



WAKEFIELD

SPORTS + EXERCISE MEDICINE CLINIC

Slide 1




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Total Knee Replacement Pre-operative Education

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Why a TKR?

- ▶ When your quality of life has deteriorated
 - ▶ pain and limitation of motion
- ▶ When conservative methods of treatment fail to provide adequate symptom relief

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Arthritis

- ▶ The most frequent source of debilitating pain is arthritis.
 - ▶ ~ 30% of people have some form of arthritis.
- ▶ Most common form of arthritis is **osteoarthritis**,
 - ▶ A progressive loss of the weight bearing surface of the knee (joint cartilage)
 - ▶ Leaves the underlying bones unprotected from wearing against each other.
 - ▶ As the bearing surface of the knee deteriorates, pain and immobility will usually occur.

Our locations

City: Ground Floor, 120 Angas Street, Adelaide | **Phone** 08 8232 5566
North Adelaide: Next Gen - 1st Floor, War Memorial Drive | **Phone** 08 8221 7000
Dulwich Family Practice: 62 Dulwich Avenue, Dulwich | **Phone** 08 8139 2444
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Arthritis

- ▶ It primarily occurs in people of retirement age.
- ▶ Younger people may have arthritis
 - ▶ Previous injury to the joint (traumatic)
 - ▶ Inflammatory arthritis
 - ▶ Rheumatoid arthritis.



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Total Knee Replacements

- ▶ The knee joint is a major weight bearing joint.
- ▶ A “hinge” joint
 - ▶ allows movement in a single direction.



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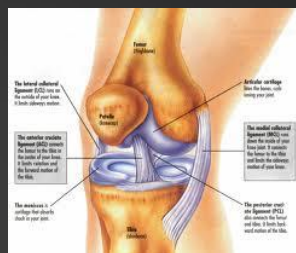
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Total Knee Replacements

- ▶ Bone ends covered with a layer of joint cartilage
 - ▶ Cushions and protects during movement.
- ▶ Menisci
 - ▶ Soft cartilages deepen the joint for congruence and shock absorbers
- ▶ Ligaments
 - ▶ Connect the bones of the joint
 - ▶ Provide stability
 - ▶ Allow controlled movement.



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Total Knee Replacements



- ▶ The joint surface is replaced with artificial bearings made of metal, plastic or ceramics.
- ▶ The bone interfaces are secured with cement or a metal liner.
- ▶ The bearings between two surfaces are plastic

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Total Knee Replacements

- ▶ All joint replacements wear with time.
- ▶ As a rough guide, 85% of knee replacements will last 15 years.
- ▶ The amount of wear and loosening is proportional to your activity.

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The Wellness model

"A joint replacement patient is not a sick person, but rather a well person who has had an operation to improve their mobility"

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The Wellness model

- Therefore, you will be encouraged to
 - actively participate in decisions regarding your care
 - be physically involved in your recovery



Slide 11

What to Expect Before the Surgery



Slide 12

What do I bring to hospital?

- Your medications
 - in their original packaging
- Toiletries and night attire
- Well fitting non slip shoes or slippers
- Your current mobility aides
 - Frame / Walking stick
- Comfortable loose fitting day clothing
 - You can get dressed from the first day after your surgery



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Before the Surgery

- ▶ You may require a number of tests including
 - ▶ blood test
 - ▶ electrical recording of your heart (ECG)
 - ▶ chest x-rays or updated x-rays of your knee.
- ▶ The Anaesthetist will speak to you before your surgery
- ▶ You will require a Preadmission Clinic appointment
 - ▶ speaking with a nurse over the phone



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Before the Surgery

- There are a number of important things you can do prior to coming into hospital
 - Prepare your home and arrange assistance from family and friends to help you cope once you return (Incl. meal preparation).



Clear all walkways to permit use of a walking frame, crutches or sticks.

Remove trip hazards: Eg. loose mats inside, and garden hoses outside.

- Move frequently used items from very low or high cupboards for access.



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Before the Surgery

- Check the height of your furniture
 - Measure against the back of your knee
 - Lounge Chairs
 - Kitchen Chairs
 - Bed
- Organise transport
 - Car to Home
 - Back up drivers



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Before the Surgery

- ▶ **Smokers:** it is important to stop 1 or 2 weeks prior to surgery
- ▶ Stop taking some medications at least 10 days prior to surgery
 - ▶ **Anti-inflammatory drugs** such as
 - ▶ Aspirin (i.e. Astrix, Cartia, Disprin etc.),
 - ▶ Brufen, Nurofen, Voltaren, Mobic, Celebrex (to name a few).
 - ▶ Fish oil
- ▶ If you are taking any medication to **thin the blood** like Warfarin or Eliquis or Xarelto, you should discuss this prior to your surgery.



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Before Surgery

- ▶ **KEEP FIT AND ACTIVE**
 - ▶ Maintain joint movement
 - ▶ Maintain muscle strength
 - ▶ Maintain aerobic fitness
 - ▶ Modify choices of activity
 - ▶ Swim / Cycle / Tai Chi
- ▶ Within your comfort levels!



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What to Expect After the Surgery



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After Surgery

- ▶ Surgery is normally performed under spinal with local anaesthetic, or general anaesthetic.
 - ▶ Your anaesthetist will discuss the preferred options for you.
- ▶ The operation usually takes 1-2 hours
 - ▶ then you will spend approximately 1 hour in recovery.



Slide 20

After Surgery

- ▶ You will wake up in Recovery
 - ▶ you will stay here until you are medically safe to return to the ward.
- ▶ You will be monitored closely for 24 hours
 - ▶ Your blood pressure will be taken every hour in the first night.
- ▶ You may feel nauseated from the medications.



Slide 21

After Surgery

- ▶ You will have multiple attachments when you first return to the ward (dependent on your surgeon):
 - ▶ A drainage tube attached to the knee
 - ▶ A drip for fluids
 - ▶ Oxygen
 - ▶ Urinary Catheter
 - ▶ Foot pumps/calf compressors for circulation
- ▶ These will be removed as soon as appropriate



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Pain Management

- ▶ It is normal to be frightened by the idea of pain
 - ▶ Hurt does not equal Harm
 - ▶ Fear / Anxiety exacerbates pain
- ▶ Pain will slow down your recovery, so it must be treated.



Slide 23

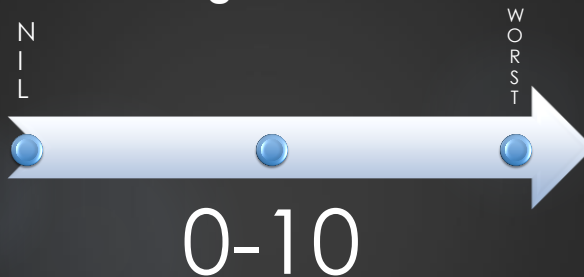
Pain Management

- ▶ As a 'well patient'
- ▶ Communicate with your nurses about your pain levels
- ▶ Ask for pain relief when you need it,
- ▶ Know when your pain relief is due



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Pain Management



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Pain Management

- ▶ Types of pain relief that you will be offered.
 - ▶ Tablets
 - ▶ Paracetamol / Codeine / Tramadol / Endone / Palexia
 - ▶ Injections
 - ▶ Fentanyl / Morphine
 - ▶ Patient Controlled Analgesia [PCA]
 - ▶ Fentanyl / Morphine

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Pain Management

- A **femoral nerve block** in the groin will numb the front of your leg
 - you may have minimal pain for the first day.
- When your leg is **numb**, it also **knocks out the power** to your thigh muscles
 - it is important that you don't attempt to stand unassisted
 - You will only have one good leg to stand on

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Bowel Preparation

- ▶ Some pain relieving medications can lead to **constipation**
 - ▶ It is important to prevent or treat constipation early
- ▶ Medication for your bowels will be offered from day 1
 - ▶ It is important that you take it, even if you are not constipated
 - ▶ Natural ways to treat constipation include
 - ▶ high fibre foods – bran, prunes and other stone fruits
 - ▶ Drink plenty of water
 - ▶ Regular activity
- ▶ It is advisable to commence a **laxative** (eg movicol) prior to a planned admission, if you are prone to constipation.

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Pressure Area Care

- ▶ A pressure area is a skin injury due to immobility
- ▶ Pressure builds between the mattress / skin / bone cutting off the blood supply in the skin
 - ▶ Any area without a lot of fat between the bone and the skin is at risk of a pressure injury
- ▶ Common places include:
 - ▶ heels, bottom, shoulder blades, back of head and elbows.
- ▶ It is important that you change your position regularly
- ▶ Alternatively, you will need to pad out these prominent points



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Bruising / Swelling

- ▶ Fine balance between Bleeding and Clotting
- ▶ Fluid extends into muscle and fat
- ▶ Expands occupying space
- ▶ Tracking with gravity
- ▶ Pressure changes
- ▶ Limits movement
- ▶ Soreness



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Swelling Management

- ▶ Rest (regularly)
- ▶ Ice Packs (hourly)
 - ▶ Cryocuff
 - ▶ Frozen peas
- ▶ Compression (daily)
 - ▶ Stockings
 - ▶ Tubigrip



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What are my responsibilities as a "well patient"?

- ▶ Actively participate in your exercise sessions,

"Do the work!"



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What are my responsibilities as a "well patient"?

- ▶ Be safe
- ▶ Make sure that you have somebody with you when you are walking until your physiotherapist clears you



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Exercises

- ▶ **Exercises begin immediately.**
- ▶ Ankle exercises and deep breathing exercises begin on the day of surgery.
- ▶ **Knee movements** are introduced from day 0 and gradually increased over the following days.
- ▶ You will start **walking** with the physiotherapist on the day of, or first day after, your surgery



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Exercises

- Range of Motion
 - knee F / E Day 0
- Muscle contraction
 - Thighs Day 0
 - Buttocks Day 0
- Bed Mobility
 - Bottom Lifts Day 0
 - Side-side Day 1

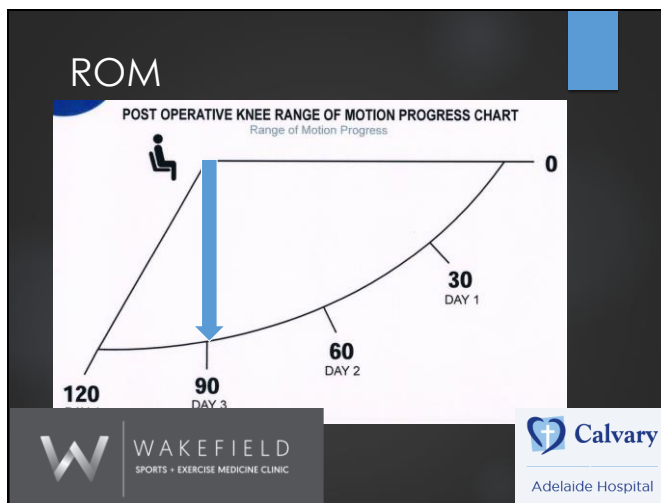


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Slide 35




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Continuous Passive Motion

- Adjunct therapy
 - Assist with swelling reduction
 - Assist with maintaining range
 - Has own risks
 - Wound breakdown
 - Extension loss
 - Discourages activity



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Getting in/out of Bed




- Day 0-1
 - 1-2 persons assist to sit on edge of bed
 - Sit on edge of bed for meals
- Day 1-2
 - 1 person assist to sit on edge of bed
 - Sit out for meals
- Day 2-3
 - Get moving independently



Slide 38

Out of Bed Activity




- You will be encouraged to sit out of bed from Day 1 onwards
 - Meals / Toileting / Showering
 - Time limited <30mins each occasion
- You will get dressed into normal clothes from Day 1 onwards



Slide 39

Walking

- ▶ Day 0-1
 - ▶ In your room
 - ▶ 2x <5mins (~10mins of activity)
- ▶ Day 1-2
 - ▶ Into the corridor
 - ▶ 4x <5mins (~20mins of activity)
- ▶ Day 2-3
 - ▶ Increase distances daily
 - ▶ 6x <5mins (~30mins of activity)



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Walking aids

- Frame
 - Rollator
 - 4 wheeled walker
- Crutches
 - Elbow (Canadian)
- Walking Stick





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Gait education

- ▶ Erect Posture
- ▶ Pelvis steady
- ▶ Knee movements
- ▶ Stride forwards



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Balance

- Regain confidence
- Gradually reduce support
- Challenge body awareness
 - Eyes
 - Ears
 - Muscles
 - Joints



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Stairs

- ▶ Good Leg to Heaven / Bad Leg to Hell
 - ▶ It is safe to alternate your stride, but there is often insufficient strength to achieve this within the first 6 weeks
- ▶ Progress to
 - ▶ Placing
 - ▶ Weight Shift
 - ▶ Driving up / Lowering down



Slide 44

Equipment


- Monkey Bar
 - Bed Mobility
- Raised Bed
- Chair Raises
 - Lounge
 - Toilet
 - Shower



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Equipment

- ▶ Long handled
 - ▶ Shoe horn
 - ▶ Toe wiper
 - ▶ Tongs / Pick up stick
- ▶ Sock / Stocking applicator



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Equipment Hire

- Equip4Living
57 Magill Rd, Stepney: 8362 6422
- ▶ HomeCare Equipment
– 2/27 ANZAC Highway, Keswick 8338 7988
- ▶ Medimart
• 44 John Rice Ave Elizabeth Vale: 8287 6866
- ▶ Mobility SA
• 37 Kalimna Rd Nuriootpa: 8562 2541



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Going Home

- Most patients will go home after approximately 3 days in hospital.
- Need to be walking independently with a suitable aid
- Equipment for home should be discussed.



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Going home

- ▶ Once you know what your discharge day is, please plan for somebody to pick you up at 930am on that day.



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Going home

- In extenuating circumstances, some patients may require extra physio support at home using a rehabilitation in the home (RITH) program.
- Your need for this will be assessed throughout your stay in hospital
- We use the Risk Assessment Prediction Tool (RAPT) to assist us in predicting your needs



Slide 50

Rehabilitation when home

- You are encouraged to seek guidance with your rehabilitation once you are home
- Community based Physiotherapists
 - Home Exercise Programs
 - Balance and Walking programs
 - Manual therapies
 - Hydrotherapy
 - Gym



Slide 51

Hydrotherapy

- Benefits of water based exercises:
 - Buoyancy - Reduced weight bearing load
 - Drag - Resistance through water
 - Individual or group activity
 - Falls Risk lessened
- Accessible in the community
 - Once wound healed
 - check with your surgeon



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Hydrotherapy

- North East – Paragon Fitness Centre; The ARC
- North – Trinity College; Northcare
- South West – Griffith Rehabilitation
- South – FMC; Repat, Physio One, Plympton Park
- City – Next Generation: WSC
- West – AAMI stadium, Physio One, Woodville
- East – Eastwood Physiotherapy



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Progressions at home

- Sitting duration (maximum)
 - Week 1: 30mins each occasion
 - Week 2: 60mins each occasion
 - Week 3: 90mins each occasion
 - NB Sitting considered activity not rest for 3/52
- Walking / Standing duration (maximum)
 - Week 1: 5 mins each occasion
 - Week 2: 10 mins each occasion
 - Week 3: 15 mins each occasion



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Walking Distances

- ▶ Graduated return to activity
 - ▶ Regular short distance (6xday initially)
- ▶ Develop your walking tolerance
 - ▶ Inside the house
 - ▶ Perimeter of the house
 - ▶ Boundary of the house block
- ▶ Letterbox Progressions



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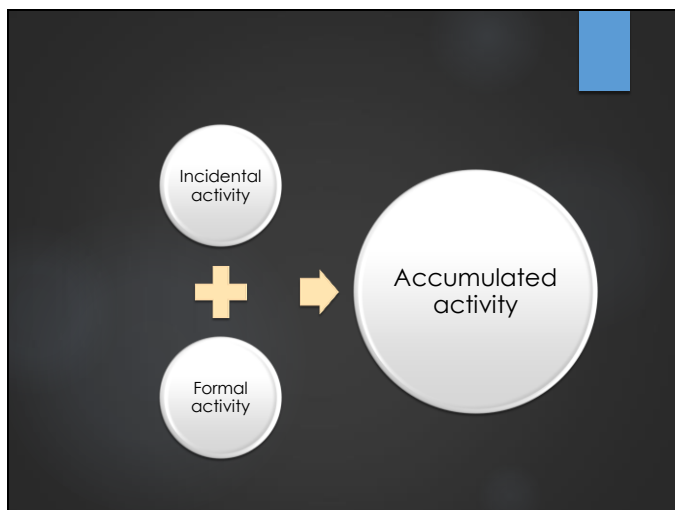
Activity Tolerance

- ▶ Indication from the body that it is no longer tolerating the activity you have chosen
- ▶ **Early Cue:** Stiff / Tight / Tired / Decline in quality
 - ▶ Settles quickly with rest
- ▶ **Late Cue:** Swollen and heavy
 - ▶ Settles slowly with rest
- ▶ **Too Late Cue:** Sore
 - ▶ Prolonged time to settle

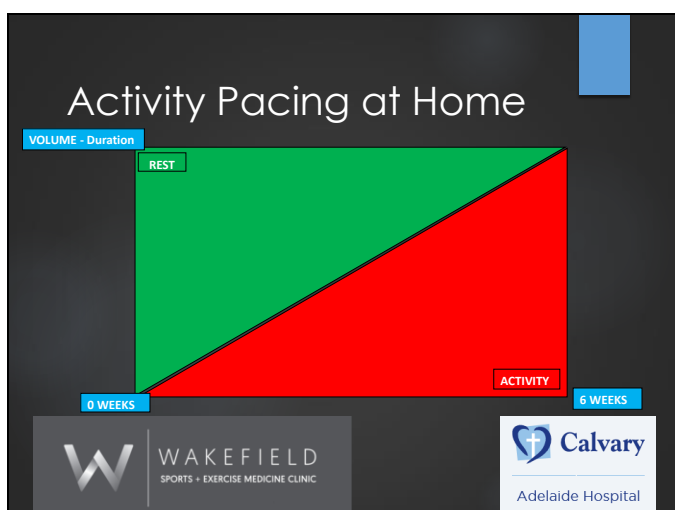
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Activity at Home

- Some discomfort is common for the initial months and paracetamol tablets are occasionally required.
- We encourage you to be active in order to maintain your fitness and muscle tone.
- It is generally 3-4 months before you can resume low impact activities such as unrestricted walking, golfing, bowling and swimming.



Slide 59

Activity at Home

- ▶ Jogging, high impact aerobics and contact sports are never allowed.
- ▶ Your artificial knee is made of extremely durable materials but like all bearings it is subject to wear and tear if overused.



Slide 60

Activity at Home

- ▶ Depending upon the physical demands,
 - ▶ Work may be resumed 1-3 months following surgery.
- ▶ Driving may be resumed once you are
 - ▶ Able to fully weight-bear,
 - ▶ Cease your strong medication,
 - ▶ Can stop the car in an emergency;
 - ▶ Usually 4 weeks (check with your surgeon and insurance company).
 - ▶ Be aware of your tolerance of activity when you leave the house



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