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SECTION ONE:
General Information

Welcome
We are pleased that you have chosen the St. Peter’s Hospital Joint Replacement Center.

Each year, more than 700,000 people in the United States make the decision to undergo joint replacement surgery. Your decision to have elective joint replacement surgery is the first step toward a healthier lifestyle. Our program is designed to return you to an active lifestyle as quickly as possible.

Your health care is a cooperative effort among you, your doctor and the hospital staff. Your team includes physicians, physician assistants, patient care technicians, nurses, clinical care coordinators, and physical and occupational therapists specially trained in total joint care.

A comprehensive course of treatment has been planned for you. We believe that you play a key role in promoting a successful recovery. The long-term benefit of your surgery depends very much on the success of your continued rehabilitation at home. Therefore, we hope that you will continue to practice what the team has taught you long after you return home.

Using the Guidebook
The information in this guidebook is designed to help you through your hip replacement surgery and recovery process by teaching you:

- How to be prepared for your surgery and hospital experience
- What you will need to do during your recovery
- How to live with a joint replacement and be as independent as possible

Please bring this book to the hospital with you. You should refer to this guide while you are in therapy and during your hospital stay. The information in the guidebook covers many details, so it may look overwhelming. You and your support team should carefully read this entire book at a comfortable pace for you. Refer to it as needed throughout your recovery process. You should keep your guidebook as a handy reference for at least the first year after your surgery.

Your physician, physician assistant, nurse, or therapist may add to or change any of the recommendations in this guidebook. Always use their recommendations first and ask questions if you are unsure of any information.
Overview of the St. Peter’s Hospital Joint Replacement Center

We offer a unique program. Each step is designed to encourage the best results after surgery. Features of the program include:
- Dedicated nurses and therapists trained to work with joint patients
- Casual clothes (no drafty gowns)
- Private and semi-private rooms
- Focus on group activities
- Family and friends participating as “coaches” in the recovery process
- A comprehensive patient guide
- Daily newsletters with helpful hints
- Brochures and education seminars about hip pain
- A class to prepare you for surgery

Your Joint Replacement Team

Orthopedic Surgeon - The orthopedic surgeon is the specially trained doctor who will perform the procedure to repair your damaged joint.

Physician Assistant (PA) – The PA works with your doctor to prescribe, diagnose and treat health care problems. Physician assistants often see you before, during or after joint replacement surgery.

Registered Nurse (RN) – The RN is a professional nurse who is responsible for managing your nursing care following your surgery while using the surgeon’s instructions to guide your care. RNs offer educational information to you and your family about health and safety needs – before and after surgery. RNs also provide care and education in your surgeon’s office.

Clinical Care Coordinator (C3) – This registered nurse works closely with your surgeon and the other team members to help you make decisions about your discharge plan. Your plan may include outpatient therapy, home equipment, and/or any skilled nursing care, if needed.
Physical Therapist (PT) - The physical therapist will guide your return to functional daily activities. They will train you and your coach in safe transfer techniques, provide gait training and teach exercises designed to regain your strength and motion after surgery.

Occupational Therapist (OT) - The occupational therapist will teach you about performing daily tasks such as bathing and dressing with your new joint. They also teach you how to use special equipment that can assist you with such tasks after you receive your replacement.

Introduction to Total Hip Replacement
The term “total hip replacement” does not mean that your hip will be replaced, as is commonly thought. It means that an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.
SECTION TWO:
Getting Ready for Surgery

The information in this section explains everything you need to know and do before you arrive at the hospital for your surgery.

Your Pre-Surgery Class
To prepare you for your joint surgery, we will ask you to attend a special class for patients scheduled for joint surgery. You will be registered for your class two to three weeks prior to your surgery. You will only need to attend one class. Members of the team will be there to answer your questions. It is strongly suggested that you bring a family member or friend to act as your “coach.” The coach’s role will be explained in class.

The class outline is as follows:
- Meet the Joint Care Team
- Welcome and overview
- Getting ready for surgery
- Reviewing your exercises
- What to expect at the hospital
- Anesthesia and pain control
- Rehabilitation
- Discharge Planning/Insurance/Obtaining Equipment
- Complete pre-surgery forms
- Virtual tour of the Joint Replacement Center

Your Coach and Support Team
Your friends and family who are involved in your daily life are important to you. Choosing a family member or friend to act as a coach will help you through your hip replacement surgery and recovery process. This person will be with you from making preparations for surgery through your stay in the hospital to your discharge to home. Your coach will attend pre-surgery class, give support during exercise classes and keep you focused on healing. He or she will encourage you to continue exercising when you return home and ensure that home remains safe during your recovery. A coach’s checklist is located on Page 51.
Pre-Admission Testing

The pre-admission testing process is an essential part of the preparation for your surgery. Our Pre-Admission Testing (PAT) staff will assist you through this process. They will help you prepare for surgery by:

- Acting as a liaison for the coordination of your pre-surgery care between the doctor’s office, the hospital, and the testing facilities, if necessary
- Confirming that you are scheduled for your pre-surgery joint class
- Confirming your appointments for medical testing
- Confirming that you have made an appointment, if necessary, with your medical doctor and/or cardiologist and have obtained the pre-surgery tests your doctor has ordered
- Answering questions and directing you to specific resources within the hospital

After your surgeon’s office has scheduled you for joint surgery, please call the PAT department at (518) 525-1545 to schedule two appointments:
1. A pre-anesthesia telephone assessment/ interview with a nurse, AND
2. An appointment for any tests your surgeon or anesthesiologist has ordered.

THIS TELEPHONE INTERVIEW IS A VERY IMPORTANT PART OF THE PREPARATION FOR YOUR SURGERY.

The nurse will review your medical and surgical history, inform you of the things you will need to do in preparation for your surgery (such as fasting), and tell you which medications to take (or NOT take) the morning of surgery.

Please have the following information ready for this telephone interview:

- A list of medications, vitamins and herbal supplements you are taking (both prescription and over-the-counter), including the dose and spelling of each medication (See Page 7 for a place to write down your medications.)
- Your neck size (This information is needed to complete the pre-anesthesia assessment. Please measure around the base of your neck.)
- The name and phone number of your primary care doctor and any other physician specialist you routinely visit
- The name and phone number of your pharmacy

To help us be sure we have all of the reports required for your medical record, please tell the PAT staff if you have had any blood work, electrocardiograms (EKG) or pre-surgical evaluations within the last 30 days. Please note that your doctor must have completed a history and physical exam within 30 days prior to your surgery and faxed that form to (518) 944-2505.

If you have any questions, call (518) 525-1545 between the hours of 8:30 am and 4:30 pm.
Please use the space provided to record your appointment times.

**Telephone Interview Appointment**
Date _______________ Time_____________

**Pre-Admission Testing Appointment**
Date _______________ Time_____________

**Medical Pre-Surgery Evaluation**
Date _______________ Time_____________

**Cardiac Pre-Surgery Evaluation**
Date _______________ Time_____________

**History/Physical Exam**
Date _______________ Time_____________

For information about confirming your surgery, see Page 12.

**Medical and Anesthesia Evaluations**
When you were scheduled for surgery, you should have received a medical evaluation letter from your surgeon. The letter will tell you whether you need to see your primary care doctor and/or a specialist.

Please follow the instructions in the letter. If you need to see your primary care doctor, it will be for medical evaluation before surgery. (This is in addition to seeing your surgeon before surgery.) The PAT team may order additional physician consults after discussing your medical history with the anesthesiologist.

**Medications**
Discuss which medications should be stopped and when with your surgeon. This includes Plavix®, Coumadin®, Predaxa®, Eliquis®, Xarelto® and pain medications. Medications that are often stopped prior to surgery include:
- Aspirin
- Some anti-inflammatory medicines (like Motrin®, Aleve®, etc.)
- Some vitamins
- Fish oils
- Herbal supplements (such as ginseng, gingko biloba and garlic pills)
- Herbal teas
- Fortified cereals that contain vitamin E
- Pain medications that contain aspirin

Some over-the-counter and prescription pain medications can continue until the time of surgery.

Please be honest about your drug and alcohol use. It is important to know as it can relate to your anesthesia and pain management.
### Personal Medication List

<table>
<thead>
<tr>
<th>Medication Name/Dosage</th>
<th>Instruction</th>
<th>Reason for Therapy</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the name of your medication? What is the dosage?</td>
<td>When and how do you take this medication?</td>
<td>Why are you taking this medication?</td>
<td>How long have you been taking this medication?</td>
</tr>
</tbody>
</table>

Doctor Name: ___________________________  Phone Number: ___________________________

Pharmacy Name: ___________________________  Phone Number: ___________________________

Emergency Contact Name: ___________________________  Phone Number: ___________________________
Smoking

It is important to stop smoking before surgery. Smoking raises your blood pressure and heart rate. It delays your healing process by limiting the size of your blood vessels and the amount of oxygen circulated in your blood. Smoking can also increase blood clotting which can cause problems with your heart, brain and lungs.

If you quit smoking before you have surgery, you will improve your ability to heal. If you need help quitting, St. Peter's Health Partners offers excellent programming for smoking cessation. For more information, contact St. Peter’s Smoking Cessation program, “The Butt Stops Here,” at (518) 459-2550 or visit www.quitsolutions.org.

Advance Directives

An advance directive is a written or verbal statement that explains your wishes about your health care. If you become unable to express your wishes to the doctor, family, or hospital staff, an advance directive can help ensure that your wishes are followed.

There are different types of advance directives. You may wish to talk to your attorney or your doctor about which is the most appropriate for you.

- **Living Wills** are written instructions that explain your wishes for health care if you are unable to speak for yourself. Although they are not legal documents in New York state, they do provide what the court calls “clear and convincing” proof of your wishes about your health care.

- A **Health Care Proxy** is a form which names a person (your agent) to make medical decisions for you, if you become unable to do so. This person’s role is to represent your wishes for care and treatment if you cannot speak for yourself. In New York state, your agent must know your wishes about artificial nutrition and hydration (tube fluids and feedings) in order to be allowed to make those decisions.

- **Do Not Resuscitate (DNR)** forms are used to explain that you do not wish to be resuscitated (brought back to life) if your heart stops or if your breathing stops.

- **Medical Orders for Life-Sustaining Treatment (MOLST)** are intended for use with people who are at the end of their lives or dealing with life-threatening illnesses. These forms may include your decisions about resuscitation, breathing assistance, hydration and nutrition, and use of pain medications. These orders are in place as soon as they are signed by a doctor.
During your pre-admission testing process and on admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents with you so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

**Planning for Leaving the Hospital**

Understanding your plan for discharge from the joint replacement center is an important task in the recovery process. You can expect help from your joint care team to develop a plan that meets your particular needs. You should expect to be able to go directly home to recover in the privacy and comfort of your home. To help you with this process, complete the Orthopedic Patient’s Discharge Planning Sheet on Page 49.

**Preparing Your Home for Your Return from the Hospital**

It is important to have your house ready for your arrival back home. Use this checklist as you complete each task.

- Put things that you use often (like an iron or coffee pot) on a shelf or surface that is easy to reach.
- Check railings to make sure they are not loose.
- Clean your home.
- Do the laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other possible dangers from walkways.
- Install night-lights in bathrooms, bedrooms and hallways.
- Install grab bars in the shower/bathtub. Put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.
Exercising Before Surgery

Many patients with arthritis favor the painful leg. As a result, the muscles become weaker making recovery slower and more difficult. It is important to be as flexible and strong as possible before undergoing a total hip replacement. Exercising before surgery can make recovery faster and easier.

There are 10 basic exercises that your doctor may instruct you to begin before surgery and continue until your procedure (see list). You should be able to do them in 15 to 20 minutes, and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of “training” prior to your surgery. Always consult your orthopedic doctor before starting your exercise plan before surgery.

Remember that you need to strengthen your entire body, not just your legs. Strengthen your arms by doing chair pushups. (See page 35 for details on armchair pushups.) You will be relying on your arm strength to support you when walking with the walker or crutches. Your arm strength will also help you get in and out of beds and chairs, as well as on and off the toilet. You should also exercise your heart and lungs by performing light activities such as walking for 10 to 15 minutes each day.

RANGE OF MOTION AND STRENGTHENING EXERCISES
(See Page 33)
1. Ankle Pumps
2. Quad Sets
3. Gluteal Sets
4. Abduction and Adduction
5. Heel Slides
6. Short Arc Quads
7. Knee Extension - Long Arc Quads
8. Standing Heel/Toe Raises
9. Standing Rock Over the Operated Leg
10. Armchair Pushups

Do NOT do any exercise that is too painful.

Pre-Surgery Instructions

The following instructions will help you prepare your body for surgery before you arrive at the hospital.

Five Days Before Surgery

DO NOT shave or remove hair below the neck for five days before surgery. Avoid cutting grass, gardening and other outdoor work.
Three Days Before Surgery

Shower Prep Before Surgery
You will be given a 4-ounce bottle of antibacterial soap at the time of your pre-admission testing (PAT) appointment. Studies have shown that using an antibacterial soap (chlorhexidine gluconate) for four showers before surgery reduces the risk of infections. If you do not come in to PAT for your blood work, you will need to purchase this soap. Ask for chlorhexidine gluconate 2 percent at your local pharmacy. A 4-ounce bottle is enough.

Please follow the directions below for your showers:
- Shower once a day for three days before surgery and the morning of surgery (total of four showers).
- Wash your face, underarms and groin with your own regular soap and rinse thoroughly.
- Next, wash your body with one-fourth (1/4) of the bottle of chlorhexidine and a clean wash cloth. DO NOT use this soap on your face, hair, underarms, or groin. Use a clean wash cloth with each shower.
- Wash hair with your own shampoo the night before or morning of surgery. DO NOT apply any products after washing such as hairspray, gel or mousse.
- Dry with a clean towel after each shower.
- Dress with clean clothes and undergarments after each shower.
- Use clean bed linen the night before surgery.

DO NOT use lotion, powder, deodorant, makeup, or perfumes/colognes after your shower the night before and morning of surgery.

Other Instructions
If you have had any changes in your health including a cold, cough or fever a few days before surgery, it is important that you call your surgeon.

Two Days Before Surgery
Mupirocin
Mupirocin ointment is used to kill the bacteria located inside the nose. It is used to reduce the risk of post-surgical wound infections. You will be given a prescription for mupirocin ointment in your surgeon’s office along with directions on when to start and how to apply the medication. The risk of infection is reduced when nasal bacteria are killed using the ointment before and after surgery. Instructions are also available on Page 44.
The Day Before Surgery

Confirming Your Surgery Arrival Time
You will need to confirm when to arrive and where to report the day of surgery. If your surgery is on a Monday, you need to call the operating room scheduling office on the Friday before the surgery. If you are having surgery Tuesday through Saturday, you need to call the day before your surgery. The number to call is (518) 525-1113 between 1 and 4 pm.

If you are unable to call during that time, you may call the pre-admission testing office at (518) 525-1545 between 4 and 6 pm.

Plan to arrive to the hospital on time. Your surgery time could be moved to an earlier time with little notice. If you are late, it may create a significant problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a much later time.

Stop Eating and Drinking
It is necessary to have an empty stomach so that you do not vomit during anesthesia. Vomiting during anesthesia may cause food or fluid to enter the lungs and increase your chances of developing pneumonia.
- **DO NOT eat anything** (including water, gum, candies, etc.) after midnight the night before your surgery.
- If your surgery is scheduled after noon, you may have 4 ounces of water, 7 UP®, Sprite® or ginger ale six hours prior to surgery.
  DO NOT drink juice or coffee.
- **DO NOT** chew gum, eat candies, etc.
- If your pre-admission testing nurse told you to take certain medications with a small amount of water during your fasting time, it is OK to do so.
- **DO NOT** smoke tobacco products, drink any alcoholic beverages or use illegal drugs after 6 pm the night before surgery.

Your surgery will be cancelled if the fasting instructions are not followed. Please call the pre-admission testing office at (518) 525-1545 between the hours of 8:30 am and 4:30 pm if you have any questions about what medications to take the morning of surgery.

The Day of Surgery
(Before Your Arrival)
- Take any medications your physician or nurse told you to take before surgery.
- Remove makeup, and fingernail and toenail polish.
- Take a shower with antibacterial soap as instructed. Be sure to wear clean clothes following this shower.
- You will be asked to arrive two to three hours before your surgery. However, if your surgery is at 7:30 am, please report at 5:45 am unless told otherwise.
- **Special note for patients with insulin-dependent diabetes:** If your surgery is scheduled after 10 am, report to the hospital no later than 8 am. DO NOT take your insulin the morning of surgery.
For Your Information
You will be asked to remove the following on day of the surgery:
- All jewelry, eyeglasses, hearing aids, wigs and toupees (This helps to avoid loss or damage while in the operating room.)
- Contact lenses (This will prevent damage to your eyes while under anesthesia.)
- Dentures (This helps prevents damage to the teeth.)
- Tampons before going into the operating room (It is best to wear a sanitary napkin.)

What to Bring to the Hospital
Use the following list to help you pack for your hospital stay.

Clothing
☐ Loose pajamas or short nightgown and short robe, if desired
☐ Underwear
☐ Loose shorts, jogging suit, sweats, tops
☐ Slippers with backs and rubberized sole or walking sneakers/shoes with Velcro® closures or elastic shoe laces
☐ Socks (thin)

Personal Care Items
☐ Toiletries (toothbrush, toothpaste, denture cleanser/cup, deodorant, electric or other razor, shaving cream and comb; avoid powders)
☐ Eyeglasses
☐ Make-up or hand mirror, if desired
☐ Hearing aid and batteries
☐ CPAP machine settings, tubing, and machine

Important Papers
☐ Your most current list of medications and supplements, noting which ones have been stopped and when
☐ Driver’s license or photo ID, insurance card, Medicare/Medicaid card
☐ Copy of your advance health care directive
☐ Important telephone numbers (include person bringing you home)
☐ Your guidebook

Other Items
☐ Long-distance calling card or cell phone and charger
☐ Hard candy or gum
☐ Reading material or music; you will need to bring your own headphones and personal music player
☐ Small amount of cash and a credit card for phone and television purchase, and to buy any needed equipment

What NOT to Bring to the Hospital
- DO NOT bring valuables (jewelry, laptops, personal handheld devices, etc.) with you the day of surgery. Any personal belongings you bring, including wedding bands, should be left with a family member until you have a permanent room assignment.
- DO NOT bring electrical appliances (radio, hair dryer, portable TV). Battery operated appliances may be used. Men may use electric razors to shave their faces.
SECTION THREE:

At the Hospital

Day of Surgery
After you arrive to the hospital, you will be registered. You will then be taken to the pre-surgery area where nurses will prepare you for surgery. You will put on a hospital gown and sign consent forms. Your support team may be with you on the day of surgery; however, we ask that there be no more than two visitors at your bedside. Please do not bring small children.

There may be times where visitors are asked to leave you while the joint care team is working with you. We appreciate your patience and cooperation at these times.

Intravenous (IV) infusion will be started by putting a needle in your hand or arm. You will receive fluids, nourishment and medications through the IV. You will discuss your anesthesia with an anesthesiologist or nurse anesthetist. You may be given medication to relax. You will then be taken to the operating room for your surgery.

After your surgery has ended, you will be taken to the Post-Anesthesia Care Unit (PACU). It is normal to feel a little “hazy” when you wake up from anesthesia. A nurse will give you some oxygen either through tubes placed in your nose or through a face mask. The usual length of stay in the PACU is one to two hours.

You will receive medicine to help relieve any pain and your vital signs will be monitored. Dependent on the type of anesthesia used, you may experience blurred vision, a dry mouth and chills. Nurses will monitor you closely until you are stable and then move you to a hospital room on the orthopedic unit. Your surgeon will talk with your family.

Activity
It is very important that you begin the ankle pumps exercise on the first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class (see Page 15).

A nurse or therapist will help you in and out of bed and give you instructions on walking after surgery. It is important to get out of bed and walk as soon as possible because it helps the healing process. You will be asked to sit up in a special chair for meals and throughout the day.

Therapists will teach you movements that you need to avoid, exercises to strengthen your muscles and how to walk safely. Therapists will also review specific hip precautions with you.

Each day your activity level will increase to improve your strength and mobility. You will walk further each day and progress toward independence with bathing and dressing. You will perform exercises several times per day. Your rehabilitation program will continue after you go home.
EQUIPMENT
After surgery, you may need special equipment to help you walk and care for yourself. This equipment is available through Northeast Home Medical Equipment (a member of St. Peter’s Health Partners) and other local vendors. Your therapist can answer any questions you have about the equipment. He or she can also help you to order equipment through Northeast Home Medical Equipment before you are discharged from the hospital. Equipment costs may be covered by insurance or you may have to pay out-of-pocket.

Breathing Exercises
You will do deep breathing and coughing exercises for several days after surgery. You will be asked to use a breathing device called an incentive spirometer. This is done to expand your lungs and help get oxygen to your tissues. Techniques such as deep breathing and coughing may also help you recover more quickly.

DEEP BREATHING
- To deep breathe, you must use the muscles of your abdomen and chest.
- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out slowly through your mouth. As you breathe out, do it slowly and completely. Breathe out as if you were blowing out a candle (this is called “pursed lip breathing”). When you do this correctly, you should notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

COUGHING
To help you cough:
- Take a slow deep breath. Breathe in through your nose and focus on filling your lungs completely.
- Breathe out through your mouth and focus on your chest emptying completely.
- Repeat with another breath in the same way.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Circulation
It is important to perform the leg exercises taught by your therapists to help your blood circulate. Sometimes snug stockings and/or sleeves wrapped around your legs or feet can help the blood flow in your legs. If present, the sleeves fill with air and then relax. The foot of your bed will be flat. It is okay to have a pillow under both ankles, but not under your operated leg.

You will be given medication to reduce the chance of a blood clot. These medications are known as blood thinners (anticoagulants).
Discomfort
We will partner with you to manage your pain. The goal is to manage your pain so that you can rest and take part in physical therapy. You may receive pain medication through your IV and/or you may be given pain pills. An ice pack is used on your hip to lessen pain and swelling. If you need more help with your pain management, talk to a member of your joint care team.

PAIN SCALE
Using a number to rate your pain can help the joint care team understand the severity of your pain and help them make the best decision to help manage it.

Food/Fluids
You will have fluids going through your IV. The IV will be stopped when you are eating and drinking well. Your nurse will help you decide when you can eat solid food. Increasing food slowly can help to avoid nausea that sometimes happens after anesthesia or use of pain medication. You may not be very hungry for some time. It is important that you eat as best you can in order to heal well.

Going to the Bathroom
You may have a tube to drain the urine from your bladder. This catheter will be removed after surgery. Your team will then help get you out of bed and go to the bathroom. It may take a day or more to have a bowel movement. Anesthesia and pain medication can cause constipation. Drink plenty of fluids and eat whole grains, fruits and vegetables. A stool softener or laxative can help normal bowel function to return.
Preventing Falls
Ask for help going to the bathroom or walking around the room or in hallways.
You are at a great risk to fall when you try to get out of bed either to go to the bathroom or walk around the room by yourself. Follow the tips below to prevent falling in the hospital:

- **Use your call button to ask for help getting out of bed.**
- Wear your glasses if needed for seeing to walk.
- Use canes, walkers or other equipment as needed.
- Wear non-slip slippers/socks or shoes when walking.
- Avoid areas with spills or clutter.
- Tell us if your medicine is making you sleepy, light-headed, sluggish or confused.

You will need to wear a yellow wrist band and yellow socks. This identifies your risk for falling to the staff.

Wound Care
You may have a big dressing on your hip. You may have a tube connected to a container coming out of your hip. That drain will likely be removed when your dressing is changed the first time. Your incision may have sutures, staples or steri-strips.

Discharge
A clinical care coordinator (C3) will meet with you to help you plan for going home. Your discharge date is based on several factors including the recommendations of your therapists. Patients typically are discharged home about two days after surgery. You will need to have someone present who will be responsible for driving you home.

You will receive written discharge instructions concerning medications, physical therapy, activity, etc. Your C3 will arrange for any needed equipment. Be sure to keep your guidebook with you.

Going Home
Most patients go directly home and soon begin therapy at an outpatient physical therapy facility. If you are going home, you will be discharged with a prescription for outpatient physical therapy. You are responsible for scheduling your own outpatient therapy. Please schedule your physical therapy to begin within two to three days of discharge.

For information about outpatient therapy services available with St. Peter’s Health Partners, see Page 45.

Your need for home health services will be determined by your joint care team. If you are going home needing these services, please be aware that these services are provided based on your insurance coverage. If these services are needed, your C3 will make arrangements for you.
Going to a Short-Term Rehabilitation Facility

Your therapist may recommend that you have inpatient rehabilitation before going home. (This is also known as short-term rehabilitation.) If you need this type of care, your C3 will help you choose a facility based on your insurance coverage. It is best to have a few options in case your first or second choice is not available.

Most patients need transportation to inpatient rehabilitation. If you do not have anyone to drive you from the hospital, you may pay privately for a wheelchair van or stretcher service. The C3 will help you determine the best way to get to the inpatient rehabilitation facility, if necessary.

Please note that the majority of our patients do so well that they do not meet the guidelines to qualify for inpatient rehabilitation. Also be aware that insurance companies do not become involved in social issues, such as lack of support at home, lack of transportation and the physical set-up of your home. These are issues you will have to address before your surgery.

Some insurance companies may not cover inpatient rehabilitation or may charge a co-pay. It may be a good idea to check on your coverage before surgery. We recommend that you call your insurance company to verify benefits and co-pays regarding outpatient physical therapy, home physical therapy and inpatient rehabilitation.

For information about short-term rehabilitation available with St. Peter’s Health Partners, see Page 45.
SECTION FOUR:
Living with Your Joint Replacement

The information in this section will help you be more comfortable and safe during your recovery at home.

Caring for Yourself at Home

For Comfort
- Take your pain medicine at least 30 minutes before physical therapy.
- Gradually wean yourself from prescription medication to a non-prescription pain reliever as directed by your doctor.
- Change your position every 45 minutes.
- Use ice for pain control. Applying ice to your operated joint will lessen discomfort. It is recommended to use ice for at least 30 minutes each hour. You can use ice after your exercise program. A bag of frozen peas wrapped in a kitchen towel works well because the bag will easily mold to the shape of your hip. Mark the bag of peas and return them to the freezer so they can be used again later.

For Rest
Try not to nap too much. While you are recovering, try not to nap during the day so that you will sleep better at night.

Changes in Your Body
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- Your energy level will be lower for at least the first month.
- Narcotic pain medication can lead to constipation. Use stool softeners or laxatives as directed.

Compression Stockings
You may be asked to wear special stockings. These stockings are used to help compress the veins in your legs. This helps to keep swelling down and reduces the chance for blood clots. You will need assistance to put on your compression stockings.

Wear the stockings continuously. Only remove the stockings twice a day for one to two hours each time. Normally you will wear them for three weeks after surgery. Ask your surgeon when you can stop wearing the stockings.

If swelling in the operated leg is bothersome, elevate the leg for short periods throughout the day. It is best to lie down and raise the leg above heart level. Call your doctor if you notice increased pain or swelling in either leg.
Caring for Your Incision
Follow your surgeon’s instructions for caring for your incision. In general:
- Keep your incision dry.
- Keep your incision covered with a light dry dressing until your staples are removed, usually in about 10 to 14 days.
- You may shower seven days after surgery, unless instructed otherwise. After showering, apply a dry dressing.

Recognizing and Preventing Potential Complications
Infection
Signs of Infection (notify your surgeon when the signs are present):
- Increased drainage, redness, pain, odor, or heat around the incision
- Increased pain in hip
- Fever greater than 100.5 degrees (Take your temperature if you feel warm or sick.)

To Prevent Infection:
- Take proper care of your incision as explained.
- Notify your doctor(s) and dentist that you have a joint replacement.
- You will need to take special antibiotics when having dental work or other potentially contaminating procedures.

Blood Clots in the Legs
Surgery may cause the blood to slow and pool in the veins of your legs, creating a blood clot. This is why you have been given a prescription for a blood thinner (anticoagulant) medication after surgery. Blood thinners help to prevent clots from forming in the blood. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Taking Blood Thinners
- Blood thinners may be in pill or shot form (a tiny needle that goes into the abdomen).
- You may also need lab work done to make sure your medication is working properly.
- Take this medication for as long as directed by your doctor.
- Usually you will take this medication for three to six weeks after your hip replacement.
Signs of Blood Clots in Legs:
- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee or groin area

NOTE: Blood clots can form in either leg.

To Help Prevent Blood Clots:
- Perform ankle pumps.
- Walk several times a day.
- Wear your compression stockings.
- Take your blood thinners as directed.

Pulmonary Embolus
An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency and you should CALL 911 if suspected.

Signs of a Pulmonary Embolus:
- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

To Prevent Pulmonary Embolus:
- Prevent blood clot in legs.
- Recognize if a blood clot forms in your leg and call your surgeon quickly.

Dislocation
Care must be taken to prevent your new hip from coming out of the socket or dislocating from the pelvis. Practice the exercises taught to you to strengthen the muscles around your new hip.

Following simple hip precautions taught by your therapists will help you lessen your risk of a dislocation. Depending on your type of hip procedure, you may not have hip precautions. Your surgeon will advise you on how long you may need to follow hip precautions if you have them.
HIP PRECAUTIONS

- Do not lie on the surgical hip.
- Do not cross your legs.
- When lying down, do not bend forward to pull the blankets from around your feet.
- Do not bend at the waist beyond 90 degrees.
- Do not lift your knees higher than your hips.
- Do not twist over the operated leg – pick your feet up and do step turns.
- Do not turn your feet inward or outward – keep your toes pointing forward in line with your nose.
- Avoid low toilets or chairs that would cause you to bend at the waist beyond 90 degrees.
- Do not bend way over to pick up things on the floor – use your reacher.

After Surgery Activity Goals

Exercise is very important after a total hip replacement. Exercise will help you strengthen your hip and other muscles. Continue with your walking program and challenge yourself to go farther every day. The more you are active and exercise, the more mobile you will become.

Weeks One to Two After Surgery

- Continue with walker or two crutches unless otherwise instructed.
- Walk at least 300 feet with support.
- Go up and down a flight of stairs (12 to 14 steps) with a rail once a day.
- Independently sponge bath or shower (after staples are removed) and dress.
- Carefully return to homemaking tasks such as meal preparation and cleaning as directed by your doctor.
- Do 20 minutes of home exercises twice a day, with or without the therapist, from the program given to you.
Weeks Two to Four After Surgery
- Complete Weeks One to Two goals.
- Move from full support to a cane or single crutch as instructed.
- Walk at least one-quarter (1/4) mile.
- Go up and down a flight of stairs (12 to 14 steps) more than once daily.
- Independently shower and dress.
- Do 20 minutes of home exercises twice a day with or without the therapist.
- Continue with home exercise program twice a day.

Weeks Four to Six After Surgery
- Complete Weeks One to Four goals.
- Walk with a cane or single crutch.
- Walk one-quarter (1/4) to one-half (1/2) mile.
- Begin progressing on a stair from one foot at a time to regular stair climbing (foot over foot).
- Drive a car.
- Continue with home exercise program twice a day.

Weeks Six to 12 After Surgery
- Complete Weeks One to Six goals.
- Walk with no cane or crutch and without a limp.
- Go up and down stairs in normal fashion (foot over foot).
- Walk one-half (1/2) to one mile.
- Continue leisure activities such as dancing, bowling and golf.
- Continue with home exercise program twice a day.

Activities of Daily Living
Standing
Standing Up from Chair:
DO NOT pull up on the walker to stand!
Sitting in an armchair is preferred. However, firm pillows may be added to a chair to make transfers easier.
1. Extend your operated leg so the knee is lower than your hips.
2. Scoot your hips to the edge of the chair.
3. Push up with both hands on the armrests. If sitting in a chair without armrests, place one hand on the walker while pushing off the side of the chair with the other.
4. Balance yourself before reaching for the walker.
Stand to Sit:
1. Back up to the center of the chair until you feel the chair on the back of your legs.
2. Slide out the foot of the operated hip, keeping the strong leg close to the chair for sitting.
3. Reach back for the arm rest using one arm at a time.
4. Slowly lower your body to the chair, keeping the operated leg forward as you sit.

Walking
Using a Walker:
1. Push the rolling walker forward.
2. Step forward placing the foot of the operated leg in the middle of the walker area.
3. Step forward with the non-operated leg. DO NOT step past the front wheels of the walker.

NOTE: Take small steps. Keep the walker in contact with the floor, pushing it forward like a shopping cart.

If using a rolling walker, you can improve from this basic technique to a normal walking pattern. Holding onto the walker, step forward with the operated leg, pushing the walker as you go; then try to alternate with an equal step forward using the non-operated leg. Continue to push the walker forward as you would a shopping cart. When you first start, this may not be possible, but as you “loosen up” you will find this gets easier. Do not walk forward past the walker’s center or way behind the walker’s rear legs.

Stair Climbing
Using Stairs:
1. When going up the stairs, use the non-operated leg first.
2. When going down the stairs, use the operated leg first.
3. Always hold onto the railing, if it is available.
Bed Transfers

When Getting Into Bed:

1. Back up to the bed until you feel it on the back of your legs. (You need to be midway between the foot and the head of the bed.)
2. Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets or sitting on a plastic bag may make it easier.)
3. Move your walker out of the way but keep it within reach.
4. Scoot your hips around so that you are facing the foot of the bed.
5. Lift your leg into the bed while scooting around. (If this is your operated leg, you may use a cane, a rolled bed sheet, a belt or your elastic band to assist with lifting that leg into bed.)
6. Keep scooting and lift your other leg into the bed. Do not use your other leg to help as this breaks your hip precautions.
7. Scoot your hips toward the center of the bed.

Back up until you feel your leg on the bed. Sit keeping your knee lower than your hip. Scoot back on the bed, lifting the leg on the bed.

Keep a pillow between your legs when lying on back. Position your leg such that your toes are pointing to the ceiling - not inward or outward.
To roll from your back to your side, bend your knees slightly and place a large pillow (or two) between your legs so that your operated leg does not cross the midline. Roll onto your side.
When Getting Out of Bed:
1. Scoot your hips to the edge of the bed.
2. Sit up while lowering your non-operated leg to the floor.
3. If necessary, use a leg-lifter to lower your operated leg to the floor.
4. Scoot to the edge of the bed.
5. Use both hands to push off the bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
6. Balance yourself before grabbing for the walker.

Bathing and Showering
Tub seats, grab bars, long-handled bath brushes and hand-held showers make bathing easier and safer. However, these items are typically not covered by insurance.

You may only shower after your doctor allows you to do so. This is typically after your sutures or staples are removed.

Remember that you must adhere to all limitations of movement or precautions when performing self-care tasks.
- Keep your knee below the operated hip.
- DO NOT lean forward past a 90-degree angle; remember the “L” shape.
- DO NOT cross your legs in sitting, standing or lying.
- DO NOT bring legs together with force.
- DO NOT twist on your operated leg.

Entering a Tub-Shower – Standing:
1. Be sure all items are readily accessible; soap, shampoo, washcloth and towel (if you plan to dry before exiting the tub).
2. Arrange to have standby assistance if needed the first time entering the tub-shower.
3. Stand sideways or parallel with your non-operated leg next to the tub.
4. Place your cane or crutch in the hand on the same side as your operated hip.
5. Supporting yourself with the cane or crutch, lean toward the operated side to bring your non-operated leg into the tub.
6. Supporting yourself with a hand inside the tub, lean through the cane or crutch on the opposite side, take a side step to make room for the operated leg to be brought into the tub.
7. Supporting yourself with the cane or crutch and maintaining balance with your non-operated leg, bring the operated leg into the tub by bending your knee with your foot behind you and bring the operated leg into the tub.
8. Place your cane or crutch within easy reach outside of the tub while you shower.
9. Remember to follow all hip precautions while bathing in the shower.
Exiting a Tub-Shower – Standing:

1. Reach for the cane/crutch outside of the tub-shower; hold the cane/crutch on the operated side.
2. Stand sideways or parallel to the tub with your operated leg next to the tub.
3. Place the cane/crutch outside of the tub, while supporting yourself with the cane/crutch and your non-operated leg, bend your operated leg with your foot behind you and lift your leg out of the tub. Be sure that there is enough room to step out with your non-operated leg.
4. While supporting yourself with the operated leg and cane/crutch, raise your non-operated leg over the tub. Make sure you do not twist on the operated leg when doing so.

Entering/Exiting a Shower Stall:

1. Enter or exit a shower stall in typical fashion as if walking with your cane or crutches.
2. Make sure you do not bend your operated hip greater than a 90-degree angle when stepping over doorways.
3. Place the cane/crutch outside of the stall while showering. Follow all hip precautions while showering.

Tub Transfer – Using a Tub Seat:

Tub seats come in multiple shapes/sizes. Your occupational therapist can guide you on which would work best for your situation.
**Dressing Activities**

**Tips for Getting Dressed:**

Remember to follow all precautions when performing self-care tasks.

- Arrange clothing in an area that you can sit comfortably within your precautions (for example: edge of the bed, side chair or toilet/commode).

- Be sure that you have your dressing equipment nearby or have arranged for someone to assist you to follow precautions.

- Safety first: Remain seated to put on and remove garments over your feet and then stand to pull up/adjust clothing.

- For energy conservation purposes, put on and remove pants and undergarments and then stand only once to pull them up.

**Putting on Pants and Underwear Using a Reacher or Dressing Stick:**

1. While sitting on a supportive surface and utilizing the reacher, grab hold of the waistband along the operated pant leg. Lower the pants to the floor with the reacher to follow hip precautions.

2. Gently raise your operated leg into the pants while following precautions.

3. Use the reacher to pull the garment up to your knee or to where you can now reach the waistband within your precautions.

4. Repeat above on the non-operated leg.

5. Once both pant legs are pulled up to your knees, stand up, secure your balance and pull the garments up to fasten.

**Taking off Pants and Underwear Using a Reacher or Dressing Stick:**

1. Back up to the chair or bed where you will be undressing.

2. Unfasten your pants and let them drop to the floor.

3. Lower yourself down, keeping your operated leg out straight.

4. Take your non-operated leg out first and then the operated leg.

A reacher or dressing stick can help you remove your pants from your foot and off the floor.
Using a Sock Aid to Put on Socks and Stockings:

1. While sitting on a firm surface, slide the sock or stocking onto the sock aide. Be sure that the bottom of the sock is placed on the bottom of the plastic and the toe of the sock is firmly pulled to the tip of the sock aide. Do not pull the sock over the rope knots at the end of the device.

2. While holding onto the rope handles, lower the sock aide to the floor while following your precautions.

3. Slide your foot into the opening of the sock, point your toes and pull on the rope handles to slide the plastic device off the back of your foot thus leaving the sock on your foot.

Removing Socks:

1. While sitting on a supportive surface and holding either a reacher, dressing stick or shoe horn, place the device into the back of the sock at the heel.

2. Push the sock off your foot from the heel to the toes.

Putting on and Removing Shoes:

1. For ease and comfort, you may want to purchase slip-on or Velcro®-adjusted shoes during your recovery process. Have someone available to tie your shoes if needed.

2. Using a long-handled shoe horn will decrease the likelihood of rotation at the hip while putting on shoes.

3. While seated on a supportive surface, grab the tongue of the shoe with the reacher. Tilt the shoe at an upward angle. Then slide your toes up into the shoe.

4. Place the shoe horn at the back of your heel down into the shoe.

5. Bend your knee and place your foot flat on the floor, gently push your foot straight down into the shoe.

6. To remove shoes, reverse the above sequence.
**Intimacy**

Generally, most people wait to return to sexual activity for a few weeks after surgery. Your incision, muscles, and ligaments need time to heal. You can return to sexual activity when you feel ready. Do follow the hip precautions taught to you to protect your new hip. The missionary position is usually the most safe and comfortable. It is important to not bend the operated hip. Two pillows placed between the knees are needed for the side-lying position. There should be no bending past 90 degrees if using the top position.

For more information, see Page 42. You may also discuss returning to sexual activity with your surgeon.

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**Car Transfers**

**Getting Into the Car:**

1. Push the car seat all the way back; recline the seat back to allow entering and exiting, but always have it in the upright position for travel.
2. Place a plastic bag on the seat to help you slide.
3. Back up to the car until you feel it touch the back of your leg.
4. Hold on to an object that does not move – car seat, dashboard and slide the operated foot out straight. **Be careful of your head** as you sit down. Slowly lower yourself to the car seat.
5. Lean back as you lift the operated leg into the car. You may use your cane, leg lifter or other device to assist.

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![Car Transfers Images](image-url)
**Around the House**

**Saving Energy and Protecting Your Joints in the Kitchen:**
- DO NOT get down on your knees to scrub floors. Use a mop and long-handled brushes.
- Store frequently used items and heavy items such as canned goods and boxes at waist level. This eliminates unnecessary bending and reaching. For example, do not store your cutting board on the top shelf of your cupboards if you use it every day.
- Keep items like a can opener next to the canned goods, and the dishes next to the dishwasher or sink to prevent needless movement, bending and stretching.
- Store all lightly packaged foods up in your higher cupboards.
- Gather all items needed to prepare a meal or snack and place them on the counter top or table that you plan to use to prepare the food. Once this is done, sit down on a high stool or chair with elevating cushions. When sitting to prepare the food, rest your forearms on the surface of the table (or counter) and do not reach too far forward to get items.
- Never carry items in your hands when using a walker/crutches. An apron with pockets or a bag/basket attached to the walker will allow you to move items around the kitchen safely.

**In the Bathroom:**
- DO NOT get down on your knees to scrub the bathtub.
- Use a mop or other long-handled brushes for cleaning.

**Safety and Avoiding Falls:**
- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly secured to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms and hallways.
- Keep extension cords and telephone cords out of pathways. DO NOT run wires under rugs, this is a fire hazard.
- DO NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with armrests to make it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Avoid lifting heavy objects for the first three months and then only with your surgeon’s permission.
**Dos and Don’ts for the Rest of Your Life**

- Notify your doctor(s) and dentist that you have a joint replacement. You will need to take special antibiotics when having dental work or other potentially contaminating procedures.

- Although the risks are very low for infections after surgery, it is important to realize that the risk remains. A prosthetic joint could possibly attract the bacteria from an infection located in another part of your body. If you should sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put a sterile dressing or an adhesive bandage on it and contact your doctor. The closer the injury is to your prosthesis, the greater the concern. Occasionally, antibiotics may be needed. Superficial scratches may be treated with topical antibiotic ointment. Notify your doctor if you develop a fever of more than 100.5 degrees, or if the area is painful or reddened.

- When traveling, stop and change positions hourly to prevent your joint from tightening.

- See your surgeon yearly unless otherwise recommended.

- Consult with your surgeon or physical therapist about returning to specific sport activities.

**The Importance of Lifetime Follow-Up Visits**

Over the past several years, orthopedic surgeons have discovered that many patients are not following up with their surgeons on a regular basis. The reason for this may be that patients do not realize they are supposed to, or they do not understand why it is important.

**So when should you follow up with your surgeon?**

These are some general rules:

- Every year, unless instructed differently by your physician

- Anytime you have mild pain for more than a week

- Anytime you have moderate or severe pain

It is important that you continue to receive the quality care and advice you need long after your joint replacement surgery. If you are unsure how long it has been or when your next visit should be scheduled, call your doctor.
Range of Motion and Strengthening Exercises

1) Ankle Pumps
Flex and point your feet. *Perform 20 times.*

2) Quad Sets (Knee Push-Downs)
Lying on back, press knees into the mat by tightening the muscles on the front of the thigh (quadriceps). Hold for a five-second count. Do NOT hold breath. *Perform 20 times.*

3) Gluteal Sets (Bottom Squeezes)
Squeeze bottom together. Hold for a five-second count. DO NOT hold breath. *Perform 20 times.*

4) Hip Abduction and Adduction (Slide Heels Out and In)
Lying on back, tighten thigh muscles and slide leg out to the side. Keep kneecap and toes pointing toward ceiling. Gently bring leg back in to midline; may do both legs at the same time. *Perform 20 times.*

5) Heel Slides (Slide Heels Up and Down)
Lying on back, slide your heel up the surface while bending your knee. *Perform 20 times.*
6) Short Arc Quads
Lying on back, place a 6- to 8-inch roll under the knee. Lift the foot from the surface, straightening the knee as far as possible. DO NOT raise thigh off roll. **Perform two sets of 10.**

7) Knee Extension - Long Arc Quads
Sit with back against chair and thighs fully supported. Lift the operated foot up, straightening the knee. DO NOT raise thigh off of chair. Hold for a five-second count. **Perform two sets of 10.**

8) Standing Heel/Toe Raises
Stand facing the kitchen sink with a firm hold on the kitchen sink. Rise up on toes then back on heels. Stand as straight as possible. **Perform two sets of 10.**

9) Standing Rock Over Operated Leg
Stand sideways to the kitchen sink and hold on. Keep the operated leg and heel firmly planted on the floor; step forward with the other leg to feel a slight stretch in the calf and thigh; step back. Focus on shifting your weight to the operated side and on equal step distance. **Perform 10 forward and 10 back.**
10) Armchair Pushups
Sitting in a sturdy armchair with feet flat on the floor, scoot to the front of the seat and place your hands on the armrests. Straighten your arms raising your bottom up from seat as far as possible. Use your legs as needed to help you lift. As you get stronger, start using only your arms and the “non-operated” leg to perform the pushup. This will be how you will get up from a chair after surgery. DO NOT hold your breath or strain too hard. **Perform two sets of 10.**

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Advanced Exercises
Your physical therapist will instruct you to begin these exercises when you are ready. Do only the exercises checked by your therapist.

- **Abduction (Clamshell)**
  Lie on the non-operated side with a pillow between the legs to keep the operated top leg from crossing the midline. Knees should be slightly bent. Keeping the feet on the surface, open and close the knees like a clam opens and closes the shell. **Perform two sets of 10.**

- **Abduction with Knee Straight**
  Lie on the non-operated side with a pillow between the legs to keep the operated top leg from crossing the midline. Keeping your toes pointing forward, tighten the hip and thigh muscles and lift the leg 8 to 10 inches straight up from the pillow. **Perform two sets of 10.**
**Standing Marches – Balance Practice**
Stand holding on to the kitchen sink. Slowly lift the operated knee, focusing on your support leg balance. Balance/hold for 10 seconds. Repeat by standing on the operated leg focusing on your balance. As you progress, hold very lightly with your fingertips. Progress to doing with eyes closed. *Perform 20 times.*

**Standing Hip and Knee Extension**
Stand against the wall with feet about 4 to 6 inches apart. Place a 6- to 8-inch ball behind your knee. Push the ball into the wall by tightening the hip and quadriceps muscle. *Perform two sets of 10.*

**Advanced Stair Exercises**
Your physical therapist will instruct you to begin these exercises when you are ready.

**Single Leg Forward Step-Up**
Hold onto the stair railing – place the operated foot on the first step. Step up on the stair with the operated leg. Return to the start position. You may need to begin with a 2- to 4-inch step (book/block) and progress to higher step as tolerated. *Perform two sets of 10.*
**Single Leg Lateral Step-Up**

Face the railing with the operated leg nearest the step. While holding onto the railing, place the foot on the step and slowly step up lifting the non-operated leg from the floor. Slowly lower the foot to the start position. You may need to begin with a 2- to 4-inch step and progress to the higher step as tolerated. *Perform two sets of 10.*

**Retro Leg Step-Up**

Stand with your back to the steps and holding the railing. Place the operated foot on the step and step up backward until the other foot is on the step. Return to the start position by lowering the non-operated leg back down to the floor. You may need to begin with a 2- to 4-inch step and progress to the higher step as tolerated. *Perform 10 forward and 10 back.*

Your physical therapist will likely prescribe additional exercises for you based on your personal needs. It is important that you follow their recommendations and continue your therapy for best results.
SECTION SIX:
Frequently Asked Questions (FAQs)

General FAQs
We are glad you have chosen St. Peter’s Hospital Joint Replacement Center to care for your hip. People facing joint surgery often have the same questions. If there are any other questions that you need answered, please ask your surgeon or the joint care team. We are here to help.

What is osteoarthritis and why does my hip hurt?
Joint cartilage is a tough, smooth tissue that covers the ends of bones where joints are located. It helps cushion the bones during movement, and because it is smooth and slippery, it allows for motion with minimal friction. Osteoarthritis, the most common form of arthritis, is a wear and tear condition that destroys joint cartilage. Sometimes, as the result of trauma, repetitive movement, or for no known reason, the cartilage wears down, exposing the bone ends. Over time, destroyed cartilage can lead to painful bone-on-bone contact, along with swelling and loss of motion. Osteoarthritis usually occurs later in life and may affect only one joint or many joints.

What is total hip replacement?
The term total hip replacement is somewhat misleading. The hip itself is not replaced, as is commonly thought, but rather an implant is used to re-cap the worn bone ends. The head of the femur is removed. A metal stem is then inserted into the femur shaft and topped with a metal or ceramic ball. The worn socket (acetabulum) is smoothed and lined with a metal cup and either a plastic, metal, or ceramic liner. No longer does bone rub on bone, causing pain and stiffness.

How long will my new hip last and can a second replacement be done?
All implants have a limited life expectancy depending on an individual's age, weight, activity level and medical condition(s). A total joint implant's longevity will vary in every patient. It is important to remember that an implant is a medical device subject to wear that may lead to mechanical failure. While it is important to follow all of your surgeon's instructions after surgery, there is no guarantee that your particular implant will last for any certain length of time. Your surgeon can answer any questions about future surgeries, if necessary.

What are the major risks?
Most surgeries go well without any complications. Infection and blood clots are two serious problems. To avoid these problems, your surgeon may use antibiotics and blood thinners. Surgeons also take special care in the operating room to lessen the risk of infection.
How long will I be in the hospital?
Most patients go directly home after one to two days in the hospital. There are several goals that must be met before discharge.

How do I make arrangements for surgery?
After your surgeon has scheduled surgery, you will need to call the Pre-Admission Testing (PAT) Department at St. Peter’s Hospital at (518) 525-1545 to schedule two appointments:
1. A pre-anesthesia telephone assessment/interview with a nurse, AND
2. An appointment for any tests your surgeon or anesthesiologist has ordered

What happens during the surgery?
Your surgery will be about one to two hours. Some of this time will be taken by the operating room staff to prepare for surgery. You may have a general anesthetic which most people call “being put to sleep.” Some patients prefer to have a spinal or epidural anesthetic which numbs the legs and does not require you to be asleep. The choice is between you, your surgeon and the anesthesiologists.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication. We will partner with you to manage your pain. The goal is to manage your pain so that you can rest and take part in physical therapy.

How long and where will my scar be?
The type of hip surgery you have will determine the exact location and length of the scar. The traditional approach is to make an incision lengthwise over the side of the hip. Your surgeon will discuss which type of approach is best for you. Please note that there may be some numbness around the scar after it is healed. This is normal and should not cause any concern. The numbness usually disappears with time.

Will I need a walker, crutches or a cane?
Patients progress at their own rate. After your surgery, your therapist will help you determine if you need to use a walker, crutches or a cane. This assistance will only be needed for limited amount of time.

Where will I go after discharge from the hospital?
Most patients go directly home and begin therapy at an outpatient physical therapy facility. Your C3 will help you with this decision.

Will I need help at home?
Yes. For the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation and other tasks. Family or friends need to be available to help if possible. Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals will help reduce the need for extra help.
Will I need physical therapy when I go home?  
Yes. If you are going home, you will be discharged with a prescription for outpatient physical therapy. You should schedule your physical therapy to begin within two to three days of discharge. For information about outpatient therapy services available with St. Peter’s Health Partners, see Page 45.

Will my new hip set off security sensors when traveling?  
Your joint replacement is made of a metal alloy and may or may not be found when going through some security devices. Tell the security agent you have a metal implant. To share the information more privately, you can use the TSA’s Notification Card available at - http://www.tsa.gov/traveler-information/metal-implants.

Understanding Anesthesia  
Who are the anesthesiologists?  
The Operating Room, Post-Anesthesia Care Unit (PACU) and Intensive Care Units (ICU) at the hospital are staffed by board-certified and board-eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at St. Peter’s Hospital.

What types of anesthesia are available?  
Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- **General Anesthesia** causes a temporary loss of consciousness so that no pain is felt anywhere in the body.
- **Regional Anesthesia** involves the injection of a local anesthetic to provide numbness, loss of pain, or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications are also given to make you relaxed and comfortable.

- An **epidural block** lessens sensation in the lower areas of the body while the patient remains conscious. It can be used for surgeries on the lower part of the body, labor and delivery, and in some cases, for pain relief after surgery. An epidural block is injected in the lower back between the vertebrae while the patient is either sitting up or lying on their side. The medication will begin working 10 to 20 minutes after the anesthetic drug has been injected. Although uncommon, a headache may occur.

- **Spinal anesthesia** is injected into the spinal canal to temporarily block pain. The numbing sensation it causes will go away slowly. As the anesthesia wears off, the patient will begin to feel sensations moving from the upper body toward the toes.

- **Local anesthetics** are injected at the surgical site to numb a small area.
Will I have any side effects?  
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any problems or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed.

What will happen before my surgery?  
You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through the Pre-Admission Testing department.

During surgery, what does my anesthesiologist do?  
Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist with a certified registered nurse anesthetist (the anesthesia care team) will manage vital functions including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesia care team is also responsible for fluid and blood transfusions when necessary.

What can I expect after the operation?  
After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will monitor you closely. During this period, you may be given extra oxygen while your breathing and heart functions will be observed closely.

May I choose an anesthesiologist?  
Requests for specific anesthesiologists should be submitted in advance through your surgeon’s office for coordination with the surgeon’s availability.
Sexual Concerns After Hip Replacement

The following questions, answers and illustrations respond to the common intimacy concerns of patients and their partners after hip replacement surgery.

Will I be able to return to sexual intercourse now that my hip has been replaced?
The vast majority of patients are able to return to safe and enjoyable sexual intercourse after hip replacement. If your sexual function was difficult because of hip pain and stiffness, you may welcome your new pain-free mobility. However, it may take several weeks to become completely comfortable during intercourse.

When can I return to sexual intercourse?
In general, it is safe to return to intercourse about four to six weeks after surgery. Though individual recovery time varies greatly, this timeframe allows the incision and the muscles around the hip to heal. If you recover quickly, you will be able to return to sooner, as long as you are free of pain.

What positions are safe during intercourse?
Be sure to follow your hip precautions. Think about how the precautions relate to your usual position(s) for intercourse and whether you may need to vary your position(s). As advised in the discharge instructions, you should avoid:
- Knee toward chest (hip flexion)
- Leg toward center of body (adduction)
- Toes turned inward and internal rotation (internal rotation)
Always keep the joint within a safe range of motion. Be sure the knee on the operated side:
- Remains level with or below the hip
- Does not cross the body’s midpoint (the belly button)
Most patients, male and female, prefer ‘passive’ intercourse in the ‘bottom’ position, an option some find less tiring. As your hip heals, you may return to a more active role. After a few months, you can return to sexual activities in any comfortable position.

What should I tell my partner?
Good communication between you and your partner is important because you may have to adopt new position(s) for intercourse. We suggest that you share the information in this booklet with your partner.
SEX POSITIONS AFTER JOINT REPLACEMENT
The positions illustrated below should be safe after a hip replacement. Try to avoid putting too much pressure on your new joint. Also, take the same care getting out of a position as you did getting into it.

Pillows can be used under the knees, back and/or side partner on the top.

Patient on the bottom: for comfort and support.

Standing position for both the patient and partner.

Patient lying on side with operated leg on top.

Too much hip flexion and rotation.

SETTING THE SCENE
Having sex can be a little easier if you plan ahead. Here are a few tips:
- Take a mild pain medication about 20 to 30 minutes before sex. This can help prevent minor aches. Avoid taking medication so strong that it masks warning pain.
- Have pillows and rolled towels nearby. They can be used for body support.
- Relax. Do a few easy stretches within a safe range of motion.

If your partner has had a hip replacement:
- Make sure he or she has the surgeon’s okay before having sex.
- Help your partner stay within a safe range of motion.
- Control the amount and speed of movement during sex.
- Do not put all your weight on your partner’s hips.

We hope that, by reading this information, some of your concerns and questions dealing with sexual activity after hip replacement surgery will be answered. If you still have questions, please feel free to ask your doctor, therapist, or nurse.
Mupirocin Ointment

What is mupirocin?
Mupirocin is an ointment used to kill the bacteria located inside the nose.

What is mupirocin ointment used for?
Mupirocin ointment is used to reduce the risk of post-surgical wound infections in surgery patients. Infections can occur when bacteria from the nose are spread to post-surgical wounds. The risk of infection is reduced when nasal bacteria are killed using the ointment before and after surgery.

When should mupirocin be avoided?
Do not use this ointment if you are allergic to it. Women who are pregnant or breastfeeding should avoid using this ointment as well.

How do I use mupirocin ointment?
Step 1: Wash your hands and unscrew the cap from the tube.
Step 2: Squeeze a small amount of the ointment onto the tip of a finger (about the size of a pencil eraser).
Step 3: Apply the ointment to the inside of one nostril.
Step 4: Repeat steps two and three for the other nostril.
Step 5: Gently pinch the nose to help spread the ointment inside each nostril.
Step 6: Wash your hands and screw the cap back on the tube.

Note: Avoid getting the ointment into your eyes. Contact your doctor if the ointment is accidentally swallowed.

How often do I use mupirocin?
Apply to each nostril twice a day starting one to two days before surgery. Continue to apply it on the morning of surgery and for two to five days after surgery as directed by your doctor. You may bring in your own medication for use in the hospital.

What if I miss a dose?
If a dose is missed, apply it as soon as you remember unless it is close to the next dose. If it is close to the next dose, skip the missed dose and apply the next dose as scheduled. Never double the dose.

What are the side effects?
Mupirocin ointment may cause stinging, burning, itching or redness around the nostrils. In rare situations, it may cause itching, redness, soreness or a rash on the face, hands or other body parts. If the side effects are not tolerable, stop using the ointment, wash the affected area and contact your doctor right away.

How do I store mupirocin ointment?
Store at room temperature in a dark, dry area away from children.

If you have any further questions, please contact your doctor or pharmacist.
Short-Term Rehabilitation
St. Peter’s Health Partners offers several convenient locations for inpatient rehabilitation (also known as short-term rehabilitation). Whether staying for several days or several weeks at any of our available locations, our patient receives a personalized plan of care. This plan ensures that the appropriate medical, therapeutic and social services and discharge planning are available to each patient at every stage of the rehabilitation process.

Our Lady of Mercy Life Center
2 Mercycare Lane
Guilderland, New York 12084
(518) 464-8100

St. Peter’s Nursing & Rehabilitation Center
301 Hackett Boulevard
Albany, New York 12208-1795
(518) 525-7600

Sunnyview Hospital
1270 Belmont Avenue
Schenectady, New York 12308
(518) 382-4500

Outpatient Therapy Services
Providing you with expert care in a location convenient to you, St. Peter’s Health Partners Patient Therapies offers a variety of options for your outpatient therapy needs. Whether you need services in Albany, Rensselaer, Saratoga or Schenectady counties, St. Peter’s has the services you need to help you in your recovery.

ALBANY COUNTY

Albany Memorial Hospital
Rehabilitation Services
600 Northern Boulevard
Albany, New York 12204
(518) 471-3195

Hand Rehabilitation Center at Albany Memorial Hospital
600 Northern Boulevard
2nd floor, East Wing
Albany, New York 12204
(518) 427-3373

St. Peter’s Hospital Physical Therapy & Fitness, Hearing and Speech
1240 New Scotland Road, Suite 100
Slingerlands, New York 12159
(518) 475-1818

Continued on next page ...
Sunnyview at Carman Medical Arts
3757 Carman Road
Guilderland, New York 12303
(518) 356-3139

Sunnyview Therapy Services – Latham Farms
579 Troy-Schenectady Road
Latham, New York 12110
(518) 382-4593

RENSSELAER COUNTY
Seton Health Physical Rehabilitation – East Greenbush
2 Empire Drive, Suite 202
Rensselaer, New York 12144
(518) 286-4990

Seton Health Physical Rehabilitation – Troy
Massry Center
147 Hoosick Street
Troy, New York 12180
(518) 268-5749

SARATOGA COUNTY
Seton Health Physical Rehabilitation – Clifton Park
648 Plank Road, Suite 101
Clifton Park, New York 12065
(518) 268-4800

SCHENECTADY COUNTY
Sunnyview Rehabilitation Hospital
1270 Belmont Avenue
Schenectady, New York 12309
(518) 382-4500
Patient’s Tracking Sheet for Mupirocin Ointment and Showers Before Surgery

Use this form to keep track of your preparations for surgery. You may remove it from the book to for easier use.

Mupirocin Ointment
Beginning two days before your scheduled surgery. Apply to both nostrils twice daily as follows:
1. Wash hands thoroughly.
2. Apply the medication to fingertip (a dab of medication - about the size of a pencil eraser).
3. Apply inside nostril by gently massaging until absorbed.
4. Repeat in other nostril.

Log Chart:
Date of surgery: ___________________
Mupirocin start date: _____________

Day 1: _______ AM
_________ PM

Day 2: _______ AM
_________ PM

Day 3: Day of Surgery ________ AM

Note: You may bring your own ointment to the hospital with you on the day of surgery.

Showers Before Surgery
Complete the following showers using chlorhexidine gluconate soap as instructed on Page 11. (Insert a check in box when completed):

☐ 3 days before surgery
☐ 2 days before surgery
☐ 1 day before surgery
☐ Morning of surgery

IMPORTANT: If for some reason you misplace the cleanser given to you or need more, all large pharmacies have this cleanser available. Check with your pharmacy, Walgreens®, Wal-Mart®, or CVS®.
Orthopedic Patient's Discharge Planning Sheet
(Please complete before your pre-surgery education class. The completed form should be brought to the class.)

Last Name: ___________________________  First Name: ___________________________

County where you live: ____________________________________

Who will be your support person in your home? ________________________________

Who will drive you home after surgery? ________________________________
You must arrange for someone to drive you home from the hospital. (Your driver may have his/her parking ticket validated for free parking the day of surgery.) You should also arrange for someone to drive you to and from an outpatient therapy facility after your discharge. For more information, see Page 17.

Pharmacy Name: _________________________________________________________

What durable medical equipment is already in your home (walkers, crutches, canes, commodes, etc.)? __________________________________________________________

Number of steps to enter your home: ______   Number of steps inside home: ______

Layout of your home:
- Bathroom  □ Upstairs  □ Downstairs
- Bedroom   □ Upstairs  □ Downstairs
- Kitchen    □ Upstairs  □ Downstairs
- Living Room □ Upstairs  □ Downstairs

Do you or have you had home care services in the past? ______

Home Care agency preference if needed: ________________________________________________

Short-term rehabilitation facility preferences if needed: _________________________________

Insurance Benefits:
- Outpatient Therapy ________________________________
- In-home Therapy ________________________________
- Inpatient Rehabilitation ________________________________
Coach’s Checklist

A patient’s coach has an important job. The person in this role will become an informed and confident caregiver to his or her loved one. As the coach, you will need to learn:

☐ About blood thinner (anticoagulant) medication: monitoring, dosing, and precautions
☐ How to change the dressing
☐ Pain medication dos and don’ts
☐ Signs and symptoms of infection
☐ How and when to put the compression stockings on and off
☐ How often the stockings should be removed and for how long
☐ Signs and symptoms of a blood clot and pulmonary embolism
☐ How to use the incentive spirometer and how often
☐ The hip precautions and movement restrictions
☐ How to coach and assist the patient with transfers if needed
☐ How to supervise the patient going up and down stairs
☐ The exercise program to follow at home
☐ Diet restrictions and recommendations
☐ Equipment use

If you have any questions or concerns, please ask a member of the team before your loved one is discharged.
Directions and Parking

DRIVING DIRECTIONS TO ST. PETER'S HOSPITAL JOINT REPLACEMENT CENTER
The center is located at: St. Peter’s Hospital, 315 S. Manning Boulevard, Albany, NY.

From the North: Follow the Northway (I-87) south to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter’s entrance on the left.

From the South: Follow the NYS Thruway (I-87) north to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter’s entrance on the left.

From the East: Follow I-90 west to exit 4 (Rt. 85 Slingerlands). Follow Rt. 85 approximately two miles to the Krumkill Rd. exit. Turn left at the top of the ramp. Turn right at the immedicate light onto Bender St./Krumkill Rd. and follow it to the next light. Turn left at the light onto New Scotland Ave. for approximately one mile. Turn right onto South Manning Blvd. St. Peter’s entrance will be on the left.

From the West: Follow the NYS Thruway (I-90) east to exit 24. Take the far-right exit to Western Ave. (Rt. 20). Turn left onto Western Ave. and follow it approximately 2.8 miles to South Manning Blvd. Turn right on South Manning Blvd. and follow it approximately one mile to the St. Peter’s entrance on the left.

PARKING
There is a flat rate fee of $5 per day for selfpark, and $6 for valet services. Valet service is available weekdays from 6 am to 6 pm, and from 10 am to 6 pm on weekends. (After hours, please contact Security at 525-1522 to retrieve a vehicle.) Tipping is not necessary.

For Patients Who Have Special Needs
For those patients with special needs (difficulty walking, trouble with sight, etc.), please let us know of these needs before your arrival. (For example, you can do this when you make your appointment.) We are happy to help you.
St Peter’s Hospital
Joint Replacement Center

St Peter’s Health Partners

315 S. Manning Boulevard
Albany, NY 12208
(518) 525-1445