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Important Appointments

Your knee surgery is scheduled at:

**Baylor Regional Medical Center at Grapevine, 1650 West College Street, Grapevine, Texas 76051.**

Date: ____________________________

Your surgeon is: ____________________________

Your pre-operative joint class is at: ____________________________

To schedule, please call the Baylor Therapy Center at (817) 329-2524.

Date: ____________________________ Time: ____________________________

Your pre-operative testing is at: ____________________________

Date: ____________________________ Time: ____________________________

Contact: ____________________________

Please bring with you:

- Physician’s orders (if they have not already been sent 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 the Joint Program at Baylor Regional Medical Center at Grapevine. Some of the features you may enjoy during your visit are listed below. We are committed to making your stay as comfortable as possible, helping you to restore an active lifestyle.

• A family member or friend can serve as your coach to help speed 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
• Education sessions
• Post-discharge follow-up
• Written instructions

It's a joint effort at Baylor Grapevine 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 and over your knee 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.
Your Operation

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

How the Knee Works
The knee is a hinge joint, which means it moves something like a hinge opening and closing. The bottom of the thigh bone (femur) rests on the top of the lower leg bones (tibia and fibula). Articular cartilage covers the ends of the knee bones.

Articular cartilage is a body tissue that cushions the joint. If the knee is healthy, the cartilage is smooth. When you move, the parts of the joint that touch slide smoothly against each other.

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

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

The prosthesis works like a normal knee. It replaces the rough bone parts and cartilage. The prosthesis is made of two parts. One part covers the tops of the lower leg bones. A stem from it goes down into the center of the lower leg bone. This holds it in place. The second part covers the bottom of the thigh bone.

The parts of the prosthesis that touch are smooth. They move easily against each other as a healthy knee would.
**After Your Operation—Exercising**

Exercising after surgery is very important. How well you can use your knee depends on how well you exercise. Exercise brings back your strength to walk and get well faster. You may exercise any time you want, but 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 10 times.

Special Instructions: __________________________

**Quad Sets**

Tighten the muscles on top of your left thigh, pushing the back of your knee into the bed. Hold 5 seconds. Relax. Repeat 10 times.

Tighten the muscles on top of your right thigh, pushing the back of your knee into the bed. Hold 5 seconds. Relax. Repeat 10 times.

Special Instructions: __________________________

**Heel Slides**

Lie on your back with your knees out straight. Bend your left hip and knee by sliding your foot along the bed. Lift your foot off the bed and move your knee toward your chest. DO NOT BEND YOUR HIP MORE THAN 90 degrees. Remember to raise and lower your leg slowly. Repeat 10 times.

Lie on your back with your knees out straight. Bend your right hip and knee by sliding your foot along the bed. Lift your foot off the bed and move your knee toward your chest. DO NOT BEND YOUR HIP MORE THAN 90 degrees. Remember to raise and lower your leg slowly. Repeat 10 times.

Special Instructions: __________________________
Straight Leg Raise
Lie on your back with your right knee bent and foot flat on the bed. Lift your left leg up toward the ceiling, keeping your knee straight. Raise your left leg only to the height of your bent knee. Slowly lower left leg to the bed. Repeat 10 times.

Lie on your back with your left knee bent and foot flat on the bed. Lift your right leg up toward the ceiling, keeping your knee straight. Raise your right leg only to the height of your bent knee. Slowly lower right leg to the bed. Repeat 10 times.

Special Instructions: _______________________

__________________________

Hip Abduction and Adduction
Lie on your back. Slide left leg out to the side. Keep knee straight and toes pointed up to the ceiling. Repeat 10 times.

Lie on your back. Slide right leg out to the side. Keep knee straight and toes pointed up to the ceiling. Repeat 10 times.

Special Instructions: _______________________

__________________________

Short Arc Quads
Place a towel roll under your left knee. Raise your left foot until your left leg is straight. Hold 5 seconds. Repeat 10 times.

Place a towel roll under your right knee. Raise your right foot until your right leg is straight. Hold 5 seconds. Repeat 10 times.

Special Instructions: _______________________

__________________________
**Knee Extension**
Sit with back against the chair. Straighten left knee. Hold 5 seconds. Repeat 10 times.

Sit with back against the chair. Straighten right knee. Hold 5 seconds. Repeat 10 times.

Special Instructions: __________________________
__________________________

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**Knee Flexion-Active Assistive**
Sitting, cross legs with left leg on bottom. Slide feet underneath chair. Keep hips on the chair. Hold 5 seconds. Repeat 10 times.

Sitting, cross legs with right leg on bottom. Slide feet underneath chair. Keep hips on the chair. Hold 5 seconds. Repeat 10 times.

Special Instructions: __________________________
__________________________
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.
7. Be cautious of small pets who could trip you.

What to bring with you
To help make your stay comfortable, bring:
• Any prostheses or assistive devices
• Pajamas (short gown) and robe
• Comfortable, non-binding clothing for daytime hours—jogging suits, athletic shorts and tennis shoes are especially comfortable
• Toiletries such as toothbrush and toothpaste, comb, brush, shampoo, makeup, deodorant, razor, etc.

Discharge goals*
The patient should be able to:
1. Perform the home exercise program independently.
2. Communicate an understanding of post-operative precautions.
3. Get in and out of bed without assistance.
4. Transfer and walk with the aid of an assistive device.
5. Climb and descend curbs/stairs with the aid of an assistive device.

* Discharge goals may change based on individual patient needs.

Going home
When you are ready to go home, your doctor and nurse will provide you with instructions. Please follow them carefully.

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 Regional Medical Center at Grapevine, we want your experience to be as stress-free as possible. This booklet will explain the procedures, equipment, 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. 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 at Baylor Grapevine. You will benefit from interaction with many different hospital employees—physicians, specialists (like anesthesiologists), nurses, physical 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 questions 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.

Verify with your physician if any of your medications should be taken the morning of your surgery.

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.

**Surgery Day**

- You will be instructed to shower or tub bathe before surgery. You may use a germ killing soap, but do not use any lotion, powder, or deodorant.
- When brushing your teeth, do not swallow any water.
- Please do not wear make-up or nail polish to surgery. Natural skin color is an important indicator of your condition, especially in the face and hands.
- 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). We recommend your family be permitted to take valuables home.
• You will be issued red socks to wear for your safety.
• Remove any artificial dental work unless otherwise instructed by your doctor. We recommend that you let family or friends hold your dental work.
• 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 seemed 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.

Each nurse and physician will check your ID band for your name and date of birth. The surgeon will mark your surgical site with a special pen with the word “yes.”

**Waking Up from Surgery**
Following surgery you will go the Recovery Room (PACU—Post Anesthesia Care Unit) where 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. All staff and visitors to your room should wash their hands or use sanitizer.

**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 your 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.
Some pain medications have side effects of nausea or constipation so please alert your nurse if you experience these.

**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. If those feelings persist or worsen, tell your nurse or doctor.

**Coughing**
Fluid or mucus may collect in the lungs during surgery, and 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.

**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:

**Walking**
Walking is very important to your recovery, as early as the day after surgery you will begin walking with our physical therapists.

You may think the last thing you will want to do after surgery is exercise; however these simple actives 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 shown that people who exercise heal faster and better than those who do not.

**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.
**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

**The Can and Can’t Do’s Post-Op Activities**

**Diet**
Hospital dietitians are very aware of your digestive system’s response 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, please allow Baylor staff to assist you. 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 get out of bed, stand up, or walk without help until given permission by your nurse or therapist.

**Standing Up**
To begin, sit on the edge of the bed, then proceed to stand for a few moments. Take several slow deep breaths before you stand up, which will help 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.
Resting is also important for your recovery. While you do not have to go to sleep, 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.
Bowel Prep
Procedure to cleanse or medicate the bowel before surgery.

Clip and Prep
The pre-op special cleansing (sterilization) or removing of hair around the operative area.

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.

NG (Nasogastric Tube)
A small tube that goes from the nose, down the throat and into the stomach to remove excess fluid or gas.

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 nāta, 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.

Surgeon
A doctor specially trained to perform surgery.

Vital Signs
Temperature, pulse, blood pressure and breathing rate.
Everyday Living

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

Going up stairs:
1. DO NOT use the walker on the stairs.
2. Using the handrail for support, start by placing the non-surgical leg on the first step.
3. Bring the surgical leg up to the same stair.
4. Repeat until you reach the top.
5. 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. DO NOT use the walker on the stairs.
2. Using the handrail for support, place the surgical leg on the first step.
3. Bring the non-surgical leg down to the same stair.
4. Repeat until you reach the bottom.
5. 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 halfway 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 knee/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.
3. Put your surgical knee/foot in first followed by your other leg.
4. Bring the reacher toward you guiding the waistband over your feet and up your legs.
5. Pull your pants up over your knees, within easy reach.
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.
3. Lower yourself down onto the bed, keeping your surgical knee/leg straight.
4. With the help of the reacher, take your non surgical knee/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.

Putting on Shoes

Use a long-handled shoe horn to put your shoes on:
1. Sit on a chair or bed.
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.