ALABAMA
Orthopaedic
INSTITUTE

ORTHOP.A.C.E.

MIS Patient Management System

A purpose-built facility for assessment, education, research and follow up for patients with arthritis, sports injuries and other musculoskeletal problems.

- Dr. Kenneth Bramlett

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2005 YOUR SURGERY DATE

- [ ] READ YOUR BOOK AND MATERIAL
- [ ] VIEW YOUR VIDEO/ CD/ DVD/ WEBSITE
- [ ] PRE-HABILITATION
- [ ] ARRANGE FOR BLOOD
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ORTHOP.A.C.E. SYSTEM PATIENT MANUAL FOR SURGERY OF THE HIP

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We have provided our patients with an individualized program that allows them to get well at their own careful pace. It is dependent upon education, surgical details and each patient's commitment and cooperation.

"Having had a total hip done by the standard method and one the 'new way' (ORTHOP.A.C.E.), I can tell you the 'new' is better!"

-King, Male, 63

The Patient Activity Competence Evaluation (ORTHOP.A.C.E.™) System was developed by WALK, INC., with the clinical direction of Kenneth W. Bramlett, M.D., an orthopaedic surgeon, and Carol K. Deal, RN, CRNFA, an orthopaedic nurse clinician, in Birmingham, Alabama. The ORTHOP.A.C.E. System was developed for those undergoing reconstructive surgical procedures of the upper and lower extremities.

The ORTHOP.A.C.E. System requires that you complete specific goals that will better prepare you for your operation. Experience has shown that preparing for surgery plays a major role in the patient's overall recovery and success of their surgical procedure. You will be given individualized instructions that help you efficiently meet your expected potential.

""I liked knowing what was expected of me and exactly what to do and when."

- Dishongh, Female, 79

It is critical that all prehabilitation instructions are carried out prior to being admitted to the hospital. Failure to do so may result in a postponement or cancellation of surgery. Your prehabilitation exercises are especially important. Each is designed to be simple to perform and will help you control your surgical outcome. These goals must be achieved for independent function. This manual is for you to use in **"prehabilitation"** before surgery and in your **"recovery"** and rehabilitation" following surgery. Please read each section carefully.

As with all medical considerations, be sure to consult with your surgeon on your specific case. This manual is intended to serve as an instruction tool for the nursing staff and your surgeon to use to ensure that you understand and can do the ORTHOP.A.C.E. requirements. It is not intended to replace, supplement or detract from your surgeon's medical judgment and management of your individual hip procedure.

Remember-As a patient, you are the key element to your success. The ORTHOP.A.C.E. System is designed for YOU to reach definite goals and instructs you how to achieve these goals in a safe, effective manner. As these goals are reached, it will become obvious to you how effective your efforts have been to improve your own function and ability. We are here to guide you safely along your recovery progress that each additional pre-set goal can be achieve

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"I didn't like waiting for surgery, but its just common sense to prepare before you have surgery. I'm glad I waited and was ready."

-Beasley, Female, 82

SECTION 1

Welcome to the ORTHOP.A.C.E. SYSTEM

Once consideration for surgery is made, your ORTHOP.A.C.E. Team will make every effort to assist you in preparation. As users of the ORTHOP.A.C.E. System, we will provide the highest quality of care, enabling you to return to an active lifestyle as soon as we feel it is safe to do so.

Elective surgery dates will usually be four to eight weeks after your initial visit to your surgeon's office. You will actually begin preparation for surgery during your first office visit, and it is important for you to take a very active role in your conditioning before and after surgery. Patient accountability is critical!

Hospital stays vary depending on the procedure. The length of your hospital stay will depend largely on your commitment and cooperation, but may be significantly shorter, more pleasant and more successful if you follow the ORTHOP.A.C.E. System instructions
carefully.

This manual will be a valuable resource for preparing you for surgery and your return home. Keep this manual with you and bring it to the hospital as a reference. If you need additional information not covered in this guide, your surgeon's staff will be happy to provide it.

Please study the manual carefully and follow the directions closely. Remember, the ORTHOP.A.C.E. System has been developed to make your surgery and recovery as successful, smooth and comfortable as possible. Your commitment and cooperation is vital to the accomplishment of both your and our planned goals.

"My nurses were great, but after the first day, I could do just about everything myself."

-Moore, Male, 43

SECTION 1/Cont.

The ORTHOP.A.C.E. Team

There are many people who make up the **ORTHOP.A.C.E. TEAM.** They are all very important to the success of your medical treatment. The following is a summary of those you may meet at the hospital and in your surgeon's office.

Surgeon: A board-certified orthopaedic surgeon will be performing your surgical procedure using state of the art orthopaedic equipment and technology. He/she will be available to answer your questions and will be the final authority for all aspects of your care.

Non-operative Orthopaedic Specialist:
A physician who evaluates and treats patients with orthopaedic problems but does not operate. He will assist in your care during office visits and with your hospital care. He will work with your surgeon.

Certified Registered Nurse First Assistant: A registered nurse specializing in orthopaedic surgery and patient care will present preoperative information and prehabilitation instructions to prepare you for surgery. The CRNFA will also provide you with educational material about your operation and rehabilitation and assist you in preparing paring for your discharge. The CRNFA and floor nurses will coordinate your care in the hospital based on your surgeon's orders.

Surgeon's Assistant: The surgeon's assistant is a significant part of the surgical team. The surgeon's assistant is a dedicated professional who contributes to accurate case management

Anesthesiology Department:
Physicians and nurse anesthetists staff this department. They will evaluate and recommend the best method to ensure a safe anesthesia experience. Patients may receive a general or spinal anesthetic based on physician and patient preference.

Physical Therapy Department: The physical therapists will begin seeing you either the day of surgery or the morning following your operation and will instruct you in safe transfers, ambulation and accommodating temporary lifestyle changes following surgery.

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It is important from this point forward for you to realize that you are not sick-you are just undergoing a surgical procedure!

Everyone trained and participating in the ORTHOP.A.C.E. System of patient treatment has a clear understanding of your health and wants you to have a successful outcome.

SECTION 1/Cont.

Occupational Therapists: As part of the rehabilitation team, the occupational therapist will instruct you in methods of handling day to day activities, general home functions, and accommodating temporary life style changes following surgery.

Physician Consultants: Your surgeon feels that it is essential to have a check and balance system to monitor your medical condition as you undergo surgery. If there are any questions as to your medical condition, a consultation is obtained. Your hospital has many excellent internists and specialists who are available if they are needed before or after surgery. Once you are discharged you will be returned to your own internist or physician.

Social Workers: Social workers are available to assist you with any questions regarding your discharge arrangements as you prepare to return home. They will also answer possible questions regarding Medicare and other insurance coverage for possible needed equipment.

Staff Nurses: Qualified professional nurses are trained to provide excellent care. If you have questions or concerns about your care, please let your surgeon, orthopaedic nurse clinician or floor nurse know so that they can be addressed at once.

Conclusion

The practice of orthopaedic surgery is a very rewarding field of medicine. It provides a means of treating many forms of injury and disease. The purpose of our efforts is to evaluate, diagnose and treat you, accurately, safely, and efficiently. This allows each patient-young and old-to return to a more purposeful and productive life. With only a few restrictions you should be able to return to your normal activity within 4-6 weeks.

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SECTION 2

Before Surgery of the Hip

The following are six important things to remember before admission to the hospital:

1. Obtain a second opinion if required by your insurance company.

2. Your surgeon may advise you to give blood within the time allowed prior to surgery. The minimum amount will be prescribed per individual case.

3. Have appropriate examinations (dental, urological, respiratory and cardiac) as directed by your surgeon or internist.

4. Work on the ORTHOP.A.C.E. Pre-habilitation exercise program two times a day, every day until your surgery. Bicycle every other day.

5. Arrange for family or friends to help you the first week after surgery. A daily visitor or family member to assist with meals and a shower will make the transition easier. Please start now preparing to return to a safe, familiar home environment.

6. Three days before your surgery, start showering with Phisoderm or Dial soap. This will help guard against infection.

As with all medical information in this manual please be sure to consult your surgeon's office if questions exist. All details, however small, are beneficial to the overall clinical outcome.

Eating, Drinking and Medications

All total joint implant patients should have a check-up during the eight days to fourteen-day period before surgery with your internist. See your dentist 3 weeks to 3 months prior to surgery. This is suggested in order to prevent any acute changes in your condition from occurring and will serve to insure a safer and less complicated hospital stay.

If your medications change from the time of your office interview until your surgery please let your surgeon know. It is always wise to keep a complete list of your medication and allergies with you, especially when coming to the hospital. If other questions occur regarding your current medical status, contact your regular physician or your surgeon's office.

If you smoke or use any type nicotine product, we want you to stop at least two weeks before surgery. Smoking increases the risk of respiratory and other complications and impedes the healing process. The cessation of smoking will enhance the overall improvement of your health and give your body the maximum opportunity to recover without complications.

If you are taking aspirin or arthritis medication such as **Naprosyn, Lodiene, Voltaren, Feldene, Motrin, Relafen, Daypro Aleve, Advil, or Ibuprofen** you should stop taking it ten days prior to your surgery date. You may continue T**ylenol, Vioxx or Celebrex**. If you are on Coumadin, or any medication concerning your blood, or if you are a diabetic on insulin, please ask for specific instructions.

It is important to understand that always before *ANY surgery DO NOT EAT, DRINK, (NOT EVEN WATER), SMOKE, CHEW GUM, EAT HARD CANDY OR TAKE MEDICATIONS AFTER MIDNIGHT THE NIGHT BEFORE SURGERY, UNLESS ON BLOOD PRESSURE OR HEART MEDICATION* (See Admission Information Sheet) Take these with a sip of water only!

What you SHOULD NOT Bring to the Hospital

1. A fear of getting well.

2. Pre-conceived notions of surgery gathered from family and friends.

3. Jewelry.

4. Large amounts of money.

5. Unnecessary personal valuables.

What You SHOULD Bring to the Hospital

1. If you have your own crutches or walker, please bring them. Our therapists will make needed adjustments. Additionally, your leg will be swollen following surgery, so bring loose clothing to wear. The day after surgery, you will start dressing in these clothes instead of a hospital gown. We suggest a loose pair of shorts, a very loose pair of slacks or jogging pants, shirts and comfortable walking shoes.

2. Insurance Cards.

3. Blood cards, if you received one upon giving your own blood.

4. Medications you are currently taking, such as blood pressure/ heart medication.

5. Bring a copy of the results of tests from your internists and/or specialist.

6. Confidence in yourself.

7. The desire to return to a normal lifestyle.

8. Your ORTHOP.A.C.E. book.

9. Personal items, such as toothbrush/ razor.

10. Living Will, if you have one

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Confidence …
If you think you CAN
or
If you think you CAN'T,
You are probably right!

SECTION 2/Cont.

What You Will Need at Home in Order to Participate in the ORTHOP.A.C.E. System.

1. Access to an exercise bicycle.

2. Large zip-lock bags for ice.

3. Walker or crutches and cane. (The walker, crutches or cane can be obtained at the hospital.)

4. Bedside commode (optional). This may be used at night and can also be used over a regular toilet during the day. (The bedside commode can also be obtained at the hospital.)

5. Rubbing alcohol for cleaning the incision
and tape and gauze pads for a dressing, if one is still needed at the time of discharge.

6. Someone to assist you with a shower and meals for a week once you return home.

7. Tylenol for pain, headaches, or post-operative fever, which is a normal reaction of the body after surgery.

8. A safe environment for walking, without loose rugs or cords, etc. Arrange your bedroom so that you can get in and out of bed on the affected side (surgery side).

9. A firm bed that is easily accessible for rest and to use during exercise.

10. Chairs with high, firm seats and armrests.

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SECTION 3

"The second day after my hip operation, I could do everything I needed to do to go home."

-Booth, Male, 31

Orthopaedic Surgery of the Hip- What Should You Expect?

Overview

During the last twenty years, the treatment for orthopaedic diseases has greatly improved. Only ten years ago, a patient would stay in bed 4 to 6 days and in the hospital 2 to 3 weeks following their surgery. There were complications associated with these long stays which the ORTHOP.A.C.E. System has been developed to decrease. This has been accomplished by improving preoperative assessment and training, and by making certain that all details are addressed as thoroughly as possible.

Once surgery is decided, you will prepare to come to the hospital the day your surgery is planned. You must be NPO (no food or drink) from midnight until after the surgery. Upon arrival, go to the hospital's admitting department. Your pre-surgical testing will then be done, if not already complete before hospital admission. **Remember the hospital and surgeon's office is unable to tell you the exact time for your surgery prior to the day before because emergencies do occur and the surgery schedule could be altered.**

Each hospital day is carefully planned, yet changes are not always predictable. Please be patient if your surgery or discharge is delayed. Each patient is treated as an individual, with a quality result as our primary concern.

How Long Does a Hip Replacement Operation Take?

Most hip replacement operations and other reconstructive surgical procedures require from 30 -90 minutes, depending on the surgeon. On the day of surgery, you may rest in bed, but you will resume the planned ORTHOP.A.C.E. protocol once you recover from anesthesia.

Your experience may differ, but the goals are the same for all. ORTHOP.A.C.E. is a plan and your role is to work to be strong physically and mentally. Realize that the operation is performed not to set you back, but to allow you to move forward and resume independence in your environment.

SECTION 3/Cont.

How Long Will I be in the Hospital?

The national average length-of-stay (LOS) for surgery of the hip ranges from 4 to 6 days, but in some cases it may be longer. The current average hospital stay for hip surgery using the ORTHOP.A.C.E. System is 3 days, with many patients going home on the second day and a few staying just overnight. In addition, by following the ORTHOP.A.C.E. System guidelines, only 5% of ORTHOP.A.C.E. patients require time at an extended rehabilitation facility or in outpatient rehabilitation.

How Much Pain Should I Expect?

We have found that after the first twelve to eighteen hours, the pain from the surgery decreases 40 to 60%. Those who work hard on their exercise program, have stopped smoking and have not taken previous narcotics for pain relief at home have less pain. You must understand that the pain decreases as you increase your post-op activity and motion. A safe and adequate pain-management program is planned and assessed daily to allow for your comfort. It is generally agreed that the sooner the patient becomes mobile, the sooner the pain will pain become less. This has been repeatedly shown and is consistently recommended to each of our patients.

General Order of Events Following Surgery of the Hip

Operative Day: On the day of surgery, you will continue with the ORTHOP.A.C.E. protocol and may rest in bed and then either stand at the bedside and / or sit in a chair. Once alert, you should begin doing your post-op exercises by pumping your ankles. Also, press your knees down flat on the bed. Slide your heels up and down, causing the hip and knee to bend. The frog leg exercise can be done now and other exercises as advised. You can move any way that is comfortable for you, but initially you need to ask for help when turning to your side. You will need a pillow between your knees to turn. Please remember to take deep breaths. Hold your breath as if you were swimming across a pool under water. This will help to keep your lungs clear. Throughout the next couple of weeks, use your incentive spirometry (pp. 14) to perform deep breathing exercises.

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"Getting up for the first time was a little scary. But as instructed, I was up for dinner 6 hours after surgery."

-Bordner, Male, 52

SECTION 3/Cont.

Post-op Day 1: You need to have breakfast sitting in a chair. You should sit in a chair for your meals and use the bed only for rest or sleep. The nursing staff and physical therapist will check to see that you are doing your exercises correctly. Initially, the physical therapist or nurse will help you get up and will walk with you until you are independent. You may start using a regular toilet the day of surgery. The nursing staff will be assisting you in transfers. **After the first 6 hours, bedpans and urinals should not be used and all meals should be eaten in a chair. These activities are important to your progress.**

Post-op Day 2: All drains and lines will come out on post-operative Day 2, and your dressing will be removed and a smaller one applied. You will progress toward independently moving from bed to chair, exercising and walking with a walker or crutches. **You should be out of bed as much as possible.**

While sitting in the chair, practice lifting your foot off the floor. Your hip and knee should be at a 90 º angle while doing this. While in bed, you should begin working your legs into the **frog** position as seen in the video. This is a very safe position and will aid you later in putting on your shoes. By consistently practicing this over the next two months, you should obtain a greater range of motion than you have had in years. Your independence will be regained if the ORTHOP.A.C.E. System has been consistently followed and if the surgical procedure has had no complications.

Post-op Day 3: You may take a shower if your incision is healing properly. Practice all the maneuvers started on the previous day until you are comfortable performing them. If you have not worked on stair climbing, you should do so before being discharged. You may begin the figure four exercise also seen in the video. Many hip surgery patients are able to return home on this day. Most find home more comfortable once they are independent and medically stable.

Remember-As the patient, you are the key element to your success. The ORTHOP.A.C.E. System is designed to assist YOU in setting goals and gives you instructions toward achieving these goals in a safe, effective manner. Once the first goal is reached, it will become obvious to you how effective your efforts have been in improving your own function and ability. We are here to guide you safely yet specifically, along your recovery path so that each additional pre-set goal can be achieved.

The exercises seemed impossible to me at first. But, by starting with a few and being determined, I accomplished the exercise goals we set. And, as promised, it paid off!!!"

-Bounesor, Female, 68

SECTION 4

ORTHOP.A.C.E. Prehabilitation (*before*) and Rehabilitation (*after*) Exercises for Surgery of the Hip.

The success of your hip operation is a result of a combined effort between you and your ORTHOP.A.C.E. Team. The results and speed of your recovery depend on how well you adhere to the ORTHOP.A.C.E. System and how you care for your hip. In your follow-up visits after surgery, your surgeon will follow your progress and answer any questions you may have about caring for your hip.

The following are some exercises you must do, particularly as you make preparations for your hip surgery. Work out twenty to thirty minutes twice a day before surgery and three times a day after surgery. Your ORTHOP.A.C.E. Patient Video will show you the exercise routines for preparing and maintaining the muscles' strength needed for your hip surgery. Remember, with any new exercise program you will probably have increased muscle soreness and pain. Please do not stop, but continue and work through this phase; it is normal.

After about three weeks you will find everything becoming easier. Each exercise protocol has been tested and developed during fifteen years of successful implementation and follow up. They are designed to help you and will not impair or be harmful.

Stationary Bicycle

Before surgery, you should use a stationary bicycle and build up your endurance to ride it at least 30 minutes every ether day. Normal to light wheel resistance is all that is required. After surgery, put the seat where it is comfortable and begin riding the bicycle. Start with five to ten minutes and work up to 30 minutes every other day. Be careful as you get on and off the bicycle. Ice on your incision and groin area ten minutes before and after each exercise for the first two weeks may make you more comfortable. If you do not have a bicycle, it is very likely that a relative, friend, church, or exercise club may have one that you can use. This is an exercise which should be done three times a week for the rest of your life. It is something that is safe and will not harm you. You will be able to do it until you are at least one hundred years old!

At first, I couldn't lift my leg one time without quivering and GREAT EFFORT, but by my surgery date, I could do more than 50 at a time.

--House, Male, 58

SECTION 4/Cont.

Swimming

Swimming is also an excellent exercise for arthritis patients. If possible, swim 20-30 minutes three times a week or more. You may resume swimming 5-10 days after surgery.

All of the above exercises, along with a healthy diet, will help control your weight. An ideal body weight will improve the chances for the best overall results and long- term use of your hip. **Consider your weight as one of the most important factors in the long-term success of your hip surgery.**

Level One: Basic Prehabilitation and Rehabilitation Activities

Ankle Pumps

Ankle Pumps help prevent the development of blood clots. Lie on your back or sit in a chair. Pull your toes toward you and hold for 5 counts. Then point your feet and toes downward and hold for 5 counts. Relax for 10 counts. Be sure to generate full force in both directions. You will do ankle pumps before surgery-and when you awaken in the recovery room, you will need to start again. Before your operation, do 50 ankle pumps in the morning and 50 in the afternoon, plus any time in between.

Gluteal Sets

Gluteal Sets help you walk, climb stairs and reduce back strain. These can be done in any position at any time. Squeeze your buttocks muscles together tightly. Hold for 10 counts and then relax. Do 50 in the morning and 50 every afternoon.

Quad Sets

Quad Sets help you gain leg control after surgery and improve circulation. Lie on a bed or floor. Tighten your thigh muscle by pressing the back of your knee down. Hold for 10 counts and then relax. Do these exercise 50 times, two times a day. You will also do Quad Sets immediately after surgery. This exercise can be combined with some of your other exercises, such as your Gluteal sets. Both are critical to your ability to transfer in and out of chairs and to walk.

"I haven't sat with my ankle on my k

-Smith, Male, 79

SECTION 4/Cont.

Knee Extensions

Knee Extensions also will assist you in moving from the bed to the chair and from the chair to a standing position. (It is a replacement exercise for the Straight Leg Raise shown in the video), lie on the bed, sofa, or floor. Place a roll of towels (the size of a 3 liter coke bottle) under your knee. Push the back of your knee down on the roll, tightening your quadriceps muscle on the top of your leg. This will cause your lower leg to straighten and your heel to come off the bed. Hold five counts and then relax allowing your heel to go back down to the bed. Rest for five seconds and repeat.

Side-Lying Hip Abduction

We include the Side-Lying Hip Abduction to increase your stability while walking. It helps prevent limping. Start by lying on either side. Keep your shoulder, hip and ankle in a straight line. To keep you from tipping over you may bend the knee of the leg on the bottom slightly for balance. Then lift your top leg just a little {2 to 8 inches} off the bottom leg. Hold in air for 10 counts. Slowly lower leg and repeat. When you finish one side roll over and work with the other leg. Work up to 20 times, two times a day and three times a day after surgery. This is the most important exercise for the hip. You can't do too many, but start slowly doing four or five, adding one every few days.

Level Two: Rehabilitation Activities
(After Surgery)

The way you perform various functions after surgery-like putting on socks and shoes-becomes very important. This is because everyday movements, including picking objects up off the floor and getting in and out of cars involves moving your hip. The most frequently seen complication after hip surgery is dislocation of the hip joint. You need to remember that the new hip does have limitations and you need to learn to avoid positions which might lead to dislocation. Here are three exercises you need to start after your surgery and continue as you return home. These help assure proper hip position and movement. They also allow you to function safely in your home.

SECTION 4/Cont.

Frog Abduction

Frog Abduction is important to insure full range of motion after surgery, decreased pain and minimization of scar tissue. You may start this the day of surgery. Lie on your back. Slide your feet toward your body so that your knees are in the air and feet are flat on the bed, heels close to buttocks. Now spread your knees apart, allowing them to fall closer to the bed. You may have to push them and it is ok to have someone help by applying gentle but firm pressure. You will not cause damage to your hip by doing this. Hold for 2 minutes, and then repeat.

Figure Four

The Figure Four (Shoe Position) is another important exercise to help you safely put on socks and shoes after surgery. You may begin this one to two days after surgery. While sitting in a chair, move out to the edge of the chair. Then move the heel of your operative leg up the leg of the non-operative leg. The goal is to have the ankle of the operative leg resting on the top of the knee of the non-operative leg. This can happen with a lot of effort and must be started soon before scarring begins.

You may need to use a belt around your foot to help pull it up your leg. Practice this for 10 minutes, 3 or 4 times a day until you can easily place the heel of your operative leg on the knee of your non-operative leg while sitting. You may want to use a grabber to help with putting on your socks and shoes until you can easily perform this exercise.

Always sit in a firm chair to dress **(not on the edge of the bed)**. To trim your toenails, tie your shoes, etc., you may place your foot on the stool (about 10 to12 inches high), knee out, and lean over between your knees. Never lean over to one side or the other with both knees together on one side of your body. You could very easily dislocate your new hip. Knees should always be four to six inches apart.

SECTION 4/Cont.

Chair Exercise 90º - 90º

This exercise begins after surgery and helps you regain control of your muscles enabling you to lift your foot to take a step or to get into the car, etc; this exercise is to be done after surgery. It is simple, but effective. To do it, sit in a chair with your hips and knees at 90º angles. Both feet should be flat on the floor. Without using your hands, lift the foot of the affected leg up so that the sole of your foot clears the floor. Hold this position for as long as you can. Continue to improve on your time until you can hold your foot off the floor for 2 to 3 minutes.

Level Three: Home Function Activities

After your operation it will not be easy for you to pick objects up from the floor for several months. During this time, using a grabber will help you avoid bending or squatting incorrectly. When you are strong enough to stand on the operative leg and come up from a squatting position you may then begin picking up lightweight objects off the floor.

Picking Up Objects Off the Floor

Begin by practicing standing on the operative leg, then squat (bend} slightly on the one leg and hold for a minute. As you get stronger, go lower with the squatting position. Alternate working with both legs. You may start this as early as you want usually around two weeks.

When you feel you are strong enough to get to the ground safely, begin by holding on to a table, chair, wall, etc. for balance. Kneel down on the knee of your operated leg. Once you are stable, bring your other knee down so that you are in a kneeling position. Finally, spread your knees apart. You are now in the correct position.

To get back up, reverse the process you just followed. Hold onto something for support. Raise you non-operated leg and use this leg and your arms to raise yourself to a standing position. It is important to always have someone with you the first few times you practice this technique. You should gain strength before trying this alone.

SECTION 4/Cont.

Socks and Shoes

Improper movement can result in a dislocated hip. Never put your shoes on by bending at the waist and putting your foot out to the side allowing your knee to bend and roll inward. This can easily cause dislocation. Women shaving their legs or applying lotion sometimes use this same improper movement. More problems are experienced following hip surgery by people attempting to do these things than by any other activity. You can avoid problems by learning and correctly practicing the Figure Four exercise.

Getting In and Out of a Car-Driving

Getting in the car should be done keeping your knees apart at all times. Back into the seat, holding onto the car door and the seat back. Sit down and bring one leg in and then the other. Remember to keep your knees separated and heels turned inward, knee outward. If you have the seat pushed as far back as possible and the back of the seat tilted you will have more room.

Note: It is recommended to practice getting in and out of an automobile before surgery following these guidelines. This enables you to ride home in your own automobile. Once home and more confident in your transfer ability, riding in an automobile is encouraged. Driving is possible as soon as you have good control of your leg, are no longer requiring narcotics for pain control,and feel you are safe to drive.

Our exercises and instructions are designed to help increase your strength and flexibility. By following the ORTHOP.A.C.E. System's guidelines, you can expect to be safely independent after your surgery, walking and moving on your own. We want you to be mobile and totally independent.

SECTION 5

ORTHOP.A.C.E.
Overview of Surgery of the Hip

Many complications from Surgery are preventable. "Mobility" is a major key!

Possible Complications of Hip Surgery
As with any type of surgical procedure, there are certain risks associated with hip surgery. These problems include dislocations, infection, blood clots, leg length discrepancy, nerve palsy, vascular injury, fractures, swelling, pulmonary embolus, and complications related to receiving blood products and bone used from a bone bank. Even though rare, complications do sometimes occur.

Please talk to your surgeon prior to surgery regarding other possible complications. Extensive measures are taken to prevent each of the above. Your surgeon feels his/her success is directly related to each individual patient's specific operative success. Therefore, you will be instructed in measures that will help to decrease the likelihood of problems and aid in a safe healing process. Your cooperation is vital in preventing many of the above complications.

Introduction

The goal of surgery of the hip is to relieve pain and to improve function and stability. Hip surgery is commonly performed for reasons such as osteoarthritis, rheumatoid arthritis, avascular necrosis, trauma or problems from birth. There are several surgical procedures used to reconstruct the hip of both the young athlete and the more senior patient. The decision depends upon your age, bone quality, activity level, and expectations.

Your surgeon, following your interview and examination, will discuss with you the procedures and implants that will be appropriate for your age, weight, activity level,and bone condition.

Many operations exist to correct hip deformities and disease. The following is an overview of each hip surgery available to orthopaedic patients:

Partial Hip Replacement (Hemi-Arthroplasty) - Replacement of only the head or ball of the femur (hip) as in a fracture

Total Hip Replacement (Total Hip Arthroplasty) - Cup and stem replacement of the hip joint ball and socket

Minimal Incision Hip Replacement (Total Hip Arthroplasty) Same as the old Hip Replacement, just a new way of inserting it. The incision is 2 inches to 6 inches long. This is determined by the thickness of your subcutaneous layer of tissue. The thinner you are the shorter the incision. Usually this new method along with the ORTHOP.A.C.E. System results in a very quick recovery.

Open Reduction Internal Fixation-Used for fractured hips when the fracture is where the blood supply is considered good and healing is possible. Plates and screws will be used to obtain correct alignment.

"I cannot imagine being in the hospital longer. There was no need."

-Lacy, Female, 74

SECTION 5/Cont.

ORTHOP.A.C.E.
Surgery of the Hip-Postoperative Management

Your surgery and subsequent treatment may include some or all of the following equipment:

Intravenous (IV) lines: Started in the pre-surgery area . Used for fluids and medications, including your anesthetic drugs.

Surgical Wound Drain: Tubing used to evacuate blood from your wound. It will be gently removed one to two days after surgery.

Anti-embolism Stockings: White or Tan colored elastic stockings worn to decrease the risk of blood clots. They must be worn in the daytime on both legs for 4 weeks. They may be removed at night. For best results, lie down with your legs up for 30 minutes then put your hose on with your legs still up.

Surgical Stainless Steel Clips (staples): Used to close the skin edges after surgery. They are removed ten to twelve days after surgery. Your family may be instructed on removing the staples for you. There will be permanent layers of sutures that remain under the skin.
You should clean your incision with alcohol two times a day. To make the removal of staples easy, apply polysporin to incision for the three day prior to removal.

Incentive Spirometry: A device that may be used to help you make a conscious effort to breathe deep. Often after surgery, a patient's breathing will be too shallow to adequately ventilate his/her lungs. This device should be used every hour.

Return Appointment
Following Surgery of the Hip

To insure your safe post-operative progression, your surgeon may ask you to return to the office within the first two to six weeks for a recheck. Thereafter, your surgeon may ask to see you again at various intervals, for example, 2 to 4 months, 6 months and 1 year.

For the long term, each patient is evaluated every two years. This is mandatory for x-rays and clinical exams. Data collection and outcome assessment of your case will be collected during these intervals. This enables the ORTHOP.A.C.E. program to further enhance its clinical effectiveness.

"This program doesn't leave time to lie around and feel sorry for yourself."

-White, female, 28

"The enthusiasm is infectious!

-Donegan, Male

"I didn't come to see a surgeon for an ego boost: I came to find out how to get the best result."

-Weldon, Male, 74

SECTION 6

Physical Therapy After Surgery of the Hip

During your hospitalization, physical therapy is a vital part of your recovery. It helps you to regain your full potential. Once at home, continue to do the exercises your therapist has been teaching you and also those you did before surgery as part of the ORTHOP.A.C.E. System, working three times a day. Instructions are found in the patient video and exercise guides. Ten to fourteen days after surgery, start using your stationary bicycle with the seat at a comfortable height.

Do not lose the amount of strength and flexibility you have when you leave the hospital, but rather increase your strength by the time you return to the doctor's office for your first postoperative visit. This is possible by exercising gradually more and more each day once you are home. In addition to your exercises begin walking on a flat area. Start with a quarter of a mile and work toward two miles every other day. Remember to ride your bicycle every other day.

It is hard to predict at what point a hip patient will regain total control of the leg. It may be immediately post-op (24, 36, or 72 hours) or it may be ten days. But each exercise should be attempted frequently during each day. Muscle function returns and your leg will again respond when you want it to respond. This program can only be effectively accomplished by you, the patient.

Understandably, to follow ORTHOP.A.C.E., it will initially be perceived as hard work. We expect much from you, and it will be well worth your effort. Expect to see progress with increased strength and range of motion and personal confidence as an end result. The only goal is your health and satisfaction; *it is worth the price.*

YOU are the most important factor in attaining the best possible result after surgery. Your positive attitude and cooperation are very important for your surgery to be as successful as possible. It is a lifetime commitment for both you and our staff.

SECTION 7

ORHOP.A.C.E. Home Again

Once home, it is important to call your surgeon's office if you have a sudden increase in hip pain, increased swelling which does not decrease in the morning, or drainage from the incision. If you experience chest pain or shortness of breath, you should go to the emergency room immediately. The following guidelines will apply for the next four weeks or until your surgeon allows changes:

1. Use your walker or crutches as instructed until you feel safe and confident enough to go to a cane or one crutch. The cane or crutch should be used on the opposite side of the operative hip.

2. If there are no contraindications, take an aspirin, daily as instructed for one month to decrease the risk of blood clots. Other methods to prevent blood clots include Coumadin, Lovenox, Aristra and other anticoagulants. If you are prescribed one of these do not take aspirin. If on Coumadin please have your medical doctor do the blood test required to check the levels 2/4 days after discharge from the hospital and regulate the dose, this is very important.

3. Use a pillow between your knees to turn in bed for approximately three months after surgery. You may turn to either side.

4. Get in and out of bed on the side of bed, which is your operated hip side. Arrange your room at home before surgery so you can do this after surgery.

5. Keep your knees four to six inches apart at all times. In any situation, whether sleeping, sitting, getting in and out of the car, be careful to keep your knees apart for the first three months. This will enable you to relax and enjoy your hip for a long time.

6. Remember that a 90º bend should be the limit for your hip as a general rule for the first three months after surgery.

7. When sitting, choose an armchair for the first three months and anytime thereafter, if you have an option. It will make getting up and down easier and safer and extend the overall life of your hip. For the first three months, do not sit on couches, low chairs, recliners or in bathtubs.

SECTION 7/Cont.

8. You may shower three days after surgery if the incision is healing without complications. After showering, clean the incision with alcohol, which will dry the area thoroughly. A dressing is not required on the hip after four days, unless drainage persists.

9. An elevated toilet seat is not necessary due to the method used to insert the hip. However, if your bathroom is a good distance from your bed, it might be helpful to have a bedside toilet to use at night. During the day, the arms of the toilet can be used over your regular toilet to assist you.

10. Continue to wear your special support stockings (anti-embolism hose) for 4 weeks after surgery. You should not sleep in them. You may request a second pair before you leave the hospital, or you may purchase regular support hose elsewhere.

11. Keep the incision clean with alcohol. You may use aloe vera creams, Vitamin E cream or skin lotion on the incision after it has healed completely (approximately two weeks).

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ORTHOP.A.C.E.
MIS Patient Management System

SECTION 8

ORTHOP.A.C.E.
Antibiotics Information

Important

You will need to take antibiotics before dental work (even routine cleaning) and before other procedures that might cause bleeding, such as sigmoidoscopies, colonoscopies, and genito-urinary manipulation. Please tell your dentist and other doctors that you have had a total hip replacement and that you need a prescription for prophylactic antibiotics. You will need to do this for the rest of your life.

Likewise, you will need to treat any other infections promptly to prevent infections of your new hip.

What counts, is not what we know

… Rather, it is

How well we use what we know.

A joint replacement reacts much like a heart valve replacement to bacteria circulation within the blood stream. The same antibiotics recommended by the American Heart Association, for patients having heart valve replacements or mitral valve prolapse, are most often used for total joint patients, for this reason. Your physician, however, may have other coverage associated with your care and treatment. To help you better understand what is required to avoid this type of secondary complications, the American Heart Association's antibiotic protocol for implant prophylaxis follows, in a general format:

For Dental/oral Upper Respiratory Tract Procedures

Standard Regimen In Patients At Risk:
Amoxicillin 2.0 Grams, taken orally one hour before procedure.

Unable to take oral medications:
Ampicillin 2.0 Grams given IM or IV within 30 minutes before procedure.

For amoxicillin/penicillin-allergic patients:
Clindamycin: Adults, 600 mg given orally one hour before procedure.

-OR-

Cephalexin or cefadroxil: Adults, 2.0 Grams orally one hour before procedure.

-OR-

Azlthromycin or clanthromaycin: Adults 500 mg orally one hour before procedure.

-OR-

Erthromaycin 250 mg every 8 hours times three doses.

Amoxicillin / ampicillin / penicillin - allergic patients unable to take oral medications:

Clindamycin Adults, 600 mg IV within 30 minutes before procedure.

Adapted from ***Prevention of Bacterial Endocarditis***: ***Recommendations by the American Heart Association*** by the committee on ***Rheumatic Fever, Endocarditis,*** and ***Kawasaki Disease. JAMA 1990:*** 264(22): 2919-2922, © 1990 American Medical Association. Used by permission.

SECTION 9

1. Elevate your feet and legs higher than the heart while you are lying down for thirty minutes to an hour.

2. Continue wearing your elastic support stockings in the daytime for four weeks or until the swelling is gone.

3. If you cannot get your stockings on then wrap your leg from the ankle to the groin with elastic wraps. Remember to lie down and prop your legs up above the heart for 30 minutes and then with your legs still up put your stocking on or wrap the leg.

4. Pump your ankles

5. Walk five to ten minutes out of an hour, while awake.

6. If the leg is swollen and shiny and the swelling does not go down some during the night or if the swelling is accompanied by sudden pain in the calf or groin especially when doing the ankle pumps, please call your surgeon.

Frequently Asked Questions Regarding Surgery of the Hip

Your surgeon expects you to have a number of questions regarding your upcoming hip surgery. Please do not hesitate to request answers and clarification. The following are answers to some of the most common questions asked by orthopaedic patients:

Should I expect swelling?
This is a very common occurrence following orthopaedic surgery. Arteries carry blood to the hip, knee and lower leg area while blood is returned to the heart through the venous system. This depends on the integrity of the valves within the veins, muscle contraction and the normal dependent position of the legs. However, following a hip operation, muscle contractions in the legs are decreased because of low activity level. The veins become distended and the valves are no longer effective, thus, swelling occurs.

Some people experience swelling while in the hospital, and others notice it after going home. The swelling may occur from the thigh to the ankle. Gravity takes the fluid and blood down the leg. So you will notice swelling and bruising in the knee, calf, foot and ankle area.

What should I watch out for concerning blood clots?
The chances of a blood clot forming are low. If you experience the following symptoms please notify either your surgeon, or primary care physician.
1. Leg swelling that does not change after sleeping.
2. Skin that is shiny and tight from swelling.
3. Severe pain and heat in the calf or groin.

I've noticed some drainage from my incision. Is this normal?
Yes, it is not uncommon to see a clear yellow or blood-tinged drainage up to two weeks after surgery. Such drainage does not indicate an infection.
1. Continue to shower, letting water run over the staples.
2. Clean the incision with alcohol two times a day.
3. Use a dressing if the drainage is soiling your clothes; otherwise leave the wound open to get some air.
4. Apply Neosporin ointment three days before your follow-up office visit to make staple removal easier.

ORTHOP.A.C.E. is a well-planned, easy to follow, common sense program.

-Nemeth, Male, 82

SECTION 9/Cont.

What signs of infection would be of concern?

1. A change in pain to a more constant, severe pain, whether standing, sitting or lying down.
2. Very red and angry (warmth and mild to moderate redness is normal)
3. A thick drainage, color creamy yellow to green.
4. A Temperature of over 101° for 36 hours. (A temp of 99° to 101° off and on for two to three weeks is a normal response.)

Could my body reject the metal of which my hip is made?

It is extremely unlikely that your body would reject the metal of a joint replacement. Infections may occur, but it is not because of the metal.

What is a good policy regarding sitting or lying around?

Initially, it is best not to sit longer than fifty minutes at a time. You must get up and move, walk or dance around for ten minutes. This will help decrease the risk of blood clots and stiffness.

Can I climb stairs following my surgery?

Yes, at first you will climb them basically the same way you did before surgery. Then, very soon you will climb them in a normal way. You will be instructed to safely do this before your discharge. Start out by leading up the stairs with the non-affected leg.

When can I begin driving a car?

We routinely allow our patients to drive a car when they feel it's safe. Do not drive until you have complete control of your leg, are no longer taking pain medication (taking something at night for a while is OK). Do not drive if you are still taking pain medication that may cause drowsiness.

May I cross my legs?

Yes, ankle on the knee is fine. Some refer to this as the "figure 4" position. It is recommended to start a day or two after your surgery and this position is a very stable position for the hip. But, do not cross your legs with one knee on top of the other, as is common with women.

SECTION 9/Cont.

May I turn to my side or stomach while lying down?
Yes, to either side but you should do so with a pillow between the knees to keep them apart. This is a necessary precaution to prevent a hip dislocation, especially for the first three months. To turn to the stomach, have your toes hanging off the end of the bed and roll over the non-operative leg to your stomach.

What does it mean to dislocate my hip?
This is the number one complication of the hip. The two components of your hip, the stem/head and the cup are not attached in any way, but the head is balanced in the cup to allow the joint to move freely. If the joint is pushed to far and impinges on the metal of the cup, or on bone or scar tissue the head will come out of the cup. If the ball comes out of the cup you will know it. It will cause immediate pain and loss of control of the leg. If this occurs, stay as calm as you can and go to the emergency room either in a car or by ambulance. A dislocation is not considered life threatening, yet can be frightening. If you will relax and arrange transfer to a health facility, the problem may be efficiently treated. Rarely is surgery needed to put it back in place.

What activities most commonly cause a hip to dislocate?

Activities that may increase the risk of hip dislocation include:

1. Putting on socks, shoes and hose improperly.
2. Picking up things off the floor improperly.
3. Sitting on seats which are too low
4. Turning your body before your hips and legs.
5. Not having a pillow between your legs when lying on your side.
6. Putting lotion on or shaving your legs.
7. Consuming alcohol to the point of relaxing the muscles around the hip or causing a fall.

When may I resume sexual activity?
Six weeks after surgery it is considered safe to resume sexual activity.

Will my artificial joint set off metal detectors at the airport?
Possibly, depending on the sensitive setting of the metal detectors. Your surgeon's office can provide you with an arthroplasty identification card, although it may not help. If the detection device beeps they will perform an individual screening with a hand held sensor.

SECTION 10

Specific Types of Surgery of the Hip

There are a number of different types of hip surgery. These procedures can provide an improved quality of life for a great number of individuals suffering from orthopaedic disease or injury. The following is a discussion of hip surgeries, with the goal of better under- standing of your own personal situation.

Total Hip Replacement

"The Treatment for Degenerative Arthritis"

Joints that are stiff, painful and have a loss of motion can decrease your activity level and quality of life. If this has happened to you, you may be a candidate for a total hip replacement.

This surgical procedure fifteen years ago took three hours in the operating room and fourteen to twenty days in the hospital, followed by two to four weeks in a rehabilitation hospital. Today using the ORTHOP.A.C.E. System, your hospital stay will be shorter and less stressful. In two or three days, you will be home to continue your own ORTHOP.A.C.E. rehabilitation protocol.

Degeneration of the hip joint can affect people of all ages. In the young, it often begins due to trauma in an automobile or motorcycle accident, football injury, falling off a horse or bicycle, or medication which causes the bone to lose its blood supply (avascular necrosis). It can be caused by gradual eroding diseases, such as rheumatoid arthritis or lupus. The most common cause is simply normal wear and tear of the cartilage over a lifetime of use and is called osteoarthritis.

In order to be considered for a total hip replacement, there will be at least one of two complaints and most often both. These complaints are pain that causes an alteration in your lifestyle and a decrease of motion, which makes simple activities of life difficult.

"After being told that my weight would shorten the life of my hip, I lost 40 lbs.

-Martin, Female, 76

SECTION 10/Cont.

Artificial hips last anywhere from one year to 25 years with an average life of 12 years. Since some bone is lost with each replacement, it is better to be in your 50's if possible before having your first hip replacement. However, we know that this is not always possible. To insure the longest life possible for your artificial joint, it is best to maintain a normal weight and avoid abusive activities, such as running for exercise.

A plain x-ray of your hip will give us a realistic picture of what has happened to your bone. The x-ray, along with the history you give and a physical examination of your hip, will help your surgeon diagnose your condition. Even with all the sophisticated diagnostic tools available today, the plain x-ray is generally all that is needed.

In the early stages of hip disease (degenerative joint disease), a program of exercise, stretching, weight control, and nonsteroidal anti-inflammatory drugs (NSAID'S) can help decrease the need for surgical treatment. In people under the age of 50, conservative treatment is especially important to try to delay the need for the hip replacement until they are older. But when conservative measures are no longer helpful and you meet certain criteria including weight and strength capacity, a total hip can be the answer.

When a total hip/replacement is decided upon, a combination of metal and plastic are implanted to create a new joint, which will glide painlessly with a greater range of motion than you have had in years. Many different prostheses exist, and specific details about you dictate the type selected. The metals used are either a cobalt-chrome alloy or a titanium alloy, both extremely strong metals designed specifically for use in orthopaedic surgery. Polymethyl-methacrylate (PMMA, commonly called "bone cement") may also be used to hold the acetabular and femoral components in place.

SECTION 10/Cont.

For total hip replacement surgery, an incision is made down the lateral part of the hip, two to six inches long, depending on how thin you are. The femur and hip socket/acetabulum is exposed. The smallest amount of bone possible is removed and replaced by the metal and plastic components chosen for you. When the joint has been tested for maximum range of motion and your surgeon is satisfied with the stability of the hip (the hip does not dislocate easily), it is closed with a drain in place. A dressing is applied, and you are taken into the recovery room.

After surgery, you need to resume your ORTHOP.A.C.E. program. Begin in the recovery room by pumping your ankles and doing quad sets. That night you will, with assistance, get out of bed and sit in a chair. You may even make it as far as the bathroom during the night again with a walker and a nurse. You may put full weight on your leg unless otherwise instructed. On the day after surgery you will sit up for breakfast, you will work with a therapist by doing your exercises and walking in the hall. If you plan to go home the day after your surgery, you will need to practice the stairs that day also. If you stay two nights, you will do the stairs the next day. You will be expected to sit in an armchair for your meals and for much of the day. When sitting, you should have your hip and knees bent and feet flat on the ground, with your knees slightly apart. Work on your exercises each day. You may not be able to do all of them at first, but continue to try throughout the day. You will gradually notice your leg control returning.

At home you should continue exercising three times a day. Your leg will swell more after surgery during days 7-14. To help this, lie down 3 or more times a day for 30 minutes and elevate your legs on 4 or 5 pillows so that your feet are well above your heart. After a few days, you may begin to ride your bicycle and you may swim when you feel you can safely get in and out of the pool.

Your surgeon will want to see you in the office in 2 weeks, 6 weeks, 3-4 months, and in a year following your surgery date. Thereafter you will need an x-ray every two years for the rest of your life. It is dangerous to skip the x-rays because bone can be destroyed a long time before you feel the pain. We need to watch your bone for changes.

"I saw eight different orthopaedic surgeons. At 29, having hip surgery was a hard decision. When ORTHOP.A.C.E. was explained to me the search was over."

-Thomas, Male, 29

SECTION 10/Cont.

Complete recovery should be obtained within 3-6 months. The average is 3 months. Most patients are back to their normal activities within 6 weeks even though healing will continue for weeks after that. Within a year, you will forget you have an artificial hip. You may still have some stiffness with weather changes or increased activity, but your daily life will be much improved.

Complications are not common, but are addressed earlier in this manual. It is good to be inform of the possibility of complications.

The ORTHOP.A.C.E. exercise program that you started before your surgery is a postoperative requirement. You should use a walker or crutches and exercise 3 times a day, for the first 2 to 4 weeks. We will adjust exercise during your first office visit. We want you to continue to ride your bicycle three times a week for the rest of your life.

Total hip replacements are excellent procedures when chosen and performed correctly on appropriate patients. Your surgeon can provide you with information regarding the specific procedure and implant selected for you.

Hemi-Arthroplasty

"The Treatment for a Proximal Hip Fracture"

A hip fracture can happen to anyone. Accidents are not planned. Falls, automobile accidents and malignancy are common cause of fractured hips. Bone diseases such as osteoporosis increase the possibility of a fracture. A person should have bone density test after the age of 50. Take your calcium along with any other bone-building product you are prescribed. If you have daughters or granddaughters encourage them to take a calcium supplement starting at age 12. Prevention of osteoporosis is the only cure.

SECTION 10/Cont.

A hip often fractures in places where there is little or no blood supply for the healing process to take place. If this occurs and the patient has no past history of hip disease, the surgeon may decide to perform a hemi-arthroplasty. In a hemi-arthroplasty, only the ball and neck of the hip is replaced, and the socket (acetabulum) is left intact. To decide if you are a candidate for this type of hip surgery, your surgeon will study your x-rays and talk to you and your family about your past medical history. Your bone structure and activity level will also be taken into consideration.

An incision will be made on the lateral side of the hip and will be about two to six inches long. The proximal femur and acetabulum are exposed. The smallest amount of bone possible is removed and is replaced by the metal and plastic component chosen for you. The prosthesis made of plastic and cobalt chrome alloy, will be implanted. Polymethi-methacrylate (PMMA, commonly called "bone cement") may also be used to secure the implant.

When your surgeon is satisfied with the range of motion of the hip, the hip is closed with a drain in place. A dressing is applied, and you are taken to the recovery room. The surgery takes about 30 minutes.

After surgery, you need to resume your ORTHOP.A.C.E. program. Begin in the recovery room by pumping your ankles and doing quad sets. That night you will, with assistance, get out of bed and sit in a chair. You may even make it as far as the bathroom during the night again with a walker and a nurse. You may put full weight on your leg unless otherwise instructed. On the day after surgery you will sit up for breakfast, you will work with a therapist by doing your exercises and walking in the hall. If you plan to go home the day after your surgery you will need to practice the stairs that day also. If you stay two nights you will do the stairs the next day. You will be expected to sit in an armchair for your meals and much of the day. When sitting you should have your hip and knees bent and feet flat on the ground, with your knees slightly apart. Work on your exercises each day. You may not be able to do all of them at first, but continue to try throughout the day. You will gradually notice your leg control returning.

SECTION 10/Cont.

Since this hip fracture was probably due to an accident, you had no time to prepare for surgery so you should study this book and ask as many questions as you feel are needed. We want to return you to your normal activities as soon as possible.

Even though you did not have the advantage of the ORTHOP.A.C.E. Prehabilitation Program before your surgery, you can still benefit from the ORTHOP.A.C.E. Rehabilitation Activity Program and management philosophy. By making every effort to learn and practice the exercises and transfers and walking with your walker, you too, may have a quick recovery. In order to have a full understanding of your new hip, please read the section on total hip replacement. The care, treatment rules all still apply to you.

Open Reduction Internal Fixation (ORIF) of the Hip

"The treatment for a Hip Fracture"

A hip fracture can happen to anyone. Accidents are not planned. Falls, automobile accidents and malignancy commonly cause fractured hips. Bone diseases such as osteoporosis increase the possibility of a fracture. Please have bone density test after age 50 and take your calcium along with any other bone-building product prescribed. If you have daughters or granddaughters encourage them to take a calcium supplement starting at age 12. Prevention of osteoporosis is the only cure.

There are several treatments used for a hip fracture. These include Total Hip Arthroplasty, Hemi-arthroplasty, fixation (ORIF) or non-weight bearing rest.

A hip which is broken in an area that has good blood supply can be stabilized with plates and screws and allowed to heal without removal of any bone. It is done through a small incision on the lateral side of the hip. A special type of x-ray can ensure that the fracture is in place and the screws are properly placed. When your surgeon is satisfied with the alignment of the bone, the wound will be closed with a drain in place. A dressing is applied and you are taken to the recovery room until you are stable enough to return to your room. The actual surgery will take about 30 minutes.

I have one question, "is it supposed to be this easy?" I know I'm doing something wrong: it can't be this easy."

-Williams, Male, 36

"I never thought having hip surgery could improve my overall life so much."

-Bailey, Male, 62

SECTION 10/Cont.

After surgery you should begin the ORTHOP.A.C.E. exercise program by doing ankle pumps and quad sets. The morning after surgery the physical therapy personnel will begin teaching you the exercises necessary to gain the strength you need. They will also teach you to move yourself from bed to chair and to walk to the bathroom with a walker, putting only part of your weight on the operative leg.

You will be expected to sit up for all your meals and as much as possible. Your lines and drains will be removed, and the dressing will be changed on the second day. We want you to get up to use either a bedside commode or even better walk to the bathroom.

Being concerned about correct positioning is not as important for the patient whose hip is fractured and is placed in good alignment to heal as it is for the hip replacement patient. You may find it more comfortable, to have a pillow between your knees when turning in bed.

Each day you should work on your exercises. You may not be able to do all of them at first, but continue to try throughout the day. You never know at what point you will gain leg control, yet with continued effort, it will come quickly.

At home, you should continue exercising three times a day, your leg will swell more on days seven to fourteen. To help decrease this swelling, lie down three to four times every other day with your legs on pillows so that your feet are higher than your heart. After about two weeks, you should begin riding a stationary bicycle. Start with five to ten minutes and work up to twenty to thirty minutes a day. Swimming can also be helpful in recovering from hip surgery but should be approved on an individual basis. Your surgeon will want to see you back in the office two weeks after surgery and again at six weeks, six months and one year.

Complete recovery should be expected within three to six months. The average is four months. Complications are infrequent but are listed earlier in this book.
Since this operation was not planned by you in advance, we expect questions. Please ask as many as you feel are needed. Our plan is to get you back to normal as quickly as possible.

Even though you did not have the advantage of the ORTHOP.A.C.E. Pre-habilitation Program before your surgery, you can still benefit from the ORTHOP.A.C.E. Rehabilitation Activity Program and management philosophy. By making every effort to learn and practice the exercises and transfers and walking with your walker, you too, may have a quick recovery. Many of the comments and suggestions in this book will be helpful to you. Reading it will answer many of your questions and again, we are here to help you in any way.

Conclusion

We hope that you have found this information helpful. We also trust you will know that if any of the material mentioned in this booklet is confusing or hard to understand, your surgeon will be glad to address your concerns either by phone or on your next visit to the clinic.

Thank you for taking the time to read this material. We understand that this manual contains a great deal of information. We also know that the best results come from the most informed patients and those motivated to see themselves in their best condition as quickly as possible.

Surgery exists as a method of correcting a problem and improving a patient's condition which is everyone's goal. Please be assured that your surgeon and the medical team are more than willing at any time to answer any questions or to review any material before and after surgery. The best results are obtained when people are provided the right information to become informed, motivated, and confident.

ORTHOP.A.C.E. has two essential components: YOU and your medical staff. Everyone works together as a team to reach specific and realistic goals. This creates a sharing of confidence and trust and, in turn, energizes the ORTHOP.A.C.E. patient to achieve the success we witness daily. The ORTHOP.A.C.E. team's priority is your health and safety. That is what the ORTHOP.A.C.E. System is all about.

Your ORTHOP.A.C.E. Team

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ALABAMA Orthopaedic INSTITUTE

ORTHOP.A.C.E.
MIS Patient Management System

Apart from Hip services, Dr. Bramlett's other orthopaedic services include

Knees Shoulders Foot & Ankle

Knees
Knee services include :

- Sports Injuries and arthritis prevention program
- Arthroscopic management of various knee problems
- Stabilization of the injured knee with ligament reconstruction
- Corrective surgery to control progress of arthritis
- Management of patella (kneecap) problems
- Osteotomies
- Hemi (half) knee replacement
- **Alabama Minimally Invasive Surgery**- Knee Replacement
- Revision Total Knee Replacement (for previously failed knee replacement)

Shoulder
Common problems of the shoulder include disorders of the rotator cuff; shoulder instability (dislocations and separations); fractures of the upper end of the arm (humerus), collarbone (clavicle), and shoulder blade (scapula) and arthritic conditions of the shoulder.

Our services include painful shoulder conditions such as bursitis, tendonitis, calcium deposition, advanced arthritis, tumors, rotator cuff tears and frozen shoulder.

Foot and ankle
Dr. Bramlett treats a wide variety of foot and ankle disorders, including:

- Fracture, sprains, and strains
- Diabetic foot care
- Foot deformities
- Toe disorders
- Tendon disorders
- Arthritis and joint diseases
- Sports injuries
- Nerve disorders

If you have any of these conditions and wish to be advised on the most appropriate treatment alternatives, please call on 1 205 822 9595 during office hours to schedule an appointment.

ALABAMA Orthopaedic INSTITUTE

ORTHOP.A.C.E.

MIS Patient Management System

Alabama Orthopaedic Institute Divisions

- **Alabama Orthopaedic Institute**
  www.alabamaorthopaedic.com

  A purpose-built facility for assessment, education, research and follow up for patients with arthritis, sports injuries and other musculoskeletal problems.

- **Clinical Care**

  Orthopaedic Sports Medicine Clinic of Alabama, P.C.
  www.osmcoa.com

- **Clinical Education**

  For orthopaedic surgeons, Allied Health Professionals & Medical students interested in orthopaedic training and education.
  www.misrei.com

- **MIS Research & Education Institute**

  An institute for research for treatment, management and prevention of arthritis, Sports Injuries and other musculoskeletal problems.
  www.misrei.com

- **MISREI Foundation**

  An independent organization raising funds to support MIS Research & Education Institute.
  www.misrei.com

- **Musculoskeletal Info**
  Information on common sports injuries, Orthopaedic procedures, prevention of sports injuries and much more.
  www.orthoeinfo.com

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