

OUTPATIENT JOINT REPLACEMENT HANDBOOK

“Getting You Back in the Game of Life”

The Walk30 joint replacement program at Beacon Orthopaedics is a physician driven, multidisciplinary program committed to restoring you to your musculoskeletal health to maintain independence, improve the disability related to painful arthritic joints, and return you to a healthy, active lifestyle.

This program entails an individualized assessment of your personal goals, develops a personalized treatment plan including maximizing your preoperative health, the most advanced surgical techniques, a postoperative plan to minimize pain and speed recovery, and an ongoing specific treatment plan to maximize the benefits of surgery and maintain a healthy lifestyle tailored to your specific goals.

Incorporating many of the treatment principles well established at Beacon in sports medicine in the treatment of professional athletes and applying them to the joint replacement patient, allowed us to create a program for the comprehensive treatment, effective recovery and ongoing maintenance of a healthy lifestyle in the patient with arthritic and painful joints.

Components of the program include a prehabilitation program tailored to your needs to maximize your health before surgery, advanced surgical techniques including customizing implant choice and fit, muscle sparing approaches, multimodality pain management before, during and after surgery, a comprehensive immediate recovery program and an ongoing, lifetime maintenance program to maximize your independence and joint health.

Just like our focus on returning professional athletes to the playing field, we are focused in returning you to the playing field on the “game of life.”

IMPORTANT NUMBERS

We want to make sure you get the best results and have the best experience possible. We have lots of resources available to help you achieve this.

Bring this handbook to every appointment.

Feel free to email your questions or concerns to our **email address: SwankTeam@beaconortho.com**

We check our email frequently throughout the day. Please include your:

- Full name
- Date of birth
- Telephone number

Feel free to call us with your questions or concerns. This is the **number directly to**

Dr. Swank's team: 513-530-3027 (Vanessa)

We check our voicemail frequently throughout the day. If you leave a voicemail, please include your:

- Full name
- Date of birth
- Telephone number

*****Heather Spencer (Dr. Michael Swank's Surgery Scheduler)*****

Ph# 513-354-3719

Fax# 513-964-9988

Email: Hspencer@beaconortho.com

Follow and participate on our Facebook Page: Dr. Swank Replacements



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WALK30 JOINT RESTORATION PROGRAM

iWalk30 Joint Restoration Program: Complete individualized overall health and wellness program coupled with an individualized musculoskeletal fitness exam and comprehensive treatment plan to restore the individual to an active healthy lifestyle.

iWalk30 Surgical Optimization Program: Complete individualized preoperative health and wellness exam coupled with an individualized musculoskeletal fitness exam and treatment plan specifically with the goal of optimizing the individual's surgical outcome.

iWalk30 Surgical Rehabilitation Program: Complete individualized three stage recovery program including acute phase recovery, strength and functional recovery and lifetime maintenance of joint health.

iWalk30 Health and Wellness Assessment: Comprehensive medical evaluation focusing on restoring the patient to wellness with special attention to diet and nutritional needs, functional medicine, and an integrative health treatment program.

iWalk30 Musculoskeletal Fitness Assessment: Comprehensive physical fitness assessment focusing on analyzing individual's treatment goals and functional rehabilitation program individually designed to achieve these goals.

weWalk30 Fitness Community: Group of individuals and program graduates committed to musculoskeletal health and functional independence.

Traditional Services

- Short term medication management
- Joint injections
- Physical therapy
- Arthroscopy
- Arthroplasty
- Diagnostic services including MRI
- Ambulatory aides
- Fitness trackers
- PRP/Stem cells

SURGICAL CRITERIA

BMI < 40

Research has recently shown that patients with a BMI over 40 have a significantly increased risk of infection post-operation.

Must be Willing and Able to Go Home the Same Day

Dr. Swank now only performs outpatient joint replacements.

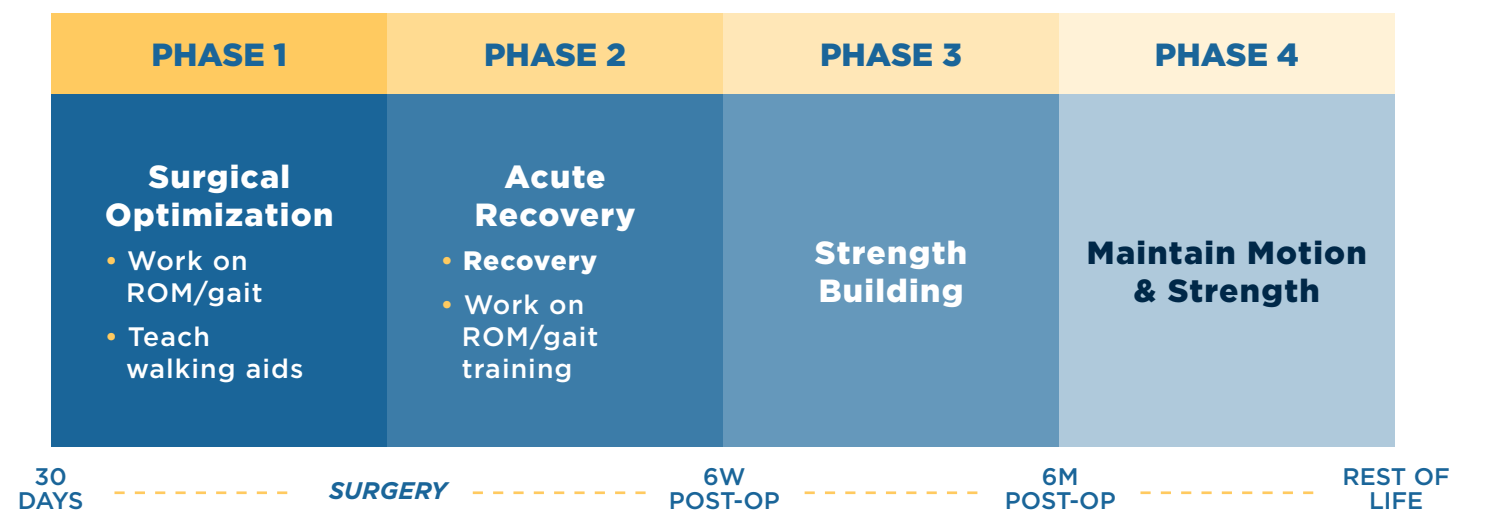
This means you are expected to go home the same day. Dr. Swank has made this decision to avoid complications of COVID-19 and other hospital acquired infections. Subsequently, he will be performing all surgeries at the Beacon ASC, as this is the safest place to avoid infections, and the Beacon ASC is where he has the best supporting staff.

Dr. Swank requires a \$500 deposit prior to scheduling surgery

Please contact Financial Counselors (888) 384-3512

If you are unable to meet the above criteria, Dr. Swank would be happy to refer you to another great orthopaedic surgeon.

REHABILITATION AFTER SURGERY



MASTERFIT™ KNEE REPLACEMENT

WHAT IS MASTERFIT™ KNEE REPLACEMENT?

There are three components of the MasterFit™ knee replacement that I have developed over the last 30 years.

1. Medial Skin Incision

The skin incision is placed on the inside of the knee. This improves the cosmetic appearance of the incision because it is under less muscle tension than the traditional knee incision placed in the middle of the knee. It also causes less skin irritation when you try to kneel after surgery.

2. Subvastus, Muscle Sparing Approach

Instead of cutting the quadriceps tendon (traditional parapatellar) or muscle splitting (midvastus), I utilize the muscle sparing, subvastus approach. Incidentally, it is the subvastus approach to the knee that has been recently trademarked and advertised as the Jiffy knee, even though it has been around since 1929 and was popularized in the western United States in the early 1980's. I have been using this approach routinely for over 25 years. It has allowed my patients to experience less pain and a faster recovery in the early postoperative period.

3. Custom Fit Using Computer Assistance

I utilize some type of computer assistance for planning the fit of the implant to your bone. I performed the first FDA approved navigated knee replacement in the early 2000's, brought the first robot to Ohio in 2007, helped develop custom cutting guides in the 2010s, and helped develop and validate two other robotic systems in the last 5 years. I also began using fully custom knee devices over a decade ago. Currently, I generally use either custom cutting guides or fully custom implants in most patients depending on your specific implant needs. Customizing the fit of the implant to your bone allows me to avoid cutting your ligaments to correct your arthritis and leads to a more natural feeling knee replacement with a quicker recovery and less pain from surgery.

It's these three components: medial incision, muscle sparing, and custom fit that distinguish the MasterFit™ from more traditional approaches to knee replacement surgery.

- Dr. Michael Swank

DIRECT ANTERIOR APPROACH FOR TOTAL HIP REPLACEMENT

THE ADVANTAGE OF THE ANTERIOR APPROACH

Advantages of the Direct Anterior, Minimally Invasive Approach to the Hip

Key Advantages

- **Less Pain and Quicker Recovery:**
 - » My direct anterior approach (Smith Petersen or modified Watson Jones) goes between muscles rather than cutting them.
 - » Patients typically experience less pain and faster recovery compared to traditional posterior (Southern) or lateral (Hardinge) approaches.
- **Lower Risk of Dislocation:**
 - » The anterior approach involves ligaments at the front of the hip, which are less stressed during daily activities (i.e. putting on socks and shoes, bending over, getting out of chair or off toilet, etc).
 - » This results in a lower chance of dislocation in the early postoperative period allowing those ligaments to heal.
- **Use of Live X-ray (Fluoroscopy):**
 - » Allows real-time assessment of implant position, size, and leg length during surgery.
 - » Enhances reproducibility and precision of the procedure.

Robotics

Although I performed the first Mako™ robotic hip in our region, I found that the additional steps—CT scans, guide placement, and increased surgical time—did not offer sufficient benefit. I now prefer live x-ray (fluoroscopy), which is more adaptable, reduces incision size, operating time, and blood loss from surgery.

Bikini Incisions

The bikini incision, originally described in 1917 by Smith-Petersen, is a classic approach. Recent technological advances have revived its use for total hip replacements. The downside to this approach is that the skin of some patients overhangs the wound and can cause difficulties with skin and incision care. While I used this incision for a time, I now use a modified version that is equally cosmetic, allows for a smaller incision, and reduces the risk of skin numbness from nerve injury.

Summary

I perform all my hip replacements using my version of the direct anterior approach. This technique has consistently resulted in less pain and quicker recovery for my patients.

- Dr. Michael Swank

SURGERY/PREOP

EXPECTATIONS FOR SURGERY

- \$500 deposit to hold surgery date
- Pre-Op history and physical (H&P) done within 30 days of surgery
 - » Typically done by your PCP and will include
 - Labs, EKG
- Pre-Op CT scan/MRI (implant dependent)
- Cardiac clearance
 - » Only if > 70 years old or have a history of heart disease
- Pre-op physical therapy
 - » Minimum of 6 visits
 - Improve range of motion & strength leading up to surgery
 - They will also work on gait training (i.e. with a walker) on the final visit prior to surgery within one week from surgery
- Post-Op physical therapy (once a week for knee replacement patients only)
- Call patient advocate (prior to surgery)
- Start discussing transportation and home arrangements
- Handle disability forms/work notes
- Handicap placard can be given if needed
- Join our Facebook Page: Dr. Swank Replacements

Discuss Surgery dates/availability with Heather

Once a surgery date has been selected she will schedule:

- Pre-Op office visit
 - » 2 weeks prior to surgery date
 - » Medications will be discussed and sent in
 - » Cold pack information Discussed
- 2-week post-op appointment with Jess (PA-C)
- 6-week post-op visit with Dr. Swank
- ****Please visit our website to rewatch each visit****

You Have a Surgery Date:

Preop Appt _____

Surgery Date _____


2 week Post OP Appt _____

6 week Post OP Appt _____



Dr. Swank's Website

SWANK SURGERY TO-DO LIST

Completed	What Needs to be Done	Deadline for Completion	Details
<input type="checkbox"/>	Schedule Scan for Knee Implant (Knee only)	35-42 days before surgery	Ultrasound - Completed at Beacon Summit Woods OR CT Scan- Completed at Christ (513-585-2668)
<input type="checkbox"/>	Pay \$500 Deposit/ Check Benefits	Within 3 days from scheduling surgery	Call Financial Counselors (888) 384-3512. Read Pre-payment policy thoroughly so you aren't surprised by costs. *Pre Payment is due 3 days before surgery*
<input type="checkbox"/>	Read Through Replacement Handbook	As soon as it is received	Call Surgery Scheduler with any questions at 513-354-3719 Heather
<input type="checkbox"/>	 Complete your Pre-Surgical Assessment Online (One medical Passport)	From now until 10 days before surgery. Choose Total/Partial Joint Replacement option for visit type	This is a requirement for your surgery. It is not the same as the Portal. Will take MIN 10-15 minutes. Do on computer and have all medical history information with you before you begin
<input type="checkbox"/>	Make your Primary Care Physician (PCP) Preop appointment	Within 30 days from surgery date. If outside of 30 days, cannot be accepted	Schedule no later than a week before your surgery. BRING your History and physical and Labwork to your PCP Preop Appointment (everything from the left side of the Replacement Handbook)

Completed	What Needs to be Done	Deadline for Completion	Details
<input type="checkbox"/>	Complete Lab work	Within 30 days of surgery. If blood is drawn outside of 30 days, results cannot be accepted	Left side of Replacement Handbook is an order for labs that you can take to any lab facility or to your Pre-op Appt with PCP
<input type="checkbox"/>	EKG (Everyone 50 years or older; or have Cardiac History)	Within 90 days of surgery. *If you are younger and have a cardiac history, you will need an EKG	Your Primary Care can do your EKG at your PCP preop appointment
<input type="checkbox"/>	If you see a Specialty Physician Do you see Oncology, Hematology, Neurology, etc? We need clearance!	Complete now until 7 days before surgery	Let us know who are the other physicians you see so we can request clearance Contact Kirsten at 513-257-2950 option 4
<input type="checkbox"/>	Watch "What to expect..." video	1 week before surgery	This is so you know what to expect when you arrive at the surgery center. Find the link in the ASC handbook, page 18
<input type="checkbox"/>	If you're taking blood thinners other than Aspirin	You might need to have your PT/INR and/or APTT redrawn the day before surgery	Your Pre-Admission Nurse will let you know if you need these blood tests redrawn
<input type="checkbox"/>	Vitamins, Minerals and Supplements	STOP 7 days before surgery	There are certain ingredients that may interfere with anesthesia, bleeding time, immune function, and/or healing time
<input type="checkbox"/>	Pre-Payment	3 days before surgery	Read the pre-payment policy in your Replacement Handbook and call Financial Counselors at (888) 384-3512 for your estimate

Completed	What Needs to be Done	Deadline for Completion	Details
<input type="checkbox"/>	Post-Operative Physical Therapy (Post-Op PT) <i>(Knee Implants ONLY)</i>	Before Surgery	Schedule your 1st Post-Op PT visit 3-5 days after surgery

Your Pre-Admission Nurse is: Kirsten Hechler

- ****EMAIL: KHECHLER@BEACONORTHO.COM**
- » 513-257-2950 option 4 (She may respond by email based on the answer to your voicemail)
- » You can email her with questions regarding your medical documents, medications, or questions regarding any of the above requirements

Your Surgery Scheduler is: Heather Spencer

- **513-354-3719**
- **FAX: 513-964-9988**
- **EMAIL: HJAMES@BEACONORTHO.COM**

Your Patient Advocates are: Financial Counselors

- **Main Financial Line: (888) 384-3512**

Your Clinic Coordinator for any problems: Liz Moermond, AT

- **LMOERMOND@BEACONORTHO.COM**
- **513-389-3613**

PROCEDURE PRE-PAYMENT POLICY

We thank you for entrusting Beacon Orthopaedics with your care. At Beacon we want to make your experience with us as smooth as possible. Our goal is to provide you with the necessary information needed to navigate the complex health insurance & billing field. Our Financial Counselors are here to assist you with any questions you may have regarding this information.

At Beacon, we request that any estimated patient responsibility amounts be paid at least 3 business days prior to the service being performed.

Depending on your insurance benefits, you may have a deductible, coinsurance, or copay. Our Financial Counselors may be contacting you regarding your estimated out of pocket costs to set up payment arrangements. An initial phone call will be made to go over your insurance benefits and estimated costs. If we are unable to connect, you will receive a link, to your cell phone or email, from our partners at **Phreesia** to make your payment online. You will also receive a detailed breakdown of that estimate from our partners at **MD Clarity**.

When you have surgery, or a procedure at surgical facility or hospital, you will likely receive multiple bills. These bills can include:

- **Professional Charges – Professional charges are the fees that are paid for the physician for performing your procedure.**
 - » For assistance with these fees, please contact your financial counselor at (888) 384-3512
- **Facility Charges – Facility charges are the fees from the building where the surgery was performed which cover the cost of medications, implants, and supplies. These can come from the Surgery Center or Hospital depending on where your care is performed.**
- **Anesthesia Charges – Anesthesia charges are fees from the anesthesiologist’s services during your procedure and recovery.**

The quoted amounts due are only estimates. The final dollar amount owed by the patient can change depending on changes in the patients benefits or the procedure performed. If the amount collected is less than what is actually due, the patient will be required to pay the difference after their procedure. If the amount collected is higher than the actual amount due, the patient will receive a refund.

Please note our refund policy. In the event a patient ends up with a credit, credit will first be used to cover any outstanding balances on the account. If a patient has any open or pending claims, refunds remain on hold until those claims are fully processed. Once all claims have been processed and all balances have been paid in full, a refund will be issued of any remaining patient credit. Refunds will be issued within 90 days after all claims are processed and balances paid. Patients can also contact out billing center at 888-384-3452 to request refunds.

Questions regarding Authorizations? Please contact your physician’s surgery scheduler to discuss.

MEDICATION INSTRUCTIONS

Aspirin 81mg

- **Blood Thinner (over-the-counter)**
 - » Take 1 tablet twice a day for 35 days after surgery

Mobic/Meloxicam 15mg

- **Anti-Inflammatory**
 - » Take 1 tablet daily until gone after surgery
 - » Hold if over 70 years old

Neurontin/Gabapentin 300mg

- **Sleep and Nerve Pain**
 - » Take 1 tablet _____ morning of surgery
 - » Take 1-3 at bedtime as needed

Cymbalta/Duloxetine 30mg

- **Pain**
 - » Start medication _____ 5 days before surgery
 - » Take 1 tablet at dinner every evening
 - Take 1 tablet morning of surgery
 - » When you have 7 tablets left: Wean off the medication by taking one capsule **every other day until gone**
- **This will not be prescribed if already on an SSRI**
- **If this medicine causes nausea or other symptoms, please discontinue**

Oxycodone

- **Pain**
 - » Starting after surgery - Take every 6 hours as needed
 - » Can cause constipation - Add Colace and MiraLax

Tylenol

- **Pain (over-the-counter)**
 - » Take 1000mg three times a day after surgery

Prednisone

- **Steroid (Pain)**
 - » Take 1 tablet daily for 14 days (7 days if you have diabetes) starting night of surgery

Keflex

- **Antibiotic**
 - » Start the night of surgery; Take 1 tablet twice a day for 7 days
 - » If allergic to Keflex, take Clindamycin

Omeprazole/Prilosec

- **Stomach protection (over-the-counter)**
 - » Take 1 tablet daily for 35 days after surgery

PHARMACY INSTRUCTIONS

Please give us 48 hours to get initial medications and any refill prescriptions called in to your pharmacy (513) 530-3027.

MAKE SURE YOU PICK UP ALL OF YOUR MEDS FOR SURGERY WITHIN 5 DAYS AFTER YOUR PREOP VISIT. CALL US IF ANY ARE MISSING.

When you go to your pharmacy, you will get:

- All medications discussed on previous page from pharmacist
- Aspirin 81mg bottle (off the shelf)
- Tylenol Extra Strength 500mg bottle (off the shelf)
- Prilosec (omeprazole) for stomach protection. Take 1 daily
- Colace and Miralax for constipation issues
- Hibiclens soap/wipes - ask your pharmacist where to get this

Hibiclens Soap/Wipes:

- Shower from neck to toes the day before surgery and the morning of surgery. Please do not apply to face, head, or genitals. Rinse well.

COMMON MEDICATIONS TO STOP PRIOR TO SURGERY

There are medications that can affect the clotting mechanism of your blood, and therefore need to be stopped prior to the surgical date. *(This list may not be all-inclusive. Check with nurse/doctor if you are not sure).*

• MEDICATION	• DAYS TO STOP PRIOR TO SURGERY
» ASPIRIN — — — — — — — — — —	» 7 DAYS
» FISH OIL — — — — — — — — — —	» 7 DAYS
» HERBAL MEDICATIONS AND VITAMIN E — — — — — — — — — —	» 7 DAYS
» MOTRIN, ALEVE, CELEBREX, OTHER NSAIDS — — — — — — — — — —	» 7 DAYS
» PLAVIX, BRILLINTA — — — — — — — — — —	» 7 DAYS
» TRAMADOL — — — — — — — — — —	» 5 DAYS
» COUMADIN — — — — — — — — — —	» 5 DAYS
» OTHER BLOOD THINNERS: Eliquis/Lovenox/Xarelto, etc — — — — — — — — — —	» 3 DAYS
» GLP1s (Ozempic) — — — — — — — — — —	» 7 DAYS
» SGLT2 (Jardiance, Farxiga) — — — — — — — — — —	» 3 DAYS

Common medications to stop prior to surgery continued on page 18 >>>

COMMON MEDICATIONS TO STOP PRIOR TO SURGERY CON'T

LIST OF NSAIDS

- celecoxib (Celebrex)
- diclofenac (Cambia, Cataflam, Voltaren-XR, Zipsor, Zorvolex)
- diflunisal (Dolobid)
- etodolac (Lodine)
- ibuprofen (Motrin, Advil)
- indomethacin (Indocin)
- ketoprofen (Orudis)
- ketorolac (Toradol)
- nabumetone (Relafen)
- naproxen (Aleve, Anaprox, Naprelan, Naprosyn)
- oxaprozin (Daypro)
- salsalate (Disalsate [Amigesic])
- sulindac (Clinoril)
- tolmetin (Tolectin)

LIST OF BLOOD THINNERS

- Aspirin
- Aspirin containing medications (Ex: Excedrin)
- Plavix (Clopidogrel)
- Coumadin (Warfarin)
- Xarelto (Rivaroxaban)
- Eliquis (Apixaban)
- Pradaxa (Dabigatran)
- Effient (Prasugel)
- Fish Oil

Discontinuation of Antibiotics and Prescriptions

- Antibiotics for unrelated infections need to be stopped 72 hours prior to surgery.
- Discontinue all prescription diet pills for at least 1 weeks prior to surgery. (Ex: Qsymia, Adipex, Contrave, Belvique, Didrex, Phentermine, Naltrexone.)
- Lisinopril and any "water pill" should NOT be taken the morning of.

I acknowledge that if I continue to take any of these medications that my surgery may be canceled, up to and including on the day of surgery.

After Surgery

You can restart all your medications the day after surgery unless otherwise instructed by your doctors.



POST-SURGERY

WHAT TO EXPECT AFTER SURGERY

- Pain
- Swelling
- Bruising - a lot
 - » Anywhere from thigh to toes
- Numbness (around the incision)
- Clicking (knees only - the implant will cause a clicking sound)

Wound Care

Hips

You will have a large band aid (mepilex) over top of the incision. The incision will be under the bandaid and it is glued closed. No need for any dressing changes.

If bandaid (mepilex) starts to leak/allow water into the wound- it should be removed immediately. If it remains intact, it will be removed at your first post-op appointment.

Knees

You will have an ACE wrap and white gauze wrapped around your leg. This should be removed the day after surgery. Under this will be a white shiny pad - this can be removed. You may have to pull it off. Underneath this pad will be your **incision that is glued closed. DO NOT PICK AT GLUE.** Leave incision and glue alone. It can get wet. No need for dressing changes.

Hips & Knees

You can shower on day 2 after your surgery. It is okay to get wet - gently let soap/water run over it, rinse, and pat dry.

When attempting to get out of a chair, use a wide stance like a "sumo wrestler" to provide balance and prevent falls.

WHEN TO CALL

Call the Office if you Have:

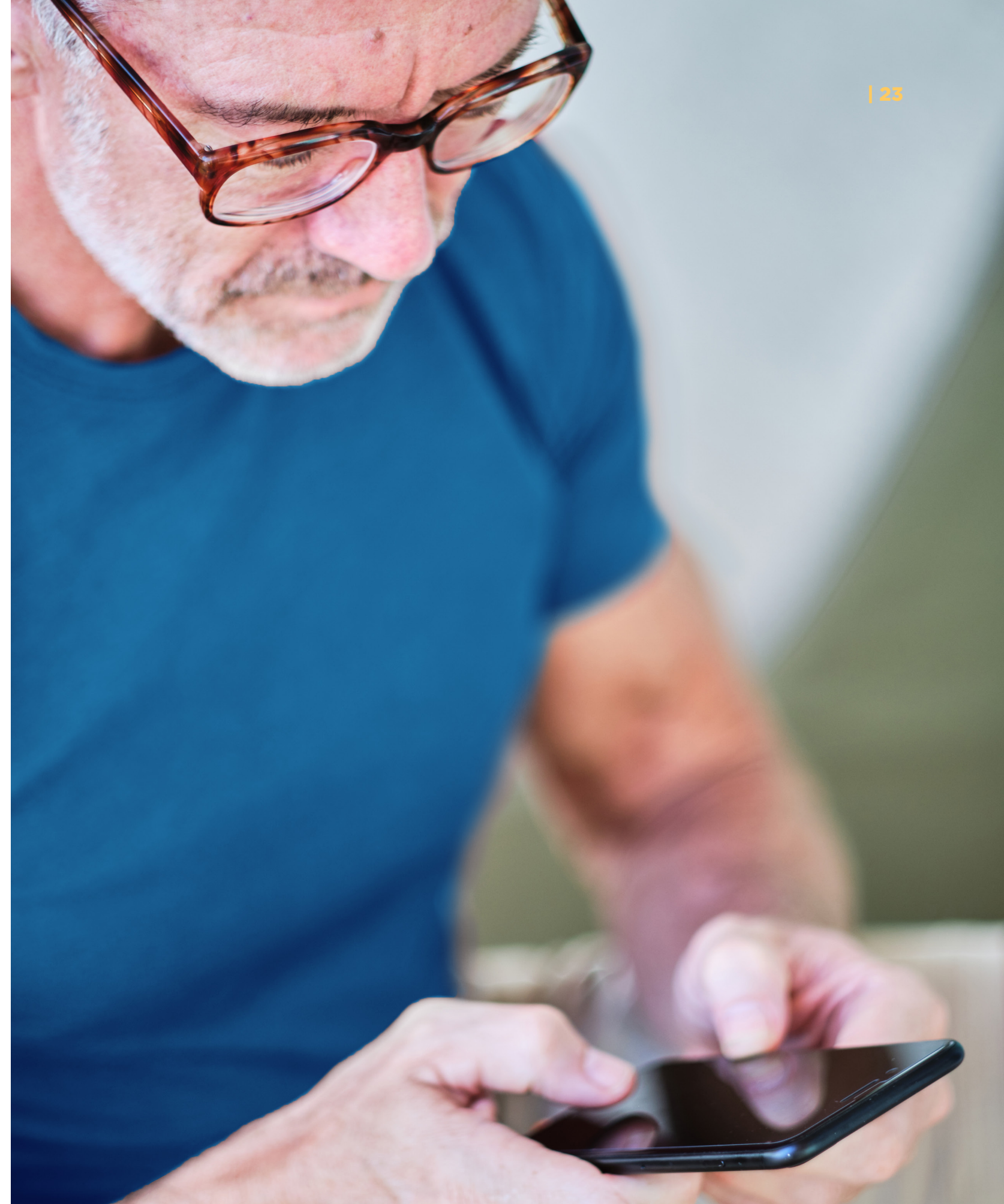
- Fever greater than 101 degrees or persistent low grade fever nonresponsive to Tylenol
- Drainage from the incision that is whitish, greenish or yellowish in color and thick in nature. A thin orangish discharge is serous fluid and can be expected if the glue cracks – nothing to do other than place a dressing to absorb drainage until it stops.
- Increased redness, red radiating streaks, warmth, swelling, increasing pain that is becoming less responsive to medication and/or hardening of the swelling
- Feeling of constant malaise (tiredness) and/or feeling like you have a mild case of the flu

Call Your Primary Care Physician if you Are:

- Having problems with your other medical conditions such as: blood pressure, diabetes control, etc.
- Having problems with your other routine medications
- Having problems with consistent diarrhea or urination issues

Proceed to Emergency Room if you Have:

- Chest Pain
- Shortness of breath



BASIC INSTRUCTIONS

Rest

You should walk 5 minutes every hour as well as do the exercises referred to in this packet. Other than this exercise program, you should rest as much as possible.

Ice

Apply ice to the hip/knee approximately 15-20 minutes at least 4x/day. Always ice after any activity and therapy session, as well as prior to bed.

Elevate

Any time you are resting, the operative leg/foot should be elevated to that the **toes are above the nose**. It is ok to lie down **3-4x/day for 30-40 minutes** with pillows or a wedge underneath the heel to elevate the leg and decrease swelling. Avoid sitting in a recliner chair for long periods of time.

Pillows

KNEE REPLACEMENTS ONLY: Do not place a pillow under your knee for comfort (this prevents your leg from getting straight). There is no need to place a pillow under your heel unless you are laying down/elevating.

Compression Socks/Hose

You are asked to wear compression socks on both of your legs for 2 weeks after surgery. These will be provided to you at the surgery center before you are discharged home. It is ok to remove them as needed and for hygiene purposes.

DENTAL PROTOCOL

Suggested Antibiotic Prophylaxis Regimen

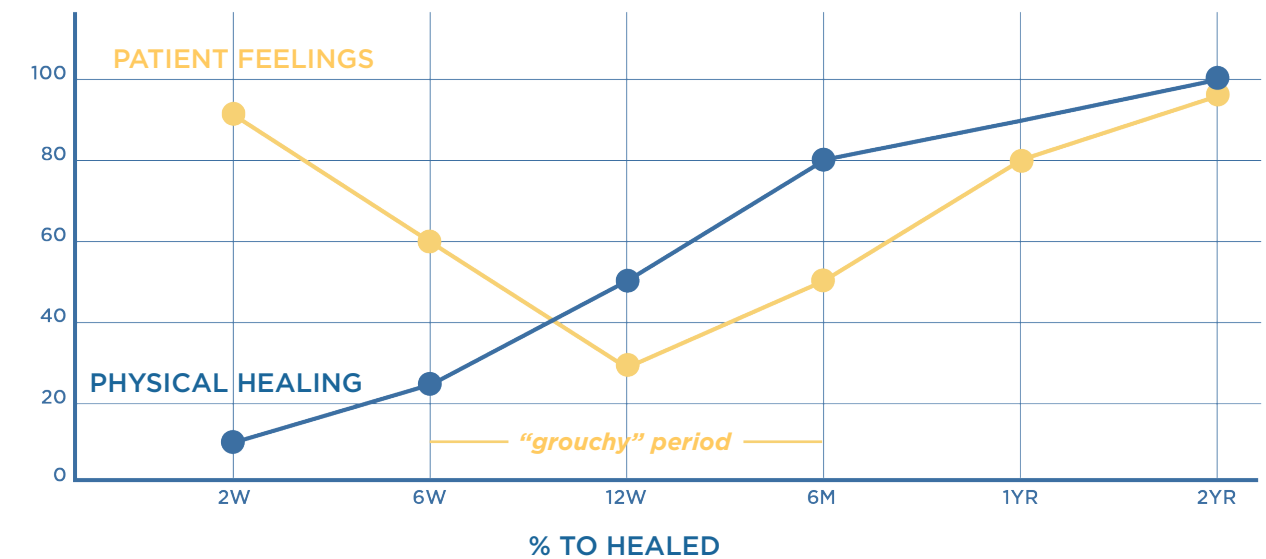
- Take Amoxicillin one hour prior to dental cleaning/procedure. (Amoxicillin 2 grams by mouth one hour prior)
- If allergic to Penicillin, take Clindamycin one hour prior to dental procedures. (Clindamycin 600mg by mouth one hour prior)
- Most dentists will call the antibiotic in for you if you let them know you have a joint replacement. If they would like us to do it, please call the office at (513) 530-3027 and let us know.

This regimen is for every time the patient goes to the dentist for life.

You should wait at least 3 months after surgery for a dental appointment.

TIMELINE

TIMELINE FOR HEALING



Timeline for Healing

- **2 Weeks:** Pain bending the knee, bruising, and increased swelling
- **6 Weeks:** Back to work and golf. Trouble sleeping is common. Most are off a cane.
- **12 Weeks:** Some swelling and stiffness expected
- **6 Months:** Patients start to forget about the surgery
- **12 Months:** Doing better! One year to go for full recovery and muscle strength

TOTAL JOINT REPLACEMENT EXERCISE PROGRAM DAY AFTER SURGERY

1. Walk 5 minutes every waking hour (Knee & Hip)

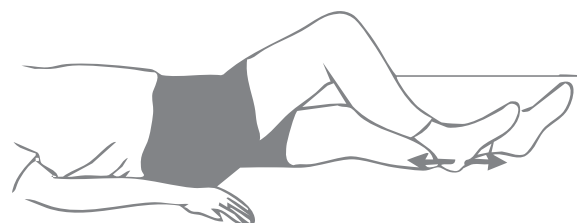
2. Straight Leg Raises (Knee & Hip)

- Laying or sitting: with operative leg straight & other leg bent, lift the operative leg up 6 inches off the floor. Lower leg gently. Do 10 reps every 15 minutes while awake.



3a. Heel Slides (Knee)

- Laying or sitting: start with operative leg straight and begin to bend the knee and slide your heel toward your buttocks. Slowly slide your foot down, returning to starting position. Repeat.



3b. Hip Pump (Hip)

- In normal seated position with legs bent, bring operative knee up 4-6 inches and then put it back down. This will be a “marching” motion. Repeat. Do 10 reps every 15 minutes while awake.



TWO WEEK POST-OP

2 WEEKS POST-OP INSTRUCTIONS

RICE-M

- **Rice**

Other than your therapy for Range of Motion (ROM), you should only be involved in slowly getting back to daily activities. Remember that the healing process takes approximately 6 weeks. Therefore, we ask that you be cautious to prevent any falls and not to try to do too much too soon.

- **Ice**

You should be icing underneath and on top of knee or on the hip approximately 15-20 minutes 3-4x per day (at the least) but no more than 20 minutes once per hour (20 on - 40 off). Always ice after any activity and any therapy session as well as prior to going to bed.

- **Compression**

Any time you are not icing, you should have an ace wrap on the knee to help squeeze the swelling from the knee. If you are a total hip we understand this is not feasible.

- **Elevation**

Any time you are resting, the foot should be elevated so that the toes are above the nose. It is ok to lie down 3-4x per day for 30-40 min with 1 or 2 pillows under the heel to elevate the foot and to decrease swelling at the operative site.

- **Medication**

it is appropriate to be taking the medication to assist the body in resolving the swelling as well as controlling the pain while you are in the recovery stage. If you are doing well and want to try to begin weaning the medication, this is fine.

- » Begin with weaning the pain medication. For most this will be the oxycodone. Try to take the pain medication once or twice a day instead of 4-6 hours as originally prescribed for 3-4 days. If the pain is well controlled, then take once a day for 3-4 days. If the pain is still controlled, then attempt to stop the pain medication. May switch to Tylenol if needed to control soreness. Remember max dose of Tylenol is 3000mg in a 24 hour period.
- » If, after a couple days off the pain medication you are doing fine, then wean the Cymbalta. Take 1 tablet every other day for 14 days.
- » If, after a couple days you are doing fine, then attempt to decrease the gabapentin. If you are taking 3 tabs at night, take 2 tabs for 3-4 nights. If you are ok, then wean to 1 tab for 3-4 nights. If you are ok, then take 1 tab every other night for 7-10 nights. If you are ok, then stop the gabapentin.
- » The last medication is the Mobic. Try to take every other day for 3-4 days. If the swelling and pain are fine then ok to stop this medication.
- » Remember that the aspirin is 35 days. If you are on a different blood thinning product (Eliquis, Xarelto, Coumadin, etc.) then the length of time you need to take this medication should have been established at your pre-op visit.

Wound Care

- **HIPS**

The large bandaid (mepilex) will be removed at your 2 week post-op appointment. Once the mepilex is removed, you will see your incision that is glued closed (with dermabond). The dermabond will slowly come off. **DO NOT PICK AT THE GLUE.** Allow glue to come off naturally. Ok to shower like normal. Pat dry.

- **KNEES**

Continue to shower like normal. If there is still glue on the skin, allow this to come off naturally. Do not pick at it.

Once there is a complete scar, you may soak the area, get in a pool or place creams to the area. As long as there is even the smallest scab (ongoing healing), nothing but a shower as you are currently permitted.

TED Hose

The surgical hose or stockinettes can be discontinued at 2 weeks from your surgery date.

The purpose of the TED hose is to reduce or eliminate lower leg swelling. If, after removal, you experience a return of lower leg swelling then return to the hose for several days. Also be a little more conscious of elevating (remember - toes above the nose).

Home Therapy

Prior to surgery we discussed walking 5 minutes every hour and completing your exercises every 15 minutes. As you continue to heal and begin to return to your daily living, we understand this routine is not realistic. Therefore, you can change the therapy routine to completing a 10-15 minute walk, followed by the therapy exercises and then ice 15-20 minutes in the morning. The rest of the day you can slowly return to living life. At night, complete another 10-15 minute walk, followed by the therapy exercises, and finishing with ice for 15-20 minutes prior to retiring to bed. If you want to complete some extra therapy and/or icing throughout the day - that is completely up to your discretion. You only have to feel obligated to the morning and night routine so you can begin to live life between.

DRIVING

You may attempt to return to driving when:

- **You have not taken narcotic pain medication (oxycodone, norco, or tramadol) for at least 8 hours**
- **You have good range of motion**
- **You have good strength**
- **You are comfortable and confident returning to driving**
 - » We suggest beginning in an empty parking lot, progressing to quiet streets, and lastly, returning to highways



SIX WEEK POST-OP

6 WEEKS POST-OP INSTRUCTIONS

Maintenance Program

Walk 30 Minutes to:

- Stay Independent
- Decrease Pain + Speedy Recovery
- Get Fit
- Increase Strength
- Avoid Alzheimer's
- Join the Revolution

AND get seven hours of sleep every night!

Join our Facebook Page: [Dr. Swank Replacements](#)



Scan the QR code below to
rewatch your visit!

LIFETIME EXERCISES 2X PER DAY

Start these 6 weeks post-op and do for life. Make it the first thing you do in the morning before getting out of bed, and last thing before going to bed.

1. Knee to Chest Stretch

- 30 seconds each leg



2. Internal Rotator Stretch

- 30 seconds each leg, perform when putting socks and shoes on



2. Child's Pose Stretch

- 30-60 seconds



WALK 30 PROGRAM

This six-week walking program gradually increases the time of your walks to allow you to progress to 30 minutes of walking. Health experts have found 30 minutes of regular to moderate walking daily is effective in improving overall health and reducing the risk of disease. You will always want to begin at an easy pace for 3-5 minutes and perform stretches.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Week 1	Easy Walk 5-10 min Stretch 2 min Easy Walk 5-10 min	Easy Walk 10-15 min	Easy Walk 5-10 min Stretch 2 min Easy Walk 5-10 min	Easy Walk 10-15 min	Rest	Easy Walk 15-20 min
Week 2	Easy Walk 5-10 min Stretch 2 min Brisk Walk 5-10 min	Easy Walk 10-15 min	Easy Walk 10-15 min Stretch 2 min Brisk Walk 5-10 min	Easy Walk 10-15 min	Rest	Easy Walk 15-20 min
Week 3	Easy Walk 5-10 min Stretch 2 min Brisk Walk 5-10 min	Easy Walk 15-20 min Stretch 2 min	Easy Walk 10-15 min Stretch 2 min Brisk Walk 5-10 min	Easy Walk 15-20 min Stretch 2 min	Rest	Easy Walk 15-20 min
Week 4	Easy Walk 10-15 min Brisk Walk 5-10 min Stretch 2 min	Easy Walk 15-20 min Stretch 2 min	Easy Walk 10-15 min Brisk Walk 5-10 min Stretch 2 min	Easy Walk 15-20 min Stretch 2 min	Rest	Brisk Walk 20-25 min
Week 5	Easy Walk 10-15 min Brisk Walk 10-15 min Stretch 2 min	Easy Walk 25-30 min Stretch 2 min	Easy Walk 10-15 min Brisk Walk 10-15 min Stretch 2 min	Easy Walk 25-30 min Stretch 2 min	Rest	Easy Walk 25-30 min
Week 6	Easy Walk 15-20 min Power Intervals: Power 30 sec Easy Walk 1 min Repeat 4-6 times Easy Walk 3-5 min	Brisk Walk 20-30 min	Easy Walk 30-35 min Stretch 2 min	Easy Walk 25-30 min Stretch 2 min	Rest	Easy Walk 25-35 min

WALK 30 EXERCISES

Standing Hamstring Stretch with Step

REPS: 2, HOLD: 20, DAILY: 1, WEEKLY: 7

Setup

Begin standing upright with your heel placed in front of you on a step and your hands resting on your hips.

Movement

Slowly bend forward at your hips until you feel a gentle stretch in the back of your thigh. Hold this position.

Tip

Make sure to keep your back



Gastroc Stretch on Wall

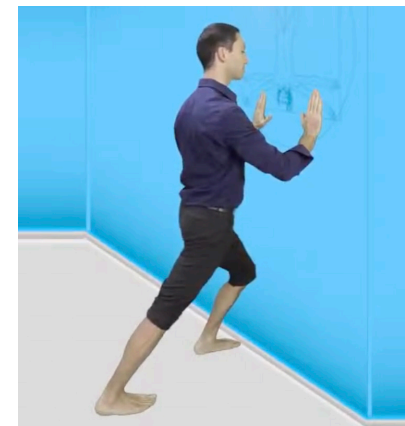
REPS: 2, HOLD: 20, DAILY: 1, WEEKLY: 7

Setup

Begin in a standing upright position in front of a wall.

Movement

Place your hands on the wall and extend one leg straight backward, bending your front leg, until you feel a stretch in the calf of your back leg and hold.



Standing Hip Flexor Stretch

REPS: 2, HOLD: 20, DAILY: 1, WEEKLY: 7

Setup

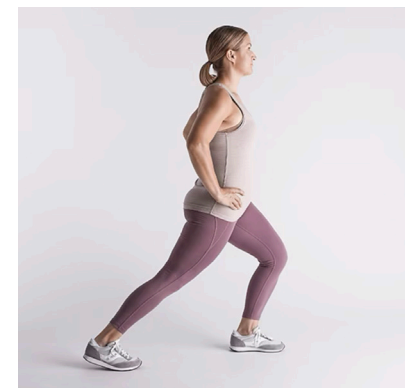
Begin in a staggered stance position with your hands resting on your hips and the leg you are going to stretch positioned behind your body.

Movement

Keeping your back straight and upright, squeeze your buttock muscles and slowly shift your weight forward until you feel a gentle stretch in the front of your hip.

Tip

Make sure to keep your hips and shoulders facing forward and do not arch your low back during the stretch.



FREQUENTLY ASKED QUESTIONS

THE “BLAHS” AFTER JOINT REPLACEMENT SURGERY

From 4-14 weeks after surgery, you may experience fatigue, irritability, exhaustion, pain, weakness, and feel generally “worn out.” Why?

Your body is recovering from a major surgery. That recovery process uses energy 24 hours a day to heal your body, especially in the first three months after surgery. Because of this, you may feel like you are getting worse or that something is medically wrong. Neither of these are likely true.

Why I Tell Patients About This

- There are three main reasons:

- » These feelings are a normal, but not a pleasant response to major surgery.
- » Because they are a normal response, you do not usually need to see a doctor for them. Many patients have gone to the doctor for these symptoms between 4 and 14 weeks after surgery. They don't link them to recovery, but they are from surgery and can last for up to 3-4 months.
- » Your next appointment is at 6 months. Some patients come in early at three months due to symptoms and because of the feeling that “this is taking too long so, there must be something wrong.” This is rarely the case, as most major complications occur within the first 6 weeks and very few problems occur between 6 weeks and 6 months.

Patients often wonder at the 3-month unscheduled visit: “Why am I taking longer to recover, having more pain, feeling more limited in my activity than my friend who had the exact same surgery?” or “Why is this different than my other surgery?”

Again, the best analogy Dr. Swank has is pregnancy. No two pregnancies are the same. No two recoveries from surgery are the same. This is especially noticeable in the first three months after surgery. It's like morning sickness: sometimes it's better, sometimes it's worse. It's not pleasant, but it gets better around 3-4 months.

Telling you about this does not make you feel any better, but at least you don't have to worry that anything bad is going on. It's just the recovery process—and it takes longer than any of us would like.

PAIN AND ACTIVITY AFTER JOINT REPLACEMENT SURGERY

Returning to Activity

At 6 weeks post-surgery, you will be cleared for full activity without restrictions. However, your muscles may only be at 25% of their normal strength, which can limit what you're able to do comfortably.

The 25% Rule

- **Use this guideline to safely increase activity:**
 - » If you normally walk 1 hour/day, start with 15 minutes and increase gradually based on how your body responds.
 - » If you typically use 100 lbs on a leg weight machine, begin with 25 lbs.

What If You Overdo It?

Example: You play 2 hours of pickleball or dance all night at a wedding. The next day, your joint is swollen and painful.

- **What to do:**
 - » Take anti-inflammatories
 - » Apply ice and elevate your leg
 - » Do a gentle activity like walking

You won't damage your implant, but your muscles may be sore, so moderate activity is key.

Understanding Pain During Activity

There are three types of pain to monitor:

- **Pain the Next Day After Overdoing It**
 - » This is normal
 - » Reduce activity until pain/swelling improves
- **Pain at the Start of Activity**
 - » Joint feels stiff/painful at first, but improves after a few minutes
 - » This is acceptable and expected
- **Pain That Worsens During Activity**
 - » Pain starts mild, then intensifies and doesn't go away
 - » This is not okay
 - » Stop or reduce intensity
 - » Use ice and anti-inflammatories

How Long Will Pain Last During Strengthening?

You may experience pain and/or swelling for 6 months to a year or longer as muscles strengthen. This is a normal response to exercising with a replaced joint.

Why Is My Recovery Different Than Others'?

Recovery varies from person to person—even with the same procedure.

Analogy

Just like no two pregnancies are the same, no two surgeries are identical in recovery. Your body may respond differently than someone else's, or even differently than it did in a previous surgery.



WHY WON'T MY KNEE BEND AFTER SURGERY?

YOUR MUSCLES! To be blunt; the pain from your muscles and the fear of pain.

There is only one reason why your knee does not want to bend the first 6 weeks after surgery: your muscles and the pain associated with stretching your muscles. There are many reasons why your muscles don't want to let you bend your knee but it's 100% related to your muscles; not the implant, not swelling per se, and not scar tissue.

Why Won't Your Muscles Let Your Knee Bend?

- **Your muscles were likely stiff before surgery.**
 - » Arthritis causes the muscles to get stiff and most patients have lost motion before surgery.
 - » Pulling on a stiff muscle causes pain from stretching.
- **Your muscles are irritated during surgery.**
 - » Even though muscles are not cut, they are stretched during surgery, causing irritation and pain.
- **Swelling in the knee irritates the muscles.**
 - » Swelling does not prevent bending but irritates muscles, making them resistant to movement.

Pain and Muscle Response

Pain is from stretching, inflammation, and swelling. The pain makes you not want to bend your knee.

What Can You Do?

- **Try to relax while bending your knee.**
 - » Relaxing allows muscles to lengthen and the knee to bend.
- **Control your breathing.**
 - » Holding your breath tightens muscles and increases pain.
- **Avoid tightening your muscles.**
 - » Contracting muscles increases pain and makes bending harder.
- **Premedicate.**
 - » Take anti-inflammatories or pain pills before therapy or home exercises.
- **Keep moving.**
 - » Frequent movement prevents muscles from stiffening.
- **Use time, not force.**
 - » Bend to discomfort threshold and hold. Avoid pushing into severe pain.
- **Do not over exercise in the first 6 weeks.**
 - » Muscles are too irritated for strengthening. Focus on range of motion first. After 6 weeks you can start strengthening.



JOINT RESTORATION - LEG LENGTH

Will My Leg Be the Same Length After My Hip Surgery?

This is a very tricky and complex question.

The short answer is your leg will be the same length as it was before surgery and the length it needs to be to keep your hip from dislocating.

The long answer is that most people's legs are not the same before surgery. This is a strange concept to people but we are not nearly as symmetric as we think we are. As a matter of fact, as orthopedic surgeons we consider up to a 1/2 inch difference in leg lengths to be basically normal.

So how does this affect your leg length after surgery?

- **Arthritis causes your leg to shorten about 1/4 of an inch because of the loss of cartilage.**
 - » This means that the leg length you have lived your life with was a 1/4 of an inch longer than it is at the preoperative visit.

If the goal of surgery is to restore your leg length to normal, I would want to make your leg 1/4 inch longer at surgery. But if you started with a leg that was already 1/4 inch longer, then that would mean your leg would be a 1/2 inch longer after surgery and patients do not like that even though it would be technically correct.

Instead, I try to keep the leg lengths the same as they are at the preop visit, because that is the length you have been accustomed to. However, this means that if you start with a longer leg, your leg will be longer than the other leg after surgery, even though I kept it the same length as it was before surgery.

Further, if your leg was shorter before surgery, I may be able to lengthen the leg up to a 1/4 inch to put it back to where it was your whole life and this would make the operative leg longer than before surgery but still shorter than the other leg. But if I do lengthen the leg a little it often feels like I've lengthened it a foot instead of a 1/4 inch. This feeling resolves with time, but certainly can be disconcerting to people for a period of time.

What's even more confusing is that because of the muscle spasm from surgery, almost everyone, regardless of the leg length FEELS like I have made their leg longer immediately after surgery.

What really determines leg length at the time of surgery?

The stability of the hip. The tension of the ligaments and muscles determine whether the hip will be too tight, too loose or just right at surgery to prevent dislocation.

My surgical technique does not involve cutting muscles or removing ligaments. And the ligament (the covering of the hip joint) that I do have to cut, I simply make an incision in and repair it at the end of surgery. Because of this technique, I am able to tension the hip properly to prevent dislocation and optimize leg length for you.

What does this all mean?

- The simple issue of leg length is not really nearly as simple as it seems.
- I go into surgery with the best plan to optimize your leg length within the parameters your body allows.
- The muscle spasm from surgery leads to almost everyone feeling like their leg is longer after surgery, regardless of the actual length of the leg.
- If your leg was longer than your other leg before surgery, it's likely to be longer than your other leg after surgery, otherwise your hip might dislocate.
- If your leg was shorter before surgery than your other leg, I may be able to increase the leg length up to 1/4 inch if the ligaments aren't too tight.
- **Most importantly - 6 months after surgery, the feeling of the difference between your legs (if there is one) will go away and you will not need a lift in either leg. This is because I adjusted your leg length to be as close to the length it was ten years to the best of my ability.**

- Dr. Michael Swank



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