

Joint Solutions Program
GUIDEBOOK FOR HIPS



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**Joint.
Solutions.**
Advanced Orthopedic Institute

Montefiore
DOING MORESM

USING THE GUIDEBOOK

USING THE GUIDEBOOK

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in joint surgery. Communication is essential to this process. The Guidebook is a communication tool for patients, physicians, physical and occupational therapists, and nurses. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your new joint

Remember, this is just a guide. Your physician, physician assistant, nurses or therapist may add to or change any of

the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a handy reference for at least the first year following your surgery. The Guidebook covers many details, so it may seem overwhelming. As it will assist you with your surgery, we recommend reading the entire Guidebook, at a pace that suits you.

Please bring this Guidebook with you to:

- Every office visit
- Your hospital pre-op class
- Your hospital pre-op visit
- The hospital on admission
- Your initial physical therapy visit after surgery

CONFIRMATION SHEET

I have read and understand the contents of this Guidebook.

Signature

Print Name

Date



PREOPERATIVE CHECKLIST

<input type="checkbox"/> Obtain medical/anesthesia clearance.....	9
<input type="checkbox"/> Stop medications that increase bleeding.....	9
<input type="checkbox"/> Stop smoking.....	10
<input type="checkbox"/> Start preoperative exercises.....	14
<input type="checkbox"/> Attend the preoperative class.....	15
<input type="checkbox"/> Purchase hip kit.....	15
<input type="checkbox"/> Prepare your home for your return.....	15
<input type="checkbox"/> Practice breathing exercises.....	16
<input type="checkbox"/> Select a “coach”.....	18
<input type="checkbox"/> Two days before surgery, begin using the special soap (Hibiclens).....	18
<input type="checkbox"/> The day before surgery, call ambulatory surgery.....	18
<input type="checkbox"/> The night before surgery, do not eat or drink anything after midnight.....	19
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SECTION ONE

GENERAL INFORMATION

WELCOME

We are pleased that you have chosen Joint Solutions. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle!

Each year, more than 700,000 people make the decision to undergo joint replacement surgery. The surgery aims to relieve your pain, restore your independence, and return you to work and other daily activities.

The program is designed to return you to an active lifestyle as quickly as possible. Most patients will be able to walk the night of surgery, and move toward normal activity in six to 12 weeks.

Joint Solutions has implemented a comprehensive planned course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This Guidebook will give you the necessary information to promote a more successful surgical outcome.

Your team includes physicians, physician assistants, nurse practitioners, patient care technicians, nurses, orthopedic technicians and physical therapists specializing in total joint care. Every detail, from perioperative teaching to postoperative exercising, is considered and reviewed with you. The Joint Solutions Coordinator will plan your individual treatment program and act as your guide.

The Joint Solutions Program

We offer a unique program. Each step is designed to encourage the best results, leading to a discharge from the hospital 1-2 days after surgery. Program features include:

- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Emphasis on group activities
- Family and friends participating as “coaches” in the recovery process
- Assistance with the coordination of preoperative care and discharge planning
- A comprehensive patient guide to follow from six weeks prior to surgery until three months following surgery and beyond
- Monthly publications and education seminars about hip replacement surgery

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FREQUENTLY ASKED QUESTIONS

What is osteoarthritis, and why does my hip hurt?

Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear-and-tear condition that destroys joint cartilage.

Sometimes, as the result of trauma or repetitive movement, or for no apparent reason, the cartilage wears down, exposing the bone ends. Over time, cartilage destruction can result in painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint, or many joints.

What is total hip replacement?

The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and a plastic liner. No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last, and can a second replacement be done?

All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's recommendations after surgery, there is no guarantee that your particular implant will last for any specified length of time.



What are the major risks?

Patients need to understand that there are adverse outcomes that may occur during and after your surgery including, but not limited to: dislocations, leg length inequality, nerve and or bone injury. These are unlikely but may occur. Most surgeries go well, without any complications. Infection and blood clots are two other serious complications. To avoid these complications, your surgeon may use antibiotics and blood thinners. Surgeons also take special precautions in the operating room to reduce the risk of infection.

How long will I be in the hospital?

Patients will be assisted out of bed the day of surgery or the next morning. The day of surgery, patients get up, sit in a recliner, and start walking with a walker. Single total hip replacement patients will be hospitalized for two days after surgery. For patients who are having “staged” total hip replacements, the average length of stay is between five and six days.

What if I live alone?

Three options are available to you. You may return home and receive help from a relative or friend. You can have a home health nurse and physical therapist visit you at home for one to two weeks. You may also stay in a rehabilitation facility following your hospital stay, depending on your insurance and your rehab needs.

What happens during the surgery?

The hospital reserves approximately two to three hours for surgery. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic, which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic, which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon and the anesthesiologists. For more information, read “Understanding Anesthesia” in Section Six of this Guidebook.

Will the surgery be painful?

You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. For more information, read “Understanding Anesthesia” in Section Six of this Guidebook.

How long will my scar be and where will it be located?

There are a number of different techniques used for hip replacement surgery. The type of technique will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is perfectly normal and should not cause any concern. The numbness usually disappears with time.

Will I need a walker, crutches or a cane?

Patients progress at their own rate. Normally we recommend that you use a walker, crutches or a cane until you are able to walk safely, as determined by your physical therapist. The case manager can arrange for such devices if necessary.

Where will I go after being discharged from the hospital?

Most patients are able to go home directly after discharge. Some patients may transfer to a rehab facility, where they will stay for three to five days. The case manager will help you with this decision and make the necessary arrangements. You should check with your insurance company regarding your rehabilitation benefits.

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Will I need help at home?

Yes, for the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other household tasks. If you go directly home from the hospital, the case manager will arrange for a home health nurse to come to your house as needed. A family member or a friend needs to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, clean linens put on the bed, and single-portion frozen meals will reduce the need for extra help.

Will I need physical therapy when I go home?

Yes, you will have either outpatient or in-home physical therapy. Patients are encouraged to utilize outpatient physical therapy. A Joint Solutions Team member will help you arrange for an outpatient physical therapy appointment. If you need home physical therapy, we will arrange for a physical therapist to provide therapy in your home. Following this, you may go to an outpatient facility three times a week to assist in your rehabilitation.

The length of time for this type of therapy varies with each patient.

Will my new hip set off security sensors when traveling?

Your joint replacement is made of a metal alloy and may be detected when going through some security devices. Inform the security agent you have a metal implant. The agent will direct you on the security screening procedure. You should carry a medic alert card indicating that you have an artificial joint. Check with your surgeon on how to obtain one.

Can I have a magnetic resonance imaging (MRI) scan after joint replacement?

Yes, joint replacement patients can have an MRI scan.

Do I need antibiotics prior to dental work?

Yes, antibiotics may be recommended prior to dental work, including cleanings. Please see Section Six, “Helpful Resources,” at the end of this Guidebook for specific recommendations.

YOUR JOINT SOLUTIONS TEAM

Orthopedic Surgeon: The skilled physician who will perform the procedure to repair your damaged joint.

Physician Assistant (PA): A person working in conjunction with doctors in offices, the operating room and the hospital setting. A PA will see you each day throughout your stay and report directly to your surgeon about how you are doing.

Nurse Practitioner (NP): An advanced practice nurse who has completed additional educational requirements such as a master's degree. The NP will work closely with your doctors to ensure your best possible outcome.

Pain Management Team: Anesthesia Department members, including attending and resident physicians, a nurse practitioner and a certified nurse anesthetist. The team is available 24/7 to manage your pain.

Case Manager: Your case manager will meet with you daily to keep you updated in regard to your discharge plan. If you are going to a rehabilitation facility, your case manager will make those arrangements. If you are returning home, any necessary equipment will be ordered by your case manager prior to discharge.

Certified Nursing Technician (CNT): Certified nursing technicians will work with your nurse to help provide your care.

Registered Nurse (RN): Much of your care will be provided by a nurse responsible for your daily care. Your nurse will ensure that orders given by your physician are completed, including administering medications and monitoring your vital signs.

Physical Therapist (PT): A physical therapist will guide you in the important work of returning you to daily activities. He or she will help you use your walker and recliner chair to support proper exercise.

Occupational Therapist (OT): The occupational therapist will guide you on performing daily tasks such as bathing and dressing with your new joint. He or she may demonstrate special equipment used in your home after you receive your replacement, including shower benches, rails and raised toilets.

The Joint Solutions Team

The Joint Solutions Team will be responsible for your care needs from the surgeon's office, to the hospital and home. The Joint Care Coordinator will:

- Obtain a health history.
- Review what you'll need at home after surgery, including support if required.
- Assess and plan for your specific care needs, such as anesthesia and medical clearance for surgery.
- Coordinate your discharge plan to home or a facility with additional support.
- Act as your advocate throughout the course of treatment from surgery to discharge.
- Answer questions and coordinate your hospital care with Joint Solutions Team members.



SECTION TWO

BEFORE SURGERY

SIX WEEKS BEFORE SURGERY

Planning for Your Hospital Discharge

Understanding your plan for discharge is an important task in the recovery process. Your case manager will develop a plan that meets your particular needs. Many patients are able to go directly home, as it is usually best to recover in the privacy and comfort of your own surroundings. If you are considering a rehabilitation facility after hospitalization, you may want to visit at least three facilities at this time.

After your surgeon's office has scheduled you for joint surgery, you will need to:

- Schedule your preoperative joint class and verify appointments for medical testing.
- Verify that you made an appointment, if necessary, with your medical doctor and have obtained the preoperative tests your doctor has ordered.
- Optimize your health and wellness! Start preoperative physical therapy and exercise. Eat a well-balanced diet.

If you have questions or concerns about your pending surgery, feel free to contact your surgeon's office.

You will find a business card for the Joint Solutions Coordinator in the Guidebook packet.

Obtain Medical and Anesthesia Clearance

Prior to your scheduled surgery, you will need to see your primary care physician and possibly your cardiologist to obtain medical clearance and necessary laboratory tests. We recommend trying to complete your clearance two weeks prior to your surgery. Also, consider seeing your dentist if you have had chronic tooth or gum disease.

Stop Medications That Increase Bleeding

Discontinue all anti-inflammatory medications, such as ibuprofen, naproxen and vitamin E, 14 days prior to surgery. These medications may cause increased bleeding. If you are taking a blood thinner, you will need special instructions for stopping the medication. The Joint Solutions Team will instruct you about what to do with your other medications.

Stop Taking Herbal Medicine

Some herbal medicines can interfere with other medicines. Check with your doctor to understand if you need to stop taking any of your herbal medicines before surgery.

Examples of herbal medicines include, but are not limited to: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto and kava-kava. Please disclose all medications, including herbal medications, vitamins and supplements, to your physician. Some of these medications may interfere with anesthesia or affect bleeding.

Put Your Healthcare Decisions in Writing

It is our policy to place a patient's wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

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What Are Advance Medical Directives?

Advance directives are a means of communicating to all caregivers the patient's wishes regarding healthcare. If a patient has a living will or has appointed a healthcare agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Joint Solutions is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of advance medical directives. You may wish to consult your attorney concerning the legal implications of each.

Living wills are written instructions that explain your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate.

Appointment of a healthcare agent (sometimes called a medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

Healthcare instructions are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

Smoking Cessation

Smoking delays your healing process. Smoking reduces the size of your blood vessels and decreases the amount of oxygen circulated in your blood. Smoking can also increase clotting, which can cause problems with your heart. Smoking increases your blood pressure and heart rate. If you quit smoking before you have surgery, you will increase your ability to heal. If you need help quitting, speak with your primary care physician. For additional information, please visit the New York State Smokers' Quitline website at www.nysmokefree.com or call 1-866-NY-QUITS (1-866-697-8487).

Tips to aid in quitting

- Decide to quit
- Choose the date
- Cut down the amount you smoke by limiting the area where you can smoke
- Give yourself a reward for each day without cigarettes

When you are ready...

- Throw away all your cigarettes
- Throw away all ashtrays
- Don't smoke in your home
- Don't put yourself in situations where others smoke, like bars and parties
- Remind yourself that this can be done—be positive
- Take it one day at a time—if you slip, just get right back to your decision to quit
- If you need to consider aids to quit like over-the-counter products, like chewing gum and patches or prescription aids, check with your doctor.

Do not take any drugs on the following list prior to your surgery without first speaking with the doctor. You may take acetaminophen (Tylenol) for pain. **Do not** discontinue any prescribed medication without first speaking to your primary care physician.

Actifed	Darvon with Aspirin	Midol®
Advil®	Doan's® Pills	Monacet
Aggrenox®	Dong quai	Motrin®
Aleve®	Dristan®	Momentum
Alka Seltzer Antacid	Duradyne	Mobigesic
Alka Seltzer Plus Cold Medicine®	Ecotrin®	Naprosyn (Naproxen)
Arthritis medications	Empirin/Empirin Codeine	Norgesic
Anacin®	Equagesic	Nuprin
Arthropan	Excedrin®	Omega-3 fish oil
Aspirin (If the dose is higher than 81 mg)	Ephedra	P-A-C Analgesic
Ascriptin	Feverfew	Paracetamol
Asperbuf	Fiorinal/Fiorinal with Codeine	Pepto-Bismol®
Aspergum	Garlic supplement	Percodan (Oxycodone)
Bayer® Aspirin	Ginger supplement	Plavix
Bromelain	Ginkgo supplement	Rhinex®
Bufferin	Ginseng	Robaxin
CB Powder	Glucosamine	Rufan
Congespirin	Goody's® Headache Powder	Sine-Off®
Contac	Heparin	St. Joseph® Aspirin
Coricidin/Coricidin® D	Ibuprofen	St. John's wort
Coumadin® (warfarin)	Kava	Sudafed®
Danshen	Maximum Bayer® Aspirin	Valerian
Darvon	Medigesic-Plus	Vitamin E

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YOUR JOINT REPLACEMENT CALENDAR

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK SIX					
WEEK FIVE					
WEEK FOUR					
WEEK THREE					
WEEK TWO					
WEEK ONE					





SECTION THREE

GETTING READY FOR SURGERY

START PREOPERATIVE EXERCISES

Many patients with arthritis favor the painful hip. As a result, the muscles can become weaker, making recovery slower and more difficult. Therefore, it is important to begin an exercise program before surgery to learn and practice the exercises that will improve your strength and flexibility, making recovery faster and easier.

Exercising Before Surgery

It is important to be as flexible and strong as possible before undergoing a total hip replacement. Always consult your physician before starting a preoperative exercise plan.

Ten basic exercises are listed here that your physician may ask you to start doing now and continue until your surgery. You should be able to do them in 15–20 minutes twice a day. Consider this a minimum amount of “training” prior to your surgery.

Preoperative HIP Exercises

See “Pre- and Post-op Exercises and Goals” in Section Five.

- Ankle pumps
- Quad sets
- Gluteal sets
- Abduction and adduction
- Heel slides

REGISTER FOR PREOPERATIVE CLASS

A special class is held bimonthly for patients scheduled for joint surgery. It is best to attend this class at least two to three weeks prior to your surgery. You will only need to attend one class. Members of the team will be there to answer your questions.

It is strongly suggested that you bring a family member or friend to act as your “coach.” The coach’s sole responsibility is to support you through your hip replacement process. If it is not possible for you to attend, please call Joint Solutions at 914-365-3980 or take the class online at <http://www.montefiore.org/mnr-ortho>.

The class will cover the following topics:

- Preparing for your joint replacement surgery
- The role of your coach/caregiver
- Introduction to the Joint Solutions Team
- A tour of the Joint Solutions Unit
- Pain management
- The Joint Solutions patient’s daily agenda
- Discharge planning

You may also have a separate visit scheduled in your surgeon’s office.

PREPARE YOUR HOME FOR YOUR RETURN FROM THE HOSPITAL

It is important to have your house ready for when you return home. Use this checklist as a guide.

- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach.
- Check railings to make sure they are not loose.
- Clean; do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single-serving containers.
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or have nonskid backs.
- Purchase a hip kit at your local pharmacy. Based on patient feedback, Amazon.com offers competitive pricing for hip kits. If Montefiore Home Care is chosen, a hip kit will be provided.
- Remove electrical cords and other obstructions from walkways. Keep extension and telephone cords out of pathways.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms and hallways.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
- Some grocery stores have delivery service available with online ordering.
- Freeze several ice packs or large bags of ice for use. Frozen peas in a pillow work great!

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BREATHING EXERCISES

To prevent potential problems such as pneumonia, it is important to understand and practice breathing exercises. Techniques such as deep breathing, coughing and using an incentive spirometer may also help you recover more quickly.

Deep Breathing

- To deep-breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deeply as you can.
- Hold your breath for 5 to 10 seconds.
- Let your breath out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed-lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10–20 seconds.
- Take a break, and then repeat the exercise 10 times.



Coughing

To help you cough:

- Take a slow, deep breath. Breathe in through your nose and concentrate on filling your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.



3 | GETTING READY FOR SURGERY

FOUR WEEKS BEFORE SURGERY

Start Taking Iron and Vitamins

Prior to your surgery, you may be instructed by your surgeon to take multivitamins as well as iron. Iron helps build your blood.

Learn About Anesthesia

Total Joint Surgery does require the use of either general anesthesia or regional anesthesia. Please review “Understanding Anesthesia” in Section Six.

Choose a Coach

The people in your daily life, friends and family, are important to you. When undergoing your joint replacement, select an individual to act as your coach. Your coach will be involved with certain aspects of your care from the pre-op class through your stay in the hospital to your discharge home. Your coach is invited to attend the pre-op class and encouraged to provide support during exercise classes, and keep you focused on healing. In addition, your coach will ensure you continue exercising when you return home and see that your home remains safe during your recovery.

Consult with Your Surgeon

Consult with your surgeon about stopping any anticoagulant medication (blood thinners) you are taking, such as Coumadin® (warfarin) or aspirin.

ONE WEEK BEFORE SURGERY

Cleaning Prep

Begin washing daily with antimicrobial soap, such as Dial®.

TWO DAYS BEFORE SURGERY

Shower Prep Prior to Surgery

The week before surgery, you will need to shower nightly with Hibiclens (chlorhexidine), a special soap or antibacterial soap. On the night before surgery and the morning of surgery, clean surgical site with Hibiclens (chlorhexidine) wipes.

Directions:

1. Pour the special soap on a washcloth.
2. Wash all areas of your body, except face and perianal area, with the special soap.
3. Thoroughly wash the area where you are going to have surgery.
4. Rinse as usual.
5. Dress as usual.

Your surgeon recommends this special soap to reduce the amount of germs on your skin prior to surgery.

THE DAY BEFORE SURGERY

Find Out Your Arrival Time at the Hospital

Call the hospital at 914-365-4930 (after 2:00 pm) on the day before the surgery (or on Friday if your surgery is on Monday) to find out what time your procedure is scheduled. You will be asked to come to the hospital two hours before the scheduled surgery to give the nursing staff sufficient time to start your intravenous line (IV), prep and answer questions. It is important that you arrive at the hospital on time, as occasionally the surgical time is changed at the last minute and your surgery could start earlier. If you are late, it may create a significant problem with starting your surgery on time.

The ambulatory surgery entrance is at 31 Washington Avenue, New Rochelle, New York 10801.

THE NIGHT BEFORE SURGERY

Do Not Eat or Drink

Do not **eat** or drink anything after midnight, **even water**, unless otherwise instructed. Some individuals may be instructed to take certain medications—such as high blood pressure and thyroid medications—with a small sip of water on the night before or morning of surgery. Be sure to ask your primary care physician or surgeon for specific instructions. You should clean the surgical area with provided Hibiclens (chlorhexidine) wipes.

THE MORNING OF SURGERY

Cleaning Prep

Clean the surgical area with provided Hibiclens (chlorhexidine) wipes. Use one wipe to clean the area and allow to air dry.

Take any medications cleared by your surgeon and primary care physician with a sip of water.

What to Bring to the Hospital

Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc.); watch or wind-up clock; shorts, tops, culottes; well-fitted slippers with nonslip soles; and flat shoes or sneakers. For safety reasons, **DO NOT** bring electrical items. You may bring battery-operated items. If you have adaptive equipment such as a walker or reachers, you may have it brought to you after your surgery. If you have a CPAP mask, please bring it with you. You may bring a cell phone, laptop and/or iPad. Internet access is readily available.

Special Instructions

You will be given specific instructions from your surgeon regarding medications, skin care and showering.

- Please leave jewelry, valuables and large amounts of money at home.
- Makeup must be removed before your procedure.
- Light-colored nail polish may be left on. Avoid dark nail polish.
- **Do NOT** bring your CPAP machine; a machine will be provided for you

YOU MUST BRING THE FOLLOWING TO THE HOSPITAL:

- This Guidebook
- A copy of your advance directives
- Your insurance card, driver's license or photo ID, and any co-payment required by your insurance company



Montefiore
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ALBERT EINSTEIN COLLEGE OF MEDICINE

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SECTION FOUR

HOSPITAL CARE

THE DAY OF SURGERY: WHAT TO EXPECT

Patients are prepared for surgery, including starting an IV and scrubbing your operative site. Your operating room nurse as well as your anesthesiologist may interview you. Your surgeon will see you and will confirm the surgical procedure and operative site. Your surgeon will initial your surgical site. You will be escorted to the operating room, where you will see your surgeon and anesthesiologist.

Following surgery, you will be taken to a recovery area, where you will remain until you are ready for transfer to the Advanced Orthopedic Unit. During this time, you will be started on your postoperative pain regimen, your vital signs will be monitored, and an X-ray of your new joint may be taken. Dependent on the type of anesthesia used, you may experience blurred vision, dry mouth, itchiness, nausea and chills. The team will work to make you as comfortable as possible.

A drain may have been inserted into the surgical area. In most cases, the drain will be removed the next morning.

You will find that a large bandage has been applied to the hip area to maintain cleanliness and absorb any fluid.

A V-shaped wedge pillow (abduction pillow) will be placed between your legs. This keeps your new hip in the best position while you are in bed. In most cases, this special pillow is used only on the first night. It will be replaced with a bed pillow after the first night.

Compression leg sleeves will be wrapped around both calves and connected to a pressure machine that inflates the sleeves intermittently, which promotes blood flow and decreases your risk for blood clots.

You will then be taken to the Advanced Orthopedic Unit, where nurses will care for you. Only close family members or friends should visit you on this day. You will be placed on a multimodality pain protocol, to manage your pain. You may be assisted out of your bed the first day. It is very important that you begin ankle pumps on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your incentive spirometer and doing the deep breathing exercises that you learned in class. Each day you will receive “Hip Hints,” a daily newsletter outlining the day’s activities. You will be seen by a physical therapist who will help you out of bed and possibly walk.

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AFTER SURGERY

Day One

By 9:00 am on Day One after surgery, you can expect to be bathed, dressed, helped out of bed and seated in a recliner in your room. The physician assistant or nurse practitioner will visit you in the morning. The physical therapist may assess your progress and get you walking with a walker. Group therapy typically begins in the afternoon. Your coach is encouraged to be present as much as possible. Visitors over the age of 12 years are welcome, preferably during late afternoons or evenings.

Day Two

On Day Two after surgery, you may be helped out of bed early and may dress in the loose clothing you brought to the hospital. Shorts and tops are usually best; long pants are restrictive. Group therapy continues, and it is helpful if your coach participates in group therapy. The majority of patients are discharged on Day Two.

Day Three (Discharge Day)

If you remain hospitalized on Post-Op Day Three you will receive a morning session of physical therapy. You will be discharged after you have completed your morning physical therapy session. For staged total hip patients Days One, Two and Three are repeated. (Day Four becomes Day One).

Understanding Pain

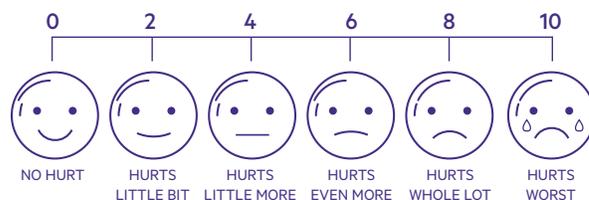
All patients have a right to have their pain managed. Pain can be chronic (lasting a long time) or intense (breakthrough). Pain can change through the recovery process. If you need more help with your pain management, speak to a member of the Joint Solutions Team.

Pain Scale

Using a number to rate your pain can help the Joint Solutions Team understand the severity of your pain and help them make the best decision to help manage it.

Your Role in Pain Management

Using a pain scale to describe your pain will help the team understand your pain level. If 0 means you have no pain and 10 means you are in the worst pain possible, how would you rate your pain? With good communication about your pain, the team can make adjustments to make you more comfortable. Try to relax—when you are relaxed, medication works better.



GOING HOME

Going Directly Home

Please have someone arrange to pick you up. You should receive written discharge instructions concerning medications, physical therapy, activity, etc. Our case manager will set up your home care services and make arrangements for your medical equipment. Take this Guidebook with you. Most patients going home will begin therapy at an outpatient facility. If the case manager determines that home health services are needed, the hospital will help to arrange for this. Patients who return home should schedule an outpatient physical therapy visit in the first week after the surgery, as well as a follow-up appointment with the surgeon.

Going to a Rehabilitation Facility

The decision to go home or to rehabilitation will be made collectively by you and the Joint Solutions Team. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

Your case manager will discuss your options for transportation to the facility. The only insurance that covers the cost of transportation is Medicaid. Payment for ambulance transportation is required at the time of transportation and can be paid with cash or credit card. The cost will vary depending on the distance of your facility. Your transfer papers will be completed by the nursing staff. Either your primary care physician or a physician from the rehabilitation facility will be caring for you in consultation with your surgeon. Expect to stay three to five days, based on your progress. Upon discharge home, the rehabilitation staff will also give instructions to you. Take this Guidebook with you.

Please remember that rehabilitation stays must be approved by your insurance company prior to discharge. A patient's stay in a rehabilitation facility must be done in accordance with the guidelines established by Medicare or your private insurance. In the event rehabilitation is not approved by your insurance company, you may go to rehabilitation and pay privately.





SECTION FIVE

LIVING WITH YOUR JOINT REPLACEMENT

CARING FOR YOURSELF AT HOME

When you go home, there are a variety of things you need to know for your safety, your recovery and your comfort.

Be Comfortable

- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a nonprescription pain reliever. You may take two Extra-Strength Tylenol® in place of your prescription medication up to three times per day.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 15 minutes each hour. You can use it before and after your exercise program. A bag of frozen peas wrapped in a kitchen towel or pillowcase works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return it to the freezer to use again later.

Try Not to Nap Too Much

While you are recovering, try not to nap during the day so that you will sleep better at night.

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for at least the first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

Blood Clots and Anticoagulants

You may be given a blood thinner to help avoid blood clots in your legs. You will need to take it for 35 days, depending on your individual situation. Be sure to take as directed by your surgeon. The amount you take may change depending on how much your blood thins. Depending on the blood thinner you were placed on (e.g., Coumadin® [warfarin]), it may be necessary to do blood tests once or twice weekly. See discharge blood thinner instructions (see Section Six, “Helpful Resources”).

Reducing Swelling in Your Leg(s)

- If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level. Remove compression stockings each night and reapply in the morning.
- Notify your physician if you notice increased pain or swelling in either leg.

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Caring for Your Incision

Aquacel® Dressing

- An occlusive waterproof outer dressing that is placed above the Dermabond Prineo®.
 - Do not remove. The dressing will be removed during your post-op visit with your surgeon.
 - Inspect the area around the incision daily.
- Notify your surgeon if you have any of the following:
 - » increased redness
 - » increase in clear drainage
 - » yellow/green drainage
 - » odor
 - » surrounding skin is hot to touch
 - » blisters form
 - Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5 degrees.
 - If your dressing comes off, contact your surgeon.

RECOGNIZING AND PREVENTING POTENTIAL COMPLICATIONS

Infection

Signs of Infection

- Increased swelling and redness at incision site
- Change in color, amount, odor of drainage
- Increased pain in hip
- Fever greater than 100.5 degrees

Prevention of Infection

- Take proper care of your incision as explained.
- If having dental work or any invasive procedures, check with your physician about taking prophylactic antibiotics.
- Notify your physician and dentist that you have a joint replacement.

Blood Clots in Legs

Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. This is why you take blood thinners after surgery. If a clot occurs despite these measures, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs of Blood Clots in Legs

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee or groin area

Note: Blood clots can form in either leg.

To Help Prevent Blood Clots

- Perform ankle pumps
- Walk several times a day
- Take your blood thinners as directed

Pulmonary Embolus

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency: CALL 911 if suspected.

Signs of a Pulmonary Embolus

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

Prevention of Pulmonary Embolus

- Prevent blood clot in legs.
- Recognize if a blood clot forms in your leg and call your physician promptly.

5 | LIVING WITH YOUR JOINT REPLACEMENT

PRE- AND POST-OP EXERCISES AND GOALS

Activity Guidelines

Exercising is important to obtain the best results from total hip surgery. Always consult your physician before starting a home exercise program. You may receive exercises from a physical therapist at an outpatient facility or at home. In either case, you need to participate in an ongoing home exercise program as well. After each therapy session, ask your therapist to recommend changes to your program that will keep you moving toward the goals listed on the next few pages.

Weeks 1–2

After two to three days, you should be ready for discharge from the hospital. Most joint patients go directly home, but you may be advised to go to a rehabilitation center for three to six days.

Your goals are to:

- Continue with walker, two crutches or cane unless otherwise instructed.
- Walk at least 300 feet with support.
- Climb and descend a flight of stairs (12–14 steps) with a rail once a day.
- Independently sponge bathe or shower (after staples are removed) and dress.
- Gradually resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.

Postoperative Exercise Plan

- Ankle pumps
- Quad sets
- Gluteal sets
- Abduction and adduction
- Heel slides
- Terminal knee extension

Advanced exercises are listed in Section Six under “Pre- and Post-op Exercises.” Your physical therapist will add these or other similar exercises at the appropriate time of your rehabilitation.



Weeks 2–4

Weeks 2–4 will see you gaining more independence. Even if you are receiving outpatient therapy, you will need to be very faithful to your home exercise program to achieve the best outcome.

Your goals are to:

- Achieve goals for weeks 1–2.
- Move from full support to a cane or single crutch as instructed.
- Walk at least one-quarter mile.
- Climb and descend a flight of stairs (12–14 steps) more than once daily.
- Independently shower and dress.
- Resume homemaking tasks.
- Do 20 minutes of home exercises twice a day, with or without the therapist.
- Begin driving if you are not taking narcotic medications. You will need permission from therapist.

Weeks 4–6

Weeks 4–6 will continue the progression to full independence. Your home exercise program is important since you will receive less supervised therapy.

Your goals are to:

- Achieve goals for weeks 1–4.
- Walk with a cane or single crutch.
- Walk one-quarter to one-half mile.
- Begin progressing on stairs from one foot at a time to regular stair climbing (foot over foot).
- Drive a car (either right or left hip had surgery), as long as you are not taking narcotic medication.
- Continue with home exercise program twice a day.

Weeks 6–12

During weeks 6–12 you should be able to begin resuming all of your activities.

Your goals are to:

- Achieve goals for weeks 1–6.
- Walk with no cane or crutch and without a limp.
- Climb and descend stairs in normal fashion (foot over foot).
- Walk one-half to one mile.
- Improve strength to 80 percent.
- Resume activities like dancing, bowling and golf.
- Stay active!

5 | LIVING WITH YOUR JOINT REPLACEMENT

ACTIVITIES OF DAILY LIVING

Hip Precautions

Care must be taken to prevent your new hip from coming out of the socket or dislocating from the pelvis. Following some simple hip precautions will help keep the risk of a dislocation at a minimum. Your doctor will advise you on how long you may need to follow these precautions.

- Do not cross your legs.
- When lying down, do not bend forward to pull the blankets from around your feet.
- Do not bend at the waist beyond 90 degrees.
- Do not lift your knees higher than your hips.
- Do not twist over the operated leg—pick your feet up and do step turns.
- Do not turn your feet inward or outward—keep your toes pointing forward in line with your nose.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend way over to pick up things on the floor—use your reacher.

Standing Up from Chair

Do not pull up on the walker to stand! Sit in a chair with armrests when possible.

- Extend your operated leg so the knee is lower than your hips.
- Scoot your hips to the edge of the chair.
- Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
- Balance yourself before grabbing for the walker.
- Keep knees apart.

Stand to Sit

- Back up to the center of the chair until you feel the chair on the back of your legs.
- Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
- Reach back for the armrest one arm at a time.
- Slowly lower your body to the chair, keeping the operated leg forward as you sit.
- Keep knees apart when rising from chair.





Transfer—Bed

When getting into bed:

- Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
- Reaching back with both hands, sit 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.)
- Move your walker out of the way, but keep it within reach.
- Scoot your hips around so that you are facing the foot of the bed.
- Lift your leg into the bed while scooting around (if this is your surgical leg, you may use a cane, a rolled bed sheet, a belt or your elastic band to assist with lifting that leg into bed).
- Keep scooting and lift your other leg into the bed using the assistive device. Do not use your other leg to help, as this does not follow your hip precautions.
- Scoot your hips toward the center of the bed.

When getting out of bed:

- Scoot your hips to the edge of the bed.
- Sit up while lowering your nonsurgical leg to the floor.
- If necessary, use a leg-lifter to lower your surgical leg to the floor.
- Scoot to the edge of the bed.
- 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.
- Balance yourself before grabbing for the walker.

Lying in Bed: How to Maintain Hip Precautions

- Keep a pillow between your legs when back lying. Position your leg so that your toes are pointing to the ceiling, not inward or outward.
- To roll from your back to your side, bend your knees slightly, and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.

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Transfer—Tub

Getting into the tub using a bath seat:

- Select a bath seat that is tall enough to ensure hip precautions can be followed.
- Place the bath seat in the tub facing the faucets.
- Back up to the tub until you can feel it at the back of your knees. Be sure you are in line with the bath seat.
- Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
- Slowly lower yourself onto the bath seat, keeping the surgical leg out straight.
- Move the walker out of the way, but keep it within reach.
- Lift your legs over the edge of the tub, using a leg-lifter for the surgical leg, if necessary. Hold onto the shower seat or railing.

Note:

- Although bath seats, grab bars, long-handled bath brushes and handheld showers make bathing easier and safer, they are typically not covered by insurance.
- Use a rubber mat or nonskid 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:

- Lift your legs over the outside of the tub.
- Scoot to the edge of the bath seat.
- 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.
- Balance yourself before grabbing the walker.

Walking

- Push the rolling walker forward.
- Step forward, placing the foot of the surgical leg in the middle of the walker area.
- Step forward with the nonsurgical leg. **Do not** step past the front wheels of the walker.

Note: Take small steps. Keep the legs of the walker in contact with the floor, pushing the walker forward like a shopping cart.

Note: If using a rolling walker, you can advance from this basic technique to a normal walking pattern.

Holding onto the walker, step forward with the surgical leg, pushing the walker as you go, then try to alternate with an equal step forward using the nonsurgical leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up,” you will find this gets easier. Do not walk forward past the walker center or way behind the walker’s rear legs.

Stair Climbing

- Ascend with nonsurgical leg first (up with the good).
- Descend with the surgical leg first (down with the bad).
- Always hold on to the railing!

Transfer—Car

Getting into the car:

- Push the car seat all the way back; recline the seat back to allow access and egress, but always have it in the upright position for travel.
- Place a plastic bag on the seat to help you slide.
- Back up to the car until you feel it touch the back of your leg.
- Hold on to an immovable object like a car seat or dashboard and slide the operated foot out straight. Watch your head as you sit down. Slowly lower yourself to the car seat.
- Lean back as you lift the operated leg into the car. You may use your cane, leg-lifter or other device to assist.



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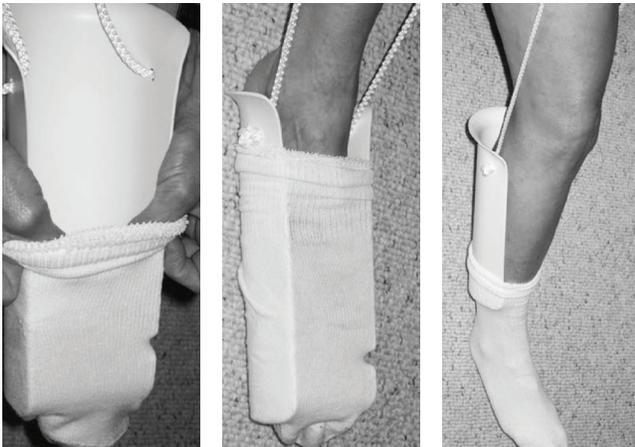
Personal Care—Using a “Reacher” or “Dressing Stick”

Putting on pants and underwear:

- Sit down.
- Put your surgical leg in first and then your nonsurgical leg. Use a reacher or dressing stick to guide the waistband over your foot.
- Pull your pants up over your knees, within easy reach.
- Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:

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



How to use a sock aid:

- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toe and pull the sock on. Keep pulling until the sock aid pulls out.

If using a long-handled shoehorn:

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

Note: This can be performed sitting or standing. Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoelaces.

Do not wear high-heeled shoes or shoes without backs.



5 | LIVING WITH YOUR JOINT REPLACEMENT

AROUND THE HOUSE

Kitchen

Saving Energy and Protecting Your Joints

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.



- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.

Bathroom

- Do NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have nonskid backs.
- Be aware of all floor hazards, such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. 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.
- Rise slowly from either a sitting or lying position to avoid getting lightheaded.
- Do NOT lift heavy objects for the first three months, and then only with your surgeon's permission.

SAFETY CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Reduce clutter | <input type="checkbox"/> Use a nightlight in the bathroom |
| <input type="checkbox"/> Remove loose wires and cords | <input type="checkbox"/> Turn on lights when you get up at night |
| <input type="checkbox"/> Rugs should be smooth and anchored to the floor | <input type="checkbox"/> Secure rugs and treads on the stairs |
| <input type="checkbox"/> Place nonskid tape or mats at the sink | |

DO'S AND DON'TS FOR THE REST OF YOUR LIFE

Whether you have reached all the recommended goals in three months or not, you need to have a regular exercise program to maintain the fitness and the health of the muscles around the joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20–30 minutes. Impact activities such as running may put too much load on the joint and are not recommended. Also, infections are always a potential problem.

What to Do in General

- Although the risks are very low for postoperative infections, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you develop a fever of more than 100.5 degrees or sustain an injury such as a deep cut or puncture wound, clean it as best you can, put a sterile dressing or an adhesive bandage on it, and notify your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if the area is painful or reddened.
- When traveling, stop and change positions hourly to prevent your joint from tightening.
- See your surgeon yearly unless otherwise instructed.
- Notify your dentist or physician that you have had a joint replacement and ask about the need for prophylactic antibiotics.

What to Do for Exercise

Choose a Low-Impact Activity

Recommended exercise classes:

- Home program as outlined in your Guidebook
- Regular one- to three-mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low-impact sports such as golf, bowling, walking, gardening, dancing and swimming

Consult with your surgeon or physical therapist about returning to specific sport activities.

What Not to Do

- Do not run or engage in high-impact activities, or activities that require a lot of starts, stops, turns and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up new sports requiring strength and agility until you discuss it with your surgeon or physical therapist.



SECTION SIX

HELPFUL RESOURCES

UNDERSTANDING ANESTHESIA

Who are the anesthesiologists?

The operating room, post-anesthesia care unit (PACU) and intensive care units at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.

What types of anesthesia are available?

Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- General anesthesia, which provides loss of consciousness.
- Regional anesthesia, which involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks, and arm and leg blocks. Medications are also given to make you drowsy.

Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting

will be given if needed. Your doctors and nurses will do everything possible to relieve pain and keep you safe. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you about the pain scale to better assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. IV fluids will be started, and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, electrocardiogram (EKG) monitor and other devices for your safety. At this point, you will be ready for anesthesia. If you have further concerns about your anesthesia, please speak with your surgeon.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will monitor vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

6 | HELPFUL RESOURCES

What can I expect after the operation?

After surgery, you will be taken to the PACU, where specially trained nurses will watch you closely. During this period, you may be given extra oxygen, and your breathing and heart functions will be observed closely. You will be very sleepy during this time. If possible, one family member can visit you in the recovery room. The PACU staff will give this person additional instructions.

May I choose an anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance.

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office for coordination with the surgeon's availability.

Glossary

Abdomen: the part of the body commonly thought of as the stomach; it is situated between the hips and the ribs.

Ambulating: walking.

Assistive devices: walker, crutches, cane or other device to help you walk.

Compression stockings: special stockings that encourage circulation.

Dorsiflexion: bending back the foot or the toes toward your nose.

Dressings: bandages.

Embolus: blood clot that becomes lodged in a blood vessel and blocks it.

Incentive spirometer: breathing tool to help you exercise your lungs.

Incision: wound from your surgery.

Osteolysis: a condition in which bone thins and breaks down.

OT: occupational therapy.

PCA pump: patient-controlled analgesia pump (pain medicine tool that you control).

Prothrombin: a protein component in the blood that changes during the clotting process.

PT: physical therapy.



BLOOD THINNERS

Your physician will determine the appropriate blood thinners when you are discharged. Monitoring dosage varies on the individual.

Aspirin

If you are discharged home on aspirin, you should use an enteric-coated aspirin such as Ecotrin, 81 milligrams twice per day for 35 days post-op, unless otherwise directed.

Coumadin® (warfarin)

Coumadin® (warfarin) has a slow onset and will require coagulation monitoring. If you are discharged home on Coumadin® (warfarin) and with home health services, the home health nurse will come to your house and draw blood for INR testing. The frequency of the monitoring by the home health nurse will be determined by your surgeon. The results are provided to your medical team, and you will be called if your dosage needs to be adjusted. If you do not utilize home health services, you will need to visit an outpatient lab for the INR testing. You may have certain dietary restrictions with Coumadin®. Please check with your doctor.

Lovenox® (Enoxaparin)

If you are prescribed Lovenox®, an injectable blood thinner, you should ask your doctor how long and how often you need to remain on the medicine.

Xarelto® (Rivaroxaban)

Xarelto® (Rivaroxaban) is an oral anticoagulant with a fast onset and does not need coagulation monitoring. Your surgeon will determine how long you will need to remain on Xarelto®.

Rehabilitation

If you are transferred to rehabilitation, the monitoring is usually done two times a week. The physician caring for you at the rehabilitation facility will adjust the blood thinners dose as necessary. When you are discharged from the rehabilitation facility, home health or outpatient blood monitoring will be arranged by the rehabilitation staff, if necessary.

6 | HELPFUL RESOURCES

PHYSICAL THERAPY DAILY SCHEDULE

The physical therapist will advise patients and family members of class times.

Day of Surgery

Most patients will receive their initial physical therapy evaluation.

Post-Op Day 1

Patients are assisted out of bed to a chair. Group physical therapy in the morning begins, or the initial physical therapy evaluation is completed if not already done. You are asked to continue your exercises every hour. An afternoon group therapy session is planned, and coaches are encouraged to attend. You will complete a six-minute walk with a team member.

Post-Op Day 2

You will attend a morning physical therapy session. If cleared by physical therapist, you may be discharged at this time. If you require more therapy, you will attend a second physical therapy session in the afternoon. If now cleared by a physical therapist, you may go home. Coaches are encouraged to be present. You will review the previous day's exercises and learn new ones.

Post-Op Day 3

You will attend a morning group therapy session. You will review exercises and discuss rehabilitation progression. It is recommended that all coaches attend this session for discharge instructions. Patients who have not yet been discharged may attend a second physical therapy session in the afternoon.

If still hospitalized on post-op day three, you will attend a physical therapy session in the morning and may be



discharged if cleared by your physical therapist. If you have achieved rehab goals, you may be discharged home or transferred to inpatient rehab.

Post-Op Day 4

Patients are assisted out of bed to a recliner. Group physical therapy in the morning begins or the initial physical therapy evaluation is completed if not already done. You are encouraged to continue your exercises every hour. In the afternoon, you will have a group physical therapy session.

Post-Op Day 5

You will attend a morning group therapy session. Coaches are welcome to be present. You will review the previous day's exercises and learn new ones.

You may be discharged after your physical therapy session. If you have not been discharged, you will attend a afternoon physical therapy session.

Post-Op Day 6

You will attend a morning group therapy session. Coaches are welcome to be present. You will review the previous day's exercises and learn new ones.

After the morning physical therapy session, you will be discharged either home or to inpatient rehabilitation.

THE IMPORTANCE OF LIFETIME FOLLOW-UP VISITS

Over the past several years, orthopedic surgeons have discovered that many people are not following up with their surgeons on a regular basis. The reason for this may be that they do not realize they are supposed to, or they do not understand why it is important.

When should I follow up with my surgeon?

These are some general rules:

- Initial follow-up visit with the orthopedic surgeon is approximately 2–3 weeks post-hospital discharge.
- Approximately 4–6 weeks post-op
- Approximately 6 months post-op
- Every year, unless instructed differently by your physician.
- Any time you have mild pain for more than a week.
- Any time you have moderate or severe pain

There are two good reasons for routine follow-up visits with your orthopedic surgeon:

If you have a cemented hip, we need to evaluate the integrity of the cement. With time and stress, cement may crack. You probably would be unaware of this happening because it usually occurs slowly over time. Seeing a crack in cement does not necessarily mean you need another surgery, but it does mean we need to follow things more closely.

Why? Two things could happen. Your hip could become loose, and this might lead to pain. Alternatively, the cracked cement could cause a reaction in the bone called osteolysis, which may cause the bone to thin out and cause loosening. In both cases, you might not know this for years. Orthopedists are continually learning more about how to deal with both of these problems.

The sooner we know about potential problems, the better chance we have of avoiding problems that are more serious.

The second reason for follow-up is that the bearing surfaces in your hip prosthesis may wear. Tiny wear particles combine with white blood cells and may get in the bone and cause osteolysis, similar to what can happen with cement. Replacing a worn liner early and grafting the bone can keep this from worsening.

X-rays taken at your follow-up visits can detect these problems. Your new X-rays can be compared with previous films to make these determinations. This will be done in your doctor's office.

We are happy that most patients do so well that they do not think of us often. However, we enjoy seeing you and want to continue to provide you with the best care and advice. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor. We will be delighted to hear from you.

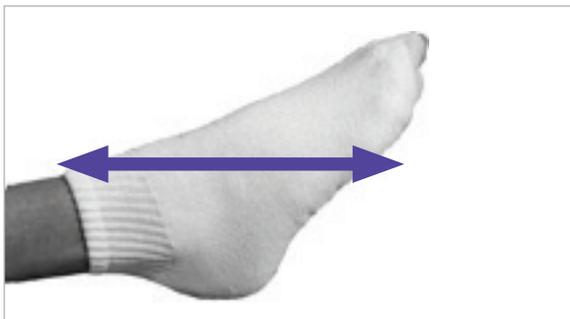
6 | HELPFUL RESOURCES

PRE- AND POST-OP EXERCISES

Range of Motion and Strengthening Exercises

Special Instructions

- If any exercise is found to increase your discomfort or symptoms, **stop**. Do not repeat the exercise, but **contact your therapist** at the number _____.
- Progress each exercise to 20 repetitions, three times per day.
- Do not hold your breath. Counting out loud may be helpful in remembering to breathe.
- Enjoy yourself, enjoy life, be well!

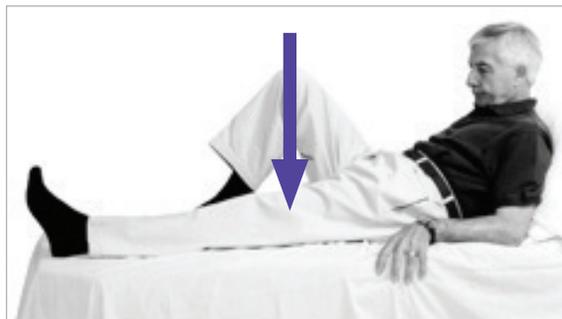


Ankle Pumps

Move ankle up and down like a gas pedal.

Precautions

- Avoid flexing the hip more than 90 degrees, such as sitting in low chairs, bending down to tie shoes.
- Avoid crossing legs, including when you are lying down and when turning when walking.
- Avoid turning the leg inward; for example, do not pivot while turning when walking.



Quad Sets

Lie on back, press knee down, tightening muscles on front of thigh. Hold for a count of six.



Glute Sets (Butt Squeezes)

Squeeze buttocks together. Hold for a count of six. Do not hold breath.



Heel Slides

Lie on back, slide heel toward bottom.

Caution: Do not bend hip beyond 90 degrees.



Hip Abduction and Adduction

Slide legs out to the side. Keep toes pointed up and knees straight.

Caution: Do not cross the midline when bringing the leg back in.



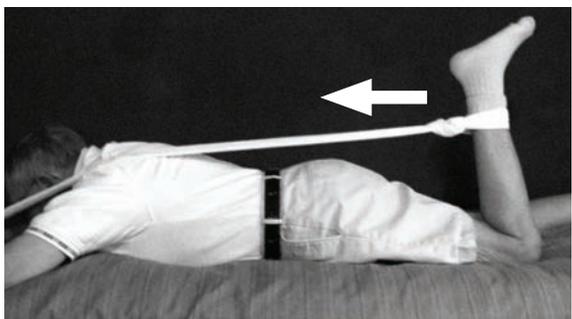
Terminal Knee Extension

Lie on back, towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll.

6 | HELPFUL RESOURCES

ADVANCED EXERCISES

To be added by the therapist after surgery.



Stomach Lying—Hamstring Curl/Quad Stretch

Lie on your stomach with legs extended and strap on the foot. Keeping your thigh on the bed, bend your knee until you feel a slight stretch in the front of the thigh. As tolerated, gently pull the foot further. Hold for 30 seconds. Repeat two times.



Abduction (Clamshell)

Lie on the unaffected side, with a pillow between the legs to keep the affected top leg from crossing the midline. Knees should be slightly bent. Keeping the feet on the surface, open and close the knees like a clam opens and closes the shell. Perform two sets of 10 reps.



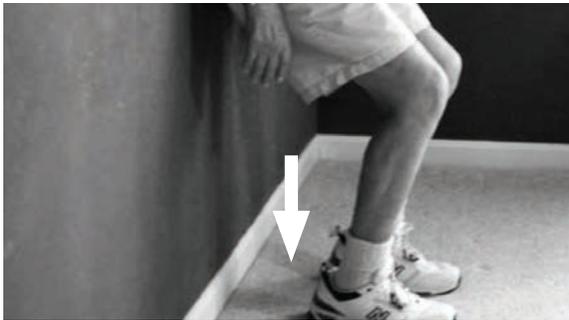
Abduction with Knee Straight

Lie on the unaffected side, with a pillow between the legs to keep the affected top leg from crossing the midline. Keeping your toes pointing forward, tighten the hip and thigh muscles, and lift the leg 8–10 inches straight up from the pillow. Perform two sets of 10 reps.



Bridges

Lie on your back with the knees bent and feet flat on the surface; push down on your feet as you tighten the buttocks and hamstring muscles and lift the hips from the surface. Concentrate on pushing equally through both feet. Hold for a count of five, then return to start position. Perform two sets of 10 reps.



Wall Slides

With feet shoulder-width apart and back to wall, slide down wall. Return to upright position. Do not go past 90 degrees of hip flexion. Your therapist will guide you on how far to slide down the wall. Perform two sets of 10 reps.



Standing Marches—Balance Practice

Standing, holding on to the sink, slowly lift the leg that has been operated on, concentrating on your support leg balance. Balance/hold for 10 seconds. Repeat by standing on the operated leg, concentrating on your balance. At first, hold very lightly with your fingertips, then eventually progress to holding hands just above the sink. Progress to doing with eyes closed. Perform 20 reps.



Standing Hip and Knee Extension

Standing against the wall, with feet about four to six inches out, place a 6- to 8-inch ball behind your knee. Push the ball into the wall by tightening the hip and quadriceps muscle. Perform two sets of 10 reps.

6 | HELPFUL RESOURCES

ADVANCED STAIR EXERCISES

To be started six to 24 weeks after surgery and performed with your physical therapist, who will instruct you on the step height on which to start.



Single-Leg Forward Step-up

Hold onto the stair railing, placing the affected foot on the first step. Step up on the stair with the affected leg. Return to the start position. You may need to begin with a 2- to 4-inch step (book/block) and progress to the higher step as tolerated. Perform two sets of 10 reps.



Single-Leg Lateral Step-up

Face the railing, with the affected leg nearest the step; holding onto the railing, place the foot on the step and slowly step up, lifting the unaffected leg from the floor; slowly lower the foot to the start position. You may need to begin with a 2- to 4-inch step and progress to the higher step as tolerated. Perform two sets of 10 reps.



Retro Leg Step-up

Stand with your back to the steps and holding the railing. Place the affected foot on the step and step up backward until the other foot is on the step. Return to the start position by lowering the unaffected leg back down to the floor. You may need to begin with a 2- to 4-inch step and progress to the higher step as tolerated.

SEX AFTER TOTAL HIP REPLACEMENT

Total hip replacement is major surgery, and healing takes time. It is not uncommon for you to be fearful that sexual activity could cause pain or injury. Your partner may also be afraid of hurting you. But, these fears are normal. Talk with your partner and tell each other about your concerns as well as your needs.

You may have questions about intimacy after your total hip replacement, such as:

- How soon can I be sexually active?
- Will my joint replacement affect my sex life?
- What positions are safe after total hip replacement?

Before you had surgery, it was likely that your pain limited your movement. With your hip replacement surgery, you should have less discomfort, and in time you should continue to improve. When you and your partner are ready, learn which positions are best for you.

How soon can I be sexually active?

Your surgeon will tell you when it should be safe to have sex. Generally, healing takes at least six to eight weeks after a total hip replacement. Until your hip is completely healed, avoid any movement that could move your hip out of the socket.

Avoid the following movements:

- Don't allow your knee to cross the midpoint of your body (your belly button).
- Don't plant your foot and twist your body outward over the hip.
- Don't raise your knee past hip level.

Will my joint replacement affect my sex life?

You should be able to have a very satisfying sex life. Plan ahead to make it easier for you to have sex. We suggest:

- Take a mild pain medication about 20–30 minutes before sex. This can help prevent minor aches. Avoid taking medication so strong that it masks warning pain.
- Have pillows and rolled towels nearby—they are used for body support.
- Relax. Do a few easy stretches within a safe range of motion.

6 | HELPFUL RESOURCES

Which positions are safe for sex after a total hip replacement?

The positions listed here should be safe after a hip replacement. Remember to always keep the joint within a safe range of motion. Try to avoid putting too much pressure on your new joint. Also, take the same care getting out of a position as you did getting into it.

After a hip replacement, be sure the knee on the affected side:

- Remains level with or below the hip.
- Does not cross the body's midpoint (belly button).

Face-to-Face

- Being on the bottom is safe for a man or a woman with a new joint.
- The partner on the bottom keeps his or her legs apart and turned out slightly. Use pillows to support the legs on the outside. Depending on comfort, the person on the bottom can recline propped up on pillows or lie flat.
- If the man has a new hip joint, place pillows between his knees. This keeps them from crossing his body's midpoint (belly button).

Woman Lying and Man Kneeling

- This position works for a woman with a new hip joint.
- The woman lies on the bed on her back, buttocks near the edge of the bed. Both feet should be supported or flat on the floor.
- The man kneels in front of the woman, on pillows placed on the floor. His hands are placed on either side of her body.

Man Propped on Elbows

- This position works for a man with a new hip joint.
- He lies on top of his partner. His legs are stretched out behind him, with a pillow between his knees.
- He supports his weight on his elbow.

Recommendations if your partner has had a hip replacement:

- Make sure he or she has the surgeon's okay before having sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Do not put all your weight on your partner's hips.

ANTIBIOTICS FOR PATIENTS WITH JOINT REPLACEMENTS

Official 2009 American Academy of Orthopedic Surgeons Antibiotic Prophylaxis for Bacteremia

PROCEDURE	ANTIBIOTIC	DOSE	TIMING
Dental	cephalexin	2 grams PO	1 hour before procedure
	cephradine		
	amoxicillin		
Eye (Ophthalmic)	gentamicin	Multiple drops topically over 2–24 hours or 100 mg subconjunctivally	Consult ophthalmologist or pharmacist for dosing regimen
	tobramycin		
	ciprofloxacin		
	gatifloxacin		
	levofloxacin		
	moxifloxacin		
	ofloxacin		
	neomycin/gramicidin/polymyxin B		
cefazolin			
Orthopedic	cefazolin	1–2 g IV	Begin dose 60 minutes prior to procedure
	cefluroxime	1.5 g IV	
	vancomycin	1 g IV	
Vascular	cefazolin	1–2 g IV	Begin dose 60 minutes prior to procedure
	vancomycin	1 g IV	
Gastrointestinal Esophageal, gastroduodenal, biliary tract	cefazolin	1–2 g IV	Begin dose 60 minutes prior to procedure
Gastrointestinal Colorectal	neomycin + erythromycin base (oral)	1 g	Dependent on time of procedure; consult with doctor
	OR metronidazole (oral)	1 g	
Head and Neck	cefazolin + clindamycin (OR + gentamicin)	1–2 g IV + 600–900 mg IV (OR + 1.5 mg/kg IV)	Begin dose 60 minutes prior to procedure
Obstetric and Gynecological	cefoxitin, cefazolin	1–2 g IV	Begin dose 60 minutes prior to procedure
	ampicillin/sulbactam	3 g IV	
Urological	ciprofloxacin	500 mg PO or 400 mg IV	Begin dose 60 minutes prior to procedure
Penicillin—allergic	clindamycin	600 mg orally	Begin dose 30–60 minutes before procedure
		600 mg IV	

6 | HELPFUL RESOURCES

DIRECTIONS

Montefiore New Rochelle

Ambulatory Surgery Entrance
31 Washington Avenue
New Rochelle, New York 10801

From Northern Westchester and Connecticut

1. Hutchinson River Parkway South to Exit 12, E. Lincoln Avenue. After exit, bear right. Right onto E. Lincoln Avenue; 9/10 mile to Webster Avenue. Right on Webster; 3/10 mile to Lockwood Avenue. Left on Lockwood; two blocks to Glover Johnson Place. Turn right.
2. Connecticut Turnpike South to New England Thruway South (I-95), Exit 16. (see #6)

By Railroad

New Haven Railroad to New Rochelle. Upon exiting, walk to Depot Plaza. Right on Memorial Highway. Cross over Memorial Highway at Union Avenue sign. Continue right on Memorial Highway. One block to Washington Avenue. Left on Washington to Glover Johnson Place. Right on Glover Johnson.

From the Bronx and New York City

3. Parkways to Robert F. Kennedy, Throgs Neck or Whitestone Bridges. Follow signs for New England Thruway/I-95 North, Exit 16. (see #6)
4. Hutchinson River Parkway North to Exit 12, E. Lincoln Avenue. After exiting, turn left onto E. Lincoln Avenue; 9/10 mile to Webster Avenue. Right on Webster; 3/10 mile to Lockwood Avenue. Left on Lockwood; two blocks to Glover Johnson Place. Turn right.

5. FDR Drive North to Willis Avenue Bridge. Major Deegan Expressway North (I-87) to Cross County Parkway East. Follow signs for Hutchinson River Parkway North. Exit at New Rochelle Road, Exit 10. Right on New Rochelle Road, 4/10 mile to Eastchester Road. Left on Eastchester, 8/10 mile to North Avenue. Right on North Avenue, 9/10 mile to Lockwood Avenue. Right on Lockwood to Glover Johnson Place. Left onto Glover Johnson.
6. New England Thruway, Exit 16. Follow signs to North Avenue. Right on North Avenue; one block to Lockwood Avenue. Left on Lockwood, three blocks to Glover Johnson Place. Left on Glover Johnson.

PARKING MAP

Visitor parking is available on Glover Johnson Place, directly across the street from the main entrance. You may park in the ambulatory surgery lot on the day of surgery.





**HOW TO APPLY FOR A PARKING PERMIT OR LICENSE PLATES
FOR PERSONS WITH SEVERE DISABILITIES**

www.dmv.ny.gov

GENERAL INSTRUCTIONS

Please read pages 1 and 2 of this packet before you complete the application on page 3. You are eligible for a special parking permit or license plates if you are a New York State resident who has one or more severe **disabilities** that impair your **mobility**. For a description of **these disabilities** see Part 2 of the application on page 3 of this packet. A parking permit may be issued for either a permanent or temporary disability. Permits are **issued in the name of the person with the disability**. You **do not** have to be a driver, or the registered owner of a vehicle, to get a parking permit. Children of any age who have a severe disability are eligible for permits, as are persons who are legally blind.

1) To apply for the parking permit:

- (a) Fill out Part 1 of the application on page 3. If you have a **PERMANENT DISABILITY**, have a Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) fill out the “permanent disability” Medical Certification section in Part 2 of the application form and return the form to you. If you have a **TEMPORARY DISABILITY** that requires the use of an assistive device, have a Medical Doctor or Doctor of Osteopathy fill out the “temporary disability” Medical Certification section in Part 2 of the application form and return the form to you. NOTE: If you have a permanent disability, the need for medical certification may be waived by the issuing agent if you have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you **already** have license plates for persons with severe disabilities.
- (b) **You must take your completed application to the appointed issuing agent for the city, town, or village where you live. DO NOT SEND YOUR APPLICATION TO THE DEPARTMENT OF MOTOR VEHICLES (DMV)- DMV DOES NOT ISSUE PARKING PERMITS.** If you have a driver license or a non-driver ID card that is issued by the NYS DMV, you must show the document to the issuing agent. The issuing agent will write on your permit the last three digits of the nine-digit number that is printed on your license or non-driver ID card to help law enforcement identify the actual permit holder and help limit abuse. **YOU ARE NOT REQUIRED TO HAVE A DRIVER LICENSE OR NON-DRIVER ID ISSUED BY THE NYS DMV IN ORDER TO GET A PERMIT.**

NEW YORK CITY RESIDENTS - Send the application (form MV-664.1) to the NYC Department of Transportation, 28-11 Queens Plaza North, 8th Floor, Long Island City, NY 11101-4008, or call (718) 433-3100. If you have plates for persons with severe disabilities, complete Part 1 and attach a copy of your registration. If you have custom plates for persons with severe disabilities, attach a photo of your plate showing the International Symbol of Access. Please read important information about “PARKING IN NEW YORK CITY” on page 2.

NASSAU COUNTY RESIDENTS - Call (516) 227-7399 (the Nassau County Office of the Physically Challenged) to find out where to apply for a permit.

ALL OTHER NEW YORK STATE RESIDENTS - Call your local city, town or village hall to find out where the nearest agent who issues permits is located. **Most city, town or village clerks, and some police departments, issue permits.** Most agents accept form MV-664.1, but some agents have their own application form, and not all agents issue permits for temporary disabilities.

2) To apply for license plates:

- (a) Your disability **must** be permanent.
- (b) The vehicle on which the special plates will be used must be **registered to the person with the disability**. A person must be at least age 16 to have a vehicle registered in his or her name.
- (c) Fill out Part 1 of the application on page 3. A Medical Doctor, Doctor of Osteopathy, Physician Assistant, Nurse Practitioner, Doctor of Podiatric Medicine (for disabilities related to the foot) or Optometrist (for blindness) must fill out the “Permanent Disability” section in Part 2 of the application form and return the form to you. NOTE: The need for a medical certification may be waived by the Motor Vehicles office if you are permanently disabled and have an obvious, visually-identifiable disability (such as the loss of a leg) **OR** if you have a permanent (blue) parking permit for the disabled. Permit holders should bring the permit with them and, also, fill out Part 1 of the application and attach a copy of the permit application showing the medical certification or doctor’s statement.
- (d) You can **get the plates at any Motor Vehicles office**. Bring the completed application with you.
 - To register your vehicle for the first time, you must provide all of the items required for an original registration and include proof of your disability.
 - If you have plates on your car, bring the plates with you to exchange for plates for persons with severe disabilities. You must fill out a registration application (form MV-82) and pay \$25.00 for the new plates that show the International Symbol of Access (ISA).
 - If this transaction is done at any time other than when you renew a vehicle registration, you will have to pay an additional \$3.75 transaction fee.
 - Personalized plates with the ISA are available from DMV’s Custom Plates office. For information, call (518) 402-4838.

USING LICENSE PLATES AND PARKING PERMITS

- ◆ The plates and permits may be used to park in reserved parking spaces **only when the person with the disability rides in or drives the vehicle**. People who are not disabled cannot use your parking permit or special plates to park in a reserved space; persons who park illegally in these spaces violate Section 1203-c(4) of the NYS Vehicle and Traffic Law and can be fined \$50 to \$75 for a first offense, and \$75 to \$150 for a second offense that is committed within two years. Municipalities can impose higher fines. Any person who abuses or misuses any parking permit or license plates for the disabled may have the permit or plates revoked.
- ◆ Parking permits should be hung from the rear-view mirror when the vehicle is parked, but should be removed from the mirror when the vehicle is driven.
- ◆ Generally, the plates and permits are valid everywhere in New York State where parking spaces are reserved for persons with disabilities. However, use of the plates or permit does not exempt you from state or local parking regulations or fees or the requirement to obtain permission to park in a designated area. The plates and permits are also valid in most other states, territories and foreign countries. If you will travel outside of New York, check with the police or Motor Vehicles agency in the location where you will be to be sure your permit or plate will be accepted.
- ◆ Parking spaces reserved for people with disabilities must be marked with conspicuous and permanently installed above-grade signs that display the wheelchair symbol. These signs are positioned at a height of five to seven feet above the parking space surface. Designation of reserved spaces may include the use of blue painted lines or markings. **Do not park in the striped access aisle next to spaces reserved for people with disabilities** even if you have a permit or plates. Access aisles provide room for people with wheelchairs and other specially equipped vehicles to transfer safely to and from their vehicles.
- ◆ Localities designate parking spaces for persons with disabilities by local law or ordinance. If you have a question about parking for the disabled on a particular street, contact the authority that maintains the road. If you have a question about reserved parking at any facility with off-street parking, contact the facility manager or the local building inspector.

◆ PARKING IN NEW YORK CITY

New York City (NYC) does not reserve spaces on its streets for persons with disabilities. Reserved **parking spaces are only available off-street**, in parking lots for shopping centers, malls, office buildings, apartment buildings, and college campuses. You can use the special plates and permits to park in designated spaces in those off-street lots.

The NYC Department of Transportation issues a City permit (a rectangular dashboard permit) that allows persons with severe disabilities to park at most curbsides on NYC streets. The NYC parking permit is not valid outside of NYC. To obtain an application for a NYC permit, call (718) 433-3100 or visit the NYC Department of Transportation website at www.nyc.gov/dot.

◆ METERED PARKING WAIVERS

If you have a mobility-related disability and a certain severe disability that limits your ability to access or put payment into a parking meter, you may be eligible for a metered parking waiver. The metered parking waiver allows the holder to park in a metered parking space in any city, town or village of New York State without paying the fee. For more information, see forms MV-664.1MP (Application for a Metered Parking Waiver for Persons with Severe Disabilities) and MV-664.2MP (Metered Parking Waiver Information). These forms are available through your local issuing agent and are also available on the DMV website at www.dmv.ny.gov.

Please
TEAR at the PERF
 and keep pages 1 & 2
 for your information.



**APPLICATION FOR A PARKING PERMIT OR LICENSE PLATES,
 FOR PERSONS WITH SEVERE DISABILITIES**

Please read pages 1 and 2 of this packet before you complete this application. If you apply for a parking permit, take the completed application to the issuing agent (local municipality) in the city, town or village where you live; **do not send your application to the Department of Motor Vehicles because DMV does not issue parking permits.**

Part 1 INFORMATION ABOUT PERSON WITH DISABILITY — (Please print and sign by the arrow.)

Last Name	First	M.I.	Telephone No. ()
Address: No. and Street		Apt. No.	City State Zip Code
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		I want: <input type="checkbox"/> License Plates (Apply to DMV.) <input type="checkbox"/> A Parking Permit (Apply to your local issuing agent.)
Do you have license plates for persons with disabilities? <input type="checkbox"/> Yes - My license plate number is: _____ <input type="checkbox"/> No			

Read note on page 4 before you sign

→ _____ (Date)
 (Signature of Person with Disability or Signature of Parent or Guardian) — If signed by a parent or guardian, please write your relationship to the person with the disability after your signature.

Part 2 MEDICAL CERTIFICATION

NOTE: PERMANENT DISABILITIES may be certified by a Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness). **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathy.

Check the box(es) that describe the disability, and fill in the diagnosis:

TEMPORARY DISABILITY: A person with a temporary disability is any person who is temporarily unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: _____ Diagnosis: _____
 What assistive device is needed? _____

PERMANENT DISABILITY: A “severely disabled” person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility.

Diagnosis: _____ Please check the conditions that apply:

- Uses portable oxygen Legally blind Limited or no use of one or both legs Unable to walk 200 ft. without stopping
- Neuromuscular dysfunction that severely limits mobility Class III or IV cardiac condition. (American Heart Assoc. standards)
- Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition
- Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest
- Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty.

EXPLAIN BELOW HOW THIS DISABILITY LIMITS FUNCTIONAL MOBILITY.

MD/DO/DPM/NP/PA/OD Name	Professional License No.
MD/DO/DPM/NP/PA/OD Address	Telephone No. ()

Read note on page 4 before you sign

→ _____ (Date)
 (MD/DO/DPM/NP/PA/OD Signature)

Part 3 FILE INFORMATION (For Issuing Agent Use Only)

Blue Red **Parking Permit No.** _____ Date Issued: _____ Date Expires: _____
 First Second 9-digit number from NYS Driver License/ID Card _____
 Denied Revoked Reason: _____ (Date)

→ _____ (Date)
 (Issuing Agent) (Locality)

NOTE TO CUSTOMERS AND MEDICAL PROFESSIONALS

According to the NYS Vehicle and Traffic Law and the Penal Law, it is a crime (a felony or a misdemeanor) to make a false statement or to provide false information on an application for a parking permit or license plates for a person with severe disabilities. This crime is punishable by a fine, imprisonment, or both. If this crime involves an application for a parking permit, the crime may also result in liability for payment of a civil penalty of \$250 - \$1,000.

For Customers Who Want License Plates, or a Parking Permit, for Persons with a Disability:

When you sign Part 1 of this application, you certify:

- that the information you provide on this application is true;
- that you have read and understand the conditions for “Using License Plates and Parking Permits” stated on page 2; and
- that you agree to comply with those conditions.

For Medical Professionals Who Provide Medical Information in Support of an Application for License Plates, or a Parking Permit, for Persons with a Disability:

When you sign Part 2 of this application, you certify:

- that the medical information you provide is true and complete; and
- that, in your opinion, the person named in Part 1 of the application is medically qualified to receive license plates, or a parking permit, for persons with a disability, according to the medical criteria specified in Part 2.



MONTEFIORE NEW ROCHELLE JOINT SOLUTION PROGRAM
HOME REHABILITATION DISCHARGE TRACKING

Name: _____ Date: _____

Procedure: _____ Date of Surgery: _____

Surgeon: _____

Date discharged from hospital: _____

Discharge to home with home care: (Please check below which applies)

- Montefiore Home Care
- VNS
- Other home care services
- No home care services, went directly to outpatient P. T.

Date home care services started: _____

Date home care services stopped: _____

How many days per week did you receive:

Home P.T. _____

R.N. _____

Aide _____

Please rate your home care services (1 to 10 / 10 being the highest): _____

Below please describe experience with this agency:

Comments: _____

Any questions, please contact Peggy.

Call **914-365-3971**.

Please give to your surgeon at the time of your post-op visit.

MONTEFIORE NEW ROCHELLE JOINT SOLUTION PROGRAM
INPATIENT REHABILITATION DISCHARGE TRACKING

Name: _____ Date: _____

Procedure: _____ Date of Surgery: _____

Surgeon: _____

Date discharged from hospital: _____

Discharge to inpatient rehabilitation:

Please provide the name of the rehabilitation facility that you were discharged to: _____

Date inpatient rehab started: _____

Date you were discharged from rehab: _____

Please rate the inpatient rehab (1 to 10 / 10 being the highest): _____

Below please describe experience with this agency:

Comments: _____

Any questions, please contact Peggy.

Call **914-365-3971**.

Please give to your surgeon at the time of your post-op visit.

Joint Solutions Program

16 Guion Place

New Rochelle, New York 10802

914-365-3980

Montefiore | **New Rochelle**

Part of the Montefiore Health System, Montefiore New Rochelle Hospital is a 242-bed, community-based teaching hospital offering primary, acute and emergency care to the residents of southern Westchester.

www.montefiorehs.org

Montefiore
DOING MORESM

Montefiore is a registered 501c3

MNR138969