

YOUR GUIDE TO TOTAL HIP AND TOTAL KNEE REPLACEMENT SURGERY



midwest orthopedic
SPECIALTY HOSPITAL

Please bring this
booklet with you
to your pre-op
class and also when
you are admitted
to the hospital.

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Welcome!

Joint Effort is based on the shared effort between you and your health care team. As a part of this program, you are encouraged to improve your level of wellness before surgery. It also means you, as well as our staff, share the responsibility for the outcome of the surgery.

The information in this booklet is designed to help you feel more confident about how to prepare for your surgery, what to expect in the hospital, and what you must do once you are at home. While you are at Midwest Orthopedic Specialty Hospital, our goal is to provide you with the highest quality of care.

Please bring this booklet with you to all your pre-operative appointments and to the hospital when you come for surgery.

In the hospital we have created a unique atmosphere by combining important parts of the wellness philosophy into our patient care.

This means that patients as well as staff share the responsibility for the outcome of the surgery.

Our staff's commitment to you is that throughout your hospital stay, they will teach you how to manage your pain, how to do your exercise program, and how to care for yourself at home. You and your coach are expected to take part in daily Joint Effort activities.

Commitment to Quality

Thank you for allowing the staff and physicians of Midwest Orthopedic Specialty Hospital (MOSH) help you work toward your goal of improved joint health! At MOSH, we are dedicated to continuous improvement in every aspect of our practice. In addition, we strive to contribute to the development of techniques and treatments associated with joint surgery throughout the nation.

To help us achieve continuous quality improvement, we are asking for you to complete several short surveys that will monitor your progress over time, starting with how you are functioning right now before your surgery even takes place. The surveys ask about your pain, function, and well being before and after treatment and at regular intervals (at least 3 more times, at 6 months, 1 year, and 2 years after surgery). This information is used for quality improvement and for entry into national registries that collect data from patients who have had the same procedure you are about to undergo. With this, we will be able to share information about artificial joint performance and patient experiences to help joint replacement procedures become safer nationwide.

Things you should know about your participation:

- All personal information remains confidential to protect your privacy.
- These registries do not influence your doctor's selection of medical devices or how you are taken care of while you are here.
- Registries *may* ask for your e-mail address in order for you to complete the surveys online. This is for your convenience and to allow your physician to monitor your progress remotely. This information is kept confidential and is not shared.
- Surveys take approximately 5 to 10 minutes to complete.

Once again, on behalf of the staff and physicians of Midwest Orthopedic Specialty Hospital, thank you for allowing us to help you get back to the life you want to lead. Together, we will make the most of your surgical outcome and contribute to the advancement of joint replacement surgery in the future.

Registry Information

Total Hip and Total Knee Replacement –
American Joint Replacement Registry
(AJRR is an affiliate of The American Academy
of Orthopedic Surgeons)
www.AJRR.net

Total Shoulder Replacement –
Surgical Outcomes Systems (SOS)
<https://surgicaloutcomesystem.com/for-patients>



Preparing for Surgery

Before your joint surgery, you must know more about what to expect. The more informed you are, the better your stay will be. You will be less anxious and more willing to take an active role in your recovery and rehabilitation after surgery.

You need to:

- Start with a positive attitude.
- Ask a family member or friend to be your coach.
- Read through the booklet. ***Please bring this booklet with you to all appointments.***
- ***Attend Joint Replacement class prior to surgery.***
- Follow the exercises taught in the Joint Replacement class.
- Prepare your home ahead of time to make it safe and easy to do everyday activities.
- Begin thinking about/anticipating discharge needs.



What is a coach?

A coach is a family member or friend whose role is to encourage and support you as you prepare for surgery and during your recovery.

What are a coach's responsibilities?

- Attend Joint Effort class.
- Attend daily Joint Effort activities during the hospital stay.
- Prior to leaving the hospital, make sure you have arranged for your follow-up visits with your surgeon and therapy.
- Participate in various education activities and ask questions in order to learn how to best assist with your recovery.

Parking?

No problem. Valet service is available.

Now you can leave the parking to us. Whether you are visiting a patient or coming in for an appointment or procedure, simply pull up to the main entrance and we'll take it from there.

Professional valet drivers will safely park your car and will retrieve it upon your return.

Available Monday through Friday, excluding holidays.

Additional amenities include:

- Wireless internet service
- Room service
- Free daily newspaper delivered to your room
- Cable TV

Your Surgery

Total Hip and Total Knee Replacement Surgery

Surgeons are able to replace a problem joint with a *prosthesis* or artificial joint. The prosthetic material is designed to support the patient's weight and function much like a natural joint, **with certain precautions**.

Hip

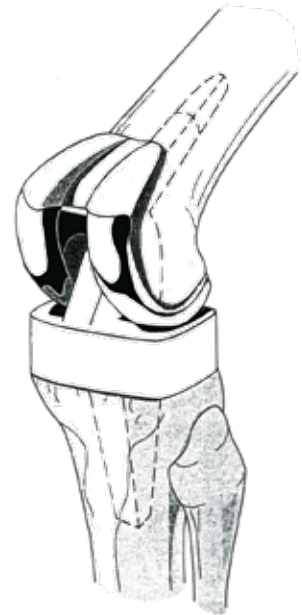
A ball, usually metal, can replace the head of the femur, and a cup lined with smooth plastic can replace the worn hip socket. The surgeon removes bone from both upper and lower areas to accommodate these new replacement parts. In addition, bone is removed so that the "stem" portion can be inserted into the bone canal.



Knee

The bone end at the top part of the knee (femur) is trimmed so that it can be fitted with the curved metal portion. The end of the bone at the lower portion of the knee (tibia) is cut flat, to make room for the metal support platform, as well as the smooth polyethylene (plastic) portion. The kneecap will be given a smooth new surface that will glide easily in the center groove of the upper knee.

Both hip and knee prosthetics need special care, particularly in regard to activity modification. Jogging and high impact sports are to be avoided.





Exercises

Beginning Your Pre-Surgical Exercise Program

The purpose of this exercise program is to build up your muscle strength. This starts before your surgery and continues until the day of surgery. You will need about 30 minutes each day to complete the exercises. Follow the “General Guidelines” listed below.

General Guidelines

- Read through the exercise directions to make sure you understand how to do each exercise.
- The first week, begin with 10 repetitions for each exercise. Gradually increase the repetitions by 5 each week until you reach 2 sets of 20.
- Every person reacts differently to exercise; you need to decide if the exercise and the number of repetitions are comfortable for you to do each day. If an exercise causes an increase in pain in any of your joints, either decrease the number of repetitions or stop doing the exercise.
- Do not hold your breath while doing the exercises.
- Do not rush through the exercises.
- Rest as needed between exercises.



Leg Strengthening Exercises

Do these exercises while lying on your bed or couch.

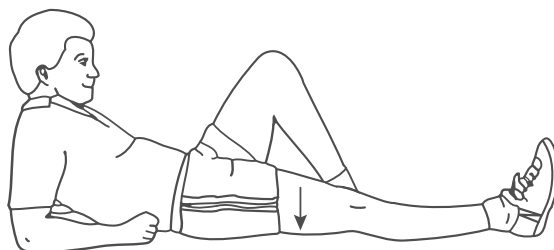
Ankle Pumps

- Do one ankle at a time. Lie on your back. Keep your legs straight.
- Pull your toes toward you. Then bend your ankle down, pointing your toes away from you.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Repeat with your opposite ankle.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



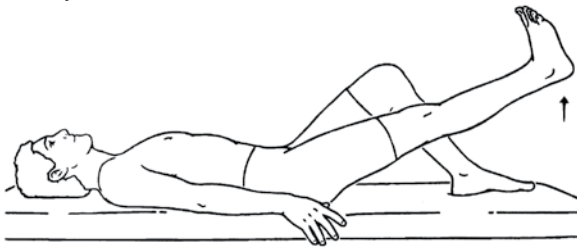
Quad Sets (Knee Push Downs)

- Do one leg at a time. Lie on your back. Keeping one leg straight, bend the other leg.
- Tighten the muscles in the front of your thigh by pressing the back of your knee into the bed or couch. Hold for a count of 5.
- Then relax, keeping your knee straight.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Repeat with your opposite leg.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



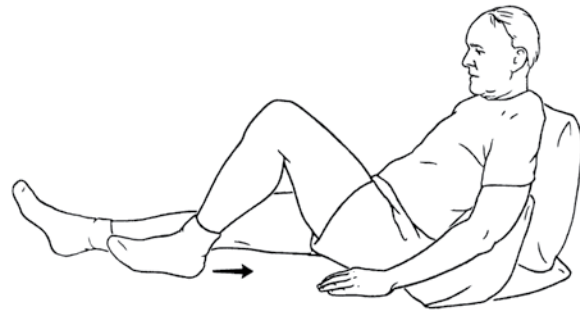
Straight Leg Raise

- Do one leg at a time. Lie on your back. Bend your opposite knee for support.
- Raise your leg about 15-20 inches. Keep the knee as straight as possible. Bend ankle so toes point toward head.
- Hold for a count of 5. Lower leg and relax.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Repeat, opposite leg.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



Heel Slides

- Do one leg at a time. Lie on your back with your legs straight. Slowly slide one heel up toward your buttocks.
- Keep your heel on the bed and your knee pointed toward the ceiling throughout the exercise. Return your leg slowly to the straight position and relax.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Repeat with your opposite leg.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



Heel Lift/Short Arc Quads

- Do one leg at a time. Place a firmly rolled towel under one knee as shown.
- Keeping the back of your knee on the towel, lift your heel off the surface and straighten your knee. Hold for a count of 5.
- Lower leg and relax.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Switch the rolled towel to the opposite knee. Repeat, opposite leg.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



Leg Strengthening Exercises, continued

Hamstring Sets

- Do one leg at a time keeping one leg straight.
- Bend the other leg slightly, push or dig your heel into the bed. This tightens the hamstring muscle (back of your thigh).
- Do not bend the knee further. Hold for a count of 5, then relax.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



Gluteal Squeeze

- Squeeze buttocks muscles as tightly as possible while counting out loud to 5.
- Repeat 10 times. Do 3 sessions per day.



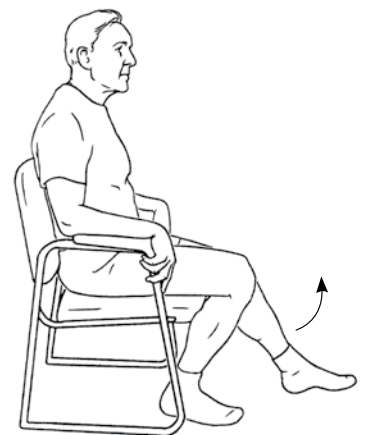
Seated Knee Flexion

- Sit back in the chair. Bring the foot of your operative knee as far back as you can.
- Scoot forward in the chair as far as you comfortably can to bend your knee.
- Hold 30 seconds.
- Pull your foot back a little farther and hold for 30 more seconds.
- Pull your foot back one last time and hold for 30 more seconds.
- Repeat 3 times.
- Do this exercise 3 times throughout the day.
- This exercise helps to improve knee motion.



Knee Bent to Straight

- Sit in a chair.
- Straighten one knee.
- Lower your leg.
- Repeat 20 times.
- Change legs and repeat the exercise 20 times.
- This exercise will help strengthen your leg muscles.



Seated Knee Extension/Heel Hang

- Sit in a chair with your operated leg propped up on another chair of the same height. Sit up straight.
- Let the leg straighten as much as possible until you feel a stretch.
- Hold for 30 seconds.
- Repeat 3 times throughout the day.
- This exercise will help improve flexibility.



Arm Chair Push Ups

- Sit in a sturdy chair with armrests.
- With palms flat on the armrests, press down to lift your buttocks from the chair.
- Hold for 5 seconds.
- Bend your elbows to slowly ease back down.
- Repeat 20 times.
- This exercise will help to improve arm strength.

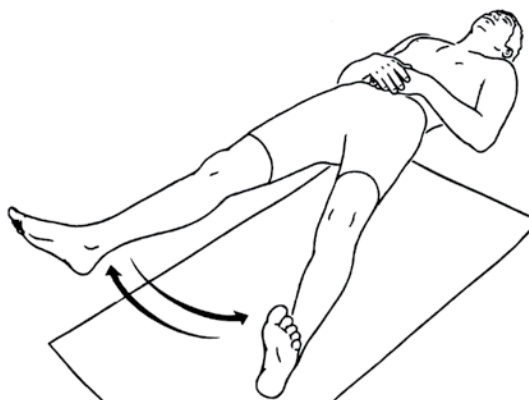


Hip Strengthening Exercises

You will continue some of these exercises after your surgery. Your physical therapist will specify the exercises to best meet your needs.

Hip Abduction/Adduction

- Do one leg at a time. Lie on your back. Keep your legs straight.
- Slide one leg out to the side, keeping your toes and knee pointed towards the ceiling.
- Slide your leg back to the middle.
- Do the exercise 10 times. Rest 1-2 minutes. Repeat 10 more times. Repeat with your opposite leg.
- If you are comfortable doing this exercise, increase the repetitions by 5 each week until you reach 2 sets of 20.



Do the next two exercises standing while holding countertop, door frame, or walker for support:

Hip Extension

Keeping your operative leg straight, bring the entire leg backward about six inches. Hold 3 counts, relax, then repeat. **Stand erect – do not bend forward.**



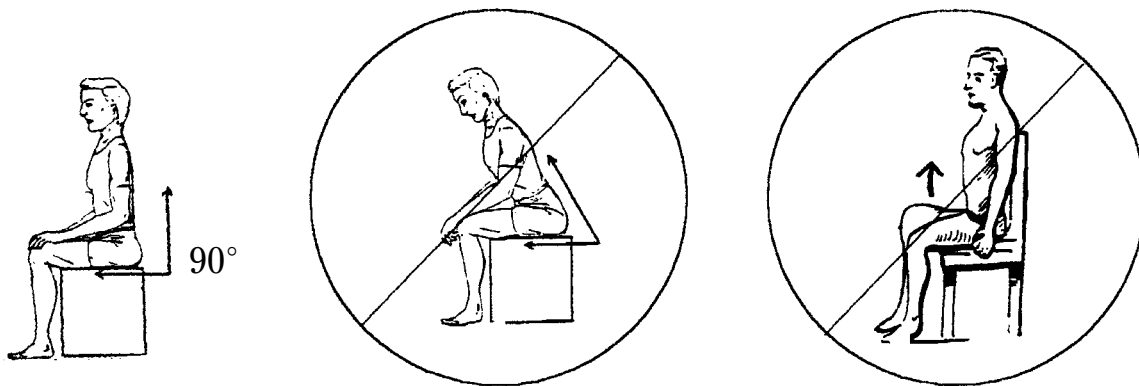
Hip Abduction

Keeping your operative leg straight, bring the entire leg out to the side. Hold 3 counts, relax, then repeat. **Stand erect – do not bend forward.**

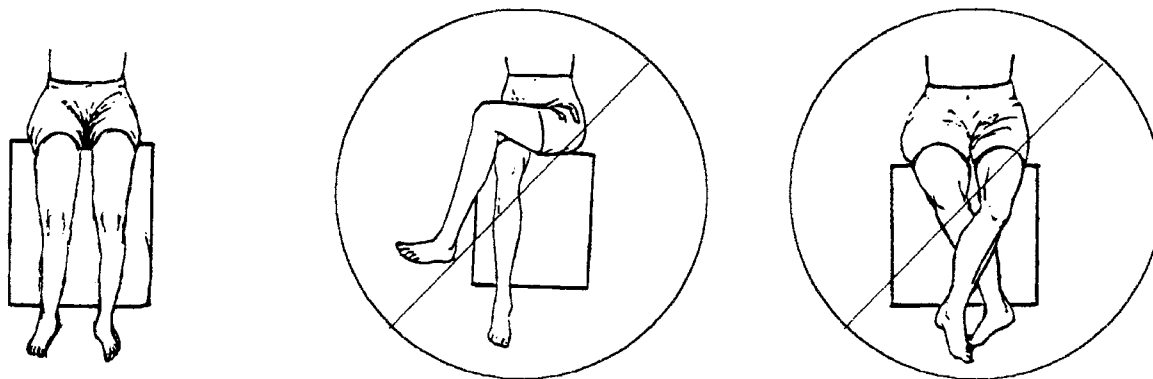


Hip Replacement Precautions – Posterior Approach

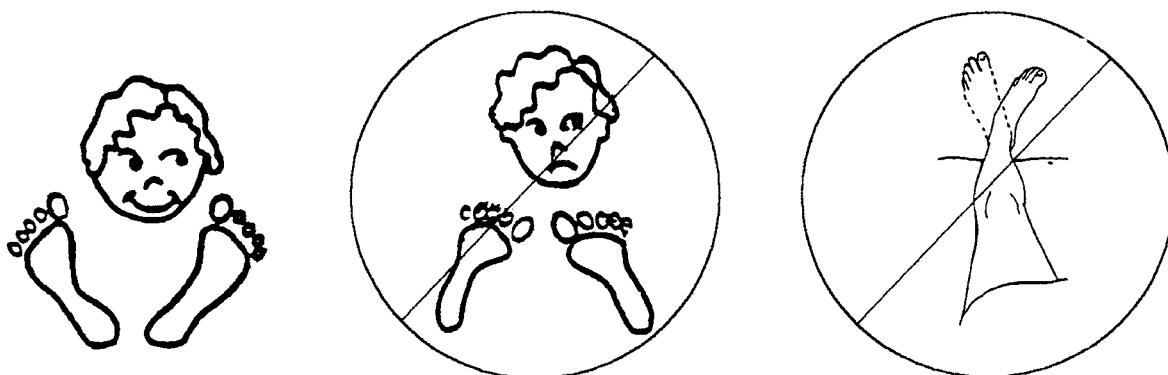
Do not bend your body forward more than 90 degrees, or bring your knee above your hip.



Do not cross your legs over the midline of your body, such as in crossing your knees or ankles.



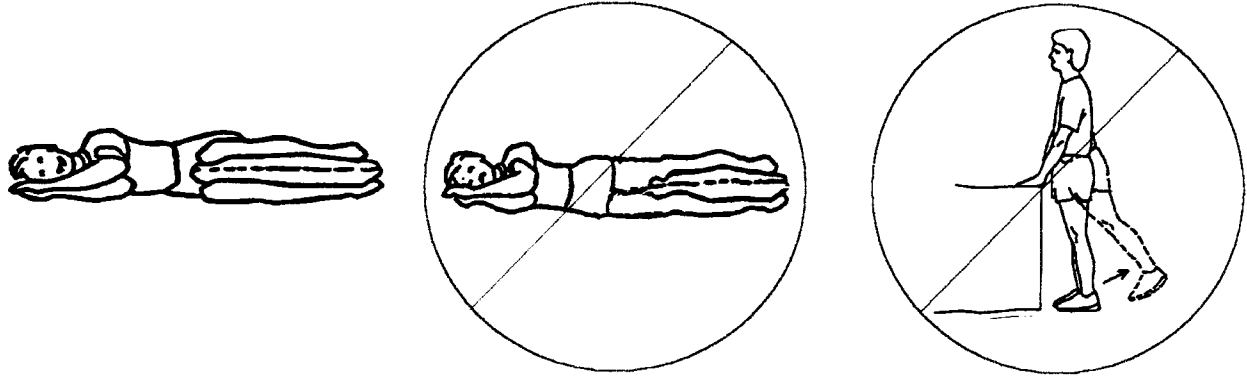
Do not rotate your operated leg inward.



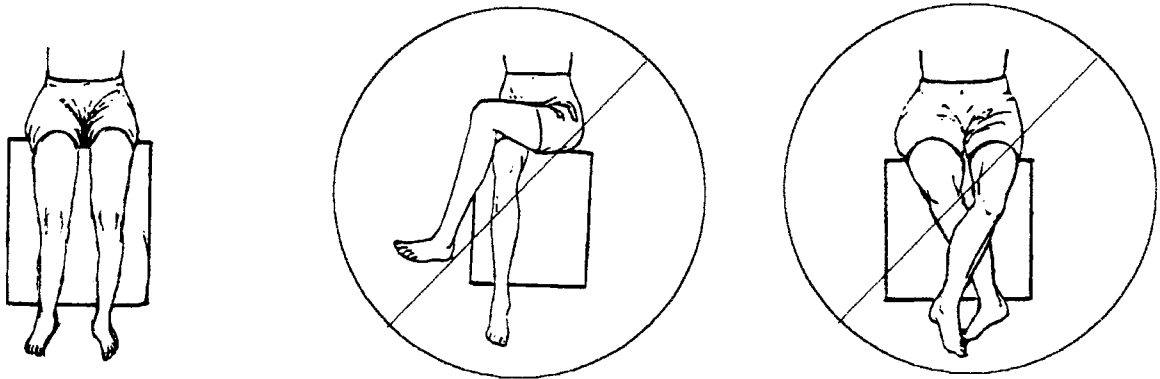
Precautions may be individualized per your physician's orders.

Hip Replacement Precautions – Anterior Approach

Do not straighten or extend your hips fully. While lying on your side in bed, keep hips bent.



Do not cross your legs over the midline of your body, such as in crossing your knees or ankles.



Do not rotate your operated leg outward.



Precautions may be individualized per your physician's orders.

Preparing Your Home

There are many things you and your coach can do before surgery to make your recovery less stressful and safer. Think ahead to how you will manage when you return home from the hospital. Use this checklist to help you get ready.

Home Planning Checklist

- ☐ Recruit family or friends to assist with laundry, grocery shopping, and transportation for appointments and errands.
- ☐ Pick up throw rugs, tack down loose carpeting, and remove electrical/phone cords and other clutter/obstructions from walkways.
- ☐ Have a two-armed straight back chair that has a firm cushion and back.
- ☐ For patients with total hip replacements, remember to sit in furniture that keeps your hip positioned at 90 degrees. Do not sit in furniture that is too low.
- ☐ Install nightlights in bathrooms, bedrooms, and hallways. Provide good lighting throughout the house.
- ☐ Arrange furniture to allow for plenty of room to walk around.
- ☐ Consider getting a walker with a seat or bag on it to transport things.
- ☐ Have comfortable clothes that you can get on and off easily, like support tennis shoes and slacks with elastic waistbands.
- ☐ Move frequently used items in the kitchen, bathroom, bedroom, and workshop to countertop level or to middle shelves for easy access.
- ☐ Prepare and freeze meals in advance.
- ☐ Consider buying a portable, cordless phone if you don't already have one.
- ☐ Make arrangements for pets, mail, trash/recycling, newspapers, yard care, driveway care/snowplowing.
- ☐ Consider setting up a temporary living area on the main floor if you have many stairs to climb.
- ☐ Consider obtaining a reusable cold pack. Keep the pack in the freezer so it will be ready for you to use once you are home.
- ☐ Check stair railings to make sure they are secure.
- ☐ Consider installing safety bars in the shower or bath.
- ☐ Store commonly used items within easy reach to avoid bending or reaching.



Tips for Safer Surgery

Millions of people have surgery each year. Every surgery has risks, but research has shown that some risks can be decreased. What does this mean for you as a patient? It means that your doctors and nurses follow steps for your care to give you a shorter and safer hospital stay. One way you can help lower your risks for surgery is to talk with your surgeon about your care before your surgery. Several questions to ask your surgeon before surgery are:

If I need antibiotics before surgery, when will I receive the antibiotic and for how long?

Antibiotics are given within 60 minutes before surgery and stopped within 24 hours in most cases. When given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

If hair needs to be removed from the part of my body that is having surgery, how will that be done?

Your surgeon or nurse should use clippers to remove hair if needed at the site of your surgery. Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin.

What will you do to prevent blood clots?

Blood clots can lead to heart attacks and strokes. When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your surgeon will know your risk for blood clots and the care that will help prevent them, such as giving you the right medicine before surgery.

If I take medicine for heart disease, should I keep taking it?

Taking certain medicines together can cause problems. Tell your surgeon about all the medicines you are taking, including over-the-counter things like aspirin and herbs. Your surgeon or nurse will tell you which medicines you should continue to take and which medicines you should stop taking before surgery.

Other information

- Tell your surgeon about your other medical problems such as allergies or diabetes. These problems could affect your surgery and treatment.
- Patients who smoke are at a greater risk for developing infections. Talk to your surgeon about how you can quit smoking.
- If you do not see them do it, ask your caregivers to wash their hands before examining you.
- Speak up if you have questions or concerns. If you don't understand, ask again. It is your body and you have a right to know.



Showering Before Surgery

You can play an important role in your health. We need to be sure your skin is as free of germs as possible before surgery. **You will need to use an antibacterial skin cleanser at home before coming to the hospital.** This will clean and protect your skin to help prevent an infection.

The antibacterial skin cleanser contains Chlorhexidine (CHG). Do not shave your legs for 3 days before surgery to prevent infection.

You may receive additional instructions at the hospital once you arrive.

Directions for Your Surgical Scrub

Wash yourself the night before AND the morning of your surgery. It is best to do this in the shower, but a good sponge bath can be done if you are not able to shower.

1. Wash your hair with regular shampoo.
2. Wash your face, ears, and genital/private area with your usual soap.
3. Put a large amount of the special CHG soap on a washcloth and wash your entire body

from the neck down. **Do not use on your face, ears, or genital/private area.**

4. Apply the soap to the rest of your body such as arms, stomach, legs, **both groin areas**, and wash for 5 minutes. Do not scrub your skin too hard.
5. Wash the part of your body that is having surgery for **at least one minute.**
6. **Do not wash with your regular soap after using the special CHG soap.**
7. Rinse your entire body very well and dry off with a clean towel.
8. Do not use any lotions, deodorant, powder, or perfume after using the CHG soap.
9. Dress in clean clothes.
10. Change your bed sheets to sleep in after your shower or bath.
11. Do not allow your pets to sleep in bed with you for 1 week before surgery and 1 week after.

If you are given antibacterial skin cleanser wipes to use at home, follow the instructions.



Managing Your Pain

Pain is to be expected after surgery. The pain medication given to you will not take all of your pain away but should help to make it possible for you to participate in your recovery.

Pain management is a joint effort between you, your nurses, your anesthesiologist or certified nurse anesthetist, and your surgeon. Unrelieved pain can have harmful effects. Pain can make it difficult for you to take deep breaths, move, walk, sleep, eat, and visit with family or friends. Do not let your pain get out of control, as severe pain is more difficult to treat. It's important for you to stay on top of your pain. Put on your call light and ask for assistance when your pain starts to increase or you are feeling more discomfort.

Pain medicines come in a variety of forms. You may take a combination of pain medications. This allows the medicines to work together and at dosages that minimize side effects. You can also use alternative pain control measures such as ice, repositioning, and relaxation. These can improve the pain-relieving effects of your pain medication. You may want to use a combination of measures to get the best pain relief.

How to Help Us Manage Your Pain in the Hospital



You will be asked to rate your pain on a 0-10 scale. A rating of 0 means you feel no pain at all, 5 means you feel a moderate amount of pain and 10 means you feel the worst pain you can imagine.

- Be sure to let your nurse and therapists know where your pain is located. The staff needs to know if your pain is from your incision or surgical pain, a headache, a backache, etc.
- Use words such as aching, throbbing, burning, stabbing, or pressure to describe your pain. This will help your nurses and surgeon decide which medications are best for you.
- Your nurses and therapists will ask you to rate your pain at rest, with activity, as well as during and after therapy sessions.

You will also be asked what number, between 0 and 10, is your goal for pain management while you are in the hospital. This helps us manage your pain. You will have discomfort after surgery. Many arthritis patients feel a goal of 4-5 is realistic for them after total hip or knee surgery.

Facts you should know

- It is easier to control pain when it is mild rather than when it is severe.
- You may not experience total pain relief but you should have a pain rating that you consider acceptable and allows you to rest, deep breathe, do your therapy, and just feel better in general.
- Surgical pain lessens each day as your incision begins to heal.

What about side effects from pain medications?

- The anesthesia and pain medicines that you may take during and after surgery are strong medicines. Sometimes people experience side effects like nausea, constipation, light-headedness, itching, or feeling very sleepy.
- Tell your nurses and surgeon if you are experiencing any side effects. Medications are available to help with side effects or adjustments can be made to your pain medications.



Medications to Manage Your Pain

Managing your pain after surgery is very important to us. During your stay, we will be giving you a combination of medicines that treat pain in different ways. By using this special combination, we can help decrease the amount of strong pain medicines that you will need. By doing this we can try to help decrease the side effects of the stronger pain medicines.

Numbing Medication Options

- ***Nerve block for Total Knee Replacement:*** using an ultrasound machine, we can safely see the major nerves to your knee. This allows us to inject numbing medicine (either a single shot or small IV) which helps control postoperative pain.

- **Injection of long-acting local anesthetic around the joint tissues:** multiple injections of time-released local anesthetic can be placed around the knee during your surgery.
- **Injection of long-acting local anesthetic near the incision.**

You and your surgeon will determine which type of numbing medication you will receive.

Around-the-Clock (Scheduled) Medications

These medications will be determined according to your age and health for your safety. These medicines include acetaminophen (Tylenol), a strong anti-inflammatory that will not interact with your blood thinner, and a pill that will help decrease nerve pain and irritation. Your surgeon and anesthesiologist will work together very closely to determine which combination of these medications is best for your pain management and recovery.

What other medicines can I receive?

In addition to your scheduled medications, you will have (as needed) intravenous (IV) medication and oral (by mouth) pain pills. It is normal to need these pain medications inbetween your scheduled medications to help control your pain.

IV pain medications will either be given by your nurse when you ask for them or you will have a “patient-controlled analgesia” pump that allows you to give yourself a dose of medication if needed. These two options will be determined by your surgeon.

Common Worries about Pain Medicine

Many people are worried about certain pain medications. Talk with your doctor or nurse about any concerns you have. Here are some common worries and the facts about them.

Worry: If I take pain medicines (such as narcotics) regularly, I will get addicted.

Fact: The chance of addiction is very rare (less than one in 10,000 people) when taking narcotics regularly to manage pain. Addiction is the regular use of drugs to satisfy emotional or psychological needs, rather than for pain relief. Unless you have a problem with drug abuse, you will be able to stop your pain medicine when your pain is less.

Worry: If I get sweaty or jittery after I stop a narcotic, it means that I’m addicted.

Fact: After you have been taking narcotics for more than several days, your body

may be used to the drug. This is physical dependence, not addiction. Withdrawal symptoms, such as sweating or abdominal cramps, can be prevented by gradually lowering the dose of the pain medicine over several days.

Worry: If I take my pain medicine before I hurt, I will end up taking too much medicine. It’s better to hang in there or tough it out.

Fact: If you wait to take pain medicine until your pain gets worse, you might need a larger dose to manage your pain. It’s always best to take pain medicines as soon as you feel pain. Do not wait or try to “tough it out.”

Worry: If I start taking pain medicines now, the medicines might not work for me later when I might have more pain.

Fact: Sometimes, not often, after taking the same medicine for a very long time, your body may become used to that medicine. You may have to take more of it to get the same effect. This does not mean that you are addicted or that you cannot get pain relief. Talk with your doctor or nurse. Some choices are to increase the dose, add another medicine to give more pain relief, or change to another medicine (there are many choices). This is not a problem for most people who take medicine for pain.

Remember that pain is different for everyone. If you feel that you are not getting good pain relief, ask for help. Your doctor, nurse, and pharmacist will work with you. You have a right to expect good pain management.

Managing Your Pain at Home

Use a combination of methods such as: change your position, apply an ice pack, rest, or take your medication. The different management measures that you learn in the hospital can also work for you at home.

What is the best time to take pain medicine?

It's always best to take pain medicine as soon as you feel pain. Do not wait or try to "tough it out." For pain that is constant, or expected (such as right after surgery), it is best to take pain medicines on a schedule to prevent pain. For pain that comes and goes, you can take pain medicine "as needed."

How can I manage side effects of pain medicines?

If you have a side effect, it does not mean you have to stop the medicine. You will get more information about the side effects of your pain medicine. Talk with your doctor or nurse if you have questions.

Common side effects are:

- **Constipation:** This can be prevented or treated with stool softeners and bowel stimulants. Drink plenty of fluids (8-10 glasses daily); eat foods high in fiber such as fruit, bran, and cereals; and increase your walking.
- **Nausea or vomiting:** This can be reduced by taking pain medication with food or treated with other medicine.
- **Drowsiness:** For your safety and the safety of others, do not drive or use machinery if you are drowsy.

How can I take pain medication safely?

The most important thing you can do is to talk with your doctor, nurse, and pharmacist about your pain medicine.

- Tell us about previous drug reactions and allergies.
- Tell us about conditions such as stomach ulcers, kidney or liver problems, and bleeding problems.
- Tell us about all other medicines you're taking.
- Take your medicine exactly as it is prescribed. If the pain medicine does not work as you want it to, talk to your doctor, nurse, or pharmacist.
- Do not drink alcohol or take other drugs that cause drowsiness without telling your doctor or nurse.
- Tell us about side effects right away and get treatment for them.

What are ways other than medicine to help manage pain?

There are many ways to help manage your pain. These other methods may give comfort, reduce fears, or give control over the pain.

Some of these methods are:

- **Distraction:** Activities such as watching TV or talking with friends
- **Music**
- **Heat or cold**
- **Massage**
- **Rest**
- **Relaxation exercises:** Breathing methods and muscle exercises
- **Guided imagery:** Using mental exercises or images for relaxation
- **Exercise**
- **Education:** Preparation for expected discomfort, like injections or surgery

Aromatherapy

There are research studies that have shown smelling certain therapeutic essential oils may be helpful with managing pain and anxiety. Examples of essential oils used in our aromatherapy program are lavender, ginger, and orange. Please tell your nurse if you are interested in trying aromatherapy. Your nurse will then assess your symptoms and talk with you more about this option. Aromatherapy is used along with your pain medicine to assist your pain management.

Breathing Relaxation Exercise

Relaxation exercises are used to help you control discomfort, anxiety, or restlessness. You can learn this simple breathing exercise and use it when you feel stressed.

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax. Feel the tension leave your body.
3. Now breathe in and out slowly and regularly. Breathe so you are comfortable.
4. To help you focus on your breathing and to breathe slowly and rhythmically, try the following exercise.
 - Breathe in as you say silently to yourself, "In, two, three."
 - Breathe out as you say silently to yourself, "Out, two, three, four, five."
5. Imagine doing this exercise in a place you find calming and relaxing.

Cold Therapy/Slush Cold Pack

A slush cold pack is helpful to relieve pain and decrease swelling.

Materials

- Zippered freezer bag
- Rubbing alcohol
- Water
- Towels

Directions

1. Mix 3 cups water and one cup rubbing alcohol in zippered freezer bag.
2. Remove as much air as possible from bag; then seal.
3. Place in freezer overnight.
4. Place towel over surgical area and then place cold pack over it, followed by additional towel over all.
5. Leave on for 10-15 minutes or to your comfort (maximum of 15 minutes).

Caution

- Do not use cold pack if you have an undiagnosed or contagious skin disease.
- Do not use if you are hypersensitive to cold.
- If the area to be treated has been frostbitten at any time, use extreme caution or do not use at all.
- If any unexpected reaction occurs, inform your nurse, therapist, or doctor immediately.



Your Surgery and Hospital Stay

Pre-Operative: Day of Surgery

Prior to surgery, a nurse will call to confirm what time you should arrive at the hospital. Arrival is usually two hours before your scheduled surgery time. Time is needed to complete your preparations for surgery and answer any questions. Your family can stay with you until you are taken to surgery.

Anesthesia and You

The anesthesiologist will discuss with you the types of anesthesia and the risks and benefits of each type.

General Anesthesia – receive medications intravenously (IV) that cause you to fall asleep before surgery. You are then given additional IV medications to maintain the anesthetic until the surgery is over.

Spinal Anesthesia – receive an injection of a local anesthetic into the spinal area that causes a loss of feeling to the lower half of your body. Movement and sensation in your legs gradually returns as the anesthetic wears off. You will also be given IV medication to help you relax. Surgery will take approximately one to two hours. After the operation is completed, you will be taken to the recovery room where you will stay for another one to two hours. Your vital signs will be checked (e.g., blood pressure, pulse) and an x-ray may be taken of your new joint. Medications are continued to help lessen your pain. Once you are alert and your vital signs are stable, you will be taken to your room on the Orthopedic Unit. Your family and/or coach will be able to see you at this time.

The average hospital stay is two days.

Rapid Recovery Program

Your surgeon may discuss with you if you are a candidate for the Rapid Recovery Program. This program incorporates many modalities that accelerate your healing process. Patients typically enrolled in this program are medically healthy, motivated, and are in good physical condition prior to their joint replacement. These patients participate in a comprehensive physical therapy program the day of surgery and return home the following day (i.e. only one night in the hospital). Check with your surgeon to determine if this program is appropriate for you.

After Surgery

Tests

- Blood work

Until you go home, nurses will:

- Closely watch your vital signs (blood pressure, pulse, respirations, and temperature). Vital signs are checked throughout the first night.
- Check your feet and legs for circulation, motion, and sensation.
- Check your surgical dressing. It may be removed or changed 1-2 days after your surgery.
- Frequently check your level of pain by asking you to rate your pain on a scale of 0-10 (0 = no pain, 10 = worst pain possible).
- Turn or reposition you in bed. Pillows will be used for support when turning.
- Ask you to cough and breathe deeply once every hour to keep your lungs clear.
- Teach you about care at home and your surgeon discharge instructions.

Equipment

- A tube called a Foley catheter may be placed in the bladder to drain urine. It will be removed 1-2 days after your surgery.
- Oxygen, if needed.
- A breathing exerciser called an incentive spirometer is used once every hour to keep your lungs clear.
- Elastic stockings (called TEDs) may be used to help prevent blood clots from forming in your legs.
- External compression devices may be used on your legs or feet to help prevent blood clots.
- Ice packs or cold therapy pads on your surgical site help reduce pain and swelling.
- If you had a total hip replacement, a special pillow called an abduction pillow may be used to keep your legs in a safe position while in bed if you had a total hip replacement.
- If you had a knee replacement, ***DO NOT put a pillow under your operated knee.***

Medications

- An intravenous (IV) line is placed in your vein so you can receive fluids and antibiotics.
- Pain medication – let your nurse know if your level of pain will not allow you to rest, cough, and breathe deeply.
- The medications you were taking at home may be restarted.
- Stool softeners may be used daily to help you return to your normal bowel habit.
- Start taking a blood thinner to help prevent blood clots, if ordered by your surgeon.

After Surgery, continued

Nutrition

You will be given a diet that you can tolerate, starting with liquids. Solid foods are added as you can tolerate. Drink plenty of liquids throughout the day. Select high-fiber foods from your menu.

You will:

- **NOT** put a pillow under your operated leg when lying on your back. The pillow may make it feel better, but it prevents your leg from resting in a completely straight position, which is important to the success of your surgery.
- Have your coach attend your therapy sessions if possible.
- Sit in a chair 2-3 times per day.
- Do your foot and ankle exercises every hour while awake. This will help prevent blood clots from forming in your legs.
- Use the incentive spirometer, cough, and breathe deeply once every hour until you are discharged.
- Always call for assistance to get out of bed. Please do not get up alone in order to avoid falling while you are in the hospital.

Therapy

- Your physician may have the occupational therapist see you to help you to stand safely and take a few steps on the day of your surgery.
- Physical therapy will see you two times a day to work on exercises and walking.
- Occupational therapy will see you daily to work on bathing and dressing.
- If you had hip replacement surgery, the physical and occupational therapists will teach you hip precautions.

Day of Discharge

Tests

- Blood work

Until you go home, nurses will:

- Continue to watch your vital signs and check the circulation, motion, and sensation of your feet and legs at regular intervals.
- Check your incision and teach you what to look for at home.
- Continue teaching home care/discharge instructions.
- Ask you to cough and breathe deeply once every hour to keep your lungs clear.

Equipment

- Elastic stockings or TEDs
- External compression devices on your legs or feet to help prevent blood clots
- Continue to use ice packs or cold therapy.
- For hip replacement, if needed, use an abduction pillow between your legs while in bed.

Medications

- Pain medication – let your nurse know if your level of pain will not allow you to rest, cough, breathe deeply, and/or do your therapy.
- Continue taking the medications you take at home, laxatives, and blood thinners.

Nutrition

- You will be given a diet that you can tolerate.
- Drink plenty of water and juice.
- Select high-fiber foods from your menu.
- Your appetite may be poor.

You will:

- Have your coach here for therapy sessions, if possible.



- Do your foot and ankle exercises every hour while awake.
- Use the incentive spirometer, cough, and breathe deeply once every hour until you are discharged.
- Get dressed in comfortable, loose-fitting clothing, such as shorts and sneakers.
- Walk with assistive device and help.
- Ask any questions you have about how to continue care and recovery at home.
- Follow hip precautions, as directed.

The average hospital stay is 2 days. Read through the discharge information and write down any questions or concerns you have. Make sure you have the answers to your questions before you leave the hospital. The long-range benefit of your surgery depends very much on you and your understanding of how to care for your new joint at home.

Physical Therapy and Occupational Therapy

- Both therapies will continue to teach you advanced mobility techniques.

- The occupational therapist will continue to work with you to complete your activities of daily living with the use of assistive devices as needed.
- Occupational therapy will give you instructions on walker safety with home management, energy conservation with activities of daily living, and home safety.

Care Management

The care management nurse will be finalizing your discharge plan including home health, sub-acute rehab, transportation, if needed, and your need for medication follow-up.

To be able to go home, you need to:

- Get in and out of bed without help.
- Have your pain controlled with pain pills.
- Get on and off the toilet independently.
- Bathe and dress yourself.
- Eat and drink.
- Walk independently and safely with your walker or crutches.
- Go up and down stairs safely.



Discharge Information

Short-Term Changes After Surgery

Appetite

Your appetite may be poor for several weeks after surgery. If three meals a day is too much, try eating smaller, well-balanced meals spaced throughout the day.

Sleeping

Sleeping through the night may be difficult when you first return home. Try not to nap or sleep too much during the day. Stop drinking caffeine 4-6 hours before bedtime.

Energy

You will find that you tire more easily during the first month or two following surgery. Be flexible, stop, and rest when you are tired. Delegate tasks. Don't try to complete a large task all at one time.

Healing Takes Time:

Don't Rush Your Recovery

Your walker and/or cane are important for you to use to get around inside your home and outside as you recover. ***Do not stop using your walker and/or cane too soon.*** Your surgeon will increase your activities as soon as it is safe.

So don't get discouraged.

Constipation

Pain medication may contain narcotics, which can cause constipation. Eat a diet high in fiber (e.g. bran or oatmeal cereal, prunes, fresh fruits, vegetables, and beans). **It is also helpful to drink 8 glasses of water a day.** This should help you to avoid problems with constipation.

Exercise Program

Your therapist will give you a set of exercises to do at home. As you continue to heal, your therapist will tell you when to progress your exercise program. The exercises are intended

to help you regain muscle strength and range of motion in your new joint. You must do these exercises faithfully each day, if you are to get the maximum benefit from your joint surgery. You may need to take a pain pill 30-45 minutes before you start exercising. Some amount of discomfort is expected. See the guidelines below under Managing Pain.

Managing Pain

If your pain level is greater than your pain goal, begin to use one or more methods to control your pain; for example, change your position, apply ice pack(s), rest, and/or use pain medication as prescribed by your surgeon. Your pain level should decrease as you continue to heal.

TEDs or Elastic Stockings

- Wear your TEDs or elastic stockings daily as instructed by your surgeon.
- Remove them at bedtime.
- Wash out your stockings each night.
- Ask your surgeon when you can stop wearing your elastic stockings.

Possible Complications

The occurrence of complications after surgery is low, but serious complications such as infection or blood clots can occur. Call your surgeon or primary care doctor if you notice any of these symptoms.

Check Your Dressing and Incision Daily

You will receive specific information from your surgeon about the type of dressing that is used to cover your incision. Follow those directions until your surgeon says it is no longer necessary. If you have a small amount of pink, clear drainage from your incision with staples, keep the area covered with a gauze pad. Change the gauze pad once a day or more often if it becomes wet or soiled.

Signs of Possible Infection

- Increased redness or swelling, increased drainage, and odor from the incision.
- A change in the color of the drainage from pinkish clear to bloody or yellow-white (pus-like in appearance).
- Increase in body temperature over 100 degrees and/or chills that last for more than two days.
- Increased pain at rest and with movement, which is not controlled with your pain medication and other non-drug methods.

Ways to Prevent Infection

- Take proper care of your incision. Keep it dry by taking sponge baths until your doctor says you can shower.
- Avoid skin breakdown on common pressure points (buttocks, tailbone, and heels).
- Prolonged sitting can cause soreness, burning, redness, and blisters on your buttocks or tailbone. To prevent irritation when sitting, change your position often (every 30 minutes) and use a cushion to sit on. It is recommended that you do not sleep in a sitting position.
- If your heels become irritated, rest lower legs on a folded towel to reduce pressure.
- Antibiotic protection – tell all your doctors, nurses, and dentists that you had joint replacement surgery and the date. You may need to take antibiotics before dental work, such as having your teeth cleaned, genito-urinary procedures, or other surgery to prevent infection in your new joint. It is suggested that you wait 3-6 months after your surgery before scheduling any routine procedures. Check with your surgeon first.
- Ask your surgeon when you can stop wearing your elastic stockings.

Travel

Total joint replacements may cause metal detectors to alarm. Tell them you have a joint replacement, and they will use a wand device to check you through security.

Driving

You cannot drive right after surgery. Do not drive until told okay by your doctor. Ask your doctor about a handicap parking permit.

Signs of Possible Blood Clots

- Swelling of thigh, calf, or ankle that does not decrease with elevating your leg. A clot can occur in either leg. (Swelling of your operated leg may occur with increased activity and this is normal. The swelling should decrease with elevating your leg.)
- Pain, tenderness, warmth, and/or redness in either calf.

If a blood clot develops, you may need to be readmitted to the hospital for treatment. Prompt treatment is important to prevent the more serious problem of pulmonary embolus (a clot that has traveled to the lung).

Signs of Pulmonary Embolism

- Sudden chest pain
- Difficult or rapid breathing
- Sweating
- Confusion

This is an emergency. Call 911 if you think this is happening to you.

Ways to Prevent Blood Clots

- Wear your elastic stockings.
- Take your blood thinning medication.
- Walk around.
- Avoid sitting for long periods of time.
- Continue doing your ankle pump exercises.



Infection

If you develop an open sore or infection (skin infections, sinus infections, tooth abscess, etc.) call your surgeon or primary care doctor at once. All infections need to be treated promptly. Bacteria can travel from one area in the body to another through the bloodstream and can cause an infection in your new joint.

Signs of Possible Hip Dislocation

- Sudden onset of pain in hip/leg.
- A popping sound or sensation in the hip.
- Leg will appear shorter and turned inward or outward.

Ways to Prevent Hip Dislocation

Follow your hip precautions until directed by your surgeon. It is possible to dislocate your new hip even when following hip precautions. If you think you have dislocated your hip, call your surgeon or go to the Emergency Department.

Sexual Function

- Most patients resume sexual activity about 4-6 weeks after surgery.
- Maintain the safe positioning you have been taught in therapy and ask your doctor about any other questions.



Blood Thinner Medicine

While on Your Blood Thinner Medicine

There are different types of medications available to help prevent blood clots. While these medications all work in different ways, they all slow the blood's ability to coagulate or clot. In general, these are known as anticoagulants or blood thinners.

The most common blood thinners prescribed after surgery are: warfarin (Coumadin®), enoxaparin (Lovenox®), heparin, rivaroxaban (Xarelto®), and aspirin.

These medications are available as either a pill or a shot. Some also require laboratory monitoring and have diet restrictions.

Your surgeon will help decide which blood thinner is right for you based on your medical history and the medications you are currently taking.

Most patients continue to take blood thinners for several weeks after surgery to continue to prevent the risk of blood clots.

Contact your doctor or pharmacist before you take your blood thinner medicine if you have any of these problems:

- Bleeding that doesn't stop in 10 minutes
- A heavier-than-normal menstrual period or bleeding between periods
- Coughing or throwing up blood
- Diarrhea or bleeding hemorrhoids
- Dark urine or black stools
- Red or black-and-blue marks on the skin that get larger
- Dizziness or fatigue
- Chest pain or trouble breathing
- A serious fall or blow to the head

General Information

Blood thinner medications help prevent harmful blood clots from forming in the blood vessels. By doing this, they may also increase your risk for bleeding. Because your blood is thinner, it may not clot as easily when you bleed.

- Take your medication exactly as prescribed. Take it at the same time each day. If you miss a dose, do not double the next dose.
- Don't take any other medications, vitamins, or dietary supplements without first checking with your doctor or pharmacist. Let all health care providers know that you are taking a blood thinner medication.
- If the medication requires monitoring, get your blood tested as your doctor orders. This is the only way to check if the dosage is correct.
- Be careful when brushing or flossing your teeth, shaving, or using sharp objects. Use a soft toothbrush.
- Protect yourself from injury. Don't go barefoot. Don't trim corns and calluses yourself.
- Wear a helmet when riding a bicycle.
- Limit or avoid alcohol.
- Notify your doctor if you are pregnant or planning a pregnancy.

For Warfarin (Coumadin®) Users

Warfarin (Coumadin®) takes several days to work. Your blood needs to be checked frequently to determine the right amount of medication for you. Once your medication has been adjusted, your blood may be checked less frequently.

Vitamin K works to help blood clot. Warfarin (Coumadin®) does not work as well when you eat foods high in vitamin K.

Foods to Limit/Avoid While Taking

Coumadin®

You should limit the serving size of these foods if possible (less than 1/2 cup cooked or less than 1 cup raw) and maintain a consistent diet.

Foods VERY high in vitamin K:

- Kale
- Natto (a Japanese dish containing seaweed)
- Parsley (other than a garnish or minor ingredient)
- Swiss chard

Foods moderately high in vitamin K:

- Cabbage
- Coleslaw
- Collard greens
- Nettle leaves
- Purslane
- Seaweed
- Soybean oil
- Spinach

Vegetable oils contain very little vitamin K, with the exception of soybean oil and to a less extent, canola oil. Olive oil or peanut oil are recommended for cooking.

Herbs, Herbals, and Herbal Teas

Avoid herbal teas which contain:

- Tonka beans
- Melilot
- Woodruff

These herbs also may interact with warfarin (Coumadin®) and should not be used without your doctor's approval:

- Chamomile
- Dong Quai
- Feverfew
- Flax
- Garlic
- Ginger
- Ginkgo
- Ginseng
- St. John's Wort
- Wheat grass powder
- Willow bark

Alcohol should be avoided.

Your Rehabilitation

Use of a Wheeled Walker

Adjustment of Walker

- When standing with arms relaxed at your side, the walker handgrip should be at approximately wrist level.
- In rest position, walkers are kept slightly in front of you.
- In rest position, your elbow should be at about a 30-degree bend when hands are on the handgrip.

Ambulation

1. Roll walker about one foot ahead.
2. If one leg is weaker, move it ahead. It should be even with back legs of walker.
3. Push down on hands and advance other leg. It should be midway between front and back legs of walker.
4. Repeat sequence, walking slowly.

To raise from sitting in a chair with arm rests

1. It is advisable to sit in a firm chair with arm rests.
2. Place walker in front of you. **Do not pull on walker** when coming to a standing position. It is too unstable to support weight when pulled on.
3. Slide forward in chair with strong leg bent near chair.
4. Push down on arm rests of chair and, while straightening good leg, rise to standing.
5. Shift hands from arm rests to walker handgrips.

6. Stand for a few seconds to stabilize balance before starting to walk.

To stand from a chair without arm rests

1. It is advisable to sit in a firm chair. (An over-stuffed chair or sofa is hard to get out of.)
2. Place walker in front of you in chair.
Do not pull on walker when coming to a standing position.
3. Slide forward in chair with strong leg bent near chair.
4. Push down on chair seat with one hand, while other hand is placed on center of crossbar of walker.
5. Stand, steady your balance, and place hands on walker handgrips. Start walking pattern.

Curb - Going down

1. Ask someone to assist.
2. Place walker down curb and have someone stabilize the walker.
3. Move one leg down curb. (If one leg is stronger than the other, the weaker leg should be lowered first.)
4. While pushing down on walker with arms, lower other leg (the stronger leg).
5. Start walking pattern.

Curb - Going up

1. Ask someone to assist.
2. Place walker up on curb and have someone stabilize the walker.
3. Put one leg up on curb. (If one leg is stronger than the other, the stronger leg should go up the curb first.)
4. Bring the other leg up (the weaker leg).
5. Start walking pattern.



Stairs

Wheeled walkers should not be used on stairs. Use another assistive device such as a cane and railing on stairs.

Hints

- *Remove all throw rugs. Be careful on slippery surfaces.*
- *On heavy carpet, a walker is harder to push.*
- *Periodically check nuts and bolts that hold the walker together to make sure they are secure.*

Transporting Objects Safely When Using Your Walker

It is very unsafe to carry anything in your hands or under your arms when using your walker. This could cause you to fall. The following suggestions from the Occupational Therapy department will help you to perform necessary tasks safely.

- Tie a bag on the front of your walker in which to place objects. You can also use a fanny pack or backpack.

- Drape clothing over the front of your walker.
- When in the kitchen, use the countertop to transport items. Move yourself down along the counter, leaving the object where it was placed originally. Stop when still in easy reach of object and move it from its original location to a spot further down the counter. Place both hands back on the walker and repeat. Be sure that both hands are on the walker whenever you move your feet.
- When working in the kitchen, plan out your steps to eliminate unnecessary trips. Also keep a garbage can nearby to avoid extra trips. Have a washcloth and towel nearby for easy clean-up or to wash hands.
- If you need to move items from one room to the next, you can use a sturdy wheeled cart. Push the cart alongside of you when you are not walking. Once you have moved the object, place both hands back on the walker. Walk slightly ahead of the cart. Stop, and pull/push the cart further. Again, be sure

you do not move your feet unless both hands are on the walker.

- Stand to the side of the cupboard/appliance door or drawer when opening, then move walker in toward the area you are reaching into. Make sure the walker is as close as possible to the cupboard or appliance to avoid over reaching.
- If one hand comes off the walker, the other hand should hold onto something stationary, such as a countertop. ***Don't leave only one hand on the walker.***

Getting In and Out of a Car

- It is better to sit in the front seat of most cars.
- Have the seat as far back as possible.
- To get into the car, have the front door open, and back up against the front seat with your right hand on the top of the back of the seat.
- Slide back on the seat far enough toward the steering wheel so that you have room to turn and get your legs in through the door.
- Once in the car, you can move to the desired position.
- To get out of the car, reverse the procedure used for getting into the car.
- Note: If you cannot bend your knee a lot, sit in the back seat with your leg on the seat. You will get in by sliding your hips across the seat.
- A sheet of plastic on the seat makes it easier to slide.

Van/Mini Van Tips

- Use the curb as a step; therefore, do not let patient off at a driveway or a wheel chair cut in the curb.

- It is difficult to maintain hip precautions in a van or mini van.
- If a car has bucket seats, padding is necessary in the dip. (You can use folded towels or a cushion to help.)

Adaptive Equipment

Occupational Therapists use adaptive equipment to ease activities of daily living and help patients avoid extremes of movement during recovery from surgery. Your therapist will work with you to determine which equipment best meets your needs.

These items are available for purchase at various locations. Your therapist will identify these locations during your pre-operative class and/or during your hospitalization.

The following items may be recommended during your recovery:

- ☐ Flat Flexible Sock Aid (terry cloth)
- ☐ Homecraft Sock Aid with Cord (regular or wide available)
- ☐ Feather Reach Reacher 26" (trigger style)
- ☐ Pick-up Reacher Standard (handgrip style)
- ☐ EZ slide Shoehorn (metal)
- ☐ Leg Lifter Rigid 41"
- ☐ Long Handled Bath Sponge
- ☐ Spyrolaces (available in black or white)
- ☐ Elastic Shoe Laces (available in brown or white)
- ☐ Black Walker Bag
- ☐ Gait Belt (72" or 100")

Wheaton Franciscan Rehabilitation Services

Wheaton Franciscan Rehabilitation Services provides a full array of physical rehabilitation programs and services at multiple sites throughout southeastern Wisconsin. We treat individuals of all ages with physical disabilities resulting from injury, disease, or trauma. Our goal is to return each patient to the highest possible level of function, health, and well being.

You are about to have a major joint surgery. Expert physical and occupational therapists at Wheaton Franciscan Rehabilitation Services will work with you throughout your recovery to help you meet your goals and get back to the activities you love. As you progress, we will work with you to provide services in the care setting that best meets your needs.

Transitional Care (Sub-Acute Rehab)

The transitional care (skilled nursing facility) setting is an option for those patients that do not yet qualify for the intensity of an IRC stay. Here, the therapy program is individualized to each patient's needs and potential. Advanced tasks are addressed as in other care venues. Physical and occupational therapists continue to work with patients to reach the highest possible levels of independence as they prepare to return home.

The Terrace at St. Francis

3200 S. 20th Street, Milwaukee, WI 53215
(414) 389-3493

Franciscan Woods

19525 W. North Avenue, Brookfield, WI 53045
(262) 785-1114

Lakeshore Manor

1320 Wisconsin Avenue, Racine, WI 53401
(262) 687-2241

Therapies in the Home

Upon your return home, therapies can be provided in the home if you are unable to travel outside. Our physical and occupational therapists will work with you within your home setting to achieve your highest level of performance and continue your progress on those skills that have been difficult for you.

Wheaton Franciscan Home Health & Hospice

Providing in-home therapy services throughout southeastern Wisconsin. Services provided 7 days a week, including holidays. INR monitoring performed in home per physician orders. Therapy appointments scheduled day after discharge.

(414) 874-6100

Outpatient Services

Wheaton Franciscan Healthcare offers rehabilitation services at a large number of convenient outpatient locations. A full range of services and specialty programs is offered, with scheduling that meets your needs.

Milwaukee County Locations

Wheaton Franciscan – Brown Deer Campus

YMCA Healthy Lifestyle Village
9252 N. Green Bay Road, Brown Deer, WI
53209 • (414) 527-7172

Wheaton Franciscan Healthcare – Franklin

10101 S. 27th Street, Franklin, WI 53132
(414) 325-4850

Wheaton Franciscan Rehabilitation Services

7400 W. Rawson Avenue, Suite G13
Franklin, WI 53132
(414) 427-6202

Wheaton Franciscan – St. Joseph Campus

5000 W. Chambers Street, Milwaukee, WI
53210 • (414) 447-2208

Wheaton Franciscan – Wauwatosa Campus

201 N. Mayfair Road, Milwaukee, WI 53226
(414) 259-7275

Wheaton Franciscan Rehabilitation Services

2500 W. Layton Avenue, Suite 160
Milwaukee, WI 53221 • (414) 817-5740

Wheaton Franciscan Rehabilitation Services

Medical Arts Pavilion, 2025 W. Oklahoma
Avenue, Milwaukee, WI 53215
(414) 647-7670

Waukesha County Locations

Elmbrook Medical Arts Center

17000 W. North Avenue, Brookfield, WI 53005
(262) 780-4300

Wheaton Franciscan Medical Group

N64 W24086 Main Street, Sussex, WI 53089
(262) 785-7720

Racine County Locations

Wheaton Franciscan Rehabilitation Services – All Saints

St. Luke's Health Pavilion
3821 Spring Street, Racine, WI 53405
(262) 687-5300

Wheaton Franciscan Rehabilitation Services – All Saints

Atrium, 3811 Spring Street, Racine, WI 53405
(262) 687-5860

Wheaton Franciscan Rehabilitation Services – All Saints

6226 Bankers Road, Suites 5 and 6
Racine, WI 53403 • (262) 687-7616

Wheaton Franciscan Rehabilitation Services – All Saints

2408 Four Mile Road, Racine, WI 53402
(262) 687-5931

Wheaton Franciscan Rehabilitation Services – All Saints

1244 Wisconsin Avenue, #100, Racine, WI
53403 • (262) 687-6550

Wheaton Franciscan Rehabilitation Services – All Saints/Racine Family YMCA

725 Lake Avenue, Racine, WI 53403
(262) 633-3051

SC Johnson JMBA Facilities

3901 Highway 31, Racine, WI 53405
(262) 687-5300

***Locations subject to change. Visit
mywheaton.org for the most current listing.***

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midwest orthopedic
SPECIALTY HOSPITAL

10101 S. 27th Street, Franklin, WI 53132 • www.mymosh.org

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