



Total Joint Replacement Handbook



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INTRODUCTION & THE OMG DIFFERENCE

Thank you for choosing Orthopaedic Medical Group of Tampa Bay (OMG) for your total joint replacement surgery. The purpose of this guide is to prepare you for surgery, outline the recovery process, and understand post-surgical expectations. At OMG we are dedicated to providing the highest quality care throughout your recovery process. By reviewing the information in this booklet, you will have the advantage of knowing what to expect, how to prepare, and learn important tips for a rapid recovery.



MEET YOUR ORTHOPAEDIC CARE TEAM

We employ a team of healthcare professionals to help care for you after your joint replacement surgery. This team includes your Surgeon (MD), a Physician's Associate (PA), a Nurse Practitioner, a Clinical Athletic Trainer (ATC), and your Surgical Coordinator. Each team member has extensive training in Joint Replacement Surgery. By using a teamwise approach, we can treat you more effectively and provide well-rounded care.

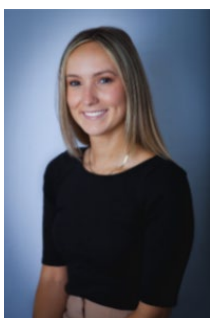


Hayley Betz, MHA, LAT, ATC- Hayley serves as the Director of Total Joint Replacements Program with Orthopaedic Medical Group. She completed a bachelor's degree in Athletic Training at Palm Beach Atlantic University in 2017 and went on to obtain a master's degree in Health Administration with the University of St. Augustine in 2019 while working for OMG. Hayley worked alongside Dr. Scott Goldsmith for nearly three years and now oversees the total joint replacement program, ensuring that every patient receives appropriate preoperative education, and care throughout their recovery process.

DR. SCOTT GOLDSMITH'S CARE TEAM



Dr. Scott Goldsmith- Attended The Chicago Medical School and graduated with his medical degree in 2001. After medical school, he continued his training as a general surgery intern at St. Vincent's Hospital in New York city. He then completed a five-year residency in orthopaedic surgery at Lenox Hill Hospital. Afterwards he continued his training at the Hospital for Joint Diseases at New York University, completing a Sports Medicine fellowship. He then moved to Tampa and joined his father at the Orthopaedic Medical Group.



Jordan O'Connor, PA-C- Graduated Summa Cum Laude with a Bachelor of Science in Health Sciences from The University of Florida in 2015. After graduation she worked in outpatient physical therapy to gain valuable orthopaedic knowledge. She graduated from Barry University's Physician Assistance program and furthered her education by obtaining a Master of Clinical Medical Science. She then joined Orthopaedic Medical Group in 2021 and serves as Dr. Scott Goldsmith's Physician's Associate assisting him in clinic as well as the operating room.



Michael Luttrell, FNP-BC- Worked for 7 years in the Navy as a Hospital Corpsman and Surgical Tech. After honorable discharge he worked as a surgical tech and surgical first assistant in California, Florida, and Hawaii before returning to school. He completed his bachelor's degree in Health Sciences in 2011, obtained his nursing degree in 2013, and Nurse Practitioner degree in 2015 at the University of Hawaii. After completion, he co-created the first outpatient total joint program in Hawaii and was the director of that program until May 2022 when he decided to return to Florida and join OMG as a part of Dr. Goldsmith's team.

Sam Walmsley, LAT, ATC- received her Bachelor's of Science in Education in 2017 and went on to obtain her Master's in Athletic Training in 2020. Sam worked as a clinic lead in Illinois alongside a total joint surgeon prior to returning to Florida to stay closer to family. Sam joined the Orthopaedic Medical Group of Tampa Bay in 2023, and currently serves as Dr. Scott Goldsmith's athletic trainer.

DR. WILLIAM “TREY” SHIELD’S TEAM



Dr. Shield- attended the University of Michigan for Medical School before attending a 5-year orthopaedic residency at the University of Maryland and R. Adams Cowley Shock Trauma Center. He became interested in joint replacement surgery and chose to complete a fellowship at Scripps Clinic in La Jolla, CA focusing on primary and revision hip and knee replacement surgery, as well as joint preservation techniques.



Travis Fann, PA-C- attended the University of Florida where he received his Bachelor of Science Degree in Sports Medicine/Athletic Training. After Graduation pursued his master’s degree in Sports Medicine from the University of Tennessee-Chattanooga. He enlisted in the U.S. Army after 9/11 and served 2 tours in Operation Enduring and Iraqi freedom. After completing his military obligation, he pursued his Physician Assistant Studies at the University of Washington where he subsequently worked in the University of Washington Department of Orthopedics Sports Medicine. Upon returning home to Florida, he worked in the Orthopedic Trauma Department at Lakeland Regional Hospital. He joined Orthopedic Medical Group of Tampa Bay in November of 2021 and enjoys working with a variety of Orthopedic Injuries and joint replacement surgery.



Hannah Merrifield, MS, LAT, ATC- attended Gannon University where she studied Sport and Exercise Science and was a member of the Track and Field and Cross-Country teams. Upon completion of her undergraduate degree, Hannah pursued a master’s in athletic training at Gannon University. Hannah was first introduced to Orthopaedic Medical Group as a clinical rotation during 2018 while pursuing her masters. Upon graduation, Hannah completed an Athletic Training Fellowship at Florida Atlantic University. She joined Dr. Shield’s care team with Orthopaedic Medical Group in 2022.

DR. GERMANUEL LANDFAIR'S CARE TEAM



Dr. Germanuel Landfair- enlisted in the Marine Corps directly from high school where he attained the rank of Sergeant during his service. After his honorable discharge he attended medical school at the University of Michigan Medical School while also obtaining a Master of Science in Clinical Research. Dr. Landfair continued his training at the University of Pennsylvania, completing a Joint Replacement fellowship. He came to OMG in 2021 and specializes in total joint replacement.



Chase Spell, PA-C- Graduated in 2011 from The Medical College of Georgia with a master's degree in Physician Assistant Studies. Upon graduation, he gained valuable experience working for a large, leading Orthopedic practice in South Georgia that specialized in sports medicine, joint replacements, and orthopedic trauma. In 2015, he and his family relocated to Central Florida, where he began working for Orthopedic Medical Group of Tampa Bay. Chase works alongside Dr. Landfair in clinic and surgery.

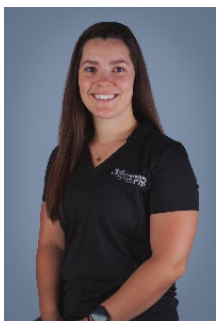
DR. ADAM JESTER'S CARE TEAM



Dr. Adam Jester- Performed his undergraduate studies at the University of Richmond, VA where he obtained a Bachelor of science in chemistry as well as a Minor in Leadership. After graduating, he went on to complete his medical degree at the Drexel University College of Medicine. His success in medical school afforded him the opportunity to continue his training in Orthopaedic Surgery at the University of Maryland Medical Center and R Adams Cowley Shock Trauma Center. He continued his post-residency training in San Diego, CA and then moved to Tampa to join OMG as the head trauma surgeon.



Megan Hoffman, PA-C- Graduated with a Bachelor's in exercise science from the college of Charleston in South Carolina. Upon graduation, she attended the Medical University of South Carolina in the Physician Assistant Studies Program. After completing this program, she gained valuable experience working as a PA in several healthcare facilities along the east coast of the US. Megan joined OMG in 2021 and works alongside Dr. Jester.



Andrea Lewis, LAT, ATC- attended University of North Florida, earning a bachelor's degree in Athletic Training. After graduation, she worked for a wide variety of sports teams including the Jacksonville Jaguars before returning to the Tampa area as the head athletic trainer for Tampa Catholic High School. Andrea began working for Orthopaedic Medical Group in 2021 and works alongside Dr. Jester's care team.

SURGICAL FACILITIES & INFORMATION

PREFERRED FACILITIES: SURGICAL CENTERS

Orthopaedic Medical Group of Tampa Bay Surgery Center

13837 Circa Crossing Dr

Lithia, FL 33547



Our state-of-the-art surgical center in Lithia allows us to provide you with excellent care, as the staff who will be caring for you are handpicked by your surgeon. In this setting, we can control more aspects of your care to ensure you have a positive and safe experience. The center is home to advanced technology, such as the MAKO robot, for robotic assisted total knee replacement surgery.



ALTERNATIVE FACILITIES

Alternative Surgical Center:

The surgical center setting is always preferred as your surgeon can manage your care more personally. In this setting, you will be discharged home on the same day as the surgery to expedite your recovery.

Advanced Surgery Center

1881 W Kennedy Blvd

Tampa, FL 33606

**Hospital Facilities:**

In patients with potentially complicated medical conditions, we may utilize a hospital for your surgery. In some cases, your insurance may mandate that your surgery take place in a hospital setting. For either of these cases, when safe to do so, you will be encouraged to go home on the same day of surgery to expedite your recovery.

Winter Haven Hospital

200 Ave F NE

Winter Haven, FL 33881

South Tampa Hospital

2901 W Swann Ave

Tampa, FL 33609

South Florida Baptist Hospital

301 N Alexander St

Plant City, FL 33563

South Shore Hospital

4016 Sun City Center Blvd

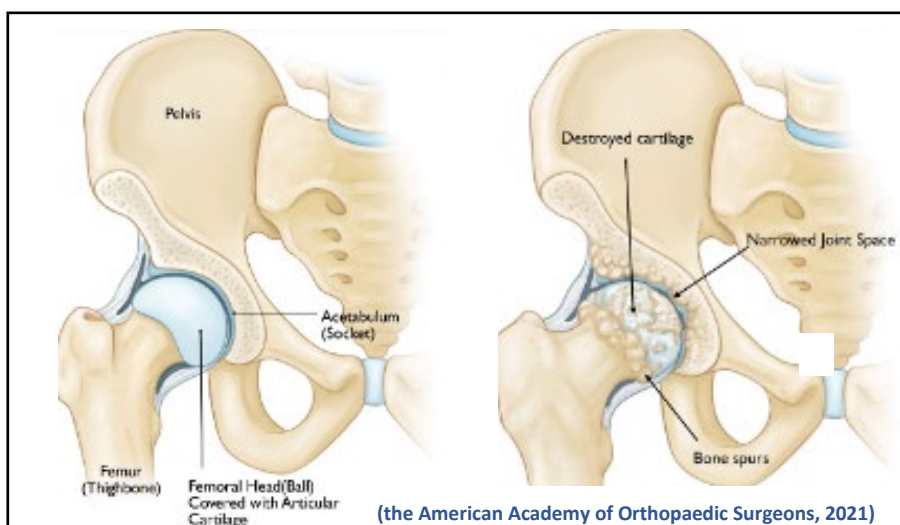
Sun City Center, FL 33573



WHAT IS ARTHRITIS?

Osteoarthritis, or the breakdown of cartilage within the knee or hip, are very common conditions that affect over 50 million people in the U.S. It can occur due to genetics, systemic disease, inflammatory conditions, or can be the result of a traumatic incident.

Symptoms of osteoarthritis include joint pain, swelling, stiffness, and loss of range of motion. Family history, obesity, injuries, previous surgery, and overuse are all factors that increase a person's risk of developing osteoarthritis.



COMMON TREATMENTS FOR ARTHRITIS

Non-Operative Treatments

- Injections
- Braces
- Anti-Inflammatory medications
- Ice/heat
- Activity modifications
- Physical therapy or home exercises

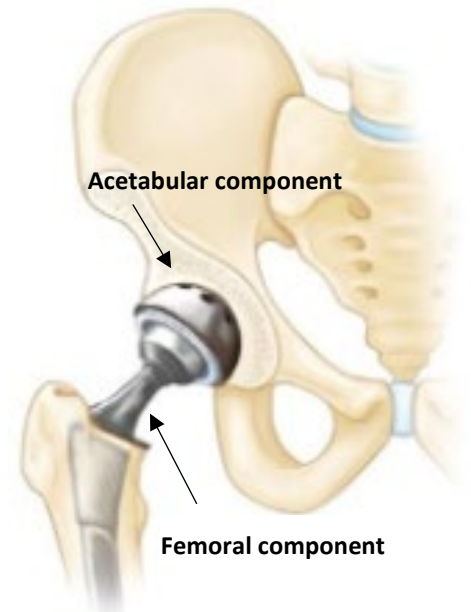
Operative Treatments

- Total Joint Replacement surgery- *Indicated once you are experiencing severe pain that affects your quality of life, and have failed several non-operative treatments*

HOW IS TOTAL JOINT REPLACEMENT SURGERY PERFORMED?

TOTAL HIP REPLACEMENT

Your hip joint is made up of a ball and socket joint. This includes the femoral head and acetabulum, or cup as shown. Total hip replacement surgery involves making an incision on the skin and dislocating your native hip joint to remove the femoral head and arthritic disease within the acetabulum. A stem is placed into the femur, and a ball is placed on top of the stem. Once the cup is prepared, an acetabular component, consistent of a metal cup and plastic liner is placed. The hip will then be relocated, and your leg will be taken through different hip motions to ensure your new joint replacement is stable. Your skin will then be closed.



(the American Academy of Orthopaedic Surgeons, 2021)

WHAT ARE MY RESTRICTIONS AFTER HIP REPLACEMENT SURGERY?

Because you have recently had a hip replacement, your surgeon will advise you to limit the range of motion, or movement of the hip shortly after surgery to allow your soft tissues to heal. Ignoring these precautions will place you at a higher risk of dislocation. Your surgeon will provide you with more information regarding the length of time you will need to follow these precautions:

Posterior Approach Total Hip Replacements:

You should avoid flexing the hip upwards past 90° or internally rotating the hip.

Anterior Approach Total Hip Replacements:

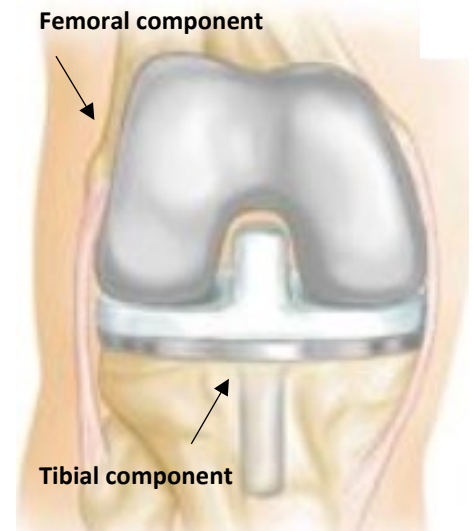
You should avoid extending the hip backwards, or repetitive hip flexion activities.

*****All patients should wait 3 months before going to the dentist or having another elective surgery to minimize risk of post-surgical infection. You will require antibiotics prior. *****

TOTAL KNEE REPLACEMENT

TOTAL KNEE REPLACEMENT

Your knee joint is made up of your femur (thighbone), patella (kneecap), and tibia (shin bone) as shown. During knee replacement surgery, an incision along the front edge of your knee is made. Your patella is moved to the side of the knee to allow your surgeon to make specialized cuts along the ends of the femur and tibia to remove the arthritic disease and prepare your bone for the knee replacement. There are separate components placed on the femur, and tibia as shown. A plastic liner will be placed between these two components. In some cases, your kneecap is resurfaced, and a button is placed on the underside of the bone. After this happens, your patella will be relocated, and your soft tissues and skin will be closed.



(the American Academy of Orthopaedic Surgeons, 2021)

WHAT IS ROBOTIC ASSISTED TOTAL KNEE REPLACEMENT?



In special circumstances, your surgeon may request preoperative imaging, such as a CT scan, to perform your total knee replacement with assistance from a robotic device. Use of the robotic device is not necessary for all total knee replacements and does not impact the success of your surgery. The gold standard approach for total knee replacement remains the standard instrumentation method. The robotic device can be helpful for patients who have severe deformities to the knee, or a history of prior orthopaedic hardware.

WHAT ARE MY RESTRICTIONS AFTER TOTAL KNEE REPLACEMENT?

You have minimal restrictions following total knee replacement surgery and activities should be increased daily based on pain levels. For the first two weeks you should actively focus on knee range of motion, and home exercises found later in this guidebook. While you will experience pain after surgery, these exercises will allow you to return to a normal active lifestyle.

**** All patients should wait 3 months before going to the dentist or having another elective surgery to minimize risk of post-surgical infection. You will require antibiotics prior. ****

WHAT ARE THE RISKS OF JOINT REPLACEMENT SURGERY?

<p><u>Infection</u></p>	<p>Infection is rare in joint replacement surgery, however smokers & patients with uncontrolled diabetes have an increased risk of infection. Symptoms of infection include persistent fever (over 101°F), chills, wound drainage, increasing pain, redness, tenderness, or swelling. If you are concerned about an infection, please contact our office immediately. Do not go to the ER.</p>
<p><u>Blood Clots</u></p>	<p>Blood clots can form after surgery, however preventative measures are taken to help you avoid this risk. We recommend you continue to wear the white calf high TED hose stockings during the day for 2 weeks. If the stockings become too tight, you may fold them for comfort. You should also take an over-the-counter Aspirin (81mg) twice daily for 6 weeks total (please consult your medical doctor before taking this medication). Symptoms of a blood clot include calf pain or redness, as well as increasing swelling to the thigh, calf, ankle, or foot.</p>
<p><u>Nerve or Blood Vessel Damage</u></p>	<p>During surgery damage to the surrounding structures is possible, but rare. It is common to have numbness surrounding your incision, which may be permanent.</p>
<p><u>Wound Healing and Scarring</u></p>	<p>Chronic diseases such as diabetes as well as nicotine use may increase your risk of wound complications. We will discuss these risks with you prior to surgery to help minimize wound complications. There are also risks of permanent scarring.</p>
<p><u>Limited Range of Motion (Total Knee Replacement)</u></p>	<p>Your motion prior to surgery is correlated to your motion following surgery +/- 10 degrees. The day of surgery you will begin exercises to work on range of motion.</p>
<p><u>Leg Length Discrepancy/ Dislocation</u></p>	<p>Specific to total hip replacements, there is a risk of leg length difference, or dislocation of the joint, although these are rare.</p>
<p><u>Fractures</u></p>	<p>Fractures during surgery are rare but can occur. In these cases, extra hardware may be used to stabilize the fracture. Additionally, your weightbearing status may be temporarily altered to allow for fracture healing.</p>



**IF EXPERIENCING THESE SYMPTOMS:
CALL US FIRST!**

(813) 684-2663

HOW CAN I REDUCE MY SURGICAL RISK?

The risk associated with total joint replacement surgery is fortunately very low, however some patients have conditions that can increase surgical risk, leading to a poor outcome. These conditions include smoking, uncontrolled diabetes, obesity, narcotic dependence, and alcoholism. When you are scheduled for surgery, we may ask that you speak with your primary care doctor to actively work on controlling these risk factors.

If you are unable to improve the factors listed below, we may cancel or delay your surgery as we want to ensure you have a great outcome from surgery. Once you have proven to control these modifiable factors, we will reschedule your surgery.



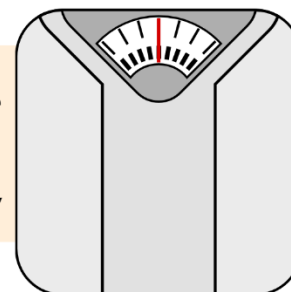
Smoking increases risk of wound complication & infection

Uncontrolled diabetes increases your risk of infection



Maintaining a high protein diet will decrease your risk of infection after surgery

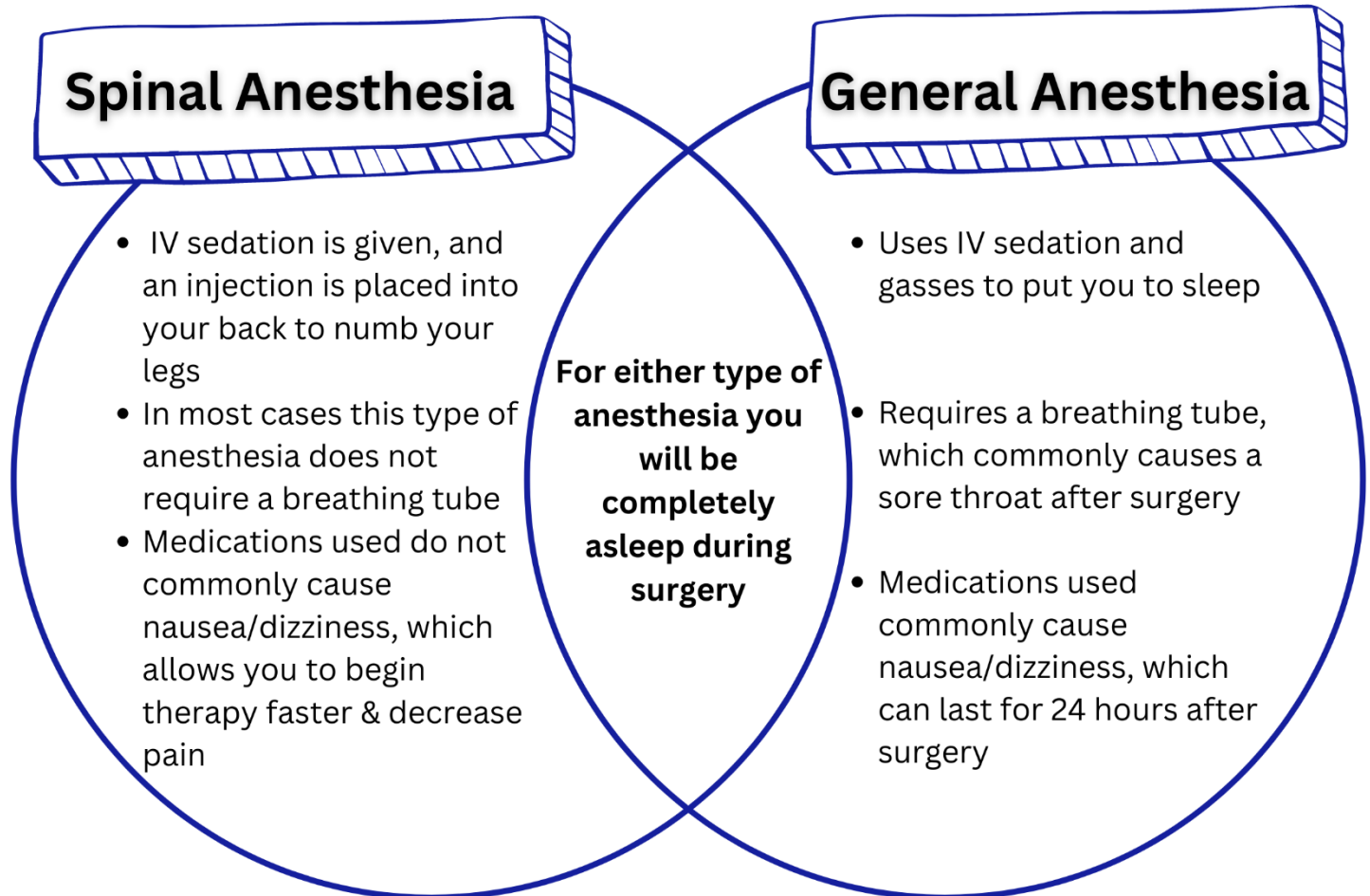
Patients suffering from obesity have an increased risk of requiring additional surgery



Stopping narcotic pain medication before surgery decreases risk of chronic pain, and need for revision surgery

OPTIONS FOR ANESTHESIA

Regarding Anesthesia, there are several options you will be presented with on the day of surgery however, it is important to have some understanding of both options: (1) general anesthesia, and (2) spinal anesthesia.



You will have plenty of time to ask questions and discuss these options with your anesthesiologist before surgery. It is important to note that you are completely asleep during both spinal anesthesia and general anesthesia. Total knee replacement patients may also elect to receive a sensory nerve block to help with postoperative pain after surgery.

PRE-SURGICAL CHECKLIST

Prepare Your Home:

- Remove all fall hazards (rugs, electrical cords, clutter)
- Stock up on all food/essentials
- Obtain closed toe, non-slip shoes to wear after surgery
- Have a plan for your pets



4-6 Weeks Before Surgery:

- Meet with your primary care doctor to work on improving modifiable risk factors like diabetes, smoking, narcotic pain medication use, and obesity
- Begin pre-surgical testing and medical clearances (due 2 weeks before surgery)
- Focus on a high protein diet to assist with soft tissue recovery after surgery
- Begin your home exercise program 2-3x per week
- Attend your joint replacement class

2 Weeks Before Surgery:

- Make sure all testing/clearances are complete and received by our office
- Attain a two-wheeled walker through a secondhand store, or insurance
- Schedule your appointment for outpatient physical therapy
- Stop the following medications:
 - NSAID's such as Ibuprofen, Aleve, Motrin, Meloxicam/Mobic, Celebrex, Diclofenac, Naproxen
 - All supplements
 - Medical Marijuana
 - Diet pills
 - Blood thinners (per your PCP/Cardiologist instructions)



One Day Before Surgery:

- Expect a call from the surgical facility to discuss time of arrival
- Clean all sheets, clothing, or towels that will be used after surgery
- Focus on hydration
- Make sure you have a responsible adult to drive you home from surgery
- NO EATING OR DRINKING AFTER MIDNIGHT!**

NOTES :

The surgical facility will call you before surgery to discuss which medications you should stop, what time to arrive, and where to go on the day of your procedure

WHAT HAPPENS ON THE DAY OF MY SURGERY?

It is important that you arrive on time and prepared for the day. Please shower before arriving at the facility. Wear comfortable, loose-fitting clothing, and closed toed shoes.

Once you check in with the facility, you will be directed to a preoperative area where a baseline set of vitals will be taken. Afterwards, you will meet with your anesthesiologist as well as your surgeon. Once your extremity is signed by your surgeon, you will be taken to the operating room for surgery. Following surgery, you will be closely monitored by several medical professionals until you are ready to begin physical therapy.

PHYSICAL THERAPY ON THE DAY OF SURGERY:

Physical therapy begins the same day of surgery. You should prepare to participate in several exercises, walking, and use stairs within a few hours of your surgery. Our goal is to restore function as quickly as possible to decrease pain and ensure that you are ready to go home safely.



WHEN WILL I BE ABLE TO GO HOME AFTER SURGERY?



Surgical center patients *must* go home the same day of surgery. If your surgery is in a hospital-based facility, you may have the option of staying overnight if medically indicated. The majority of patient's having surgery in a hospital-based facility will also go home same day. Most hospital patients that stay overnight do not require more than one night's stay in the hospital.

PHYSICAL THERAPY AFTER SURGERY

Physical therapy after surgery is critical to recovery. A delay in starting physical therapy exercises may cause increased pain, permanent joint stiffness, and continued swelling of the joint. It is ultimately your responsibility for completing exercises every day. Your willingness to complete the home exercise program will have the greatest impact on your recovery. There are two types of physical therapy you may receive throughout your recovery:

HOME PHYSICAL THERAPY

Home physical therapy will begin within 3-4 days after surgery based on your insurance coverage. Home therapy is scheduled by Orthopaedic Medical Group prior to your surgery. Medicaid, Oscar, or Ambetter insurance plans do not cover home physical therapy services.

Access to home therapy does not impact your recovery if you are committed to performing home exercises daily! If you do not have access to home physical therapy, you should plan on attending outpatient physical therapy ASAP.

OUTPATIENT PHYSICAL THERAPY

Assuming you have access to home physical therapy, you will transition to outpatient physical therapy no later than 15-17 days after surgery. It is your responsibility to schedule outpatient physical therapy. This should be scheduled before your surgical date to ensure insurance authorization is obtained. We prefer that you attend one of our three convenient locations to help increase compliance to the postoperative protocol and ensure better communication about your recovery.



Brandon Healthplex



10740 Palm River Road,
Ste 310
Tampa, FL 33619

Fishhawk



13837 Circa Crossing Dr
Ste 210
Lithia, FL 33547

St. Petersburg



2805 54th Ave N
St. Pete, FL 33714



(813) 359-1891



(813) 536-7622



(727) 306-0459

MY GOALS FOR A RAPID RECOVERY:

After surgery, please follow the goals checklist below to ensure a rapid recovery:

GOALS CHECKLIST

Day One Goals:

Steps :

- Resume all normal medications.....
- Begin medication for blood clot prevention.....
- Continue use of TED hose stockings.....
- Ice 4x daily.....
- Complete home exercises 2-3x daily.....
- Do not drive on pain medications.....

Week 1 Goals:

Steps :

- Continue home exercises 2-3x daily (TKR's focus on motion 0-90).....
- Ice 4x daily.....
- Increase activities to tolerance.....

Week 2 Goals:

Steps :

- Begin outpatient physical therapy.....
- Continue home exercises 2-3x daily.....
- Wean off of narcotic pain medications, and transition to OTC medications.....
- Increase activities to tolerance.....

Continue to increase your activities after two weeks. Remember that full recovery occurs at 6-12 months! Intermittent discomfort during this period is normal.

PAIN EXPECTATIONS

WHAT SHOULD I EXPECT REGARDING PAIN?

You should expect a moderate degree of pain for two weeks following surgery. These symptoms are unavoidable and will not completely resolve with pain medications alone. Use of home exercises, ice machines, and leg elevation will significantly help with these normal symptoms.

NORMAL VS. ABNORMAL SYMPTOMS



NORMAL

Pain

Bruising along the entire leg

Swelling

Difficulties walking or sleeping

Audible but painless popping/clicking



ABNORMAL

Chills

Persistent fever over 102

Persistent drainage

Inability to bear any weight on the leg

Extreme calf pain



**IF EXPERIENCING THESE SYMPTOMS:
CALL US FIRST!**

(813) 684-2663

Remember that full recovery from total joint replacement surgery occurs at 6-12 months. It is not uncommon to have intermittent pain, swelling, or stiffness during this time.

HOW TO MANAGE PAIN AFTER SURGERY:

Our goal is to minimize narcotic pain medicine consumption after surgery. Your care team will inform you on how to safely take these medications for the first few days after surgery. Narcotic pain medications should only be used in cases of severe pain as consumption of these medications may cause significant risks including:

- Narcotic dependence
- Drowsiness or confusion
- Nausea
- Vomiting
- Constipation
- Withdrawal discomfort

Narcotic pain medications will not relieve all pain. For comprehensive pain relief, plan on:

1. Performing home exercises 2-3x daily
2. Elevating your leg when icing
3. Icing the area at least 4x daily (*use ice machine for best pain and swelling control*)
4. Alternating over-the-counter medications as seen below

TIME (EXAMPLE)	MEDICATION NAME
08:00 AM	Ibuprofen 600-800mg
12:00 PM	Tylenol 1,000mg
04:00PM	Ibuprofen 600-800mg
08:00 AM	Tylenol 1,000mg

Please consult your primary care physician if you are unable to take the medications listed in the chart above.

COLD COMPRESSION THERAPY

Cold compression therapy is an important part of recovery. This therapeutic intervention targets bruising, swelling, and pain. Proper use of cold therapy can significantly decrease pain and allow you to return to activities faster! While these devices are not covered by insurance, we offer three affordable options for cold compression therapy:



Bregg VPULSE®

Helps achieve a complete, comfortable recovery by providing:

- 1) Calf compression to reduce risk of blood clots
- 2) Cold therapy to assist with pain and swelling to the area
- 3) Wound compression to reduce operative site inflammation

Self-Pay Price: \$500 + Tax

Bregg Kodiak®

Helps provide continuous cold therapy for 6-8 hours. The machine provides more effective care than ice packs as it circulates cold water to improve swelling and pain.

Self-Pay Price: \$150 + Tax



Proventus Cold Compression®

Uses gel freezer packs surrounded by a large pad. This pad comes with a manual pump, which allows you to add compression to the affective area.

Self-Pay Price: \$85 + Tax

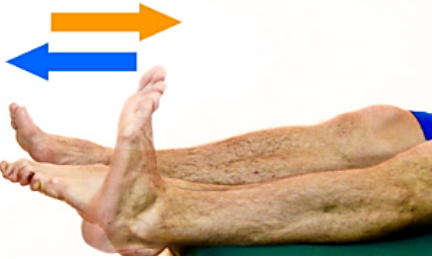


HOME EXERCISE PROGRAM

Ankle Pumps

Bend your foot up and down at your ankle joint

Note: Keep on doing Ankle Pumps throughout the day, as it is most important exercise for leg blood circulation, prevents blood clotting and swelling



Repeat 10 Times
Complete 3 Sets

Quad Sets with Towel Under Heel

Roll up a towel and put it under your heel. you should then lay down on your back, be mindful to keep your knee slightly bent while doing this. Slowly press your knee down towards the mat until it is straight for each set and hold.



Repeat 10 Times
Hold 5 Seconds
Complete 3 Sets

Heel Slides

While lying on your back place a belt, towel, strap or bed sheet around your foot and start by pulling with your arms to bend your knee into a bent position. Then allow your knee to straighten back out to starting position and repeat.



Repeat 10 Times
Hold 3 Seconds
Complete 3 Sets

Straight Leg Raise

While lying or sitting, raise up your leg with a straight knee. Keep the opposite knee bent with the foot planted on the ground.



Repeat 10 Times
Complete 3 Sets
Perform 3 Times a Day

Home exercises will help decrease pain in the hip or knee. It is normal for the exercises to be difficult/painful at first, however, this will improve with repetition. **Total knee replacements** should focus heavily on range of motion as you will only have 6-8 weeks to regain all of your motion.

WOUND CARE INSTRUCTIONS

In most cases your incision will be closed with dissolvable sutures, and a clear mesh tape named Prineo® as shown. In cases where the patient has poor skin quality due to diabetes, chronic smoking, or vascular disease, staples may be used. Please follow the instructions below for your wound closure system type:



INSTRUCTIONS FOR PRINEO® SYSTEM:

- 1) Remove the outer dressing: ace bandage or white/tan adhesive dressing
- 2) **DO NOT remove the clear mesh tape (Prineo®)**
- 3) You may shower normally, DO NOT soak the incision under water
- 4) DO NOT apply lotions, creams, alcohols, peroxide, or any other wound cleaning agent to the incision
- 5) You do not need to cover the incision. Once outer dressings are removed, the Prineo® tape may stay open to air




INSTRUCTIONS FOR SUTURES OR STAPLES:

In cases where your skin quality is poor, your surgeon will make the decision to close your skin with sutures or staples. Patients with poorly controlled diabetes, smokers, or patients with malnutrition or vascular disease are at a greater risk for needing sutures or staples after surgery. In these cases, you will be notified immediately following surgery.

- 1) Keep outer dressings in place at all times
- 2) Keep the incision clean and dry. If the bandages become wet, you will need to change out the dressings immediately
- 3) DO NOT apply lotions, creams, alcohols, peroxide, or any other wound cleaning agent to the incision

WHO TO CONTACT IF YOU NEED HELP

It is important to contact someone immediately if you are needing assistance. Please use the graphic below to understand who to call if you are needing help:

		
<h3>ORTHOPAEDIC OFFICE</h3>	<h3>PRIMARY CARE DOCTOR</h3>	<h3>EMERGENCY ROOM</h3>
<ul style="list-style-type: none"> • Concerns regarding pain, or incision • Questions on physical therapy or exercises • New Injuries 	<ul style="list-style-type: none"> • Constipation • Dizziness/Nausea • Abnormal blood pressure • General medication questions 	<ul style="list-style-type: none"> • Shortness of breath/ chest pains • Any other life-threatening event

HOW TO CONTACT US!

1) Call us at 813-684-2663

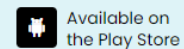
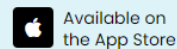
- a. Ask to speak with your Athletic Trainer

2) Download the Healow app to send messages (preferred)

- a. Messages will be answered on weekdays within 24 hours

healow™ is free and available on the Apple app store and Google Play store.

Download the Free healow app



Set up the healow smartphone app in four easy steps!

1

Download the healow™ app from App Store (iPhone) or Google Play (Android Phone).

2

Search our practice by entering practice code

Practice Code
CGCJBD

3

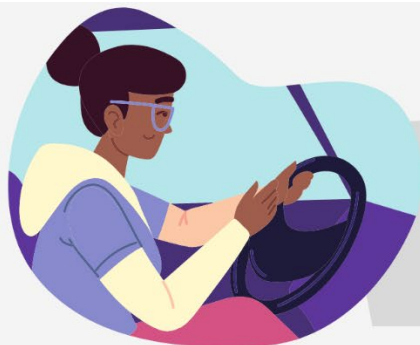
Enter your portal username and password to login.

4

Set up your PIN to securely access your health records.

RECOVERY BENCHMARKS

It is important you understand that full recovery from joint replacement surgery can take roughly 6-12 months. During this time, intermittent pain, swelling, or stiffness is normal. These symptoms will improve over time, and as you push yourself to return to activities. The guide below will help you determine when it may be safe for you to return to the following actions:



Return To Driving

Once you have stopped narcotic pain medication, and feel comfortable operating a vehicle



Return To Swimming

Once your incision has fully healed (roughly 6-8 weeks after surgery)



Return to Work/Sports

Patients with seated jobs may return as soon as possible. Patients with active jobs, or who enjoy sports may return gradually around 2-3 months.



Full Recovery

Can take 6-12 months. Intermittent swelling, pain, or stiffness is normal during this period

Traveling After Surgery:

Avoid plane rides, cruises, or long car rides for 6 weeks after surgery

FREQUENTLY ASKED QUESTIONS

- 1) Do I need to wear compression stockings and how long do they need to be worn?**
 - a. Compression stockings assist in lower leg swelling, and prevention of blood clots. These stockings will be provided to you at the surgical facility. You will wear the compression stockings for 2 weeks. They should be kept on during the day but may be removed at night.
- 2) Is it normal to have swelling and bruising after surgery?**
 - a. Yes, swelling and bruising are very normal after surgery and can be severe in some cases. This will improve with ice, home exercises, and leg elevation.
- 3) Why do I need to use ice after surgery & can I use heat?**
 - a. Ice will assist with swelling or bruising to the skin. DO NOT use heat until you are at least 2 weeks out from surgery as heat will increase swelling or bruising to the area, therefore increasing your pain.
- 4) Is it normal for my hip or knee to be warm after surgery?**
 - a. Warmth to the area is normal following surgery for up to one year as your skin and soft tissues are healing. If you are experiencing warmth combined with skin redness, fevers, chills, or incision drainage please contact our office immediately.
- 5) How long will I need physical therapy?**
 - a. Total knee replacements may require physical therapy for up to 2-3 months. Total hip replacements may require physical therapy for 2 weeks to 2 months.
- 6) Do I bring my CPAP machine with me to surgery?**
 - a. In many cases you will need to bring your CPAP machine with you to surgery. Please ask your surgical facility for more instructions.
- 7) What time of metal is in my total knee replacement/total hip replacement?**
 - a. Most total knee replacements are composed of titanium alloys and high-grade plastics, most total hip replacements are composed of titanium alloys and ceramic.
- 8) Can I go through a metal detector after surgery?**
 - a. You may go through a metal detector however your joint replacement may set the machine off. Total joint replacements are a common procedure, therefore security agencies like TSA are used to the metal detector alerting them.
- 9) Do I need antibiotics after surgery?**
 - a. In most cases you will not require oral antibiotics after surgery. You should not go to the dentist or have another elective surgery for three months to minimize post-surgical infection risk. You will require antibiotics prior to these procedures. Please call our office prior, and we will be happy to send these medications to your pharmacy.
- 10) Can I get injections prior to surgery & will I need them after surgery?**
 - a. You should not get any injection to the operative knee or hip for at least 3 months prior to surgery. Injections increase your risk of infection after surgery. You may get injections in other body parts. DO NOT receive any injection into a total joint replacement after surgery unless approved AND performed by your surgeon.
- 11) Can arthritis come back?**
 - a. No, once your surgery has been performed, the arthritis will never come back.

CONCLUSION

We are very happy you have selected Orthopaedic Medical Group for your joint replacement needs. We take great pleasure in the opportunity to care for you throughout this surgical process! We hope to provide you with great care, which allows you to return to your daily activities and live a pain free life. Please continue to reference this handbook throughout your recovery and contact us if you have questions at any time.



For more information, videos, and blogs, visit our Total Joint Replacement Portal by scanning the QR code with your smartphone camera below!

