

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!)



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

BUHMC 0125

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.

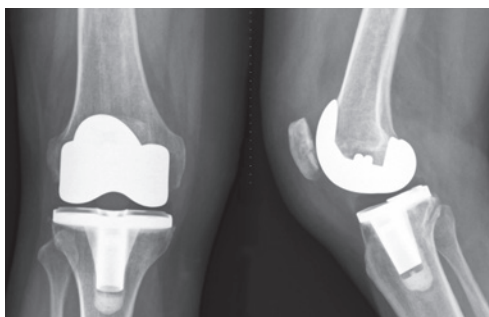
Normal knee joint



Front view

Side view

Implanted knee joint



Front view

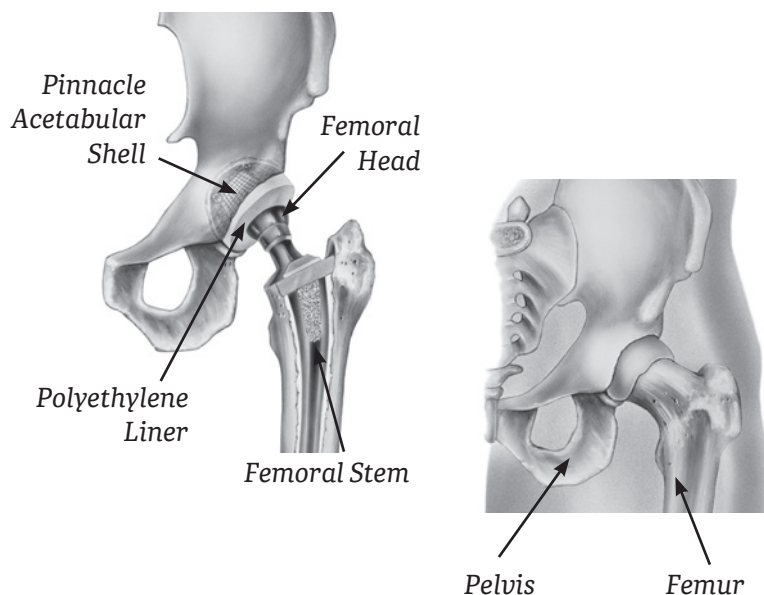
Side view

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.

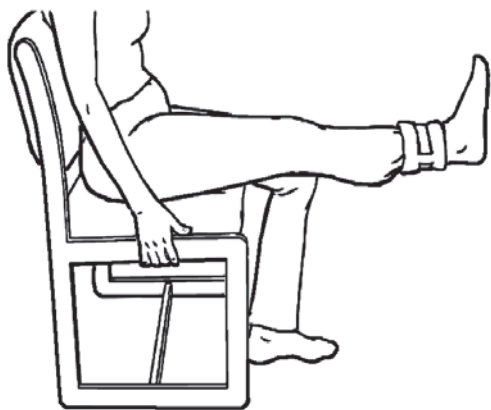
Your surgeon will make an incision (cut) on your hip. During the surgery your surgeon will access your hip joint by moving muscles and other structures to the side. The damaged parts of your hip joint will be removed using special tools. Implants made of metal, ceramic, and/or plastic will be fitted 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



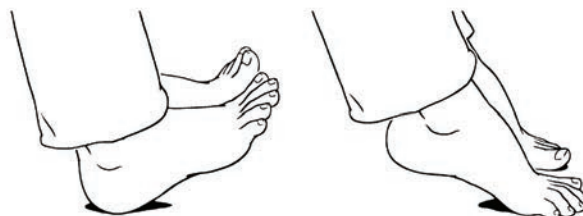
Pre-Op Exercises

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.



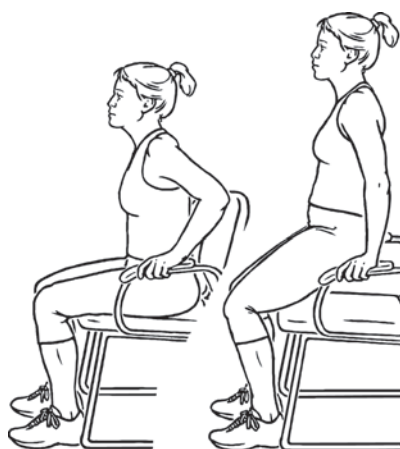
Long Arc Quad: Straighten operated leg; hold it for 10 seconds.
Repeat set 10 times, 2 times a day.
No weight is needed to do this exercise.

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.

