



Joint Replacement - Knee

PATIENT BOARDING PASS



Norman Regional
HEALTH SYSTEM



Norman Regional
HEALTH SYSTEM

**NORMAN REGIONAL HEALTH SYSTEM
HAS CUSTOMIZED THESE EDUCATION MATERIALS FOR YOU.**

Your surgery date is _____.

**Please bring this book with you to the
hospital on the day of your surgery**

3300 HealthPlex Parkway
Norman, OK 73072

405.515.1000 | NormanRegional.com

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**This boarding pass booklet is yours to keep.
It has information to help you throughout each stage of your hospitalization.**

Welcome

YOUR HEALTHCARE TEAM MEMBERS

While you are in the hospital there will be a team of health care workers providing your care. Each team member has a specific function in helping you return to as maximum a level of health as possible. All team members communicate with each other regularly to ensure that your own goals are being met. Your health care team will include:

Surgeon/Pilot: Your physician is the team leader, directing the care for your recovery. Your physician decides what plan of care is best for your recovery and writes specific orders for each of the team members to carry out. Your physician will discuss your health status with you and explain the benefits and risks associated with any surgery or procedures performed.

Admissions Nurse/Pre-flight Crew: This nurse will likely be the first hospital employee you see. This team member will co-ordinate your pre-admission appointment where lab work or other tests are completed. They will take basic information from you to initiate your medical record. This team member will verify hospitalization benefits with you. The pre-admission nurse will answer specific questions about your upcoming surgery and hospital stay.

Surgical Team/Flight Crew: The same day surgery nurse, anesthesia, operating room and recovery room staff ensure safe and accurate care during surgical procedures and immediately afterward.

Floor Nurse/Navigator: The floor nurses are the people you will see more than any other team member. They provide for your most basic needs, administer medicines, answer questions about your surgery or diagnosis and communicate with other health care team members about your progress and special needs.

Physical Therapy, Occupational Therapy/Flight Instructors: Therapy services normally begin the day of surgery or the following morning and continue until discharge. Your surgeon will specify on the orders which day he wants therapy to start. The therapist assists you in progressing physically towards independence and ensuring that you are as safe as possible upon discharge. These team members help you regain mobility, endurance and confidence through progressive activity and exercise.

Case Management/Air Traffic Controller: The Case Manager is the team member who coordinates your post discharge needs and discharge process. This person is available to answer your questions about continuing care after discharge or the availability of benefits for home care or out-patient care.

Patient/Owner: You are the owner who is ultimately responsible for setting the course and completing the journey.

Dependent upon your specialized needs, the following services may be provided:

Dietary, Laboratory, Pastoral Care, Respiratory Therapy, Pharmacy, Orthotics, Radiology

Pre-flight Checklist

BEFORE YOUR ADMISSION



Pre-flight Checklist

BEFORE YOUR ADMISSION



FLU AND PNEUMONIA VACCINES

Check with your primary care physician a few weeks before your surgery date about flu and pneumonia vaccines. Should you need a vaccine, get it one to two weeks before your surgery. Flu season is September to March and getting the vaccine is advised. Pneumonia vaccine is advised if you are 65 years or older and have a chronic illness and have not had the vaccine in the last five years.

DENTAL WORK

Although infections after a total joint replacement are not common, an infection can occur if bacteria enter your bloodstream. Because bacteria can enter the bloodstream during dental procedures, you should consider getting treatment for significant dental diseases (including tooth extractions and periodontal work) before your joint replacement surgery. Routine cleaning of your teeth should be delayed for several weeks after surgery.

SMOKING CESSATION & SURGERY

Smokers also require special care when undergoing anesthesia for surgery and are at a higher risk of cardiopulmonary and wound-related postoperative complications than nonsmokers. We recommend that you become smoke free as early as possible before surgery. Within 12 hours of quitting, your heart and lungs work better. The nicotine and carbon monoxide levels in your body get lower, improving blood flow and reducing the chance of problems. Quitting smoking speeds healing and helps prevent potential surgical incision infections.

If you are unable to stop smoking prior to surgery, remember that our facility is a smoke free environment. If you have difficulty not using tobacco products during your admission, notify your physician. Options are available in dealing with feelings/cravings. A smoking cessation nurse will visit with you during your hospital stay to assist with education and/or smoking cessation. NRHS offers smoking cessation classes for the community. Call Healthlink at (405) 440-8802 for enrollment.

PRE-ADMISSION: LAB WORK, X-RAYS AND FORMS

Your lab work and x-rays are completed prior to the day of surgery, unless other arrangements have been made with your surgeon's office or the pre-admissions nurse.

You will complete your pre-admissions work at our patient registration located on the northwest corner of the hospital. Call (405)-515-1250 to schedule your lab work and x-rays. Both must be completed 10-14 days in advance of your surgery.

- You may have your lab work and x-rays done on Monday-Friday between 9 am and 5 pm.
- You do not have to fast for your lab work unless otherwise instructed by your physician.
- If you have lab results pertaining to your surgery from any locations other than NRHS (Norman Regional Health System), bring them with you.
- Complete all forms sent or given to you and bring them with you to your appointment with the pre-admissions nurse. During your appointment, you will complete your lab work, x-rays, visit with the nurse and schedule a pre-operative class. The pre-admission process usually takes 2-3 hours.
- If you have already executed Advanced Directives (Living Will) or any other forms of health care directives, make certain you provide a copy to the pre-admissions nurse when you come for your appointment, even if you have provided a copy during previous hospitalizations or to your physician.

ITEMS TO BRING TO THE HOSPITAL

BOARDING PASS

Bring your Boarding Pass (this notebook) to the hospital with you. You may want to refer to your Boarding Pass during your stay. Also, more instructions and helpful information will be added to it as changes and events happen while you are here.

CLOTHING

Bring loose, comfortable clothing (shorts, sweats or other loose pants); shoes that provide good support

and include an enclosed heel and non-skid soles, a robe, and gown/pajamas.

PERSONAL ITEMS

Bring personal items such as a toothbrush, toothpaste, comb, brush, shampoo, razor, shaving cream and any other grooming items you might need.

SLEEP AIDS

If you use a CPAP or a Dental appliance, bring them with you to the hospital to use after your surgery. If you know your CPAP measurements (prescription), bring that information as well.

ELECTRICAL POWERED APPLIANCES

Any electrical items must be approved for use in the hospital and checked for electrical safety. After you have been admitted, tell your nurse and he/ she will have them checked and approved for use. Battery powered appliances do not need to be checked.

ORTHOPEDIC AIDS

Do not bring your walker, cane or crutches to the hospital. You will use the hospital's orthopedic aids without charge. Your therapist may ask you to bring your aid on your last day at the hospital to ensure that it is fitted properly to you.

INSURANCE CARDS

Bring your insurance ID card (s). During the admitting process, we will verify current information concerning your health insurance. In some cases, you may need to bring your auto or home insurance information. Should any information change between the time you schedule your surgery and the day of surgery, tell the admitting staff.

MEDICINES

An accurate current medication list is extremely important when you go to any health care provider. To that end, we ask that you make a list of your medications and all the vitamins and/ or herbal supplements that you take—this list needs to include the drug name, dosage amount and frequency that you take the medication. Many herbal supplements interact with anesthesia and other medicines, so they should be stopped at least 2 weeks before your surgery. Also, bring all medicines you take in their original containers as well as over-counter medicines, drops, skin ointments and creams that you use. We may need to identify them if additional questions remain, or if we do not have a supply of one of your medications. The

nurse will record the information from your list and/ or the medicine labels and talk with you about your medicines. Your doctor or his assistant will review the list and write orders for medicines you will need while you are here. Your medicines may be sent home with you, or may be sent to our hospital pharmacy for additional identification or verification and secured there for safekeeping until you are discharged. You may request that a family member take them home for you.

In the interest of patient safety, the hospital does not permit medicines to be kept at the bedside. All medicines are dispensed by the Pharmacy, given by a nurse and recorded in your medical record. If we don't keep your specific medication, we may substitute a similar medication with the same action

CANCELLATION

If you must cancel your surgery for any reason (i.e. bad weather, illness, family emergency, etc), call your surgeon's office and call admitting at (405) 515-1250. If it is after hours, leave a message.

SURGERY INSTRUCTIONS

Read and follow these instructions prior to your surgery:

1. Do not eat or drink anything after midnight the night before your surgery, unless your physician or pre-admissions nurse instructs you otherwise. This includes water, coffee, drinks, gum or chewing tobacco.
2. Do not use any alcohol or recreational drugs within 48 hours of surgery.
3. It is suggested that you refrain from smoking for at least 24 hours before surgery.
4. If you experience any changes in your physical condition, such as fever, chest congestion or skin problems at the operative site, call your physician's office.
5. Before you come to the hospital, take a shower or bath using an antibacterial soap the morning of the surgery. If you were able to visit with the pre-admissions nurse, you would have received a

hibiclens wash. Please remember to wash with this after use of the antibacterial soap.

6. Heavy mascara and false eyelashes cannot be worn to surgery because of protective eye coverings used during surgery. Nail polish and skin lotions are discouraged on the operative extremity. If necessary, make up should only be worn in moderation.
7. Contact lenses and glasses cannot be worn during surgery. Be sure to bring your container or eyeglass case to protect your lenses while you are in surgery.
8. Wear loose, comfortable clothing with low heeled shoes.
9. You may brush your teeth the morning of surgery, but do not swallow any water.
10. Deodorant can be worn unless you are having shoulder surgery.
11. Leave all jewelry, valuables, purses, wallets, money and watches at home or with a family member.
12. All body piercing must be removed prior to surgery.

PREPARING FOR ANESTHESIA

YOUR PRE-OPERATIVE VISIT WITH ANESTHESIA

The pre-operative anesthesia interview is also a good time for you to get answers to all of your questions. Patients and families are best prepared for surgery and anesthesia if they know what to expect. Selection of anesthesia is a major decision that deserves careful consideration and discussion.

Several factors will be considered when selecting anesthesia, including:

- **Your past experiences and preferences.** Have you had anesthesia before? What kind? Did you have any reaction to anesthesia? What happened? How did other members of your family react to anesthesia?
- **Your current weight and health conditions.** Do you smoke? Are you overweight? Do you drink or use recreational drugs? Are you being treated for

any other condition other than joint replacement? Do you have any neurological, stomach, heart disease, breathing problems? Do you have any dental issues?

- **Your reaction to medications.** Do you have any allergies? Have you experienced bad side effects from any type of drug? What medications, nutritional supplements, vitamins or herbal remedies are you currently taking?
- **The risks involved.** Risks vary, depending upon your health and selection of anesthesia and may include breathing difficulties, blood loss and allergic reactions. The surgeon and the anesthesiologist will discuss specific risks with you.
- **The preferences of your surgeon and surgical team.**

TYPES OF ANESTHESIA

There are 3 broad categories of anesthesia: general, regional and local.

In **local anesthesia**, the anesthetic drug is usually injected into the tissue to numb just the specific location of your body requiring minor surgery, for example, on the hand or foot.

In **regional anesthesia**, your anesthesiologist makes an injection near a cluster of nerves to numb the area of your body that requires surgery. You may remain awake, or you may be given a sedative. You do not see or feel the actual surgery take place. There are several kinds of regional anesthesia. Two of the most frequently used are spinal anesthesia and epidural anesthesia, which are produced by injections made with great exactness in the appropriate areas.

In **general anesthesia**, you are unconscious and have no awareness or other sensation. There are a number of general anesthetic drugs. Some are gases or vapors inhaled through a breathing tube and others are medications introduced through a vein. During anesthesia, you are carefully monitored, controlled and treated by your anesthesiologist, who uses sophisticated equipment to track all of your major bodily functions. A breathing tube may be inserted through your mouth and frequently into the windpipe to maintain proper breathing during this period. The length and level of anesthesia is calculated and constantly adjusted with great precision. At the conclusion of your

surgery, your anesthesiologist will reverse the process and you will regain awareness in the recovery room.

Also discuss during your pre-operative visit:

- Tell the anesthesiologist about any loose teeth. You may need to remove partial plates from your mouth depending upon the number of teeth involved.
- Tell the anesthesiologist about any upper or lower dentures you have—these may be left in your mouth.
- Write down any specific questions you think of prior to your pre-operative visit.

SLEEP APNEA

Sleep apnea is a condition that causes the soft tissue in the back of the throat to narrow and repeatedly close during sleep. The brain responds to each of these “apnea events” that can last up to 10 seconds by waking the person in order to resume breathing. Since apnea can happen hundreds of times per night, sleep becomes broken and ineffective.

Millions of people with sleep apnea are undiagnosed. This presents potential complications during surgery because anesthesia and other pain medications can affect an already restricted airway by increasing the amount of episodes.

Tell your physician, anesthesiologist or nurse if you have the following symptoms:

- Heavy snoring
- Nighttime episodes of not breathing for short periods
- Excessive or uncontrollable daytime sleepiness
- Previous anesthesia or pain medications that resulted in problems with breathing afterwards

If you have been diagnosed with sleep apnea:

- Tell staff prior to surgery
- Bring your CPAP to the hospital as well as any medications
- Bring your dental appliance with you to the hospital

BLOOD ADMINISTRATION DURING YOUR JOINT REPLACEMENT

There is frequently a need for some blood transfusion during total joint replacement surgery. Your blood pressure is lowered during the operation to cut down on bleeding. Cut blood vessels are cauterized and we use the smallest incision possible. Even so, almost all total joint replacement patients need to be transfused after the operation because of oozing from cut surfaces, much of it occurring after the operation is over.

Four options for blood transfusion include:

1. **Autologous Blood** is blood donated by you prior to surgery and later given back to you. The Oklahoma Blood Institute offers NRHS this service. Your physician must approve and request the donation in preparation for your surgery. Once you and your physician decide this is the method of blood administration that meets your needs, your physician will write a prescription for you to donate at the Oklahoma Blood Institute. Autologous donors usually donate one unit of blood per week. The last unit is drawn at least one week prior to the scheduled date of surgery. A maximum of four units may be donated depending upon your medical status and physician order. You will coordinate with the Oklahoma Blood Institute concerning your appointment to donate blood. The advantage is that it is your blood and removes the risk of potentially acquiring diseases. But it requires preplanning on your part prior to the surgery as well as a fee. There is no age requirement for storing your own blood, and no specific weight requirement. However, if you are anemic (Hemoglobin under 11 gm/dl), we cannot take your blood. There are also some medical conditions, which might preclude you from donating your own blood, such as some heart disorders.
2. **Directed donor blood** is blood donated by a relative or friend. The blood is carefully labeled and reserved specifically for you. It is rigorously tested for disease, but it is still possible to contract disease through directed blood: the donor may not know they have a disease, and tests may fail to detect it. This method has not been demonstrated to be safer than blood from volunteer donors. It requires preplanning on your part as well as your friends/relatives in order to have blood when needed. **Directed blood is only given to you after surgery if it is medically necessary to do so.**

3. **Volunteer donor blood** is blood donated by a member of the general public unknown to you. Potential donors fill out an extensive health questionnaire and the blood is rigorously tested. There are some risks associated with receiving volunteer blood. Sometimes, in emergency situations, we may have to use volunteer blood if the amount of blood pre-stored for you is insufficient. But we would only do so in rare life-savings situations. Volunteer blood is rigorously tested and is safer now than it has ever been in the past.

4. **Auto transfusion** is the return of the patient's own blood in an attempt to avoid the potential risks associated with the transfusion of donor blood. It has been proven a safe and effective method for reducing the need for receiving blood from another source for the orthopedic surgery patient. The blood that is collected in the drainage system will be re-administered to you through a filtered IV tubing system. The advantages to this method are that the blood is readily available, a perfect match and risk of transfusion-transmitted disease is avoided. Freshly shed red blood cells may also be of higher quality than blood that has been stored under refrigeration.

Remember, your physician will discuss these options with you and assist in deciding which one will meet your needs best before surgery.

Note: Blood donated by you or by volunteers is charged a fee to cover the cost of collecting, testing, processing and distributing the blood. The charges will be added to your hospital bill.

PREPARE FOR COMING HOME

Arrange for transportation from the hospital to your home. Request nursing or case manager assistance if this becomes a problem for you. If possible, arrange for someone to stay with you at least the first few days or weeks after surgery to help around the house. Make sure you have your first appointment for continued therapy already scheduled—either at an outpatient clinic or with a home health company.

- Prepare foods in advance and stock up on foods that are easy to make.
- Remove all throw rugs, remove electrical cords in pathways, tape down needed cords and install an elevated toilet seat (or have an elevated bedside commode).
- Place items you use every day in a common area and at arm level to avoid having to reach up or bend down after surgery.



Flight Plan

ENTERING THE HOSPITAL



Flight Plan

ENTERING THE HOSPITAL

WHAT WILL HAPPEN DURING YOUR SURGERY?

KNEE REPLACEMENT SURGERY

How long will it take?

The surgery takes about two hours.

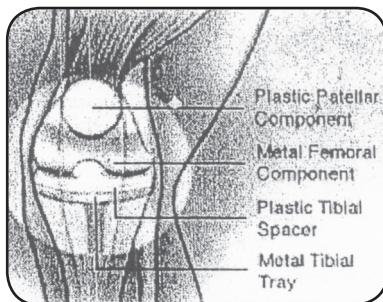
What will your surgeon do?

Your surgeon will remove the damaged cartilage and bone, then position new metal and plastic joint surfaces to restore the alignment and function of your knee.

What materials will the surgeon use?

Most total knee replacement surgeries use three components:

- Patellar (plastic)
- Femoral (highly polished strong metal)
- Tibial (plastic often held in a metal tray)



When will you leave the hospital?

Most patients will be ready to be discharged from the hospital on the third day after surgery.

EQUIPMENT FOR TOTAL KNEE REPLACEMENTS

KNEE IMMOBILIZER—Depending upon your surgeon, you may wear a knee immobilizer or knee brace for several days following surgery. You will wear this brace on your operated knee whenever you are up out of bed and walking. This brace is designed to provide added protection and stability to your knee while you are recovering. You will wear this brace until you are able to perform a Straight Leg Raise (SLR) exercise (refer to exercise program) on your own. Wear this immobilizer or brace until your surgeon or therapist tells you not to.

CONTINUOUS PASSIVE MACHINE (CPM)—This machine is designed to help you restore your knee flexibility as soon as possible following surgery. It also aids in decreasing the chances of scar tissue building up in your knee joint after surgery. This machine is NOT designed to strengthen your knee, you are supposed to relax as much as possible in the machine

and allow the machine to move your leg for you. The time you spend in this machine each day will vary depending upon who your physician is, but plan to spend at least 8 hours a day. You will also go home with the same machine you have while at the hospital. You will rent the machine for 3 weeks at home.

DRAINS & STOCKINGS

DRAINAGE TUBES

Suction drainage tubes are usually placed deep in the wound to remove blood that collects after surgery. The blood collected for 6 hours is usually filtered and given back to you through your intravenous tube. The drains are usually removed 2 days after surgery. Removal is mildly uncomfortable.

Some patients may have difficulty passing urine right after surgery and catheterization is then necessary. For this reason, a urinary catheter is often placed during anesthesia. It is removed on the second postoperative day. The catheter is removed as soon as possible because urinary infections can develop. Your physician will discuss with you the use of the urinary catheter after surgery.

STOCKINGS

Your physician may want you to wear compression stockings after surgery. These are typically known as TED stockings, which help keep the swelling in your legs down and reduce the chance of developing blood clots.

- Initially, you will wear the stockings continuously, even at bedtime. You can remove them for only short periods during the day to wash your legs or give them a rest.
- Elevate your legs for short periods throughout the day especially if swelling becomes uncomfortable.
- Notify your physician if you notice increased pain or swelling in either leg.
- Your physician will let you know how long to wear the stockings, usually these are worn for three weeks after surgery.

TOTAL KNEE PATHWAY

	BEFORE SURGERY	DAY OF SURGERY	POST-OP DAY 1
Education	<ul style="list-style-type: none"> • Pre-surgery teaching. • Plan of care reviewed. • Attend NRHS total joint class. • Receive/review education book. 	<ul style="list-style-type: none"> • Teaching before and after surgery. • Plan of care reviewed. • The CPM (continuous passive motion) machine will be set up after surgery. • PCA (patient controlled analgesia) machine for patient administered pain medication will be reviewed with you. 	<ul style="list-style-type: none"> • The CPM machine will be reviewed with you.
Discharge Planning	<ul style="list-style-type: none"> • Discharge needs assessed and initiated. 	<ul style="list-style-type: none"> • Education • Plan of care will be reviewed. 	<ul style="list-style-type: none"> • Plan of care will be reviewed. • Case Manager will visit you. • Discharge needs will be evaluated.
Tests	<ul style="list-style-type: none"> • Lab work, EKG, Chest x-ray as ordered. 	<ul style="list-style-type: none"> • Blood sugar tested & treated if necessary. • Vital signs monitored, frequently. 	<ul style="list-style-type: none"> • Lab work as ordered. • Vital signs will be monitored.
Assessments	<ul style="list-style-type: none"> • Height and weight recorded. • Routine nursing assessments. 	<ul style="list-style-type: none"> • Dressing checked every 8 hours and as needed. • Special neurovascular checks performed, frequently. • Your nurse will assess your coughing and deep breathing, & encourage you to use your incentive spirometer. 	<ul style="list-style-type: none"> • Dressings will be checked every 8 hours & as needed. • The physical therapist (PT) and occupational therapists (OT) will evaluate you today.
Treatments & Therapy	<ul style="list-style-type: none"> • You will be asked to shower with special soap prior to surgery. • Do not apply powder, lotion or deodorant. • Do not shave legs for 72 hours prior to surgery. • Tell the nurse if you have blisters, insect bites, infections, opened or reddened areas on your skin. • Do not use laxatives, enemas or stool softeners for 24 hours prior to surgery. • May have specific instructions to stop some routine medications. 	<ul style="list-style-type: none"> • Dressings will cover your incision. • A catheter (tube) may be inserted to drain your bladder. • A drain (tube) may be present to prevent accumulation of blood & swelling in your operative leg. • Your doctor may order a knee immobilizer. • Your doctor may also order special stockings to enhance circulation. • You will have a CPM (continuous passive motion) machine while in bed to move your knee. 	<ul style="list-style-type: none"> • Continue to cough & deep breathe & use your incentive spirometer every hour while awake. • Your drain may be removed today. • If you have a catheter, it will be removed & you will use a bedside commode. • You will be encouraged to assist with your hygiene needs. The staff will help you. • Stockings will be removed & reapplied by staff twice a day if ordered by your doctor. • Continue to use knee immobilizer, if ordered. • The CPM will continue & progress as ordered.
Medications	<ul style="list-style-type: none"> • You will be told what medications to take (if any) before surgery. 	<ul style="list-style-type: none"> • You will receive IV fluids and antibiotics. • You may be given a blood thinner to help prevent clots. • Your own blood may be filtered and given back to you through your IV. 	<ul style="list-style-type: none"> • Medications will be given as ordered.
Pain Control	<ul style="list-style-type: none"> • Become familiar with the pain scale 0-10. • Receive patient/family information about pain control (in handbook). 	<ul style="list-style-type: none"> • Your pain will be assessed & treated. • You will be asked to rate your pain 0-10. • You may have a PCA (patient controlled analgesia) machine to administer your own doses of pain medication. • You may have a spinal infusion catheter and pump. • You may have a nerve block ON Q pump/catheter in place. 	<ul style="list-style-type: none"> • You will be asked to rate your pain 0-10. • Tell the nurse when you need pain medication. • Pain medication will be given as needed.

	BEFORE SURGERY	DAY OF SURGERY	POST-OP DAY 1
Activity	<ul style="list-style-type: none"> • Activity as tolerated. 	<ul style="list-style-type: none"> • Because of activity limitation, it will be necessary to use a bedpan/urinal. • You will be repositioned frequently. The staff will assist you to sit on the side of the bed. • PT may start today. 	<ul style="list-style-type: none"> • Out of bed to chair/bedside commode with help. • Physical therapy (PT) & Occupational Therapy (OT) starts today. You will be taught exercises & assisted out of bed.
Nutrition	<ul style="list-style-type: none"> • You will be told when to stop eating and drinking prior to surgery. 	<ul style="list-style-type: none"> • Your diet will be advanced as tolerated. 	<ul style="list-style-type: none"> • Diet will be increased as tolerated. • Fluids will be increased as tolerated.
Patient Goals	<ul style="list-style-type: none"> • Follow all pre-op instructions. • Ask questions if needed. • Address advanced directive. • Leave valuables at home or give to your family. • Read educational handouts. 	<ul style="list-style-type: none"> • Tell your nurse about your level of pain so that your pain can be managed effectively. • Reposition frequently with staff assistance. • Sit on side of bed with staff assistance. • Use incentive spirometry every hour while you are awake. 	<ul style="list-style-type: none"> • Out of bed to chair 2 times a day as tolerated with assistance. • Tell your nurse about your level of pain so that your pain can be managed effectively. • Advance your diet as tolerated.
Family & Friends	<ul style="list-style-type: none"> • Offer support to the patient. • Ask questions if needed. • Read the information given to you. • Visit the chapel if you desire. 	<ul style="list-style-type: none"> • Register with the surgical information volunteer in the main lobby. • Wait there to talk to the surgeon. • Take care of yourself – eat and rest. 	<ul style="list-style-type: none"> • Allow patient time to rest as needed. • Offer support to patient. • Ask questions as needed.

	POST-OP DAY 2	DISCHARGE	HOME CARE
Education	<ul style="list-style-type: none"> • Patient & caregiver education will be reinforced. • The CPM machine will be reviewed. 	<ul style="list-style-type: none"> • The CPM machine will be reviewed. • Patient & Caregiver education will be reinforced. • Dressing change instructions will be given (if applicable). 	<ul style="list-style-type: none"> • You will be given a pamphlet on how to operate the CPM & setting to use. • You will be given handouts on every medication you are to take & instructions.
Discharge Planning	<ul style="list-style-type: none"> • The Case Manager will address your discharge planning needs. 	<ul style="list-style-type: none"> • Discharge plans will be finalized. 	<ul style="list-style-type: none"> • You will be given dressing change instructions, if necessary. • You will receive home exercise instructions specific to you.
Tests	<ul style="list-style-type: none"> • Lab work as ordered. • Vital signs will be monitored. 	<ul style="list-style-type: none"> • Lab work as ordered. • Vital signs will be monitored. 	<ul style="list-style-type: none"> • Lab work will need to be drawn for several weeks according to your doctor's instructions.
Assessments	<ul style="list-style-type: none"> • Dressing changes may start today. • Dressing will be checked every 8 hours & as needed. 	<ul style="list-style-type: none"> • Dressing changes will continue as needed (if applicable). 	<ul style="list-style-type: none"> • You will be told when your next doctor's visit should be (generally 10 days to 2 weeks after discharge). • You will be given instructions on symptoms to report to your doctor. • You will be taught to monitor for signs of blood clot.
	POST-OP DAY 2	DISCHARGE	HOME CARE

<p>Treatments & Therapy</p>	<ul style="list-style-type: none"> • Continue to cough & deep breathe and use your incentive spirometer every hour while awake. • Continue to use knee immobilizer. • You will be encouraged to assist with your hygiene needs. The staff will help you. Your family may also provide assistance. • Tell the nurse if you do not have a bowel movement. • Stockings will be removed & reapplied by staff twice a day if they have been ordered. • Physical Therapy (PT) & Occupational Therapy (OT) will continue. • The CPM will continue as ordered. 	<ul style="list-style-type: none"> • Continue to cough & deep breathe and use your incentive spirometer every hour while awake. • Continue to use the knee immobilizer, if ordered. • The CPM will continue as ordered. • You will need minimal assistance with your hygiene needs. You may shower if drains are out. The staff will bathe your back & legs. Your family may also provide assistance. • Tell the nurse if you do not have a bowel movement. • Stockings will be removed & reapplied by staff twice a day. • Physical Therapy (PT) & Occupational Therapy (OT) will continue. 	<ul style="list-style-type: none"> • You will wear special stockings for 6 weeks, if ordered by your doctor. • Continue to cough & deep breathe and use your incentive spirometer every hour or two while awake for 2 weeks. • Monitor bowel function at home. You may need to take an over-the-counter stool softener. • You will be given a day to begin outpatient PT. • You will be instructed on wound care and when you may shower/bathe.
<p>Medications</p>	<ul style="list-style-type: none"> • Medications will be given as ordered. 	<ul style="list-style-type: none"> • Medications will be given as ordered. • Medications to be taken at home will be reviewed with you. 	<ul style="list-style-type: none"> • You will be given prescriptions for home pain medications and blood clot prevention medications & therapy.
<p>Pain Control</p>	<ul style="list-style-type: none"> • You will be asked to rate your pain 0-10. • Tell the nurse when you need pain medication. Your PT & OT will be more beneficial if pain medication is taken before each session. • Pain medication given as needed. 	<ul style="list-style-type: none"> • You will be asked to rate your pain 0-10. • Tell the nurse when you need pain medication. 	<ul style="list-style-type: none"> • You may bruise easily on the blood clot prevention medication. Report excessive bruising to your doctor. • You may be taught to self-inject your Lovenox if that medication is ordered.
<p>Activity</p>	<ul style="list-style-type: none"> • PT continues for progressive exercises & walking. • OT continues for help with upper body & activity of daily living tasks. • Out of bed to chair/bedside commode with help. • The CPM will continue and progress as ordered. 	<ul style="list-style-type: none"> • You will progress towards independence with exercises & walking. • Out of bed as tolerated. • The CPM will continue and progress as ordered. 	<ul style="list-style-type: none"> • You will be assessed for the need of a walker or crutches and other necessary equipment. You will receive the equipment prior to discharge if you don't already have them. PT/OT will give you instructions on how to use them at home. • No driving until released by your doctor (probably 6 weeks).
<p>Nutrition</p>	<ul style="list-style-type: none"> • Diet as tolerated. • Dietary instructions regarding Coumadin therapy, if applicable. 	<ul style="list-style-type: none"> • Diet continues as tolerated. • Dietary instructions regarding Coumadin therapy, if applicable. 	<ul style="list-style-type: none"> • You will be given a patient education pamphlet about Coumadin (if prescribed) which includes a list of foods that are high in Vitamin K. • Continue to increase your fluids to help prevent constipation.
<p>Patient Goals</p>	<ul style="list-style-type: none"> • Resume normal eating habits. • Out of bed to chair with help. • Tell your nurse about your level of pain so that your pain can be managed effectively. 	<ul style="list-style-type: none"> • Verbalize understanding of medications. • More independent with bathing & personal hygiene. • Have bowel movement today. (Notify the nurse if you do not.) • You should feel comfortable walking with your assistive device. • Out of bed at least 60 minutes 2 times today, as tolerated, with assistance. • Increase your confidence with out of bed activities. • Verbalize understanding of CPM machine usage and settings. 	<ul style="list-style-type: none"> • Continue to increase activity, use CPM as ordered and use incentive spirometer. • Report to your doctor any of the following symptoms: fever over 101, increased drainage or foul odor from incision, any decrease in movement or feeling in leg, any redness or swelling in lower leg. • Fill out the Patient Satisfaction Survey to let us know how to improve our program and services.
<p>Family & Friends</p>	<ul style="list-style-type: none"> • Remind patient to do incentive spirometer every hour while awake. • Assist with personal care. 	<ul style="list-style-type: none"> • Encourage out of bed activities. • Participate in discharge process. 	<ul style="list-style-type: none"> • Stay with your loved one for the first few days at home. • Ask questions at discharge.

MISCONCEPTIONS ABOUT PAIN/PAIN SCALE

What you don't know about pain and pain relief can hurt you. Great strides have been made in the understanding of pain and its treatment in the last decade. Pain that was once considered hopeless is now manageable. Medical evidence proves that many of the beliefs about pain and pain relief are false—especially post-operative pain management. Take a few minutes to read these questions and see if you know the answers!

Question #1: How painful is replacement surgery?

NO surgery is painless, and hip or knee replacement surgery is no exception. However, postoperative pain from replacement surgery is very manageable. Despite their surgical pain, it is not unusual for patients to relate how much relief they quickly notice from their preoperative arthritic pain. While the experience of pain is unique to each individual, most patients manage the immediate postoperative pain from surgery without difficulty.

Question #2: Does everyone receive the same type of pain medication? What if my pain is worse?

Managing your pain after surgery is important for your recovery, and there are many options for easing post-operative, acute pain. Our goal at NRHS is to work with your physician to develop a pain management plan that effectively controls your pain while, at the same time, minimizes potential side effects. Remember—there are several options for pain control specific to your surgery, history and pain needs. They include:

- PCA pump
- Pain injections
- Pain pills
- Epidural
- Nerve block
- Pain pump

Questions #3:

What can I do to help manage my pain?

The most important thing that patients can do is to let their treatment team know about the pain they are experiencing. This is usually expressed on a scale of 0 (little or no pain) to 10 (severe pain). This information helps the healthcare team to provide the right type and amount of pain medication.

Question #4:

When should I ask for pain medication?

It often takes less medication to control a person's pain when the medicine is taken appropriately—that is, before the patient begins to experience real discomfort. In the early post-operative period, patients should not try to “hold off” on taking pain medicine because they think the pain will calm down in time. These patients who “hold off” until their pain becomes too severe often eventually need more medication to control their pain than they otherwise would have needed if they had taken their pain medicine earlier.

Question #5:

Is medication the only way to relieve pain?

Patients can also help relieve their pain with means other than pain medicine. There are countless options for pain relief. They include relaxation techniques, exercise, physical therapy, etc. For example, applying ice and elevation to the knee area after therapy can go a long way toward controlling the swelling that often causes discomfort after such activity. On the other hand, when patients have discomfort from stiffness, usually doing some exercises will help relieve this pain more than any medicine will. Pain medications work better when you are relaxed. Practice breathing in and out slowly to relax muscles, listen to soft music, dim lights, have a back massage, talk to a nurse/friend/Pastoral Care. It may not always be possible to completely control your pain, but you can use many techniques to help you manage it much better.

Question #6:

Will I get addicted to pain medication?

Some patients almost have a fear of taking pain medicine. Some patients think that they will quickly become addicted to pain medications. This is simply not true. Postoperatively, patients have good reason to have pain and this is appropriately treated with pain medicine. Addiction is rarely a problem, unless you have a history of drug or alcohol addiction. If you do, discuss this with your health care provider.

Question #7:

What are the side effects of pain medicine?

Side effects of pain medicine and anesthesia include nausea, constipation and sometimes a tired feeling. Having these side effects does not mean that a patient is allergic to the medication. If a patient has a problem with these side effects, often the medication

can be adjusted or a different medication tried in order to minimize these effects. You may be given a stool softener each day and should have bowel movement at least every 3 days. Talk with your health care team if any of these areas are a concern.

Question #8:

How long will I have pain after surgery?

It is difficult to give a specific answer for this, but most patients notice good pain relief within the first week after surgery. Surgical pain is usually at its worst for the first 24 to 48 hours after surgery. After this, patients are usually more comfortable. They may experience some increased pain when doing exercises or therapy, but this can be easily managed by timing the administration of pain medicine to receive it prior to participation with therapy.

Question #9:

What about pain management after I go home?

You will be given instructions on how to manage your pain at home. Take pain medications as prescribed. Do not drive or drink alcoholic beverages for at least 24 hours after taking pain medications. Report to your physician any sudden increase in pain in your surgery joint or any concerns about your condition. If your physician is unavailable, you can call the Porter Campus Emergency Room at 405-307-1500 for assistance. Remember, communication with health care providers is still key to successful recovery after discharge home.

PAIN SCALE

Your pain is whatever you say it is. Pain can affect how well you eat and sleep, and can affect the healing process. If we can help control your pain, you will suffer less and will perhaps heal faster. The nursing staff at Norman Regional Health Systems will frequently ask you about your pain, and will assess your level of sedation. Please do not wait for the nurse to ask. Tell

the nurse right away if you start having pain that you feel needs to be treated.

Physicians, therapists and nurses will ask you to describe your pain using a pain scale. Zero on the pain scale means you are having no pain. Ten on the scale means you are having the most severe pain you have ever had. After pain medications or relaxation technique the nurses will ask you to reevaluate your pain. This will help determine if the medicine or other treatment is working for you. Certain pain medications can affect your breathing. The nurses will closely monitor your sedation level. The amount of sedation will determine which pain management technique will be most appropriate for you.

ACCOMODATIONS

Rooms

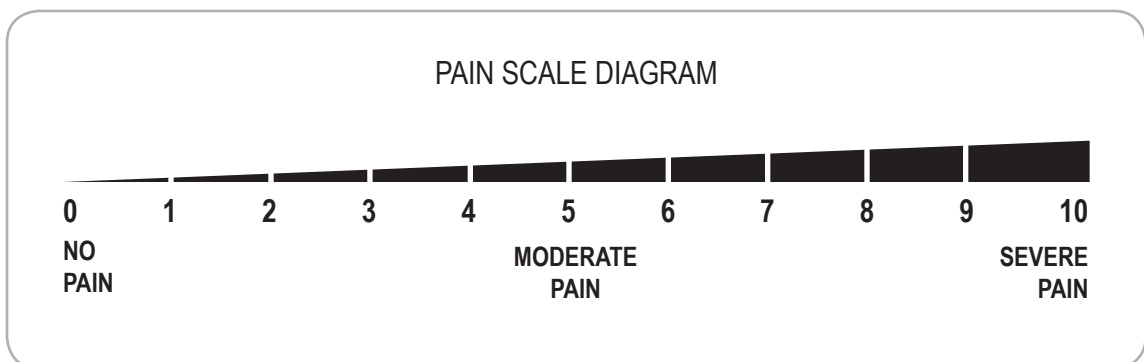
All of our rooms are private rooms. Each room has a bathroom, shower, television and telephone. Each room also has a pull out single chair/sofa for family that stays overnight.

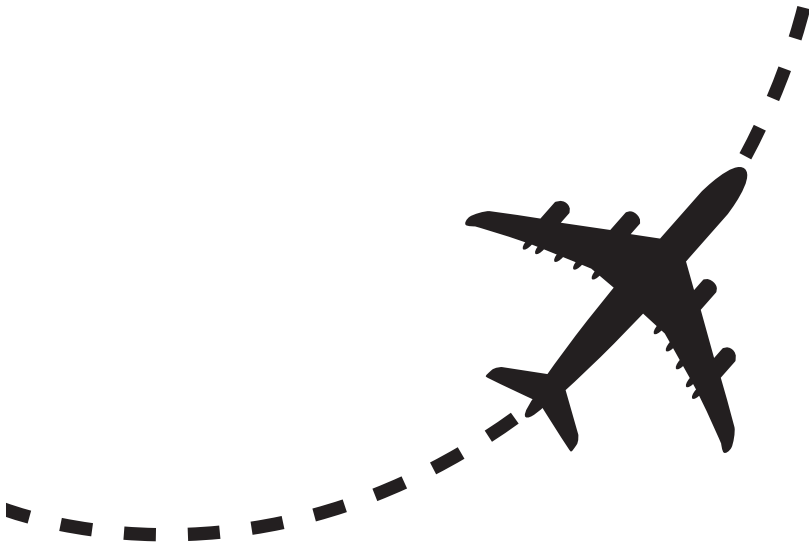
Room temperature control

Each patient room has a heating and air conditioning unit. The airflow and thermostat settings can be adjusted to your comfort level. Ask your nurse or health care provider if you need assistance.

Nurse call system

The nurse call system is your line of communication from your bed to the nurse's station. When you press the red button on your call light, a light goes on over the door of your room and the call goes to your nurse's phone as well as to the nursing station. Someone will either respond to you through the speaker or come to your room to see how they can help you.





Securing the Flight

PATIENT SAFETY



Securing the Flight

PATIENT SAFETY

SPEAK UP

Speak up if you have questions or concerns, and if you don't understand, ask again.

It's your body and you have the right to know.

Pay attention to the care you are receiving. Make sure you're getting the right treatments and medications by the right health care professional. Don't assume anything.

Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.

Ask a trusted family member or friend to be your advocate.

Know what medications you take and why you take them. Medication errors are the most common health care mistakes.

Use a hospital, clinic, surgery center, or other type of health care organization that has undergone a rigorous on site evaluation against established, state of the art quality and safety standards, such as that provided by the Joint Commission.

Participate in all decisions about your treatment. You are the center of the health care team.

NORMAN REGIONAL HEALTH SYSTEM IS
COMMITTED TO REDUCING HEALTH CARE
ERRORS IN OUR ORGANIZATION.

IF YOU HAVE CONCERNS ABOUT OUR SAFETY,
YOU ARE ENCOURAGED TO SHARE YOUR
CONCERNS BY CALLING THE PATIENT CARE
HOTLINE AT 405-307-7899

M.I.T. MEDICAL INTERVENTION TEAM

The 24/7 Medical Intervention Team is comprised of a Registered Nurse from the Intensive Care Unit and a Respiratory Therapist.

The purpose of the MIT is to clinically intervene when a patient (in the absence of a physician) develops changes in medical condition, either specific or non-

specific and to prevent patients from progressing to a code arrest.

When should someone call for MIT?

A patient, visitor, or family member presents with a life-threatening situation as defined as a system or multi-system failure that is evidenced by a change in level of consciousness, respiratory distress or cardiac changes or suspected stroke.

When there are concerns about a change in the patient's condition or a perception of change by the staff, the patient and/or family.

Who should call for MIT?

Any person witnessing the symptoms listed above.

How do I call for MIT?

- Dial "88" for the operator. Ask for the MIT and state the room number of location.
- Inform the nurse caring for the patient.
- The nurse caring for the patient notifies the attending physician.

PATIENT IDENTIFICATION

Staff will identify you before you receive any type of procedure or medications. The staff will identify you by checking your arm bracelet. If your arm bracelet comes off, you will not receive any procedures or medications until a new one is obtained for you. The staff will continually check your armband and ask your legal name. It isn't that we don't remember you; we just want to ensure we are doing the correct thing to the correct patient.

MARKING YOUR SURGICAL SITE

Before your surgery the surgical nurse will ask you to verify what procedure you are undergoing as well as the specific surgical site planned.

Your physician will mark "Yes" over the correct surgical site before your procedure begins.

HAND HYGIENE

Your health and safety is very important to us. We protect you from infections by cleaning our hands before and after contact with you. Your health care providers will wash their hands with soap and water or use alcohol foam to disinfect their hands.

SIGNS AND SYMPTOMS OF A DVT/PE

Deep vein thrombosis or DVT is a blood clot that forms in a vein deep in the body. Blood clots occur when blood thickens and clumps together. Most deep vein blood clots occur in the lower leg or thigh. They also can occur in other parts of the body. A blood clot in a deep vein can break off and travel through the bloodstream. The loose clot is called an embolus. When the clot travels to the lungs and blocks blood flow, the condition is called a pulmonary embolism (PE). A PE is a very serious condition. It can damage the lungs and other organs in the body and cause death.

The signs and symptoms of a deep vein thrombosis (DVT) may be related to a DVT itself or to a pulmonary embolism (PE). Contact your nurse and doctor if you have symptoms of either. Both DVT and PE can cause serious, possible life-threatening complications if not treated.

DVT

Only about half of the people with DVT have symptoms. These symptoms occur in the leg affected by the deep vein clot. They include:

- Swelling of the leg or along a vein in the leg
- Pain or tenderness in the leg, which you may feel only when standing or walking
- Increased warmth in the area of the leg that is swollen or in pain
- Red or discolored skin on the leg

PULMONARY EMBOLISM

Some people don't know they have a DVT until they have signs or symptoms of a PE.

Symptoms of a PE include:

- Unexplained shortness of breath
- Pain with deep breathing
- Coughing up blood

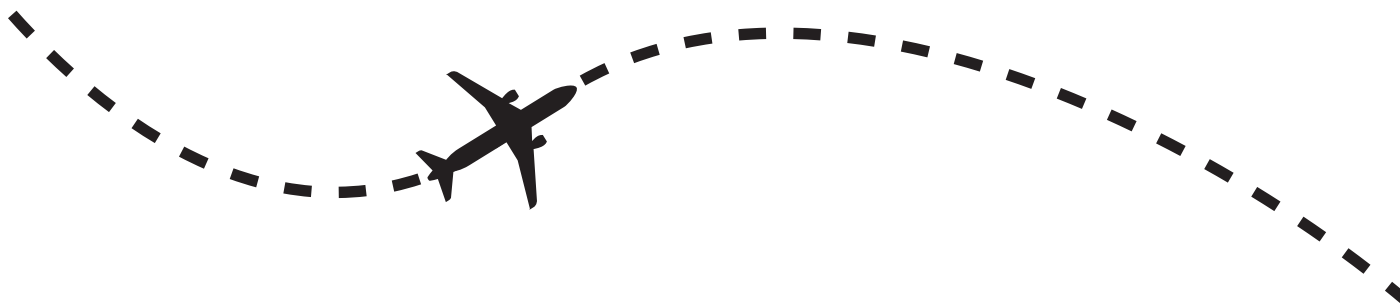
RESPIRATORY HYGIENE/COUGH ETIQUETTE IN THE HOSPITAL

To prevent the transmission of all respiratory infections at NRHS, the following measures have been implemented for you and your family's health.

- Visual alerts are placed throughout the facility instructing patients and family/friends to inform healthcare personnel of symptoms of a respiratory infection. These alerts emphasize covering nose/mouth when sneezing/coughing to prevent the spread of disease.
- Use tissues to contain secretions and dispose of them in the nearest waste receptacle after use.
- Perform hand hygiene (wash with alcohol-based hand rub, soap and water, etc) after having contact with respiratory secretions and contaminated objects/materials.
- The hospital provides tissues and no-touch receptacles for used tissue disposal.
- Masks are available to persons who are coughing.
- If possible, have persons with a cough sit 3 feet away from you and others.

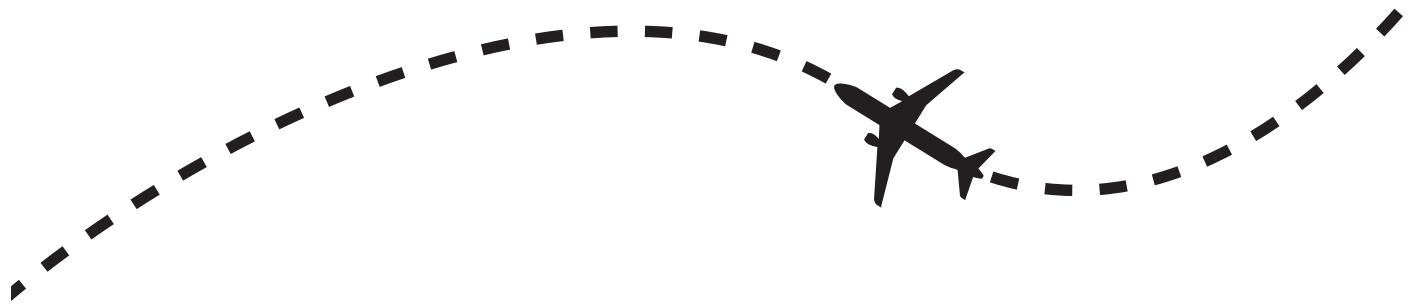
Preparing for Departure

LEAVING THE HOSPITAL



Preparing for Departure

LEAVING THE HOSPITAL



THINGS TO ASK YOUR PHYSICIAN

- When do I change my dressing?
- When can I start taking my regular medications again?
- How long do I have to use the walker?
- How long do I have to wear the TED hose?
- When can I start driving again?
- What activities can I resume when I get home?
- What activities do I need to avoid when I get home?
- When can I go back to work?
- When can I mow my lawn?
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

PREVENTING FALLS

Indoor Lighting

Make sure stairways and hallways have bright light. Always try to use the highest wattage allowed in the bulb. A night light for middle of the night trips to the bathroom can make a big difference in preventing falls.

Extension Cords

Find a way to arrange your furniture so that extension cords are out of the way.

Lack of a handrail

Don't use the soap or towel holder for a grab bar or handrail. It wasn't designed to hold the weight of a human being. Use handrails on all steps, no matter how easy the steps are to climb or how many times you've been up and down them before.

Scatter rugs

Be sure all throw rugs or scatter rugs are removed for at least the first few weeks after surgery. If you cannot get rid of them, at least make sure they have a non-skid backing.

Pets

Somehow these precious creatures manage to get under our feet and can cause a fall. Be aware of where your pet is and be careful when visiting others who have pets.

Rolling Walker

Always use your rolling walker until your surgeon or your physical therapist tells you not to.

COMMUNITY RESOURCES

**Arthritis Foundation – Oklahoma Chapter
936-3366**

www.arthritis.org
500 N. Broadway, Suite 200, OKC, OK 73102

Provides research programs, public education and arthritis self-help classes. Support groups, warm aquatics, exercise classes and Pace exercise classes are also available.

**NRHS Physical Performance Center
447-1571**

NormanRegional.com
724 NW 24th Ave., Norman, OK

Arthritis aquatic classes are offered in our heated pool and are taught by certified arthritis foundation instructors. Physical, Occupational, and Speech therapy are also available. Call for more information.

**Community council of Central Oklahoma, Inc
552-5780**

500 N. Broadway, Suite 350, OKC, OK 73101

Publishes a directory of information about non-profit and government resources available in Canadian, Cleveland, Lincoln, Logan, Oklahoma and Pottawatomie Counties. Lists services available for all age groups.

American Diabetes Association

840-3381

www.diabetes.org

3000 United Founders Blvd., Suite 100, OKC, OK 73112

Research, detection, education and screening programs related to diabetes.

Area wide Aging Agency (Statewide)

1-800-211-2116

www.okdhs.org/aging/AreaAgenciesonAging.htm

Cleveland County – 321-3200

1179 E. Main Norman, Oklahoma 73071

Oklahoma County – 942-8500

3200 NW 48th, Suite 104, OKC, OK 73112

Private non-profit entities dedicated to providing services to those aged 60 years and over in Oklahoma. Designated by the Department of Human Services, AAA is a division of Aging Services. AAA offices service as the clearinghouse for other senior programs in each area. Non-emergency transportation is available through some offices. Call for more information and pricing.

Survival Kit for Seniors – 943-4344

3200 NW 48th, Suite 105, OKC, OK 73112

Resource directory for seniors published yearly by the Senior Connection office of the area wide Aging Agency, Inc. for older adults and their families. It includes information and referral assistance for Oklahoma, Cleveland, Canadian and Logan counties. Generally, cost is a \$3 donation.

REHABILITATION SERVICES

OUTPATIENT THERAPY SERVICES

The majority of patients who undergo total joint replacement will require outpatient therapy services upon their discharge. Your first appointment should already be scheduled by your last day in the hospital. Outpatient therapy services help monitor and adjust your exercise program. These therapy services will also help you return to your highest level of function and independence. Your physician will make the recommendation and provide a “prescription” for the therapy.

HOME BASED THERAPY

Some patients do well after their hospital stay but still require 2-3 days of therapy each week to monitor and adjust exercise programs to meet their recovery needs; however, they are not yet able to leave their home for other activities. Home health services offer therapy and nursing services in the home setting to patients needing this level of care. The nurse and the physical therapist will come to your home to provide services while you remain “homebound” and unable to leave the home. Home health services must be recommended by your physician and are for a limited timeframe only.

REHABILITATION THERAPY

If you qualify and the decision is made to go to a rehabilitation unit, the case manager will assist you in making those arrangements. The case manager will coordinate your needs with your physician and the facility of your choice, and discuss arrangements with you or your family. For your convenience, NRHS has an inpatient Rehabilitation Unit. It is anticipated that you will participate in three hours of therapy while on an inpatient rehabilitation unit. You should be prepared to bring clothing and other articles with you for your rehabilitation stay.

TOTAL KNEE REPLACEMENT EXERCISE GUIDE

Regular exercise to restore your normal knee motion and strength and a gradual return to everyday activities are important for your full recovery. Your orthopedic surgeon and physical therapist recommend that you exercise an average of 20 minutes 2 times a day during your early recovery.

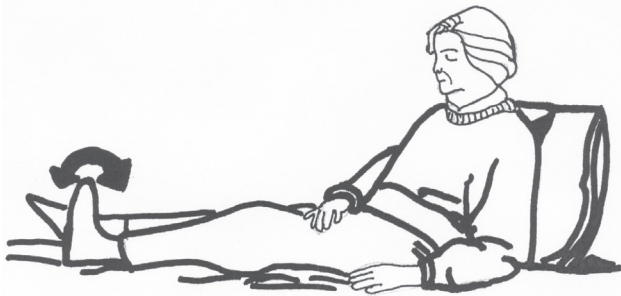
These exercises are important for increasing circulation to your legs and feet to prevent blood clots. They also are important to strengthen muscles and to improve your knee movement. You will begin these exercises either the day of surgery or the day after surgery. It may feel uncomfortable at first, but these exercises will speed your recovery and reduce your postoperative pain. These exercises should be done as you lie on your back with your legs spread slightly apart.

When you are discharged from the hospital it will be important for you to continue with this exercise program.

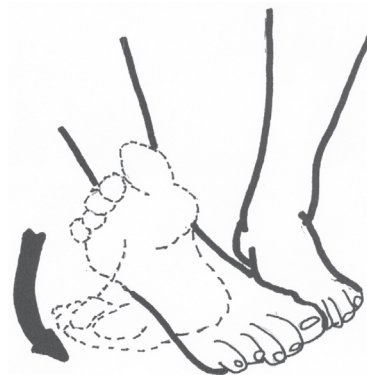
Please do exercises:

_____ times each, _____ times per day.

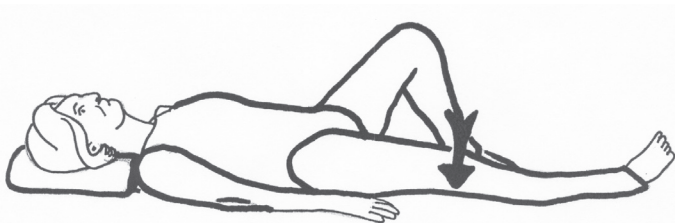
IF YOU HAVE ANY QUESTIONS ONCE YOU ARE HOME, PLEASE FEEL FREE TO CONTACT THE PHYSICAL THERAPY DEPARTMENT AT 515-1712.



1. Ankle Waving: Point toes up and then point toes down.



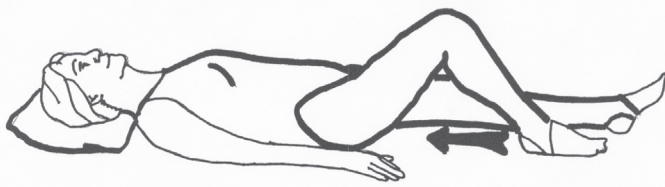
2. Ankle Circles: Circle foot clockwise. Circle foot counter clockwise.



3. Quad Sets: Push knee into bed with your leg straight. Hold for a count of three and then relax.



4. Ham Sets: Push your heel into the bed with your knee slightly bent. Hold for three seconds and then relax.



5. Heelslides: Slide your heel up toward your body by bending your knee. Keep your heel in contact with bed.

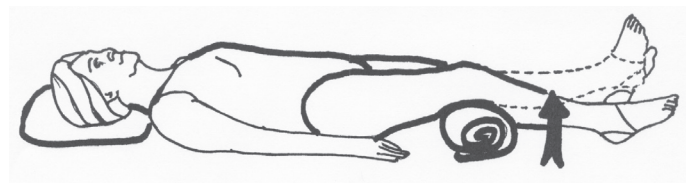


6. Hip Abduction: With knee straight and toes pointing toward the ceiling, slide your leg out to the side and then back in. Do not cross midline of the body.



7. Straight Leg Raise: Straighten leg as much as possible by tightening the muscles on top of your thigh. Raise your heel approximately four inches and hold for a count of three. Relax and repeat.

Remember to keep your knee straight during this exercise.



8. Short Arc Quads: Place towel roll or blanket roll under knee. Raise foot by straightening knee. Lower foot, relax and repeat.



9. Long Arc Quads: While sitting, straighten your operated leg and fully extend your knee. Hold for a count of three.



3300 HealthPlex Parkway
Norman, OK 73072

405.515.1000 | NormanRegional.com



HealthPlex

NORMAN REGIONAL HEALTH SYSTEM