Patient Guide Book for
Total Hip Replacement and
Total Knee Replacement
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Welcome
You and your physician have decided that it’s time to have your joint replaced, and that you will be a part of the award-winning Joint Camp program at St. Francis Eastside. At Joint Camp, our goal is to involve you in your treatment through each step of the program. We have a specialized staff of nurses and therapists committed to world-class service.

Frequently Asked Questions

How long will I be in the hospital?
Most patients stay in the hospital between 1–2 days. There are several goals you must achieve before you can be discharged.

What if I live alone?
Try to make arrangements with family or friends to stay with you for a few days after you go home. A Home Health physical therapist will see you within the first 24-48 hours after you are home. St. Francis can provide this service. For patients who progress slowly, a social worker can assist with transfers to a skilled nursing facility or nursing home for rehab. Criteria must be met for admission. Your insurance company will make this decision after your surgery.

How long does the surgery take?
Most joint replacement surgeries usually take 45 minutes –1½ hours.

Will I need any equipment when I leave the hospital?
You will need a walker or other device when you walk for 2-3 weeks. After that, you may transition to a cane. Some people need a bedside commode to place on top of their own toilet. Some people like a bench to sit on in the shower. Your social worker can help make arrangement for equipment.

Where will I go after discharge from the hospital?
Most patients go home directly after discharge. A few patients may transfer to a skilled nursing facility or to an inpatient rehab center. Stays there are generally no longer than 2 weeks. Your Joint Camp team will help you with this decision and make the necessary arrangements. You should check with your insurance company regarding benefits.

Will I need physical therapy when I go home?
You will have a home health therapist come to your home. Your social worker will make arrangements. Your doctor may recommend outpatient physical therapy after that. St. Francis provides home health services and outpatient physical therapy is available at numerous locations throughout the Upstate.
How long until I can drive and get back to normal?
You will need to check with your physician or therapist. Most patients will be able to drive within 4 weeks.

When can I go back to work?
Discuss this with your physician. An occupational therapist can make recommendations for joint protection and energy conservation on the job.

How often will I need to be seen by my doctor following the surgery?
Two to three weeks after discharge, you will be seen for your first post-operative office visit. The frequency of follow-up visits will depend on your progress. Many patients are seen at six weeks, twelve weeks, and then yearly.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low impact activities such as walking, dancing, golfing, hiking, swimming, bowling and gardening. You should avoid high impact sports and activities such as running, jumping and basketball.

Will I notice anything different about my knee or hip?
If you have had a knee replacement, you may have a small area of numbness to the outside of the scar which may last a year or more and is not serious. Kneeling may be uncomfortable for a year or more. Some patients notice some clicking when they move their knee. This is the result of the artificial surfaces coming together and is not serious.

In many cases, patients with hip replacements think that the new joint feels completely natural. However, we recommend always avoiding extreme positions or high impact physical activity. The leg with the new hip may be longer than it was before, either because of previous shortening due to the hip disease, or because of a need to lengthen the hip to avoid dislocation. Most patients get used to this feeling in time, or can use a small lift in the other shoe. Some patients have aching in the thigh on weight bearing for a few months after surgery.
Preparing for Surgery

- **Attend Joint Camp Prehab/Preassessment:** This appointment will be approximately 3 weeks before your surgery. You will receive information about this visit from your surgeon and through a letter from St. Francis. Please plan to spend around 3 hours at the hospital. At this visit, you will:
  - Have your blood drawn and a urine specimen collected.
  - Be evaluated by a Physical Therapist and a Respiratory Therapist.
  - Attend a class to learn what to expect before and after surgery.
  - Be shown exercises to do before your surgery.
  - Be assessed by a Registered Nurse. (You may also have an EKG or chest X-Ray.)

- **Attend Pre-operative Visit with your surgeon:** This visit will occur 7-10 days before your surgery. This will serve as a final checkup and a time for you to ask any remaining questions.

- **Stop Medications that Increase Bleeding:** If you are on an anticoagulant you will need special instructions for stopping the medication from your prescribing physician. Your Preassessment nurse will also advise you of any other medications that should be stopped before surgery.

- **DO NOT SHAVE THE SURGICAL AREA!** Your nurse will use clippers to remove hair, if needed, at the surgical site. Using a razor to remove your hair before surgery can cause infections because it can leave small cuts on the skin.

- **Special Instructions:** You will be instructed by someone from nursing about medications, skin care and showering. Also, you may be asked to hold certain medications on the day of surgery.

**Prepare your Home for your Return!**
To help ease your return back home, it’s a good idea to do the following before your surgery:

- Cleaning & laundering
- Prepare meals and freeze them
- Remove throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways
- Install nightlights in bathrooms, bedrooms, and hallways
- If necessary, arrange to have someone collect your mail and take care of pets

**Recovery Center**
You may wish to set up a Recovery Center. In this area you will want to have a bed, phone, TV remote, books, table for drinks, snacks, tissues, a waste basket, etc.

**Day Before Surgery**

- Be sure to drink plenty of fluids, preferably water, to keep you from being dehydrated.
The Night Before Surgery
- Do not eat or drink anything after midnight. This includes gum, mints, or candy. Your stomach must be empty or you could get sick.
- To help prevent infection, wash with the Hibiclens packet you got from the hospital.
- Place freshly laundered linens on your bed, and do not allow pets to sleep in your bed.

Day of Surgery
If you are feeling sick anytime before your surgery or on the day of your surgery, call your surgeons office for instructions.

- Take a shower using the second packet of Hibiclens. Pay close attention to the cleansing of the surgical site. **Do not shave your legs.**
- If you have been told to take any of your medication(s), take it with a small sip of water before coming to the hospital.
- You may brush your teeth, but don’t swallow any water.
- Do not wear any makeup, including mascara and nail polish.
- Do not wear any cologne, perfume, lotions, powders or oils on your chest, legs, or near the surgical/procedural site. Deodorant is acceptable.
- It is important to arrive to the hospital on time so that your surgery will not have to be postponed. Occasionally, surgeries are cancelled or your surgery could be changed to a different time.

What to Bring to the Hospital
- This Patient Guide!
- Picture ID (driver’s license or state-issued ID)
- Copy of your Advance Directives if we did not get a copy at your preassessment visit
- CPAP Machine (If you use one.)
- Incentive Spirometer that you were given at your Preassessment/Prehab Visit
- Personal hygiene items (e.g. toothbrush, powder, deodorant, razor).
- Loose, comfortable and easy-to-wear clothing including shorts or gym-type clothing (for physical therapy), well-fitted slippers, tennis shoes or other shoes that provide good support.
- The hospital does not have every medication. You will be advised by a nurse at your Prehab class if you should bring medications to the hospital on the day of surgery. If you are instructed to bring medications, please bring them in their original, labeled containers given to you by your pharmacy. **Do not bring your medications in pill planner boxes.** Do not bring any narcotics that you take at home (e.g. Ativan, Xanax, Valium, Lortab, Roxicodone, Darvocet, Ambien, etc.). Our pharmacy has these medications available should your physician prescribe any for you. Please do not self-administer medications while you are in the hospital. There are often medications your doctor will not want you to take immediately after your surgery. If you are concerned that you are not receiving a medication that you would normally take, please discuss this with your nurse. Do not just assume it is OK to take the medication as usual.
- **Please leave valuables at home.**
Exercises to do Before Surgery

**Duration:** 10 reps  
**Frequency:** 2 times/day

1. Ankle pumps
2. Quad sets (knee push-downs)
3. Gluteal sets
4. Hip Abduction and adduction (slide heel out and in)
5. Heel slides (slide heel up and down)
6. Short arc quads
7. Straight leg raise *(KNEE REPLACEMENT PATIENTS ONLY)*
8. Long arc quads
9. Arm chair push-ups
Ankle Pumps

Move ankle up and down.
Repeat 10 times
Quad Sets – Knee Push-Downs

Lie on back, press knee into mat, tightening muscle on front of thigh.
Repeat 10 times
Do NOT hold breath.
Gluteal Sets

Squeeze bottom together. Do NOT hold breath.

Hold for 3-5 seconds.

Repeat 10 times.
Hip Abduction and Adduction
(Slide Heels Out and In)

Lie on back, slide one leg out to side.
Keep toes pointed up and knees straight.
Bring leg back to starting point.
Repeat 10 times.
Heel Slides (Slide Heels Up and Down)

Lie on back and slide heel toward your bottom
Caution: DO NOT bend hip beyond a 90 degree angle.
Repeat 10 times.
Short Arc Quads

Lie on back, towel roll under thigh. Lift foot, straightening knee.
Do NOT raise thigh off roll.
Repeat 10 times.
Straight Leg Raises

(Knee Replacement Patients Only)

Lie on back with one knee bent and foot flat.
Lift opposite leg up 12 inches.
Keep knee straight and toes pointed up.
Relax.
Repeat 10 times.
Long Arc Quads

Sit with back against chair.
Straighten knee.
Repeat 10 times
Arm Chair Push-ups

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Repeat 10 times.
The Day of Surgery

Reporting to the Hospital

• A nurse will call you the day before surgery to give you exact instructions on when to arrive and where to go.

Before Your Surgery

• You will change into a hospital gown and be given IV fluids.
• A nurse or lab tech will draw blood to determine your blood type.
• Incentive Spirometer instructions will be reviewed. This is used to prevent pneumonia after surgery.
• You will go to Preop 1-2 hours before surgery. You will be given antibiotics through your IV and some medication to help you relax.
• A nurse and an anesthesiologist will interview you.
• You will be taken to the Operating Room 15-30 minutes before your surgery.
• You will see your surgeon if you have not seen him/her before then.
• Your surgery should take between 45 minutes to 1½ hours. Your family will wait in the Surgical Waiting Area on the 1st Floor.

After Surgery

• You may have an oxygen tube in your nose when you wake up. We will monitor your oxygen level to determine when it can be removed. You will still have the IV fluids for 24 hours.
• You will have a catheter inserted into your bladder during surgery to drain your urine. It will be removed within 24 hours.
• The bandage on your operative site is light and waterproof. It will help absorb drainage from your wound.
• You will have support hose on your legs to help increase circulation and decrease swelling and help prevent blood clots. You will wear these for several weeks after discharge.
• After your stay in Recovery, you will go to your room. You will receive pain medication as needed. A nurse will connect you to a plexipulse machine. These are wraps placed on your legs that help increase circulation to prevent blood clots.
• You might choose a light meal after surgery depending on how you feel. You will soon be back to your normal diet.
• A physical therapist may assess your mobility and have you begin exercises the day of surgery.
• **Remember, perform your ankle pump exercises 10 times in a row every hour that you are awake to prevent blood clots.**

The Rest of your Hospital Stay

• A **Physical Therapist** will help with exercising, walking, and getting you up in a recliner. You may attend Group Physical Therapy.
• An **Occupational Therapist** will help you with bathing and dressing, and provide education on precautions and adaptive equipment.
• You may notice that you have a poor appetite for a few weeks after surgery.
• You will still be connected to the tubes you had the day of surgery.
• You will be reminded to do your breathing exercises and drink plenty of fluids.
• IV pain medication will be stopped and you will begin oral medication.
• You will become more independent as the days progress.
• Walkers are provided for your use while you are in the hospital. You will need one for home use. The social worker can help you order one before you are discharged.

Preventing a Fall

*It is very important to call for assistance anytime you need to get out of bed.*

There is a nurse call button in your room. It should always be within your reach. If you try to get out of bed unassisted, an alarm will sound. Report any spilled liquids, obstacles, or other safety risks to staff. Our main priority is your safety.

Pain Management

• Your pain medicine will be administered according to the level of pain you are having. You will be instructed to use the PAIN SCALE to rate your pain on a 10 point scale, with 10 being the worst pain. You will receive pain medication through your IV or by mouth. It is very important to ask for your pain medication when you start to feel pain so that you and your nurse can manage your pain effectively.
• Take pain meds before physical therapy. Your nurse can help you make this plan.
• Initially, do not go long periods (8 hours or more) without taking pain medication. You should take your pain medications about every 4 hours.
• You should gradually start reducing the amount of pain medication you are taking as your pain level decreases. Your physical therapist or doctor can help answer questions about controlling your pain. Be careful not to decrease your pain medicine too soon. The key is to keep your pain at a tolerable level.

Going Home

• You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Your social worker will help make arrangements for any equipment or home health needs.
• *For patients who progress slowly, a social worker can assist with transfers to a skilled nursing home for rehab. Criteria must be met for admission. Your insurance company will make this decision after your surgery.*
Caring for yourself at Home

Controlling your Discomfort
• Take your pain medicine at least one hour before physical therapy.
• Gradually wean yourself from prescription medication to Tylenol. You may take two extra-strength Tylenol in place of your prescription medication up to four times per day.
• Change your position every 45 minutes throughout the day.
• Use ice for pain control. Applying ice to your affected joint will decrease discomfort, but do not use for more than 20 minutes at a time each hour. You can use it before and after your exercise program. Ice is effective in managing pain and swelling throughout your recovery phase. While in the hospital, you will be using an electric ice therapy unit. These are available for purchase to use at home after discharge. If you are interested, ask your social worker for details.

Body Changes
• Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
• Many patients have difficulty sleeping. Don’t sleep or nap too much during the day.
• Your energy level will be lower than normal for the first month.

Stockings
You will be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down. If swelling in the operative leg is bothersome, elevate the leg for short periods throughout the day. It’s best to lie down and raise the leg above heart level.
• Wear the stockings continuously, removing for one-two hours twice a day.
• Notify your physician if you notice increased pain or swelling in either leg.
• Ask your surgeon when you can stop wearing the stockings (usually 3 weeks).

Caring for your Incision
• Keep your incision covered with the waterproof dressing until your staples are removed.
• Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision.
• Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5°.

Recognizing & Preventing Complications

Signs of Infection
• Increased swelling, redness at incision site
• Change in color, amount, odor of drainage
• Increased pain in operated joint.
• Fever greater than 100.5°.

Preventing Infection
• Always wash your hands before touching your incision site.
• Keep all dressings clean and dry.
• Cover your cough or sneeze.
• Keep a clean home.
• Keep pets away from your incision. Wash hands after touching pets.
• Notify your dentist whenever you are going to have dental work. They may prescribe a prophylactic antibiotic for you to take.

Signs of Dislocation (Hip Replacement)
• Severe pain
• Rotation/shortening of surgical leg
• Unable to walk/move surgical leg

Preventing Dislocation (Hip Replacement)
Until your surgeon tells you otherwise:
• DO NOT twist leg at the knee
• DO NOT bend past 90° at the hip
• DO NOT cross legs
• Watch the height of your sitting surfaces so that your thighs will be higher than your knees.

Signs of Blood Clots
In Legs:
• Extreme tenderness or pain in calf (back of leg)
• Very hard/tense feeling in calf
• Warmth or redness in the calf area
• If you have any of these symptoms, call your surgeon’s office. Try to call as early in the day as possible as you may need to be scheduled to have an ultrasound.

In Lungs:
• Call 911 if you have:
• Sudden chest pain
• Difficult and/or rapid breathing
• Shortness of breath
• Sweating
• Confusion
Exercises to do After Surgery

**Duration:** 20 reps  **Frequency:** 2 times/day

1. Ankle Pumps
2. Quad Sets (Knee Push-downs)
3. Gluteal Sets
4. Hip Abduction/Adduction (Slide Heels Out and In)
5. Heel Slides (Slide Heels Up and Down)
6. Short Arc Quads
7. Straight Leg Raise *(KNEE REPLACEMENT ONLY)*
8. Knee Flexion Stretch *(KNEE REPLACEMENT ONLY)*
9. Long Arc Quads *(HIP REPLACEMENT ONLY)*
Ankle Pumps

Move ankle up and down.
Repeat 20 times
Quad Sets – Knee Push-Downs

Lie on back, press knee into mat, tightening muscle on front of thigh.
Repeat 20 times.
Do NOT hold breath.
Gluteal Sets

Squeeze bottom together. Do NOT hold breath.
Hold for 5-10 seconds.
Repeat 20 times.
Hip Abduction and Adduction
(Slide Heels Out and In)

Lie on back, slide one leg out to side.
Keep toes pointed up and knees straight.
Bring leg back to starting point.
Repeat 20 times.
Heel Slides (Slide Heels Up and Down)

Lie on back and slide heel toward your bottom
Caution: DO NOT bend hip beyond a 90 degree angle.
Repeat 20 times.
Short Arc Quads

Lie on back, towel roll under thigh. Lift foot, straightening knee. Do NOT raise thigh off roll. Repeat 20 times.
Straight Leg Raises
(Knee Replacement Patients Only)

Lie on back with one knee bent and foot flat.
Lift opposite leg up 12 inches.
Keep knee straight and toes pointed up.
Relax.
Repeat 20 times.
Knee Flexion Stretch
(Knee Replacement Patients Only)

Bend involved knee as far as possible.

Gently scoot hips forward until stretch is felt across the knee. Hold 5-10 seconds.

Release stretch by scooting back. Repeat 20 times.
Long Arc Quads
(Hip Replacement Patients Only)

Sit with back against chair.
Straighten knee.
Repeat 20 times.
Activities of Daily Living, Precautions & Home Safety Tips

When Standing up From a Chair

Do NOT pull up on the walker to stand!

Sit in a chair with arm rests when possible. Avoid low, deep or soft chairs.

1. Scoot to the front edge of the chair.
2. Push up with both hands on the arm rests. If sitting in a chair without armrest, place one hand on the walker, at the center, while pushing off the side of the chair with the other.
3. Balance yourself before reaching for the walker.

Walker Ambulation

1. Move the walker forward.
2. With all four walker legs firmly on the ground, step forward with the operated leg. Place the foot in the middle of the walker area. DO NOT move it past the front feet of the walker.
3. Step forward with the non-operated leg.
   
   NOTE: Take small steps. DO NOT take a step until all four walker legs are flat on the floor.

4. Stairclimbing:
   
   – Ascend with non-operated leg first (“Up with the good.”)
   – Descend with operated leg first (“Down with the bad.”)
Lying in Bed

Figure 1: Keep a pillow between your legs when lying on your back. Try to keep the operated leg positioned in bed so the kneecap and toes are pointed to the ceiling. Try not to let your toes roll inward or outward. A blanket or towel-roll on the outside of your leg may help you maintain this position.

Figure 2: When rolling from your back to your side, first bend your knees toward you until your feet are flat on the bed. Then place at least two pillows (bound together) between your legs. With knees slightly bent, squeeze the pillows together between your knees and roll onto side.
Transfer - Toilet

You will need a raised toilet seat or a three-in-one bedside commode over your toilet for up to 12 weeks after surgery.

When sitting down on the toilet:

1. Take small steps, and turn until your back is to the toilet. Never pivot.
2. Back up to the toilet until you feel it touch the back of your leg.
3. If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet. If using a raised toilet seat without arm rests, keep one hand on the walker, in center, while reaching back for the toilet seat with the other. Avoid using towel bar or toilet paper holder.

When getting up from the toilet:

1. If using a commode with arm rests, use the arm rests to push up. If using a raised toilet seat without arm rests, place one hand on the walker and push off the toilet seat with the other. Avoid using towel bar or toilet paper holder.
2. Balance yourself before grabbing the walker.
Transfer – Into Bed

When getting into bed:

1. Back up to the bed until you feel it on the back of your legs.
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier).
3. Move your walker out of the way, but keep it within reach.

4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, or a belt to assist with lifting that leg into bed).
6. Keep scooting and lift your other leg into the bed.
7. Scoot your hips towards the center of the bed.

NOTE: If you had a hip replacement, **DO NOT CROSS YOUR LEGS** to help the operated leg into bed.

Transfer – Out of Bed

When getting out of bed:

1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your unoperated leg to the floor.
3. If necessary, use a cane, a rolled bed sheet, or a belt to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before reaching for the walker.
Transfer - Bathtub

Getting into the tub using a bath seat:
1. Place the bath seat in the tub facing the faucets.
2. Back up to the tub until you can feel it on the back of your knees. Be sure you are in front of the bath seat.
3. Reach back with one hand for the bath seat. Keep the other hand in the center of the walker.
4. Slowly lower yourself onto the bath seat, keeping the operated leg out straight.
5. Move the walker out of the way, but keep it within reach.
6. Lift your legs over the edge of the tub.

ALWAYS use a rubber mat or non-skid adhesive on the bottom of the tub or shower.
To keep soap within easy reach, make a soap-on-a-rope by placing a bar of soap in the toe of an old pair of pantyhose and attach it to the bath seat.

Getting out of the tub using a bath seat:
1. Lift your legs over the outside of the tub.
2. Scoot to the edge of the bath seat.
3. Push up with one hand on the back of the bath seat while holding on to the center of the walker with the other hand.
4. Balance yourself before reaching for the walker.
Transfer - Car

1. Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.

2. Place a plastic trash bag on the seat of the car to help you slide and turn frontward.

3. Back up to the car until you feel it touch the back of your legs.

4. Reach back for the car seat and lower yourself down. Duck your head so that you don’t hit it on the doorframe.

5. Turn frontward, leaning back as you lift the operated leg into the car.

6. Turn frontward when there is enough room for the knee to bend comfortably.
Personal Care

Using a “Reacher” or “Dressing Stick”

Putting on pants and underwear:
1. Sit down.
2. Put your operated leg in first, and then your non-operated leg.
   Use a reacher to guide the waistband over your foot.
3. Pull your pants up over your knees, within easy reach.
4. Stand with the walker in front of you to pull your pants up the rest of the way.

Taking off pants and underwear:
1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
   Push your underwear down to your knees.
3. Lower yourself down, keeping your operated leg out straight.
4. Take your non-operated leg out first and then the operated leg. A reacher can help you remove your pants from your foot and off the floor.
Using a “Sock Aid”

1. Slide the sock onto the sock aid.
2. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent.
3. Slip your foot into the sock aid.
4. Straighten your knee, point your toe, and pull the sock on.
5. Keep pulling until the sock aid pulls out.
Using a long-handled shoe horn

1. Use your reacher, dressing stick, or long-handled shoehorn to slide your shoe in front of your foot.
2. Place the shoehorn inside the shoe against the back of the heel. Have the curve of the shoehorn match the curve of your shoe.
3. Lean back, if necessary, as you lift your leg and place your toes in your shoe.
4. Step down into your shoe, sliding your heel down the shoehorn.

**NOTE:** Wear sturdy slip-on shoes, or shoes with Velcro closures or elastic shoe laces. DO NOT wear high-heeled shoes or shoes without backs.
Home Safety Tips

Saving energy and protecting your joints

- Do NOT get down on your knees to scrub floors. Use a mop or broom.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies where they can be easily reached.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.
- Pick up throw rugs, and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Do not lift heavy objects for the first three months, and then only with your surgeon’s permission.

Adaptive Equipment

Adaptive Equipment Recommended for Total Hip Replacement Patients

- Reacher
- Sockaid
- Long-handled shoe horn
- Long-handled bath sponge
Adaptive Equipment Providers

St. Francis Eastside Gift Shop
(1st Floor beside Cafeteria)
864-675-4089

Cash and Carry Pharmacy
101 Pete Hollis Blvd., Greenville, SC 29601
864-232-6711

Parker Medical Equipment
629 August Street, Greenville, SC 29605
864-242-1101

Sammons and Preston
1-800-323-5547
St. Francis Outpatient Rehab Services

Your physician may send you for outpatient physical therapy following your joint replacement. We have several locations:

- St. Francis Downtown
- St. Francis Eastside
- St. Francis Five Forks
- St. Francis Furman
- St. Francis Millennium
- St. Francis Patewood
- St. Francis Powdersville
- St. Francis Smith Therapy
- St. Francis Sportsclub - Congaree

St. Francis offers comprehensive rehabilitation services for a wide variety of other diagnoses and medical conditions. Services include outpatient physical therapy, speech therapy, or occupational therapy. Our highly skilled therapists can perform evaluations and design individualized therapy regimens that can assist patients in achieving their highest level of function.

Other Outpatient Rehab Programs

- Arthritis Therapy
- Back School
- Back Care Programs
- Balance/Vestibular Rehab
- Fibromyalgia Therapy
- Functional Capacity Assessment
- Functional Strength Building/Work Hardening
- Hand and Upper Extremity Rehab
- Headache/Temporomandibular Joint Dysfunction (TMJ) Rehab
- Impairment Rating/Disability Evaluation
- Industrial Rehab Program
- Isokinetic Testing
- Job Site Analysis
- Massage Therapy
- Oncology Rehab
- Post-Laryngectomy Voice Rehab
- Post-Mastectomy Rehab
- Total Joint Pre-Assessment
- Women's Health and Physical Therapy Services (pelvic floor pain)
- Wound Care

For additional information on outpatient rehab services available at St. Francis, please call 864-675-4650.

Important Phone Numbers

St. Francis Eastside 864-675-4000
HealThySelf Fitness Program (St. Francis Millennium Campus) 864-400-3651
St. Francis HomeCare 864-233-5300
Joint Camp Unit (St. Francis Eastside 3rd Floor Nursing Station) 864-675-4383
Patient Relations 864-255-1093
Physical Therapy – Outpatient Scheduling 864-255-1076