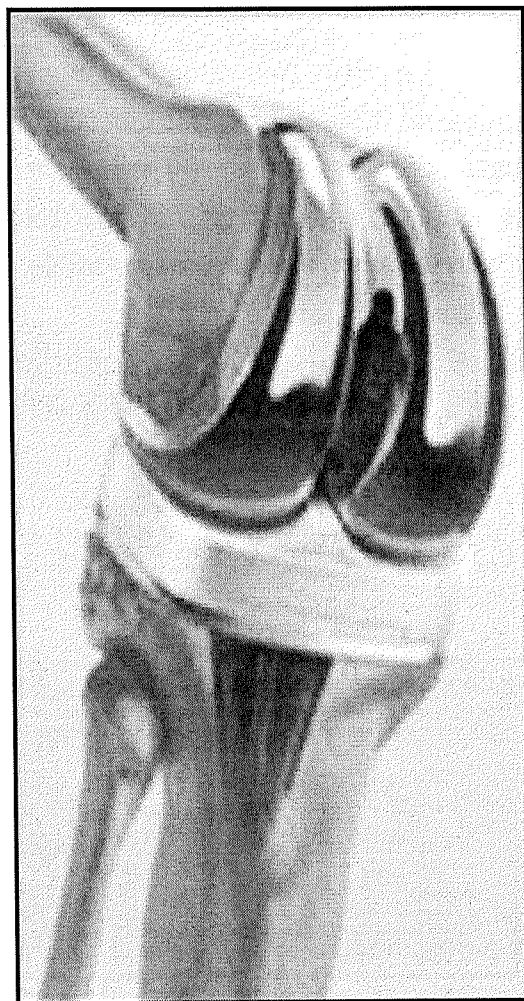




GUIDE TO RECOVERY FROM KNEE REPLACEMENT



***ADAM**

**PLEASE READ THIS AND BRING IT TO YOUR PREADMIT CLINIC VISIT
AND WHEN ADMITTED TO HOSPITAL FOR YOUR SURGERY**

This is a guideline only.

Please ask our staff if you have any questions or concerns.

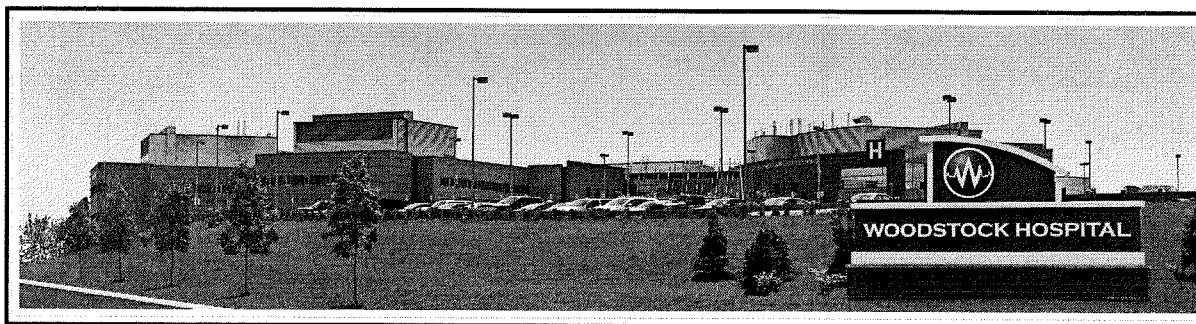


WELCOME TO WOODSTOCK HOSPITAL

On behalf of all the staff at the Woodstock Hospital, we would like to welcome you! We have an excellent orthopedic team that works together to treat surgical and non-surgical sports injuries, total joint replacements, trauma injuries and orthopedic bone disorders.

This booklet was created to help address any questions or concerns you may have about your upcoming total knee replacement. It includes information on what the surgery involves, how to prepare yourself for the surgery, what to expect in the days following the surgery, how to prepare your home for when you are discharged from the hospital, and tips that will hopefully make this experience as positive and stress-free as possible.

Please read this guide thoroughly and write down any questions you may have on the "My Notes" page at the end of this booklet. Bring this booklet with you on the day of your surgery and for follow-up visits.





CONTENTS

Page 3 of 24

1. Guide To Recovery From Knee Replacement
2. Welcome to the Woodstock Hospital
3. Contents
4. Contact Information
5. The Healthy Knee
6. Total Knee Replacement
7. Before Your Surgery
8. Pre-admission Clinic
9. Assistive Equipment
10. Assistive Equipment (continued)
11. Planning Your Discharge Home
12. Your Hospital Stay
13. Upon Arrival
14. What to Expect After Surgery
15. Activity Following Surgery
16. After Your Knee Surgery
17. After Your Knee Surgery (continued)
18. Care of Your Incision
19. Follow-up
20. Driving
21. Activity Following Surgery
22. Stairs
23. Knee Exercises
24. My Notes



CONTACT INFORMATION

Page 4 of 24

Patient Name: _____

Pre-admission clinic date and time: _____

Surgery date and time: _____

Surgery day arrival time at hospital: _____

Surgeon: _____

Physiotherapy contact: _____

Dr. Bigham's office	Dr. Petis's office	Dr. Xenoyannis's office	Dr. Tran's Office
333 Athlone Ave., Suite 104 Telephone: (519) 290-9001 Fax: (519) 290-9002	333 Athlone Ave., Suite 104 Telephone: (519) 533-6970 Fax: (519) 533-6971	333 Athlone Ave., Suite 104 Telephone: (519) 290-2460 extension 4470 Fax: (519) 286-0472	333 Athlone Ave., Suite 104 Telephone: (519) 533-6968 Fax: (519) 533-6969

Woodstock Hospital

Surgical In-patient Unit (2500): (519) 421-4211 extension 4213

Operating Room: (519) 421-4211 extension 2204

Pre-admission Clinic: (519) 421-4211 extension 2203

Physiotherapy

Outpatient Physiotherapy: (519) 421-4206

Community Care Access Centre (CCAC)

Southwest LHIN Home and Community Care:
1-855-276-3400

OTHER RESOURCES

The Health Line: www.southwesthealthline.ca

This website provides resources that will help prepare you for what to expect before, during and after joint placement surgery, including access to patient guides and community resources with the Community Care Access Centre (CCAC) Southwest (LHIN) Home and Community Care region of Ontario.

Canadian Orthopedic Foundation: www.canorth.org

The Arthritis Society: www.arthritis.ca

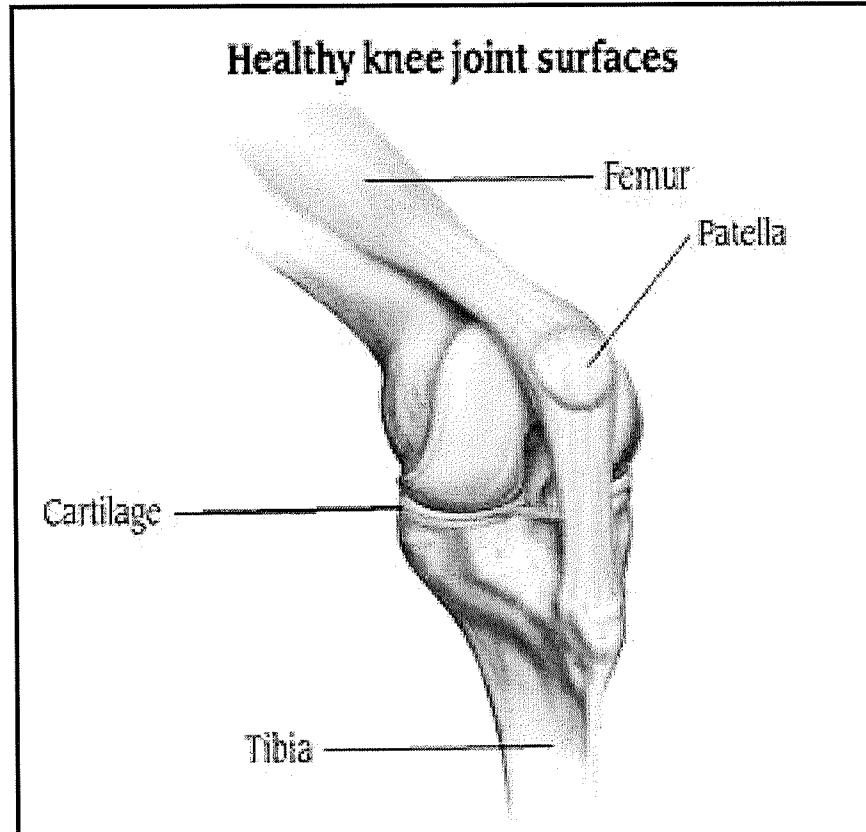


THE HEALTHY KNEE

Page 5 of 24

The knee joint is the largest joint in the body and is made up of the kneecap (patella), thigh bone (femur) and the shin bone (tibia).

- Articular cartilage is a smooth elastic tissue that covers and cushions the surfaces of these bones and allows them to move smoothly
- Menisci are "pads" of cartilage found between the femur and tibia that act as shock absorbers to protect bone surfaces
- Ligaments give support to the knee in all directions
- The knee moves like a hinge; these movements are generated by powerful leg muscles





TOTAL KNEE REPLACEMENT

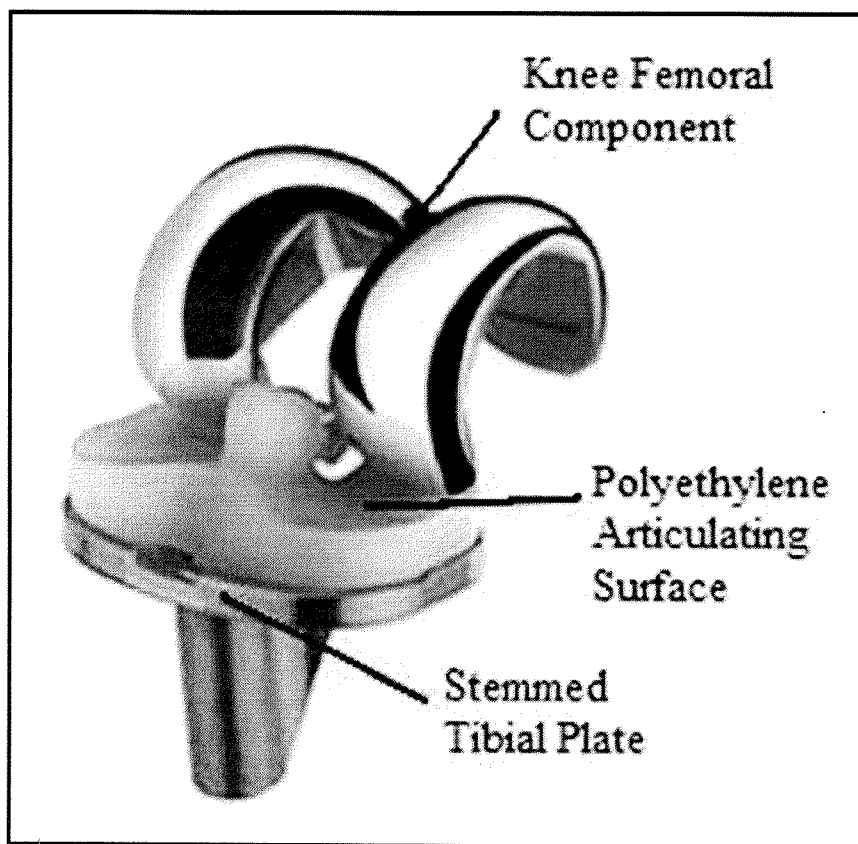
Page 6 of 24

A healthy knee moves without pain because the joint surfaces are covered and protected with cartilage. When the cartilage wears away, the bones rub together causing pain. Bony spurs can form in the knee joint or under the kneecap, which can make weight bearing, walking and even sitting very painful. This damage to the knee structures can be caused by osteoarthritis, rheumatoid arthritis, and previous knee injuries.

When other treatments no longer work and you cannot carry on with normal activities because of the pain and limited movement, your doctor may recommend a total knee joint replacement.

There are 3 parts to the artificial knee:

1. The metal shell on the end of the thigh bone (femur – Knee Femoral Component)
2. The metal and plastic plate at the top of the shin bone (tibia – Stemmed Tibial Plate)
3. The plastic button on the back of the kneecap (not shown on diagram)





BEFORE YOUR SURGERY

Page 7 of 24

Research shows that those who are prepared for their surgery have better outcomes and recovery periods. This section contains important information on what you can do before surgery so that your joint replacement is as successful as possible.

Exercise Activity

People with a painful knee joint are often afraid to be physically active because they worry it will do more damage to the joint. This is not the case. Research has shown that exercise can help you decrease pain, improve strength, and keep your heart in good condition before surgery. This in turn will help in your recovery after surgery. Refer to the section "Knee Exercises" in this booklet for examples of several exercises to try before your surgery.

Endurance activities are good for your heart, lungs, circulation and muscles. Activities to increase endurance include walking, using a stationary bike and swimming. It is important with any exercise program that you start slowly. Begin with a few minutes each day and gradually progress until you can exercise at least 3 times per week for 20 to 30 minutes. If you have any questions about starting an exercise program, speak with your family doctor or other health care professional.

Nutrition and Weight Management

Research has shown that during walking, the hips, knees and ankles bear three to five times a person's total body weight. Because of the way joints work, the pressure in your knee joints is more than your body weight when you walk. For every pound a person is overweight, 3–5 pounds of extra weight is added to each knee during walking. Even a small weight loss can make a big difference to your joints. If you are overweight and have arthritis in any of your weight-bearing joints, losing weight will help you more than any food supplements. For example, a 10–15 pound weight loss results in 30–50 pounds of extra stress to be relieved from the joints and increase your ability to do daily activities by almost 30%. Talk to your family doctor or registered dietitian about an appropriate weight loss program if needed. For more information about healthy eating visit;

Canada's Food Guide at www.healthcanada.gc.ca/foodguide or

The Arthritis Society's Nutrition Guidelines at www.arthritis.ca.



PRE-ADMISSION CLINIC

Page 8 of 24

An appointment will be made for you prior to your scheduled surgery date either in person or over the phone to assess your overall health and provide information about your surgery. This visit will take several hours.

- Bring a family member or friend with you if you have difficulty getting around or if English is not your first language.
- Bring all of your medications and any over the counter or herbal supplements in their original containers, along with a prescription list from your pharmacy.
- Bring your completed Pre anesthesia Questionnaire and or any current reports from any specialist you may be seeing such as an internist, sleep apnea clinic, cardiologist, or hematologist.
- Bring reading glasses (if required).
- Bring this booklet with you, and use the My Notes section at the back to list any questions you may have about your upcoming surgery.

In preparation for your surgery, you will meet with a team of health professionals:

- A **nurse** will review your health and discuss what to expect during your hospital stay and ways to prepare for your discharge home.
- An **anesthesiologist** may meet with you to discuss anesthetic options and pain management.
- A **laboratory technologist** will take your blood.
- A **respiratory technician** may do an electrocardiogram (ECG) of your heart.
- A **x-ray technician** may perform x rays of your hip and or chest.

The length of your pre admission visit is dependent on the number of tests you require.

Check in at the Admitting department on the first floor 15 minutes before your pre admission appointment. This visit will take several hours.

Pre-admit Joint Replacement Class

2–4 weeks prior to your surgery, you will be scheduled to attend an hour long Total Joint Replacement class. During this class, you and other individuals preparing for total hip replacement surgery will meet with a Physiotherapist. In this class you will discuss:

- walking and using aids like a walker or crutches
- dressing and aids that may assist you with dressing after surgery
- bathing after surgery
- the importance of and where you will attend physiotherapy after surgery

These classes take place at Woodstock Hospital and will be scheduled by your surgeon's secretary.



WOODSTOCK HOSPITAL
Woodstock, ON
ASSISTIVE EQUIPMENT



Page 9 of 24

The following is a list of equipment that may assist you in your everyday activities following surgery. You will need to get these devices before your admission to the hospital and it is recommended you practice using these devices before your surgery. All of the equipment can be either rented or purchased within the community. For a list of vendors in your community, please see the list attached at the back of the booklet.

GAIT AIDS	<ul style="list-style-type: none"><input type="checkbox"/> 2 Wheeled Walker or Standard Walker (Mandatory) Will assist with your walking<input type="checkbox"/> Cane or Crutches (Mandatory) Will assist you on the stairs and with your walking later on in your recovery<input type="checkbox"/> Handrails These should be installed along stairs at home for safety
BATHROOM EQUIPMENT	<ul style="list-style-type: none"><input type="checkbox"/> Raised Toilet Seat with Arms Clamp-on or moulded plastic styles for regular or oval toilet bowls<input type="checkbox"/> Grab Bars Can be mounted into a studded bathroom wall or clamped to the side of the tub<input type="checkbox"/> Bathtub Transfer Bench Useful for getting into and out of the tub. You will not be able to bathe until your staples have been removed (usually 2 weeks after your surgery) or until instructed by your surgeon<input type="checkbox"/> Hand held Shower For use with the tub bench
DRESSING DEVICES	<ul style="list-style-type: none"><input type="checkbox"/> Sock Aid To help put on socks or hosiery<input type="checkbox"/> Long-Handled Reacher To help reach objects on the floor, overhead, or for dressing<input type="checkbox"/> Long-Handled Shoehorn Useful to put on shoes or take off socks

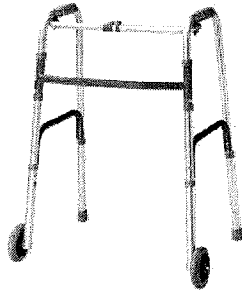
These devices will be discussed indepth at your pre-admission appointment with your Physiotherapist or Occupational Therapist. He or she will review which devices you will need.



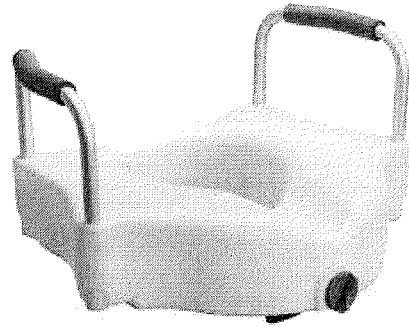
ASSISTIVE EQUIPMENT

Page 10 of 24

2 Wheeled Walker or Standard Walker – **MANDATORY**



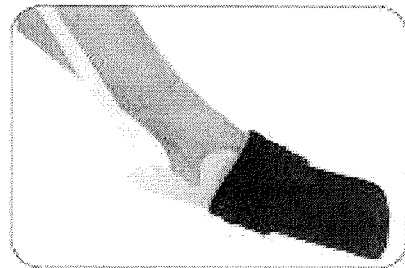
Raised Toilet Seat with Arms



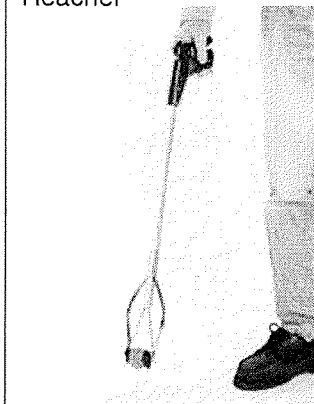
Long-Handled Shoehorn



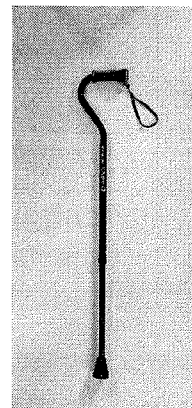
Sock Aid



Reacher



Cane





PLANNING YOUR DISCHARGE HOME

Page 11 of 24

HOME SUPPORT

It is important that you have a spouse, family member, friend or neighbour to stay with you at home when you leave the hospital. It is recommended that you are not home alone for the first one to two weeks after surgery.

If you live alone or your family is unable to help, you have several options:

- Arrange to stay with a friend or have them stay with you. Consider going to the house or apartment that requires the least amount of stairs.
- Arrange for a convalescence or respite bed at a retirement home (two to four weeks is recommended) while you recover. For a list of available beds nearest you, please contact the Community Care Access Centre (CCAC) South West LHIN Home and Community Care intake office at 1-855-276-3400. These beds need to be arranged prior to your surgery (based on availability), so that the bed will be available starting **two days** after your surgery date. There will be a cost for this.

HOW TO PREPARE YOUR HOME

- If there are a lot of stairs to go up to your bedroom, consider moving your bed to the main floor temporarily. Look into borrowing or renting a bed if necessary.
- If you don't already have them, install handrails on at least one side of each stairway, including any stairs outside the house. Consider installing a temporary ramp to access the house if needed.
- Remove scatter rugs and loose electrical cords as they may cause you to fall.
- When in the kitchen, use a cart with wheels to move heavy items or many items at once.
- Place things that you use often where you can easily reach them such as a telephone or lamp by your bed.
- Place a rubber mat in your tub and or shower.
- Make sure there is a clear, well lit path from your bedroom to the bathroom.
- Install a sturdy grab bar in your bathroom. **DO NOT** use a towel rack as a grab bar; these are not safe.
- Arrange for someone to come in and help with household chores upon your return home. You will not be able to do tasks that require heavy lifting or bending, such as vacuuming, washing floors, laundry and washing the tub.
- It is important that you have a good supply of nutritious foods at home. You will not be able to prepare meals in your kitchen for several weeks after surgery, therefore it is recommended that you stock your freezer with healthy foods and pre cooked meals. Arrange for family or friends to do your grocery shopping. If it is available in your area, you can have meals delivered to your house via Meals on Wheels. Contact your nearest Community Care Access Centre (CCAC) for details.
- **Don't be afraid to ask for help if you find a task too difficult.**



YOUR HOSPITAL STAY

Page 12 of 24

PRIOR TO SURGERY

You must call the hospital (519-421-4220) the day before your surgery, between 1–3 pm for your expected arrival time on the day of the surgery. If your surgery is booked for a Monday, please call on the Friday before your surgery.

My date to call is: _____

If you injure your operative leg in any way (ie cut, scrape or have an infection anywhere on your body), please notify the surgeon's office immediately;...do not wait until the day of your surgery

DAY OF SURGERY

- DO NOT shave below the waist for at least 48 hours prior to your surgery or your surgery will be cancelled.
- DO NOT eat after midnight the night before your surgery unless instructed otherwise
Clear fluids (water or apple juice) may be taken until 3 hours before surgery. Take morning medications with only a sip of water (only the ones you were instructed to take on the day of surgery).

Bring the following items with you (please label all items with your name):

- Current medication and over the counter supplements in their original containers.
- Supportive shoes with rubber soles or grips, slippers with a back and non slip sole.
- A light weight robe.
- A small overnight bag with comfortable clothes and personal care items
- Guide to Recovery from Knee Replacement booklet.



UPON ARRIVAL

Page 13 of 24

WHAT TO EXPECT UPON ARRIVAL TO THE DAYCARE UNIT, AFTER YOU HAVE REGISTERED ON MAIN FLOOR

Assessment and Monitoring	<ul style="list-style-type: none">• A nurse will review your chart and various components including your consent and safety checklists.
Tests	<ul style="list-style-type: none">• You may have blood work taken.• An intravenous will be started.
Medications	<ul style="list-style-type: none">• You will take morning medications with a sip of water if you were instructed to do so.• You will receive pain medications and antibiotics.
Nutrition	<ul style="list-style-type: none">• The nurse will check that you have had nothing to eat or drink since midnight except a sip of water with morning medications.
Education	<ul style="list-style-type: none">• The nurse will review any questions you or your family have.

WHAT TO EXPECT AFTER SURGERY

Tests and Treatment	<p>You will have:</p> <ul style="list-style-type: none">• An IV continued• Vital signs checked at regular intervals• Dressing checked and changed daily or as needed• Blood tests• X-rays
Medications	<p>You may have medication for:</p> <ul style="list-style-type: none">• Pain control• Nausea• Anti blood clot• Antibiotics• Your usual medications <p><i>Pain following surgery is expected and normal. Please inform a nurse if you have pain or nausea. You will be asked to rate your pain on a scale of 1–10.</i></p>



WHAT TO EXPECT AFTER SURGERY

Page 14 of 24

Activity	<ul style="list-style-type: none">• Activity will begin on the day of surgery and continue through your hospital stay.• Pain medications will be given by your nurse before your exercises.
Nutrition	<ul style="list-style-type: none">• You will be offered a regular diet as your nausea and comfort level permits.• Maintain regular sips of fluids after surgery to stay hydrated.
Consults	<ul style="list-style-type: none">• Physiotherapy• Occupational Therapy• Anesthesia may follow up for pain control.
Education	<ul style="list-style-type: none">• Review post op exercises and precautions.• Review pain management, wound care and bowel precautions.• Review follow up appointments and care of your knee at home.
Discharge Planning	<ul style="list-style-type: none">• Your progress will be assessed daily by your Health Care Team to ensure a timely, safe discharge.• Please ensure you understand your plans for physiotherapy upon discharge.
After Discharge	<ul style="list-style-type: none">• You will have ongoing physiotherapy appointments following discharge.

Discharge time is before 11:00 am.



ACTIVITY FOLLOWING SURGERY

Page 15 of 24

During your stay after surgery and to prepare you for your discharge home, your health care team will review and have you perform the following activities:

- How much weight you may put on your leg
- How to protect your knee when moving
- How to move safely in your bed
- How to get in and out of bed safely
- How to walk correctly with a walker
- How to transfer safely to a chair
- How to climb stairs with crutches or a cane
- How to prevent injury to your knee
- How to use ice on your knee
- How to manage daily activities and use assistive devices
- How to dress, bathe and go to the bathroom safely
- Daily stretches and range of motion exercises
- What to do if you have questions when you go home



AFTER YOUR KNEE SURGERY

Page 16 of 24

PRECAUTIONS:

- Many people are afraid to bend their knee after surgery, believing this could be harmful, especially since bending the knee is painful at first. While certain movements should be avoided, you are encouraged to start bending your knee right away. Do it gently at first, but keep doing it!
- Do NOT rest your operated knee over a pillow. This can cause stiffness in both your knee and hip, making it harder to straighten your leg.
- It is important to keep active after knee replacement surgery to keep you strong and moving well. Go for several short walks daily, with rest breaks in between.
- Use your walker or crutches until instructed otherwise by your physiotherapist.
- Continue the exercises 3 times per day as taught by the physiotherapist. It is your responsibility to do your exercises daily, especially knee bending and straightening as much as possible. Remember, you only get what you put into your knee replacement!
- Avoid becoming overly tired or over-working your knee. Gradually increase your activity (walking, household chores, etc) as pain tolerates.
- Ask your surgeon or physiotherapist when you are ready to use an exercise bike.
- Avoid jogging, jumping, lifting heavy weight, twisting or any other activity that places excessive stress on your new knee.

REST:

- Sit in a chair or lie down after walking exercise. Do not let your legs hang down for longer than 1 hour to limit swelling – elevate your leg with a stool if needed.
- Do not overdo it at the start. Slowly increase your walking distance to find your limits.
- It usually takes a few weeks to regain your energy.

PAIN AND SWELLING CONTROL:

Pain and swelling following surgery is normal and will continue over the next few weeks to months. It should gradually improve over the first 6 weeks after surgery. Each person feels pain differently and therefore what is moderately or very painful to some may be mildly painful to others.

Pain and swelling can be relieved by:

- Place an ice pack (frozen peas or corn work well) around your knee for 15 minutes several times daily to help reduce swelling and pain. Make sure to ice especially after exercises. Make sure to place a towel between the ice pack and your skin.
- Elevating your leg above your heart level to help relieve swelling pressure.
- Balancing rest and activity.
- **Take your pain medication as directed. Remember, if you are in too much pain, you will not be able to do your exercises. It is a good idea to take your pain medication half an hour before your exercises. You will gradually wean off your medication as your pain improves.**



AFTER YOUR KNEE SURGERY

Page 17 of 24

Therapy after Surgery

- A required component to assist you in achieving the best possible outcome from your total knee replacement is attending regular physiotherapy appointments after your surgery.
- It is expected that you will begin physiotherapy, at a clinic of your choice, within 1 week of discharge from the hospital.
- Many patients from Woodstock and area will attend physiotherapy in the Outpatient Physiotherapy Department at Woodstock Hospital. If you choose to attend outpatient physiotherapy at Woodstock Hospital, an appointment time will be scheduled on your behalf and given to you on discharge.
- There is no cost to patients attending outpatient physiotherapy at Woodstock Hospital.

If you choose not to attend physiotherapy at Woodstock Hospital, you will:

- Be given a physiotherapy referral.
- Start physiotherapy at the clinic of your choice.
- Continue with the exercises outlined by your physiotherapist while in the hospital.
- When attending physiotherapy, your therapist will progress your exercises as needed to continue to improve the strength and range of motion of your leg.
- The frequency of visits to physiotherapy will depend on your recovery but expect to attend physiotherapy appointments for 6–8 weeks.

Dietary Needs

Following surgery your body may need additional nutrients to help in your recovery and allow you to get back to your day-to-day activities.

- For the next **4–6 weeks** it is recommended that you consume additional high-protein and high-energy foods.
- During the day, aim to have a meal or snack every two to three hours. Include a snack before you go to bed.
- Foods containing protein include: meat, poultry, fish, eggs, milk, cheese, yogurt, nuts, seeds, peanut butter, nut butter, legumes and tofu.
- Liquid nutritional supplements can provide protein and calories. They may *supplement* a small meal, be consumed as snacks or used in recipes. They may be used in the place of milk and added to cereal, oatmeal or morning coffee.
- Proper nutrition can help you maintain lean muscle and strength, support your immune system and reduce the chance of readmission to the hospital.
- Drink 6–8 glasses of water to prevent constipation unless contraindicated.
- Use a laxative or mild stool softener if indicated.



CARE OF YOUR INCISION

Page 18 of 24

You may leave the hospital with a special type of bandage over your incision called Aquacel. This bandage is to be kept overtop of your incision for two weeks after your operation. Don't worry if your bandage falls off or if it becomes unusable – you can replace the bandage with a gauze dressing and paper tape that can be found at most pharmacies. The Aquacel can be left on while showering but do not soak the dressing. If you have a gauze dressing, you can change the gauze daily or every few days. Remove the gauze before showering (if you have glue) and reapply with a dry, clean gauze. Inspect your incision daily for any redness or drainage. Call your surgeon if drainage exceeds the borders of the central padded portion of the dressing for further instructions.

If you have your incision close by GLUE:

- It is a thin adhesive film that holds your incision together. The glue will remain in place usually five to ten days, enough time for your incision to heal. Then, it will naturally slough (fall) off your skin.
- Do not scratch, rub, or pick at the glue. This may result in the incision re-opening before your incision has fully healed.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.
- If you have a protective bandage covering the incision, make sure the tape of the bandage is not placed directly over the glue.
- You may occasionally and briefly wet your incision in the shower or bath. Frequent or prolonged contact with water should be avoided. Do not soak the incision (in bathtub, hot tub, pool, etc). When showering, let the water run down over the incision but do not rub or scrub with soap. After showering, gently blot your incision dry with a soft towel. If a protective dressing is being used, apply a fresh, dry bandage.

If you have your incision closed by STAPLES:

- You will have a follow-up appointment with the surgeon to have your staples removed (usually around 2 weeks after your surgery).
- Do not shower or get your incision wet until the staples have been removed and your incision is healed or instructed by your surgeon.
- Do not apply any creams or lotions to the incision unless given permission by the surgeon.



FOLLOW-UP

Page 19 of 24

- You will have several follow-up appointments to see your surgeon at two weeks, six weeks, three months, and one year after surgery. It is very important you keep these appointments, or call to arrange another date.
- Ask your surgeon when you can return to work or resume driving.

Notify your surgeon if you experience any of the following (if your surgeon is not available, inform your family doctor):

- SUDDEN increase in swelling, pain, or redness in your calf or calves
- SUDDEN severe increase in pain in your new joint
- A foul odour, pus, yellow or green drainage at your incision site
- Excessive bleeding
- Any other signs or symptoms of infection (bladder infection, tooth infection, etc)
- A persistent increase in temperature (over 38°C)

BLOOD CLOTS

There is a risk of developing a blood clot after knee replacement surgery due to decreased mobility, the surgery itself, medications, etc. Deep vein thrombosis (DVT) is a type of blood clot that mostly occurs in the legs. It is important to know the symptoms of a blood clot as they can lead to some very serious complications such as a pulmonary embolism (when a blood clot breaks away and travels to the lung and becomes lodged). Not all patients who develop a DVT will feel symptoms, but if you do suspect a blood clot, go to the nearest emergency department immediately. **The best way to prevent blood clots is to keep active after surgery!**

Symptoms of a blood clot include:

- Tenderness or pain in calf muscle or behind knee
- Redness
- Sharp, shooting pain when the foot is bent up
- Warm sensation
- Dull, aching throb in calves, especially with walking
- Widening of the surface veins



Doctors recommend that you do not drive a car for at least 6 weeks after your surgery.

It is therefore important that you arrange for transportation ahead of time for discharge home and to any follow-up medical or physiotherapy appointments.

Before getting into the car

- Have the driver park away from the curb
- Have someone move the seat as far back as it will go
- If you have cloth fabric seats, place a garbage bag on the seat to help you slide into the car

Sitting down

- Stand with your back to the car
- Hold onto the side of the car and the walker or dashboard
- Lower yourself slowly onto the seat, keeping your operated leg forward (watch your head)
- Slide well back in the seat
- Lift your legs one at a time into the car

Getting out

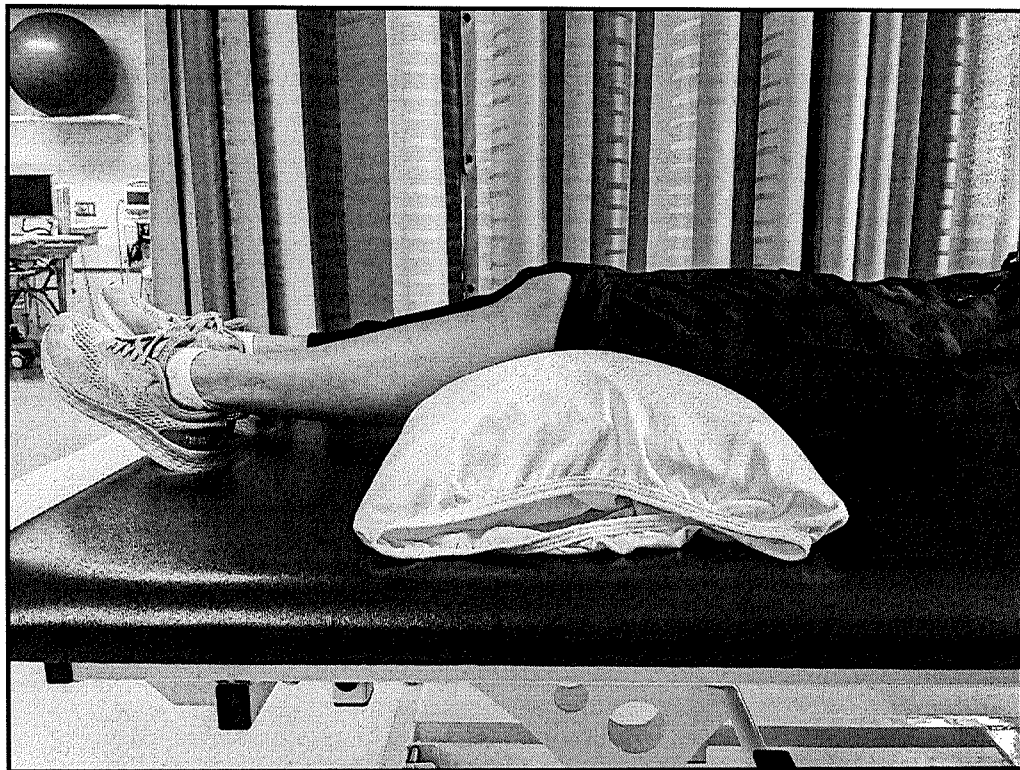
- Have someone open the door, follow the above steps backwards



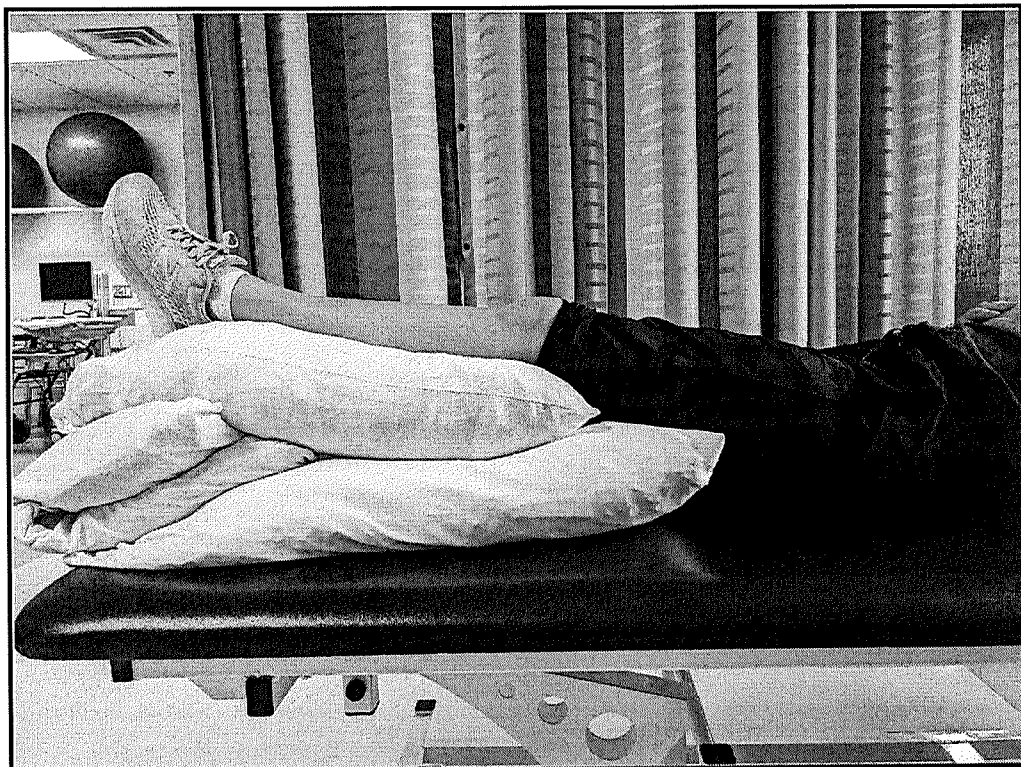


ACTIVITY FOLLOWING SURGERY

Page 21 of 24



DO NOT rest like this



Elevate like this for
swelling control



When you are first home, have someone with you when you do the stairs – that person should be close behind you on the way up and should be one step below you on the way down.

Going UP stairs using a handrail – the GOOD leg steps up first

1. Stand close to the step and hold onto the handrail with one hand, the cane in the other hand
2. Put your weight on the handrail and on the cane
3. Step up with the good leg
4. Straighten the good leg and step up with the operated leg, and then bring up the cane



Going DOWN stairs using a handrail – the OPERATED leg steps up first

1. Stand close to the edge of the step and hold onto the handrail with one hand, the cane in the other hand
2. Bring the cane down to the lower step followed by the operated leg
3. Put your weight on the handrail and on the cane
4. Step down with the good leg





KNEE EXERCISES

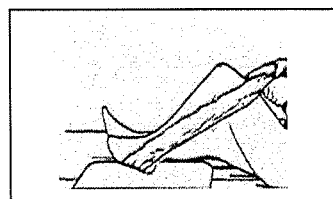
Page 23 of 24

A therapist will review these exercises with you after your surgery while in the hospital. They should each be performed 3 times daily. These exercises can also be performed before your surgery to keep your muscles strong and to help with pain.

1. Knee Flexion

Lying on your back, slide your heel along a smooth surface to bend your hip and knee as much as you can.

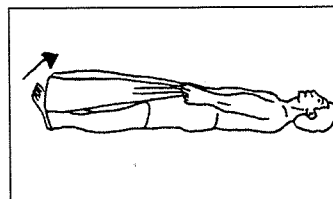
Hold 3 seconds
Repeat 30 times



2. Gastroc Stretch (calf stretch)

Lie with your knees straight in front of you. Use a strap to pull the toes of the affected leg towards you while keeping the knee flat.

Hold 10 seconds
Repeat 10 times

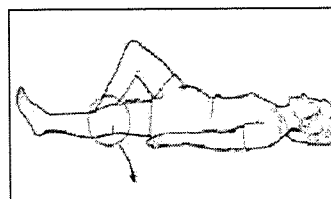


STRENGTHENING

3. Static Quads

Lying on your back with your leg straight and your toes pointing up, tense the large muscle in the front of your thigh.

Hold 5 seconds
Repeat 30 times



**Note: Place an ice or a cold pack around the operated knee, before and or after your exercises, for 20 minutes to help reduce swelling and pain.
Make sure you place a towel between the ice pack and your skin**



MY NOTES

Page 24 of 24

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.