



Hip and Knee Replacement Patient Education Guide



The Miriam Hospital

BROWNHealth
UNIVERSITY

Total Joint Center

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Welcome to the Total Joint Center at The Miriam Hospital

Thank you for choosing the Total Joint Center at The Miriam Hospital for your joint replacement surgery. As a part of the Brown University Health Orthopedics Institute, the Total Joint Center is committed to providing patients with the high-end care that has made it the region's highest volume program for total hip, knee and shoulder replacement procedures. Our clinical and quality outcomes are among the best in the nation.

Our distinguished reputation reflects the expertise and compassion of our board-certified, fellowship-trained orthopedic surgeons, nurses, physical therapists, and occupational therapists. We take pride in the care we provide, and our results speak to that commitment. Here are a few reasons you can feel confident in choosing us:

- Our center consistently outperforms the national average in key areas, like shorter hospital stays and successful discharge to home, according to the American Academy of Orthopedic Surgeons.
- We've earned The Joint Commission's Gold Seal of Approval for Advanced Certification in total hip and knee replacement, recognizing our quality, consistency, safety, and dedication to patient care.
- We are named a Blue Distinction Center for knee and hip replacement by Blue Cross and Blue Shield of Rhode Island, and in 2025, we were recognized by U.S. News & World Report as a "High Performer" in hip and knee replacement.

At The Miriam Hospital, we value your right to understand and participate in your care. This guide is one step of your patient journey. Your care team and the entire staff at The Miriam Hospital are committed to providing you safe, compassionate, and consistent care.

Sincerely,



Maria Ducharme, DNP, RN

President, The Miriam Hospital

Chief Quality Executive, Brown University Health

Prepare Your Home For Your Return

Use this list to make small, simple changes to your home which will ensure you have what you need to recover safely and successfully.

- ☐ Remove throw rugs in any room of your home that you will be using during your recovery.
- ☐ Be sure you have a cell phone or portable phone to keep at hand.
- ☐ Arrange furniture to create space and open up all walkways leading to the main rooms of your home.

Kitchen

- ☐ Place frequently used items in accessible cabinets so you won't have to reach too high or low.
- ☐ Keep counters clear of clutter.
- ☐ Make sure flooring is not slippery.
- ☐ Buy juices/milk/etc. in small containers.
- ☐ Prepare and freeze a few meals before your surgery.

Bedroom

- ☐ Have a lamp and telephone on the bedside table.
- ☐ Use a nightlight to illuminate the path to the bathroom.
- ☐ Place frequently used clothing in higher drawers.
- ☐ Move a chair with arms into the bedroom to use while you are getting dressed.

Bathroom

- ☐ Use a nonskid mat in the tub.
- ☐ Consider installing fixed or removable grab bars by the toilet and the tub.

Living Room

- ☐ Pick out a chair that will be appropriate to sit in when you come home. A firm chair with arms is best. Avoid rockers and chairs on wheels.

Stairways/Halls

- ☐ Keep stairs and hallways free from clutter.
- ☐ Check to make sure all stairs have sturdy railings.
- ☐ Plan to have a loved one or friend be with you as you manage stairs for the first few times.

Outdoor Areas

- ☐ Make sure hedges, shrubs and trees do not interfere with outdoor walkways.
- ☐ Ensure that outdoor pathways are clear when you return home, especially during autumn (fallen leaves) and winter (snow).

Preparing for Surgery

Use these tips to help give your body a healthy start before you head into the operating room.

Your Health

- **Complete any pre-operative appointments** you have been asked to schedule.
- **If you smoke**, try to cut back or, ideally, quit. Smoking can increase your risk of infection.
- **If you have diabetes**, check your blood sugar regularly, and monitor what you eat. High blood sugar after surgery can increase your risk of infection, delay wound healing, and impede progress toward your goals.
- **Stay active.** Remain as active as you can in the weeks leading up to surgery. The stronger you are before surgery, the faster you will heal. Please begin doing simple muscle strengthening exercises before your surgery. See handout for specific exercises that will lead to a speedy recovery.
- **Medications:** The pre-admission testing nurse will give you specific instructions about your medications. Follow these instructions.
- **Proper nutrition:** A well-rounded diet pre-operatively and post-operatively are key to a rapid and successful recovery. Be sure to eat a well-rounded diet high in protein prior to surgery. High protein foods include lean meat or fish, cottage cheese, eggs, yogurt.

Assistance From Your Loved Ones

Ask friends, family, or neighbors for some assistance with the following tasks while you are in the hospital

and during the first two weeks after you return home:

- seasonal yard work/snow removal
- help with groceries
- mail and newspaper pickup
- pet care (walking, feeding)
- taking trash to the curb
- carrying laundry to the basement

See coach's guide for more information.

Home Equipment for Your Recovery

You may choose to obtain the following equipment prior to surgery, to make your initial recovery easier.

- ☐ rolling walker (required, in almost all cases, after hip or knee replacement) If you do not already own a rolling walker, the hospital will provide you with one to take home.
- ☐ cane (if recommended by your physical therapist)
- ☐ suction cup grab bar for shower (optional)
- ☐ raised toilet seat (optional)
- ☐ shower chair (optional)
- ☐ grabber/reacher (optional)
- ☐ re-freezable ice packs



Recipe for Homemade Ice Pack:

Ingredients:

- 3/4 cup rubbing alcohol
- 2 cups water
- 2 Large Ziploc freezer bags

1. Mix ingredients in bag.
2. Double bag.
3. Leave in freezer until it turns to slush.

Insurance Questions

Please call your insurance provider before your surgery, as insurance coverage for doctor visits, hospital visits, surgeries, therapies, and equipment is dictated by your policy. Ask if any of the following apply to your insurance coverage, and get explanations:

- ☐ surgery deductible
- ☐ hospital stay deductible/copay
- ☐ copay for a walking device
- ☐ copay for home therapy visits
- ☐ copay for outpatient physical therapy
- ☐ coverage of anesthesia services for Brown Health anesthesia

The Week of Your Surgery

- Review the medication instructions given to you at your pre-admission testing visit and at your surgeon's office. Be sure to follow these instructions.

- Eat high-fiber foods in the days leading up to your surgery. This will help prevent constipation after your surgery.
- For one week before surgery, do not shave near the area where surgery will be done. Shaving could increase your risk of infection.
- If you have any unresolved questions or concerns, contact your surgeon's office.
- If you develop flu-like symptoms, a congested cough, severe vomiting or diarrhea, a skin condition, or new dental pain or problem near where surgery will occur, please contact your surgeon, or contact the Total Joint Hotline at 401-793-5852.
- Pack for surgery. Use (below) **What to Bring to With You to the Hospital** as your guide.

What to Bring With You to the Hospital

Information

- ☐ Insurance cards and identification (or photocopies of each)
- ☐ Payment method for copayment (if not paid in advance)
- ☐ Copy of your Health Care Directive, if you have not already provided the hospital with a copy

Medications and Equipment

- ☐ Please ask a member of the Total Joint Center team for the most recent policy on use of your home CPAP, if indicated

Clothing and Personal Items

- ☐ Comfortable shoes with nonskid soles. Tennis shoes with laces work well.
- ☐ Undergarments and socks
- ☐ Loose-fitting pants (Sweatpants work best, as they are easy to get on and off and allow room for the bandages.)

- ☐ Loose-fitting blouse or shirt
- ☐ Glasses or contact lenses
- ☐ Dentures
- ☐ Hearing aid
- ☐ Chewing gum or hard candy
- ☐ Chapstick

Do Not Bring

- ☐ Jewelry or other valuables
- ☐ Walker, cane or crutches. (These can be provided for use while in the hospital. Have them ready for use at home.)
- ☐ Home medications

Please make arrangements for transportation home following discharge. You will NOT be allowed to drive yourself home. Discharge usually happens before noon, although this is subject to your individual progress while in the hospital.

The Day Before Surgery

- Prepare your skin by washing with the Hibiclens soap, following the instructions for use.
- See small “preparing for surgery” booklet for your medication instructions.
- Get some rest—we will see you tomorrow!

Contact Your Surgeon’s Office If:

- You cannot make it to your surgery on time.
- You get sick (a cold or flu) or have a fever.
- You have infected skin, a rash, small cut, and/or a wound near the area where your surgery will be done.
- You have questions or concerns about your surgery.
- You have a toothache or other dental problem.

The Day of Surgery

Before you arrive at the hospital:

- **Only drink the Ensure Pre-Surgery drink** on the day of surgery (provided at your Pre-Admission Testing appointment)
- **Please drink the Ensure Pre-Surgery drink** 2-4 hours prior to your arrival at the hospital.
- **Enter through the main entrance** of the hospital at the time you were instructed to arrive. Very early in the morning, your family can park in the lot directly across the street (patient/visitor parking) after dropping you off. After 7 a.m., free valet parking is available.
- **Registration:** The admitting office is in the main lobby. The admissions staff will confirm your identity and insurance coverage, give you an identification bracelet, and register you for your surgery and hospital stay.
- **The Surgical Liaison and Waiting Area:** The liaison will greet you. Our waiting area has free wifi, television and comfortable seating. The liaison will ensure your loved ones remain informed about your



surgery progress. While you are in surgery, they can be reached for questions at 401-793-2273.

- **Pre-Op or Holding Unit:** The pre-operative (pre-op) department completes your preparation for surgery. You will change into a hospital gown, and we will start an intravenous line. Your personal belongings and clothing will be labeled with your name. A team of nurses and anesthesiologists will review your paperwork, vital signs and laboratory results. You will be asked your name, date of birth, and planned surgery by many members of the hospital team. This is a normal part of the routine safety checks done in preparation for surgery.

You will see your surgeon in the pre-op area. After reviewing the surgical paperwork and answering any questions, he or she will mark the surgical site with his or her initials.

- **Anesthesia:** Anesthesia is administered to make you comfortable during surgery. The anesthesiologist will talk with you and your surgeon to decide which type of anesthesia is best for you. Depending on your surgery, you may receive a local nerve block to help with pain after the surgery. See small “Preparing for Surgery” booklet or the Total Joint Center website for descriptions of the anesthesia options that are available.

- **Surgery:** After all the pre-operative checks have been completed, you will be taken into surgery. You may be given a sedative to make you sleepy. Once you are in the operating room (OR), the OR staff will make you comfortable, the anesthesiologist will administer your anesthesia, and the surgeon will begin the operation.
- **Post Anesthesia Care Unit (PACU):** Once your surgery is completed, you will be transferred to the recovery room. When you wake, you will have an oxygen mask on your face, a blood pressure cuff, a heart monitor, a device on your finger that measures your oxygen level, and devices on your feet that help circulate blood.

The nurse in the PACU will make sure that you wake from anesthesia safely, that your heart and breathing are normal, and that you remain comfortable after surgery.

Your length of stay in the PACU will be dependent on the type of surgery, type of anesthesia, and any medical conditions you may have. Some patients are discharged home directly from the recovery room, if they are able to meet all their goals for discharge. Please talk to your surgeon to discuss whether or not you are a candidate for this same-day discharge home pathway.
- **Visitors:** Please call 793-2500 for the most up to date visitor policies.



- **Physical Therapy:** Once you have been cleared by anesthesia to get out of bed, our nursing and/or physical therapy team will begin to work with you. This generally occurs within hours of your procedure. Early ambulation (walking) has been shown to lead to a reduction in post-operative complications and a speedier recovery. The physical therapist will meet with you either in the recovery room or on the inpatient unit.

The 3 North Team

- The 3 North (3N) team consists of highly trained registered nurses, nurse practitioners, certified nursing assistants, and unit secretaries. In addition, physical therapists, occupational therapists, and case managers will be caring for you during your stay. The Miriam Hospital is a teaching facility, and our doctors, nurses, and therapists may have students assisting with your care.

Pain Management After Your Surgery

Pain after surgery is expected, and is a normal part of the healing process. Redness and warmth is caused by extra blood flow to the area, which is normal. Swelling is caused by extra immune cells, which the body sends out to investigate the surgical site. This is also normal. Pain occurs because this extra fluid puts pressure on the nerve cells. As you recover, these normal responses to surgery lessen over time, and the surgical pain will lessen.

Benefits of good pain control: Pain control and the ability to move will facilitate a faster healing process. Adequate pain control will allow you to participate in therapy and care with your staff and family. Your care team may try different amounts of medication, different types of medication, given at different time intervals in order to manage your pain effectively.

Your Hospital Stay

The Pain Scale

- 0-3 = Minimal/Mild Pain – EXPECTED. Annoying, but you are able to rest, eat, and participate in your therapy and recovery.
- 4-6 = Moderate Pain – Expected to occur periodically. Nagging, may have difficulty resting or participating with therapy.
- 7-10 = Severe/Intense Pain (RARE) – Severe, excruciating, and you are unable to participate in your care, sleep, or eat.

Pain Medications

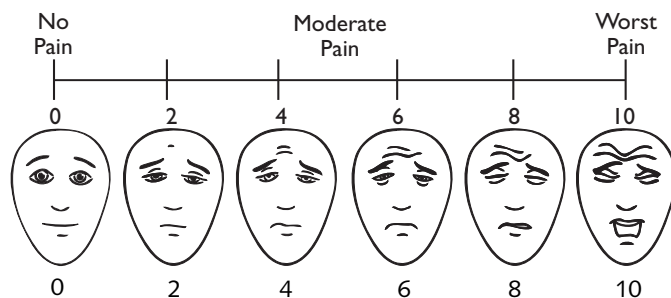
- Some medications are given on a set schedule, and others are given as you need them throughout the day. Your care team will ask you frequently (about every three hours) about your pain level and they will ask you to rate your pain again after you receive pain medications.

Side Effects

We will partner with you to monitor and treat pain medication side effects. Side effects include nausea, vomiting, constipation, itching, dizziness, and drowsiness. It is extremely rare that a patient becomes addicted to pain medication if it is taken as prescribed.

Non-medication treatments: There are also non-medication treatments that can be used to control pain:

- **Moving around and changing position** – Your care team might suggest changing positions to help alleviate pain. This might include working with Physical/Occupational Therapy, ambulation with



This Faces Pain Scale-Revised has been reproduced with permission of the International Association for the Study of Pain® (IASP). The figure may not be reproduced for any other purpose without permission.

your nurse, or therapeutic exercise.

- **Cold therapy** often works well to control pain. It can also relieve itching and muscle spasms.
- **Relaxation techniques** such as prayer and meditation help relieve anxiety and tension. Doing these activities produces a relaxation response that reduces stress.
- **Distraction therapy** reduces pain by taking your mind away from it. Music is an example of distraction therapy. The Miriam offers MedCalm TV on channel 18. Crosswords, puzzles, and adult coloring pages can also be used for distraction.
- **Positive thinking** – Individuals who stay positive and hopeful often feel less pain or are less bothered by the pain they feel. Remembering your long term goals can inspire you to think positively about the ultimate outcome of this surgery.
- **Integrative/Alternative Therapies** – Alternative healing therapies are provided to patients through our Integrative Therapy Department in collaboration with your team. Therapies such as our

Frequently Asked Questions About Pain and Pain Medications

Should I be concerned about addiction to pain medications?

Addiction is extremely rare if pain medication is taken as prescribed. Your care providers will be monitoring you closely and you will be on these medications for only a short period of time.

Will I have pain during my hospital stay?

You should expect to feel pain after surgery; however, your care providers will make every attempt to keep your pain at a tolerable level by using a variety of pain medications as well as different pain relieving modalities.

guided imagery channel (16) and care channel (18) are available 24 hours a day. Integrative therapy is available through consult for Reiki, gentle massage, and additional mind body practices (visualization and breath-work). Ask your nurse for more information or to enter a consult.

Keeping your pain under control: Everyone feels pain differently and responds differently to pain control treatments. Be sure to:

- Inform your care team about pain control methods that have worked or not worked for you before.
- Talk about any concerns you may have about pain medications.
- Tell your nurse about any allergies to medications you may have.
- Take your pain medications as instructed or ask the nurse for pain medication as needed.
- Set realistic goals for your pain management, with the understanding that pain is expected but should be kept at a tolerable level so you can participate in your recovery.

Blood Work

- Blood will be drawn the morning after surgery. Additional blood will be drawn only as needed during your hospital stay.

- The nursing team and your physician will review your blood work before making decisions regarding your treatment plan.

Preventing Blood Clots

- After surgery you may wear compression stockings and/or have foot pumps while you are in bed. Foot pumps are devices that go around your feet and provide intermittent pulsation, helping to circulate blood and prevent clots.
- Your doctor will also treat you with medications to help prevent blood clots. Your nurse will give you information about the blood thinner your surgeon has prescribed, and he/she will answer any questions you may have.

Urine Catheter

Most of the time, a urine catheter is not needed during or after your joint replacement surgery. If you have a history of difficulty voiding after surgery, let your providers know. In these instances, the need for a urine catheter is temporary. The nurse will monitor your ability to urinate after the catheter is removed.

Frequently Asked Questions Regarding Your Hospital Stay

How long will I be in the hospital?

We aim to have you return home once you meet the goals for a safe and successful discharge. Some patients progress very rapidly and meet all discharge goals on the same day as surgery. Almost all patients meet their goals the morning after surgery. Please make sure to have someone “on call” to pick you up the day after surgery. You are welcome to have this person join you to review your discharge instructions and education. This is the last step before you leave the hospital.

Surgery

Monday
Tuesday
Wednesday
Thursday
Friday

Home

Tuesday by noon
Wednesday by noon
Thursday by noon
Friday by noon
Saturday by noon

Bowel Management

Some of the medications you receive while you are in the hospital may cause constipation. Your doctor will prescribe medications that prevent constipation and help you to have a bowel movement. These include stool softeners and laxatives. Moving around will help to “wake up” your digestive system. If you have a tendency toward constipation on a regular basis or after surgical procedures, please inform your nurse.

Preventing Falls

No one plans on falling down after having joint replacement surgery, but because of medications and the nature of joint replacement surgery, your balance and strength may be compromised. It is extremely important that you call the nurse for assistance prior to getting out of bed or moving from the bed to the chair or if you feel dizzy. When you are in the bathroom, it is important that you call for the nurse before standing and moving to the sink and into your room.

Physical Therapy

Physical therapy (PT) is an important part of your recovery that helps you regain normal mobility.

Progression: Your doctor will order PT after surgery. The physical therapist will see you to complete an evaluation the day of your surgery or, at the very latest, the following morning. The physical therapist will review an exercise program and ensure that you can get in and out of bed, off a chair, into the restroom, walk typical household distances, and complete stair training if this is needed for you to go home safely.



Follow-up physical therapy sessions: Depending on your progress during your first PT session, the therapist may return a second time if needed, or your nurse may help you get out of bed to take a walk or sit up in a chair later in the evening.

Driving after joint replacement surgery: Safely getting into and out of a car will be discussed during your physical therapy. Your surgeon will determine when you will be able to safely drive again. You may qualify for a temporary handicap parking permit. Your surgeon will be able to address this with you.

About Walking Devices

Most patients find the rolling walker (two wheels and two posts) the most stable device after joint replacement surgery. If you have not been able to acquire a walker before your surgery, your physical therapist will obtain one on your behalf, and you will be discharged with it. If you have used crutches in the past, your therapist may assess your safety while using crutches. If you have stairs that only have one railing, no railing, or if the railings are far apart, please obtain a simple cane. This can be purchased at supply stores, pharmacies, and large retail stores. They can also be found online.

Occupational Therapy

What is Occupational Therapy?

Occupational therapy services may include evaluations of your home and suggestions for adaptive equipment that may make routine tasks easier for you when you return home. Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting your environment to fit your needs.

Occupational Therapy After a Total Joint Replacement

After your total joint replacement you may work with an occupational therapist who will assess your ability to complete self-care and home management tasks so that you may return home safely. The occupational therapist will discuss adaptive equipment options to maximize your independence in your home.



Adaptive Equipment Needs

Following your total joint replacement, you may have difficulty performing personal care tasks. You may find it challenging to reach your feet to wash; to put on pants, socks, and shoes; or to bend to pick something up from the ground. Some people find it helpful to use adaptive equipment to perform these tasks while they are recovering from a total joint replacement. The most commonly used items are a reacher, a sock aid, a long shoehorn, a long-handled sponge, and elastic shoe laces. When indicated, your occupational therapist will teach you how to use this equipment to maintain your independence while you recover. Because these items are not typically covered by insurance policies, there is

Goals for Discharge Home

- ☐ Get out of bed to the chair
- ☐ Pain at a tolerable level
- ☐ Walk household distances (50 feet)
- ☐ Perform bathroom tasks
- ☐ Understand any movement precaution (if applicable)
- ☐ Get dressed
- ☐ At minimum, pass gas
- ☐ Stair training if applicable
- ☐ Review discharge instructions with your nurse

generally an out-of-pocket cost. The smaller self-care devices (left) are available for purchase at the Brown University Health Pharmacy in The Miriam Hospital.

Discharge Prescriptions: The Brown University Health (BUH) Pharmacy

We recommend use of the BUH Pharmacy. BUH can fill and deliver your discharge medications to your bedside at no extra cost to you. If you prefer, you or a loved one may also pick up your medications at the pharmacy, which is located on the first floor of the hospital near the main entrance.

Your standard prescription copay applies. Medications prescribed after a joint replacement do not have refills. You will receive one from the Brown University Health Pharmacy prior to leaving the hospital. You can plan to pick up your second prescription at your home pharmacy. Using the BUH Pharmacy saves you the inconvenience of stopping at the pharmacy on the way home.

Brown University Health Pharmacy

The Miriam Hospital - Main Lobby
401-793-5500
brownhealth.org/pharmacy

Open Monday - Friday 7 a.m. - 7 p.m.
Weekends and holidays: 8 a.m. - 4:30 p.m.

Planning for Your Discharge and Recovery

The Role of Case Manager

You may be contacted by a case manager before your surgery to begin the discharge planning process.

Then, the case manager in the hospital will:

- Confirm your discharge plan.
- See you the day after your surgery and continue to monitor your progress and facilitate your safe discharge from The Miriam Hospital.

Determining Your Discharge Plan

- It is your right to choose the providers, services and agencies that help you recover after your surgery. Choice can be limited for many reasons, including your insurance coverage and resource availability.
- The team's goal is to identify the best and safest discharge option for you. Case managers work closely with you and with physical and occupational therapists to develop your discharge plan.
- Discharge plans can change for a variety of reasons. We encourage you to maintain flexibility in planning for discharge, and the team will help guide you through this process.

Home Care: Option 1 After Discharge

If you meet all goals for discharge while working with physical therapists in the hospital and have support available at home, you will be discharged to your home and receive therapy and nursing care there.

Going home with home care is ideal. Recovering in your home promotes more holistic and rapid healing. People tend to sleep, move, and eat better in their own homes. During the first two weeks, progressive mobility and strengthening is the priority, and this can be done safely in your own home. You remain in control of managing your medication and other needs, and your surgeon remains in control of your care.

- Almost all joint replacement patients are able to go directly home the day after surgery.
- For questions about what type of support you will need, please see the coach's guide in the handout in your folder.

- Plan ahead. Secure a support person who can provide you with a ride home and who is able to stay with you for at least one night after your surgery.

Skilled Nursing Facility: Option 2 After Discharge

- This option is for patients who do not meet their discharge goals and are unable to safely return home.
- Few patients qualify for insurance to pay for rehabilitation in a skilled nursing facility after a joint replacement. We strongly recommend discussing your upcoming needs with family and friends. Living alone does not necessarily mean you will qualify for admission to a skilled nursing facility.
- There may be out-of-pocket expenses for transportation to a skilled nursing facility via ambulance or wheelchair van. Please contact your insurance company for details.
- If it is determined that rehabilitation in a skilled nursing facility is necessary, your hospital case manager will review your options and make referrals to the facilities of your choice. They can provide out-of-pocket rates if it is not covered by your insurance.

Tips for Preparation

- Ask your surgeon or your primary care doctor for recommendations to home care agencies they feel provide excellent service.
- Contact visiting nurse agencies if you have specific questions.
- Call your insurer regarding copays and other coverage questions.
- Follow the list of tips provided in the Preparing for Surgery section of your patient education materials so your home is set up for your return.

Frequently Asked Questions About Discharge from the Hospital

How long will I be in discomfort after surgery?

Most patients experience pain for two to four months after surgery. Pain is a normal part of the healing process after surgery. Your pain will typically lessen over time and you will usually be able to stop strong pain medications within 10 to 14 days after surgery.

When can I start driving again?

Your surgeon will provide you with a time frame of when you can start driving, which typically ranges from three to six weeks. You must also be off your pain medications before you can resume driving.

When can I resume playing sports such as golf?

You can return to your leisure activities as soon as pain allows. Always remember to follow any movement precautions your surgeon and therapist have reviewed with you. For activities such as swimming, you should wait approximately six weeks. Please speak with your surgeon or rehabilitation providers if you have any questions.

When can I resume sexual activity?

You may resume sexual activities when it is comfortable for you, remembering to follow any precautions.

Do I need antibiotics for dental procedures (cleanings, fillings, etc.)?

Yes, all total joint patients will need to take antibiotics before all dental procedures for a period of time specified by your surgeon. Your surgeon will discuss specifics with you at your post-operative visit.

Will I set off the detector at the airport? If so, do I need a medical ID card?

Patients may set off metal detectors. It's advisable to inform the Transportation Security Administration officer about the implant before screening. No medical ID card is necessary after total joint replacement, but if you travel frequently you may wish to get a TSA notification card. Visit www.TSA.gov.

Will I be able to have an MRI now that I have a total joint replacement?

You can have an MRI safely.

How long will I be on a blood thinner?

You will be on your blood-thinning medication for a period of time that will be determined by your surgeon, usually two to four weeks.

Will I need a hospital bed if I choose to go home instead of to a skilled nursing facility?

Most patients do not require a special bed when they choose to go home. Speak with your therapist about your home setting, and he or she will help you determine if this is needed. Your case manager will arrange for delivery if you decide you will need a hospital bed. Please check with your insurance provider about any out-of-pocket cost associated with a hospital bed.

When can I shower?

Most surgeons allow a stand-up shower within days of surgery. It is encouraged to wait until the home physical therapist evaluates your bathroom for safety and practices getting into and out of your shower with you. Specific instructions from your surgeon will be reviewed before you are discharged from the hospital.

Outpatient Rehabilitation Services After Total Joint Replacement

I can't wait to get back to _____ again!

Outpatient rehabilitation is recommended in order to maximize your new joint's performance and get back to the activities you want to enjoy. You may still need additional strength training, assistance with bending or straightening your new joint, or help weaning off the walker or cane. Outpatient physical therapy can help you accomplish these things. Outpatient physical therapy begins once you are easily able to leave your home and get into and out of a vehicle. Keep in mind that you may still need someone to drive you to outpatient therapy.

On your first visit to the outpatient rehabilitation clinic, the therapist will

- perform an examination
- assess your pain
- take several measurements
- observe your range of motion, strength, and balance
- identify your goals for therapy
- develop a unique treatment plan for you

The frequency and duration of outpatient therapy varies as each patient will progress differently. Patients may be seen between two and three times per week for four to eight weeks or more.

Equipment you may work with includes (but is not limited to)

- a stationary bike to improve range of motion, strength and endurance
- a treadmill to practice gait sequencing and build your walking endurance
- stairs to promote balance training and safety
- mat exercises to improve your range of motion and strengthen the affected limb
- weights and machines to improve flexibility, strength, and range of motion
- specialized treatments to alleviate pain and swelling

- hands-on, manual therapy techniques to improve flexibility, strength, and range of motion
- assistive devices, progressing to walking with the least restrictive device or without a device

The Miriam Hospital offers outpatient rehabilitation as part of its center of excellence for joint replacement surgery. At The Miriam Hospital's outpatient rehabilitation department, we are dedicated to providing expert one-on-one care in a friendly, enthusiastic environment. The goal of therapy is to maximize your independence and ensure maximum benefit from your surgery. We work closely with your surgeon and provide timely communication regarding your progress. The staff is experienced in treating orthopedic conditions and is proud to have maintained a patient satisfaction score of 99 percent. There is free on-site parking and easy highway access. Come visit our clinic for a tour and to speak with our staff about your needs.

Notes:

Community Resources - Support for a Successful Recovery

Department of Elderly Affairs (DEA)

- www.dea.ri.gov
- State's primary agency that monitors community programs and services for seniors
- Senior companions- volunteers that can come by, provide one-to-one human contact to those in need of a helping hand or companionship, 401-462-0569

Dial 211

- For elders, adults with disabilities, families, and caregivers for additional programs offered through the Department of Elderly Affairs

Online grocery shopping and delivery

- Stop & Shop, Shaw's, Amazon.com, Instacart, Whole Foods, Monroe Dairy, and Target all offer grocery delivery service through online ordering.

Transportation assistance

Many cities and towns offer transportation services for non-medical or medical appointments. Call your local senior center or town hall and inquire about what is available in your area.

www.medicare.gov

Website to check insurance coverage for those with Medicare.

Freemasons

- 401-246-0865, rifreemason@rifreemasons.org
Organization offers gently used durable medical equipment for free with the understanding that the equipment will be returned once it is not needed.

Open on Fridays from 9 a.m. to noon, Long Street, Warwick, RI (across from Saints Rose and Clement Church).

My local senior center: _____

Address: _____

Phone Number: _____

Assistance or companionship programs

- Visitor program (Providence, RI)- 421-7833 ext 228
- Senior companion program: 401-462-0569

Home health aides and other additional support services

While home health aides are not generally covered by insurance after total joint replacement, they are available for private pay.

- Home Instead: 1-888-336-0349
Homeinstead.com
- Care.com

Cathleen Naughton Associates

Offer handyman services, companionship, rides to appointments. Services provided for private pay fee. Call for more information.
401-783-6116

For additional resources, contact your local religious groups, Shriners, Knights of Columbus, Elks Club, scout troops and senior centers. Check out yard sales and online marketplaces.

Outpatient Rehabilitation Services

(This is not an exhaustive list of facilities.)

Section 1802 of the Social Security Act “seeks to ensure that free choice is guaranteed to all Medicare individuals.” The law states: “Any individual entitled to insurance benefits under this title [i.e., Medicare] may obtain health services from any institution, agency, or person qualified to participate under this title if such institution, agency, or person undertakes to provide him such services.” This statement gives patients freedom to choose whom they want as their provider of post-hospital services.

There are other companies not listed on this form. A patient has the right to find one of his or her own choosing.

The Miriam Hospital Outpatient Rehabilitation

195 Collyer Street, 3rd Floor, Suite 301

Phone: 401-793-4080

Fax: 401-793-4110

The Miriam Hospital Outpatient Rehabilitation Central Falls Location

1000 Broad Street, Suite 103, Central Falls, RI

Phone: 401-606-7492

Fax: 401-606-7493

The Miriam Hospital Outpatient Rehabilitation Lincoln Location

1 Commerce Street, 2nd Floor

Lincoln, RI 02865

401-793-8501

Rhode Island Hospital Outpatient Rehabilitation East Greenwich Location

1454 South County Trail, Suite 1300

401-444-2050

Rhode Island Hospital Outpatient Physical Therapy

765 Allens Avenue, Suite 102, Providence, RI

401-444-5418

Newport Hospital Outpatient Rehabilitation

20 Powel Avenue, Newport, RI 401-485-1845

Ortho Rhode Island Physical Therapy

Multiple Locations

401-777-7000

Performance Physical Therapy

400 Massasoit Avenue, East Providence, RI

401-270-8770

1525 Wampanoag Trail, Suite 205, East Providence, RI

401-433-4049

1822 Mineral Spring Avenue, North Providence, RI

401-435-4540

330 Cottage Street, Pawtucket, RI

401-723-8111

129 School Street, Pawtucket, RI

401-726-7100

45 Seekonk Street, Providence, RI

401-230-1126

Academy Physical Therapy

667 Academy Avenue

Providence, RI

401-227-9320

University Orthopedics

Multiple locations

401-443-5000

(This is not an exhaustive list of facilities.)

Alpha Surgical Supply

Apria Healthcare

Independence Home Health Wares

AdaptHealth New England, LLC

Lincare

401-434-2828

The Brown University Health Pharmacy (main lobby) carries some smaller equipment, such as canes, sock aids, reachers, and long-handled shoehorns and sponges.

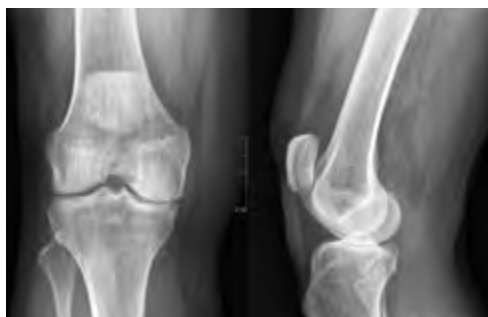
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Total Knee Replacement

Total knee replacement is also called total knee arthroplasty. It is surgery that is done to remove and replace (or resurface) the worn parts of your knee joint. The knee is made up of the lower end of the thighbone (femur), the upper end of the shin bone (tibia), and the kneecap (patella), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength. The joint surfaces where these three bones touch are covered with articular cartilage, which cushions the bones and enables them to move easily. A thin membrane releases a special fluid that lubricates the knee, reducing friction during movement. Normally, all of these components work in harmony. However, disease or injury can cause pain, muscle weakness, and reduced function. If you have these problems, you may need to have a total knee replacement.

During the total knee replacement, the damaged surfaces of your knee joint are removed and replaced with an implant. This implant may be made of metal and/or plastic. Total knee replacement surgery may decrease or take away your knee pain and make standing, sitting, and walking easier.

Normal knee joint



Front view

Side view

Implanted knee joint



Front view

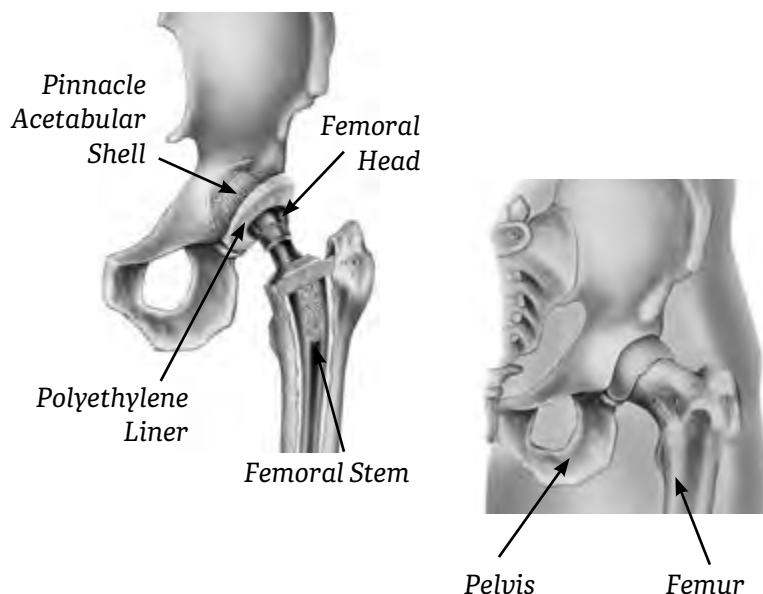
Side view

Total Hip Replacement

Total hip replacement (hip arthroplasty) is surgery to replace a hip joint damaged by wear, injury, or disease. The hip joint is a “ball and socket” joint and is your largest weight-bearing joint. The ball-shaped top of the femur (thighbone) sits in the acetabulum socket (hollow area) of the pelvic bone. The joint is held together by ligaments and muscles. The socket is lined with cartilage (firm, flexible tissue) that can become damaged or worn, causing pain. Arthritis, infection, injury, or loss of blood supply to the ball of the femur can damage the joint. You may need to have hip replacement surgery when you have unrelieved pain or problems with walking.

Your surgeon will make an incision (cut) on your hip. During the surgery your surgeon will access your hip joint by moving muscles and other structures to the side. The damaged parts of your hip joint will be removed using special tools. Implants made of metal, ceramic, and/or plastic will be fitted to replace the removed part of the bones. Your surgeon may then secure the implants using screws and cement, or create a tight fit if bone quality allows. Once in place, they are joined together just like a ball fitting in a socket, and the muscles and other tissues around the joint are moved back into their original positions. Your incision will be closed with stitches, staples, or glue and covered with a bandage. Having this surgery may ease your pain, make your hip joint more stable, and improve movement of your leg.

Hip Replacement Component



Pre-Op Exercises

If you currently walk in your neighborhood, participate in an exercise routine, or do your own shopping and cleaning, please continue to do this. IF you do not currently do these things, please ONLY ADD these three exercises to your daily routine.



Long Arc Quad: Straighten operated leg; hold it for 10 seconds.

Repeat set 10 times, 2 times a day.

No weight is needed to do this exercise.

This exercise strengthens your front thigh muscle, which helps with walking, balance, and stair climbing.



Seated Ankle Pump: Sitting or lying down, point toes up, keeping both heels on floor. Then press toes to floor, raising heels.

Repeat 10 times, 2 times a day.

This exercise strengthens your calf muscles and helps to prevent blood clots. It can be done throughout the day.



Chair Raises: With arms on armrests, push up from chair.

Use legs as much as necessary.

Return slowly.

Repeat 10 times, 2 times a day.

This exercise strengthens your arms, which is important as you will be using your arm strength to use a walking device and help you stand from a seated position.

Notes

The Coach's Guide to Joint Replacement Surgery

Coach Definition: A coach is someone who will help you do your best by removing obstacles, helping you set goals, and motivating you to remain active in your recovery. The coach may be your spouse, child, close friend, or a combination of these people.

Coach Expectations:

A coach should be compassionate and patient, with good observation, organization and listening abilities. Coaches are the cheerleaders for their loved one.

Time Commitment:

- Remind the patient to do exercises at home, two to three times per day, as needed.
- Attend outpatient physical therapy sessions with the patient, if needed (usually three times per week, 30 to 45 minutes per session).

Responsibilities:

- Motivate your loved one to be as independent as possible.
- Encourage the patient to do pre- and post-operative exercises daily.

- Assist with discharge from the hospital (transportation, medication, equipment, etc.).
- Do (or arrange for) the shopping, cleaning, cooking, laundry and errands.
- Encourage adequate pain control both in the hospital and after discharge (medication, ice, elevation, etc.).
- Keep track of medical appointments and provide transportation to and from the hospital, the surgeon's office, the physical therapist's office, and any other appointments.
- Pick up prescriptions or arrange for delivery of prescriptions.
- Manage finances, including paying regular household bills and handling insurance paperwork.
- Communicate with the health care team about any changes or concerns.
- Minimal, if any, lifting, carrying, or bathing will be required of the coach.
- If possible, find an alternate coach if you are unable to attend or assist. (Two are always better than one!)



Total Joint Center
The Miriam Hospital

BROWNHealth
UNIVERSITY

164 Summit Avenue, Providence, RI
401-793-5852 • Brownhealth.org/TJC
totaljointcenter@brownhealth.org

BUHMC 1125



MyChart
Your secure online health records

Brown University Health uses MyChart, an electronic health record system that gives you access to your own medical information and enables private communication with your physicians. Visit brownhealth.org/mychart.



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Pre-Op Class**



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