



STEINDLER
ORTHOPEDIC CLINIC



Outpatient Care

Your Knee Replacement Planning Guide

Patients, please be sure to

- Attend all appointments
- Bring this planning guide with you to all appointments
- Bring your coach to all appointments

IOWA CITY
ASC
AMBULATORY
SURGICAL CENTER

Steindler Orthopedic Surgeons and the Iowa City Ambulatory Surgical Center Work Together to Keep You Moving!



Dr. Derek Breder



Dr. Taylor Dennison



Dr. Mark Mysnyk



Dr. Brent Overton



Dr. David Steinbronn



Dr. Brent Whited

To schedule your joint evaluation,
call Steindler Orthopedic Clinic at
(319) 338-3606 or (800) 373-6417.



Please review the following information prior to your surgery.

- Read all the instructions in your packet carefully and take the packet with you each time you go to an appointment.
- Be sure you **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DATE OF SURGERY UNLESS INSTRUCTED OTHERWISE.**
- We are in the process of confirming arrival times 1-2 days prior to surgery. If you have not gotten a confirmation call by the day before surgery, please call to confirm your arrival time. Please keep in mind that your surgery time MAY change due to cancellations or urgent added cases.
- Visit iowacityasc.com website to fill out health information for anesthesia. It is located on the "Preadmission" tab, and will take you to "One Medical Passport" where you will register.

IMPORTANT NOTICE REGARDING THE PAYMENT FOR YOUR SURGERY:

Not all insurance companies will cover all areas of your care. The Steindler Orthopedic Clinic surgeons utilize physician assistants, co-surgeons, and first assistants to perform your surgery. You may be responsible for non-covered charges if your insurance company does not cover the use of certain surgical assistants.

Please feel free to call Steindler Orthopedic Clinic if you have any questions regarding the above information.

Important Phone Numbers

Steindler Orthopedic Clinic.....(319) 338-3606
Steindler Physical Therapy(319) 354-5114
Iowa City Ambulatory Surgical Center.....(319) 248-1500

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Knee Replacement Planning Guide

Please bring this guide to all appointments.

Your Pre-Surgical Schedule

We're pleased that you have chosen Steindler Orthopedic Clinic and Iowa City Ambulatory Surgical Center for your joint replacement surgery. To prepare you for a successful surgery and outcome, you will be scheduled for several appointments 10-14 days before your surgery (pre-op). It is **HIGHLY RECOMMENDED** that a friend or family member (your COACH) attend each appointment with you. Once scheduled, your appointment times will be sent to you. Your appointments will likely include:

Pre-Admission Screening (PAS)

Location: Iowa City Ambulatory Surgical Center

Before your first appointment, please fill out your health history online at www.iowacityasc.com, under the 'Pre-Admission' tab. The Pre-Admission Screening nurses will review your medical health, history and medicines. Additionally, routine blood tests, and, possibly, other tests such as an EKG, may be performed. You will be given instructions to follow in the days leading up to surgery. This is also an appropriate time for you to express requests or concerns about your upcoming surgery.

Physical Therapy

Location: Steindler Orthopedic Clinic

Physical therapists will guide you through exercises you will need to know before and after surgery. You will learn about home equipment needs and be able to practice with walkers, etc. prior to your surgery. You will learn what you need to know before surgery and after you return home after surgery. Therapy staff will see that you have the self-care equipment that is needed. (This visit may not be required if you have had a recent joint replacement.)

Durable Medical Equipment (DME)

Location: Steindler Orthopedic Clinic

You may be directed to Steindler Durable Medical Equipment (DME) Staff to be sure you have all appropriate home equipment ready. DME may be sized and prepared for you before your surgery.

Medical Clearance Clinic

Location: Primary Care Physician

Your surgeon may request a pre-op medical clearance appointment with a medical specialist. This is a time to make sure all of your medical conditions are reviewed so that you are ready for elective surgery. Additional tests may be scheduled, based on your medical conditions, prior to your surgery.

If you do not have a primary care provider, you will instead be referred to Dr. Larew at Larew Internal Medicine.

We ask that you, your family and/or COACH read the enclosed materials, especially the Frequently Asked Questions (FAQs). **Reminder: Please bring this packet of materials to all appointments.** You may find it helpful to save the FAQs for later reference during your recovery.

Our protocols and treatments constantly evolve, it is best to be familiar with the enclosed material as your post-op plan, length of stay and discharge-planning continue to evolve.

Getting Ready For Your Surgery

Your COACH

Your coach is a person to support you in your recovery in the surgery center and at home. A coach can be a spouse, a family member, a friend, a neighbor or a companion. Ideally, this person should stay with you for the first few days after you return home. After the first few days, your coach should be available to check on you and help with transportation to physical therapy or physician appointments.

We all need encouragement at times to help us along the way. Your coach can provide this by being present and taking part in therapy and home exercises. It is important to plan ahead to have a helping hand(s).

Checklist for your COACH:

- _____ Attend the Pre-Admission Screening (PAS) visit at the surgery center to learn about the procedure and more information
- _____ Attend physical therapy sessions before surgery
- _____ Be present at discharge to learn home instructions
- _____ Check in on you during your recovery process
- _____ Run errands, prepare meals, and help with household chores
- _____ Make arrangements for transportation to therapy, which may be up to 3 times/week

Watch Out! (Things to think about)

Be cautious with your legs prior to surgery.

- Do not shave your legs for one week prior to surgery
- Cuts, scrapes and scratches on your leg can cause your surgery to be postponed
- Notify your surgeon should anything happen to your leg prior to surgery

If you use tobacco (or nicotine of any kind), stop prior to surgery.

- Smoking reduces your lung function
- Nicotine reduces circulation and healing, increasing risk of poor healing and infection

If you drink alcohol, be honest with your doctors about how much you drink.

- Alcohol impairs liver function
- Going through withdrawal during your stay can be serious

Think ahead about the space you live in.

- You may want a safety bar or handrail for your bath or shower
- Stairs with a secure handrail
- May want to remove all loose carpets, rugs and cords
- A recliner to elevate your leg could be helpful
- Consider a temporary living space on your first floor to avoid frequent stair climbing

What to Bring the day of Surgery

- _____ This Planning Guide
- _____ Your COACH
- _____ Loose-fitting clothes
- _____ Your front-wheeled walker
- _____ Toiletries (deodorant, toothbrush, comb, etc.) and personal items
- _____ Supportive shoes
- _____ Glasses/glasses case
- _____ Hearing aid, extra batteries, case
- _____ CPAP or BiPAP from home
- _____ Copy of Living Will, Durable Power of Attorney, etc.

For Your Family

Please designate one family member (perhaps your COACH) to coordinate information about your surgical procedure for other family members.

KNEE REPLACEMENT

Frequently Asked Questions (FAQs) and answers.

PRIOR TO SURGERY

Questions 1–10

DAY OF SURGERY

Questions 11–20

GOING HOME

Questions 21–32

1–2 WEEKS FOLLOWING SURGERY

Questions 33–39

6 WEEKS FOLLOWING SURGERY

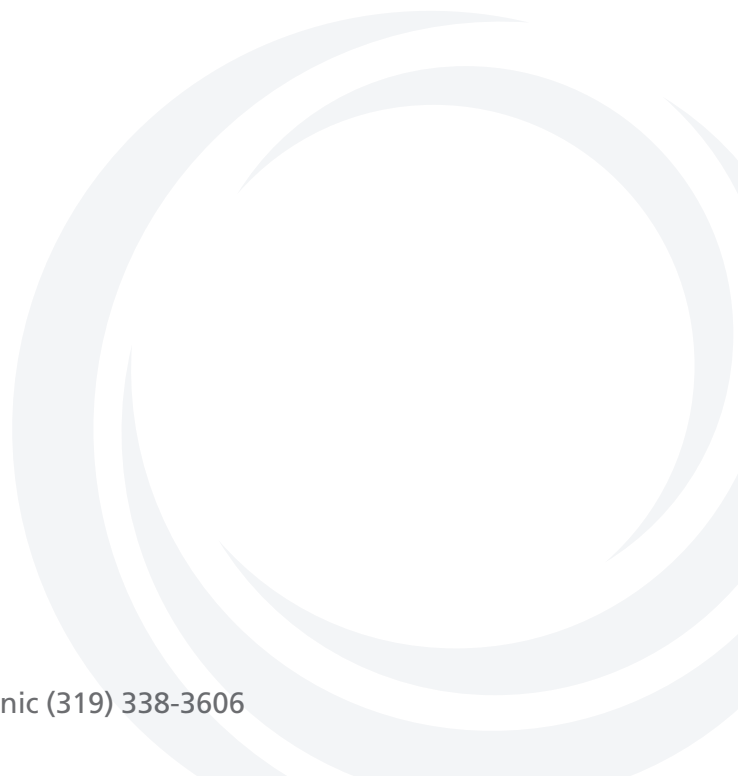
Questions 40–47

12 WEEKS FOLLOWING SURGERY

Questions 48–54

WHAT ABOUT THE FUTURE?

Questions 55–57



PRIOR TO SURGERY

1. Q: Do I need to do exercises prior to surgery?

A: Pre-operative exercises are not mandatory, but they are helpful. You will learn some exercises at your pre-instruction screening appointment with physical therapy. You may choose to see your therapist prior to surgery and we can provide you with a referral.

2. Q: Do I need to stop taking certain medications prior to surgery?

A: Possibly. It depends on your circumstances. These questions are answered at your pre-admission screening appointment which is why you should provide a complete and detailed medical history during your pre-admission screening appointment.

3. Q: Can I have a steroid injection in my knee joint prior to surgery?

A: It is possible to have an injection prior to surgery if given 6 weeks to 3 months prior to surgery, depending on physician preference.

4. Q: What if I get an infection prior to surgery?

A: You must call the office if you develop any infection, such as a cold, sinus infection or urinary infection prior to surgery. We handle this on a case-by-case basis.

5. Q: What equipment will I need?

A: At a minimum you will need to have a front-wheeled walker. Specific equipment needs and sizing for you will be addressed at your physical therapy pre-instruction appointment. You may also need a toilet riser (with arms). A single tip cane for stairs is also very helpful. It may be wise to have at least one railing installed for stairs inside your home. A recliner works well to elevate your leg.

6. Q: How long will I be in the surgery center?

A: Knee replacement can now be performed as an outpatient procedure ("go home the same day"). The physical therapy staff will inform you and your surgeon when you are safe and prepared for returning home. Expect that you will still have pain when you are discharged; however, you will be reasonably mobile.

7. Q: Will I need to have someone at home with me when I am discharged?

A: After your surgery, you will be able to get in and out of bed, get in and out of a chair, walk to and from the bathroom, and be able to go up and down stairs. You will need to have a responsible adult stay with you for 24 hours from the end of your anesthesia. It is best to have someone stay with you the first few nights at home, though it is unlikely that you will need someone with you continuously. You may need some initial help at home for showering, as well as laundry and meals. If family or friends are not able to assist, some outside help can be arranged, usually at your cost. Physical therapy will address this.

8. Q: I live alone, will I need to rely on others?

A: Because we live in rural Iowa, this is an understandable concern. We suggest you utilize friends and family through this process. Knee replacement is best accomplished when you have a COACH and others help you. Success is best achieved by going to your home after surgery, working on your exercises several times a day and frequent walking.

9. Q: Can I do Physical Therapy in my home town or close to my home?

A: Yes. It is recommended that you visit your preferred Physical Therapy clinic prior to surgery to give them insurance information and even schedule your first appointment. Most people will do physical therapy 1-3 times/week for typically 6 weeks.

10. Q: I get very nauseous and vomit after surgery, what can I do?

A: Let your surgeon know beforehand, and medicine can be prescribed to take the morning of surgery. You can also speak with the anesthesiologist the day of surgery.

DAY OF SURGERY:

11. Q: What will happen the day of surgery?

A: You will be informed of what time to arrive the day of surgery (about 2 hours before the scheduled surgery time) and will be admitted to the Pre-Surgery Unit. Nurses will record basic information, you will get into a surgical gown and an IV will be started. Your knee may be cleaned and shaved. The anesthesiologist will meet with you to discuss your anesthesia and answer any questions. Your surgeon will speak with you to answer questions and identify/mark your surgical leg.

12. Q: Will I be asleep for surgery?

A: Your anesthesia will usually consist of a spinal (numbing medicine in your spine with a sedative) and a general (completely asleep). You do not have to be awake for the surgery. We may also use local anesthesia to decrease pain the first 24 hours. All of this is done to keep you the most comfortable and have the least amount of pain.

13. Q: How long is the surgery?

A: The surgery itself takes about 1-1.5 hours.

14. Q: Where is the incision?

A: It is over the front of your knee from just above the kneecap to the top of your shin bone.

15. Q: Will I have stitches?

A: Typically all the stitches are buried under the skin and there are no stitches to come out after surgery. There is a clear mesh glued on the skin over the incision that is water tight for showers. We will peel this off in 2 weeks at your post-op appointment.

16. Q: Will I have a catheter in my bladder?

A: Not usually

17. Q: Will I get out of bed the same day of surgery?

A: Yes, if medically stable. Nursing and/or Physical Therapy will assist you getting in and out of bed, walking to and from the bathroom and sitting in a recliner. You will also start bending and straightening your knee.

18. Q: What will I use for pain control?

A: Pain control will be through oral pain pills, the same ones you will take at home. Most commonly it will be a strong pain medicine like hydrocodone. Nursing and Physical Therapy will routinely assess your pain. There is a range of medical options to be sure your pain is controlled. You will also be instructed on alternative, non-medicinal ways to control pain. If you have had any problems in the past with hydrocodone or other pain medication, please discuss this with your surgeon prior to surgery. Ice packs will also be routinely offered by nursing and physical therapy after surgery.

19. Q: I have sleep apnea, should I bring my CPAP?

A: Yes.

20. Q: How often will I have Physical Therapy after surgery?

A: You will usually start with Physical Therapy the same day as surgery. You will need to meet discharge criteria before you go home.

GOING HOME:

21. Q: How will I get home?

A: On the day of discharge, your coach or responsible person will need to drive you home.

22. Q: What will I use for pain control when I get home?

A: Your prescription will either be sent electronically to your pharmacy, or the ASC can fill the prescription at the time of surgery. You will need to have your insurance card and credit card for the copay. Any refills can only be done during Steindler business hours. Your prescription will likely be Tylenol with hydrocodone or Tylenol with oxycodone. Each tablet contains 325mg of Tylenol (acetaminophen). At home, you can take 1 or 2 tablets, separated by the **time instructions on the prescription**. Narcotics can affect your alertness, can be constipating and can be addictive. **You should try to get off of them as soon as you can** by cutting back from taking 2 tablets at a time to only 1 tablet at a time and increasing the time between doses. You can substitute plain Tylenol (acetaminophen). You can safely take up to 4000mg of Tylenol (acetaminophen) a day. Plain Tylenol contains 325mg of acetaminophen and the narcotics also contain Tylenol (325mg of acetaminophen), so be sure to count both medicines in your daily limit. If you do need a refill on your pain medicine, that can only be done during Steindler business hours. Please try to plan ahead so that you do not run out on the weekend. You should allow 2-3 business days to complete a refill so your surgeon has time to receive your request. Ice packs are also VERY helpful and several should be purchased and frozen pre-operatively.

23. Q: How long will it take to recover?

A: When you get home you will be able to navigate around by yourself. You will be able to do stairs. You will use a walker for approximately 2 weeks; your outpatient Physical Therapist will help you decide when to quit using the walker. Driving and return to work will be discussed with your surgeon at your 2 week appointment or with your outpatient Physical Therapist. The bottom line is you **CANNOT** drive until you can do so safely. You need to have good muscle and reflex control and not have taken narcotic pain medicine for 4 hours.

(Understandably, patients with left knee surgery may be capable of driving sooner than patients with right knee surgery.) Returning to work is the most variable depending on your occupation. The earliest return to work would be a strict sitting job at 2 weeks or longer. Labor work and construction work may require 3-4 months of recovery before you can return to work. Your surgeon and outpatient Physical Therapists are your best resources for these questions. After about 6 weeks you will feel about 50% recovered, after 3 months you will feel about 75% recovered. You should be close to 100% recovered by the first anniversary of your surgery.

24. Q: Can I take ibuprofen or Aleve (naproxen) with my pain meds?

A: You will be on a blood thinner for 6 weeks after surgery, so not every patient may take NSAIDs in the first 6 weeks. Some NSAIDs (like ibuprofen or naproxen) may be prescribed on a case-by-case basis. Again, discuss this with your surgeon and you will be provided with specific written instructions at discharge.

25. Q: Will I need to elevate my leg at home?

A: YES. Elevation of the knee and foot is the key to reducing swelling and controlling pain. During the day, try to keep your leg horizontal on the bed or in a recliner any time you are sitting. Try to avoid prolonged sitting with your legs down. Several times a day you should lay flat on your back with your leg elevated on several pillows to help control swelling in your knee and lower leg. Try to have your "toes higher than your nose" for 30 minutes, 2-3 times a day.

26. Q: Should I be using ice on my knee?

A: YES. This is done frequently throughout the day to alleviate pain and swelling. This should be done for 20-30 minutes as often as needed. You can start timing once you feel the coolness on your knee. You will need several ice packs and you should purchase these prior to your surgery.

27. Q: What is the most important thing for me to do once I am home?

A: The most important thing to do the first 2-4 weeks is to work on your motion - BENDING and especially STRAIGHTENING your knee. You should be up walking around every 1-2 hours while awake, bending your knee as you get up and down (you do not have to get up at night to do this). When sitting have your leg elevated with your knee straight or flat. Exercises will be assigned for home 3-4 times/day in addition to your outpatient Physical Therapy visits. Walking and strength is not nearly as important, early on, as is bending and straightening.

28. Q: Narcotic pain meds can cause constipation, what should I do?

A: It is recommended that you take Colace 100mg 2 times/day and Miralax 1 packet every morning while they are taking narcotic pain pills. These are available over the counter. Fruit and fiber intake should also be increased. Frequent walking and drinking a lot of water will also help manage constipation.

29. Q: What are the signs of infection?

A: Although a low-grade temperature (100 degrees) is common for a few days after surgery, an increasing temperature, chills, shakes, increasing pain and worsening redness are signs of possible infection. If you are concerned about infection, please call **Steindler** weekdays 8:00-4:30 at (800) 373-6417 or (319) 338-3606.

30. Q: How can I prevent blood clots?

A: Foot pumpers and Ace wraps will be used in the surgery center. Instruction for using the Ace wraps at home will be given at discharge.

- Early and frequent mobilization like walking and changing positions.
- Aspirin or other blood thinners will also be ordered.
- Frequently move your ankles and toes.

31. Q: What are the signs of a blood clot?

A: A blood clot or deep vein thrombosis (DVT) begins in a vein in your calf muscle. It usually starts with a sharp pain in the calf that is different than the usual swelling. In addition, sometimes swelling below the calf will increase. Other signs can be shortness of breath and an irregular or fast pulse. These can be signs that a clot has gone to the lungs. If you experience changes in your leg, you should immediately call **Steindler** weekdays 8:00-4:30 at (800) 373-6417 or (319) 338-3606. **Shortness of breath, changes in your pulse or heartbeat are cause for calling 911 immediately.**

32. Q: Can I shower over the incision and let it get wet?

A: If there is a clear mesh on the incision you may shower immediately.

1–2 WEEKS FOLLOWING SURGERY:

33. Q: When can I stop the blood thinner?

A: Not until 4-6 weeks after surgery. This will be discussed at your follow-up appointments with your surgeon.

34. Q: Is it normal that I am not hungry?

A: Yes. Many people get post-surgical anorexia (lack of appetite). This will pass on its own. It is suggested that you supplement your diet with protein shakes (like Ensure) or Carnation instant breakfast drinks.

35. Q: Why can't I sleep?

A: Surgery definitely interrupts your sleep-wake cycle. Also, the pain from the recovery is often more noticeable at night. It is recommended that you take your pain medicine before bed and ice at bedtime. Limiting daytime naps to 20 minutes is also helpful. Call **Steindler** at (800) 373-6417 or (319) 338-3606 if you are having trouble. Sometimes a sleeping medication can be prescribed.

36. Q: Is it normal that my knee is red/swollen/hot?

A: A light pink is very common after surgery. Redness that extends up the thigh or is accompanied by increasing pain and fever is a sign of infection. Knee warmth and swelling may continue for up to a year. It will get better, but it may take months.

37. Q: Is it normal that I am so bruised?

A: Often there are 3 areas of bruising. One is on the thigh from the tourniquet used during surgery. The second is on the inside and back of the knee. The third area will sometimes go down the front of your shin. This is why elevation above your heart is so important.

38. Q: What is my goal in therapy?

A: It is all about motion. The minimum standard for recovery is getting the knee close to straight, or flat (zero degrees), and to bend past 90 degrees (a right angle). If you are not achieving this by 2 weeks, you will become VERY behind in your recovery. It is VERY important that you get your knee to bend and straighten as quickly as possible.

39. Q: What can I put on my incision?

A: You may shower and use soap right away on the incision. Vitamin E oil can be used once the mesh is removed and the incision is healed. You should also use sunscreen on your incision the first year.

6 WEEKS AFTER SURGERY:

40. Q: Is it still supposed to be swollen?

A: Yes, this is still normal.

41. Q: Is it still supposed to be stiff?

A: Yes, stiffness is still common (especially after sitting).

42. Q: Is it still supposed to ache and hurt and feel restless at night?

A: Yes, this is common.

43. Q: Shouldn't it be completely healed by now?

A: No, complete healing takes several months.

44. Q: Should I still be taking a blood thinner?

A: Not because of your surgery. You may be taking one for an unrelated medical condition.

45. Q: Can I take Ibuprofen or Aleve (Naproxen) now?

A: Yes.

46. Q: Can I stop Physical Therapy now?

A: It depends on your progress and recovery. Most patients do 6-12 weeks of therapy. The harder you work on your own at home, the less overall therapy sessions you will need.

47. Q: Is it normal that it clicks?

A: Yes. The implant is made of metal and plastic which is much harder than cartilage. Therefore, when these new surfaces touch together, they make a harder, harsher sound or feeling. This is normal and most of the time the clicking will lessen with time.

12 WEEKS AFTER SURGERY:

48. Q: Shouldn't it be healed by now?

A: No, you are 75% healed. Your knee may continue to have some warmth and swelling until about 1 year.

49. Q: Is it normal for my knee to still be stiff and feel like a tight band is around it?

A: Yes. This is most noticeable first thing in the morning and when you have been sitting for a length of time.

50. Q: Is it normal for my knee to be sore and ache later in the day?

A: Yes, this is normal.

51. Q: What about going through the airport after my knee replacement?

A: Inform the TSA staff as you enter security. Your surgeon may provide you with an ID card but you will still need some level of security screening.

52. Q: What can't I do?

A: You can't run or jump on your knee. No running or jogging, but walking, biking and hiking are OK. You should not jump off the last few rungs of a ladder, the tailgate of a pickup or farm machinery. Discuss with your surgeon any other questions you might have about your activity levels.

53. Q: Can I kneel on my knee?

A: Yes. You will not damage your knee by kneeling on it. Most people will feel some discomfort. You might use knee pads or a soft pad under your knee for kneeling. It may take several months to "condition" your new knee for kneeling.

54. Q: Can I go to the dentist now?

A: Yes, now that it has been 3 months since your surgery. Remember, you must take your antibiotics at least 1 hour BEFORE your dental appointment. Typically, you should take antibiotics after joint replacement for one year after surgery. Contact the office for your initial prescription for antibiotics.

WHAT ABOUT THE FUTURE?

55. Q: What do I do if I think I am getting an infection such as a skin, sinus, dental, or urinary tract infection?

A: You should call your primary physician as you normally would.

56. Q: What are the symptoms of infection in my new knee?

A: These may include drainage, increased swelling, redness and pain not associated with increased activity. You should call **Steindler** 8:00-4:30 at (800) 373-6417 or (319) 338-3606 at the earliest signs of infection.

57. Q: Do I need antibiotics for dental work?

A: Yes. Please wait for 3 months after surgery to do any routine dental work. Remember, you must take your antibiotic 1 hour BEFORE your dental appointment. It is recommended that you take these for at least the first year from surgery if you are healthy. If you have any of the following medical conditions, it is recommended that you continue these for a lifetime:

History of organ transplant (liver, kidney, lung, etc)

Previous joint infection

Immunocompromised patients with:

- Rheumatoid arthritis
- Cancer and being treated with chemotherapy
- Psoriatic arthritis

Contact Steindler at any time if you are unsure if you should continue with pre-dental antibiotics or have any other questions/concerns at (800) 373-6417 or (319) 338-3606.

Your surgeon will ask you to schedule x-rays every 1–5 years to assess for wear or loosening.

Knee Replacement Physical Therapy Protocol

Day of Surgery

- Walk with front wheeled walker (FWW) with Therapy or Nursing staff

Discharge Criteria

- Complete bed and chair transfers independently
- Walk with FWW 100-150 feet
- Ambulate on stairs using handrail
- Knee ROM: 5 degrees extension to 80 degrees flexion
- Independent with exercises to continue at home

2 days through 2 weeks after Surgery

- Continue walking with FWW
- Attend Physical Therapy 3 times a week
- Independent with exercises at home 3-4 times a day, walking short distances frequently during the day, elevating leg higher than heart to control swelling at least three times a day

2 weeks after Surgery

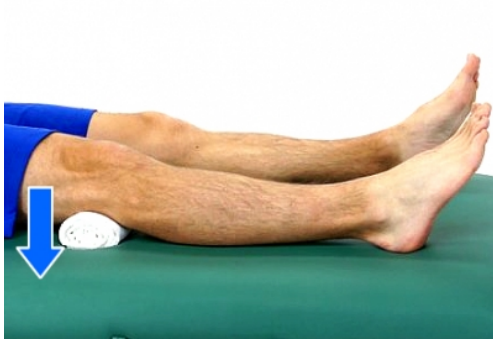
- Knee ROM: Extension 5 degrees or less, flexion greater than 90 degrees
- Knee strength: perform a straight leg raise independently

4-6 weeks after Surgery

- Assistive devices may be discontinued once the patient can ambulate safely and without pain or limp.
- Knee ROM: Extension to 0 degrees, flexion greater than 110 degrees
- Knee strength: completing all exercises without pain, begin working on stair ambulation

3 months after Surgery

- Walking without assistive device in the community, going up and down stairs reciprocally
- Knee ROM: Extension to 0 degrees, flexion between 120-130 degrees
- Sleeping through the night without disruption due to knee pain



Quad Sets

Place a small towel roll under your knee, tighten your top thigh muscle to press the back of your knee downward into the towel. Focus on seeing and feeling your kneecap move.

Perform 10 repetitions, 3-4 times/day.



Supine Heel Slides

While lying on your back place a towel loop around your foot, pulling with your arms to bend your knee. Then allow your knee to straighten back out to starting position and repeat.

Perform 10 repetitions, 3-4 times/day.



Knee Flexion on Chair or Stool

With foot on a chair or step stool, gently lean your knee forward over your toes to provide a gentle stretch over the front of the knee.



Perform 10 repetitions,
3-4 times/day.



Knee Extension Stretch

While seated, prop your foot up on another chair and allow gravity to stretch your knee towards a more straightened position.

Hold for 30 seconds, 3-4 times/day.



Seated Heel Slides

While in a seated position, slowly slide your foot closer towards you. Hold a gentle stretch and then return foot forward to original position.

Perform 10 repetitions, 3-4 times/day.



Seated Straight Leg Raise

Start in a seated position towards the front edge of the chair with your heel resting on the ground. Raise the leg while maintaining the knee in the straightened position. Then lower back down.

Perform 10 repetitions, 3-4 times/day.

How to Measure for a Front-Wheeled Walker

When preparing to use a walker, you need to make sure it can accommodate your height, especially if you are very tall or short. Walkers can come in different sizes of frames, and you may need a special petite walker, or walker leg extensions. Get a friend or family member to help you measure yourself.

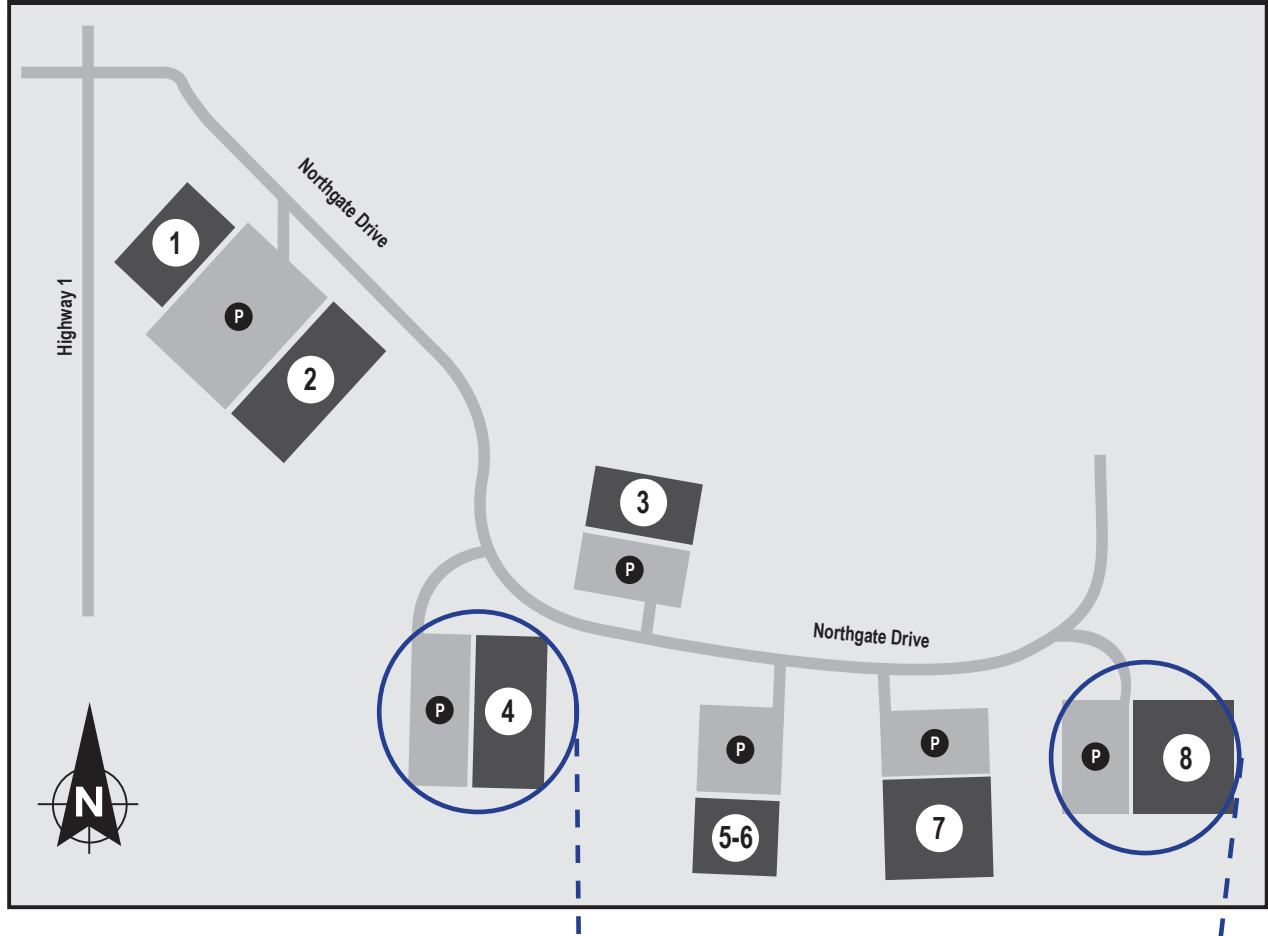


1. Start by standing up straight with your shoes on.
2. Allow your hands to hang naturally at your sides.
3. Locate the crease in your wrist, this should be your handle height.
4. If possible, choose a walker that adjusts at least one inch higher and lower than your actual measurement so you can adjust it as necessary.

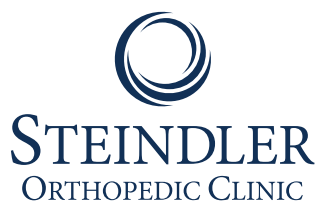
We recommend that you use a walker with wheels on the front only. 4-wheel walkers can be unstable and are not recommended due to safety concerns.

It is not recommended to use your walker on a flight of stairs. You may use a railing and a crutch or cane in the other hand. Have a family member bring your walker up/down the stairs, or have a walker for each level of your home.

NORTHGATE DRIVE



- | | | |
|--|--|--|
| 1. ENT Medical Services, PC
2615 Northgate Drive | 4. Steindler Orthopedic Clinic
2751 Northgate Drive | 8. Iowa City Ambulatory
Surgery Center
2963 Northgate Drive |
| 2. Eye Physicians & Surgeons
2629 Northgate Drive | 5-6. ENT Sleep Center
Facial Rejuvenation Center
2901/2903 Northgate Drive | |
| 3. Oral Surgery Associates
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