



Rehab to Home

- Care & Safety Tips
- Frequently Asked Questions
- Transitioning Home
- Adaptive Equipment
- Summary of Progress
- Different Types of Therapy
- Personal Goals

EDUCATION BOOKLET FOR:

Welcome

We are pleased to meet your rehabilitation needs. We hope that you enjoy your brief stay with us while you work to regain your strength and independence to return home as quickly as possible. We are fully committed to serving your clinical, rehabilitation, personal and emotional needs during this time. We will be working together with you, your surgeon, family doctor, therapy team and family to create the best plan of care dedicated to positive outcomes fostering independence, renewal and a safe recovery. This is your education booklet which you can use during and after your stay at our facility. These are some of the people who can help answer any questions you may have while you are recovering:

Name

Contact#

Administrator

Director of Nursing

Unit Manager

Business Office Manager

Social Service Director

Attending Doctors

Director of Therapy

Medical Director

Rehab to Home Therapy Team

Rehabilitation Manager

Physical Therapist

Occupational Therapist

Speech Therapist

Assistants & Techs:

Knee Care Tips

PRECAUTIONS

- Do not twist or pivot on the operated leg when walking. Pick feet up in small steps when turning.
- Your weight bearing precaution through the recovering leg are/is:
 - Partial Weight Bearing = 70% of body weight
 - Weight Bearing As Tolerated or Full Weight Bearing
 - Touch Down Weight Bearing = 10-15% of body weight

POSITIONING

- Follow doctor's orders for positioning, including the schedule for a knee immobilizer. Knee immobilizers are usually off during the day.
- When in bed, rest with an ankle roll or pillow large enough to stretch the knee into extension and prevent heel pressure. Nothing should be placed behind the operative knee. You may roll to either side with a pillow between your legs for comfort, with the knee immobilizer on.

PAIN & SWELLING

- Most patients are pain free within 3 months, until then, follow the pain management regimen prescribed by your doctor. Pain medication before exercise is helpful. Icing may be used to manage pain and swelling. STOP any activity that causes pain.
- Swelling in the knee, foot, and ankle in the weeks after surgery is common. Elevate your leg on pillows when you are not up. If the swelling is accompanied by pain or redness, notify your doctor.
- TED hose may be needed to counter swelling for up to 2 months, or as long as swelling remains an issue.

INCISION CARE

- You may usually shower and get your incision wet 1-2 days after the staples are removed (or when the doctor gives the ok.) If the incision becomes red or starts to drain notify the doctor or nurse.
- The wound dressing is usually changed on the 3rd day after surgery and the metal clips are removed after 7-10 days. However, these are only estimated times and your doctor will direct your incision care.

THERAPY & EXERCISE

- Therapy will work with you 6 days/week to help you regain mobility & strength.
- Physical therapy and Occupational Therapy may be a part of your rehab program, based on the physician's recommendations.
- The therapist may teach you to use special equipment to help maintain your weight bearing precautions. Exercises to regain strength/range of motion, reduce swelling, & promote mobility are performed. Functional tasks such as getting dressed and resuming life –work activities may be practiced. Every program is designed specifically for the individual patient to promote the safest & most complete recovery possible.

Frequently Asked Questions

Q. How does my doctor know about my progress while I am here?

A. Effective communication is very important to us. Our Director of Rehabilitation, the nursing and therapy staff will remain in contact with your doctor to communicate progress, concerns, and other issues pertaining to your care.

Q. When and how much can I be up with help?

A. Please refer to the "Summary of Your Progress" for specific instructions. This section will be updated by our staff as you progress.

Q. How long will I have to use something to help me walk (walker, cane, etc.)?

A. Your physical therapist and your doctor will tell you when it is safe for you to begin walking with a cane or without any assistive device.

Q. When can I take a shower?

A. If you have had a surgery with an incision, the staples must be taken out before you may get into the shower. This usually happens about 10-14 days after your surgery. Your doctor may take your staples out during a visit to his office, or he may ask your nurse to take them out here in our facility.

Q. How long do I have to wear my TED hose (long white stockings)?

A. Your doctor will tell you when you no longer need to wear them. Usually you can expect to wear them for 6-8 weeks. You should remove the hose at night and to wash your legs unless your doctor tells you differently.

Q. How long do I have to use adaptive equipment (i.e. sock aid, reacher, long-handled shoe horn, etc.)

A. If you have had a hip replacement, depending on your hip precautions, we recommend that you use the adaptive equipment for the rest of your life in order to maintain your hip precautions. Therapists will view your hip precautions with you. If you have fractured your hip, we recommend that you use the adaptive equipment until your fracture has healed. Your doctor will be able to tell you when your fracture has healed.

Transitioning Home After Joint Surgery

USING STAIRS

- Use a handrail and the walker, cane, or crutches as your therapist instructs
- Lead with your good leg going up stairs
- Lead with your recovering leg when going down stairs
- Go slowly and have someone with you if possible

DRIVING AND CAR TRANSFERS

- You will be able to go home in a regular sized car. To get in, move the seat back as far as possible. Sit on the seat. Pivot on your buttocks to turn. Move one leg at a time into the car.
- Use pillows or cushions if the seat is too low. Remember to follow any precautions for weight bearing or movement!
- To get out, move one leg out of the car at a time. Slide forward on the seat before standing.
- The doctor will let you know when you can resume driving. Generally, driving is best avoided for about 6 weeks after the surgery, especially if the right hip was operated upon.



OTHER TIPS TO PROMOTE HEALING AND LONG-TERM SUCCESS OF YOUR JOINT SURGERY:

- Avoid stressful activities such as impact sports, falls, and excessive weight or impact on the joint. Never lift or carry more than 40 lbs.
- Maintain a healthy body weight
- For the rest of your life, if you develop an infection anywhere in your body (for ex. bladder infection, infected cut, dental abscess) consult your physician and seek treatment promptly to avoid an infection in your joint replacement. Notify your dentist & all of your doctors of your joint replacement.
- Keep all of your appointments for follow up care with your doctor.
- Follow the exercise regimen at home as directed by your therapist.

WALKING

Hold the cane in the hand opposite the injury. Move the cane forward as you step forward with the injured leg. Step past the cane with the injured foot.

GOING UP & DOWN STAIRS

Lead with the strong leg. Remember “up with the good.” Bring the injured leg up the step second. When going down stairs, the cane and “bad” leg go first. “Down with the bad.”

UP FROM A CHAIR

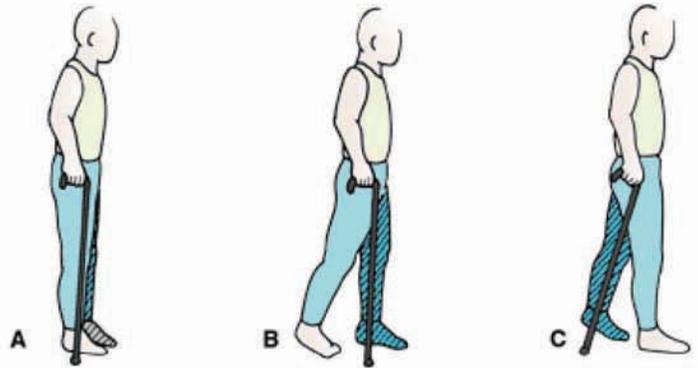
Slide the foot of the injured leg out a little, push out of the chair with your hand on the injured side and stand with your weight on the strong leg. Use the cane to support your weight over the weak leg.

SAFETY TIPS:

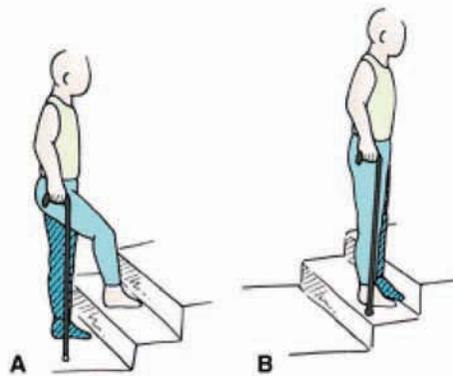
- Wear sturdy shoes
- Avoid wet floors
- Remove throw rugs & cords or obstacles
- Use the railing when using stairs
- Avoid escalators & revolving doors
- Slow down

How to Use a Cane

The shaded leg is the weak leg.



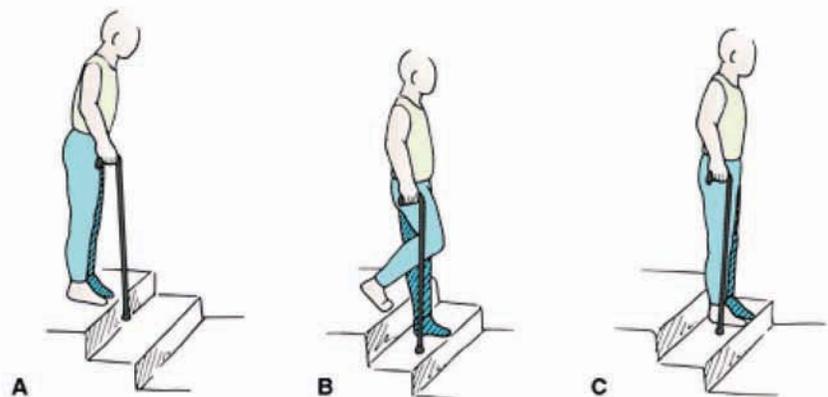
Walking with a cane



Going upstairs



Getting out of a chair



Going downstairs

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Patient Name: _____

Therapist Reviewing Precautions: _____

Self Care & Bathroom Equipment Supplies



Elevated Toilet Seat



Elevated Toilet Seat With Rails



3in1 Commode



Transfer Tub Bench

Equipment Recommendations:



Tub Seat/Shower Chair

Summary of Your Progress 1

When you are **standing or walking**, you may put:

- Full weight on your right/left leg.
- Partial weight on your right/left leg.
- No weight** on your right/left leg.

When **getting out of bed or out of a chair**, you:

- Need someone standing beside you.
- Need someone holding on to you.
- May get up by yourself with_____.

When **getting out of bed or out of a chair**, you need the assistance of:

- A family member or friend.
- A staff member.
- A therapist.
- No assistance.

When you are **walking**, you need to use a:

- A walker with wheels.
- A walker without wheels.
- Four-point cane.
- Single-point cane.

When you are **walking**, you:

- Need someone standing beside you.
- Need someone holding on to you.
- May get up by yourself in your room.
- May get up by yourself in the facility.

Summary of Your Progress 2



When you are **walking**, you need the assistance of:

- A family member or friend.
- A staff member.
- A therapist.
- No assistance.

When you are **bathing**, you need:

- Someone to set-up your bath.
- Someone to assist you.
- No Assistance.

When you are **bathing**, you need to use:

- A long handled sponge.
- No adaptive equipment.

When you are **dressing**, you need:

- Someone to stand beside you.
- Someone to physically help you.
- No assistance.

When you are **dressing**, you need to use:

- A reacher.
- A sock aid.
- A long handled shoehorn.
- A dressing stick.

Summary of Your Progress 3

When you are **using the bathroom**, you need to:

- Ask someone to walk to the bathroom with you.
- Walk to the bathroom by yourself.
- Ask someone to help you from a wheelchair to the commode or to the bed-side commode.
- Transfer from a wheelchair to the commode or use the bed-side commode by yourself.
- Use the bed-side commode only at night and walk to the bathroom during the day.

When you are **eating**, you need:

- To have a family member or friend help you.
- To have a staff member help you.
- To eat only with the speech therapist.
- To use adaptive equipment.
- No assistance.
- To thicken all liquids.

You need to **wear your brace** (_____):

- When you are walking.
- When you are out of bed.
- At all times.



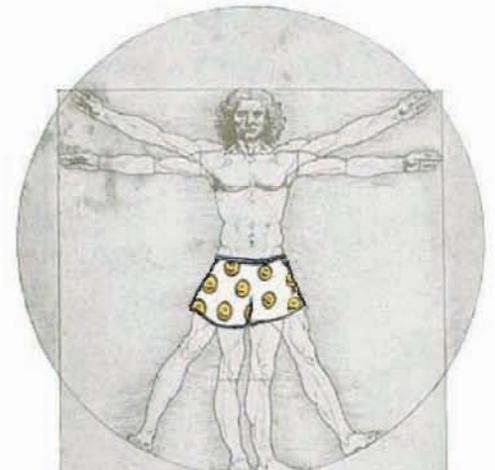
Physical Therapy

Chances are, you have already heard of physical therapy. You might have heard from a friend how physical therapy helped get rid of her back pain, or you know someone who needed physical therapy after an injury. You might even have been treated by a physical therapist yourself.

The Essence of Physical Therapy

Many people are familiar with physical therapists' work helping patients with orthopedic problems, such as low back pain or knee and hip surgeries, to reduce pain and regain function. Others may be aware of the treatment that physical therapists provide to assist patients recovering from a stroke in learning to use their limbs and walk again.

In today's health care system, physical therapists are the experts in the examination and treatment of musculoskeletal and neuromuscular problems that affect peoples' abilities to move the way they want and function as well as they want in their daily lives.



When Do You Need a Physical Therapist?

The following list contains some common reasons for physical therapy

- * Low back pain
- * Neck pain
- * Shoulder, arm, wrist or hand problems
- * Knee, ankle, or foot problems
- * Sprains and muscle strains
- * Arthritis
- * Cardiac Rehabilitation
- * Rehabilitation after a serious injury
- * Chronic respiratory problems
- * Stroke rehabilitation
- * Problems with balance
- * Disabilities in newborns
- * Pre/Postnatal programs
- * Hip fractures
- * Incontinence
- * Worker's Compensation
- * Fitness and wellness education

What are the goals of physical therapy?

- * Improve recovery of function after joint replacements
- * Restore or improve the ability to ambulate and function
- * Strengthen the body affected by injury/illness
- * Reduce pain
- * Education and prevention



Occupational Therapy

Occupational therapy uses goal-directed activity in the evaluation and treatment of persons whose ability to function is impaired by normal, aging, illness, injury or developmental disability. Treatment goals in occupational therapy include the promotion of functional independence, prevention of disability, and maintenance of wellness.

What are the goals of occupational therapy?

- * restore, maintain, or improve daily living skills
- * participate as fully as possible in meaningful work, leisure, and social activities
- * cope with the physical and emotional effects of disability
- * prevent further deterioration through techniques such as energy conservation and joint protection.
- * access community resources and services to help promote independence.
- * become proactive in their own lives through activities and attitudes focused on "wellness".
- * organize their living environment and make use of adaptations that promote safety
- * identify their strengths and abilities and use them to compensate for losses.



OT is crucial to recovery.
Occupational Therapy teaches us how
to overcome and deal with limitation.

Who should receive occupational therapy?

- * Individuals who have limitations in their abilities to carry out self-care activities
- * Individuals whose strength and endurance are at risk
- * Individuals whose ability to function in the community has been impaired
- * Individuals whose physical, cognitive, or psychological problems prevent them from achieving tasks that are currently meaningful and important to them.
- * work-related injuries including lower back problems or stress
- * limitations following a stroke or heart attack
- * arthritis, multiple sclerosis, or other serious chronic conditions
- * birth injuries, learning problems, or developmental disabilities
- * mental health or behavioral problems including Alzheimer's, schizophrenia, and post-traumatic stress
- * problems with substance abuse or eating disorders
- * burns, spinal cord injuries, or amputations
- * broken bones or other injuries
- * vision or cognitive problems that threaten their ability to drive



Speech Language Pathology

Speech language pathology (Speech Therapy) is the study, diagnosis, and treatment of defects and disorders of the voice and of spoken and written communication. Speech therapy also evaluates and treats neurological and physical disorders and conditions caused by an injury or illness. Treatment goals include reducing the disability, educating and counseling on how to cope with the stress associated with speech and communication disorders.

What are the goals of speech therapy?

- * Communicate wants and needs effectively
- * Able to understand those around them
- * Able to be independent and functioning on the least restricted diet possible
- * Act as an advocate for patient and family members
- * Focus on higher executive functioning

Common Diagnosis for Speech Therapy

Aphasia- reduced language ability due to stroke; persons with aphasia may not understand what is said to them, may not use words and grammatical sentences to express their thoughts, or both. Aphasia can range from being so severe that little or no speech is understood or spoken, to being so mild that the only problem is finding the right word for a thought or idea.

Dysarthria- a nervous system or muscle disorder that makes speech hard for others to understand. Pronunciation of sounds, rate and rhythm of speech, and quality of the voice may change in various combinations depending on specific order.

Apraxia of Speech- difficulty planning movement of the lips, tongue, and mouth for speech because of stroke or other nervous system problem. Persons with Apraxia struggle to move their lips and tongue to different places trying to find the right one for the particular sound.

Dysphagia- difficulty chewing, moving food from the mouth to the throat, and closing off the airway so the patient does not choke. Stroke, brain injury, or cancers in the mouth or throat are several causes of swallowing problems.

Cognitive-Communication Impairments- thinking and language problems that affect each other. Some examples are difficulty paying attention, remembering, organizing thoughts, and solving problems.



Speech therapy is an essential component to the rehabilitation experience. From infants to older adults, ST benefits people of all ages and stages of life.

Who should receive speech therapy?

- * Individuals that have swallowing difficulties
- * Individuals who have trouble with memory or have increased confusion
- * Individuals who cannot follow simple commands or have trouble understanding
- * Individuals who cannot formulate words and sentences correctly
- * Individuals who have slurred speech, are very hoarse, or strain to talk
- * Individuals who are having trouble reading/writing
- * Individuals that has lip, mouth or tongue weakness, lack of coordination or decreased range of motion

Your Therapy Goals

Your Goals in Physical Therapy:

As specified by: _____

1.

2.

3.

Your Goals in Occupational Therapy

As specified by: _____

1.

2.

3.

Your Goals in Speech Therapy:

As specified by: _____

1.

2.

3.

Your Personal Goals



While I am here, I would like to achieve in my therapy...

1.

2.

3.

When I leave, my goals are to...

1.

2.

3.

In the future, I would like to...

1.

2.

3.

Client Rehabilitation Survey

Part A

FACILITY NAME: _____

NAME: _____

DATE: _____

Each question provides you with a series of choices that are categorized by numbers. Please read the question carefully and choose which number best conveys your response. After you answer the questions, you have the option of adding additional information in the space provided.

1= Very Poor 2= Poor 3= Average 4= Above Average 5= Excellent

1. Therapy staff showed courtesy and compassion	1	2	3	4	5
2. Therapy thoroughly explained my exercises and treatment program	1	2	3	4	5
3. Overall performance and satisfaction of therapy program	1	2	3	4	5
4. I feel that my family or I were involved with my treatment	1	2	3	4	5
5. I feel that I achieved my goals in therapy	1	2	3	4	5
6. Overall performance and satisfaction of facility	1	2	3	4	5
7. The transition from facility to residence was hassle free	1	2	3	4	5
8. Would you recommend this therapy program to others?	YES	NO			
9. Would you return to the facility if ever you needed services?	YES	NO			
10. Is there anything that could have made your stay better?	YES	NO			

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11. What did you enjoy the most about your therapy?

12. What did you enjoy least about your therapy?

13. Before I came to therapy, I lived...(circle one)

In my house In my apartment in the health care unit other _____

14. After I leave therapy, I will be living ...(circle one)

In my house In my apartment in the health care unit other _____

Client Rehabilitation Survey Part B

May we contact you to follow up on your progress?

YES NO

May we send you health related educational materials?

YES NO

If you have answered "yes", please fill in your name and address in the space provided below.

Signature: _____

Address: _____ City _____ ZIP _____

Phone: _____

Additional Comments

For office use only
Score: _____/50