



Joint Wellness Program

Your complete guide to hip replacement

Patient Guide Hip Replacement Surgery

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Important Appointments

Your hip surgery is scheduled at:

Baylor University Medical Center at Dallas, 3500 Gaston Avenue, Dallas Texas 72546.

Unless instructed differently by your physician you will be admitted to the hospital through 5th floor of Jonsson Hospital. Their phone number is (214) 820-8088.

Date: _____

Your surgeon is: _____

Your pre-operative joint class is at:

Baylor University Medical Center at Dallas, 3500 Gaston Avenue, Dallas Texas 72546.

To schedule, please call the Joint Wellness Coordinator at (214) 820-3469.

Date: _____ Time: _____

Your pre-operative testing is at:

Date: _____ Time: _____

Contact: _____

Please bring with you:

- Physician's orders if they have not already sent them over
- Insurance/Medicare cards and photo ID (driver's license)
- List of all previous surgeries
- All current medications or a list with names and doses
- Emergency contact information, names with phone numbers

Welcome

We would like to take the opportunity to welcome you to our Joint Wellness Program. Some of the features that you may enjoy during your stay with us are listed below. Our goal is to make your stay a comfortable experience while working with you to get you back to an active lifestyle.

- Area dedicated specifically for patients having joint replacement surgery
- A family member or friend can be your designated coach to help speed your recovery and assist with therapy
- Dedicated staff trained to work with joint replacement patients
- Back in casual clothes soon after surgery
- Frequent updates of events and procedures
- Group exercises
- Education sessions
- Coordinated care after discharge
- Written instructions

It's a joint effort at Baylor and we appreciate the opportunity to assist you on your road to recovery.

Things to Know About Your Stay

List of things to bring

Comfortable clothing*

- Loose shorts
- Loose fitting capri pants
- Pajama bottoms
- T-Shirts
- Sweatshirt (if you tend to get cold)
- Lounge wear
- Pajamas or a robe for the evening if you would like

* *Please note the bottoms of your pants must be able to pull up to your thigh, or easily pull down at the waist so the staff has access to your incision site.*

Supportive shoes

- Nothing tight (if your shoes are tight now they will not fit after surgery)
- Good non skid sole

You will be dressed in your own clothes most of the day so bring enough for 3–4 days.

You may be up and out of bed sitting in a recliner chair most of the day.

You may be going to group therapy twice a day for one hour in our group therapy room.

Your Operation

Your hip has become diseased or injured. Simple movements may be painful, such as standing or walking. You and your doctor have decided that a total hip replacement operation may help you.

How the Hip Works

The hip is a ball-and-socket joint where the thigh bone joins the pelvis. To see what a ball-and-socket joint is like, make a fist with one hand. This is like the ball. Cup the fist with your other hand. This is like the socket. Swivel the fist. This is similar to the way the hip joint works.

Cartilage is a body tissue on the ends of the hip bones. It cushions the joint. If the hip is healthy, the cartilage is smooth. When you move, the parts of the joint that touch slide smoothly against each other.

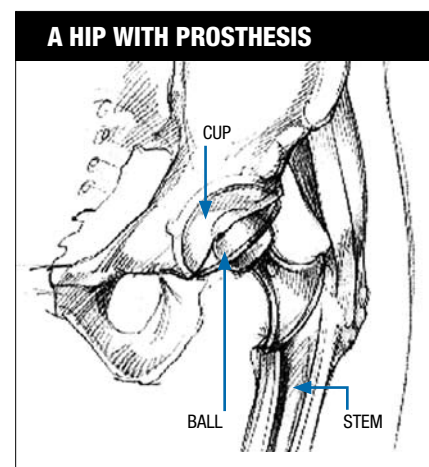
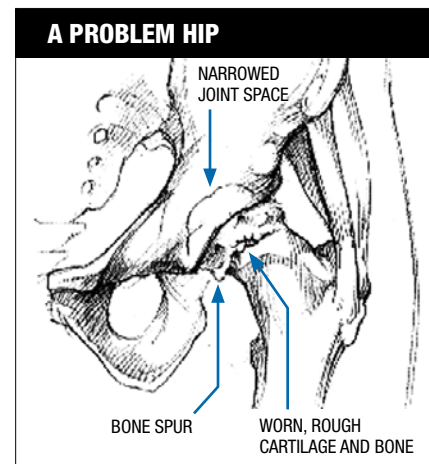
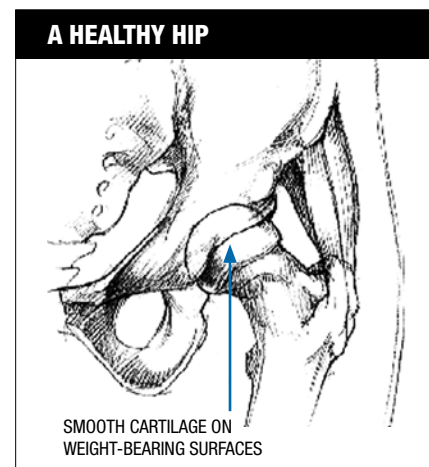
When a hip is diseased or injured, the cushion wears out. The bones rub together. They become rough and grind against each other causing stiffness and pain.

Total Hip Replacement

The operation you are having takes out the diseased or injured hip joint. An artificial hip joint replaces it. This artificial hip joint is called a prosthesis and is composed of plastic and metal components.

The prosthesis works like a normal hip. It has a ball which is like the head of the thigh bone. The ball has a stem which goes down into the center of the thigh bone. This holds the ball in place. The prosthesis has a cup, which is like the socket. It replaces the socket in the pelvis. The ball moves inside it like your hip.

The parts of the prosthesis that touch are smooth. They move easily against each other as a healthy hip would.

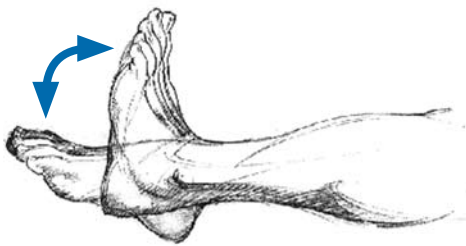


After Your Operation

Getting well after surgery depends on keeping your hip in the right position while you're in bed and when you move. For a short time, until the muscles heal, your hip and leg will be held in a designated position. Then you'll begin exercises that promote healing and help you walk before you go home.

Exercise

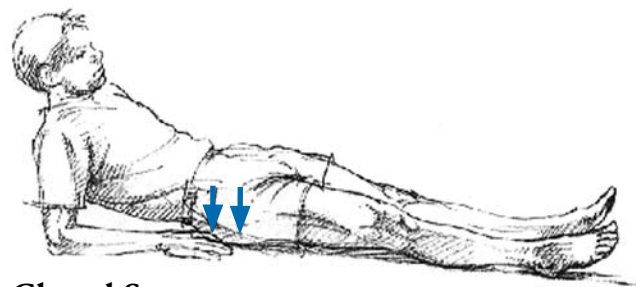
Exercising is very important. It brings back your strength to walk, and get well faster. You may exercise any time you want, but do it at least 2–3 times per day.



Ankle Pumps

Lie on your back or sit in a chair. Gently point and flex your ankles. Repeat 20–30 times.

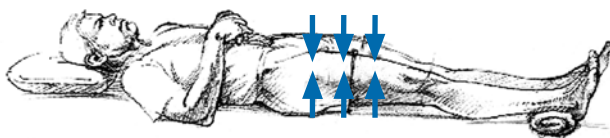
Special Instructions: _____



Gluteal Sets

Lie on your back. Tighten your hip muscles by pinching your buttocks together as tightly as possible. Hold 5 seconds. Relax slowly. Repeat 20–30 times.

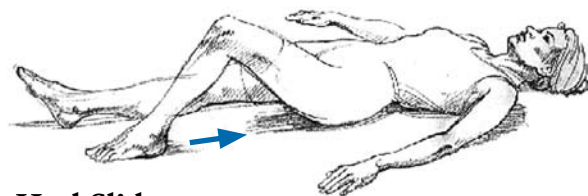
Special Instructions: _____



Quad Sets

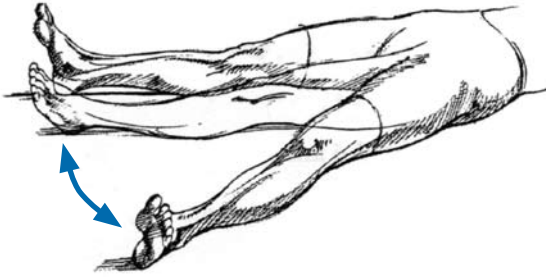
Tighten the muscles on top of both thighs, pushing the back of your knee into the bed. Hold 5 seconds. Relax. Repeat 20–30 times.

Special Instructions: _____



Heel Slides

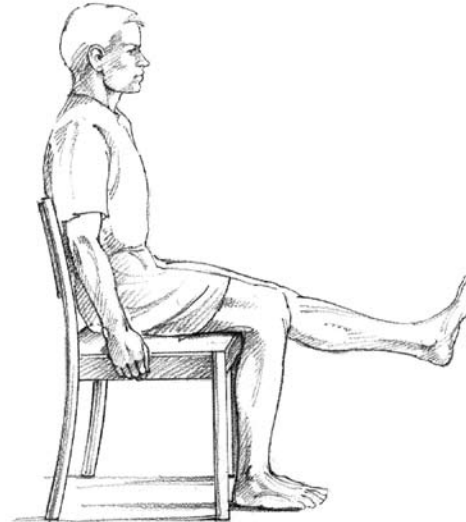
Lie on your back with your knees out straight. Bend your operated hip and knee by sliding your foot along the bed. **DO NOT BEND YOUR HIP MORE THAN 90 degrees.** Remember to raise and lower your leg slowly. Repeat 20–30 times.



Hip Abduction And Adduction

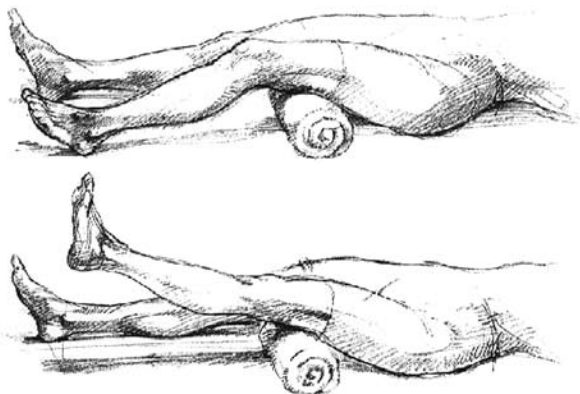
Lie on your back. Slide operated leg out to the side, then return back to the middle. Keep knee straight and toes pointed up to the ceiling. Repeat 20–30 times.

Special Instructions: _____



Knee Extension

Sit with back against the chair. Straighten operated knee. Hold 5 seconds. Repeat 20–30 times.



Short Arc Quads

Place a towel roll under your operated knee. Raise your foot until your leg is straight. Hold 5 seconds. Repeat 20–30 times.

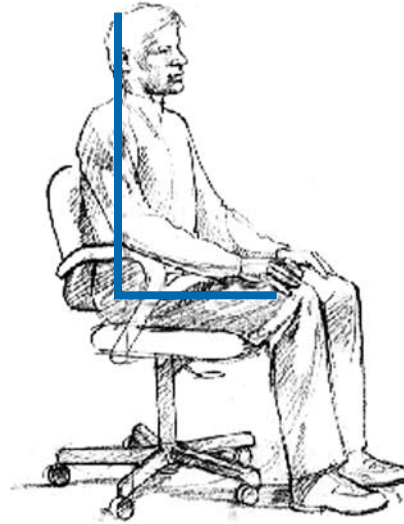
Special Instructions: _____

Safe Movements and Positions

When you go home you'll still have to keep your hip in certain positions. You'll have to move in ways that are safe. If you don't your prosthesis can shift out of place. Your doctor will talk to you about how long you'll have to limit your movements.

Remember Safe Positions by Thinking of the Letters "L" and "H", for Love My Hip.

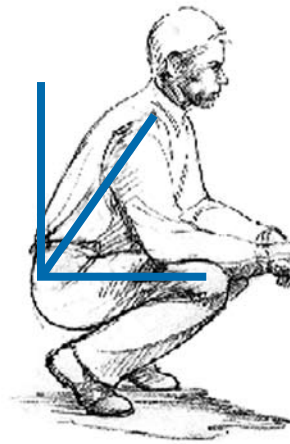
L When you sit or bend, think about the angle your body and legs are making. Think of them as forming a capital L with your hips at the angle. Never close up the L when you sit or bend.



L Do's

Do keep your knees below your hips when you sit. You may need a small pillow to sit on.

Do use long-handled grippers to get things on the floor or out of your reach.

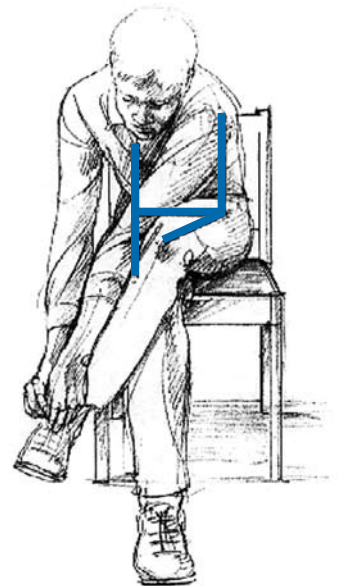
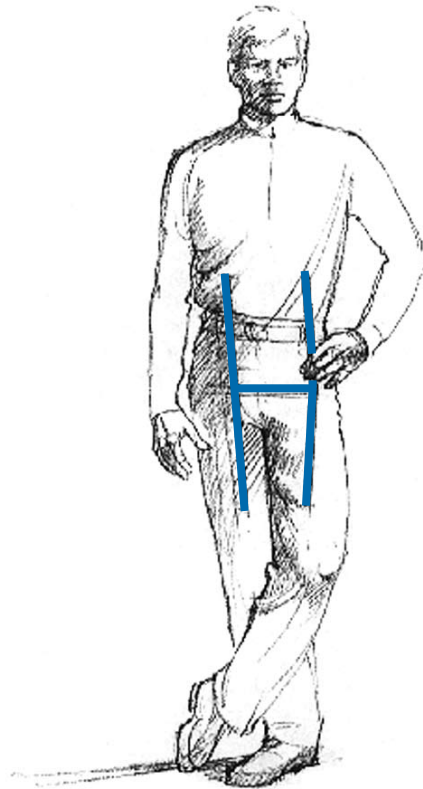
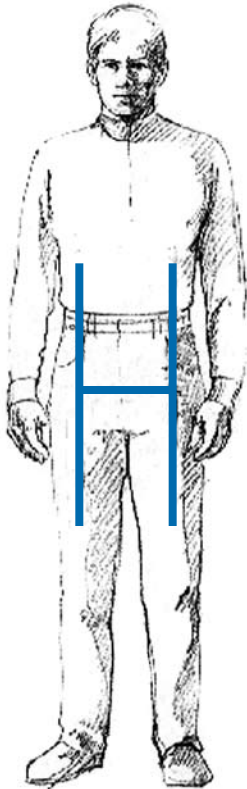


L Don'ts

Don't sit on low stools or chairs.

Don't bend at the waist or lean too far forward while sitting.

H Think of your legs and body as form in capital H. Keep your legs like the bottom part of the H. Never let them cross.



H Do's

- Do sit with your feet 3–6 inches apart.
- Do stand up straight with legs straight.
- Do always lie down with pillow between legs.

H Don'ts

- Don't cross your legs while lying down or sitting.
- Don't let your legs cross over while standing or exercising.
- Don't let your toes point excessively in or out.

Before Your Surgery

A little planning before you leave home will help you while you're in the hospital and when you get back home.

Plan for your return home

1. Plan easy meals in advance.
2. Organize your kitchen so that supplies are at shoulder or waist level to avoid excessive lifting, bending or reaching.
3. Prepare a room downstairs if you live in a two-story house to reduce the amount of stair climbing.
4. Clear your house of obstacles and remove any throw rugs for safe walking.
5. Have a firm chair with armrests and good height available.
6. Arrange for help from a friend or family member to assist with housekeeping, shopping or driving.

A relative or friend may need a place to stay while you are here. They can call Baylor's Plaza Hotel for information at (214) 820-7000. For information on other area hotels, please call Guest Relations at (214) 820-2833.

Therapy Discharge Goals

Physical Therapy:

- Get in and out of bed without physical assistance
- Transfer from bed to chair safely with use of walker/crutches without physical assistance
- Walk 150 feet with walker/crutches safely without physical assistance

- Climb and descend curb/stairs with/without rail with supervision or no physical assistance needed
- Perform home exercise program with physical assistance if needed

Occupational Therapy:

- Safely manage toileting with walker/crutches without physical assistance
- Perform safe tub/shower transfer with minimal to no caregiver assistance
- Able to dress self with minimal to no caregiver assistance utilizing tools as needed
- Communicate an understanding of hip precautions if applicable

Going home

When you are ready to go home, your doctor and nurse will tell you what to do. Carefully follow their instructions.

Before you leave the hospital, be sure to know about:

- Medications
- Diet
- Activity and exercise
- Going back to work
- Driving
- Rest
- Incision care and removal of stitches
- Airport metal detectors
- Follow-up visits with the doctor

Having Orthopaedic Surgery

As a patient undergoing orthopaedic surgery at Baylor University Medical Center, we want your experience to be as stress-free as possible. This will explain the procedures, equipment, the operation, as well as the pre-and post-operative care. When you know what to expect and when to expect it, you are less likely to feel anxious.

We individually plan your care, and then adjust it according to your needs. Further, by the time you leave the hospital, you will know how to better help yourself during your recovery process at home.

Straight Talk with MDs and RNs

You are not a statistic or a number while you are Baylor University Medical Center. You will benefit from interaction with many different hospital employees—physicians, specialists (like anesthesiologists), nurses, physical and occupational therapists, and other members of the health care team whose job it is to care for you.

Again, please do not be shy about asking question and tell someone if you are feeling anxious at any time. Certainly, many people will be asking you questions and talking to you about a variety of topics. Your feedback helps us plan your operation and follow up care. Please be thorough when you answer a question from anyone caring for you. All information is strictly confidential.

Your doctor already knows a great deal about your medical history. However, to learn even more about you, pre operative tests may be ordered. The following tests are common: blood, urine, electrocardiogram (ECG) and x-rays.

Prior to your operation, hospital protocol requires that each patient sign consent forms for anesthesia and surgery. Please try to have questions about your surgery and anesthesia answered before it is time to sign the consent forms.

Post Operative Requirement—Simple Physical Activities

You will be asked to perform these simple activities after your surgery. Exercising will help work off the effects of anesthesia, stimulate blood circulation and keep your muscles strong. Granted, much of your care will be handled by doctors and nurses, however it is your job to do these exercises. If you do, you will recover faster—so be familiar with the following before your surgery:

Deep Breathing

Some anesthesia gases remain in the lungs after surgery. Deep breathing is crucial for expanding and clearing the lungs. To practice, lie on your back, set a tissue box on the middle of your chest and slowly

inhale through your nose. Observe how the box rises and make sure to breathe deeply enough so that your whole chest expands. Let all the air out through your mouth and watch the box descend. You can begin deep breathing any time after surgery.

Coughing

Fluid or mucus may collect in the lungs during surgery, coughing is the best way to get rid of it. After taking three deep breaths, cough several times as hard as you can. Do not be discouraged if it is difficult at first.

Hand and Foot Exercises

Even the smallest movements with your hands and feet help improve your circulation. Do the following simple movements several times a day:

1. Point your toes away from your body
2. Roll your ankle
3. Point your toes toward your head
4. Swivel your ankle
5. Clench your fists
6. Straighten your fingers
7. Wiggle your fingers

Walking

Walking is very important to your recovery. You will begin walking with our physical therapists, sometimes even the day of your surgery.

You may think the last thing you will want to do after surgery is exercise; however these simple activities are critical to your recovery. We understand that you may feel some discomfort when doing them, but please remember the benefits are well worth the effort. Studies have proven that people who exercise heal faster and better than those who do not.

Surgery Day

- You will be given a hospital gown to be worn during surgery. No other clothing is allowed. Your privacy and modesty will be respected and protected at all times.
- All personal items must be removed, including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses (such as artificial limbs or eyes).
- Remove any artificial dental work unless otherwise instructed by your doctor. We recommend that you let family or friends hold your valuables.

- About an hour before surgery, you may be given medication to help you relax. Just before receiving this medicine you will be asked to empty your bladder. The medication may cause drowsiness or light-headedness. Your mouth may become dry and your eyesight may seem blurred. For your safety, the side rails on your bed will be raised. Please do not get out of bed without asking the nurse for help.
- An IV will be started shortly after you get to the Operating Room (OR). Through this IV you will receive anesthesia, fluids and medication.

The Operating Room

The OR holding area is a busy, active place. When you arrive, an OR nurse will ask your full name, confirm that it matches your identification bracelet and ask you a few other questions. The nurse will always explain what is happening and you may also ask questions.

In the OR you will be moved to the operating table, you may also notice that the operating room is brightly lit. Doctors, nurses, and other OR staff will be preparing for surgery and talking with you. At this time if your IV has not already been started it will be. Both the surgeon and anesthesiologist will talk to you before the procedure begins.

Waking Up from Surgery

Following surgery you will go the Recovery Room (PACU—Post Anesthesia Care Unit) here nurses will be closely monitoring you. Other recovering patients will be around you and you may hear sounds like monitors and other machines at work or the hum of conversations.

You will probably be sleepy and confused upon waking up because the anesthetic has not completely worn off. You may feel yourself drifting in and out of sleep as you slowly become more alert.

Opening your eyes will be hard at first. Your eyesight may be blurred because of the ointment applied during surgery to keep them moist. The nurse will wipe your eyes for you. Your mouth will be dry, so the nurse may give you ice chips. Your incision will probably feel uncomfortable and your throat may feel sore. The nurse may give you pain medication.

You may have an oxygen mask on your face or a breathing tube in your mouth. If you have a breathing tube you will be unable to talk. The breathing tube will be taken out as soon as you are awake enough to take deep breaths. To do this the nurse will help you turn and cough.

Once in Your Room

When you arrive to your room, your nurse will be waiting for you. He or she will check on you often to make sure you are comfortable and have what you need. For the first 48 hours vital signs and bandages will be checked frequently throughout the day and night.

Tubes

Depending on your surgery you may be connected to a number of tubes. You may have a bladder catheter during the operation that may still be in place. The bladder catheter will be removed based on physician's orders.

Also, you will probably still have your IV in since it is the most effective way to transfer fluids and medications into your system. The nurse will check your IV often, but if you notice the skin becoming red, swollen, or tender near it, tell your nurse right away.

Lastly, you may have drainage tubes positioned near your incision. These tubes drain fluids from the area around the incision to promote healing. Your doctor will decide when it is safe to remove the incision drainage tubes.

Pain Management

The incision area may burn and you may feel stiff, but as soon as your body heals you will increasingly feel more comfortable. Pain medication may be given by injecting it into your IV, using a PCA (Patient Controlled Analgesia), or in pill form.

Do not hesitate to ask for pain medication at the first sign of discomfort. The nurse will frequently ask you what your pain level is at, 0 being no pain and 10 being worst possible. Asking for the medication is better than letting the pain become more severe. If it is too soon for more medication, the nurse may change your position, turn your pillow or try other alternatives until it is safe for more medication, ice packs are often helpful.

Pain medication will not completely stop the pain, but it will take the edge off. When pain is manageable you will be more inclined to get started with the simple exercises you have been taught.

Adjusting, Knowing Your Limits

The post-operative healing process may be hard work for your body. During this period, you may feel strange sensations such as mood swings, night sweats, bad dreams, and some people run a low grade temperature. You may know you do not feel well yet lack any ability to describe how or where, if those feelings persist or worsen, tell your nurse or doctor.

The Can and Can't Do's Post-Op Activities

Diet

Hospital dietitians are very aware of your digestive system's responses to anesthetic. As your meals gradually go from liquid to solid, they may give you diet instructions or help you make food choices. Your appetite may be irregular, but eat as healthy as you can. Without good nutrition, it takes longer to heal and begin feeling better.

Getting Up and Around

When you are allowed to resume activity, you will be instructed on how much you can do. Remember it is imperative that you do your exercises. You may be weak and uncomfortable at first, but the earliest movements are necessary for healing and recovery. Your nurse or therapist will help you as you gain strength. Do not attempt to do the following activities without help until given permission.

Standing Up

To begin you sit on the edge of the bed, then proceed to stand for a few moments. Take several slow deep breaths before you stand up, this will return blood to your heart and head. Deep breathing helps prevent dizziness and fainting. Please take it easy and slow.

Walking

Walking "wakes up" all your body's systems and helps them return to normal. Stand and walk as straight as you can (stooped shoulders may cause tight, sore muscles in your back and legs), good posture contributes to breathing, circulation and speedy healing. Again start slowly and stop after short distances. Your body will tell you when it is time to rest; however push yourself to walk a bit further each day. Generally, the more you can do for yourself, the sooner you can go home.

Rest

Resting is also important for your recovery. You do not even have to go to sleep, but try to get in the habit of lying down after meals and baths once at home.

Visitors

Visits from friends and family can cheer you up and make you feel better. However too many visitors can tire and disturb your rest. Even a ringing telephone can interrupt important rest time.

Glossary of Hospital Terms

Anesthesia

Partial or complete loss of feeling during which patient may or may not be asleep.

Anesthetic

Medication usually given by injection, IV (intravenous tube or small needle) or inhalation to block any sensation of pain or discomfort. General anesthetic is frequently administered during surgery. Local anesthetic may be injected into and around a specific operative area. Local anesthetic greatly diminishes trauma to nerves in and around the operative site during surgery, therefore dramatically lessening post-operative pain.

Anesthesiologist

A specialized physician who calculates and administers a pre-determined amount of anesthetic depending on specific data relative to the patient and his/her operative procedure. This doctor is present throughout surgery to make certain your body is constantly functioning properly.

Anti-Embolism Reduction Devices

Elastic Support Stockings (TED Hose)

Stockings which stimulate blood flow in the legs and help reduce blood clots following surgery; these are worn by both men and women.

Foot Pumps and Sequential Compression Devices

Automated devices designed to pump the blood from the foot and lower leg to help circulation and reduce the possibility of blood clots.

Bladder Catheter

A small tube inserted into the bladder to drain urine.

ECG or EKG (Electrocardiogram)

A graphic recording of the heart's activities.

Holding Area

A room near the operating room where the patient waits before surgery.

ICU (Intensive Care Unit)

An area in the hospital for seriously ill patients requiring immediate and continuous attention.

Incision

A precision cut made in the body during an operation

Incision Drainage Tube

A tube placed in or near the incision to drain fluid from the area.

Injection

A “shot”

IV (Intravenous)

A thin needle or tube placed in a blood vein to transport liquids, medicine or nutrients into the body during and following surgery.

NPO

An abbreviation for the Latin terms, nil per os, meaning “nothing by mouth”, including food, drink, chewing gum, tobacco or other substances.

Nurse Anesthetist

A registered nurse trained to give anesthetics.

OR (Operating Room)

The specialty equipped room where surgery is performed.

PACU (Post Anesthesia Care Unit)

An area outfitted with special equipment and monitored by post anesthesia trained staff to assist patients as they wake up after surgery.

Pre-Op (Pre-Operative)

Before surgery.

Post-OP (Post-Operative)

After surgery.

PRN

An abbreviation for the Latin terms, pro re na'ta, meaning “according to the circumstances.” For example, pain medicine is given PRN, or when it is needed.

PCA (Patient Controlled Analgesia)

Gives you control over any pain you may experience by pushing a button you will receive a very small dose of pain medication through your IV.

Recovery Room

Same as PACU

Shave and Prep

The pre-op special cleansing (sterilization) or removing of hair around the operative area. Hair may be removed by shaving or using hair remover cream.

Surgeon

A doctor specially trained to perform surgery.

Vital Signs

Temperature, pulse, blood pressure and breathing rate

Options for Care after Leaving the Hospital

After surgery, all patients will participate in therapy to strengthen and increase mobility in their new joint. Since every patient is different, the length and level of therapy may vary. Many patients will walk out of the hospital and return home with outpatient therapy or the services of a home care agency. Other patients may require a focus on prior medical problems in addition to their rehabilitation. This usually occurs in a skilled nursing facility. Still other patients may require more intensive rehabilitation which would occur in an acute care rehabilitation facility such as Baylor Institute for Rehabilitation (BIR). Your physician, in consultation with the health care team members, will decide which level of care is best for you.

Home Health Care

The majority of patients undergoing joint replacement will return home immediately following their hospitalization. Patients who do not have any medical conditions that make it difficult to heal often return home after 2 or 3 days in the hospital. In this case, a nurse care coordinator will help make arrangements for home health care. Home health is a service that allows a nurse or therapist to come to your home to help with your rehabilitation. The home care nurse or home care therapist will continue the orders started by your doctor while you are in the hospital. This service will allow you to make a smooth transition back to your prior level of functioning. Home health care services are ordered for patients who are unable to leave their home for continued therapy.

Outpatient Therapy

If you are not home bound after discharge, or you do not reach your fullest rehabilitation potential upon completion of home health services, your physician may order therapy services in an outpatient clinic.

Skilled Nursing Facility

A Skilled Nursing Facility (SNF) offers patients with more complex medical problems care after surgery. For instance, a patient who has diabetes or heart disease may recover more slowly than someone who has no medical problems. SNF level care is offered by a number of different facilities, and is appropriate for patients who can participate in at least one hour of rehabilitation a day. If you and your doctor believe that you may need extra time to recover after your surgery, it is recommended that you consider two or three options for SNF care prior to coming into the hospital. Planning ahead will allow your caregiver to concentrate on you during your hospitalization, and will provide you greater assurance that you will be comfortable with the facility you choose. Once your doctor feels you are ready for SNF level care, your social worker will assist in making the transition.

Acute Rehabilitation Facility

An acute rehabilitation facility, such as the nationally recognized Baylor Institute for Rehabilitation, is available for patients who need extra focus on rehabilitating their joint. An example would be a patient who has had a stroke in the past, and may need more directed rehabilitation after joint replacement. At an acute rehabilitation facility, patients must be able to participate in a minimum of three hours of therapy a day. There are several acute rehabilitation facilities in your area. Your doctor, social worker and care coordinator will work together to help you make arrangements to be admitted at the acute rehabilitation hospital that best meets your needs. All patients must meet certain criteria to be eligible for an acute rehabilitation facility.

Everyday Living

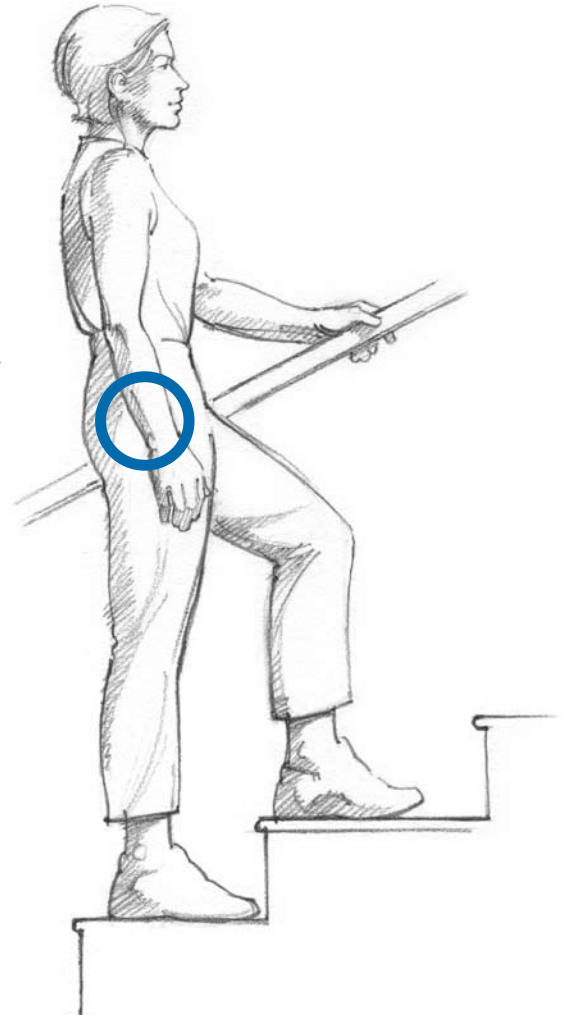
Climbing Stairs: Up with the Good, Down with the Bad

Going up stairs:

1. Using the handrail for support, start by placing the non-surgical leg on the first step.
2. Bring the surgical leg up to the same stair.
3. Repeat until you reach the top.
4. **DO NOT** climb the stairs in a normal foot over foot fashion until your surgeon or therapist tells you that it is safe to do so.

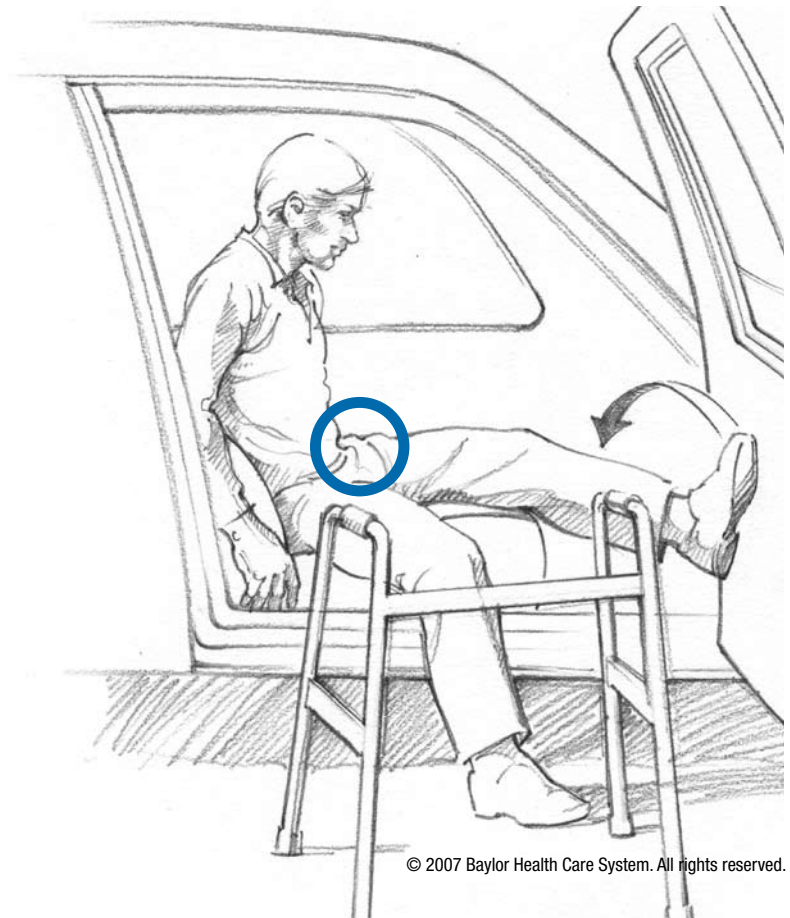
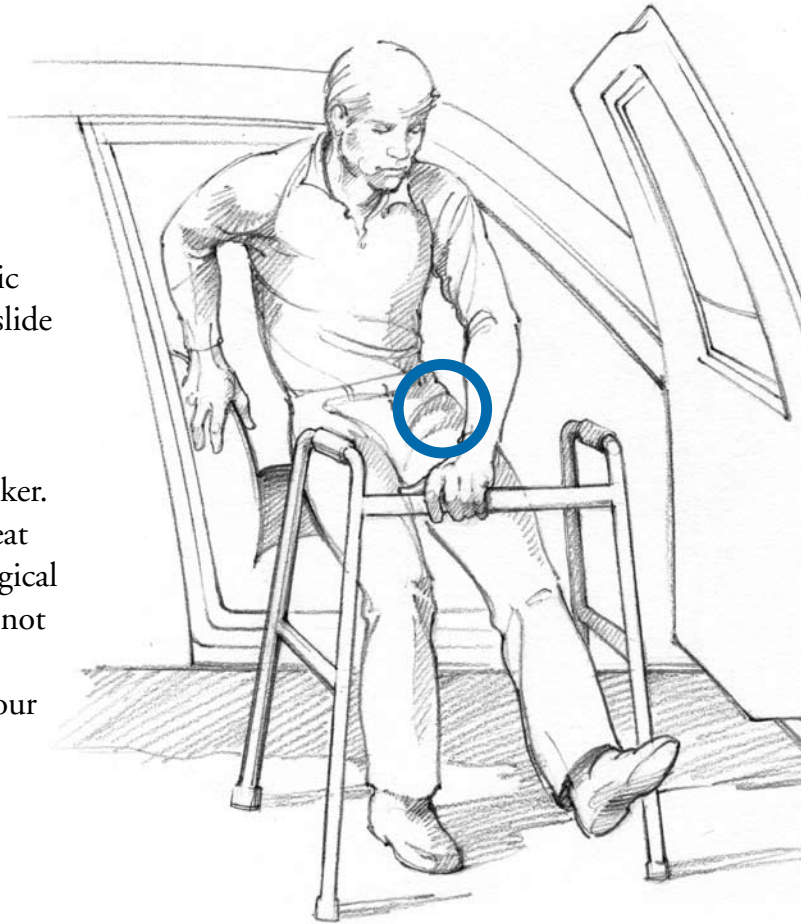
Going down stairs:

1. Using the handrail for support, place the surgical leg on the first step.
2. Bring the non-surgical leg down to the same stair.
3. Repeat until you reach the bottom.
4. **DO NOT** descend the stairs in a normal foot over foot fashion until your surgeon or therapist tells you that it is safe to do so.



Getting In and Out of the Car

1. Move the front passenger seat all the way back to allow the most leg room.
2. Recline the back of the seat if possible.
3. If you have fabric seat covers, place a plastic trash bag on the seat cushion to help you slide once you are seated.
4. Using your walker, back up to the front passenger seat.
5. Steady yourself using one hand on the walker. With the other hand, reach back for the seat and lower yourself down keeping your surgical leg straight out in front of you. Be careful not to hit your head when getting in.
6. Turn frontward, leaning back as you lift your surgical leg into the car.
7. Return the seat back to a sitting position.
8. When getting out of the car, reverse these instructions.

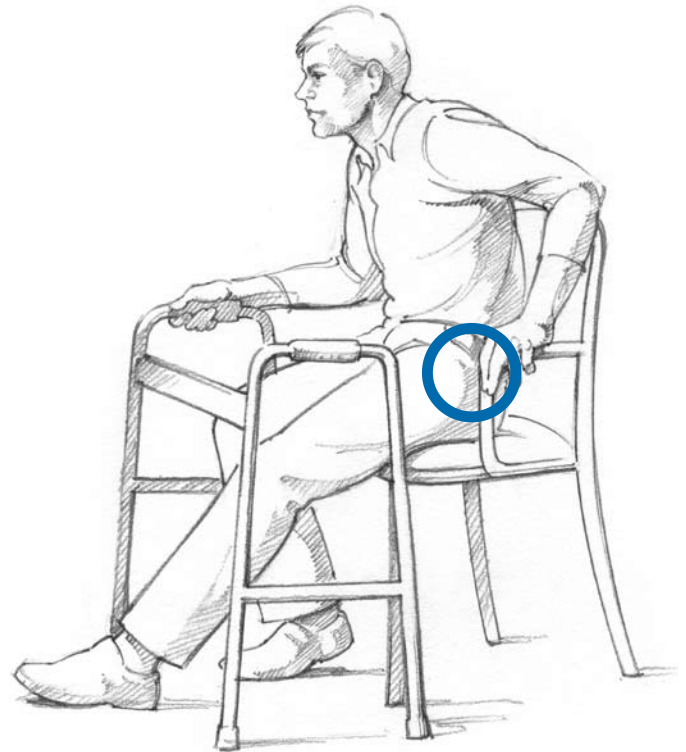


Getting In and Out of a Chair

For the next 12 weeks, it is best to use a chair that has arms.

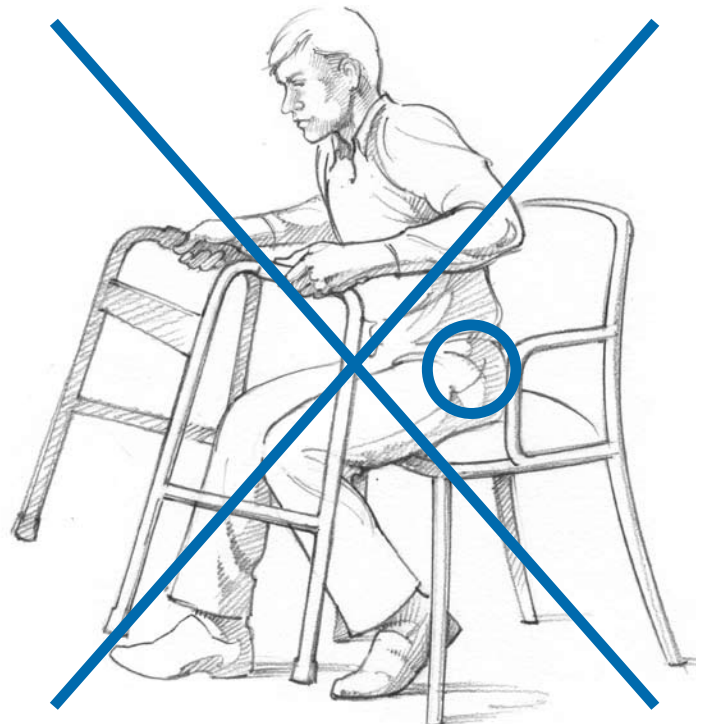
Getting into a chair:

1. Take small steps; turn until your back is towards the chair. DO NOT pivot.
2. Slowly back up to the chair until you feel the chair against the back of your legs.
3. Slide your surgical leg forward.
4. Using the arm of the chair for support of one hand while holding the walker with the other hand, slowly lower your body into the chair.
5. Move the walker out of the way but keep it within reach.



Getting out of a chair:

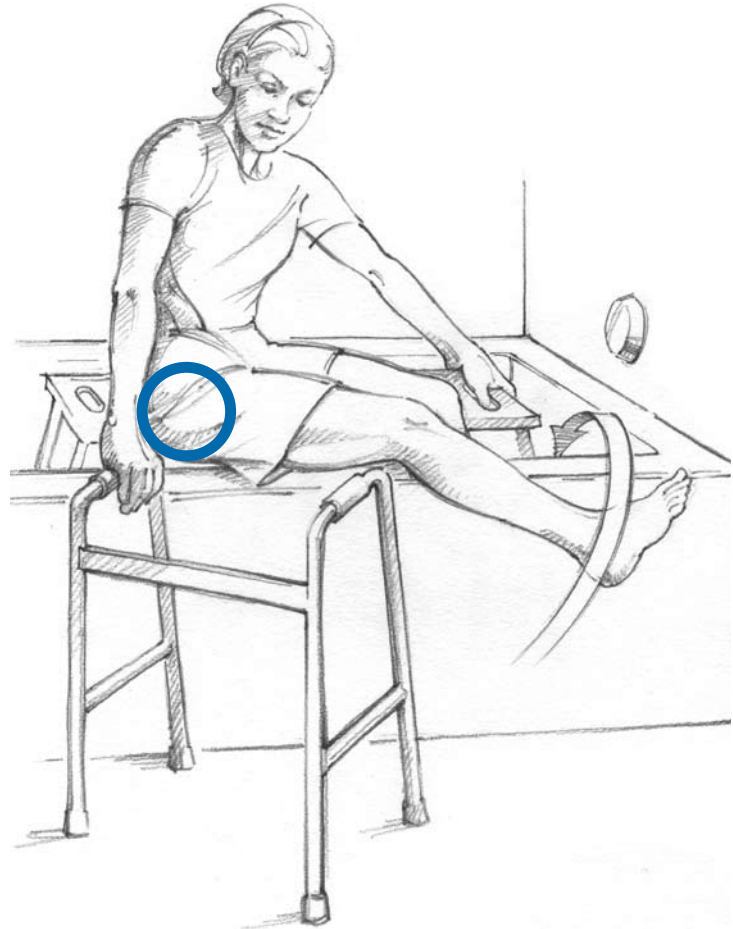
1. Position yourself near the front edge of the chair.
2. Place one hand on the arm of the chair and the other hand on the walker, then lift yourself off the chair. Be careful not to twist your body.
3. DO NOT try to use the walker with both hands while getting out of the chair.
4. Balance yourself before grabbing for the walker and attempting to walk.



Getting In and Out of the Bathtub

Getting into the bathtub using a bath seat:

1. Always use a rubber mat or nonskid adhesive strips on the bottom of the bathtub or shower stall.
2. Place the bath seat in the bathtub facing the faucets.
3. Back up to the bathtub until you can feel the bathtub. Be sure you are in front of the bath seat.
4. Reach back with one hand for the bath seat. Keep the other hand on the walker.
5. Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
6. Move the walker out of the way, but keep it within reach.
7. Lift your legs over the edge of the bathtub, using a leg lifter for the surgical leg, if necessary.
8. Keep your incision dry until the staples are removed.



Getting out of the bathtub using a bath seat:

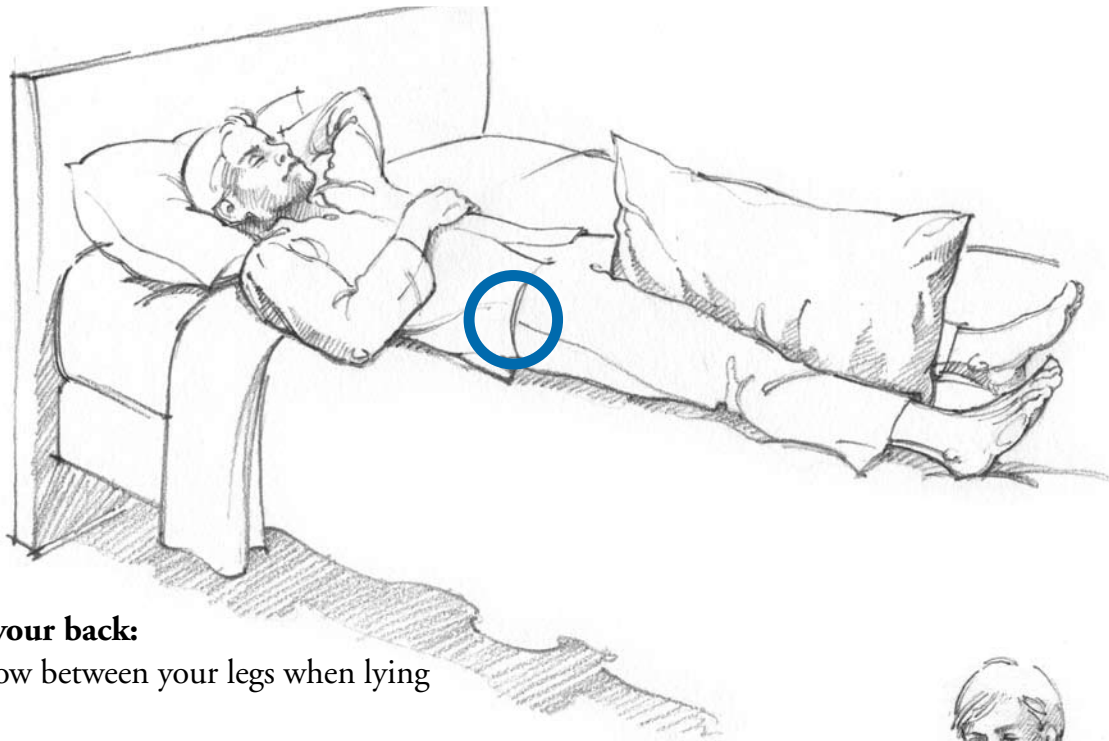
1. Lift your legs over the outside of the bathtub.
2. Move to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before grabbing the walker.

Getting into Bed

When getting into bed:

1. Back up to the bed and position yourself half-way between the foot and the head of the bed. If you have access from either side of the bed choose the side which will allow you to get your non-surgical leg in first.
2. Reaching back with both hands, slowly sit down on the edge of the bed. Move toward the center of the mattress. Silk or nylon bed wear, or sitting on a plastic bag may make sliding easier.
3. Once you are firmly on the mattress, move your walker out of the way, but keep it within reach.
4. Rotate so that you are facing the foot of the bed.
5. Lift your leg and pivot into the bed. When lifting your surgical leg, you may use a cane, a rolled bed sheet, or a belt to help with lifting.
6. Lift your other leg into the bed.
7. Move your hips towards the center of the bed and lay back.





Lying in Bed

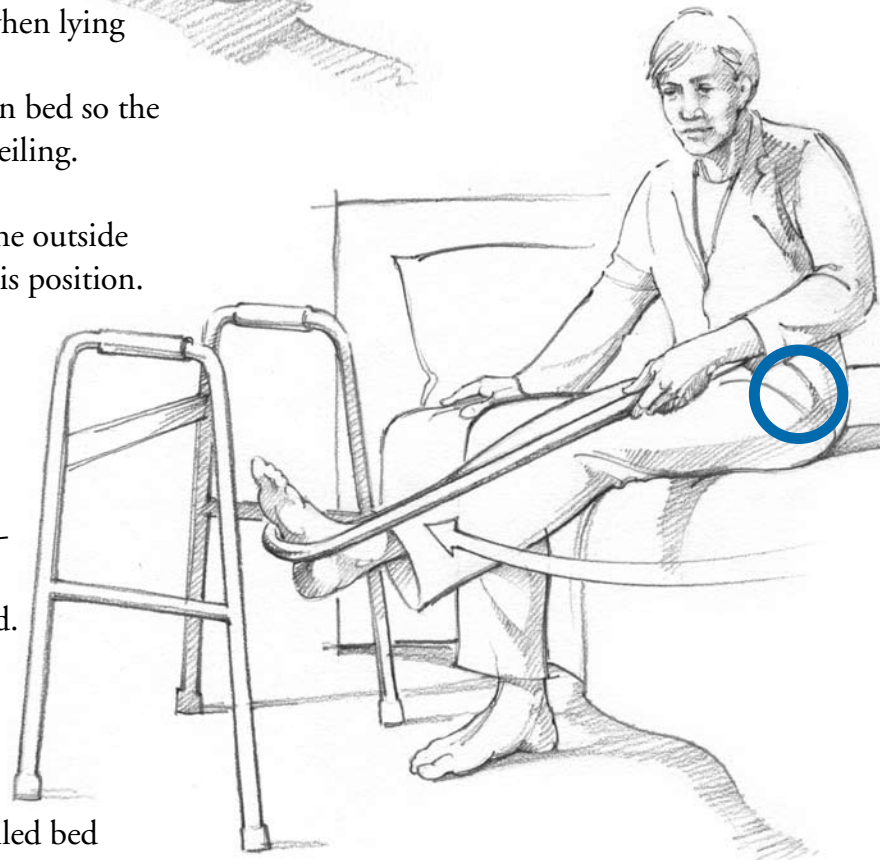
When lying on your back:

1. Position a pillow between your legs when lying on your back.
2. Keep the surgical hip/leg positioned in bed so the kneecap and toes are pointed to the ceiling.
3. Avoid letting your foot roll inward or outward. A blanket or towel roll on the outside of your leg may help you maintain this position.

Getting Out of Bed

When getting out of bed:

1. If possible, exit the bed from the side that will allow you to lower your non-surgical leg first.
2. Move your hips to the edge of the bed.
3. Sit up with your arms supporting you then lower your non-surgical leg to the floor.
4. Lower your surgical leg to the floor.
5. If necessary, you may use a cane, a rolled bed sheet, or a belt to assist with lowering your leg.
6. Use both hands to push off the bed. If the bed is low, place one hand in the center of the walker while pushing up from the bed with the other.
7. Once you are up and stable, reach for the walker.



Using the Toilet

When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. DO NOT pivot.
2. Back up to the toilet until you feel it touch the back of your leg.
3. Slide your surgical leg out in front when sitting down.
4. If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without arm rests, keep one hand in the center of the walker while reaching back for the toilet seat with the other.

When getting up from the toilet:

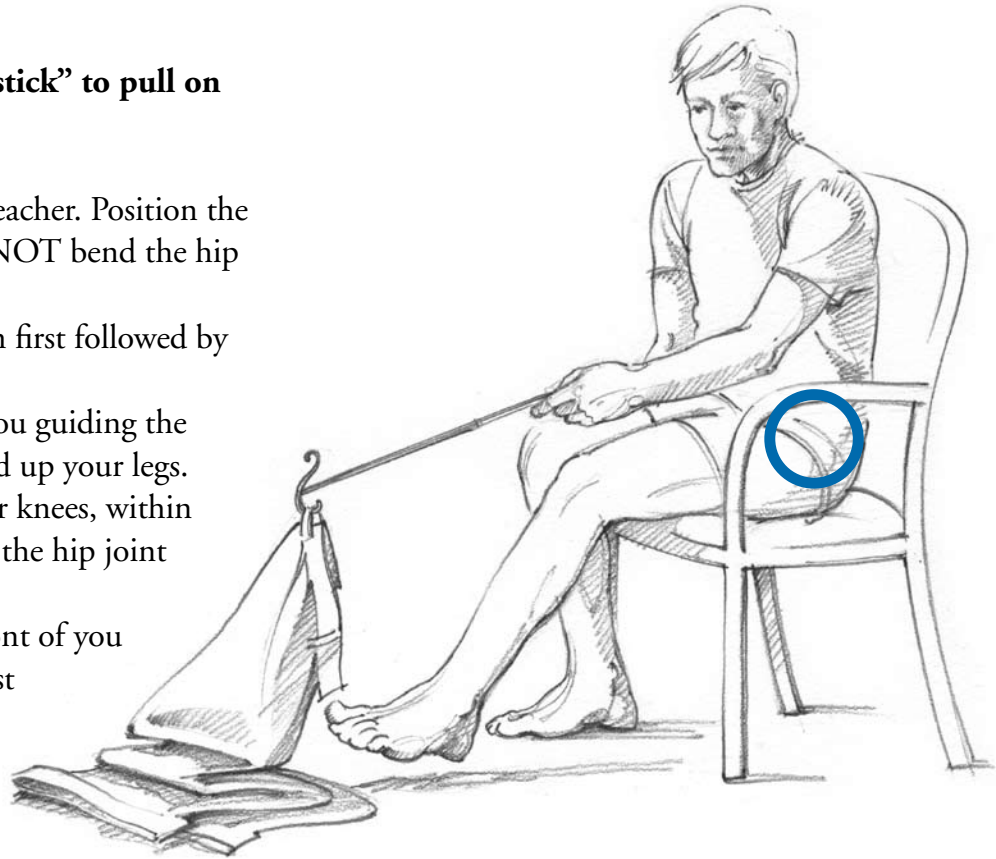
1. If using a commode with arm rests, use the arm rests to push up.
2. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other.
3. Slide surgical hip/leg out in front of you when standing up.
4. Balance yourself before grabbing the walker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



Putting on Pants

Use a “reacher” or “dressing stick” to pull on pants and underwear:

1. Sit down.
2. Attach the garment to the reacher. Position the garment by your feet. DO NOT bend the hip joint more than 90 degrees.
3. Put your surgical hip/foot in first followed by your other leg.
4. Bring the reacher towards you guiding the waistband over your feet and up your legs.
5. Pull your pants up over your knees, within easy reach. DO NOT bend the hip joint more than 90 degrees.
6. Stand with the walker in front of you to pull your pants up the rest of the way.



Taking off pants and underwear:

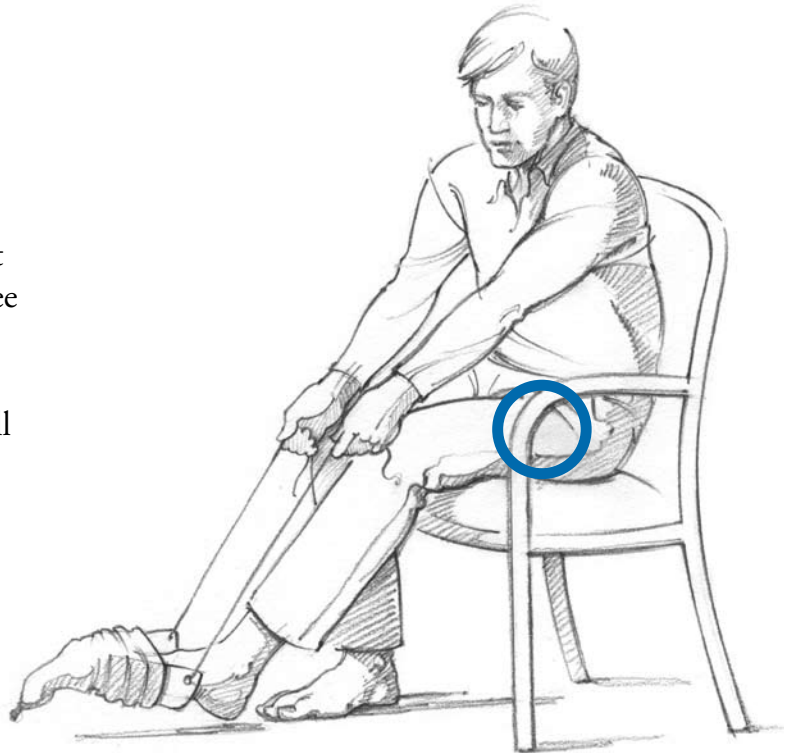
1. Back up to the chair or bed where you will be undressing. Unfasten your pants and let them drop to the floor.
2. Push your underwear down to your knees. DO NOT bend the hip joint more than 90 degrees.
3. Lower yourself down onto the bed, keeping your surgical hip/leg straight.
4. With the help of the reacher, take your non surgical hip/foot out first and then the other.
5. Using the reacher can help you remove your pants from your foot and off the floor to prevent a possible trip and fall.

Putting on Socks

Use a sock aid to put on socks:

1. Sit on a chair or bed. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of 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.
5. Keep pulling until the sock aid pulls out.

Note: DO NOT bend the hip joint more than 90 degrees.

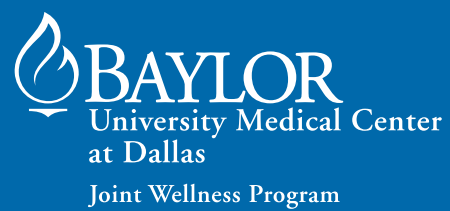


Putting on Shoes

Use a long-handled shoe horn to put your shoes on:

1. Sit on a chair or bed. DO NOT bend the hip joint more than 90 degrees.
2. Wear sturdy slip-on shoes or shoes with Velcro® closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.
3. Use the long-handled shoehorn to slide your shoes in front of your feet.
4. Place the shoehorn inside the shoe against the back of the heel. The curve of the shoehorn should line up with the inside curve of the shoe heel.
5. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
6. Step down into your shoe, sliding your heel down the shoehorn.





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