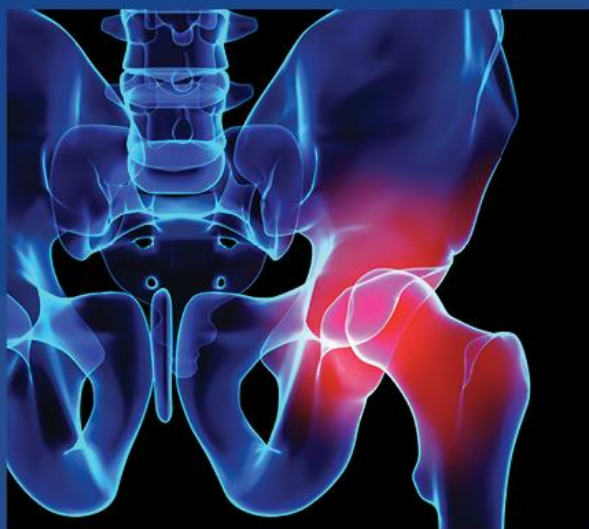


# St. Francis Joint Camp

## Hip And Knee Replacement Patient Guide





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## MyChart and Joint Camp Surveys

Patients who use **MyChart** will receive **brief surveys** to complete before and after surgery. Please complete these surveys by using your phone, tablet or computer. The surveys will help us compare how you were feeling before and then after surgery.

Through MyChart, you can access personal health information - including upcoming appointments, test results and more. If you need help registering for MyChart or experience any issues logging in, click **Forgot Username** or **Forgot Password** and verify your personal information or call the MyChart Help Desk at **866-385-7060**.

# Welcome and FAQs

You and your physician have decided that it's time to have your joint replaced, and that you will be a part of the award-winning Joint Camp program at St. Francis Eastside. At Joint Camp, our goal is to involve you in your treatment through every step of the program. We have a specialized staff of nurses and therapists committed to world-class service.

## Frequently asked questions

### **How long will I be in the hospital?**

Most patients stay in the hospital between 1–2 days. There are several goals you must achieve before you can be discharged.

### **What if I live alone?**

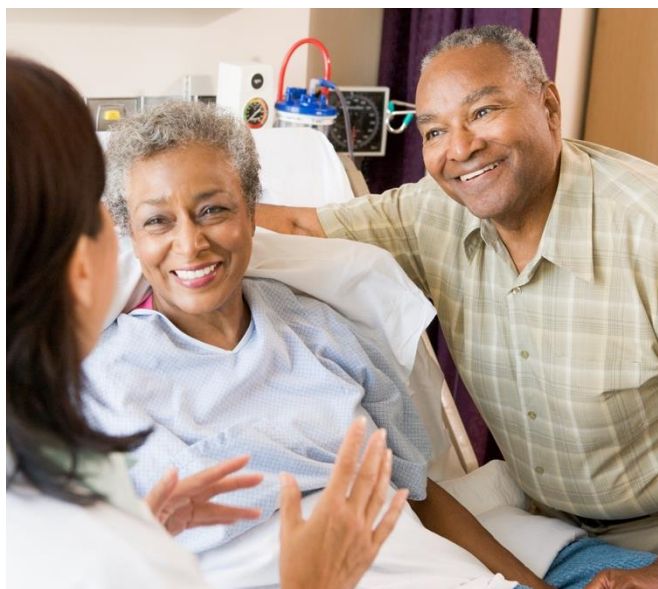
Try to make plans for family or friends to stay with you for a few days after you go home. A home health physical therapist will see you within the first 24–48 hours after you are home. For patients who progress more slowly, a social worker can assist with transfers to a skilled nursing facility for rehab. Your insurance company will make this decision after your surgery, as they assess your progress as you recover.

### **How long does the surgery take?**

Most joint replacement surgeries usually take 60–90 minutes.

### **Will I need any equipment when I leave the hospital?**

You will need a walker or other device when you walk for 2–3 weeks. After that, you may use a cane. Some people need a bedside commode to place on top of their toilet, and some like a bench to sit on in the shower. Your social worker can help plan for whatever equipment you'll need.



### **Where will I go after discharge from the hospital?**

Most patients go home directly after discharge. A few patients may transfer to a skilled nursing facility or to an inpatient rehab center. Stays there are generally no longer than two weeks. Your Joint Camp team will help you with this decision and make the necessary arrangements. You should check with your insurance company regarding benefits. Your insurance company **will not** make this decision until **after** your surgery, so have a backup plan for going home with help for a couple of days in case they deny your rehab request.

### **Will I need physical therapy when I go home?**

You will have a home health therapist visit your home. Your doctor may recommend outpatient physical therapy after that. St. Francis provides home health services and outpatient physical therapy is available at numerous locations throughout the Upstate.

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

You will need to check with your physician or therapist. Most patients will be able to drive within four weeks.

**When can I go back to work?**

Discuss this with your physician. An occupational therapist can make recommendations for joint protection and conserving your energy when you go back to work.

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

Two to three weeks after discharge, you will be seen for your first post-operative office visit. The number of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks and then yearly.

**What activities can I resume after my recovery?**

You are encouraged to do low impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening. You should avoid high impact sports and activities such as running, jumping and basketball.

**Will I notice anything different about my knee or hip?**

If you've had a knee replacement, you may have a small area of numbness around the scar which can last a year or more. Kneeling may be uncomfortable. Some patients notice a clicking sound when they move their knee. This is the result of the artificial surfaces coming together.

In many cases, patients with hip replacements think the new joint feels completely natural. However, we recommend always avoiding extreme positions or high impact physical activity. The leg with the new hip may be longer than it was before, either because of hip disease or a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling or use a small lift in the other shoe. Some patients have aching in the thigh for a few months after surgery.

# Preparing for surgery

- **Attend Joint Camp prehab/ preassessment:** This appointment will be about three weeks before your surgery. You will receive information about this visit from your surgeon and through a letter from St. Francis. Please plan to spend around three hours at the hospital. At this visit, you will:

- ✓ Have blood drawn and possibly a urine specimen collected.
- ✓ Consult with a physical therapist, social worker and respiratory therapist.
- ✓ Attend a class to learn what to expect before and after surgery.
- ✓ Be instructed in exercises to do before your surgery.
- ✓ Be assessed by a registered nurse which includes a reconciliation of your home medications.
- ✓ You may also have an EKG or chest X-ray.

- **Attend a pre-operative visit with your surgeon:** This visit usually occurs 7–10 days before your surgery. This will be your final checkup, so ask questions.

- **Stop medications that increase bleeding:** If you are on an anticoagulant (medicine to prevent blood clots), you will need special instructions for stopping the medication from your prescribing physician. Your preassessment nurse will also advise you of any other medications that should be stopped before surgery.

- **Do not shave the surgical area.** Your nurse will use clippers to remove hair, if needed, at the surgical site. Using a razor to remove your hair less than 48 hours before surgery can cause infections because it can leave small cuts on the skin.

- **Special instructions:** You will be instructed about medications, skin care and showering. Also, you may be asked to hold off on certain medications on the day of surgery. It's also a good idea to see a dentist before surgery if you haven't had a dental visit in the past year. Getting a dental screening may help lower your risk of infection after surgery.

## Prepare your home for your return

To help ease your return home, it's a good idea to do the following before your surgery:

- ✓ Cleaning and laundry
- ✓ Prepare meals and freeze them
- ✓ Remove throw rugs and tack down loose carpeting.
- ✓ Remove electrical cords and other obstructions from walkways
- ✓ Install nightlights in bathrooms, bedrooms and hallways
- ✓ If necessary, arrange to have someone collect your mail and take care of pets

## Recovery center

In this area next to your bed or chair, you will want to have your phone, TV remote, books, table for drinks, snacks, tissues and a waste basket.



## Day before surgery

Be sure to drink plenty of fluids, preferably water, to keep from getting dehydrated.

## The night before surgery

If you are feeling sick the afternoon before surgery or the morning of surgery, call the St. Francis Pre-Op Department at **864-675-4538**.

- Don't eat anything after midnight the night before your surgery, but you may drink clear liquids, such as apple or cranberry juice, black coffee, Gatorade, water or tea until 2 hours before your hospital arrival time.
- To help prevent infection, wash with the special skin cleanser you receive from the hospital.
- Place freshly laundered linens on your bed, and do not allow pets to sleep in your bed.

## Day of surgery

- Take a shower using the special skin cleanser provided by your pre-assessment nurse. Pay close attention to the cleansing of the surgical site. **Do not shave your legs.**
- If you have been told to take any of your medication(s), take it with a small sip of water before coming to the hospital.
- You may brush your teeth, but don't swallow any water.
- Do not wear any makeup, including mascara and nail polish.
- Do not wear any cologne, perfume, lotions, powders or oils on your chest, legs or near the surgical/procedural site. Deodorant is okay.
- It's important to arrive at the hospital on time so your surgery will not have to be postponed. Occasionally, surgeries can be cancelled or postponed.

## What to bring to the hospital

*(Please leave valuables at home)*

- This Patient Guide
- Picture ID (driver's license or state-issued ID)
- Copy of your Advance Directives if we **did not** get a copy at your preassessment visit
- CPAP machine (If you use one)
- Incentive spirometer that you were given at your preassessment/prehab visit
- A bottle of skin cleanser that you were given at your preassessment/prehab visit
- Personal hygiene items such as a toothbrush, powder, deodorant and razor.
- Loose, comfortable and easy-to-wear clothing including shorts or gym clothes (for physical therapy), well-fitted slippers, tennis shoes or other shoes that provide good support.
- The hospital does not have every medication. You will be advised at preassessment if you should bring medications to the hospital on the day of surgery. If you are instructed to bring medications, please bring them in their original, labeled containers given to you by your pharmacy. Do not bring your medications in pill planner boxes. **Do not** bring any controlled substances that you take at home (such as Ativan, Xanax, Valium, Roxycodone, Hydrocodone or Ambien). Our pharmacy has these medications available. Please do not self-administer medications while you are in the hospital. There are often medications your doctor will not want you to take immediately after surgery.



# Exercises to do before surgery

**Duration:** 10 reps    **Frequency:** 2 times a day

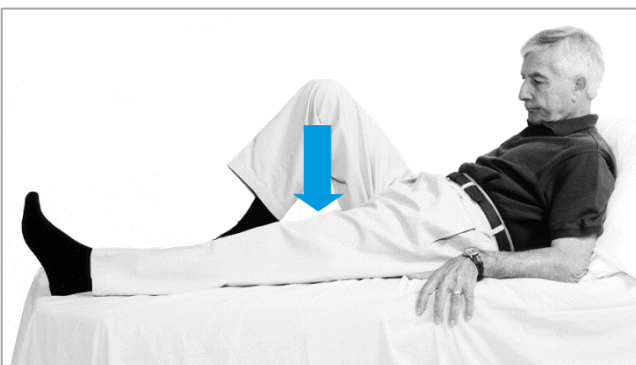
## Ankle pumps

Move your ankle up and down.  
Repeat 10 times.



## Quad sets – knee push-downs

- Lie on your back, press your knee into the mat, tightening the muscle on front of your thigh.
- Repeat 10 times
- Do not hold your breath.



## Gluteal sets

- Squeeze your bottom together. Do not hold your breath.
- Hold for 3–5 seconds.
- Repeat 10 times.



## Hip abduction and adduction (slide heels out and in)

- Lie on your back, then slide one leg out to the side.
- Keep toes pointed up and knees straight.
- Bring your leg back to the starting point.
- Repeat 10 times.



## Heel slides (slide heels up and down)

- Lie on your back and slide your heel toward your bottom.
- Caution: Do not bend your hip beyond a 90-degree angle.
- Repeat 10 times.



## Straight leg raises (for knee replacements only)

- Lie on your back with one knee bent and your foot flat.
- Lift the opposite leg up 12 inches.
- Keep your knee straight with your toes pointed up.
- Relax.
- Repeat 10 times.



## Short arc quads

- Lie on your back with a rolled towel under your thigh.
- Lift your foot, straightening the knee.
- Do not raise your thigh off the towel roll.
- Repeat 10 times.



## Long arc quads

- Sit with your back against a chair.
- Straighten your knee.
- Repeat 10 times.



## Armchair push-ups

- This exercise will help strengthen your arms for walking with crutches or a walker.
- Sit in an armchair.
- Place your hands on the armrests.
- Straighten your arms, raising your bottom up off chair seat.
- Repeat 10 times.



## Supine knee extension stretch on a towel roll (for knee replacements only)

- Begin by lying on your back with one leg bent, and your **surgery leg** straight with your heel resting on a rolled towel.
- Lay in this position with your leg relaxed and straight for 10 minutes.
- Make sure to keep your back flat on the bed during this exercise.



# The day of surgery

## Reporting to the hospital

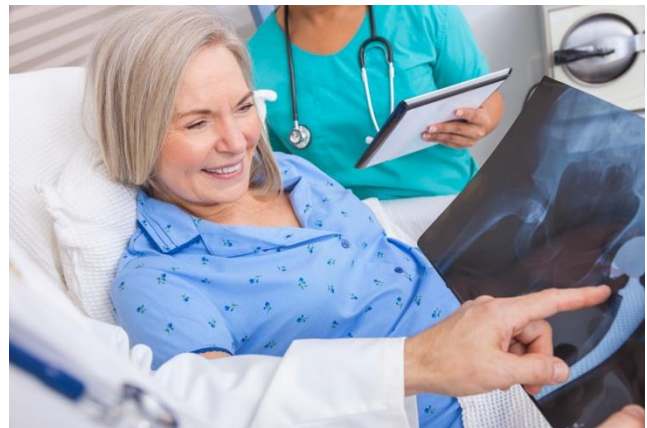
- A nurse will call you after 1 pm on the day before surgery to give you instructions on when to arrive and where to go.

## Before your surgery

- You will change into a hospital gown and be given IV fluids.
- A nurse or lab tech will draw blood to determine your blood type.
- A nurse and an anesthesiologist will interview you.
- You will be given antibiotics through your IV and some medication to help you relax.
- You will be taken to the operating room 15–30 minutes before your surgery.
- You will see your surgeon if you have not seen them before then.
- Your surgery should take between 60–90 minutes.

## After surgery

- While in the Post Anesthesia Care Unit (PACU) you will have an oxygen tube in your nose and your oxygen will be monitored. You will remain on oxygen until you are assessed by the Respiratory Therapist. Your pain will be frequently assessed and managed.
- The bandage on your operative site is light and waterproof. It will help absorb drainage from your wound.



- After your stay in recovery, you will go to your orthopedic room. You will receive pain medication as needed.
- Incentive spirometer instructions will be reviewed by the Respiratory Therapist. This is used to prevent pneumonia after surgery.
- You might choose a light meal after surgery depending on how you feel. You will soon be back to your normal diet.
- A physical and occupational therapist may assess your mobility, get you in a recliner, put clothing on and begin exercises. The nursing staff will help you walk to the restroom with your walker once it's safe.
- **Perform your ankle pump exercises 10 times in a row every hour that you are awake to prevent blood clots.** Any other exercises that the therapist assists you with during their session can be performed by you on your own time that afternoon and evening.

# The rest of your hospital stay

- A **physical therapist** will help you gain independence with your exercise program, walking and stair climbing and will provide instructions to enable a successful transition to your home recovery.
- An **occupational therapist** will help you with bathing and dressing as well as provide education on precautions and adaptive equipment.
- You may notice that you have a poor appetite for a few weeks after surgery.
- You will be reminded to do your breathing exercises and drink plenty of fluids.
- IV pain medication will be stopped, and you will begin oral medication.
- You will become more independent as the days progress.
- Walkers are provided for your use while you are in the hospital. You will need one for home use. The social worker can help you get one before you are discharged.





# Preventing a fall

**It is very important to call for assistance anytime you need to get out of bed while you are in the hospital.**

There is a nurse call button in your room. It should always be within your reach. If you try to get out of bed without help, an alarm will sound. Report any spilled liquids, obstacles or other safety risks to our staff. Our main priority is your safety.

## Pain management

- Your pain medicine will be given according to the level of pain you are having. You will be instructed to use the pain scale to rate your pain on a 10-point scale, with 10 being the worst pain. You will receive pain medication through your IV or by mouth. It is very important to ask for your pain medication when you start to feel pain so you and your nurse can manage your pain effectively.
- Take pain meds before physical therapy. Your nurse can help you make this plan.
- Initially, do not go long periods (eight hours or more) without taking pain medication. You should take your pain medications about every four hours.
- You should gradually start reducing the amount of pain medication you are taking as your pain level decreases. Your physical therapist or doctor can help answer questions about controlling your pain. Be careful not to decrease your pain medicine too soon. The key is to keep your pain at a tolerable level.

## Going home

- You will receive written discharge instructions concerning medications, physical therapy and activity. Your social worker will help make arrangements for any equipment or home health needs.
- For patients who progress slowly, a social worker can assist with transfers to a skilled nursing home for rehab. Criteria must be met for admission. Your insurance company may be involved in this decision.

# Caring for yourself at home

## Controlling your discomfort

- Take your pain medicine at least one hour before physical therapy.
- Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol in place of your prescription medication up to four times per day.
- Change your position every 45 minutes throughout the day.
- Ice is effective in managing pain and swelling and decreasing discomfort throughout your recovery phase. While in the hospital, knee replacement patients will be using an electric ice therapy unit. These units can be used for a longer duration due to temperature control. If you use an actual ice pack on your joint, do not use for more than 20 minutes at a time each hour. It is important to use it before and after your exercise program.

## Body changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Many patients have difficulty sleeping. Don't sleep or nap too much during the day.
- Your energy level will be lower than normal for the first month.

## Caring for your incision

- Keep your incision covered with the waterproof dressing until your staples are removed.
- Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
- Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5°.



# Recognizing and preventing complications

## Signs of infection

- Increased swelling or redness at incision site.
- Change in color, amount or odor of drainage.
- Increased pain in operated joint.
- Fever greater than 100.5°.

## Preventing Infection – Very Important!

- **Wash hands frequently!**
- Always wash your hands before touching your incision site.
- Keep all dressings clean and dry.
- Cover your cough or sneeze.
- Keep a clean home.
- Keep pets away from your incision. Wash your hands after touching pets.
- Do not allow pets to sleep with you until your incision is healed completely.
- **DO NOT SMOKE!** Smoking slows down the healing process.
- If you have diabetes, it is important to manage your blood sugar levels. Increased blood sugar levels delay wound healing and increases your risk for infection.
- Notify your dentist before having dental work. They may prescribe a prophylactic antibiotic for you to take.

## Signs of dislocation (for hip replacement)

- Severe pain
- Rotation or shortening of surgical leg
- Unable to walk or move surgical leg

## Preventing dislocation (for hip replacement)

Certain patients will be instructed in these precautions. Until your surgeon tells you otherwise:

- Do not twist the leg at the knee
- Do not bend past 90° at the hip
- Do not cross your legs
- Watch the height of your sitting surfaces so that your thighs will be higher than your knees.

## Signs of blood clots

### In your legs:

- Extreme tenderness or pain in calf (back of leg)
- Very hard, tense feeling in your calf
- Warmth or redness in the calf area

If you have any of these symptoms, call your surgeon's office. Try to call as early in the day as possible as you may need to be scheduled to have an ultrasound. You may also call the **Joint Camp Resource Nurse at 864-400-3640**. The Resource Nurse is available from 8AM–4PM Mon.–Fri.

### In your lungs:

Call 911 if you have:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

# Exercises to do after surgery

**Duration:** 20 reps    **Frequency:** 2 times a day

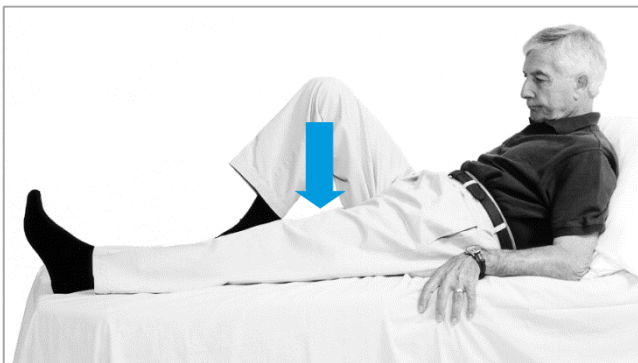
## Ankle pumps

Move your ankle up and down.  
Repeat 20 times.



## Quad sets – knee push-downs

- Lie on your back, press your knee into the mat, tightening the muscle on front of your thigh.
- Repeat 20 times
- Do not hold your breath.



## Gluteal sets

- Squeeze bottom together. Do not hold your breath.
- Hold for 5-10 seconds.
- Repeat 20 times.



## Hip abduction and adduction (slide heels out and in)

- Lie on back, then slide one leg out to side.
- Keep toes pointed up and knees straight.
- Bring your leg back to the starting point.
- Repeat 20 times.



## Heel slides (slide heels up and down)

- Lie on your back and slide your heel toward your bottom.
- **Do not** bend your hip beyond a 90-degree angle.
- Repeat 20 times.



## Short arc quads

- Lie on your back with a rolled towel under your thigh.
- Lift your foot, straightening the knee.
- Do not raise your thigh off the towel roll.
- Repeat 20 times.



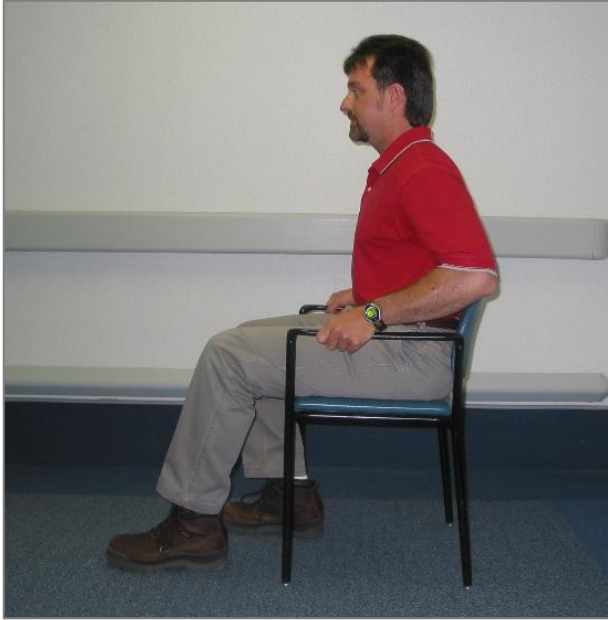
## Straight leg raises (for knee replacements only)

- Lie on your back with one knee bent and your foot flat.
- Lift the opposite leg up 12 inches.
- Keep your knee straight and toes pointed up.
- Relax.
- Repeat 20 times.



### Knee flexion stretch (for knee replacements only)

- Bend involved knee as far as possible.



- Gently scoot your hips forward until a stretch is felt across the knee.
- Hold 5–10 seconds.
- Release stretch by scooting back.
- Repeat 20 times.



### Supine knee extension stretch on a towel roll (for knee replacements only)

- Begin by lying on your back with one leg bent, and your **surgery leg** straight with your heel resting on a rolled towel.
- Lay in this position with your leg relaxed and straight for 10 minutes.
- Make sure to keep your back flat on the bed during this exercise.



### Long arc quads (for hip replacements only)

- Sit with your back against a chair.
- Straighten your knee.
- Repeat 20 times.



# Activities of daily living, precautions and home safety tips

## When standing up from a chair

**Do not** pull up on the walker to stand.  
Sit in a chair with arm rests when possible.  
Avoid low, deep or soft chairs.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the arm rests. If you're sitting in a chair without armrests, place one hand on the walker, at the center, while pushing off the side of the chair with the other.
3. Balance yourself before reaching for the walker.

## Walker ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place your foot in the middle of the walker area. **Do not** move it past the front feet of the walker.
3. Step forward with the non-operated leg. NOTE: Take small steps. **Do not** take a step until all four walker legs are flat on the floor.
4. **Stairclimbing:**
  - Ascend with non-operated leg first (up with the good).
  - Descend with operated leg first (down with the bad).





## Lying in bed

Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or rolled-up towel on the outside of your leg may help you maintain this position.



When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto side.



## Transfer – toilet

A raised toilet seat or a three-in-one bedside commode frame over your toilet can be helpful after surgery.

### When sitting down on the toilet:

1. Take small steps and turn until your back is to the toilet. **Never** pivot.
2. Back up to the toilet until you feel it touch the back of your leg.
3. 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 on the walker, in center, while reaching back for the toilet seat with the other. Avoid using a towel bar or toilet paper holder.

### When getting up from the toilet:

1. If using a commode with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other. Avoid using towel bar or toilet paper holder.
2. Balance yourself before grabbing the walker.



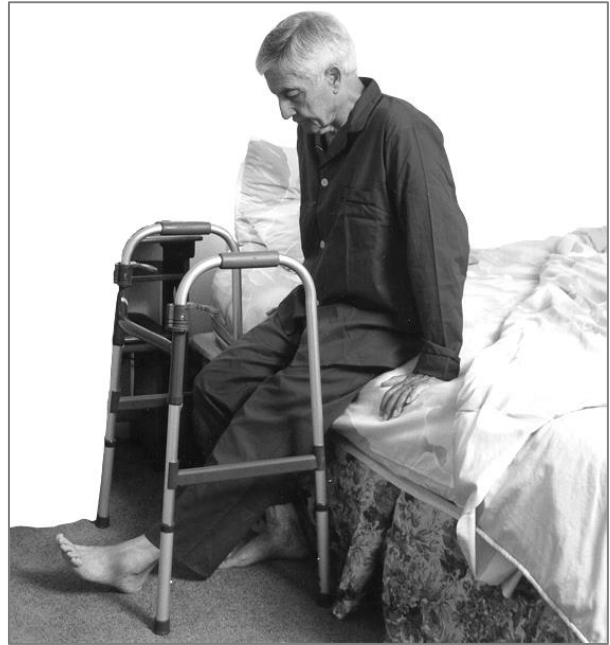


## Transfer – into bed

### When getting into bed:

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

NOTE: If you had a hip replacement, **do not** cross your legs to help the operated leg into bed.



## Transfer – out of bed

### When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your unoperated leg to the floor.
3. If necessary, use a cane, a rolled bed sheet or a belt to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before reaching for the walker.



## Transfer — bathtub

### Getting into the tub using a bath seat:

1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it on the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way but keep it within reach.
6. Lift your legs over the edge of the tub.

ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.

To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

### Getting out of the tub using a bath seat:

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



## Transfer – car

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
2. Place a plastic trash bag on the seat of the car to help you slide and turn forward.
3. Back up to the car until you feel it touch the back of your legs.
4. Reach back for the car seat and lower yourself down. Duck your head so that you don't hit it on the doorframe.
5. Turn frontward, leaning back as you lift the operated leg into the car.
6. Turn frontward when there is enough room for the knee to bend comfortably.



# Personal care

## Using a reacher or a dressing stick

### Putting on pants and underwear:

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

### Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor. Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg. A reacher can help you remove your pants from your foot and off the floor.



## Using a sock aid

1. 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.

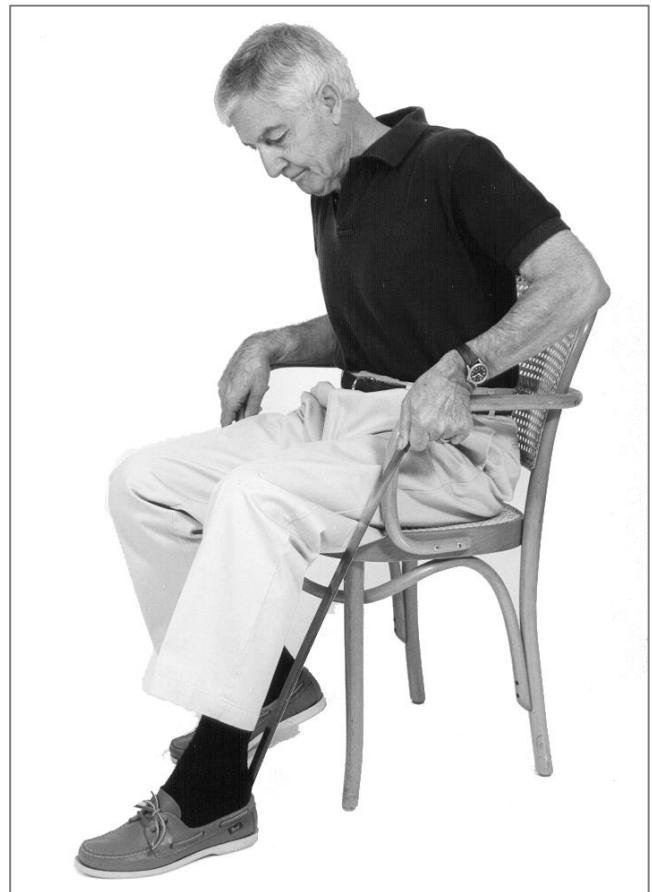




## Using a long-handled shoe horn

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

NOTE: It's easier to wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces. **Do not** wear high-heeled shoes or shoes without backs.



# Home safety tips

## Saving energy and protecting your joints

- Do not get down on your knees to scrub floors. Use a mop or broom.
- Plan ahead. Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies where they can be easily reached.
- To provide a better working height, use a high stool or put cushions on your chair when preparing meals.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Do not lift heavy objects for the first three months, and then only with your surgeon's permission.

## Adaptive equipment

**Adaptive equipment is recommended for total hip replacement patients.**

This is often referred to as a **hip kit** and includes a:

- Reacher
- Sock aid
- Long-handled shoe horn
- Long-handled bath sponge

## Adaptive equipment providers

### **Cash and Carry Pharmacy**

101 Pete Hollis Blvd.  
Greenville, SC 29601  
864-232-6711

### **Parker Medical Equipment**

23 Mohawk Dr.  
Greenville, SC 29609  
864-242-1101

### **Performance Health**

800-323-5547

You can also order equipment online from **Amazon or other vendors.**

# St. Francis Outpatient Rehab Services

Your physician may send you for outpatient physical therapy following your joint replacement. We have several locations, including:

- St. Francis Downtown
- St. Francis Eastside
- St. Francis Five Forks
- St. Francis Furman
- St. Francis Millennium
- St. Francis Powdersville
- St. Francis Simpsonville
- St. Francis Smith Therapy
- St. Francis Sportsclub — Congaree

St. Francis offers comprehensive rehabilitation services for a wide variety of other diagnoses and medical conditions. Services include outpatient physical therapy, speech therapy and occupational therapy. Our highly skilled therapists can perform evaluations and design individualized therapy plans that can help patients achieve their highest level of function.

## Other outpatient rehab programs

- Aquatic Therapy
- Arthritis Therapy
- Back School
- Back Care Programs
- Balance/Vestibular Rehab
- Fibromyalgia Therapy
- Functional Capacity Assessment
- Functional Strength Building/Work Hardening
- Hand and Upper Extremity Rehab
- Headache/Temporomandibular Joint Dysfunction (TMJ) Rehab
- Impairment Rating/Disability Evaluation
- Industrial Rehab Program
- Isokinetic Testing
- Job Site Analysis
- Massage Therapy
- Oncology Rehab
- Post-Laryngectomy Voice Rehab
- Post-Mastectomy Rehab
- Total Joint Pre-Assessment
- Women's Health and Physical Therapy Services (pelvic floor pain)
- Wound Care

For additional St. Francis outpatient rehab services, please call **864-675-4650**.



# Important St. Francis phone numbers

St. Francis Downtown.....	864-255-1000
St. Francis Eastside.....	864-675-4000
HealThySelf Fitness Program (St. Francis Millennium Campus) .....	864-400-3651
St. Francis HomeCare .....	864-233-5300
Joint Camp Unit (St. Francis Eastside 3rd Floor Nursing Station) .....	864-675-4383
Joint Camp Resource Nurse (available after hospital discharge, Mon.–Fri., 8AM–4PM) .....	864-400-3640
Patient Relations .....	864-255-1093
Physical Therapy – Outpatient Scheduling .....	864-255-1726



