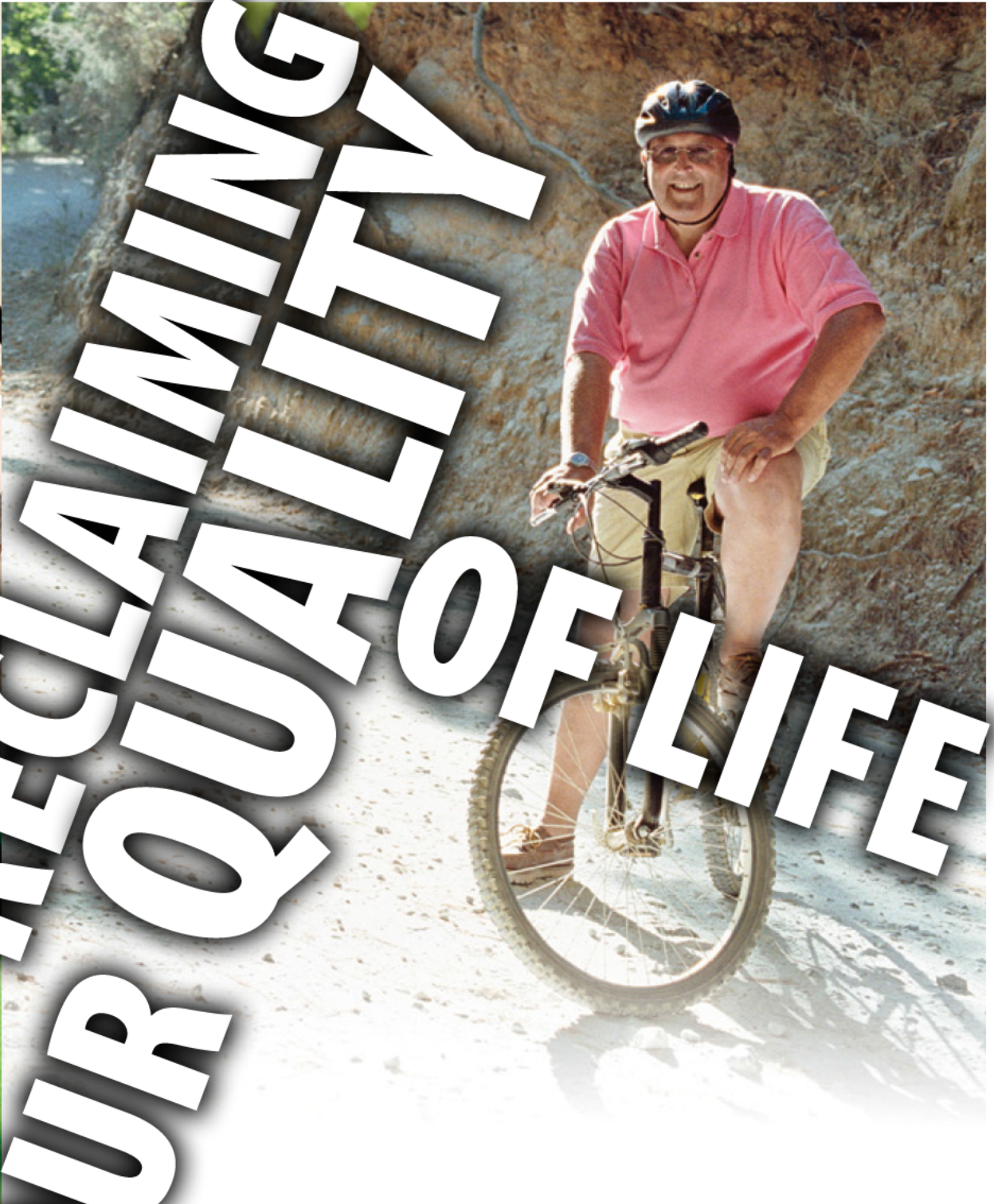




# RECLAIMING YOUR QUALITY OF LIFE



The **Patient's Guide** to  
Outpatient  
Unicompartmental Knee Arthroplasty (UKA)

 **Florida Ortho Surgeons**  
Florida Sports Orthopaedic & Spine Medicine

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# Welcome

## RECLAIMING YOUR QUALITY OF LIFE: Welcome



Arthritis affects about 40 million Americans, one in eight people. As we age, doing the things we love to do without arthritis pain often becomes challenging.

The physicians of [facility name] and the staff are working to restore the quality of life of people with arthritis throughout the area... one joint at a time.

For many, a great quality of life means spending time with family, enjoying a round of golf, a bicycle ride or the pleasure of a simple walk. No matter what your definition, being able to walk and move without pain is an important part of living well.

Dr. Torke and his colleagues have spent their professional lives studying how to combat the effects of arthritis, and have helped develop advanced surgical techniques to reliably help you revitalize your life.

Partial Knee (unicompartmental knee replacement or uni knee) is the surgical resurfacing of the damaged compartment of your knee, and one of the most effective ways to reduce pain and restore mobility.

Our outpatient unicompartmental knee program eliminates hospital stays and supports your recovery.

With extensive patient education and a comprehensive continuum of care, this program is designed to ensure you have the information, care and support you need every step of the way.

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Dr. Mark Torke

American Board of Orthopaedic Surgery

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## Partnering for success

You and Dr. Torke have agreed that surgery is necessary. You will be an active participant in a unique treatment model that begins at diagnosis, continues with surgery and is completed at home.

Understanding what is happening will make your time spent with us – and the time spent throughout your entire journey to a better quality of life – smoother and more comfortable.

We ask you to arrange for a responsible adult to be your coach. This should be someone who can attend pre-surgical visits, take you home after surgery and help you once you've returned home.

We encourage you to share information with your coach and all the other important people in your life who will assist you. Your understanding, participation and commitment – and that of your coach – are important to the success of your procedure.

Please read and complete everything given to you. Items we ask you to complete play a significant role in helping us better understand your lifestyle, objectives and current health.

**OUR GOAL IS TO HELP YOU ACHIEVE A GREAT RESULT.** We are committed to helping you reclaim your quality of life.

**IMPORTANT:**

*As soon as you get this booklet, begin doing pre-surgical exercises to build strength and stamina. Don't do any if they cause you pain.*



# Outpatient Uni Knee Replacement

## RECLAIMING YOUR QUALITY OF LIFE: Outpatient Unicompartmental Knee Replacement

### What is it?

An outpatient unicompartmental knee is an advanced alternative to traditional inpatient care to resurface the damaged compartment of your knee that is causing you pain with an artificial covering in the outpatient setting. The surgery can reduce knee pain and allows for complete recovery at home.

### How long will surgery take?

Your surgery will take one to one and a half hours on average. Plan to be at the center about four to five hours.

### How is the knee resurfaced?

An incision is made on the front of the knee, just to the inside of center. The damaged bone is cleared away. The surfaces are prepped and shaped to hold the new components. The new components are aligned and secured to the thigh bone and shin bone.



**BEFORE**  
Unicompartmental  
Arthritis



**AFTER**  
Following Outpatient  
Unicompartmental  
Arthroplasty

### What kind of anesthetic will I have?

This will depend on your health history, and what the anesthesiologist feels is best for you.

- Spinal anesthetic is given through a catheter inserted into your spinal column. It numbs from mid-chest down to your toes.
- Femoral nerve block is given by injection. It numbs from the hip down.
- General anesthetic is given through an IV line or by breathing from a mask.
- Medications for pain and to relax you may also be given.

### What are the risks of surgery?

Dr. Torke has performed many outpatient unicompartmental knee procedures safely. However, there are potential complications associated with any surgery. Following are some of the common complications which are associated with uni knee surgery, and precautions to help prevent them:

#### **Infection**

With all surgery there is a risk of infection. Your pre-admission test results will confirm you have no active infections before surgery. Antibiotics administered before and after surgery, and other precautions such as cleaning the surgical site with antimicrobials prior to surgery, will further help prevent infection.

#### **Blood clots**

With uni knee and other joint replacement/resurfacing surgery, circulation is impaired during the healing process. To counterbalance this effect and promote circulation, you will be asked to pump your feet and exercise your ankles to increase circulation following surgery and during recovery.

Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.

#### **Pneumonia**

Breathing deeply after surgery and using an incentive spirometer (a small, manual breathing device that measures how well you are filling your lungs with each breath, and helps you exercise your lungs) are important ways to prevent congestion from building up in your lungs, which can lead to pneumonia.

#### **Bladder infections**

Bladder infections may also occur, so it is particularly important to drink plenty of fluids to help prevent this type of infection.

#### **Numbness**

You will experience some numbness on both sides of your knee incision following surgery. This is normal and should not cause you concern. During surgery, the nerves around the joint are disturbed; as these nerves heal, you may experience a tingling sensation. You may experience permanent numbness in a small area around your incision. This will not affect the function of your knee. In only rare situations is there permanent numbness or weakness to the area as a result of trauma to the nerve.

#### **Severe complications**

As with all major surgery, there is a possibility that complications from any of the above, or from the anesthesia, could be severe enough to result in death. Please discuss all questions and concerns with Dr. Mark Torke or your anesthesiologist.

# In Advance of Surgery

## RECLAIMING YOUR QUALITY OF LIFE: In Advance of Surgery

### Scheduling

Most insurance companies require pre-authorization prior to scheduling surgery. Dr. Torke's office will call your insurance company to check eligibility and get pre-authorization as needed. This may take several days, depending on the insurance company.

Once we have received approval from your insurance, you will be contacted to discuss available surgery dates, and other important appointments. Please have this ready to write down the following information:

1. Pre-operative specialist clearance (i.e. cardiology, pulmonology, endocrine)

\_\_\_\_\_

2. Pre-operative medical clearance with primary care (30-14 days prior to surgery)

\_\_\_\_\_

3. Pre-admission testing appointment \_\_\_\_\_

4. Pre-operative class \_\_\_\_\_

5. Pre-operative visit with [Dr./Surgeon's name] \_\_\_\_\_

6. Date of surgery \_\_\_\_\_

### Follow-up Visits

Dr. \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_

Dr. \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_

Dr. \_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_







## Pre-surgical exercises

Perform exercises two times a day. They should take about 15-20 minutes to complete. Don't do any exercises that are too painful. (These are illustrated for a patient having surgery on the right knee. Reverse as needed for left knee).

### (1) Ankle Pumps



Flex foot. Point toes. Repeat 20 times.

### (2) Quad Sets (Knee Push-Downs)



Lie on back, press surgical knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

### (3) Gluteal Sets (Bottom Squeezes)



Squeeze bottom together. Do NOT hold breath. Repeat 20 times.

### (4) Knee Abduction and Adduction (Slide Heels Out and In)



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

### (5) Heel Slides (Slide Heels Up and Down)



Lie on couch or bed. Slide heel toward your bottom. Repeat 50 times.

### (6) Short Arc Quads



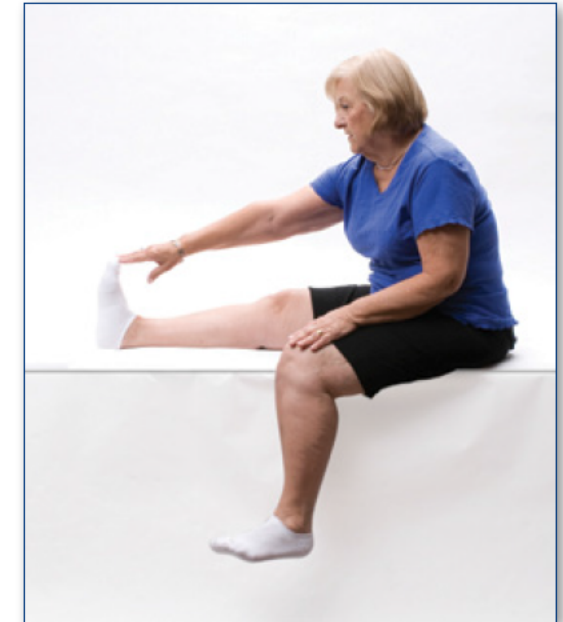
Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.

### (7) Armchair Push-Ups



This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on floor. Repeat 20 times.

### (8) Seated Hamstring Stretch



Sit on couch or bed with leg extended. Lean forward and pull ankle up. Stretch until pull is felt. Hold for 20-30 seconds. Keep back straight. Relax. Repeat 5 times.

### (9) Straight Leg Raises



Lie on back, unaffected knee bent, and foot flat. Lift opposite leg up 12 inches. Keep knee straight and toes pointed up. Relax. Repeat 20 times.

### (10) Ankle Dorsiflexion (Plantar Flexion)



Standing, hold onto firm surface. Raise up on toes. Go back on heels.

### (11) Hip Flexion



Standing, march in place.

## Pre-surgical knee scores

Please complete the first two forms approximately a week prior to your surgery, (prior to your pre-surgical appointment with Dr. Torke. Your physical therapist will complete the third form prior to your surgery. You and your physical therapist will complete the same forms again at six weeks post surgically. These scores will help Dr. Torke determine what your pain, function and disability levels are at various points in your journey, and track your levels of improvement.

### 1. Oxford Knee Score

Check only one box () for each question.

During the past 4 weeks...

- How would you describe the pain you usually have from your knee?  
 None  Very mild  Mild  Moderate  Severe
- Have you had any trouble with washing and drying yourself (all over) because of your knee?  
 No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty  Impossible to do
- Have you had any trouble getting in and out of a car or using public transportation because of your knee? (whichever you would tend to use)  
 No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty
- For how long are you able to walk before pain from your knee becomes severe? (with or without a cane)  
 No pain/More than 30 minutes  16 to 30 minutes  5 to 15 minutes  Around the house only  Not at all/pain severe when walking
- After a meal (sitting at a table), how painful has it been for you to stand up from a chair because of your knee?  
 Not at all painful  Slightly painful  Moderately painful  Very painful  Unbearable
- Have you been limping when walking, because of your knee?  
 Rarely/never  Sometimes, or just at first  Often, not just at first  Most of the time  All of the time
- Could you kneel down and get up again afterwards?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible
- Have you been troubled by pain from your knee in bed at night?  
 No nights  Only 1 or 2 nights  Some nights  Most nights  Every night
- How much has pain from your knee interfered with your usual work (including housework)?  
 Not at all  A little bit  Moderately  Greatly  Totally
- Have you felt that your knee might suddenly 'give way' or let you down?  
 Rarely/never  Sometimes, or just at first  Often, not just at first  Most of the time  All of the time
- Could you do the household shopping on your own?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible
- Could you walk down one flight of stairs?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible

## 2. The Knee Society Clinical Rating System: Function

Walking (check only one box)

Unlimited  >10 blocks  5-10 blocks  <5 blocks  Housebound  Unable to walk

Stairs (check only one box)

Normal up & down  Normal up, down with rail  Up & down with rail  
 Up with rail; unable down  Unable

Assistance (check only one box)

None  One cane  Two canes  Crutches or walker

*INSALL, JOHN N. M.D.; DORR, LAWRENCE D. M.D.;  
SCOTT, RICHARD D. M.D.; SCOTT, W. NORMAN M.D.  
Rationale, of The Knee Society Clinical Rating System.  
Clinical Orthopaedics & Related Research.  
248:13-14, November 1989*



## 3. The Knee Society Clinical Rating System: Range of Motion

Your physical therapist will complete this form prior to your surgery.  
(check only one box)

Pain

None  Mild/Occasional  Mild (Stairs only)  Mild (Walking and Stairs)  
 Moderate (Occasional)  Moderate (Continual)  Severe

Arc of movement eg. (10°-115° = 105° arc) (CHECK ONLY ONE BOX)

<input type="checkbox"/> 0°	<input type="checkbox"/> 35°	<input type="checkbox"/> 70°	<input type="checkbox"/> 105°
<input type="checkbox"/> 5°	<input type="checkbox"/> 40°	<input type="checkbox"/> 75°	<input type="checkbox"/> 110°
<input type="checkbox"/> 10°	<input type="checkbox"/> 45°	<input type="checkbox"/> 80°	<input type="checkbox"/> 115°
<input type="checkbox"/> 15°	<input type="checkbox"/> 50°	<input type="checkbox"/> 85°	<input type="checkbox"/> 120°
<input type="checkbox"/> 20°	<input type="checkbox"/> 55°	<input type="checkbox"/> 90°	<input type="checkbox"/> 125°
<input type="checkbox"/> 25°	<input type="checkbox"/> 60°	<input type="checkbox"/> 95°	
<input type="checkbox"/> 30°	<input type="checkbox"/> 65°	<input type="checkbox"/> 100°	

Stability (maximum movement in any position)

Anteroposterior (check only one box)

<5 mm  
 5-10 mm  
 10 mm

Mediolateral (check only one box)

<5°  
 6° - 9°  
 10° -14°  
 >15°

Deductions

Alignment (check only one box)

<input type="checkbox"/> 0°	<input type="checkbox"/> 9° Valgus
<input type="checkbox"/> 1° Valgus	<input type="checkbox"/> 10° Valgus
<input type="checkbox"/> 2° Valgus	<input type="checkbox"/> 11° Valgus
<input type="checkbox"/> 3° Valgus	<input type="checkbox"/> 12° Valgus
<input type="checkbox"/> 4° Valgus	<input type="checkbox"/> 13° Valgus
<input type="checkbox"/> 5° Valgus	<input type="checkbox"/> 14° Valgus
<input type="checkbox"/> 6° Valgus	<input type="checkbox"/> 15° Valgus
<input type="checkbox"/> 7° Valgus	<input type="checkbox"/> >15° Valgus
<input type="checkbox"/> 8° Valgus	<input type="checkbox"/> Any Varus

Flexion contracture (check only one box)

5° -10°  
 10° - 15°  
 16° - 20°  
 >20°

Extension lag (check only one box)

<10°  
 10° - 20°  
 >20°

## Preparing your home for your return

Although a therapist will visit to perform a home safety assessment, following are some of the things to do and look for to make the therapist's visit as productive as possible.

- Prepare meals ahead of time and put fresh linens on your bed.
- Make sure you have an armchair with a firm cushion that you can sit on.
- Water beds are not recommended after your surgery. A flat, firm mattress should be in place.
- Have an ample supply of your prescription medications available.
- Pick up throw rugs and make sure long phone and electrical cords are out of the way.
- Put night lights in bathrooms and dark areas.
- Have non-skid surfaces (strips, etc.) in place in tubs and showers.
- Arrange for pet care if needed.
- Prepare a comfortable rest area with tissues, phone, TV, remote control, etc. nearby. You don't want to rush for the phone.
- If you are going to be alone part of the day, carry a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Have footwear available with non-skid soles.
- Arrange transportation for follow-up visits.



## One week prior to surgery

### FOR YOUR HEALTH

- The week before surgery, you will be scheduled for an evaluation and conference with your anesthesiology professional, who will discuss the best anesthesia plan for you.
- You will also be scheduled for a pre-operative class to guide you through preparing for surgery and help alleviate the anxiety that sometimes accompanies surgery. This is an important part of your treatment plan, and will empower you with the knowledge to actively participate in your care. The educational class will explain what to expect, and give you a chance to meet some of the healthcare team who will be providing your care.

### FOR YOUR COMFORT

### FOR YOUR SAFETY

### MEDICATIONS

- Stop all anticoagulants, anti-inflammatories, aspirin, fish oil, vitamin E and supplements (such as glucosamine & chondroitin, saw palmetto, ginko biloba, etc)
- Receive prescriptions: Celebrex, Phenergan suppositories or generic (to prevent nausea once home), peri-surgical antibiotics, post-surgical pain meds (Vicodin, Dilaudid)

- Antimicrobial wipes, Polar Ice machine, knee immobilizer. If you don't already own: non-rolling walker, single-prong cane.

- Hibiclens

- 60 325 mg aspirin

- Small bottle of Extra Strength Tylenol

### THERAPY & EXERCISE

- Therapist will: perform home evaluation and determine need for adaptive devices, meet with helper (see above).
- As soon as you get this booklet, begin doing pre-surgical exercises to build strength and stamina. Don't do any if they cause you pain.

### HAVE ON HAND

### DOCTOR'S APPOINTMENT

- Meet with Dr. Torke or his assistant for pre-op visit. Bring spouse/coach and a helper who will help you into your home safely the day of surgery.
- Have a MRSA swab
- Dr. Torke's office will stay in touch with important updates. Please make sure your phones have answering systems if you are unavailable.

### SURGERY CENTER

## notes

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### Two days prior to surgery

**FOR YOUR HEALTH**

- Shower with Hibiclens

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

- If you smoke, you need to stop smoking through the second day after surgery

**MEDICATIONS**

**THERAPY & EXERCISE**

- Continue pre-surgical exercises to build strength and stamina. Don't do any if they cause you pain.

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**notes**

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### One day prior to surgery

**FOR YOUR HEALTH**

- Shower with Hibiclens
- Use antimicrobial wipes over surgical site

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

- Have nothing to eat or drink after midnight – including mints, gum and water. Your surgery may be cancelled or delayed if you do.
- Eat a 'regular-sized' dinner – the day before surgery is not the time to "feast" on large quantities of heavy or rich foods.

**MEDICATIONS**

- Take 400 mg Celebrex
- Take all routine medications except those already stopped (unless Dr. Torke says otherwise)

**THERAPY & EXERCISE**

- Therapist will visit and help you with Oxford and Knee Society scores. He or she will also begin teaching post-operative exercises.

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**notes**

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# Surgery



## RECLAIMING YOUR QUALITY OF LIFE: Surgery

### Visitor information

Your coach or primary caregiver is encouraged to stay with you as much as possible. This allows him or her to be an active participant in your recovery.

### Things to bring

- Comfortable loose clothing, like shorts and t-shirts
- Tennis shoes/walking shoes that you can slip in or out of but not backless
- Medicare and/or insurance cards
- Identification
- Paper and pen or pencil to take notes

### Things to leave at home

- Money
- Valuables, such as jewelry
- Credit cards
- Personal electronic equipment
- Cell phone



### Day of surgery: at home

**FOR YOUR HEALTH**

- Use your last set of microbial wipes over surgical site (no shower)

**FOR YOUR COMFORT**

- Wear comfortable, loose clothing

**FOR YOUR SAFETY**

- If you smoke, do not smoke the day of surgery.
- Don't use lotions, talcum, perfumes, makeup or nail polish

**MEDICATIONS**

- Take heart and blood pressure meds with sip of water. Don't take insulin or diabetes meds unless instructed to do so. Your blood sugar will be checked prior to your surgery.
- Take 200 mg of Celebrex

**THERAPY & EXERCISE**

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

- Stay close to phone in case surgery time changes

**SURGERY CENTER**

**notes**

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### Day of surgery: at surgery center

**FOR YOUR HEALTH**

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

- Have nothing to eat or drink.

**MEDICATIONS**

- Bring: knee immobilizer, Polar Ice machine.
- Meds: Scopolamine patch (to prevent nausea), IV started (Decadron to prevent nausea & pain from inflammation, Toradol to prevent pain from inflammation)
- Femoral nerve block

**THERAPY & EXERCISE**

**HAVE ON HAND**

- Bag for dentures, contact lenses, glasses and cases.

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

- Bring completed advance directive if not already provided & photo ID
- Check in – you'll be given ID & allergy band
- You'll be taken to pre-op (coach or family member may accompany you)
- Change into hospital gown
- Sign consent form if not already done
- Anesthesia conference
- Surgical site confirmed by Dr. Mark Torke
- Transfer to OR (family to waiting area)

**notes**

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### Day of surgery: post-op/recovery

**FOR YOUR HEALTH**

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

- Keep incision clean and dry.
- Rest, adequate nutrition and hydration are important for optimal recovery.

**MEDICATIONS**

- Take medications prescribed to you as directed.
- You'll also have a heparin lock for administration of IV antibiotics overnight

**THERAPY & EXERCISE**

- First Physical Therapy at home

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

- Wake up – nurses will get you comfortable and monitor vitals
- You'll wake with your knee immobilizer and Polar Ice on your knee. You will leave the surgery center with them on.
- You'll be given:
  - Education on home care and medications
  - Post-surgical exercises
  - An incentive spirometer and info on how to use it.
- You'll be discharged home. Carefully follow instructions given by [Dr./Surgeon's name], your nurse and therapist.

**notes**

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# Discharge

## RECLAIMING YOUR QUALITY OF LIFE: Discharge



### DISCHARGE CHECKLIST

- I have been provided with my prescriptions and understand how to use my medications
- I will contact the doctor for any of the following:
  - Fever greater than 101 degrees
  - Increased knee pain
  - Increased drainage, redness or swelling to the incision
  - Calf pain/tenderness or swelling in the legs
  - Chest pain
  - Chest congestion
  - Problems with breathing or shortness of breath
- I understand how to care for my incision and dressing.
- I understand I can shower two days after my staples are removed unless otherwise directed by Dr. Torke
- I understand my discharge plan – directly home with home care.
- I have the necessary equipment – (non-wheeled walker and single-prong cane).
- I will return to Dr. Torke's office for a post-surgical appointment on \_\_\_\_\_.

### MANAGING YOUR PAIN

Our primary goal is to keep you as comfortable as possible following your surgery. Each person is unique and each experiences pain or discomfort differently. In general, a femoral nerve block will have been placed and we don't expect you to awaken with pain.

Your pain will be assessed as soon as you awaken until you leave the surgery center. You will frequently be asked to rate your discomfort on a pain scale that will help us determine if your current method of pain control is adequate or if changes need to be made.

It is very important you report any discomfort or pain to your nurse as soon as it begins or if it is not relieved. Oral or injected pain medications may be used to relieve discomfort.

### HOME CARE

Dr. Torke will have a home care agency work with you in your home. This is to ensure a safe transition home and then to continue with and advance your rehab program.

The first night, a registered nurse will see you every eight hours, for three visits, from the time of your discharge. A nurse will return as needed to evaluate your wound and change your dressings, to review your diet and hydration, to review your medications and evaluate your pain.

Your home health physical therapist will create a program designed to meet your specific needs. Once you are discharged from home health, it's important to practice your exercises and walking program several times a day as instructed. It is also very important to continue taking your pain medication consistently as ordered to more effectively work with your therapist to exercise and to exercise on your own.

*Your home health physical therapist will:*

- Advance your home rehab at a challenging pace.
- Evaluate your home for any potential safety hazards related to your surgery.
- Continue your education regarding your position precautions, weight bearing restrictions and proper positioning of your affected leg to control swelling.
- Review, practice and advance your exercise program.

*By the time you complete home health physical therapy, we want you to:*

- Be safe and independent
- Be able to walk independently on level/uneven ground and stairs (with a cane)
- Have good strength and flexibility in the affected knee.

### HAND WASHING HELPS PREVENT INFECTION

A serious form of bacteria known as MRSA frequently inhabits the skin or nose of healthy people. When introduced into the home setting during recovery, it can be harmful to patients. Hand hygiene is the single most important method of controlling the spread of bacteria. We ask all visitors and caregivers to wash their hands before and after contact with patients and their surroundings. This simple act can provide for a safer environment for all.

### INCENTIVE SPIROMETER

Instructions:

1. Place the spirometer on your bedside table or hold it upright.
2. Take a deep breath and blow out.
3. Place the mouthpiece in your mouth and close your lips around it.

### INCENTIVE SPIROMETER *Continued*

4. Take a slow controlled deep breath, filling the bases of the lungs.
5. Hold your breath for as long as possible.
6. Exhale. Rest for a few seconds. Then repeat. Try to do this at least 10 times each hour.

### TOILET

- Do not attempt to use your walker to pull yourself up to stand. Push up from the seat, reaching forward with one hand at a time to your walker.
- When out in the community, use the bathrooms that accommodate people with disabilities. They will have grab bars.

### STALL SHOWER

- If your cane fits into the shower stall, step in with the affected leg first. If you are unable to fit the cane into the stall, step in backwards with your strong leg first.
- Make sure surfaces inside and outside the shower are non-skid to decrease your risk of slipping.
- Use a long-handled sponge or brush to wash and dry legs.
- You can make a soap holder from the cut off legs of panty hose. Cut them down the center leaving the foot end mostly intact. Put a bar of soap in the foot end. Tie the two top ends together. Hang around your neck.

### PRECAUTIONS

- Use your walker or cane when walking, and weight bearing (as tolerated).
- Do not lift or carry things while walking.

- Avoid small pets, remove throw rugs, and secure electrical and phone cords on the floor where you may walk.
- Do not drive for two weeks or as instructed.
- Allow for adequate room at the side of your bed to walk. Avoid pivoting on your affected leg.
- Avoid slippery or unstable surfaces.
- Do not allow yourself to get exhausted.
- Use a cart to move items.
- Wear an apron with several pockets to keep your hands free.
- Slide bowls, containers, pots and pans along the counter. Don't carry them.
- Avoid reaching far overhead or down low.
- It's easier to take out the trash if you use small plastic grocery bags and tie them to your walker.

### Call Your Surgeon's Office if:

- You have a fever over 101° F (38.3° C).
- Your incision becomes more red, swollen, painful, or if it has a discharge that has an offensive odor.
- If your incision opens or bleeds a lot. (Lightly press a clean cloth to the incision to control the bleeding.)
- Your pain medication is not controlling your pain.
- You have side effects from your medications such as nausea, a rash, or itching.
- You have fallen.

*If you have any calf pain or shortness of breath, call Dr. Torke immediately or call 911.*

### Home: post-op night of surgery

**FOR YOUR HEALTH**

You'll be seen by a nurse three times overnight in intervals of approximately 8 hours. The nurse will check your vital signs, general condition, pain, and nausea, and will administer Dr. Torke's post-op antibiotic protocols.

The nurse will report directly to Dr. Mark Torke after each visit via text messaging or phone.

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

Do not put any lotions, Vitamin E, aloe or other topicals on or near the surgical site until cleared by [Dr./Surgeon's name].

**MEDICATIONS**

Although nausea is rare, the nurses will instruct you on use of anti-nausea medication if it is needed.

**THERAPY & EXERCISE**

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**notes**

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### Day 1 post-op

**FOR YOUR HEALTH**

- Resume Fluids
- Resume Healthy Diet
- Bowel Management  
2 glasses warm prune juice
- Wear TED hose

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

Incentive Spirometer

**MEDICATIONS**

Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.

Dilaudid (or as prescribed)

**THERAPY & EXERCISE**

- Post-Op Exercises/Therapy
- Out of Bed to Ambulatory With Walker (cane, knee immobilizer as instructed by therapist)
- Independent Exercise

Meet with Therapists:  
Safe Walker Use

Personal Goal:  
\_\_\_\_\_

Personal Goal:  
\_\_\_\_\_

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**notes**

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### Day 2 post-op

**FOR YOUR HEALTH**

- Resume Fluids
- Resume Healthy Diet
- Bowel Management  
2 glasses warm prune juice
- Wear TED hose

- Exercises/Therapy
- Walk as Tolerated
- Independent Exercise
- Position Leg Properly
- Use Cane as Instructed

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

- Incentive Spirometer

**MEDICATIONS**

- Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.
- Step down Dilaudid to Vicodin

Personal Goal:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Goal:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**THERAPY & EXERCISE**

- Post-Op Exercises/Therapy
- Out of Bed to Ambulatory With Walker (cane, knee immobilizer as instructed by therapist)
- Independent Exercise

**notes**

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### Day 3 post-op

**FOR YOUR HEALTH**

- Continue Fluids
- Continue Healthy Diet
- Bowel Management  
2 glasses warm prune juice
- Wear TED hose

- Get Dressed
- Use Walker
- Personal Goal:  
\_\_\_\_\_

**FOR YOUR COMFORT**

- Sponge bath and keep your dressing dry

**FOR YOUR SAFETY**

- Incentive Spirometer

**MEDICATIONS**

- Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.
- Vicodin only – begin decreasing dosage

Personal Goal:  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**THERAPY & EXERCISE**

- Exercises/Therapy
- Walk as Tolerated
- Independent Exercise

**notes**

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### Day 4-13 post-op

**FOR YOUR HEALTH**

- Continue Fluids
- Continue Healthy Diet
- Bowel Movement
- Wear TED hose

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

**MEDICATIONS**

- Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.

**THERAPY & EXERCISE**

- Exercises/Therapy
- Independent Mobility

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

**SURGERY CENTER**

**notes**

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### Two weeks post-op

**FOR YOUR HEALTH**

**FOR YOUR COMFORT**

**FOR YOUR SAFETY**

**MEDICATIONS**

- Take one aspirin twice a day to further help prevent blood clots. Heparin given just under the skin may be used if there's an increased risk or history of blood clots.

**THERAPY & EXERCISE**

- Therapist will visit and help you with Oxford and Knee Society scores.

**HAVE ON HAND**

**DOCTOR'S APPOINTMENT**

- Staple Removal
- Steri Strip Incision

**SURGERY CENTER**

*Your hard work will be greatly rewarded!*

**notes**

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## Follow-up care

Although your joint may feel fine, it is important to remember that it has artificial components and you must see Dr. Torke post-surgically at two weeks, six weeks, 12 weeks, 12 months and then bi-yearly thereafter. Routine exams let us monitor your uni knee and to make certain that minute changes – apparent only on x-ray or in an exam – may be detected.

### POST-SURGICAL APPOINTMENTS:

#### Two weeks

Date scheduled \_\_\_\_\_

#### Six weeks

Date scheduled \_\_\_\_\_

#### Twelve weeks

Date scheduled \_\_\_\_\_

#### Twelve months

Date scheduled \_\_\_\_\_

#### Bi-yearly

Date scheduled \_\_\_\_\_

## When to call Your Surgeon's office

**PLEASE CALL [DR./SURGEON'S NAME]  
IF YOU EXPERIENCE ANY OF  
THE FOLLOWING:**

- Fever greater than 101 degrees
- Increased knee pain
- Increased drainage, redness or swelling to the incision
- Calf pain/tenderness or swelling in the legs
- Chest pain
- Chest congestion
- Problems with breathing or shortness of breath

# Physical Therapy

## RECLAIMING YOUR QUALITY OF LIFE: Physical Therapy



### REMINDERS FOR ALL PATIENTS

#### Safe use of your walker

- Keep your hips straight when using the walker
- Remember the amount of weight you are allowed on your affected leg.
- Continue to follow this restriction until the doctor changes the order.
- TDWB (Touch Down Weight Bearing) foot touches the floor, with no weight bearing on it
- PWB (Partial Weight Bearing) foot touches the floor, with some weight bearing allowed
- FWBAT (Full Weight Bearing As Tolerated) normal amount of body weight as able/tolerated.
- Do not use the walker as a support when getting in or out of bed, up from a chair, or off a toilet. It is not stable enough in that position. Back up to the chair until you feel the front of the chair on the back of your legs. Reach down for the arms and lower yourself safely into the chair.

Follow all precautions for 2 to 4 weeks.

#### In and out of bed

- Sit on the edge of the bed (half way down the bed) in the same manner as you would a chair. Scoot your buttocks back across the bed until hips and thighs are on the bed. Rotate your body until you are straight on the bed.
- Get into bed with non-affected leg first and get out of bed with affected leg first.
- Use sheets and pajamas made of a slippery fabric to make scooting easier.

#### Car – front seat

With the passenger seat pushed back, back up to the seat using your walker. Lower yourself into the seat. Tip: a plastic trash bag can help you rotate side to front.

#### Car – back seat

If surgery was on your right leg, enter on the passenger side. If surgery was on the left leg, enter on the driver's side. Back up to the open rear car door with your walker or cane. Lower yourself carefully into the seat. Scoot across the back seat and have pillows stacked so you can semi-recline.

## Post-surgical exercises

The following exercises will help you make a complete recovery from your UKA. The first are to improve your range of motion and flexibility and the next are strengthening exercises to restore your strength.

### (1) Ankle Pumps



Flex foot. Point toes. Repeat 20 times.

### (2) Quad Sets (Knee Push-Downs)



Lie on back, non-affected leg pulled toward you, press affected knee into mat, tightening muscles on front of thigh. Do NOT hold breath. Repeat 20 times.

### (3) Gluteal Sets (Bottom Squeezes)



Squeeze bottom together. Do NOT hold breath. Repeat 20 times.

### (4) Abduction and Adduction (Slide Heels Out and In)



Lie on back, slide legs out to side. Keep toes pointed up and knees straight. Bring legs back to starting point. Repeat 20 times.

### (5) Heel Slides (Slide Heels Up and Down)



Lie on couch or bed. Slide heel toward your bottom. Repeat 20 times.

### (6) Short Arc Quads



Lie on back, place towel roll under thigh. Lift foot, straightening knee. Do not raise thigh off roll. Repeat 20 times.

### (7) Straight Leg Raises



Lie on back, unaffected knee bent, and foot flat. Lift opposite leg up 12 inches. Keep knee straight and toes pointed up. Relax. Repeat 20 times.

### (8) Seated Knee Flexion



Sitting on straight-back chair with affected leg outstretched, gently slide the affected leg underneath chair. Keep hips on chair. Try to gently stretch and bend knee as far as possible. Plant foot and move bottom forward on chair. Repeat 20 times.

### (9) Extension Stretch



Prop foot of operated leg up on chair. Place towel roll under ankle and ice pack over knee. Put 5-10 lbs. of weight on top of knee (a 5-10 lb. bag of rice works well). Do for 20 minutes.

### (10) Prone Knee Flexion Stretch



Bring heel toward buttocks as far as possible. If this bothers your back, keep a pillow under your stomach. Repeat 20 times.

### (11) Seated Hamstring Stretch



Sit on couch or bed with leg extended. Lean forward and pull ankle up. Stretch until pull is felt. Hold for 20-30 seconds. Keep back straight. Relax. Repeat 5 times.

### (12) Knee Extension (Long Arc)



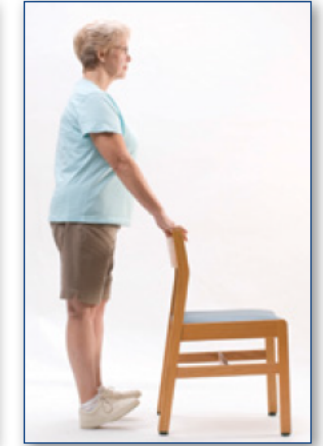
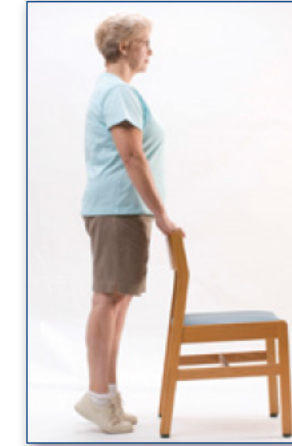
Sit with back against chair. Straighten knee. Repeat 20 times.

### (13) Armchair Squat



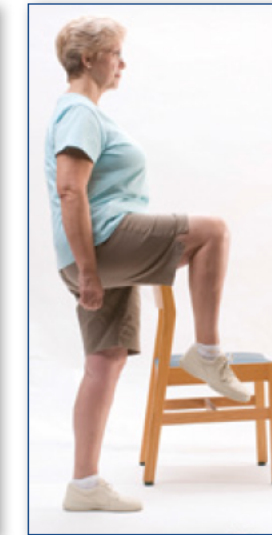
With feet shoulder-width apart and flat on floor, squat as low as is comfortable. Use support as necessary. CAUTION: YOU SHOULD NOT BEND KNEES ENOUGH TO CAUSE PAIN.

### (14) Ankle Dorsiflexion (Plantar Flexion)



Standing, hold onto firm surface. Raise up on toes. Go back on heels.

### (15) Hip Flexion



Standing, march in place.

### (16) Single Leg Step-Up



With foot of involved leg on step, straighten that leg. Return. Use step or book. Height of step will depend on your strength. Start low. You may exercise good leg as well. NOTE: PLEASE DO THESE WITH YOUR THERAPIST FIRST.

### (17) Retro Leg Step-Up



Step backwards with one foot then the other. Step off forward in the same way. Do this with your therapist first. Use a step or book. Ask therapist how high it should be.

## Post-surgical knee scores

We ask that you complete these two forms again at six weeks post surgical. Your physical therapist will complete the third. These scores will help Dr. Torke determine what your pain, function and disability levels are at various points in your journey, and track your levels of improvement.

### 1. Oxford Knee Score

Check only one box () for each question.

During the past 4 weeks...

1. How would you describe the pain you usually have from your knee?  
 None  Very mild  Mild  Moderate  Severe
2. Have you had any trouble with washing and drying yourself (all over) because of your knee?  
 No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty  Impossible to do
3. Have you had any trouble getting in and out of a car or using public transportation because of your knee? (whichever you would tend to use)  
 No trouble at all  Very little trouble  Moderate trouble  Extreme difficulty
4. For how long are you able to walk before pain from your knee becomes severe? (with or without a cane)  
 No pain/More than 30 minutes  16 to 30 minutes  5 to 15 minutes  Around the house only  
 Not at all/pain severe when walking
5. After a meal (sitting at a table), how painful has it been for you to stand up from a chair because of your knee?  
 Not at all painful  Slightly painful  Moderately painful  Very painful  Unbearable
6. Have you been limping when walking, because of your knee?  
 Rarely/never  Sometimes, or just at first  Often, not just at first  Most of the time  All of the time
7. Could you kneel down and get up again afterwards?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible
8. Have you been troubled by pain from your knee in bed at night?  
 No nights  Only 1 or 2 nights  Some nights  Most nights  Every night
9. How much has pain from your knee interfered with your usual work (including housework)?  
 Not at all  A little bit  Moderately  Greatly  Totally
10. Have you felt that your knee might suddenly 'give way' or let you down?  
 Rarely/never  Sometimes, or just at first  Often, not just at first  Most of the time  All of the time
11. Could you do the household shopping on your own?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible
12. Could you walk down one flight of stairs?  
 Yes, easily  With little difficulty  With moderate difficulty  With extreme difficulty  No, impossible

## 2. The Knee Society Clinical Rating System: Function

Walking (check only one box)

Unlimited  >10 blocks  5-10 blocks  <5 blocks  Housebound  Unable to walk

Stairs (check only one box)

Normal up & down  Normal up, down with rail  Up & down with rail  
 Up with rail; unable down  Unable

Assistance (check only one box)

None  One cane  Two canes  Crutches or walker

*INSALL, JOHN N. M.D.; DORR, LAWRENCE D. M.D.;  
 SCOTT, RICHARD D. M.D.; SCOTT, W. NORMAN M.D.  
 Rationale, of The Knee Society Clinical Rating System.  
 Clinical Orthopaedics & Related Research.  
 248:13-14, November 1989*



### 3. The Knee Society Clinical Rating System: Range of Motion

Your physical therapist will complete this form prior to your surgery.  
 (check only one box)

#### Pain

- None    Mild/Occasional    Mild (Stairs only)    Mild (Walking and Stairs)  
 Moderate (Occasional)    Moderate (Continual)    Severe

Arc of movement eg. (10°-115° = 105° arc) (CHECK ONLY ONE BOX)

- |                              |                              |                               |                               |
|------------------------------|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 0°  | <input type="checkbox"/> 35° | <input type="checkbox"/> 70°  | <input type="checkbox"/> 105° |
| <input type="checkbox"/> 5°  | <input type="checkbox"/> 40° | <input type="checkbox"/> 75°  | <input type="checkbox"/> 110° |
| <input type="checkbox"/> 10° | <input type="checkbox"/> 45° | <input type="checkbox"/> 80°  | <input type="checkbox"/> 115° |
| <input type="checkbox"/> 15° | <input type="checkbox"/> 50° | <input type="checkbox"/> 85°  | <input type="checkbox"/> 120° |
| <input type="checkbox"/> 20° | <input type="checkbox"/> 55° | <input type="checkbox"/> 90°  | <input type="checkbox"/> 125° |
| <input type="checkbox"/> 25° | <input type="checkbox"/> 60° | <input type="checkbox"/> 95°  |                               |
| <input type="checkbox"/> 30° | <input type="checkbox"/> 65° | <input type="checkbox"/> 100° |                               |

Stability (maximum movement in any position)

Anteroposterior (check only one box)

- <5 mm  
 5-10 mm  
 10 mm

Mediolateral (check only one box)

- <5°  
 6° - 9°  
 10° -14°  
 >15°

#### Deductions

Alignment (check only one box)

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> 0°        | <input type="checkbox"/> 9° Valgus   |
| <input type="checkbox"/> 1° Valgus | <input type="checkbox"/> 10° Valgus  |
| <input type="checkbox"/> 2° Valgus | <input type="checkbox"/> 11° Valgus  |
| <input type="checkbox"/> 3° Valgus | <input type="checkbox"/> 12° Valgus  |
| <input type="checkbox"/> 4° Valgus | <input type="checkbox"/> 13° Valgus  |
| <input type="checkbox"/> 5° Valgus | <input type="checkbox"/> 14° Valgus  |
| <input type="checkbox"/> 6° Valgus | <input type="checkbox"/> 15° Valgus  |
| <input type="checkbox"/> 7° Valgus | <input type="checkbox"/> >15° Valgus |
| <input type="checkbox"/> 8° Valgus | <input type="checkbox"/> Any Varus   |

Flexion contracture (check only one box)

- 5° -10°  
 10° - 15°  
 16° - 20°  
 >20°

Extension lag (check only one box)

- <10°  
 10° - 20°  
 >20°

### Living with your resurfaced knee

Your new joint components have resulted from many years of research, but like any device, its life span depends on how well you care for it. To ensure the health of your uni knee it's important you take care of it for the rest of your life.

#### SPORTS AND ACTIVITIES

Your new joint is designed for activities of daily living and lower-impact sports. Walking, swimming, cycling are recommended once Dr. Torke has cleared them. Aggressive sports, such as jogging or running, jumping, repeated climbing and heavy lifting may impair or compromise the function and long-term success of your joint, and therefore should be avoided.

#### INFECTION

Your joint components are made of metal, and the body considers them a foreign object. If you get a serious infection bacteria can gather around your components and your knee joint can become infected. If you become ill with an infection or high fever, you should be treated immediately.

#### SURGICAL PROCEDURES

If you're scheduled for any kind of surgery, no matter how minor, you must take antibiotics before and after (this includes mole removal, ingrown toenails, eye surgery, and even procedures such as bronchoscopy and gastroscopy.) If your physician is not sure of the appropriate antibiotics please ask him/her to call Dr. Torke's office.

#### DENTAL WORK

Again, you will have to take antibiotics before having any dental work completed including routine cleanings. Bacteria present in the mouth can scatter throughout the blood-stream and accumulate around your knee. It's essential you let your dentist know about your uni knee. If your dentist is not sure of the appropriate antibiotics please ask him/her to call Dr. Torke's office.

#### Dental guidelines:

If you have rheumatoid arthritis, systemic lupus erythematosus, hemophilia, insulin-dependent diabetes, previous total joint infection, have been malnourished or have had radiation or drugs that depleted your immune system, you need to take antibiotics before seeing your dentist.

*The American Academy of Orthopaedic Surgeons states that even if you are otherwise healthy you should take antibiotics before seeing your dentist for the rest of your life.*



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