

The Philosophy of Larksfeld Place –

The decision to have orthopedic surgery is a major health care decision for patients, families and physicians.

By educating patients and their families on what to expect, we hope to improve quality of life post-surgery and a faster recovery time.

This information booklet provides patients with education on disease self-management, rehab options and exercise programs. We hope to reduce hospital readmission rates.

Once you or your family have read the information, please feel free to ask your nurse or other members of the health care team any questions.

Post Hospitalization

This is a guide is for you and all members of your health care team as well as your family. It will cover the different tests, treatments and diet you need as well as the teaching and planning necessary for discharge.

Patient safety is very important to Larksfeld Place and this information is provided to patients/families to help inform you of your essential role in your own safety.

The information contained in this booklet is not medical advice, nor a substitute for medical advice. For your safety, it is advised that you speak with your doctor and healthcare team about your particular health care needs.

Dear Larksfield Health Care Center Resident,

As Wichita's leading 5-star quality-rated community, we are constantly evolving to better meet our resident's needs. At this time we are embarking on a new adventure to improve communication between residents, families and staff.

We have implemented a new model for Care Coordination. Weekly, for the first 4 weeks, a care team will go to each room and meet with residents to discuss treatment plan and set goals for our short term residents. After the first 4 weeks, the rounds will be scheduled at the discretion of the team leader. Family members may be present during these care rounds and have the opportunity to ask staff questions or to hear updates on the resident's progress. You can also read their progress note hanging in their room which highlights the meeting and gives a list of goals for the upcoming week.

This is the resident's and family's designated time to meet with staff to get a quick update on the resident's progress and coordinate their discharge plans. Once again, our goal is to keep these meeting to 5 minutes each. If further discussion is needed, the team will schedule a time to meet individually.

Tuesday Team 1

Hall 2

Tuesday at 2:00 PM

Wednesday Team 2

Hall 3

Wednesday at 2:00 PM

Thank you and we look forward to meeting with you soon!

Larksfield Health Care Center Staff

Common causes of hip and knee problems

Osteoarthritis

Sometimes called degenerative joint disease or degenerative arthritis, osteoarthritis (OA) is the most common chronic condition of the joints. OA can affect any joint, but it occurs most often in knees, hips, lower back and neck, small joints of the fingers and the bases of the thumb and big toe.

In normal joints, a firm, rubbery material called cartilage covers the end of each bone. Cartilage provides a smooth, gliding surface for joint motion and acts as a cushion between the bones. In OA, the cartilage breaks down, causing pain, swelling and problems moving the joint. In the final stages of OA, the cartilage wears away and bone rubs against bone leading to joint damage and more pain. (Arthritis Foundation)

Common symptoms include achy or sore joints after activity, stiffness in joints after inactivity or overuse or joint swelling.

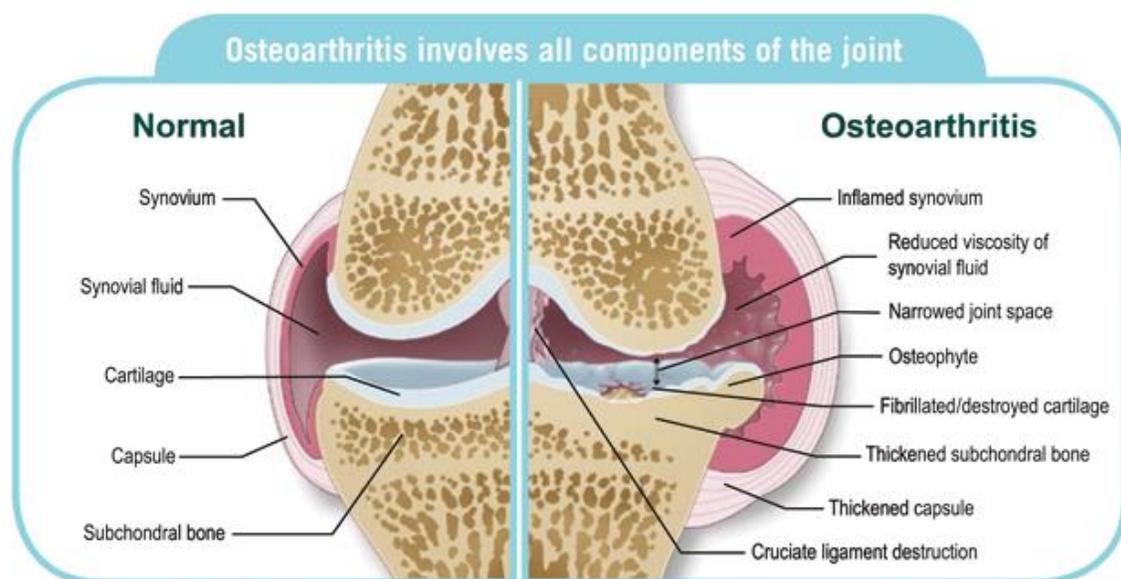


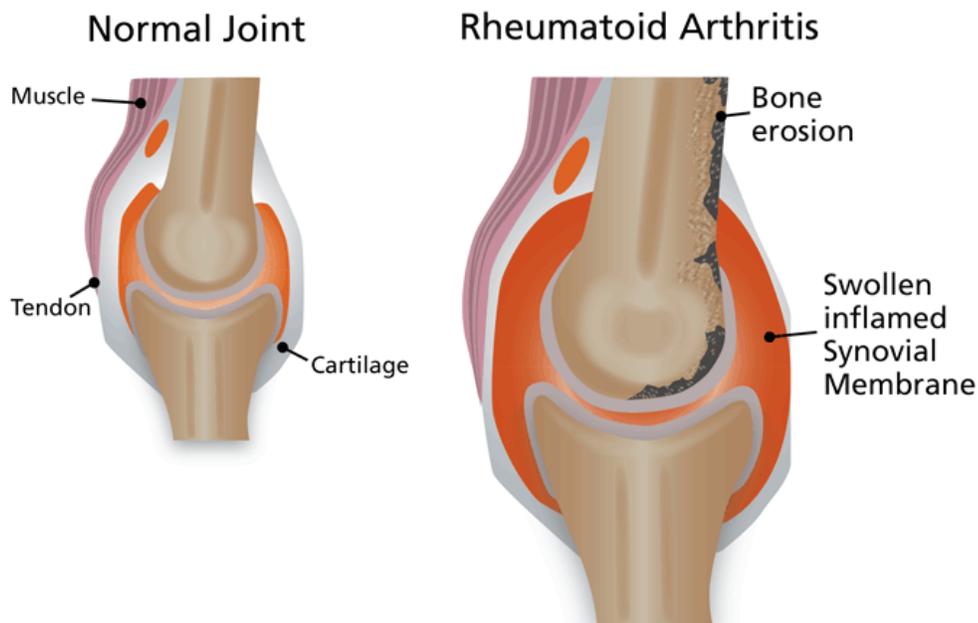
Illustration courtesy of zoetisus.com

Rheumatoid arthritis

Rheumatoid arthritis (RA) is an autoimmune disease in which the body's immune system – which normally protects its health by attacking foreign substances like bacteria and viruses – mistakenly attacks the joints. This creates inflammation that causes the tissue that lines the inside of joints to thicken, resulting in swelling and pain in and around the joints.

If inflammation goes unchecked, it can damage cartilage, as well as the bones themselves. Over time, there is loss of cartilage, and the joint spacing between bones can become smaller. Joints can become unstable and painful. Loss of mobility and joint deformity are common. Rheumatoid arthritis most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles. RA can also affect body systems, such as the cardiovascular or respiratory systems. (Arthritis foundation)

RA attacks the synovium and can destroy the cartilage and bone within the joints.



Total Hip or Knee Replacement Surgery – The Basics

Total joint replacement surgery is a procedure in which a doctor surgically removes a painful, arthritic hip or knee joint and replaces it with an artificial joint often made from metal and plastic components. It usually is done when all other treatment options have failed to provide adequate pain relief. The procedure should relieve a painful joint, making walking easier.

Inpatient rehab – to help with the rehab process for those who aren't quite ready to return home. May be needed if you: need help to walk, climb stairs, get out of bed, or get to the toilet.

Goals to be met before returning to home – get in/out of bed independently, get out of a chair/off the toilet independently, get in/out of the shower independently, walk with walker 100-200 feet, be able to go up/down stairs if you have stairs at home, get dressed, get in/out of a car.

Home from surgery with home health – may include: home health aide to assist with bathing, PT to work on home program, range of motion, OT to work on home adaptations, activities of daily living.

Recovery tips for home – swelling control/prevention, caring for your incision, and follow-up appointment with your surgeon.

Tips for Success Total Knee Arthroplasty (TKA) Do's and Don'ts

- **DO** – continue your exercise program, push yourself to bend your knee and gain as much range of motion as possible, take pain medication 30 minutes prior to therapy, perform your ankle pumps any time you are sitting or inactive to decrease risk of blood clots
- **DON'T** – place a pillow under your new knee, go for too long without moving, sit in chairs that are low to the floor, bend over to pick things up off the floor, soak your incision in water

Tips for Success Total Hip Arthroplasty (THA)

- Prior to coming into the hospital for your hip surgery/ you will want to consider purchasing a “Hip Kit” to maximize your independence and protect your hip from dislocation after surgery.

The hip kit includes:

- Reacher
- Contoured scrub sponge
- Dressing stick
- Elastic shoe laces
- Shoehorn
- Leg lifter
- Sock assist

Physical Therapy Exercises before Surgery

It is important to begin to exercise as soon as you know you are having surgery. Performing these exercises will help to strengthen your arms, thighs, and hip muscles. Having stronger muscles will help you recover quicker after surgery. Start slowly, and if exercise causes pain, fatigue or shortness of breath, call your surgeon.

Cardiovascular Conditioning - Begin a cardiovascular conditioning program. Start slow and increase your time as your endurance and hip will allow. If your pain increases, slow down, decrease your time or stop the program. Work up to a 20 minute program. You should be able to carry on a conversation while exercising, but feel as though you are working fairly hard.

- Swim: This would ideally be done in a warm pool. Swim laps, walk or perform general exercise in the pool.
 - Bike: If you are unable to use a pool, biking would be the next choice. If balance is challenging for you, use a stationary bike.
1. Chair Push-Ups: Put your hands on the arms of the chair and push down in order to lift your body up. Repeat 10 times, 2-3x per day as able.
 2. Long Arc Quads: While sitting in a chair, slowly raise your foot until your knee is completely straight. Repeat 15 times, 2-3x per day as able. Don't forget to exercise both legs.
 3. Straight Leg Raises: Lie down on your back with your good knee bent and foot flat on the ground. Lift the other leg up while keeping the knee straight. Raise your leg no higher than the height of the other leg's knee. Repeat 15 times, 2-3x per day as able for both legs.

Getting Your Home Ready

For your safety, it is important to make some alterations in your home environment. This should be done before you come to the hospital for surgery.

Bedroom

- If you have a two story home, consider arranging a bed or sleeping area on the ground floor.
- Make sure you have lighting at night between your bed and bathroom.
- Keep a flashlight at bedside.
- Place a cordless phone within reach on nightstand.
- Consider installing grab bars on walls of the shower or tub
- Move toilet paper so you do not have to reach forward or twist around when using the bathroom
- Explore purchasing a hand-held shower head and a shower chair which will allow sitting while bathing once showers are allowed. A long handled sponge is also useful.

Living Space

- Remove scatter rugs or other objects on the floor, such as electrical or telephone cords. These items could cause you to trip and fall.
- Have a firm chair that has arm rests, a high seat and a straight back available for you to use.
- Enlist help to rearrange furniture allowing clearance for a walker. Walkers are at least 2 feet wide.
- Low chairs, swivel chairs, or rolling chairs are not safe for you to sit in after surgery.
- Place a list of emergency numbers by each telephone.
- You will need low, broad-heeled or flat shoes that are properly fitted.
- Allow ease in dressing by wearing elastic waist or draw-string garments.
- Find some knee length gowns/night shirts and robes that won't get in the way when you are walking.
- Find an apron with pockets to hold things like a cellular telephone, tissues, TV remote, medications, juice boxes, etc.
- Place frequently worn items in dresser drawers that do not require bending or stooping.

Precautions

Total Hip Precautions

Certain positions cause undue stress on your hip and could cause the prosthesis to dislocate. Your surgeon will determine which precautions you should follow to make your recovery safe and comfortable. Please follow your precautions until cleared by your physician.

Anterior Total Hip Precautions

1. Do not allow your knee to go behind your hip.
2. Do not turn your hip out. Your knees and toes should always point straight ahead. Your toes are generally a good indicator of the position of your hip.



Do Not rotate leg when standing. Keep leg straight

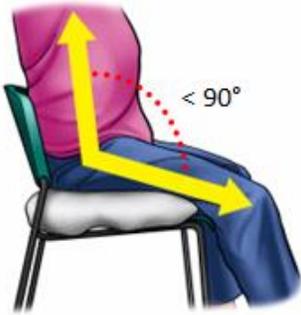
3. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).



Do Not cross legs when sitting

Posterior Total Hip Precautions

1. Do not bend your hip past 90 degrees in standing, sitting or lying.
2. Do not cross your legs. This includes while you are sitting, walking, standing or sleeping (on your back or side).

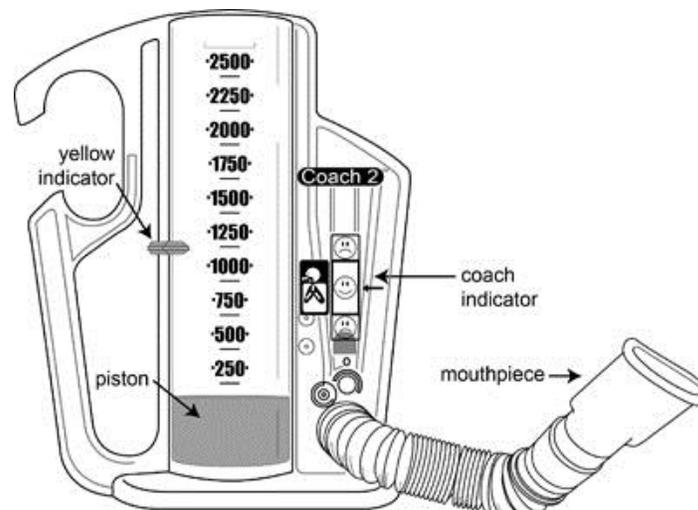
DO AND DONTS	
 <p>In sitting Do Not bend hip above 90 degree</p>	 <p>Do Not cross legs when sitting</p>
 <p>Do Not bend body forward to pick objects</p>	 <p>Do Not rotate leg when standing. Keep leg straight</p>

Incentive Spirometer

The incentive spirometer is a breathing exercise that helps prevent fluid or mucus from building in your lungs. This makes it easier for you to breathe and can prevent surgical complications like pneumonia.

How to use an Incentive Spirometer

- Sit down to complete the exercises.
- Hold the incentive spirometer in an upright position.
- Seal your lips tightly around the mouthpiece.
- Breathe in slowly and as deeply as possible. The piston will begin to rise. The colored indicator should reach the colored outlined area.
- Hold your breath as long as possible and then exhale slowly and allow the piston to fall.
- Rest for a few seconds and then repeat the steps.
- You should try to do this at least 10 times every hour.
- After you have completed the exercise 10 times, you should cough to clear your lungs.



Preventing Surgical Wound Infections

After surgery, it is important to monitor your incision for healing. Doing this will lower your risk for infection along with limiting scarring and pain.

- Follow your physicians treatment instructions exactly
- Check your incision every day for signs and symptoms of infection
 - Yellow/green drainage
 - Change in odor of the discharge
 - Change in size of the incision
 - Redness around the surgical site
 - Warmth to the skin around the incision
 - Increased pain
 - Fever
- Do not scrub, itch or rub incisions
- Do not remove tape strips also known as steri-strips unless your physician tells you to.
- Do not use lotion or powder on incisions
- Do not take a bath or submerge your incision in water unless your physician gives you the okay to do so.

Blood Clots

What is a blood clot?

There are two main types of blood clots.

- Deep Vein Thrombosis (DVT) – A clot in a deep vein, usually in your arm or leg
- Pulmonary Embolism (PE) – A clot that is broken off and travels to your lungs. This is an emergency and can cause death.

What causes a blood clot?

Hospitalization and surgery increases your risk for a blood clot. Other things that raise your risk of getting a clot are:

- Previous DVT/PE
- Trauma
- Obesity
- Recent stroke (CVA)
- Family history of DVT
- Bed rest
- Lack of mobility due to pain
- Blood Disease
- Cancer and/or chemotherapy

What are the symptoms of a blood clot?

DVT Symptoms

- Swelling
- Pain or cramping
- Redness, tenderness, or warmth

PE Symptoms

- Shortness of breath, onset often sudden
- Unable to catch breath
- Pain in rib cage
- Coughing up blood

How are blood clots prevented?

Increasing your mobility is important to prevent blood clots but is typically not enough. Walking alone does not keep you from preventing clots. Often other interventions are used along with increasing mobility to prevent blood clots.

Medications are often prescribed to prevent blood clots. There are two medications used, both of these medications are injections, usually given in the abdomen.

- Heparin
- Lovenox

Compression Stockings or TED hose are often prescribed. Ted hose help with blood flow and control swelling.

Sample of your plan of care while in the Health Care Center post TKA

Total Knee Arthroplasty Clinical Pathway Plan of Care

Date: _____

- Physical Activity in conjunction with Therapy: _____



- Precautions: _____

Readiness for Enhanced Therapeutic Management
R/T: impaired physical function, pain and insufficient knowledge of condition, medications, diet, and safety secondary to total hip arthroplasty. Over the next 7-10 days the patient will:

Nursing	
Goals	Interventions
1. Patient will remain free of skin related breakdown or infection to surgical incision.	<ul style="list-style-type: none"> • Monitor skin with showers and assess wound daily for s/s of infection (temp, swelling, drainage, and erythema) • Provide treatments as ordered • Preventable measures as indicated per care card
2. Patient will remain free from pain that impacts ability to rest or participate in care.	<ul style="list-style-type: none"> • Complete the pain assessment tool on admission • Assess pain interfering with eating, rest and with activity • Offer non-pharm interventions: _____ • Refer to pain committee and physician as needed for uncontrolled pain
3. Patient will remain free of preventable complications of illness such as DVT and secondary infections.	<ul style="list-style-type: none"> • Monitor vital signs daily and as needed • Monitor lab values as ordered • Observe for signs of DVT – increased swelling, erythema, calf pain • Observe for signs of hip dislocation – uncontrolled pain, marked internal rotation or shortening of the surgical side

Mobility/Therapy	
Goals	Interventions
<ol style="list-style-type: none"> 1. Patient will perform bed mobility and transfers with the least amount of assistance while maintaining appropriate weight bearing precautions 2. Patient will ambulate with appropriate assistive device for 100 feet over level surfaces with the least amount of assistance for safety. 3. Patient will verbalize understanding of hip precautions including proper positioning of the affected extremity with less than 50% verbal cues 4. Patient will demonstrate appropriate use of adaptive equipment for ADLs. 5. Patient will demonstrate toileting, dressing, hygiene and grooming with the least amount of assistance 	<ul style="list-style-type: none"> • Active and passive exercises to extremities and core <ul style="list-style-type: none"> ◦ Isometric quad, hamstring and gluteal exercises, SLR, closed chain if appropriate • Proprioceptive and balance training to improve safety with functional activities (weight shifting, closed kinetic chain activities) • ADL training to encourage highest level of independence and safety, train on adaptive equipment. As independence is increased with ADLs, focus will shift to higher level ADL's such as bathing, cooking by discharge • Gait training over a variety of surfaces, progressing to a less restrictive assistive device if appropriate • Modalities as needed for pain control • Education regarding hip precautions, therapy goals, interventions, progress toward anticipated discharge location • Lymphedema therapist to provide MLD if appropriate • Transfer training with appropriate assistive device • Training with use of adaptive equipment for ADLs • Proprioceptive training to improve safety with functional activities • Patterned electrical nerve stimulation (PENS) if poor agonist/antagonist activity noted • Scar massage and mobilization when indicate • _____ • _____ • _____

Total Knee Arthroplasty Clinical Pathway Plan of Care

Date: _____

Education Needs	
Goals	Interventions
1. Patient will verbalize and/or demonstrate understanding of education provided.	<ul style="list-style-type: none"> Provide verbal and written education Educate Patient on precautions and body mechanics with adl's and mobility Offer to have family or significant others involved in explanations and teaching sessions. This can encourage their support; reinforce the need for the Patient to assume responsibility for managing as much of care as possible Monitor and educate compliance with hip precautions, DVT prevention, safety considerations and strategies to decrease risk of falls Educate patient on care plan goals, interventions and progress toward anticipated discharge location Educate on causes of skin breakdown and wound infections Educate on DVT prevention, compliance with hip precautions, safety considerations and
Social Services	
Goals	Interventions
1. Psychosocial factors that may affect overall health will be identified.	<ul style="list-style-type: none"> Accept Patients evaluation of own strengths/limitations while working together to improve abilities Encourage questions and clarify misconceptions
Dietary	
Goals	Interventions
1. Patient will maintaining weight and voicing understanding of the importance of nutrition and hydration for healing.	<ul style="list-style-type: none"> Food alternatives/increased dietary needs per protocol/utilization of "Real food First". Determine and honor dietary preferences/choices. Weekly weight or weights as ordered
2. Patient will maintain fluid balance	<ul style="list-style-type: none"> Monitor for s/s of dehydration or fluid volume overload
Transition to Home	
Goals	Interventions
1. Patient will transition to home by day 10 with all resources in place for success	<ul style="list-style-type: none"> All equipment and services needed are obtained prior to discharge Home health or outpatient orders in place
Other	
Goals	Interventions
_____ _____ _____	<ul style="list-style-type: none"> _____ _____ _____

Staff/Title/Date: _____	Staff/Title/Date: _____

Sample of your plan of care while in the Health Care Center post THA

Total Hip Arthroplasty Clinical Pathway Plan of Care

Date: _____

- Physical Activity in conjunction with Therapy: _____
- Precautions: _____



Readiness for Enhanced Therapeutic Management
R/T: impaired physical function, pain and insufficient knowledge of condition, medications, diet, and safety secondary to total hip arthroplasty. Over the next 20 days the patient will:

Nursing	
Goals	Interventions
1. Patient will remain free of skin related breakdown or infection to surgical incision.	<ul style="list-style-type: none"> • Monitor skin with showers and assess wound daily for s/s of infection (temp, swelling, drainage, and erythema) • Provide treatments as ordered • Preventable measures as indicated per care card
2. Patient will remain free from pain that impacts ability to rest or participate in care.	<ul style="list-style-type: none"> • Complete the pain assessment tool on admission • Assess pain interfering with eating, rest and with activity • Offer non-pharm interventions: _____ • Refer to pain committee and physician as needed for uncontrolled pain
3. Patient will remain free of preventable complications of illness such as DVT and secondary infections.	<ul style="list-style-type: none"> • Monitor vital signs daily and as needed • Monitor lab values as ordered • Observe for signs of DVT – increased swelling, erythema, calf pain • Observe for signs of hip dislocation – uncontrolled pain, marked internal rotation or shortening of the surgical side
Mobility/Therapy	
Goals	Interventions
<ol style="list-style-type: none"> 1. Patient will perform bed mobility and transfers with the least amount of assistance while maintaining appropriate weight bearing precautions 2. Patient will ambulate with appropriate assistive device for 100 feet over level surfaces with the least amount of assistance for safety. 3. Patient will verbalize understanding of hip precautions including proper positioning of the affected extremity with less than 50% verbal cues 4. Patient will demonstrate appropriate use of adaptive equipment for ADLs. 5. Patient will demonstrate toileting, dressing, hygiene and grooming with the least amount of assistance 	<ul style="list-style-type: none"> • Therapeutic exercise for <ul style="list-style-type: none"> ○ Upper body ○ Lower body ○ Core strengthening • Proprioceptive and balance training to improve safety with functional activities (weight shifting, closed kinetic chain activities) • ADL training to encourage highest level of independence and safety, train on adaptive equipment. As independence is increased with ADLs, focus will shift to higher level ADL's such as bathing, cooking by discharge • Gait training • Modalities as needed for pain control • Education regarding hip precautions, therapy goals, interventions, progress toward anticipated discharge location • Lymphedema therapist to provide MLD if appropriate • Transfer training with appropriate assistive device • Training with use of adaptive equipment for ADLs • Bed mobility on flat surface • Patterned electrical nerve stimulation (PENS) if poor agonist/antagonist activity noted as needed • _____ • _____

Total Hip Arthroplasty Clinical Pathway

Date: _____

Education Needs – All disciplines	
Goals	Interventions
1. Patient will verbalize and/or demonstrate understanding of education provided.	<ul style="list-style-type: none"> Provide verbal and written education Educate Patient on precautions and body mechanics with adl's and mobility Offer to have family or significant others involved in explanations and teaching sessions. This can encourage their support; reinforce the need for the Patient to assume responsibility for managing as much of care as possible Monitor and educate compliance with hip precautions, DVT prevention, safety considerations and strategies to decrease risk of falls Educate patient on care plan goals, interventions and progress toward anticipated discharge location Educate on causes of skin breakdown and wound infections Educate on DVT prevention, compliance with hip precautions, safety considerations and
Social Services	
Goals	Interventions
1. Psychosocial factors that may affect overall health will be identified.	<ul style="list-style-type: none"> Accept Patients evaluation of own strengths/limitations while working together to improve abilities Encourage questions and clarify misconceptions
Dietary	
Goals	Interventions
1. Patient will maintaining weight and voicing understanding of the importance of nutrition and hydration for healing.	<ul style="list-style-type: none"> Food alternatives/increased dietary needs per protocol/utilization of "Real food First". Determine and honor dietary preferences/choices. Weekly weight or weights as ordered
2. Patient will maintain fluid balance	<ul style="list-style-type: none"> Monitor for s/s of dehydration or fluid volume overload
Transition to Home	
Goals	Interventions
1. Patient will transition to home by day 21 with all resources in place for success	<ul style="list-style-type: none"> All equipment and services needed are obtained prior to discharge Home health or outpatient orders in place
Other	
Goals	Interventions
_____ _____ _____	<ul style="list-style-type: none"> _____ _____ _____

Staff/Title/Date: _____	Staff/Title/Date: _____
Staff/Title/Date: _____	Staff/Title/Date: _____