, unless their jobs are quite sedentary and they can return to work with a cane or crutches. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

When can I have sexual intercourse?

Talk with your surgeon about when you can safely resume sexual activity after surgery.

How often will I need to be seen by my doctor following the surgery?

You will be seen for your first postoperative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, 12 and then yearly. Your surgeon will let you know if you need more visits.

What are the possible complications associated with joint replacement?

While very rare, complications can occur during and after surgery. Some complications include blood clots in your leg, pulmonary embolism, heart attack, stroke and death. In addition, infection, implant breakage, malalignment, dislocation, premature wear, loosening, nerve and vascular injury, leg length inequality, or fracture may necessitate implant removal/replacement surgery. While these devices are generally successful in reducing pain and restoring function, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue indefinitely. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as a patient's postsurgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

Frequently Asked Questions About Hip Replacement Surgery

What is a total hip replacement?

A total hip replacement is an operation that removes the arthritic ball of the upper femur (thigh bone) as well as damaged bone and cartilage from the hip socket. The ball is replaced with a metal or ceramic ball that is fixed solidly inside the femur. The socket is replaced with a plastic-lined or metal cap that is fixed inside a metal shell to create a smoothly functioning joint. A variant of total hip replacement is a procedure known as hip resurfacing in which the cap is similarly placed. The ball is not removed but is resurfaced with a metal cap.

What are the results of total hip replacement?

Results will vary depending on your overall health, the quality of the surrounding tissue, your activity level and how well you follow your doctor's orders. The most important factor for you is your compliance and effort in restoring your range of motion.

How long will my new hip last?

All implants have a life expectancy depending on the individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement may wear over time as well. The most common reason for revision is loosening of the artificial surface of the bone. Wearing of the plastic spacer may also result in the need for a new spacer. Dislocation of the hip after surgery is a risk. Your surgeon will explain the possible complications associated with total hip replacement.

How long, and where, will my scar be?

Surgical scars will vary in length, but most surgeons attempt to keep the incision as short as possible. It may be along the side of your hip, toward the back of your hip or toward the front of your hip.

Are there any permanent restrictions following the surgery?

Yes. High-impact activities such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also considered high risk and may be restricted. Talk with your surgeon about your specific restrictions.

Will I notice anything different about my hip?

In many cases, patients with hip replacements think the new joint feels completely natural. However, we always recommend avoiding extreme positions or high-impact physical activity.

The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time or can use a small lift in the other shoe. Some patients have aching in the thigh on the weight-bearing leg for a few months after surgery.

Frequently Asked Questions About Total Knee Replacement Surgery

What is a total knee replacement?

A total knee replacement is really a bone and cartilage replacement with an artificial surface. The knee itself is not replaced, as is commonly thought. Rather, an implant is inserted on the bone ends. This is done with a metal alloy on the femur and tibia and a plastic spacer on the tibia and patella (kneecap), if needed. This creates a functioning joint with a new, smooth cushion that can reduce or eliminate pain.

What are the results of total knee replacement?

Results will vary depending on your health, the quality of the surrounding tissue, your activity level and how well you follow your doctor's orders. The most important factor for you is your compliance and effort in restoring your range of motion.

How long will my new knee last?

All implants have a life expectancy depending on the individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specific length of time.

Why might I require a revision?

Just as your original joint wears out, a joint replacement may wear out over time as well. The most common reason for revision is loosening of the interface between your prosthetic implant and your bone. Wear and tear of the plastic spacer may also result in the need for a new spacer. Your surgeon will explain the possible complications associated with total knee replacement.

Are there any permanent restrictions following the surgery?

Yes. High-impact activities such as running, singles tennis and basketball are not recommended. Injury-prone sports such as downhill skiing are also considered high-risk and may be restricted. You need to ask your surgeon for his or her personal recommendations.

What physical and recreational activities may I participate in after my surgery?

We encourage you to participate in low-impact activities such as walking, dancing, golfing, hiking, cycling, swimming, bowling and gardening, at your surgeon's discretion.

Will I notice anything different about my knee?

Yes. You will have an area of numbness to the outside of the scar, which can last indefinitely. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is usually the result of the artificial surfaces.

Role of the Joint Replacement Care Team

The joint replacement care team will be responsible for your care needs from the start of your hospitalization through discharge.

The joint replacement care team will:

- Help complete your nursing admission
- Assess your needs at home including caregiver availability
- Coordinate your discharge plan to outpatient services at home
- Assist you in getting answers to insurance questions
- Act as your liaison from pre-operative classes through post-operative discharge
- Answer questions and coordinate your hospital care
 - Coordinate scheduling for your pre-operative Joint Camp and nurse interview
 - Answer questions and direct you to specific resources within the hospital
 - Receive instructions about MyChart, Inova's patient portal

After your surgeon's office has scheduled you for joint surgery, please call **703.858.6768**. Our pre-surgical team will schedule your phone interview and provide you further instructions, usually two to three weeks before your surgery. You may call the joint replacement navigator at **703.858.6721** at any time to ask questions or raise concerns about your pending surgery.

Preparing for Your Surgery

Your Checklist Prior to Surgery

- Contact your insurance carrier for precertification or preauthorization requirements and to verify benefits as well as any coinsurance or copay.
- Select a primary caregiver (coach) to help support you before and after surgery.
- Register for the Joint Camp class by calling **703.858.6768**. The class is available two times each month for two hours. It is held at Inova Loudoun Hospital. The class content includes how to prepare for surgery, your hospital stay, your exercise program and how to prepare for discharge. Please invite your coach to attend with you and meet the care team.
- Presurgical services will contact you to schedule a presurgical interview appointment with a nurse. If you have not been contacted two weeks before surgery, please call **703.858.6768** to schedule your interview. The interview will be conducted by telephone. Be prepared to give the nurse information about your medical and surgical history and allergies. Have a list of your medications available with times and dosage, including vitamins, herbal supplements and diet pills.
- Make an appointment with your primary care physician or specialist (e.g., cardiologist, rheumatologist, gastroenterologist), as directed by your surgeon or nurse. This physician will provide clearance for surgery.
- Complete any tests (X-rays, CT scans, MRIs, blood tests, EKGs, stress tests) ordered by your physician. You will be scheduled for a MRSA/MSSA screening culture and a type and screen in the outpatient lab at the hospital. At that time you will receive information on reducing the risk of surgical site infection and given chlorohexidine soap to use prior to surgery.
- Ask that the results of any tests, X-rays or physician consultations be faxed to **703.858.6425** for review by your presurgical nurse and anesthesiologist.
- Stop medications as instructed by your doctor, surgeon or presurgical nurse following the anesthesia guidelines.
- Have your home ready for your return after surgery. Clean, do the laundry and put it away. Prepare meals and freeze them in single-serving containers. Take care of your yard and garden. Remove any throw rugs and tack down any loose carpeting or electrical cords. Install nightlights in the bathrooms, hallways and bedrooms. Remember that

you will need a clear and unobstructed path while using your walker, cane or crutches. These steps will minimize your risk of falling. Your safety is important to us.

- Remember to make care arrangements for your pets.

Your Checklist Two Days Before Surgery

- To reduce the presence of bacteria (MRSA/MSSA) on your skin, we will provide chlorohexidine soap (brand name "Hibiclens") to use in the shower prior to surgery. Two evenings before surgery, shower normally and shampoo your hair. This is your last "normal" shower. Immediately following, using a clean washcloth, shower with the surgical scrub Hibiclens. Wash all parts of your body from the neck down, using two to four ounces of the solution. Avoid mucus membranes and the genital area. Focus special attention on the surgical area, and scrub for three minutes. Rinse and dry off with a clean towel. If itching or redness persist, switch to an antibacterial soap like Dial. Follow the same instructions.

Dress in freshly washed clothes. Do not use lotions, powders, creams, hair products, makeup or deodorant after the surgical shower.

Change the linens on your bed. These steps are necessary to help reduce the presence of bacteria on your skin and help decrease your risk of infection.

- Verify your transportation to the hospital.
- Pack your bag with your gym clothes and personal items for your hospital stay.
- Make a copy of your advance directive, living will or durable power of attorney, if you have one, to bring to the hospital when you are admitted.

Your Checklist the Day Before Surgery

- In the evening, repeat the surgical shower procedure as above using the Hibiclens solution. Use a clean washcloth and towel.
- Dress in freshly washed clothes. Do not use lotions, powders, creams, hair products, makeup or deodorant after the surgical shower.
- Put clean linens on your bed.
- Do not eat after midnight except for medications, as instructed. Follow the preoperative nurse's instructions as to when to stop drinking.

Your Checklist the Day of Surgery

- Take morning medications with a sip of water if you have been instructed to do so. Remember, no gum or mints allowed.
- Repeat the surgical shower procedure in the morning. Use a clean washcloth and towel.
- Put on clean, comfortable, loose-fitting clothes.
- Do not use any perfume, hair-care products, body lotions or makeup.
- Remove jewelry (including body piercings).
- Arrive at the hospital at the appointed time, usually one to two hours before surgery. Use the south entrance and go to the registration desk to check in. Parking at Inova Loudoun Hospital is free of charge.
- While you are in surgery, your coach/family can wait in the Surgical Services waiting area on the main floor. They will be asked to provide a cell phone number so your surgeon can contact them when your operation is over. A monitor board is available to update your family/coach of your progress.

What to Bring

- Driver's license or other photo ID.
- Insurance card.
- Insurance copay (cash, check, credit card or money order).
- List of your medications, including dosage. Please include over-the-counter medications.
- Personal hygiene items (e.g., toothpaste, toothbrush, deodorant, glasses, hearing aids and dentures).
- Storage case for hearing aids and glasses, labeled with your name.
- Laptop computer, tablet, and/or cell phone. Wi-Fi is available. Remember to bring a charger.
- Your packed bag with comfortable wide-leg pants, elastic waistband shorts or gym attire and loose-fitting tops.
- A pair of supportive shoes with backs. Slip-on shoes are not recommended.
- Copy of advance directive, living will or durable power of attorney, if you have them.

What Not to Bring

- Jewelry, valuables, money. If you have cash, credit cards or other means of payment needed for your copay, give it to your coach to take home. If you have no one to give it to, our Security Department can place it in the hospital safe for you until discharge.
- Your medications, unless instructed otherwise. Your doctor will order your medicine while you are in the hospital, and it will be dispensed by our pharmacist. Your medications may look different than what you take at home.

Choosing Your Coach

Your coach is someone whom you choose before your surgery to be your primary caregiver. Your coach can be your spouse, adult daughter or son, best friend, neighbor — anyone who is willing to make a commitment to help you through your joint replacement experience before, during and after your hospital stay.

We discourage going home alone. Everyone needs a caregiver — a coach. Your coach should be able to be your second set of ears and remember what was said. Your coach should be with you every step of the way. Your coach should understand how to help with your exercises when you go home, should know about your medications, should prompt you to correctly use your walker or crutches, and should care for your incision and change your dressing. Your coach may also be the one to take you to your physical therapy or doctor's appointments after discharge from the hospital.

We urge you to bring your coach to the Joint Camp class before surgery, to learn the importance of the coach's role in your recovery. Your coach should also be present during your physical therapy and occupational therapy sessions while you are in the hospital, to learn how to care for you at home. Research shows patients recover faster and have better outcomes at home with a strong support system.

Please review the Coach's Checklist in the following column. These are some of the things that you and your coach should know before you are ready for discharge from the hospital.

A Coach Makes a Difference!

There are so many benefits to having a close family member or friend supporting you through your joint replacement surgery.

At a minimum, it is recommended that your joint replacement coach be with you during your:

- Physician's office pre-op visit
- Joint Camp
- Day of Surgery
- Last physical therapy session before discharge
- Review of discharge and dressing change instructions with the nurse before discharge

You and Your Coach Also Need to Plan for Your Return Home:

- Helping with exercises
- Shopping
- Meals
- Transportation
- Household chores and pet care

Coach's Checklist

Are you ready for discharge day?

Do you know:

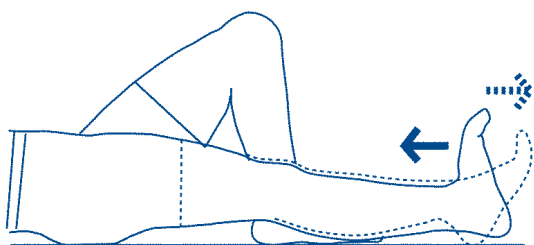
- Which medication is used to prevent blood clots?
- The signs and symptoms of infection?
- How to change the dressing? How often?
- When the patient can take a shower?
- How to put on the support stockings (TEDs)? How long they should be worn?
- How to prompt the correct use of the walker, cane or crutches?
- How to prompt the correct way to go up and down stairs?
- What the home exercise program is? How to assist the patient with the exercises?
- What total joint precautions the patient needs to follow?

Range of Motion and Strengthening Exercises

Exercises 1 – 9: For Both Hip and Knee Replacement

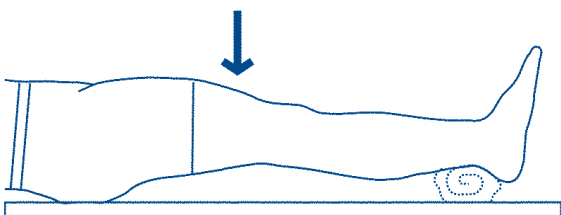
1. Ankle pumps

Flex foot. Point toes. Repeat 20 times.



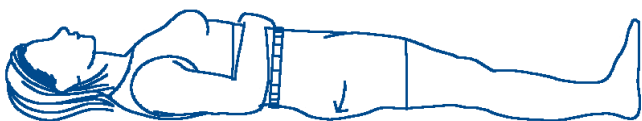
2. Quad sets (knee push-downs)

Lie on back. Position toes pointing up to ceiling. Press knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.



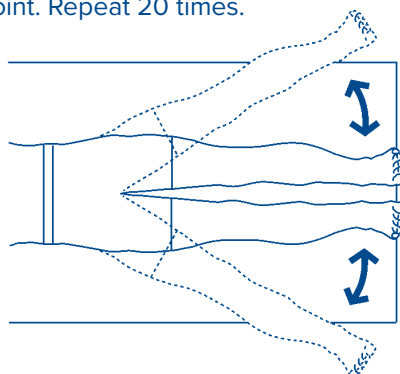
3. Gluteal sets (bottom squeezes)

Squeeze bottom together with toes positioned pointing up at ceiling. Do NOT hold breath. Repeat 20 times.



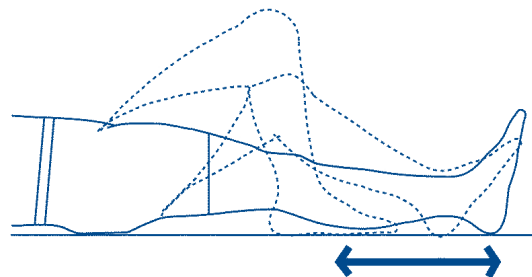
4. Hip abduction and adduction (slide heels out and in)

Lie on back. Slide legs out to side to a neutral position. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.



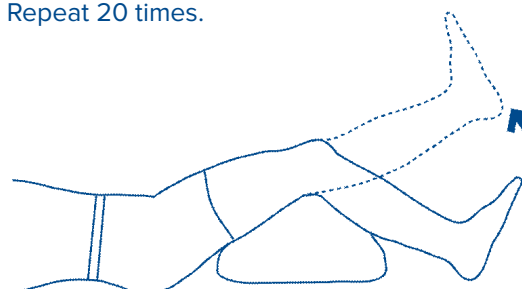
5. Heel slides (side heels up and down)

Lie on couch or bed. Slide heel toward your bottom. Repeat 20 times.



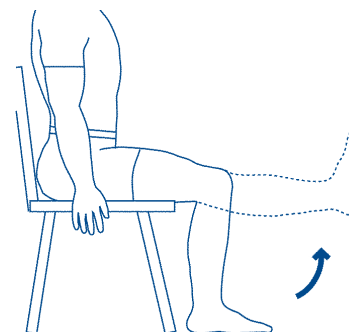
6. Short arc quads

Lie on back. Place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.



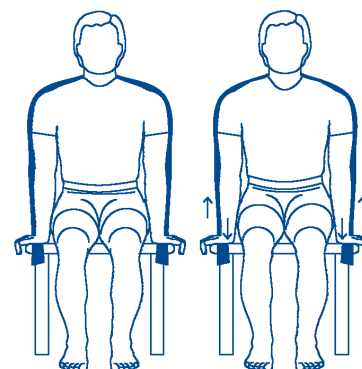
7. Long arc quads (knee extension)

Sit with back against chair. Straighten knee and hold for 5 seconds. Then return to starting position. Repeat 20 times.



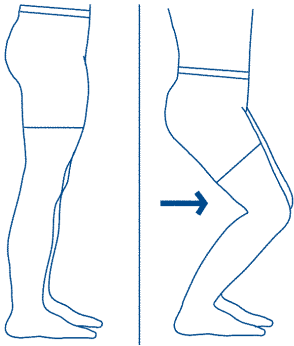
8. Armchair push-ups

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Make sure the chair you are sitting in is high enough if you have had a total hip replacement. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on floor. Repeat 20 times.



9. Mini-squats

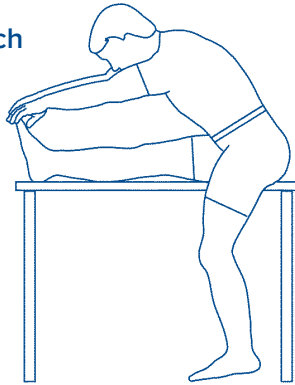
Holding on to a stable object, slightly bend knees while keeping feet flat on the floor, and slowly straighten. Repeat 20 times.



Exercises 10 – 13: For Knee Replacement Only

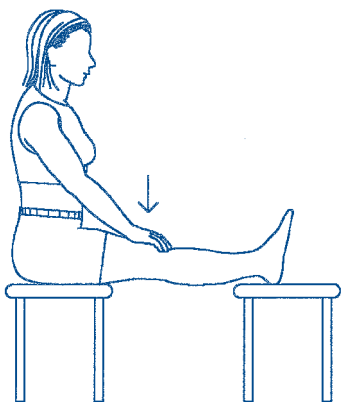
10. Seated hamstring stretch

Sit on couch or bed with leg extended. Lean forward and pull ankle up. Stretch until pull is felt. Hold for 20 to 30 seconds. Keep back straight. Relax. Repeat 5 times.



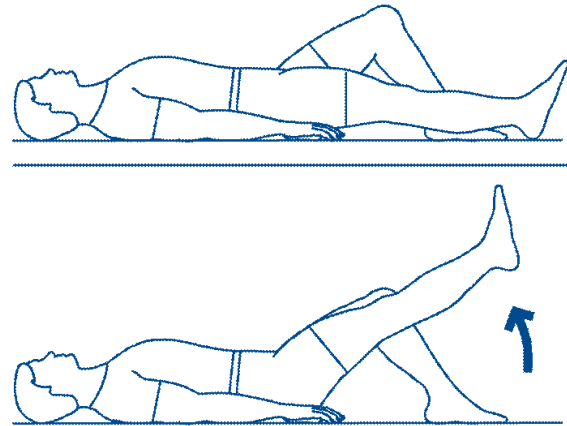
11. Knee extension stretch

Prop foot of surgical leg up on chair. Place towel roll under ankle, toes pointed toward ceiling, and place ice pack over knee. Put 5 to 10 lbs. of weight on top of knee (a 5 – 10 lb. bag of rice works well). Do this for 20 minutes.



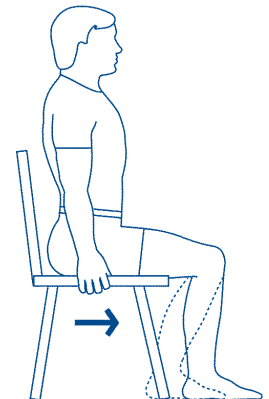
12. Straight Leg Raise

Lie on your back with your nonsurgical leg bent at the knee. Tighten your operated knee and thigh while pointing toes toward ceiling, and lift your leg off the bed. Hold for 3 seconds. When lowering your leg try to keep the leg straight, so the back of the knee touches the bed before the heel does. Repeat 10 times.



13. Quadricep stretch

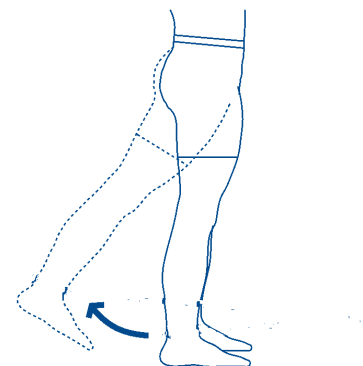
Sit on a chair so that your feet slightly touch the floor. Place a towel roll under your surgical leg. Allow the knee to relax, then bend it as far back toward the chair as possible. Hold for 5 seconds, then relax. Repeat 10 times.



Exercise 14: Hip Replacement Only

14. Standing hip extension

Standing, hold on to firm surface. Bring leg back as far as possible, keeping knee straight and standing upright. Repeat 20 times.



Hospital Stay

Day of Surgery — What to Expect

On the day of surgery, report to the registration desk on the main level of the hospital to check in. You will then be directed to the Surgical Services waiting room and taken to the pre-op holding area, where you will be prepared for surgery. You will put on a hospital gown, surgical cap and slippers. The surgical team will also start IVs.

You will see your surgeon, who will mark the surgical site, and meet the anesthesiologist, who will answer any questions you have and help you choose the best kind of anesthesia for you. You will also meet your operating room nurse, who will escort you to the operating room on a stretcher where the operation will be performed.

At the conclusion of your surgery, you will be moved from the operating room to the recovery area. During this time, you will be given medication to control your pain, your vital signs will be monitored frequently and an X-ray may be taken of your new joint.

Most of the discomfort occurs the first 12–24 hours after surgery and gradually lessens with each day. Pain can be managed in different ways:

- Local injection placed in the joint during surgery
- Medicine through an IV for severe pain
- Oral medication or pills
- Ice packs on the surgical site
- Position changes

You will be helped out of bed to take a few steps to the chair by the nursing staff or you may begin physical therapy, which could include instruction on walking with a walker and daily exercises. It is very important that you begin ankle pumps at least 10 times each hour while awake to prevent blood clots from forming in your legs. See the section on exercises for more information.

You should also begin using your incentive spirometer 10 times each hour. You will start on a clear liquid diet and progress as tolerated. It is recommended that only your coach and/or one very close family member visit you on the day of surgery.

After Surgery

After your surgery, your care will be managed by your surgeon and a co-management medical team. The co-management team will see you daily, review all of your home medications and reorder them as appropriate. During your stay, you will be seen by your surgeon or physician assistant each day.

After your surgery, you will start oral pain medications. Please remember to ask your nurse for them as needed. Immediately following surgery, you will be able to resume your regular meals as tolerated. It is important to drink plenty of fluids to stay hydrated following surgery.

Rehabilitation

We tailor your rehabilitation program to you and your specific needs. Your first therapy session will be either the day of surgery during the afternoon or the next morning. At that time, the physical therapist and occupational therapist will ask you a lot of questions about your regular level of activity and your home environment. Please share your goals for therapy with us so that we can do our best to help you achieve them.

After surgery, the physical therapist will meet with you daily in the morning and if needed in the afternoon. You will learn how to safely transfer (get out of bed or a chair) and walk with the aid of a walker while maintaining special postoperative precautions. Stair training and car transfers will also be addressed to ensure you have a smooth transition to home. The physical therapist will instruct you and your coach in an exercise program designed to help you regain the strength and flexibility (range of motion) of the operated leg. Before discharge, the physical therapist will communicate with you and your case manager to obtain the most appropriate equipment (walker or crutches) for you. We strongly advise that your coach be present for these discharge group sessions in the morning.

Your surgeon may request an occupational therapist to help you learn to dress, bathe and use the toilet after surgery while maintaining your special postoperative precautions. These tasks are called activities of daily living (ADLs). Though the nurses and technicians will also help you, the occupational therapist will work with you and your coach to help you become independent and safe when performing these activities after discharge. The occupational therapist may recommend adaptive devices to help you with ADLs and will provide resources to help you purchase the right equipment.

Your occupational therapist may also recommend bedside commodes, grab bars, reacher, sock aides, long-handled shoe horn, long-handled sponge, leg lifter, raised toilet seats or tub seats.

Case Management

A case manager will meet with you to review your plans for discharge and arrange for the equipment and services you will need at home. If you are discharged to a rehabilitation facility, the case manager will help with those arrangements.

Pain Management

After your joint replacement surgery, **you will experience surgical pain**. In the hospital, pain is evaluated on scale using the descriptions and ratings below. Begin to use this pain scale (see bottom of page) before surgery by assigning a number to your pain or discomfort as you move through your daily activities. This will allow you to become familiar with using the pain scale.

0 = No pain

2 = Discomfort or mild pain

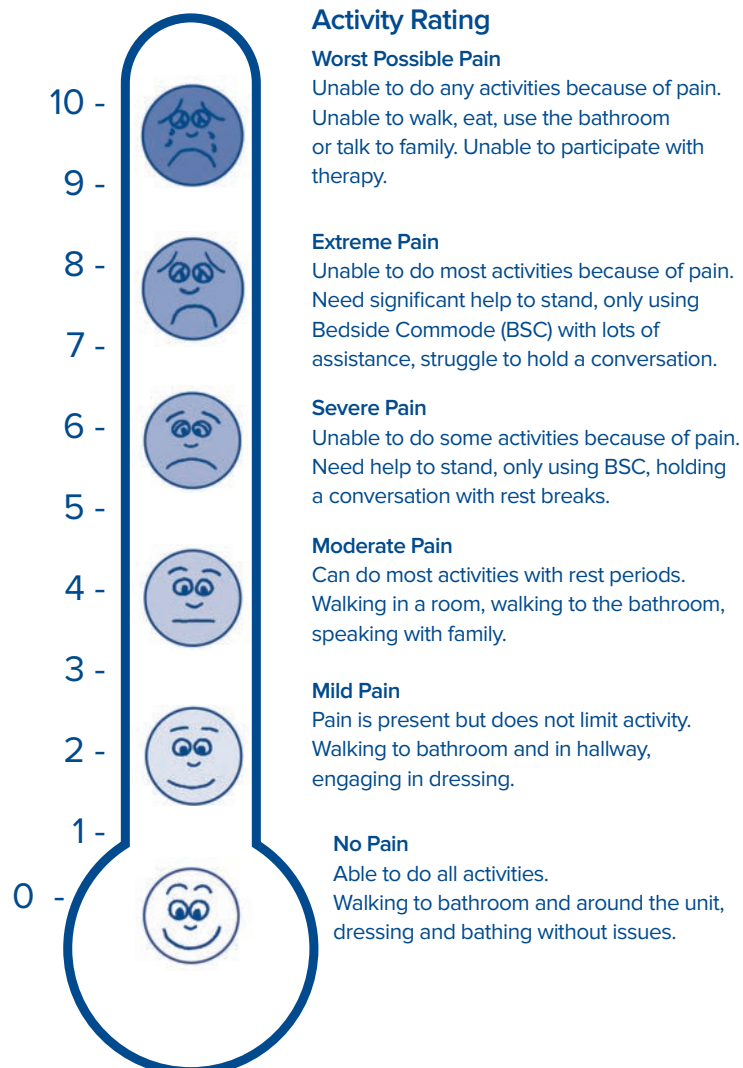
5 = Pain that interrupts your ability to relax and rest

7 = Pain that is more severe and may wake you from sleep

10 = Excruciating pain

Note: 1 to 4 is generally considered the reasonable range for postoperative pain.

UVA Pain Rating Scale (Inova Loudoun Adaptation)



It is important for you and the joint replacement care team to work together to manage your pain. Controlling your pain prior to physical therapy will help you do the exercises provided, which in turn helps you recover faster. Talk with your care team about the pain you experience following surgery. You know your body: Please stay ahead of the pain by asking for the pain medication.

Pain Management Tools

There are a number of ways to control your pain in the hospital:

- Nerve block Intraoperative injection
- Spinal/Epidural Combination – This is a long-acting spinal pain medicine that is given in surgery and lasts for 12 to 18 hours.
- Oral medications – There is a wide selection of oral pain medicines that are given. It is important to take this medication on a regular basis, every three to four hours and always before starting to exercise. There are also long-acting oral medications that help bridge the more frequent doses. These may be prescribed based on your age, medication tolerance and medical history.
- Ice – Applied for 20 minutes at a time, ice can help to reduce pain and swelling. It is always good to apply ice after doing your exercises.
- Repositioning – Changing position is sometimes all that is needed to help relieve pain. Examples include sitting up in a chair with your legs elevated and walking.

Discharge

Our goal is to get you home with home health services, which may include visits from a physical therapist, occupational therapist or nurse, depends on your medical condition and surgeon's orders. Home health visits will be based on your insurance and network coverage. You may be discharged from the hospital as soon as the first day after your surgery depending on your progress with therapy. It is important for you to make plans before surgery for your coach or someone else to stay with you for at least the first week after discharge.

If you need to go to a skilled nursing facility, it is recommended that your family visit the facility before you are discharged. Daily physical therapy is essential for your recovery. Nursing facility stays must be approved by your insurance company and in accordance with guidelines established by Medicare. In the event that you are not approved by your insurance company, the option remains for you to enter the facility at your own expense.

Rarely, discharge to an acute rehabilitation facility is recommended. To qualify for a stay, your insurance/Medicare must approve and you must be able to tolerate three hours of therapy a day.

Every attempt will be made to have care after discharge finalized in advance. Be assured that your case manager will keep you and your family informed. Please keep in mind that insurance companies do not become involved in "social issues," such as lack of a caregiver, pet care, lack of transportation, etc. You will need to address these issues before admission.

The Family Medical Leave Act allows a working family member to apply for time off from work to care for a loved one without fear of losing his or her job. This must be arranged before surgery. Work to identify anyone who can help you. Have a list of things you need, and let them choose how they would like to help. Your list might include: transportation to physical therapy and doctor's appointments, meal preparation, grocery shopping, laundry, pet care, etc.

Postoperative Care

Medications to Prevent Blood Clots

The following pages have information about medications used to prevent blood clots after total joint replacement surgery. Your surgeon will select the appropriate medication for you based on experience with these medications and your medical history. These medications will be started in the

hospital soon after surgery and continued upon discharge. Your surgeon will discharge you home on one of these medications:

Aspirin may be prescribed for approximately four to six weeks after surgery at the same time each day. It does not require a blood test to monitor the levels.

Xarelto (Rivaroxaban) is a new anticoagulation medication. It is a 10 mg pill that is taken once a day. For patients with total knee replacement, it is recommended for 12 days. For patients with total hip replacements, it is recommended for 35 days. There is no blood test monitoring required.

Warfarin (Coumadin) is a pill that is usually taken daily for approximately three weeks after surgery. It requires a regular blood test to monitor the level of medicine in the blood. The blood test result may require a change in the amount of medication that you are taking, and your doctor will call you to tell you if there is any change. It is important to take this medication at the same time each day.

Lovenox (Enoxaparin Sodium) Guidelines

Lovenox injection is a medication prescribed for people with increased risk for forming blood clots after total joint replacement surgery.

You will be given a Lovenox teaching kit to take home from the hospital. The nurse will show you how to self-inject the medication, and you or your coach will demonstrate how to do it.

How to use:

- Give the medication at the same time each day
- Rotate injection sites

Common side effects:

- Mild local reactions or irritation at the site of injection
- Pain, bruising and redness of the skin

Tell your surgeon if you experience any of the following:

- Increased or new bleeding from surgical incision
- Any other bleeding – for example, nosebleeds, blood in urine, coughing or vomiting blood
- Spontaneous bruising not caused by a blow or for any apparent reason
- Pain or swelling in any part of your leg, foot or hip.
- Chest pain or shortness of breath.

NSAIDS (nonsteroidal anti-inflammatory drugs) such as naprosyn, Aleve, Motrin or ibuprofen can impact the effect of the above medications and should not be taken in conjunction with the medications above without your surgeon's approval.

Caring for Yourself at Home

When you go home, there are some things you need to know for your safety, recovery and discomfort.

Control Your Pain

Take your pain medication at least 30 minutes before physical therapy. Controlling your pain prior to physical therapy will help you do the exercises provided, which in turn helps you get back to normal faster.

Gradually wean yourself off prescription pain medication as directed by your doctor.

Change your position every 45 minutes throughout the day.

Use ice for pain control, especially after your exercise routine. Applying ice to your affected joint for 20 minutes every hour will decrease discomfort. Several options are available to purchase, or you can make reusable freezer bags.

Body Changes

It is not unusual for your appetite to be poor after surgery. It will gradually come back. In the meantime, drink plenty of fluids to keep from getting dehydrated.

It is not uncommon for your energy to be low for the first month following surgery. Low energy is the result of anesthesia and surgery itself. Pace your activities and allow yourself extra rest.

Sometimes you may experience difficulty sleeping at night. Try not to sleep or nap too much during the day. Keep yourself occupied with activities such as reading, playing computer games, knitting and other activities you enjoy during “down times.”

Pain medications that contain narcotics may cause constipation. Use stool softeners such as Colace or laxatives such as Milk of Magnesia, if necessary, to establish your bowel routine. Avoid use of fiber laxatives (Metamucil, Fibercon) as they may make the problem worse.

Compression Stockings

After surgery, you may wear graduated compression stockings. These stockings are used to help compress the veins in your legs, which helps keep the swelling down and reduces the risk of blood clots.

Wear the stockings continuously, removing them for only one to two hours twice a day. Put the stockings on while in bed, before getting up.

Do not cut or alter stockings. Never fold or roll them down.

Stockings are usually worn for two to six weeks depending on your activity level and surgeon preference.

Recognizing and Preventing Potential Complications

Infection

Signs of Infection:

- Increased swelling and redness at incision site
- Change in color, increased amount and odor of drainage
- Increased pain at site of the operation
- Fever greater than 102.5 degrees F

Notify your surgeon if you have any of the above signs of infection.

Prevention of Infection

Take proper care of your incision as instructed. Minimize touching your incision site. You will be provided with instructions on how to care for your incision depending on the type of dressing you have. It is important for you and your coach to wash your hands properly with soap and water before touching your dressing.

Blood Clots in Legs

Signs of blood clots in leg:

- Swelling in ankle, calf and/or thigh
- Pain, warmth and tenderness in the affected leg when walking or standing
- Redness or discoloration of the skin on the leg

Note: blood clots can form in either or both legs.

Prevention of Blood Clots

- Foot and ankle pumps
- Walking and changing position frequently
- Use of compression stockings
- Blood thinners as prescribed by your surgeon

Pulmonary Embolism

A blood clot can break away from the vein and travel to the lung, causing blockage in a lung artery. This is an emergency, and you should call 911 if you suspect that has happened.

Signs of a pulmonary embolus:

- Sudden chest pain
- Difficult and rapid breathing
- Shortness of breath
- Coughing up blood
- Anxiety
- Confusion

Prevention

- Prevent blood clots in your legs
- Recognize presence of blood clot in your leg and call your physician promptly

A nutritious diet, a dedicated exercise regimen and a positive attitude are essential for optimal outcomes.

Recommended Home Equipment

You may need the following equipment:

- Rolling walker with five-inch wheels in the front
- Three-in-one bedside commode
- Crutches/cane
- Long-handled reacher, shoe horn, sponge, leg lifter and sock aid
- Tub bench or shower seat with back
- Raised toilet seat

These items may be purchased from one of the retailers listed here.

Retailers for Medical Equipment

The following are resources for medical equipment sale or rental. Remember, with your surgeon's approval, most equipment is covered by insurance and the case manager can order the equipment for you during your hospital stay. There are many different websites, from which you can purchase or rent additional equipment.

- **The Compounding Center**
36-C Catocin Cir. S.E.
Leesburg, VA 20175
703.777.5333
- **CVS off Route 7**
616 East Market St.
Leesburg, VA 20175
703.777.2940
- **CVS in Lansdowne Shopping Center**
19305 Ruby Dr.
Leesburg, VA 20176
571.333.5918
- **Walgreens**
526 Fort Evans Rd.
Leesburg, VA 20176
571.209.5631
- **Walgreens**
20321 Susan Leslie Dr.
Ashburn, VA 20147
703.726.8647

Other Resources for Bathroom and Dressing Equipment

- **Now Performance Health**
Catalog **1.800.323.5547**
performancehealth.com
- **North Coast Medical**
Catalog **1.800.235.7054**
ncmedical.com
- **Lowe's**
Raised toilet, tub and shower seats and grab bars
lowes.com
- **Home Depot**
Raised toilet, shower seat, grab bars
homedepot.com
- **WalMart**
Raised toilet and shower seat
walmart.com

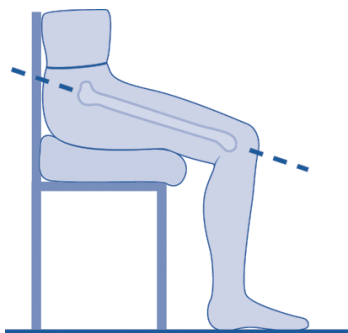
Total Hip Precautions

For a minimum of six to eight weeks after your surgery, please follow these precautions to avoid injury to your new hip. Ask your surgeon what specific precautions you should take for your new hip. Also ask when you can resume normal activities including driving, bending, playing sports and returning to work.

These precautions may vary depending on the approach or procedure your surgeon used to replace your hip and the specific instructions given for your postoperative activity and exercises.

Here are some general precautions following a total hip replacement:

- Keep a pillow between your legs when sitting or lying down
- When standing, walking or sitting, toes should point straight ahead
- When turning to get into a chair, don't twist your foot/feet
- Use an elevated toilet seat if recommended
- Sit on a chair high enough and firm enough to keep your hips at the same height as your knees or higher



*Image used with permission
from Krames StayWell,
780 Township Line Rd.,
Yardley, PA 19067
267.685.2500*

You should not do the following:

- Cross your legs
- Let your operated leg cross the invisible center line of your body
- Twist when reaching
- Turn your feet inward or outward
- Pivot on the operated leg
- Bend over to pick objects up from the floor

If your surgeon used a POSTERIOR APPROACH, you may be instructed to not bend forward at the hip or waist.

If your surgeon used an ANTERIOR APPROACH, you may be instructed to not lean backward at the hip or waist and not to turn the operative leg outward.

If your surgeon used a LATERAL APPROACH, you may be instructed to not move your operative leg straight out to the side.

Total Knee Precautions

For a minimum of six to eight weeks after your surgery, please follow these precautions to avoid injury to your new knee. Ask your surgeon what specific precautions you should take for your new knee. Also ask when you can resume normal activities, including driving, bending, playing sports and returning to work.

Knee Precautions

- Keep your knee as straight as possible when in a bed or chair. Do not put a pillow under your knee. A pillow or towel roll may be placed under your ankle.
- Do not twist your knee while you are standing or walking.
- Your doctor may order a knee immobilizer for you. This is to be worn whenever you are standing or walking, until the doctor tells you it is okay to walk without it. It may be removed while you are in a bed or chair.
- After discharge, avoid uneven terrain (grass, gravel) until your doctor says it is safe to walk on uneven surfaces.

Home Safety Tips

Standing up from a chair

1. Do NOT pull up on the walker to stand.
2. Sit in a chair with armrests when possible.
3. Scoot to the front edge of the chair. (Figure 1)
4. Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker, in the center of the front top rung, while pushing off the side of the chair with the other hand. (Figure 2)
5. Balance yourself before grabbing for the walker. (Figure 3)



Figure 1



Figure 2



Figure 3

Walker ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the surgical leg first.
3. Place the foot in the middle of the walker area. Do NOT move it past the front feet of the walker.
4. Step forward with the nonsurgical leg.

Note: Take small steps. Do not take a step until all four walker legs are flat on the floor.

Stair climbing

- Ascend with nonsurgical leg first. “Up with the good.”
- Descend with surgical leg first. “Down with the bad.”

Lying in bed

Place a pillow between your legs when lying on your back. Try to keep the surgical leg positioned in bed so the kneecap and toes are positioned to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled towel on the outside of leg may help maintain this position. (Figure 4)



Figure 4

When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least one pillow between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto your side. Your leg may help you maintain this position. You may lie on either side. (Figure 5)



Figure 5

Transfers

Tub transfer

Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it at the back of your knees. Be sure you are in front of the bath seat. (Figure 6)
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker. (Figure 7)
4. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub, using a leg lifter for the surgical leg, if necessary. (Figure 8)
7. Hold onto back of shower seat.

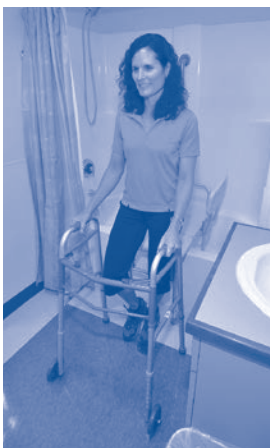


Figure 6



Figure 7



Figure 8

Please Note:

- Although bath seats, “reachers,” grab bars, sock aids, long-handled bath brushes and hand-held showers make bathing easier and safer, they are typically not covered by insurance.

- ALWAYS use a rubber mat or nonskid adhesive on the bottom of the tub or shower.
- To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attaching it to the bath seat.

Getting out of the tub using a bath seat:

1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Toilet transfer

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for 12 weeks after surgery.

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet.
2. Always keep your surgical leg facing forward.
3. Back up to the toilet until you feel it touch the back of your legs. Advance the operated leg forward, before you sit. (Figure 9)
4. If using a commode with armrests, reach back for both armrests and lower yourself onto the toilet. (Figure 10)
5. If using a raised toilet seat without armrests, keep one hand on the walker, in the center of the front top rung while reaching back for the toilet seat with the other.



Figure 9



Figure 10

When getting up from the toilet:

1. If using a commode with armrests, use the armrests to push up.
2. Slide the surgical leg out in front of you when standing up.
3. If using a raised toilet seat without armrests, place one hand on the walker, in the center of the front top rung and push off the toilet seat with the other.
4. Balance yourself before grabbing the walker.

Bed transfer

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
2. Reaching back with both hands, sit down on the edge of the bed, as you advance the operated leg out in front of you. Then, scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier).
3. Move your walker out of the way, but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg onto the bed while scooting around. (If this is your surgical leg, you may use a cane, a rolled bed sheet, a belt or your theraband to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg onto the bed.
7. Scoot your hips toward the center of the bed.

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your nonsurgical leg to the floor. If necessary, use a leg-lifter to lower your surgical leg to the floor.
3. Scoot to the edge of the bed.
4. Slide the surgical leg out in front of you when standing up.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.

Automobile transfer

1. Push the car seat all the way back. Recline it, if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.
3. Back up to the car until you feel it touch the back of your legs. (Figure 11)
4. Keep your surgical leg straight out in front of you and duck your head so that you do not hit it on the door frame.
5. Reach back for the car seat and lower yourself down. (Figure 12)
6. Turn forward, leaning back as you lift the surgical leg into the car. (Figure 13)
7. In general, keep your surgical leg facing straight forward, as you did getting into a car prior to surgery.



Figure 11



Figure 12



Figure 13

Personal Care Devices

Using a “reacher” or “dressing stick”

Putting on pants and underwear:

1. Sit down.
2. Put your surgical leg in first and then your nonsurgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your surgical leg out straight.
4. Take your nonsurgical leg out first and then the surgical leg.

Note: A “reacher” or “dressing stick” can help you remove pants from your foot and off the floor.

How to use a sock aid:

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.

If using a long-handled shoehorn:

1. Use your reacher, dressing stick or long-handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

Note: Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.

Around the House: Chores and Safety

Kitchen

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

- Do NOT get down on your hands and knees to scrub the bathtub.
- Use a mop or a long-handled brush.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have nonskid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.
- Do NOT wear open-toed slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either sitting or lying positions to avoid getting lightheaded.
- Do not lift heavy objects for the first three months, and then only with your surgeon’s permission.

Discharge Planning Survey

Your home environment and support needs affect your recovery. Please contact a joint replacement care team member at **703.858.6721** with any questions. Our commitment is to return messages within 48 hours.

As you answer the following questions, think about your care and where you plan to stay after discharge. You will receive assistance with arranging home therapy and home equipment.

Equipment

Equipment	I have in good condition	I use	I will borrow (from whom?)
Cane			
Walker			
Crutches			
Wheelchair			
Toilet Seat Riser			
Bedside Commode			
Bathroom Bars			
Splints/Braces			
Tub Seat			
Other			

Who Will Help You at Home: Family, Friends, Extended Family

Name	Physically and mentally capable of helping	Available day and night	Available during the day only	Available at night only

How far can you walk?

- Not walking
- Walking in the house only
- Walking in the community

At home or where you will stay:

- Steps/stairs into the home. How many? _____
- Steps/stairs inside the home. How many? _____
- Elevator

Is there easy access to:

- Kitchen
- Bathroom
- Shower stall

Is there a bathroom on the level that you will stay on?

- Same room
- Within 15 feet

Do you have appropriate transportation home?

- Yes No

Will you be able to go home?

- Yes No

If you have questions about your financial situation regarding this hospitalization, please contact an Inova Loudoun Hospital financial counselor at **703.858.8091**.

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