

Rehabilitation

This section was prepared for you by your physical and occupational therapists to assist with your transition from hospital to home. It includes precautions you need to protect your new knee, including how to move in bed, sit, stand, walk, bathe, dress and get in a car properly. Please read this carefully and ask about anything that is not clear to you. When you leave the hospital, you should be able to get in and out of bed, walk to the bathroom, dress and bathe, get in your house and perform all exercises with the help of a friend or family member. By working with your

physical and occupational therapists, you should feel safe and confident in these activities as you return home.

Please be aware that the suggestions in this booklet are general principles and guidelines. Your therapist may change or alter directions included here to personalize your program to meet your special needs. Finally, instruction sheets tailored to your needs for stair-climbing will be added to your packet.

What Precautions Are Needed After Surgery?

- Never rest with a pillow under your knee – you may lose the ability to straighten your knee.
- Do not cross your legs or ankles while lying, sitting or standing.
- Continue to use your walker or crutches after surgery as advised by your doctor.
- Wear your splint or knee immobilizer (if applicable) as advised by your doctor, especially when you are walking, to keep your knee from buckling or twisting.
- Carefully follow the instructions given by your doctor about how much weight you can put on your operated leg:
 - No weight bearing (NWB) – keep leg off the ground.
 - Touch-down weight bearing (TDWB) – touch foot to the ground for balance only.
 - Partial weight bearing (PWB) – usually one-fourth to one-half your body weight.
 - Weight bearing as tolerated (WBAT) – as much as is comfortable.

These precautions need to be followed during all activities throughout the day. Continue to follow these precautions until your doctor allows you to stop.



What Is the Best Position for Sleeping?

- You can lie on your back.
- You can lie on either side, but you should keep a pillow between your legs to prevent stress on your knee.

Remember

- **DO NOT** place a pillow under your knee.

Your Hospital Stay

	Before Surgery	Day of Surgery
Your Diet	Do not eat or drink after midnight.	Do not eat or drink before surgery. You may eat after surgery.
Your Activities	Read your Joint Replacement booklet. Practice coughing, deep breathing and bed exercises (ankle pumps and knee presses - see page 4).	Use incentive spirometer every hour while awake. Continue to cough, deep breathe and perform bed exercises. Turn in bed. Use Continuous Passive Motion machine (CPM), if ordered by your doctor.
Controlling Your Pain	Your nurse will give you information on controlling your pain and how to rate your pain on a 0-10 scale.	Pain medication. Use ice pack to knee.
Your Therapy	Review the Rehabilitation portion of the Joint Replacement booklet for the activities you will learn after your surgery.	Possible Activity: <ul style="list-style-type: none"> • Sit on side of bed assisted by nursing staff. • Out of bed to chair with Nursing or Physical Therapy, if your doctor approves.
Learning About Your Recovery	Attend the Pre-operative Total Joint Replacement class. Visit the Pre-Admission/Short Stay Center. Bring your booklet with you to the hospital.	Your nurse will instruct you on hospital and department routines.
Going Home	Think about what you will need for recovery at home (i.e., caregiver support, equipment, home medications, etc.).	Begin to discuss your discharge needs with your nurse.

Your individual treatment plan may be different. Most patients who have a Primary Total Knee Replacement are in the hospital about three days. Depending on your condition, you may not be in the hospital this long or you

Knee Replacement Surgery

Day 1 after Surgery	Day 2 after Surgery	Day 3 Discharge Day
You may eat solid foods.	Solid foods	Solid foods
Use incentive spirometer every hour while awake. Continue to cough, deep breathe and perform bed exercises. Turn in bed. Use Continuous Passive Motion machine (CPM), if ordered by your doctor.	Use incentive spirometer every hour while awake. Continue to cough, deep breathe and perform bed exercises. Turn in bed. Use Continuous Passive Motion machine (CPM), if ordered by your doctor.	Use incentive spirometer every hour while awake. Continue to cough, deep breath and perform bed exercises. Turn in bed. Use Continuous Passive Motion machine (CPM), if ordered by your doctor.
Pain medications/begin pain pills. Use ice pack to knee.	Pain pills. Use ice pack to knee, as needed.	Pain pills. Use ice pack to knee, as needed.
Out of bed day after surgery. A physical therapist will see you to teach you how to move from the bed to the chair, walking and exercise.	Walk at least twice daily with a walker. Practice mobility and exercises with physical therapy. An occupational therapist may train you on bathing, dressing and going to the bathroom (if appropriate).	Continue to practice exercises and activities.
Learn about your medications, joint precautions and equipment (walker, commode chair, etc.).	Learn about tub/shower equipment, etc. Review joint precautions. Learn to care for your incision. Begin reviewing discharge instructions with your nurse. Prepare to go home or to another venue of care.	Review all discharge instructions.
A case manager will meet with you to begin planning for your discharge needs.	You and your healthcare team will discuss your discharge needs and confirm your discharge plans. Home equipment (walker, commode seat, etc.) and home services will be set up, if needed. Plan for transportation home.	Discharge home or to another venue of care. Target discharge time is 11 a.m.

may need a few more days. Your healthcare team will adjust this plan to fit your individual needs. Talk with your nurses about your recovery goals.



How Should I Get In and Out of Bed?

If it is possible, get out of bed toward your non-operated side as this is usually easier. Avoid sleeping on a soft mattress. Change positions frequently while in bed to prevent stiffness.

To Get Out of Bed:

1. Using your non-operated leg, move your buttocks toward the edge of the bed by bridging (see page 4).
2. Come up onto your elbows while bringing your non-operated leg off the bed.
3. Push up to your hands until you are sitting.
4. Bring your operated leg off the bed and rest it on the floor, bending your knee as is comfortable.

Reverse this order for returning to bed.

Where Should I Sit?

Always sit on a firm chair with armrests to help you sit and stand. If necessary, add extra cushions to raise the seat height or add firmness.

How Do I Get In and Out of a Chair (sit-to-stand)?

1. To sit, back up to the chair so that the back of your non-operated leg touches the chair.
2. Slide your operated leg forward, reach back for the armrests of the chair one hand at a time and ease into the seat.
3. Sit for only 30-60 minutes at a time, then get up and walk or practice your exercises.
4. To stand up, scoot toward the edge of the chair, place your operated leg forward, then push up with your hands and non-operated leg.

What Is the Correct Way to Walk?

A walker will help you keep your weight off your new knee joint to allow it to heal. Your doctor will decide how much weight your operated knee can tolerate. When you go home, you can walk as much as you can tolerate without pain or fatigue. You should

continue to use your walker or crutches after surgery as advised by your doctor. To walk properly:

1. Set the walker out in front of you so that the back of the legs are even with your toes.
2. Step with your operated leg first.
3. Taking the weight onto your hands, step with your non-operated leg.
4. Reverse process when backing up.



Remember

- **DO NOT** step unless all four legs of the walker are on the floor.
- **DO NOT** use your walker to pull up on – it may tip over.
- **DO NOT** slide or pivot on your foot. Take small steps when turning.

How Do I Get In and Out of a Car?

You may drive **ONLY** with your doctor's consent.

1. The driver should open the door, move the passenger seat back as far as it will go and recline the back of the seat.
2. With your walker, back up to the passenger seat until you feel the edge of the car behind your legs. Place your operated leg out in front of you and bend your other leg slightly. With your left hand, hold onto the dashboard. With your right arm, hold onto the door frame or backrest of the seat.
3. Lower yourself down to the seat. You may need extra pillows in the seat if it is too low.

4. Scoot back and recline before you slide your legs into the car one at a time. Now you may bring the seat back up slightly.

5. Have someone close the door for you. Buckle your seat belt.

6. To get out of the car, reverse the steps. Make sure you have the back of the seat reclined as much as possible before sliding your legs out of the car.

How Do I Get In and Out of the Bathtub or Shower?

You may shower only with permission from your doctor.

1. Place a tub bench or shower chair in the tub as far back as possible. Also, place safety strips or a rubber mat on the bottom of the tub. Place a bath towel covering the seat of the bench or chair to help you slide in and out.

2. Back up to the tub with your walker until the backs of your legs touch the edge of the tub or tub bench.

3. Place your operated leg forward. Reach behind you with one arm for the back of the seat, bending slightly at the waist, until you have one hand on the shower chair or tub bench. As you start to sit down, reach back with your other hand as well.

4. Lower yourself to the edge of the seat and scoot back to position yourself more securely.

5. Lift and slide one leg and then the other over the tub edge.





6. Sit on the seat during the shower. Use a hand-held showerhead and a long-handled sponge or brush to scrub your feet and back.

7. To get out of the tub, reverse the above steps. While still sitting, dry yourself using a reacher or dressing stick to reach your feet. Make sure your feet and the bathroom floor are dry before attempting to stand.

8. If you are allowed full weight bearing, you may step into the tub using a grab bar for support.

If you have a walk-in shower:

1. Back up to the lip of the shower.

2. Step into the shower with your non-operated leg, then your operated leg.

3. Place your operated leg forward. Reach back with one hand for the shower chair or 3-in-1 commode seat, then reach back with the other hand and slowly sit down.

4. Reposition legs in the shower as needed.

5. Step out of the shower with your operated leg first.



How Do I Sit Down and Get Up From the Toilet?

1. You will most likely need a 3-in-1 commode seat. Your case manager will help you obtain one.

2. Place the commode seat over your toilet (if applicable, remove the bucket.)

3. Sit down/stand up following the standard sit-to-stand instructions on page 16. Be sure to use the arms of the commode or grab bars (if applicable). Do not pull up on your walker.

How Do I Dress Myself?

Some people may be able to put on their pants and socks without any help, much like they did before surgery. However, if you find putting on pants, socks and/or shoes difficult, an occupational therapist will teach you to use a reacher, dressing stick or sock aid to increase your independence with dressing and instruct you on where to purchase equipment.

Pants and Undergarments

1. Sit on the edge of the bed or chair with your operated leg in front of you.

2. Place the waistband of your undergarment (the side corresponding to your operated knee) on the large hook of the dressing stick or within the clasped ends on the reacher.

3. Using the reacher or dressing stick, lower the undergarment to the floor near your operated leg and slide the undergarment over your foot. You will need to lift your leg slightly.

4. Slide the reacher or dressing stick over to the other side of the waistband and place your non-operated leg in the hole or bend your non-operated leg up to place your leg in the undergarment.

5. Pull the undergarment up far enough with the reacher or dressing stick so that you can reach it with one of your hands. Pull the garment over your knees. Repeat the process to put on your pants.

6. Follow the sit-to-stand instructions on page 16.

7. Shift one of your hands to the middle of the walker and keep your operated leg out in front of you. Use the other hand to pull your undergarment and pants over your hip. Switch hands and pull undergarment over the other hip.



8. Reverse above procedure to remove undergarments and pants.

Socks/Stockings

1. Sit on the edge of the bed or chair with your operated leg in front of you.
2. Hold the sock-aid against your leg or stomach with the open side up. Place your sock over the other end of the sock-aid with the heel of the sock facing down. Slide the sock down until the sock cannot go any further (the toe of the sock will be touching the sock-aid), but do not pull the sock over the end with the cord.
3. Holding on to each end of the cord with each hand, toss the sock-aid (open side up) in front of your operated leg.
4. Slide the sock-aid over your foot, point toes down, and pull the cord evenly and steadily on both sides of your leg until the sock is all the way on and the sock-aid slides out. Release one side of the cord and pull the sock-aid up.
5. To remove the sock, place the reacher or large hook of the dressing stick in the back of the sock and push the sock down and over the heel. Use your reacher or dressing stick to pick up the sock.



Shoes

Sturdy slip-on shoes with a back are most convenient, but you may use elastic shoelaces to make tie-ups serve as slip-ons. It is not safe to wear shoes without a back.

1. Sit on the edge of the bed or chair with your operated leg in front of you.
2. Place the shoe in front of you and to the outer side of your operated leg. Place the large hook of the dressing stick, the reacher or a long-handled shoehorn in the back of the shoe.
3. Direct toes into the shoe and then, using the adaptive device, work your heel into the shoe.
4. Remove the shoe by placing the adaptive device in back of the heel, lifting the foot slightly and pushing the shoe off.



Some Helpful Hints for Homemaking

Cooking:

- Sit on a chair or stool in the kitchen while preparing and cooking food to save your energy.
- Arrange your most frequently used kitchen utensils and food on shelves and counters that can be reached easily.
- Leave your most frequently used dishes in the dish rack.
- Use a reacher to get items from high and low shelves or to pick up objects from the floor. Most reachers have a 1-pound weight limit.
- Place hot pans/dishes on a trivet and slide on the counter.
- Use a rolling cart to take food from the refrigerator to the counter and from the kitchen to the dining room, etc. You may push the cart in front of your walker or roll it along by your side. Do not try to walk and push cart simultaneously, but rather push cart, then walk a few steps, push cart again, etc.
- Always face the counter or appliance being used, and turn your walker with you when reaching for objects.
- Use a walker bag or apron with pockets to carry small items such as glasses, books, silverware, etc.
- Attach a cup holder to your walker to carry drinks in covered cups.



Bed making:

- Hold on to the middle of the walker with one hand and use the reacher to pull sheets into place.
- You may sit down in a chair next to the bed to tuck the corners under the mattress if you cannot get them with the reacher.

Laundry

- Place your dirty clothes over the front of the walker and take them to the laundry room (if accessible) on a daily basis to avoid having to carry a large load.

Other:

- Approach drawers, doors, oven door, etc. from the side.
- Use a reacher to pick up items from the floor and from high or low places to avoid bending or twisting.
- Remove throw rugs from the floor to avoid tripping over them.
- Do not try to walk with the walker and carry something at the same time.

The “Don’ts” of Homemaking

- Do not twist your body to reach for objects; do take small steps to turn the walker with you.
- Do not climb on a foot stool or ladder to get objects from high places.
- Do not sit on a sofa because sofas tend to be too low, too soft, and do not have two armrests that you can use to push up.

Intimacy: The “Hidden” Question

Your concerns about sexual activity after having a total joint replacement are a valid and important aspect of your recovery process. Many people want to know when they can resume sexual activity and how to protect their new joint after surgery.

First, talk to your partner or spouse about your surgery process and changes in sexual activity after surgery. Make sure you get your doctor’s permission first before engaging in sexual activity.

Next, talk to your surgeon about the recovery (healing) process and when it would be appropriate to resume sexual activity.

Lastly, take the time to educate yourself about the various methods used to safeguard your new knee.

There are no direct restrictions on positioning for knee patients during sexual activity. However, patients need to be careful in order to reduce pain and stay within a comfortable range of motion.

We understand that intimacy is a very sensitive and personal topic for many people. If you would like to learn more about intimacy, information is readily available by contacting your doctor’s office or the Medical Library at Moses Cone Health System.

Questions for My Physician

- When may I shower, take a tub bath or get my incision wet?
- How long should I wear my support stockings (elastic hose)?
- When may I put all my weight on my operated leg?
- When may I drive my car?
- When do I go to the physician’s office for my first follow-up visit?
- When can I go back to work?
- When can I stop wearing the knee immobilizer?