Treatment of Knee and Hip Arthritis (Part II)
Decision to have Surgery, Preparing for and Scheduling Surgery, Surgery and Hospital Experience.
Patient outline for Counseling Appointment

PLEASE READ THIS THOROUGHLY BEFORE YOUR COUNSELING APPOINTMENT AND BRING IT TO YOUR COUNSELING APPOINTMENT WITH DR. VAN HORNE. USE THE LAST PAGE TO WRITE DOWN ANY QUESTIONS YOU MAY HAVE.

Hospital Information and Instructions
ALWAYS FOLLOW DR. VAN HORNE’S INSTRUCTIONS!!!!!
• The day you go home from the hospital, the hospital staff will try to give you 57 pages of instructions about your total joint care and 13 pages on how to take your medications.
• Dr. Van Horne will give you 4 pages on aftercare of your joint, 2 pages on how to keep your bowels moving and 2 pages on how to take your medications.
• Dr. Van Horne’s instructions are individualized to you. The Hospital’s instructions are not.
• If you read the Hospital instructions and they are different from Dr. Van Horne’s instructions, Dr. Van Horne’s instructions always win.
• If you have questions call Paragon Orthopedics (541-472-0603).

Questions Everybody Asks

Is it Time to have a Joint Replacement?
• If you are starting to struggle through the activities that make your life worthwhile,
• If “Conservative Care” isn’t controlling your arthritis symptoms,
• If you “Know” in your heart and in your mind that you are ready,
• Then it’s “Time” to have a joint replacement. If you wait until you lose the ability to do things you love, you may never get them back.

When can I have Surgery?
• About 3-4 weeks from the time you talk to my surgical scheduler (She runs my life. Now she gets to run your life!)
• To Schedule Surgery, you must be:
Medically stable. Your Diabetes (HbA1c < 7) and Hypertension must be controlled. Any heart problems must be stable and your BMI (Body Mass Index) < 38 (unless you are willing to accept a 17 times higher risk of infection). You will need medical clearance from your PCP or Cardiologist if you have medical problems.

- You must already be compliant with 4-6 hours per week of a Standing Low Impact Aerobic Exercise.

The major reasons for not being able to schedule your joint replacement are unstable medical conditions and not being physically ready for a joint replacement because you have not been exercising.

**How do I get ready for Surgery?**

- For you to do well after surgery, you need to prepare yourself physically before surgery.
- The single most important element in your recovery is continuing (or starting) a Standing Low Impact Aerobic Exercise program 4-6 hours a week until surgery. Any combination of Water Walking, Elliptical Striders, Stair Climbers, Nordic Trac or walking on natural/cushioned surfaces is best. If water walking, just WALK. DO NOT do exercises in the water, crab walk, backward walk or use noodles.
- Many patients say they cannot exercise because they have arthritis pain. You can do it! You just have to find what program is right for you. If you won’t exercise before surgery, DON'T have surgery. You won't do well after surgery, you will never be happy, and we will both be miserable.
- If you have medical or heart problems, set up an appointment with your PCP or cardiologist immediately. Tell them you want to have a joint replacement and need to be seen for clearance for surgery. Ask to be put on a waiting list if they cannot see you soon. The number one reason for delay in your surgery is not getting medically evaluated by your PCP and/or cardiologist soon enough before surgery.

**Why do a trial of Narcotic Pain Medications before surgery?**

- Without a pain medication program individualized to you, recovery from total joint replacement surgery can be very painful. With it, you will have very little pain, progress more rapidly and go home sooner.
- I need to know what narcotic pain medications and dosages work for you to supplement your Tylenol (acetaminophen) and NSAID pain medications (your Primary Pain Medications)
- The best way to prevent blood clots is to get out of bed and walk the Day of Surgery.
- Knowing which narcotic pain medications & doses work for you, makes this possible.
- It is much easier to figure this out before surgery, rather than have to experiment on you after surgery when you are in pain.

**Why doesn’t Dr. Van Horne like to use Vicodin, Lortab, Norco, or Hydrocodone/APAP?**
• They all have Tylenol (acetaminophen/APAP) in them. Tylenol (acetaminophen) is one of your Primary non-narcotic pain medications. He cannot give you the full dose of Tylenol (acetaminophen) if you are taking one of these and you will need narcotics longer.

**How Long will I need Pain Medications after Surgery?**

• Your Primary Pain Medications are non-narcotic medications including Tylenol (acetaminophen) and a NSAID (Meloxicam, Celebrex or other). You will take them for 2-3 months after surgery. You should not stop them until you are pain free.

• Your Secondary Pain Medications are the Narcotics. (Tramadol, codeine, oxycodone, morphine, hydromorphone and others) They are needed for about 2 days to 2 weeks after you go home. Stop taking them as soon as you are ready. They are addictive.

**How long is Surgery?**

• Surgery time is only about 1 to 1.5 hours for a first time knee or hip.

• For revision total hip and knee replacements the duration of surgery is extremely variable and difficult to give any time estimate.

**How do we Prevent Blood Clots?**

• Getting out of bed the Day of Surgery is the best way to prevent clots!!! It is important we make sure we know how to control your pain after surgery so you can walk the Day of Surgery! Take your PAIN MEDICATION TRIAL VERY SERIOUSLY!!!

• Unless you regularly take a blood thinner, you will take one aspirin (325 mg) a day (at lunch) for 6 weeks after surgery.

**When do I go Home from the Hospital?**

When you are "SAFE" for home!

• Most total hip and knee patients are able to go home the FIRST day after surgery.

• Some people are ready to go home the SAME day as surgery. We can discuss this option before surgery if you are interested.

• Most revision joint replacements go home the FIRST or SECOND day after surgery.

**Going Home the Same Day as Surgery.**

• Patients who aggressively prepare themselves before surgery can often go home the same day as surgery. Many people who have a high deductible or co pay like this option.

• Those patients who have discussed same day discharge with Dr. Van Horne BEFORE surgery can be discharged late afternoon or early evening on the day of surgery IF they are SAFE to go home by meeting all of the criteria we use to assess safe discharge. They must be independent in the following: Getting in and out of bed, a chair, a tub or shower,
a car, on and off of the toilet and walk 350 feet with a walker, and go up and down stairs 
AND have their pain under control!

**When Do I get Prescriptions for my Walker, Toilet Seat, Shower Seat and Medications?**

- Almost all of your prescriptions will be electronically sent to your pharmacy the day of your pre-surgery History and Physical (H&P) appointment. You already have some from your “Pain Trial”. Check with your pharmacy if you do not have them.
- Prescriptions for your walker, toilet seat and shower seat will be given to you during your pre-surgery History and Physical appointment OR your pre-surgery Counseling.
- Your final narcotic prescription will be given to you in the hospital the day you go home!

**When can I Drive after Surgery?**

- Anterior Total Hip Replacements – around 10-14 days after surgery. You must be off of narcotics, not need the walker and feel safe to drive.
- Total Knee Replacements – 6 weeks. Studies say you are not safe until then.
- Revision Knee, Revision Hip and Posterior Hip Replacements – 6 weeks. You must be off narcotics, off a walker, be full weight bearing and feel safe to drive.

**What Help will I need when I Go Home?**

- Someone to drive you home from the hospital.
- A responsible person to stay with you for 48 hours after your discharge.
- You will need some help with cooking, cleaning and shopping. You will need someone to drive you to physical therapy and doctors appointments until you are able to drive again.

**From Out of the Area?**

- I suggest you come to town the day before surgery. It will be less stressful on you and you won't miss your surgery because of weather or car problems.
- If you leave the hospital the day of or first day after surgery, you should spend the night in Grants Pass. You are generally discharged from the hospital after 2 pm. If you have problems or need something, my office is here for you!
- I suggest you stay at the Family House next to Three Rivers Hospital. It is next door to the hospital and it is the best deal in town. It is very nice. 541-479-4590

**What to Expect The Day of Surgery**
What time do I have to be at the Hospital?
• The hospital has final say on all scheduling.
• The Hospital staff will tell you or the Hospital will call you with the time you need to be at the hospital.
• But.... Things can Change! Make sure the hospital has your Cell Phone or Contact Number!

When do I Get My Home Instructions?
Dr. Van Horne or your Pre-Op Nurse will give you your Home Instructions when you first check into the Pre-Op area. Why so soon? So you and your family can start familiarizing yourselves with it. The day you go home your nurse will try to instruct you in everything in 30 min. Read Dr. Van Horne’s instructions so you get the important stuff.

What Anesthesia will I have?
A Spinal.
The most recent studies, and my patients’ experiences, show spinals are so much better for joint replacement surgery that you would have a fool for a surgeon if I didn't recommend that you to have one.

• There is less bleeding, fewer blood clots, less infections, less nausea/vomiting, and you wake up in the recovery room without any pain!
• If you are afraid of being awake and hearing things, I wouldn't be very concerned! Tell your anesthesia provider how "Out" you want to be. You can be as sedated or awake as you like.
• Even with heavy sedation, you may have some vague recollections of music and the noise of my tools. You will not experience pain!
• Your legs may wake up before your bladder does. Some women may have a bladder accident the first time they walk. Embarrassing I know. Don't worry. It just happens.
• Some patients CANNOT have spinals because of medical problems or a history of back problems/surgery/fusions.

I am always sick with Anesthesia. What do I do?
Tell your anesthesia provider. The spinal anesthesia helps a lot to prevent nausea.
• We always give a mix of anti-nausea medications pre surgery. Our standard works well for most patients, but if you are a special case remind us the morning of surgery.

What happens before Surgery?
You will be admitted to the preoperative holding area where you will be prepared for surgery. Basically your "Preflight Checklist".
• Your family or friends can be with you for most of this time.
• Nursing, Anesthesia and I will confirm your health history, medications, allergies, surgery and site of surgery. I will answer any last minute questions and sign/mark your surgical site.
• Nursing will start your individualized pain control program (from your Medication Trial), start your IV, and shave your surgical site.
• Please bring in your medications in their original bottles. We may need to verify the doses. Humor my paranoia and bring them to the hospital. We will keep any special medications the hospital doesn’t stock for your use. The others will be sent home with your family. If hospital staff tells you not to bring them, ignore them!
• Remind your Anesthesia provider if you have had previous problems with anesthesia!
• Your anesthesia provider will give you relaxing/sedating medications and put in your nerve block if you are having a knee replacement.

What should my Family and Friends do while I am having Surgery?
I suggest you tell them to leave the hospital and go do something while you have surgery.
• Families, spouses, and significant others get very stressed if they wait around in the hospital. Tell them to go have breakfast, go have lunch, go shopping, take a nap, take care of the pets or do errands.
• They are very welcome to stay in the Surgical waiting area.
• As soon as I am done with your surgery, I will call your family or friends (after I take off my space suit and check in my next patient). I will probably not be able to come out and see them. The hospital keeps me running and the electronic medical records system is crazy.
• Make sure your family or friends leave a cell phone or contact phone number that I can reach them.

When will you talk to Me after Surgery?
• I will talk to you in the Recovery Room.
• I will come up to your room when I am done with surgery for the day. I will recap your day, answer your questions, and change your pain meds if necessary. If I am on call fixing broken people or have a family event, I may not be able to come in in which case my Physician's Assistant will see you.

When do my Family and Friends get to see me after my Surgery?
About 1 hr. and 15 minutes after I call them.
• Your family or friends will probably not get to see you in the Recovery Room.
• Just before Bill Clinton left office he instituted HIPPA and its privacy clause. Patients in the Recovery Room are on drugs. They may say things or divulge private information. If your family or friends were allowed in the Recovery Room, they might hear patients divulge their innermost secrets (like they didn’t inhale or
why I had to explain to my children that Presidents do tell lies). Understand why Bill instituted HIPPA?

**How will my Family and Friends find me after Surgery?**

- If he knows, Dr. Van Horne will tell them when he calls them.
- The hospital auxiliary (folks in the teal outfits) at the front door will know where you are when family and friends come to see you.

**What should my Family and Friends bring to my Room after Surgery?**

- Your walker so the physical therapists can adjust it for you and get you walking.
- If you drink alcohol 4 or more nights a week, have them bring it in and give to your nurse.

### Remainder of your Day of Surgery.

**Where do I go after the Recovery Room?**

You go to the 3rd floor C&D wing Surgical Unit.

**When do I get to Eat Real Food?**

As soon as you can hold down liquids without nausea or vomiting.

- Often you start eating in the Recovery Room.
- When you get to your room, there should be a menu and a phone at your bedside. The menu has instructions on how to order your meals and has the phone number to call. To get what you want, you must order dinner by 4:00 pm and breakfast by 7:00 pm.
- If the Meal Service Folks won't let you order, your diet status needs to be changed in the computer. Remind your nurse.

**Why is my leg numb and not moving normally? Is something Wrong?**

Nothing is wrong. This is normal. Your "SPINAL" may make your leg weak and wobbly for 6-12 hrs. It may slow you down a bit, but numbness is your buddy after surgery.

**Why must I get out of Bed and try to Walk the day of Surgery?**

It is the best way to Prevent Blood Clots and Back Pain.

- Your physical therapist or nurse will help you up into a chair and take you for a walk today.
- If you have blood pressure or nausea issues when your physical therapist tries to get you out of bed, your nurse will help you try later (if you are safe).
important job after surgery is getting out of bed to a chair and walking to the bathroom the afternoon of surgery.

- Be the squeaky wheel, ask your nurse to get you out of bed to a chair and to take you for a walk the night of surgery. The more you are out of bed and walk, the better you will feel and do and have less chance of blood clots. Not everyone walks 350 feet the first day, but you must do your best!!!
- Around 7 or 8 PM, buzz your nurse/nurse's aide and ask to go for a "Walk". You will feel better and do better if you do.

**How do I control my Pain After Surgery?**

We started your individualized pain program from your "Pain Medication Trial" before Surgery and will continue it on a regular schedule.

- You are getting your primary non-narcotic pain medications Tylenol, a NSAID (Meloxicam, Celebrex or other), and anti-nausea medication(s) around the clock in addition to the supplemental narcotic from your pain trial.
- Ask for additional pain medications if you are too painful to get out of bed.

**How do I know when to ask for additional pain medications?**

Test your pain level by doing these 3 simple leg exercises every 1/2 hour while you are awake:

1. Bend your hip and your knee 3 times.
2. Straight leg raise 3 times (tough to start with because of nerve block).
3. Pump (gas pedal) your foot 3 times.
4. Practice these exercises before surgery so you can do them after surgery.

When you do the exercises, if you have more pain than you would be "Good" to get out of bed into a chair or going to the bathroom, ask for More Drugs! (Call your nurse for additional pain medications).

Just before you go to sleep the day you have surgery, test your pain.

- If it is worse than an hour ago, ask for more pain medication. If you ignore it, you will wake up at 3AM in terrible pain. DO NOT IGNORE PAIN THAT IS ON ITS WAY UP (escalating)! Ask for extra pain medications!
- If you ignore your pain, it will get out of control. You will be "One Very Unhappy Camper" at about 3 am. It will take about 2 hours to get your pain back under control. Don't let this happen.

**How do I know if I am taking Too Much Pain Medication?**

You are probably taking too much narcotics IF

1. You don't need to ask for any extra doses of pain medication.
2. You feel sedated, nod off while others are talking, or your mind feels clouded.
3. You feel faint or your blood pressure drops when you get out of bed.
4. Your Carbon Dioxide monitor or Pulse Ox (oxygen monitor) is constantly going off.

- I cannot get rid of all of your pain (you stop breathing or I send you to zombie land), but I want to make your pain "Functional". Generally asking for about 3 extra doses of pain medication over 24 hours is about right.
- If I make you a little sedated, make your blood pressure lower than normal, or make you a little "goofier than normal", I will back off on the medications.
- The use of a heart monitor, an oxygen monitor, and carbon dioxide monitor allows me to monitor you closely and safely be aggressive with your pain medications.
- The nurses and physical therapists will call me if I am giving you inadequate pain medicine or making you sedated. Let them know if you feel that your progress is limited by poor pain control or too much pain medication.

**If I have Nausea and Vomiting, What do I do?**

Eat something with each dose of pain medications. Not eating something is the #1 reason for an upset stomach!

- You need more than a “Saltine" cracker. Eat a ¼ of a sandwich or some yogurt.
- You are receiving the same anti-nausea medication we trialed before surgery. If you are still having nausea, tell your nurse. I have other medications available.

**What happens if I want to go home the Day of Surgery?**

If you have discussed this with Dr. Van Horne before surgery, we will mobilize the Physical Therapy and Nursing Staff to make it possible.

- Physical therapy will work with you several times to assess if you are safe to go home. You must meet the same requirements as any other patient to be deemed “Safe” to go home.
- Nursing and Discharge Planning will work on your and your family’s instructions and education for home discharge. Read Dr. Van Horne's Home Instructions.
- You will need to take extra responsibility for controlling your pain. We will send you home with the medications from your medication pain trial, but you will need to evaluate your pain every ½ hour and take extra pain medications, as you need to control your pain.
- Your nurse will remove your drain and instruct you on dressing changes before you leave the hospital.
- You will have to change your dressing multiple times a day for the next day or two. This is entirely normal! Feel free to call my office with questions.
- Please See the next section on Going Home.

**What is the First Night after Surgery like?**

Very busy. You don't get much peace and quiet.
• The nurses will be in all night checking on you regularly.
• You will be wired to a heart monitor, an oxygen monitor, a carbon dioxide 
  monitor and the machine that goes “PING”.
• You have to blame me for all of this "Attention". It is the best way to protect you 
  from complications after surgery. I want you alive in the morning!
• Most patients go home the day after surgery. I think the reason is to get a bit of 
  peace and quiet!

_Can my Family stay with me the Night of Surgery?_

Yes.
• There are nice window beds in each room. One family member or friend can stay 
  the night with you if they would like.
• I caution them. They won’t sleep much.

_The First Day after Surgery, Getting to Go Home, and Stuff._

_When does Dr. Van Horne Round in the Mornings?_

6 to 7 am. Surgeons are just creatures of habit.
• Dr. Van Horne will check your wound; check you for blood clots, answer 
  questions, & fine-tune your medications.
• If you are doing well, we will make plans for you to go home.
• We will give you your final medication instructions and your narcotic 
  prescriptions. Dr. Van Horne takes a photo of it and sends it in an encrypted email 
  to his office. If you have questions, call his office at 541-472-0603.

_What Do I Take to Prevent Blood Clots when I go home?_

Most patients only need an Aspirin 325 mg every Day at Lunch for 6 weeks.
• Aspirin therapy works as well and is safer than Warfarin or other expensive blood 
  thinners.
• You will take a stomach protectant for three (3) months to help prevent ulcers caused 
  by Aspirin, NSAIDS, and the stress of surgery. Prilosec (Omeprazole) or Pepcid 
  (Famotidine) are the most common ones.

_What if I Normally take a Blood Thinner?_

• We will resume your normal medication as soon as possible.
• Warfarin (Coumadin) will be resumed in the hospital. Take your normal dose and 
  have a PT/INR check twice a week for 2 weeks at your regular provider. Your 
  PT/INR can go crazy after surgery.
• Plavix, Pradaxa, Xarelto, or other blood thinners? Restart them the second night you are home. Continue one aspirin 325 mg a day at lunch for 3 days.

**Reasons to go home on "Big Time" Blood Thinners**

- If you have a history of Blood Clots, Pulmonary Embolism (PE), Deep Vein Thrombosis (DVT), Venous Thromboembolism (VTE) or Phlebitis, you are at Risk of Blood Clots. Tell Dr. Van Horne! You may need to go home on a blood thinning medication for 4-6 weeks.
- If you are very overweight, you are at Risk of Blood Clots. You may need to go home on a blood thinning medication for 4-6 weeks.

**When do I get the final prescription for my supplemental narcotic medications?**

- I fine tune your supplemental narcotic pain medication in the hospital. I write the final prescriptions when I round the day you go home.
- Your other prescriptions were sent electronically to your pharmacy (or given to you) at the time of your History and Physical.
- The hospital makes me reprint all of your prescriptions when I discharge you to go home. It is part of a federally mandated program. You can take all of the prescriptions to your pharmacy and they can sort them out.
- If you live in California, pick up your narcotic pain medicines here in Grants Pass before you go home.

**How will I take my Medications when I Go Home?**

The Nurses at the hospital create a "Medication Reconciliation Sheet" for your pre-surgery medications.

Dr. Van Horne gives you a “Directions on How to Take Your New Post Surgery Medications”. He sends it to his office in an encrypted E-Mail.

- Your nurse will go over your Discharge Instructions and provide you with a detailed list of your old medications and any changes in your old medications.
- The “Directions on How to Take Your New After Surgery Medications” is individualized to you. It contains specific instructions and warnings. It contains specific start and stop dates for your new medications.
- If you have questions about the medications after you go home, call Dr. Van Horne’s office at 541-472-0603.

**How long should I take Pain Medications?**

*Tylenol* (acetaminophen) and *NSAIDS* (Mobic (Meloxicam), Celebrex (Celecoxib), Ibuprofen, Naprosyn etc.).

- These are your Primary Pain Medications. Don't stop them and take narcotics instead!
- Plan to take them for 2-3 months. They work especially well for night pain.
• You can stop taking them when you do not need any pain medications.
• These are nonnarcotic pain relievers. Use them to reduce or eliminate your need for narcotics.

**Narcotic Pain Medications** (Tramadol, Oxycodone, Hydromorphone, Codeine, Morphine).
• You will need them in the Hospital but most patients only need them for 2 days to a week after they go home (Yeah, a lot of people never take them at all).
• These are Supplemental Pain Medications. Stop them as soon you can.
• If you still need them after two weeks, start decreasing the doses!
• Do not take them as a sleep aide. They are addictive and often will cause sleep disturbance!

**Who does My Dressing Changes when I go Home?**
The nurses teach you or your family how to change your dressing and will direct you where to buy new ones.
• The large Band-aide like “Island Dressing” is best. A 6-inch Island dressing works for most patients. They are more expensive, but more convenient. They come in different lengths. Ask your nurse to measure the size for you. Get about a dozen of them. You can buy them in advance on Amazon at a lower price.
• Change your dressings daily and as needed.

**When Can I Go Home from the Hospital?**
When You Are Safe to go home. Some people can go home the Day of Surgery. Most go home the next day. It is not a “Race” thing. It is a “When You are Safe to Go Home” thing.
• If you are interested in going home the same day as surgery, we need to discuss this option BEFORE your surgery and make plans for your discharge. Going home the same day as surgery is possible, if you are SAFE to return home.
• Most total hip and knee patients are able to go home the day after surgery.
• Most revision joint replacements go home the second day after surgery.

**Who Decides When I get to Go Home?**
Your Physical Therapist.
• Your physical therapist will work with you twice a day in the hospital on exercises and mobility. They are the ones who decide if you are “Safe” to go home.
• I have worked with some of these therapists for 17 years. I trust them to not let you go home until you are ready!

**What Does “SAFE” to Go Home Mean?**
“SAFE” means when the physical therapist “Sez” you are. The criteria we use to determine if you are safe to go home are independence in the following:

- Walk 350 feet with a walker.
- Go up and down stairs (if you have stairs at home).
- Get in and out of your bed, a chair, a shower or bathtub and a car.
- Get on and off of the toilet.

You must be independent in mobility and your personal care except for putting on your shoes/socks. Even with these very strict criteria for going home, many patients can go home the same night as surgery, 70% of patients do so well that they go home the first day after surgery. Almost everyone else go home the second day after surgery.

**What Exercises will I do When I go Home?**

You will be doing many of the same exercises you did before you had surgery. The Hospital Physical Therapists will give you an illustrated exercise program. You should do these at least four (4) times a day until your outpatient physical therapy sessions start. I encourage your caregivers to participate in the hospital physical therapy sessions. The more they see and hear the more they can help speed your recovery.

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**Resume your Water Walking or other Standing Low Impact Aerobic Exercise program (Nordic Track, Elliptical Strider, Stair Climber or walking on natural surfaces) as soon as your STAPLES ARE OUT. It is the most important element of your recovery.** If you don’t do this you will always have weakness, pain and not have as good a result as you could have!

- This exercise is in addition to your regular physical therapy exercises and appointments.
- You need to work up to 4-6 hours a week (30-45 minutes a day, 6-7 days a week) and should continue regularly for 4 to 6 months.
- If you are water walking, ignore what others tell you about water exercises! I want you to walk! NOTHING ELSE! I do not want you doing water exercises, crab walking, backward walking, deep water paddling or using “noodles”. JUST WALK! Low and slow 4-6 times a week.

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**Prevent Swelling and Edema in your legs**

- Elevate your feet above your heart for 15 minutes 4 times a day for about a month. If you don’t, you will get swelling in your lower legs.

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**If you have had a TOTAL KNEE REPLACEMENT: You should be doing this exercise pre surgery! If it is not part of your program, start it today!**
GET YOUR KNEE FLAT! (Straight) Do your knee extension stretching program 15 minutes 4 times a day until you get your knee fully flat. If you don’t get it flat in the first 7-10 days you will never get it flat. You will always walk with a bent knee, a limp and throw your back out of kilter!

IF YOU HAD A TOTAL HIP REPLACEMENT: You should be doing this exercise pre surgery! If it is not part of your program, start it today!

GET YOUR PELVIS LEVEL! Unless Dr. Van Horne tells you otherwise, he used a video x-ray to confirm that your legs are as close to the same length as possible (1/12 -1/6 inch).

- One leg has been short and you have been walking with a tilted pelvis. You have been walking “On the Side of the Hill" for a long time. You must stretch out the ligaments/muscles to feel level. Now your legs are equal, but your pelvis is not!
- Do your pelvic leveling or hula-hoop exercises 4 times a day (see handout from physical therapist) until your legs feel the same length.
- Some patients with a curve in their back from scoliosis or back arthritis will always feel that their new hip is long or short. Do the stretching exercises anyway. If you do not feel level in 2 months, I will prescribe a shoe lift for you.

Who makes all My Appointments for After Surgery?
My office staff and the hospital Discharge Planner have prearranged all your appointments
- My surgical scheduler has made your post surgery office appointments.
- Your physical therapist should call you to make your first appointment no later than 3 days after surgery. Be proactive---Call them first to get the times and therapist you want.
- The hospital discharge planner will confirm your follow-up appointments.

How do I prevent Constipation?
Please see the Paragon Orthopedic Bowel Program handout.