Patients, please be sure to

- Attend all appointments
- Bring this planning guide with you to all appointments
- Bring your coach to all appointments
Steindler Orthopedic Surgeons and Mercy Iowa City Work Together to Keep You Moving!

Dr. Cory Christiansen
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Dr. Brent Overton
Dr. David Steinbronn
Dr. Brent Whited

Since 1950, Steindler Orthopedic Clinic has remained the region’s most preferred orthopedic practice. Our experienced team of joint replacement and revision specialists work with Mercy to provide excellence in total joint care and will get you back to doing the things you love.

To schedule your joint evaluation, call Steindler Orthopedic Clinic at (319) 338-3606 or Mercy On Call after hours at (800) 358-2767.
Please review the following information prior to your surgery at Mercy Hospital.

- Read all the instructions in your packet carefully and take the packet with you each time you go to Mercy Hospital.
- Complete the patient Health History form and mail it to Mercy Hospital in the enclosed envelope within 48 hours.
- A preadmission interview (PAS) appointment may have been scheduled for you. The preadmission nurse will pre-certify your surgery with your insurance company. If you do not have a preadmission appointment, you must be sure to call the hospital to pre-register. The telephone numbers for this are listed in the pamphlet entitled “Preparing for Your Surgery or Procedure”.

In addition to the above instructions, if you are scheduled as an OUTPATIENT or AM ADMIT, the following instructions will apply.

- Be sure you DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY: Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physicians’ assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

Important Phone Numbers

<table>
<thead>
<tr>
<th>Mercy Pre-Admission Services</th>
<th>(319) 358-2688</th>
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<tr>
<td>(Hours: M-F 8:00AM - 4:00PM)</td>
<td>Nurses Line</td>
</tr>
<tr>
<td>Mercy Home Care</td>
<td>(319) 358-2740</td>
</tr>
<tr>
<td>Steindler Orthopedic Clinic</td>
<td>(319) 338-3606</td>
</tr>
<tr>
<td>Steindler Physical Therapy</td>
<td>(319) 354-5114</td>
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<td>Mercy On Call (After Hours)</td>
<td>(319) 358-2767</td>
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Knee Replacement Planning Guide

Please bring this guide to all appointments as well as to the hospital.

Your Pre-Surgical Schedule

We’re pleased that you have chosen Steindler Orthopedic Clinic and Mercy Hospital Iowa City for your joint replacement surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is HIGHLY RECOMMENDED that a friend or family member (your COACH) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening (PAS)
Location: Mercy Hospital

Please complete the requested forms and medicine list in your packet and mail them to the Pre-Admission Screening team before your first appointment. The Pre-Admission Screening nurses will review your medical health, history and medicines. Additionally, routine blood tests, and possibly other tests such as an EKG, may be performed. You will be given instructions to follow in the days leading up to surgery. This is also an appropriate time for you to express requests or concerns about your upcoming surgery.

Physical Therapy
Location: Steindler Orthopedic Clinic

Physical therapists will guide you through exercises you will need to know before and after surgery. You will learn about home equipment needs and be able to practice with walkers, etc. prior to your surgery. You will learn what you need to know before surgery and after you return home after surgery. Therapy staff will see that you have the self-care equipment that is needed. (This visit may not be required if you have had a recent joint replacement.)

Durable Medical Equipment (DME)
Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.
Medical Clearance Clinic  
Location: Towncrest Internal Medicine  

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

We ask that you, your family and/or COACH read the enclosed materials, especially the Frequently Asked Questions (FAQs). Reminder: Please bring this packet of materials to all appointments. You may find it helpful to save the FAQs for later reference during your recovery.

If you have had a joint replacement in the past, it is possible that you may not require some of the above appointments. In any event, because our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan, length of stay and discharge-planning continue to evolve.
Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery in the hospital and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physical therapy or physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. Because more than 90 percent of our patients go directly home after surgery, it is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

_____ Attend the Pre-Admission Screening (PAS) visit in the hospital to learn about the procedure and more information

_____ Attend physical therapy sessions before surgery and in the hospital to learn the exercises

_____ Be present at discharge to learn home instructions

_____ Check in on you during your recovery process

_____ Run errands, prepare meals, help with household chores

_____ Make arrangements for transportation to therapy, which may be up to 3 times/week
Watch Out! (Things to think about)

Be cautious with your legs prior to surgery.
- Do not shave your legs for one week prior to surgery
- Cuts, scrapes and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.
- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.
- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

Think ahead about the space you live in.
- You may want a safety bar or handrail for your bath or shower
- Stairs with a secure handrail
- May want to remove all loose carpets, rugs and cords
- A recliner to elevate your leg could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing

If you need help evaluating your home for safety, contact Mercy Home Care at (319) 358-2740.
What to Bring to the Hospital

- This Planning Guide
- Your COACH
- Loose-fitting clothes
- Your front-wheeled walker
- Toiletries (deodorant, toothbrush, comb, etc.), personal items
- Supportive shoes
- Glasses/glasses case
- Hearing aid, extra batteries, case
- CPAP or BiPAP from home
- Copy of Living Will, Durable Power of Attorney, etc.

For your Family

Please designate one family member (perhaps your COACH) to coordinate information about your hospital stay for other family members.

It is most convenient for you to receive personal phone calls in the late afternoon or early evening to avoid disruption of your care. The best visiting hours are noon to 8:00 pm.

Mercy provides wireless internet access in most areas of the building.

Guest Lodging

Staying in Mercy Guest Lodging the night before surgery is an option. Family members may also stay in your room. For a reservation call Volunteer Services at (319) 339-3659.

Spiritual Support

Pastoral care is an integral part of Catholic Health Care at Mercy Iowa City. Mercy offers patients and families prayer, sacraments, a listening presence and support in dealing with the emotions that come with surgery and recovery.

A Chaplain is available to visit with you during your hospital stay at your request: Extension 3556 in the hospital or (319) 339-3556.
TOTAL KNEE REPLACEMENT

Frequently Asked Questions (FAQs) and answers.

PRIOR TO SURGERY
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DAY OF SURGERY
Questions 11–20

GOING HOME
Questions 21–32

1–2 WEEKS FOLLOWING SURGERY
Questions 33–40

6 WEEKS FOLLOWING SURGERY
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12 WEEKS FOLLOWING SURGERY
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WHAT ABOUT THE FUTURE?
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PRIOR TO SURGERY

1. Q: Do I need to do exercises prior to surgery?
   A: Pre-operative exercises are not mandatory, but they are helpful. You will learn some exercises at your pre-instruction screening appointment with physical therapy. You may choose to see your therapist prior to surgery and we can provide you with a referral.

2. Q: Do I need to stop taking certain medications prior to surgery?
   A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment.

3. Q: Can I have a steroid injection in my knee joint prior to surgery?
   A: Only if it is given at least 6 weeks prior to your surgery.

4. Q: What if I get an infection prior to surgery?
   A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

5. Q: What equipment will I need?
   A: At a minimum you will need to have a front-wheeled walker. Specific equipment needs and sizing for you will be addressed at your physical therapy pre-instruction appointment. You may also need a toilet riser (with arms) if undertaking having both knees replaced (bilateral knee surgery). A single tip cane for stairs is also very helpful. It may be wise to have at least one railing installed for stairs inside your home. A recliner works well to elevate your leg.

6. Q: How long will I be in the hospital?
   A: Knee replacement is now performed as an outpatient procedure (“go home the same day”), but that isn’t for everyone. MANY people go home the day after surgery. Some go home on the second day after surgery. Today it is rare for patients to stay longer than 3 days in the hospital, which was quite standard just a few years ago. However, if both knees are replaced, typically one day more than what is required for a single knee is common. It depends on your individual circumstances. The hospital physical therapy staff will inform you and your surgeon when you are safe and prepared for returning home. Expect that you will still have pain when you are discharged; however, you will be reasonably mobile.
7. **Q:** Will I need to have someone at home with me when I am discharged?  
**A:** When you leave the hospital, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. Occupational therapy may be ordered for you while in the hospital to work on self-care, including using the toilet, dressing and bathing/showering. You may need some initial help at home for showering, as well as laundry and meals. You may also need assistance to take your support stocking off and on once a day. If family or friends are not able to assist, some outside help can be arranged, usually at your cost. Physical therapy and occupational therapy will address this with the discharge planner.

8. **Q:** I live alone, will I need to rely on others?  
**A:** Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Knee replacement is best accomplished when you have a COACH and others help you. Success is best achieved by going to your home after surgery, working on your exercises several times a day and frequent walking. Home Physical Therapy and skilled care units are used as a last resort. You are free to contact a nursing home to pay privately when you are discharged from the hospital. You must contact the nursing home pre-op to initiate intake and provide insurance information. YOU MUST then contact the discharge planner on the surgical floor (319-887-2933) prior to surgery for recent updates on insurance coverage.

9. **Q:** Can I do Physical Therapy in my home town or close to my home?  
**A:** Yes. It is recommended that you visit your preferred Physical Therapy clinic prior to surgery to give them insurance information and even schedule your first appointment. The hospital physical therapy staff will verify your first appointment and provide needed signed paperwork for physical therapy 1-3 times/week for typically 6 weeks.

10. **Q:** I get very nauseous and vomit after surgery, what can I do?  
**A:** Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery. You can also speak with the anesthesiologist the day of surgery.
DAY OF SURGERY:

11. Q: What will happen the day of surgery?
   A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Surgical Care Unit/Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your knee may be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify/mark your surgical leg.

12. Q: Will I be asleep for surgery?
   A: Your anesthesia will consist of a general (completely asleep) or a spinal (numbing medicine in your spine with a sedative). You do not have to be awake for the surgery. We may also use local anesthesia to decrease pain the first 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

13. Q: How long is the surgery?
   A: The surgery itself takes about 1-1.5 hours.

14. Q: Where is the incision?
   A: It is over the front of your knee from just above the kneecap to the top of your shin bone.

15. Q: Will I have stitches?
   A: Typically all the stitches are buried under the skin and there are no stitches to come out after surgery. There is a clear mesh glued on the skin over the incision that is water tight for showers. We will peel this off in 2 weeks at your post-op appointment. Occasionally staples will be used. Your surgeon will discuss this with you prior to your surgery. Even if staples are used, you will be allowed to shower without a cover on the third day post-op. Your surgeon may direct your out-patient Physical Therapist to remove the staples 2 weeks after surgery or they may remove them at 2 weeks at your post-op appointment.

16. Q: Will I have a catheter in my bladder?
   A: Not usually.
17. Q: Will I get out of bed the same day of surgery?
   A: Yes, if medically stable. Nursing and/or Physical Therapy will assist you getting
   in and out of bed, walking to and from the bathroom and sitting in a recliner.
   You will also start bending and straightening your knee.

18. Q: What will I use for pain control?
   A: Pain control on the day of surgery and the first night are usually through an
   IV. The next morning you will move to oral pain pills, similar to the ones you will
   take at home. Most commonly it will be a strong pain medicine like hydrocodone.
   Nursing and Physical Therapy will routinely assess your pain. There is a range
   of medical options to be sure your pain is controlled. You will also be instructed
   on alternative, non-medicine ways to control pain. If you have had any problems
   in the past with hydrocodone or other pain medication, please discuss this with
   your surgeon prior to surgery. Ice packs will also be routinely offered by nursing
   and physical therapy while in the hospital.

19. Q: I have sleep apnea, should I bring my CPAP?
   A: Yes. Please inform nursing when you reach your room after surgery so that
   engineering can complete an electrical safety check.

20. Q: How often will I have Physical Therapy while in the hospital?
   A: You will usually start with Physical Therapy the same day as surgery. You will
   do sessions 1-3 times/day until discharge home.

GOING HOME:

21. Q: How will I get home?
   A: On the day of discharge, Physical Therapy will go with you to the car and teach
   you and your family/coach how to get in and out of a vehicle.

22. Q: What will I use for pain control when I get home?
   A: You will be sent home with a written, paper prescription to be filled at your
   local pharmacy. It cannot be called into your pharmacy. New government
   regulations now eliminate refills on prescription pain pills by your surgeon or your
   family physician. Refills have to be done with a new paper prescription each time.
   Your prescription will likely be Tylenol with hydrocodone or Tylenol with oxycodone.
   Each tablet contains 325mg of Tylenol (acetaminophen). At home, you can take
1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You should take enough pain meds to do home exercises 3-4/day and progress with motion. You can substitute plain Tylenol (acetaminophen). You can safely take up to 4000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. Ice packs are also VERY helpful and several should be purchased pre-op.

Planning the timing of your pain medication is important. One half to one hour prior to your exercises and prior to your PT appointments is a good idea. Icing after exercise and PT is also a good way to control pain in order to reduce how much pain medicine you use.

Some only take Tylenol for pain when they go home, and some need stronger medicine for a few weeks. Most people are off narcotic pain meds (or just bedtime dose) by 6 weeks. We WILL NOT USE narcotics after twelve weeks. You should use just enough pain medicine to make progress in physical therapy. Avoiding excessive activity such as walking too far, standing too long, walking on uneven ground, and working too hard can reduce your need for narcotic pain medication.

23. **Q:** How long will it take to recover?

**A:** When you get home you will be able to navigate around by yourself. You will be able to do stairs. You will use a walker for approximately 2 weeks; your outpatient Physical Therapist will help you decide when to quit using the walker. Driving and return to work will be discussed with your surgeon at your 2 week appointment or with your outpatient Physical Therapist. The bottom line is you CANNOT drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 4 hours. (Understandably, patients with left knee surgery may be capable of driving sooner than patients with right knee surgery.) Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months of recovery before you can return to work. Your surgeon and outpatient Physical Therapists are your best resources for these questions. After about 6 weeks you will feel about 50% recovered, after 3 months you will feel about 75% recovered. You should be close to 100% recovered by the first anniversary of your surgery.
24. Q: Can I take ibuprofen or Aleve (naproxen) with my pain meds?
   A: You will be on a blood thinner for 6 weeks after surgery, so not every patient may take NSAIDs in the first 6 weeks. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

25. Q: Will I need to elevate my leg at home?
   A: YES. Elevation of the foot and knee above the level of the heart is key to reducing swelling and controlling pain- “toes above nose.” This is where a recliner is beneficial. Lying in bed with your leg elevated up on pillows also works. You will also be instructed NOT to use pillows under your knee for elevation, but place pillows only under your calf or foot to maintain a straight, flat knee. It will also be recommended that you wear a support stocking (TED) on your operated leg to control swelling.

26. Q: Should I be using ice on my knee?
   A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 min as often as needed. You can start timing once you feel the coolness on your knee. You will need several ice packs and you should purchase these prior to your surgery.

27. Q: What is the most important thing for me to do once I’m at home?
   A: The most important thing to do the first 2-4 weeks is to work on your motion - BENDING and especially STRAIGHTENING your knee. You should be up walking around every 1-2 hours while awake, bending your knee as you get up and down (you do not have to get up at night to do this). When sitting have your leg elevated with your knee straight or flat. Exercises will be assigned for home 3-4 times/day in addition to your outpatient Physical Therapy visits. Walking and strength is not nearly as important, early on, as is bending and straightening.

28. Q: Narcotic pain meds can be constipating, what should I do?
   A: It is recommended that everyone take Colace 100mg 2 times/day and Miralax 1 packet every morning while they are taking narcotic pain pills. These are available over the counter. Fruit and fiber intake should also be increased. Frequent walking and drinking a lot of water will also help manage constipation.
29. Q: What are the signs of infection?
A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call Steindler weekdays 8:00-4:30 at (800) 373-6417 or (319) 338-3606 and Mercy On Call after hours at (800) 358-2767.

30. Q: How can I prevent blood clots?
A: Foot pumpers and support stockings (TED’s) will be used in the hospital. Instruction for using support stockings (TED’s) at home will be given at hospital discharge.
- Early and frequent mobilization like walking and changing positions.
- Aspirin or other blood thinners will also be ordered.
- Frequently move your ankles and toes.

31. Q: What are the signs of a blood clot?
A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. It usually starts with a sharp pain in the calf that is different than the usual swelling. In addition, sometimes swelling below the calf will increase. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call Steindler weekdays 8:00-4:30 at (800) 373-6417 or (319) 338-3606. Shortness of breath or changes in your pulse or heartbeat are cause for calling 911 immediately.

32. Q: Can I shower over the incision and let it get wet?
A: If there is a clear mesh on the incision you may shower immediately. If you have staples, you will not be able to shower until 3 days after surgery.

1–2 WEEKS FOLLOWING SURGERY:

33. Q: When can I get rid of the support stockings?
A: Keep using the support stocking (TED) on your operated leg until you are no longer struggling with leg and ankle swelling. Your outpatient Physical Therapist can advise you.
34. Q: When can I stop the blood thinner?
   A: Not until 4-6 weeks after surgery. This will be discussed at your follow-up appointments with your surgeon.

35. Q: Is it normal that I am not hungry?
   A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

36. Q: Why can’t I sleep?
   A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call Steindler weekdays 8:00-4:30 at (800) 373-6417 or (319) 338-3606 if you are having trouble sleeping and sometimes a sleeping medication can be prescribed for a short period.

37. Q: Is it normal that my knee is red/swollen/hot?
   A: A light pink is very common after surgery. Redness that extends up the thigh or is accompanied by increasing pain and fever is a sign of infection. Knee warmth and swelling may continue for up to a year. It will get better, but it may take months.

38. Q: Is it normal that I am so bruised?
   A: Often there are 3 areas of bruising. One is on the thigh from the tourniquet used during surgery. The second is on the inside and back of the knee. The third area will sometimes go down the front of your shin. This is why elevation above your heart is so important.

39. Q: What is my goal in therapy?
   A: It is all about motion. The minimum standard for recovery is getting the knee close to straight, or flat (zero degrees), and to bend past 90 degrees (a right angle). If you are not achieving this by 2 weeks, you will become VERY behind in your recovery. It is VERY important that you get your knee to bend and straighten as quickly as possible.

40. Q: What can I put on my incision?
   A: You may shower and use soap right away on the incision. Vitamin E oil can be used once the mesh or any staples are removed and the incision is healed. You should also use sunscreen on your incision the first year.
6 WEEKS AFTER SURGERY:

41. Q: Is it still supposed to be swollen?
   A: Yes, this is still normal.

42. Q: Is it still supposed to be stiff?
   A: Yes, stiffness is still common (especially after sitting).

43. Q: Is it still supposed to ache and hurt and feel restless at night?
   A: Yes, this is common.

44. Q: Shouldn’t it be completely healed by now?
   A: No, complete healing takes several months.

45. Q: Should I still be taking a blood thinner?
   A: Not because of your surgery. You may be taking one for an unrelated medical condition.

46. Q: Can I take Ibuprofen or Aleve (Naproxen) now?
   A: Yes.

47. Q: Can I stop Physical Therapy now?
   A: It depends on your progress and recovery. Most patients do 6-12 weeks of therapy. The harder you work on your own at home, the less overall therapy sessions you will need.

48. Q: Is it normal that it clicks?
   A: Yes. The implant is made of metal and plastic which is much harder than cartilage. Therefore, when these new surfaces touch together, they make a harder, harsher sound or feeling. This is normal and most of the time the clicking will lessen with time.
12 WEEKS AFTER SURGERY:

49. Q: Shouldn’t it be healed by now?
   A: No, you are 75% healed. Your knee may continue to have some warmth and swelling until about 1 year.

50. Q: Is it normal for my knee to still be stiff and feel like a tight band is around it?
   A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

51. Q: Is it normal for my knee to be sore and ache later in the day?
   A: Yes, this is normal.

52. Q: What about going through the airport after my knee replacement?
   A: Inform the TSA staff as you enter security. Your surgeon may provide you with an ID card but you will still need some level of security screening.

53. Q: What can’t I do?
   A: You can’t run or jump on your knee. No running or jogging, but walking, biking and hiking are OK. You should not jump off the last few rungs of a ladder, the tailgate of a pickup or farm machinery. You should not do high risk activities like water skiing. Snow skiing on green level slopes is OK. Discuss with your surgeon any other questions you might have about your activity levels.

54. Q: Can I kneel on my knee?
   A: Yes. You will not damage your knee by kneeling on it. Most people will feel some discomfort. You might use knee pads or a soft pad under your knee for kneeling. It may take several months to “condition” your new knee for kneeling.

55. Q: Can I go to the dentist now?
   A: Yes, now that is has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics after joint replacement for one year after surgery. Contact the office for your initial prescription for antibiotics.
WHAT ABOUT THE FUTURE?

56. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental or urinary tract infection?
   A: You should call your primary physician as you normally would.

57. Q: What are the symptoms of infection in my new knee?
   A: These may include drainage, increased swelling, redness and pain not associated with increased activity. You should call Steindler 8:00-4:30 at (800) 373-6417 or (319) 338-3606 at the earliest signs of infection.

58. Q: Do I need antibiotics for dental work?
   A: Yes. Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:
      History of organ transplant (liver, kidney, lung, etc)
      Previous joint infection
      Immunocompromised patients with:
      • Rheumatoid arthritis
      • Cancer and being treated with chemotherapy
      • Psoriatic arthritis

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (800) 373-6417 or (319) 338-3606.

Your surgeon will ask you to schedule x-rays every 1–5 years to assess for wear or loosening.
Total Knee Replacement Physical Therapy Protocol

Day of Surgery
• Walk with front wheeled walker (FWW) in hospital room with Therapy or Nursing staff

Day after Surgery
• Walk with FWW in hallway
• Begin range of motion and strengthening exercises
• Meet criteria for discharge from hospital:
  - Complete bed and chair transfers independently
  - Walk with FWW 100-150 feet
  - Ambulate on stairs using handrail
  - Knee ROM: 5 degrees extension to 80 degrees flexion
  - Independent with exercises to continue at home

2 days through 2 weeks after Surgery
• Continue walking with FWW
• Attend Physical Therapy 3 times a week
• Independent with exercises at home 3-4 times a day, walking short distances frequently during the day, elevating leg higher than heart to control swelling at least twice a day

2 weeks after Surgery
• Knee ROM: Extension 5 degrees or less, flexion greater than 90 degrees
• Knee strength: perform a straight leg raise independently

4-6 weeks after Surgery
• Assistive devices may be discontinued once the patient can ambulate safely and without pain or limp.
• Knee ROM: Extension to 0 degrees, flexion greater than 110 degrees
• Knee strength: completing all exercises without pain, begin working on stair ambulation

3 months after Surgery
• Walking without assistive device in the community, going up and down stairs reciprocally
• Knee ROM: Extension to 0 degrees, Flexion between 120-130 degrees
• Sleeping through the night without disruption due to knee pain
Quad Sets
Place a small towel roll under your knee, tighten your top thigh muscle to press the back of your knee downward into the towel. Focus on seeing and feeling your kneecap move.
Perform 10 repetitions, 3-4 times/day.

Supine Heel Slides
While lying on your back place a towel loop around your foot, pulling with your arms to bend your knee. Then allow your knee to straighten back out to starting position and repeat.
Perform 10 repetitions, 3-4 times/day.

Knee Flexion on Chair or Stool
With foot on a chair or step stool, gently lean your knee forward over your toes to provide a gentle stretch over the front of the knee.
Perform 10 repetitions, 3-4 times/day.
Knee Extension Stretch
While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.
Hold for 30 seconds, 3-4 times/day.

Seated Heel Slides
While in a seated position, slowly slide your foot closer towards you. Hold a gentle stretch and then return foot forward to original position.
Perform 10 repetitions, 3-4 times/day.

Seated Straight Leg Raise
Start in a seated position towards the front edge of the chair with your heel resting on the ground. Raise the leg while maintaining the knee in the straightened position. Then lower back down.
Perform 10 repetitions, 3-4 times/day.
How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.

1. Start by standing up straight with your shoes on.
2. Allow your hands to hang naturally at your sides.
3. Locate the crease in your wrist, this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.
1. ENT Medical Services, PC  
   2615 Northgate Drive

2. Eye Physicians & Surgeons  
   2629 Northgate Drive

3. Steindler Orthopedic Clinic  
   2751 Northgate Drive

4. Oral Surgery Associates  
   2814 Northgate Drive

5-6. ENT Sleep Center  
     Facial Rejuvenation Center  
     2901/2903 Northgate Drive

7. Mercy Speciality Clinics,  
   Urology  
   2943 Northgate Drive

8. Iowa City Ambulatory  
   Surgery Center  
   2963 Northgate Drive
Your Questions and Notes
While you are reading through this guide, write any questions below and bring them to your appointments: