Mid-America Orthopedics

Joint Replacement

Patient Education & Resource Guide

Benjamin Young, MD

1824 E. James Street, Derby, KS 67037 – (316) 630-9300

Clinical Staff Voicemail – (316) 928-8327

Fax – (316) 978-9005

www.midamortho.com

Table of Contents

Welcome

Dear Valued Patient,

Welcome to Mid-America Orthopedics! The entire staff at Mid-America Orthopedics is dedicated to restoring quality of life, one patient at a time, for those who suffer from joint pain.

Quality of life can mean something different for each patient. For many, it means spending time with family, enjoying a round of golf, a bike ride, or a simple walk. For everyone, being able to move and walk without pain is an important part of living well. As we age, doing things we love to do without pain often becomes a challenge.

Arthritis affects about 40 million Americans, or one in eight. Our surgeons have seen the ways in which arthritis attacks joints that takes away mobility and independence. Dr. Young has dedicated his professional life studying how to better combat the effects of arthritis. Through compassionate care, research, and surgical advances, we can help you revitalize your quality of life.

Dr. Young has worked closely with the medical staff to develop a replacement program to shorten your post operative stay, improve the excellence of orthopedic care, and make your entire experience more enjoyable. Your satisfaction is our top priority.

Our program design focuses on the Anterior Supine Intermuscular Total Hip Replacement and Less Invasive Total Knee Replacement. This program can provide a major benefit to you and your family. Your education and participation are essential to ensuring you have an outstanding experience and the best possible outcome, so please read all the information provided to you in this packet. You will know what to expect, how to prepare, and learn important tips on how to recover well.

Our goal is to provide you with the best patient care possible. With comprehensive patient education and individually tailored care, our program is designed to provide the information, care, and support you need every step of the way to achieve your ideal experience.

Sincerely,
Your Mid-America Orthopedics Surgery Team

Meet the Team

DR. BEN YOUNG

Orthopedic Surgeon, Hip and Knee Replacement

Dr. Young joined MAO in 2019. Dr. Young is a fellowship trained and board-certified orthopedic surgeon specializing in hip and knee replacement. He was born and raised in Manhattan, Kansas and attended Kansas State University where he graduated with a degree in Electrical Engineering. He then attended Creighton University School of Medicine in Omaha, Nebraska before returning to Kansas for residency at the University of Kansas in Wichita.

He went on to complete fellowships at the University of Florida and Johns Hopkins including advanced training in hip and knee replacement. He utilizes minimally invasive surgical techniques as well as hip replacement through the direct anterior approach.

APRIL EHRET, PA

Physician Assistant

April joined MAO in 2021. Orthopedics became April's passion early in her career working in Sports Medicine in her hometown of Sarasota, Florida. Since first stepping into orthopedic surgery in PA School clinicals, she loved the surgery room and enjoyed helping athletes achieve living active lifestyles. Having been a collegiate tennis player, being active and playing sports is a big part of April's life.

Working in Level I orthopedic trauma in Colorado, April received the opportunity to make significant differences in patients' lives with the most basic fundamentals. Whether helping patients get back to painless walking or regaining normal functionality to return to work, she cherished the opportunity and challenge of trauma orthopedics.

Total Knee Replacement

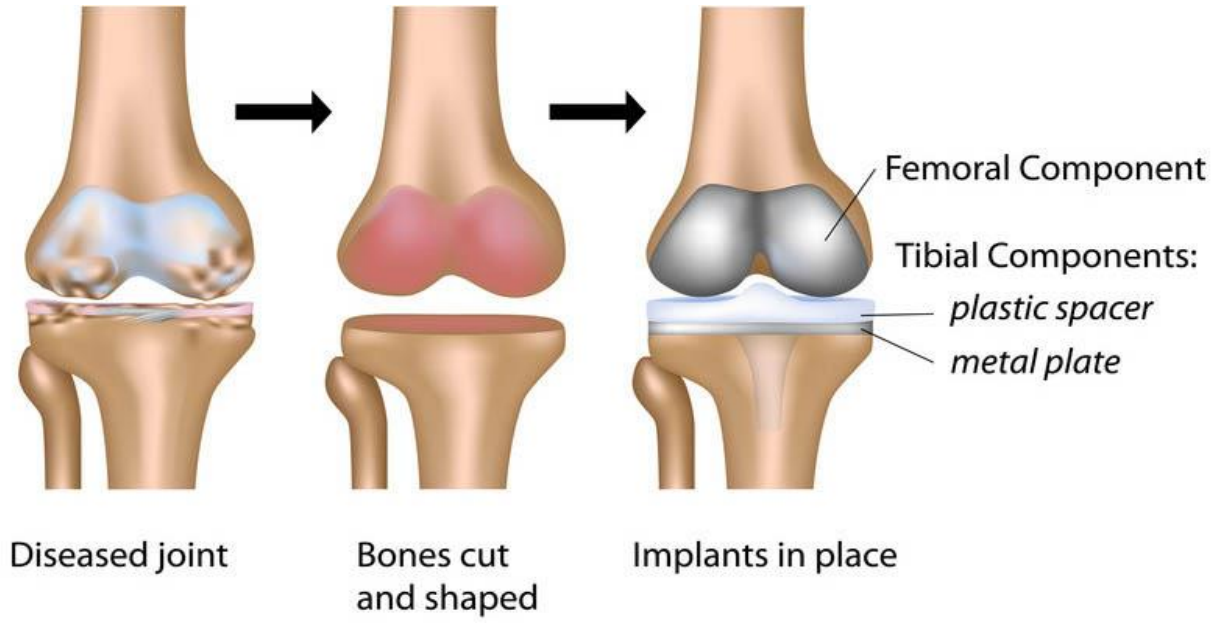
Knee Anatomy

If your knee is severely damaged by arthritis or injury, it may be hard for you to perform simple activities such as walking or climbing stairs. You may even begin to feel pain while you are sitting or lying down.

If medications, changing your activity level, and using walking supports are no longer helpful, you may want to consider total knee replacement surgery. Resurfacing the damaged and worn surfaces of the knee can relieve pain, correct leg deformity, and help resume normal activities.

One of the most important orthopedic surgical advances of the twentieth century, knee replacement was first performed in 1968. Improvements in surgical materials and techniques since then have greatly increased its effectiveness.

Whether you have just begun exploring treatment options or have already decided with Dr. Young to have total knee replacement surgery, this booklet will help you understand more about this valuable procedure.



The knee is the largest joint in the body. Normal knee function is required to perform most everyday activities. The knee is made up of the lower end of the thighbone (femur), which rotates on the upper end of the shin bone (tibia), and the kneecap (patella), which slides in a groove on the end of the femur. Large ligaments attach to the femur and tibia to provide stability. The long thigh muscles give the knee strength.

The joint surfaces where these three bones touch are covered with articular cartilage, a smooth substance that cushions the bones and enables them to move easily.

A thin, smooth tissue liner called the synovial membrane covers all remaining surfaces of the knee. This membrane releases a special fluid that lubricates the knee, reducing friction to nearly zero in a healthy knee.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness, and reduced function.

Realistic Expectations About Knee Replacement Surgery

An important factor in deciding whether to have total knee replacement surgery is understanding what the procedure can and cannot do.

More than 90% of individuals who undergo total knee replacement experience a dramatic reduction of knee pain and a significant improvement in the ability to perform common activities of daily living. But total knee replacement will not make you a super-athlete or allow you to do more than you could before you developed arthritis.

Following surgery, you will be advised to avoid some types of activity, including jogging and high-impact sports.

How Your New Knee Is Different

You may feel some numbness in the skin near your incision. You also may feel some stiffness, particularly with excessive bending activities. Improvement of knee motion is a goal of total knee replacement. The motion of your knee prior to surgery predicts the motion of your knee replacement after surgery. Most patients can expect to be able to fully straighten the replaced knee and to bend the knee sufficiently to climb stairs and get in and out of a car (0-120 degrees). Kneeling is usually uncomfortable, but it is not harmful. You may feel some clicking of the metal and plastic with knee bending or walking, this is normal. These differences often diminish with time and most patients find them to be tolerable when compared with the pain and limited function they experienced prior to surgery.

The longevity of a prosthetic knee (how long it will last) varies from patient to patient. It depends on many factors, such as a patient's physical condition and activity level, body weight and the surgical technique. A prosthetic joint is not as strong or durable as a natural, healthy joint, and most prosthetic joints last about 20-25 years.

After surgery, make sure you also do the following:

- Participate in regular light exercise programs to maintain proper strength and mobility of your new knee.
- Take special precautions to avoid falls and injuries. Individuals who have undergone total knee replacement surgery and experience a fracture may require more surgery.
- Notify your dentist that you had a knee replacement. You should be given antibiotics before all dental surgery for the rest of your life.
- See Dr. Young periodically for a routine follow-up examination and x-rays (radiographs).

Total Hip Replacement

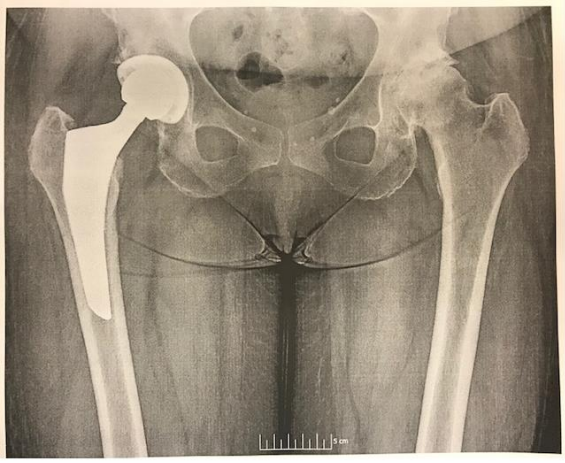
Hip Anatomy

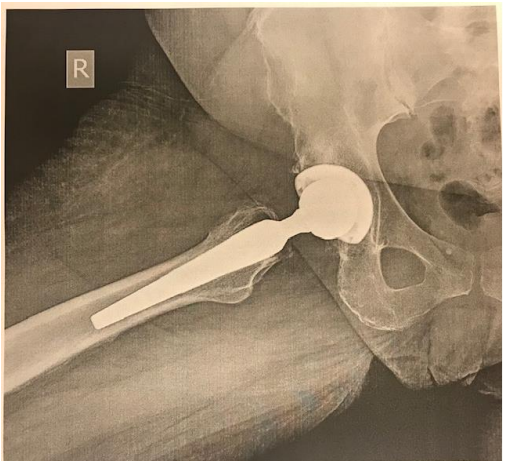
In a healthy hip joint, the surfaces of these bones where the ball and socket rub together are very smooth and covered with a tough protective tissue called cartilage. Arthritis causes damage to the bone surfaces and cartilage. These damaged surfaces eventually become painful as they wear.

In total hip replacement surgery, the ball and socket that have been damaged by arthritis are removed and replaced with artificial parts made of metal and a durable plastic material. We call these artificial parts "implants," or "prostheses."

Whether you have just begun exploring treatment options or have already decided with Dr. Young to have total hip replacement surgery, this booklet will help you understand more about this valuable procedure.

Example of Artificial Hip:





Anatomy

The hip is a ball and socket joint. The ball portion of the joint is called the femoral head and is part of the upper leg bone (femur). The socket portion is called the acetabulum and is part of the pelvic bone. The femoral head (ball) fits into the acetabulum (socket) and moves within its natural fluid, called synovial fluid, which helps to lubricate the joint during motion.

Normally, all of these components work in harmony. But disease or injury can disrupt this harmony, resulting in pain, muscle weakness, and reduced function.

Realistic Expectations About Hip Replacement Surgery

An important factor in deciding whether to have total hip replacement surgery is understanding what the procedure can and cannot do.

More than 90% of individuals who undergo total hip replacement experience a dramatic reduction of hip pain and a significant improvement in the ability to perform common activities of daily living. But total hip replacement will not make you a super-athlete or allow you to do more than you could before you developed arthritis.

Following surgery, you will be advised to avoid some types of activity, including jogging and high-impact sports. With normal use and activity, every hip replacement develops some wear in its plastic cushion. Excessive activity or weight may accelerate this normal wear and cause the hip replacement to loosen and become painful. With appropriate activity modification, hip replacements can last for about 25-30 years.

How Your New Hip Is Different

You may feel some numbness in the skin around your incision. You also may feel some stiffness, particularly with excessive bending activities. Relief of pain and improvement of hip motion is a goal of total hip replacement.

The longevity of a prosthetic hip (how long it will last) varies from patient to patient. It depends on many factors, such as a patient's physical condition and activity level, body weight. All prosthetic hips may need to be revised (replaced) at some point as they last about 25-30 years.

After surgery, make sure you also do the following:

- Participate in regular light exercise programs to maintain proper strength and mobility of your new hip.
- Take special precautions to avoid falls and injuries. Individuals who have undergone total hip replacement surgery and experience a fracture may require more surgery.
- Notify your dentist that you had a hip replacement. You should be given antibiotics before all dental surgery for your lifetime following your total hip replacement.
- See Dr. Young periodically for a routine follow-up examination and x-rays (radiographs), usually once a year.

Total Hip Replacement

Lateral/Posterior Approach:

Many traditional hip replacement surgeries are performed with an incision to the lateral (outside) or posterior (back) of the hip and thigh. Muscle and tendons (short rotators) are detached to reach the hip joint and then re-attached later in the operation. This procedure typically requires strict precautions after surgery, such as limited hip motion for six to eight weeks. You must also limit flexing of the hip to no more than 90 degrees, which can make normal activities, like sitting in a chair or getting in a car, more difficult.

Anterior Approach:

Anterior-approach hip replacement is an innovative, less invasive alternative to traditional hip replacement surgery. Anterior-approach total hip replacement minimizes pain and reduces recovery time. Because the surgeon can reach the hip joint from the front of the hip rather than from the side or back, the hip can be replaced **without** detaching muscle from the pelvis or femur.

Many surgeons are choosing this hip replacement technique because they believe it offers patients potential advantages that include:

- Faster recovery time, because key muscles are not detached during the operation.
- Fewer restrictions during recovery. Most patients have significantly greater mobility and range of motion following surgery.
- Reduced scarring since the technique requires one relatively small incision.
- Reduced need for pain medication.
- Less time spent in rehabilitation.

Following the procedure, the patient is able to immediately bend the hip freely and bear full weight when it feels comfortable. Average recovery time for anterior-approach hip replacement surgery is 2-6 weeks versus 2-4 months with conventional surgery.

Dr. Young will discuss with you which approach is the best option for you and your recovery.

Preparing for Surgery

Medical Evaluation:

If you decide to have total hip or knee replacement surgery, you will be asked to make an appointment with your family physician for a pre-operative surgical consultation. This is ordered several weeks prior to surgery to assess your health and to identify any conditions that could interfere with your surgery. This information must be in our office 10 days before your scheduled surgery, or you may have to reschedule surgery for a later date.

If you see a specialist for your heart, lungs, or kidneys, you will need a clearance from them as well prior to surgery.

Tests:

Several tests may be needed to help plan your surgery: blood and urine samples may be tested, and an EKG may be obtained.

Preparing Your Skin and Leg:

Your knee and leg should not have any skin infections or area of irritation. Your lower leg should not have any chronic swelling. Contact Kayte at Dr. Young's office prior to surgery if either of these conditions is present for a program to best prepare your skin for surgery.

Medications:

Tell Dr. Young about the medications you are taking. He will tell you which medications you should stop taking and which you should continue to take before surgery. Please see the list below regarding the most common medications.

Medications You Must STOP Taking Prior To Surgery

Some medications that you currently take may prove harmful during surgery because they thin your blood and increase the risk of bleeding after surgery.

2 Weeks Prior: Prescription diet medications, herbal supplements (Such as St. John's Wort), vitamins, Methotrexate, and other rheumatoid arthritis medications.

10 Days Prior: Blood thinners, anticoagulants, and antiplatelet agents (such as Coumadin, Plavix, Effient), aspirin, compounds containing aspirin, hormone replacement therapy, omega 3 fatty acids.

5 Days Prior: Anti-inflammatory medications (such as Ibuprofen, Motrin, Advil, Aleve, Naproxen, Relafen, or Diclofenac). You may continue Celebrex.

Dental Evaluation:

Although the incidence of infection after hip or knee replacement is very low, an infection can occur if bacteria enter your bloodstream. Treatment of significant dental diseases (including tooth extractions and periodontal work) should be considered before your total joint replacement surgery.

Social Planning:

Although you will be able to walk on crutches or a walker soon after surgery, you will need help for 1-2 weeks with such tasks as cooking, shopping, bathing, and doing laundry. If you live alone, the hospital can help you make prior arrangements for a short stay in an extended care facility or assist with setting up home health.

If you choose to be discharged with home health and/or are transferred to a skilled nursing unit or rehabilitation hospital, you need to be informed that Dr. Young is not responsible for treatment rendered by these facilities and Dr. Young does not make rounds at any skilled nursing facility or rehab facility.

Please be aware that there are Medicare and insurance guidelines that must be met in order to qualify for home health, skilled nursing facility and or rehabilitation facility. The hospital staff will perform the evaluation on the day you are dismissed and inform you if you meet the Medicare guidelines.

Home Planning:

The following is a list of modifications that can make your home easier to navigate during your recovery:

- Secure handrails along your stairways
- A stable chair for your early recovery with a firm seat cushion (and a height of 18 to 20 inches), a firm back, two arms, and a footstool for intermittent leg elevation
- A toilet seat riser with arms if you have a low toilet
- A stable shower bench or chair for bathing
- Removing all loose carpets and cords
- A temporary living space on the same floor because walking up or down stairs will be more difficult during your early recovery

Surgery Day

Remember: Do not to eat or drink anything, including mints or gum after midnight the evening prior to your surgery.

Shower the night before or day of your surgery. Wear clean and comfortable clothes. Avoid wearing any fragrance, deodorant, cream, lotion, makeup, or nail polish. Take any medications as instructed during your preoperative testing with a small sip of water. Report to the check-in area on time.

You will be admitted to the hospital on the day of your surgery. After admission, a member of the anesthesia team will evaluate you. The most common types of anesthesia are general anesthesia, in which you are asleep throughout the procedure, and spinal or epidural anesthesia, in which you are awake but your legs are anesthetized. The anesthesia team will determine which type of anesthesia will be best for you with your input.

The procedure itself takes approximately 1- 1 1/2 hours. Dr. Young will remove the damaged cartilage and bone and then position the new metal and plastic joint surfaces to restore the alignment and function of your joint.

Total Knee Replacement

Total knee replacement is more accurately described as total knee resurfacing. Dr. Young will remove the worn cartilage, bone spurs, and a few millimeters of bone from the end of the bones. This is then replaced with metal (titanium and cobalt chrome) with a plastic liner (polyethylene) in between and behind the knee cap. The procedure takes about 60 minutes, and you may need to stay in the hospital for 1-2 days.

You can expect to be up walking the day after surgery. You will also work with a physical therapist on range of motion and strengthening exercises for about six weeks, which can be done in the Mid-America Orthopedics offices. Time off work varies significantly based on work demands and current abilities.

Total Hip Replacement

Total hip replacement involves removing and replacing the deteriorated ball (femoral head) and socket (acetabulum) of the hip. Dr. Young will remove the femoral head and the worn cartilage, bone spurs, and a few millimeters of bone from the end of the socket. This is then replaced with metal (titanium and cobalt chrome) with a plastic liner in between. The procedure takes about 60-90 minutes, and you may need to stay in the hospital for 1-2 days.

You can expect to be up walking the day after surgery. You will also work with a physical therapist on strengthening exercises for three to six weeks to allow muscles to heal. Time off work varies significantly based on your work demands and your current abilities.

Recovery

You will most likely stay in the hospital for 1-2 days. After surgery, you will feel some pain, but medication will be prescribed to you to make you feel as comfortable as possible. Because pain management is an important part of your recovery, talk with Dr. Young if postoperative pain becomes a problem. Walking and movement are important to your recovery and will begin immediately after your surgery.

Do not try to walk until your nurse or physical therapist determines you are ready.

To avoid lung congestion after surgery, you should breathe deeply and cough frequently to clear your lungs.

Dr. Young may prescribe one or more measures to prevent blood clots and decrease leg swelling, such as special support hose, inflatable leg coverings (compression boots), and blood thinners.

You will need to use crutches and/or a walker for 1-2 weeks.

Foot and ankle movement also is encouraged immediately following surgery to increase blood flow in your leg muscles and to help prevent leg swelling and blood clots. Most patients begin exercising their knee the day after surgery. A physical therapist will teach you specific exercises to strengthen your leg and restore knee movement to allow walking and other normal daily activities soon after your surgery.

You should not drive a vehicle for a least 3-4 weeks post-operatively.

Ted Hose Instructions:

You have been issued a pair of Support Stockings at your pre-operative surgery visit with Dr. Young. You need to bring the stockings with you to the hospital on the day of surgery. You may apply the stockings to both legs when you get home from the hospital. The stockings are worn to help decrease swelling as well as for blood clot prevention. **It is recommended that you wear the stockings as much as tolerated for 6 weeks following surgery**. You may take them off for bathing/ showering and to wash the stockings. **If the stockings become too uncomfortable, or cause any skin breakdown you should stop wearing them**.

Brace Instructions (for knee patients only):

You have been issued a knee brace at your pre-operative knee surgery visit with Dr. Young. When you wake up from surgery you will have the knee brace on your operative leg. This brace is used as a fall prevention, and you need to wear it for the first 24 hours after surgery until the block wears off. You will keep this brace on for the entire night immediately following surgery.

Recovery Goals

Day of Surgery:

- Up in a chair as tolerated
- Diet as tolerated. Start slow and advance as you feel better.
- Ankle pumps as instructed.
- Incentive spirometry as instructed
- Ice therapy in place
- Physical therapy begins
- Manage pain
- Transition home (if outpatient)
- Walk with crutches or a walker to help with balance
- Brace as instructed

Your Recovery at Home

The success of your surgery also will depend on how well you follow Dr. Young's instructions at home during the first few weeks after surgery.

Managing Swelling:

It is normal to have bruising around your thigh or knee and down to your foot as well as up the inner thigh to the groin area. You may also experience swelling of the upper and lower leg down to the foot and ankle. Swelling usually peaks around 7 days after surgery.

Wound Care:

You might have staples running along your wound and/or suture beneath your skin on the front of your hip or knee. Dr. Young uses skin glue and a sterile dressing that helps in the wound healing process. You should keep the dressing clean and dry and leave it on until your follow up appointment. This will occur 15-21 days after surgery. The dissolvable suture beneath your skin will not require removal as your body will absorb this.

Shower Instructions:

Your bandage is water resistant, not waterproof. It is important to do whatever you need to do in order to keep your bandage clean and dry. If moisture gets under the bandage, it could cause problems with healing. If you have any doubts, a sponge bath is the best option we can recommend. Generally, after 2-3 weeks of wound healing the bandage is no longer required. Dr. Young does not allow you to submerge your wound for 6 weeks postop. This includes no bathing, lakes, hot tubs, swimming pools, etc.

Sleep (Information from www.aahks.org):

One of the most common complaints after total joint replacement is difficulty sleeping. The most common cause of sleep disruption is pain. It has been reported that more than half of patients wake up with pain after joint replacement. Many factors can affect the quality of sleep after a major surgery including anesthesia-type, narcotic use, and discomfort due to pain or restricted leg movements. As sleep is crucial to the recovery process, it is important to follow appropriate pain management protocols.

Usually around the second or third week after surgery, you will start to increase your activity levels while at the same time decrease your narcotic use. This often coincides with having a difficult time sleeping. When this occurs, you should take your pain medication an hour before bed to achieve better comfort and help restore your sleep cycle. A few days off from strenuous activity or physical therapy will not inhibit your recovery but can have a tremendous effect on your ability to fall asleep and stay asleep.

Overall, sleep deprivation after total joint replacement is manageable through pain management, the occasional use of sleeping pills, and activity modification. If all else fails, it is advisable to call your primary care doctor or surgeon who can help you manage sleep disturbances during the postoperative period.

Narcotic Medication:

Dr. Young will prescribe narcotic medication after a total joint surgery for up to 6 weeks. Please call the office to request a refill. No narcotic medications will be refilled over the weekend.

Diet:

Some loss of appetite is common for several weeks after surgery. A balanced diet is important to promote proper tissue healing and to restore muscle strength. Also, remember to drink plenty of water as it aids in healing. Sometimes taking narcotics can cause constipation and/or nausea. You may use over-the-counter Colace or MiraLAX following the directions on the bottle. Please contact our office or your primary care physician if over-the-counter stool softener does not help.

Activity:

Exercise is a critical component of home care, particularly during the first few weeks after surgery. You should be able to resume most normal activities of daily living within 3 to 6 weeks following surgery. Some pain with activity and at night is common for several weeks after surgery. Sleep may be difficult for the first 4-6 weeks. Range of motion is critical to your success. If you had a total knee and are not at full extension of 0 degrees and 100 degrees of flexion (bend) by 4 weeks, please call our office. Your activity program should include:

- A graduated walking program to slowly increase your mobility, initially in your home and later outside
- Resuming other normal household activities, such as sitting and standing and climbing stairs
- Specific exercises several times a day to restore movement and strengthen your knee. You probably will be able to perform the exercises without help, but you may have a physical therapist help you at home or in a therapy center the first few weeks after surgery.

Driving usually begins when your knee bends sufficiently so you can enter and sit comfortably in your car and when your muscle control provides adequate reaction time for braking and acceleration. Patients may begin driving as soon as they are off the narcotic pain medication after a left total joint replacement, and after 4 weeks postop and off of the narcotic pain medication on a right total joint replacement.

Avoiding Problems After Surgery

Complications:

The complication rate following total joint replacement is low. Serious complications, such as blood clots or a joint infection, occur in fewer than 2% of patients. Major medical complications such as heart attack or stroke occur even less frequently. Chronic illnesses may increase the potential for complications. Although uncommon, when these complications occur, they can prolong or limit full recovery.

Dr. Young will outline a prevention program, which may include periodic elevation of your legs, lower leg exercises to increase circulation, support stockings, and medication to thin your blood.

Although implant designs and materials as well as surgical techniques have been optimized, wear of the bearing surfaces or loosening of the components may occur. For a total knee an average of 115° of motion is generally anticipated after surgery however, scar tissue in the knee can occasionally occur, and motion may be more limited, particularly in patients with limited motion before surgery. Finally, although rare, injury to the nerves or blood vessels around the knee or hip can occur during surgery.

Discuss your concerns thoroughly with Dr. Young prior to surgery.

Blood Clot Prevention:

It is important to follow Dr. Young's instructions such as taking proper medications and maintaining proper activity levels to minimize the potential of blood clots that can occur during the first several weeks of your recovery.

You will be prescribed aspirin or another blood thinner for your post-operative period for the prevention of blood clots. Please take as instructed. If you have any questions regarding this, please contact our office.

Warning Signs:
Warning signs of possible blood clots in your leg include:

- Increasing pain in your calf
- Tenderness or redness above or below your knee
- Increasing swelling in your calf, ankle, and foot

Warning signs that a blood clot has traveled to your lung include:

- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing

Notify Dr. Young immediately if you develop any of these signs.

Preventing Infection

The most common causes of infection following total joint replacement surgery are from bacteria that enter the bloodstream during dental procedures, urinary tract infections, or skin infections. These bacteria can lodge around your joint replacement and cause an infection.

After your joint replacement, you must take preventive antibiotics before dental or surgical procedures that could allow bacteria to enter your bloodstream.

Warning signs of a possible joint replacement infection are:

- Persistent fever (higher than 100°F orally)
- Shaking, chills
- Increasing redness, tenderness, or swelling of the joint wound
- Drainage from the joint wound
- Increasing knee pain with both activity and rest

Notify Dr. Young immediately if you develop any of these signs.

Avoiding Falls

A fall during the first few weeks after surgery can damage your new knee or hip and may result in a need for further surgery. Stairs are a particular hazard until your leg is strong and mobile. You should use a cane, crutches, a walker, handrails, or have someone to help you until you have improved your balance, flexibility, and strength.

Dr. Young and your physical therapist will help you decide what assistive aides will be required following surgery and when those aides can safely be discontinued.

Flying with Your New Joint

Belt buckles, key chains and smart phones may set off sensitive metal detectors at airport security checkpoints. Many commonly used orthopedic implants may also set off the metal detectors. Over 90% of implanted total hip arthroplasty (THA) and total knee arthroplasty (TKA) devices will set off airport metal detectors. Many THA and TKA implants now include ceramic and plastic materials in addition to metal, but the metal will still likely cause an alarm. A card from your physician is no longer needed for identification of these type of implants.

If you or a family member has a metal implant, he or she should inform a Transportation Security Officer before screening begins. Passengers can use TSA's Notification Card to communicate discreetly with security officers; however, showing this card or other medical documentation will not exempt a passenger from additional screening.

Many patients now prefer to be screened by imaging technology (X-ray Machine) to reduce the likelihood of a pat-down being necessary. If a pat-down is selected by the TSA, it will be helpful to wear clothes that allow you to easily reveal your surgical scar.

The TSA offers more information on metal implants and the TSA Notification Card on their website (www.tsa.gov).

Information from www.aahks.org.

Physical Therapy

You will begin Physical Therapy while in the hospital. The therapist will have you begin walking, show you some simple exercises to do while in the hospital and home, and show you how to get up and down from a chair. You will begin formal physical therapy the same week you had a total knee surgery or 3 weeks after a total hip.

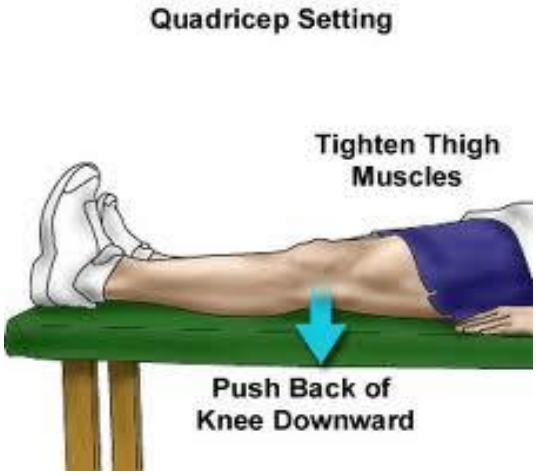
Dr. Young suggests you do the following exercises the first day after surgery to increase mobility and to not lose strength in your leg. Do not add weights or other resistance to these exercises without guidance from your physician or physical therapist.

Propped Knee Extension (The biggest priority exercise):

To fully straighten your knee, prop your surgical leg on a small towel or pillow under your heel, not under your knee. Start by maintaining this position for a minute and progress up to 5 minutes. Do this 5-10 times a day.

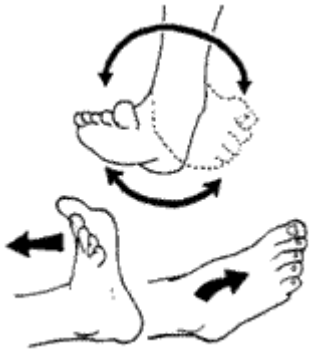
Quad Sets:

Lie down with your leg straight and toes pointed toward the ceiling. Tighten muscle on top of thigh (quadricep). You should feel knee push into table or bed and kneecap pull upward. Do not dig heel into the table or bed while doing this exercise.



Ankle Pumps:

To promote circulation and decrease swelling, in bed or sitting in a chair, point your toes up, down, left, and right. Perform 2 sets of 10 repetitions.

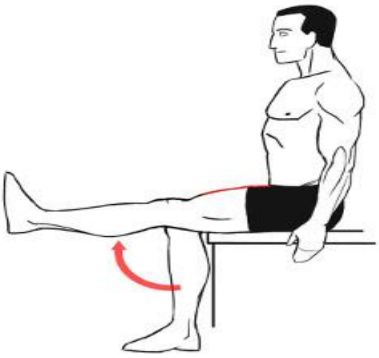


Heel Slides:

To promote active bending, lie on your back with your legs straight and your toes pointed toward the ceiling. Slowly pull your heel towards your buttocks as far as you can, attempting to achieve greater motion with each repetition. Perform 2 sets of 10 repetitions 3 times a day.

Seated Knee Extension:

To promote quadriceps strength, sit with your knees bent at 90 degrees. Straighten your leg at the knee while keeping your back upright. Slowly lower your leg to the starting position. Perform 2 sets of 10 repetitions 3 times a day.



Seated Knee Flexion:

To promote knee bending, sit in a chair with your knee bent to 90 degrees. Keeping your foot flat and fixed to the floor, gently move your buttocks forward in the chair. Relax in the new position for 20 seconds. Perform 1 set of 5 repetitions 3 times a day.

Additional Resources

PATIENT PORTAL

Communicate with Dr. Young, request appointments, view office summaries, and more. To sign up for the patient portal, we must have your SSN and email on file. To update your file or for assistance, please call (316) 630-9300 option 3. Log in here: https://bit.ly/AthenaPortal.

ONLINE BILL PAY

Simply visit https://bit.ly/MAOBillPay to submit a payment.

VISIT OUR WEBSITE

Go to https://midamortho.com to learn more about our practice, doctors, read our blog, and more.

Learn more about Joint Replacement: https://bit.ly/ICTJointReplacement

Read more about Dr. Young: https://bit.ly/MAOYoung

View Dr. Young's PT protocols: https://bit.ly/MAOYoungPT

Please call our office if you have any further questions
Best wishes for a speedy recovery!