

Client: Kaiser Permanente Orthopedics
Project: Anterior Hip Replacement Pre-Op Video
Writer: Combination – Last: SJ
Draft: 8/11/11

VISUAL

AUDIO

FADE IN	INTRO
<p><i>(Voiceover with video and graphic of upcoming content)</i></p> <p>Montage of video from rest of script & show sample of each section</p>	<p>The purpose of this video is to help you prepare for your upcoming surgery. We also want to review with you what to expect both during your hospital stay and when you go home. It is our hope that if you are better prepared, it will ensure a smooth discharge home and a successful recovery.</p> <p>Recovery from a Hip Replacement does not end when you leave the hospital. In order to ensure a successful recovery, you will need to continue with a daily walking and exercise program once you leave the hospital.</p> <p>This video is broken up into 3 sections: before surgery, at the hospital, and return to home. In each section we will outline what to expect and what you need to. You should have received a pre-operative packet of useful written material from your doctor. Throughout the video we will be referencing some of the handouts in this packet.</p>

<p>Before Surgery</p> <p>“What to Expect”</p> <p>Doctor with patient consulting</p> <p>Location: SS KP/Doctor’s Office</p>	<p>Before your surgery you should expect to have a Pre-Operative Medical Evaluation appointment, 2-3 weeks before your operation.</p> <p>Your doctor will individualize your prescription needs: determining which prescriptions to continue and which to stop before surgery.</p> <p>Sign the consent form after meeting with your surgeon and asking any remaining questions you might have.</p> <p>Most patients don’t need to donate blood.</p>
<p>“What You Need to Do”</p> <p><i>(voiceover with video of home environment)</i></p> <p>Patient at home making calls and filling out forms. Supported with bullet-point graphic</p> <p>Location: Home</p> <p>“Have a Discharge Plan”</p> <p>Patient at home making plan with family member Location: Kitchen</p>	<p>Before your surgery you will need to:</p> <p>Get dental clearance to be sure there is not a potential source of infection in your mouth.</p> <p>Get a handicap-parking permit before surgery from your surgeon's office, if needed.</p> <p>Watch this video with your caregiver one month before your surgery and again one week before.</p> <p>It is important to plan ahead and have a discharge plan prior to your surgery. This will ensure that your transition home will be as smooth as possible.</p> <p>It is recommended that you have an able bodied person available to stay with you during the day and overnight for at least 5 days after you return home.</p>

<p>“Equipment”</p> <p>Patient walking with front wheeled walker Location: Home</p>	<p>After surgery, most people will be instructed in the use of a front-wheeled walker. If you have a co-pay, you will be billed. You will not need a wheelchair after your surgery, as your doctor wants you walking to get from point A to point B.</p> <p>We will be discussing more useful home equipment in the next few sections.</p>
<p>“Getting your home ready”</p> <p>Patient looking around home for hazards – stairs</p> <p>Patient going up stairs with railing Location: Home/Stairway</p> <p>Patient getting out of recliner. Also show pillows and blankets Location: Home/Living room</p>	<p>Now, let’s take a look on what can be done to prepare your home. There are some simple modifications and equipment that can be useful after surgery that will allow you to move about your home safer and easier. If possible, prepare your home to be able to stay on one floor so that you can avoid having to go up and down your stairs frequently throughout the day.</p> <p>If you are unable to do this, the PT will be sure to practice stairs with you in the hospital prior to going home. If you have multiple steps in a row at home, it is recommended that you have a railing.</p> <p>After surgery, standing will be difficult if you do not have something to push off of with your hands. It is recommended that you avoid sitting on low surfaces, especially if there are no handrails, grab bars, or armrests to push up from.</p> <p>If possible, raise heights of frequently used furniture to make it easier to sit and stand. This can be done by placing platforms or blocks under chairs or by placing firm pillows or blankets on top of the surface.</p> <p>Your walker is not sturdy enough to pull yourself up to stand. Common low surfaces are toilets, couches, recliners and car seats.</p>

<p>Show toilet with added adjustment Location: Home/Bathroom</p>	<p>In the bathroom a raised toilet seat may be needed after surgery in order to maintain precautions. Raised toilet seats can be purchased with and without armrests.</p>
<p>Show shower with adjustments Location: Home/Bathroom</p>	<p>Since showers can pose a hazard, it is important to make sure your shower is safe. If you have a walk-in shower and have been comfortable standing to shower then most likely you will do fine standing to shower afterwards. If you have a tub-shower combination, a bath seat or tub transfer bench is necessary. A handheld shower will be helpful if you sit to shower. Grab bars can also be installed if desired.</p>
<p>Patient paging through the pre-op package Location: Home/Kitchen</p>	<p>You will be responsible for purchasing bathroom equipment. In your pre-operative packet; there is a list of medical supply stores where the equipment can be purchased. If you purchase the equipment we recommend that you keep it and store it when no longer using it.</p>
<p>Patient going through house moving rugs and furniture. Location: Home/Living room</p>	<p>Go through your house and remove throw rugs. These are a common tripping hazard, especially if using a walker or crutches. Try to re-arrange your furniture to allow for wide pathways to accommodate a walker or crutches.</p>
<p>Patient stocking up groceries Location: Home/Kitchen</p>	<p>Move frequently used items to a level that doesn't require bending to reach them.</p> <p>It is helpful to stock up on groceries and easy to prepare meals.</p>

"How To Avoid Dislocating Your Hip"

(Voiceover with vignette of patient practicing precautions in the home – backed up with graphics)

After an anterior Hip Replacement, avoid extending your operated leg back behind you while rotating your leg outward as instructed by your doctor. It is the combination of these two movements that puts you at risk for dislocating. In our daily routine, we do not commonly find ourselves getting into this position therefore the risk of an anterior dislocation is low.

<p>“Learn how to do daily tasks with aids – practice” <i>(Voiceover with vignette of patient practicing tasks with aids in the home)</i></p> <p>Patient pulling up shoe or sock and getting dressed Location: Home/Bedroom</p> <p>Patient using aids -reacher, sock aid, shoe horn. Location: Home/Bedroom</p> <p>Patient with caregiver helping them dress. Location: Home/Bedroom</p> <p>May show graphic of pre-op packet - or re-use footage of patient paging through packet Location: Home/Kitchen</p>	<p>There are no restrictions when flexing forward to dress yourself. You are allowed to bend forward to put on and take off your pants, shoes and socks immediately after surgery however pain and inflexibility may limit your ability to perform these tasks independently There are several devices that can assist you in performing self care tasks more independently:</p> <p>Sock aid (hard and soft): for putting on socks</p> <p>Reacher: for removing socks and putting on and removing pants</p> <p>Long handled shoe horn: for putting on shoes (slip on shoes are easiest)</p> <p>Long handled sponge: for washing lower extremities.</p> <p>Toilet tongs: if unable to wipe self after a bowel movement .</p> <p>Keep in mind that your reliance on this equipment will most likely be temporary. People usually have difficulty with these tasks for the first one to three weeks after surgery until the pain is less and the range of motion in your hip improves.</p> <p>If you have a family member or caregiver that can assist with the tasks mentioned, then it is not necessary to purchase the dressing equipment. However you will need assistance pulling up underwear, pants, socks and shoes. In your pre-operative packet is a vendor list that will guide you as to where this equipment can be purchased.</p>
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<p>“Learning and practicing your exercises”</p> <p><i>(Voiceover with vignette of patient practicing exercises in the home – backed up with graphics)</i></p> <p>Patient being active</p> <p>Patient doing exercises Location: Home/Living room</p> <p>“The following stretching exercises can be performed 2 times per day, repeat 2-3 times.”</p> <p>“1. Ankle Pumps”</p> <p>“2. Quadriceps Sets”</p> <p>“3. Gluteal Sets”</p> <p>“4. Heel Slides”</p> <p>“5. Abduction /Adduction”</p>	<p>It is recommended that you get your body ready for surgery. Try and stay as active as possible and keep your cardiovascular fitness up. Recovery from surgery is taxing on your body and we find that those that stay active prior to surgery have smoother, faster recoveries.</p> <p>It is recommended that you perform specific strengthening exercises on your operative side prior to your surgery. A copy of all exercises can be found in your pre-op packet.</p> <p>The following stretching exercises can be performed 2 –3 times per day, repeat 2-3 times.</p> <p>1. Ankle Pumps. Move your ankles up and down.</p> <p>2. Quadriceps Sets. While lying down, tighten your thigh muscle above your knee cap and push the back of your knee down into the bed. Hold for 5-10 sec.</p> <p>3. Gluteal Sets. While lying down, squeeze your buttocks muscles as tightly as possible, hold for 10 sec. Do not hold your breath.</p> <p>4. Heel Slides. While lying down, bend your knee and slide your heel along the bed toward your buttocks. Return back to starting position. Repeat on other leg if desired.</p> <p>5. Abduction /Adduction. While lying down, slide one leg out to the side. Keep your toes pointing toward the ceiling. Return to the starting position. Repeat on other leg if desired.</p>
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<p>“After Your Surgery” (Voiceover with graphics – Hospital Room)</p> <p>MD and RN visiting room Location: SS KP/Hospital room</p> <p>Pan patient with all the devices on Location: SS KP/Hospital room</p> <p>Patient with nurse. Supplement with Rate scale graphic Location: SS KP/Hospital room</p>	<p>During your hospital stay you will be visited by members of our multidisciplinary team including your MD, their physician’s assistant, anesthesia, RN, PT, and OT. Your care will be managed according to our total hip arthroplasty protocol. This may include:</p> <p>IV fluids and medications including antibiotics and those to prevent blood clots, monitoring your vital signs, wearing lower extremity compression devices, use of a wedge shaped pillow between your legs with Velcro straps to maintain your hip precautions, having a dressing covering your incision, possibly with a drain to collect excess bloody drainage, use of ice packs over your incision, use of an incentive spirometer to maintain good lung function, placement of a Foley catheter during your surgery.</p> <p>To make your stay more pleasant, please communicate any concerns with our staff. It is important that you have adequate pain control.</p>
<p>“First Day After Surgery”</p> <p>PT/OT with patient: out of bed and into recliner and instructing exercises. Location: SS KP/Hospital Room</p> <p>Patient pressing call light Location: SS KP/Hospital Room</p>	<p>Physical therapy or Occupational therapy will see you early in the morning the day after your surgery to get you out of bed and into a recliner chair.</p> <p>Physical therapy will instruct you and family in exercises to strengthen your operated leg. These exercises should be performed 2-3x/day. Ask the nursing staff if you need any assistance with these exercises.</p> <p>While your Physical therapist (PT) works on gait training, leg strengthening exercises, balance, use of an assistive device, and stair training, your OT will work with you on general mobility, home equipment needs and independence in self care tasks like lower body dressing.</p>

	<p>We will continue to instruct you in your hip precautions throughout your stay.</p> <p>Our goal is for you is to walk with a walker and sit up in a recliner chair two hours at a time, 2-3 times a day.</p> <p>We encourage you to use your call light to notify the nursing staff when you want to get up. You MUST have assistance to get out of bed until cleared by your PT.</p>
<p>“Second Day After Surgery”</p> <p>PT/OT using adaptive equipment, self body care (reacher and sock aid RTS). Location: SS KP/ Hospital room</p>	<p>The Physical Therapist will continue to instruct you in your hip precautions, exercises and progressing your gait with a walker or crutches. The Occupational Therapist will instruct you in how to maintain your hip precautions while performing self-care tasks like dressing and toileting. If you have not had a bowel movement you will be given a laxative.</p> <p>The Occupational Therapist will have you try adaptive equipment to dress yourself. Your drains and Foley catheter will be removed on this day if ordered by your doctor. Some patients who progress rapidly through the recovery protocol may be able to discharge home on this day.</p>

<p>Close on taking sponge bath (arm or leg). Location: Home/Bathroom</p> <p>Doctor consulting patient Location: SS KP/Doctor's Office</p>	<p>You doctor will instruct you on when you can start showering You may take sponge baths until this time, making sure to keep your incision clean and dry.</p> <p>The length of time to follow precautions will be determined by your surgeon.</p> <p>Most patients will have a follow-up appointment 10 days to 3 weeks after surgery.</p> <p>You should be able to drive in 6-12 weeks. This is dependent on which leg you had surgery on as well as when you are off your pain medication.</p> <p>Check with your doctor before driving and before beginning any strenuous activities such as playing sports.</p> <p>Typically you will not need outpatient or home physical or occupational therapy.</p>
<p>“What You Need to Do” (voiceover with repeat of important video and/or graphics)</p> <p>Patient walking with crutches and cane. Location: Home/Hallway</p> <p>Repeat footage of patient performing exercises Location: Home/Living Room</p>	<p>You will need to continue with your exercises 2-3x day and progress your walking program at home.</p> <p>Continue to use your walker or crutches for the next few weeks to allow for a symmetrical walking pattern as well as increased stability. As your hip heals and your strength returns, you may transition to a cane and then eventually no assistive device will be needed.</p> <p>Stay active, don't sit in one position for greater than 1 hour at a time, get up and walk around or do your exercises. This will help your hip from getting too stiff.</p>

<p>Patient in dependent position and in proper recline with lever. Location: Home/Living Room</p>	<p>It is important to keep your legs from resting in a dependent position for greater than 1 hour to prevent swelling and blood clots. A dependent position is any position where your legs are below your waist, as commonly seen when seated in an upright chair.</p> <p>Recliners are recommended to keep the legs elevated as long as they have a lever that you can pull to enable the recline. Recliners that disengage by pushing down on the leg rests with your legs will be difficult to operate independently.</p>
<p>Conclusion</p> <p>Repeat footage from other parts of script</p> <p>Supplement with bullet point graphic</p> <p>“Happy Shots” of patient around the house, walking in park, etc. Location: various in home and outside</p>	<p>Be Prepared:</p> <ol style="list-style-type: none"> 1. Re-watch this video 1-week before surgery. 2. Obtain home equipment and set-up home as instructed. 3. Arrange for at least 5 days of help at home once discharged from the hospital. 4. Do your pre-operative exercises and continue to stay as active as possible until surgery. <p>Now that you have a general outline for the expectations before and after surgery and hip precautions to follow after surgery, we are confident that with some hard work, your outcome will be positive. Remember, a successful recovery is in your hands!</p>

Client: Kaiser Permanente Orthopedics
Project: Posterior Hip Replacement Pre-Op Video
Writer: Combination – Last: SJ
Draft: 8/11/11

VISUAL

AUDIO

FADE IN	INTRO
<p><i>(Voiceover with video and graphic of upcoming content)</i></p> <p>Montage of video from rest of script & show sample of each section</p>	<p>The purpose of this video is to help you prepare for your upcoming surgery. We also want to review with you what to expect both during your hospital stay and when you go home. It is our hope that if you are better prepared, it will ensure a smooth discharge home and a successful recovery.</p> <p>Recovery from a Hip Replacement does not end when you leave the hospital. In order to ensure a successful recovery, you will need to continue with a daily walking and exercise program once you leave the hospital.</p> <p>You will have precautions to follow after your surgery in order to prevent hip dislocation. These will impact the way you will be able to move and perform self care tasks. This video will help you understand the importance of these precautions, and how to make your home safer for when you return home after surgery.</p> <p>This video is broken up into 3 sections: before surgery, at the hospital, and return to home. In each section we will outline what to expect and what you need to. You should have received a pre-operative packet of useful written material from your doctor. Throughout the video we will be referencing some of the handouts in this packet.</p>

<p>Before Surgery</p> <p>“What to Expect”</p> <p>Doctor with patient consulting</p> <p>Location: SS KP/Doctor’s Office</p>	<p>Before your surgery you should expect to have a Pre-Operative Medical Evaluation appointment, 2-3 weeks before operation.</p> <p>Your doctor will individualize your prescription needs: determining which prescriptions to continue and which to stop before surgery.</p> <p>Sign the consent form after meeting with your surgeon and asking any remaining questions you might have.</p> <p>Most patients don’t need to donate blood.</p>
<p>“What You Need to Do”</p> <p><i>(voiceover with video of home environment)</i></p> <p>Patient at home making calls and filling out forms.</p> <p>Supported with bullet-point graphic</p> <p>Location: Home</p> <p>“Have a Discharge Plan”</p> <p>Patient at home making plan with family member</p> <p>Location: Kitchen</p>	<p>Before your surgery you will need to:</p> <p>Get dental clearance to be sure there is not a potential source of infection in your mouth.</p> <p>Get a handicap-parking permit before surgery from your surgeon's office, if needed.</p> <p>Watch this video with your caregiver one month before your surgery and again one week before.</p> <p>It is important to plan ahead and have a discharge plan prior to your surgery. This will ensure your transition home will be as smooth as possible.</p> <p>It is recommended that you have an able bodied person available to stay with you during the day and overnight for at least 5 days after you return home.</p>

<p>“Equipment”</p> <p>Patient walking with front wheeled walker Location: Home</p>	<p>After surgery, most people will be instructed in the use of a front-wheeled walker. If you have a co-pay, you will be billed. You will not need a wheelchair after your surgery, as your doctor wants you walking to get from point A to point B.</p> <p>We will be discussing more useful home equipment in the next few sections.</p>
<p>“Getting your home ready”</p> <p>Patient looking around home for hazards – stairs</p> <p>Patient going up stairs with railing Location: Home/Stairway</p> <p>Patient getting out of recliner. Also show pillows and blankets Location: Home/Living room</p>	<p>Now, let’s take a look on what can be done to prepare your home. There are some simple modifications and equipment that can be useful after surgery that will allow you to move about your home safer and easier. If possible, prepare your home to be able to stay on one floor so that you can avoid having to go up and down your stairs frequently throughout the day.</p> <p>If you are unable to do this, the PT will be sure to practice stairs with you in the hospital prior to going home. If you have multiple steps in a row at home, it is recommended that you have a railing.</p> <p>After surgery, standing will be difficult if you do not have something to push off of with your hands. It is recommended that you avoid sitting on low surfaces, especially if there are no handrails, grab bars, or armrests to push up from.</p> <p>If possible, raise heights of frequently used furniture to make it easier to sit and stand. This can be done by placing platforms or blocks under chairs or by placing firm pillows or blankets on top of the surface.</p> <p>Your walker is not sturdy enough to pull yourself up to stand. Common low surfaces are toilets, couches, recliners and car seats.</p>

<p>Show toilet with added adjustment Location: Home/Bathroom</p>	<p>In the bathroom a raised toilet seat may be needed after surgery in order to maintain precautions. Raised toilet seats can be purchased with and without armrests.</p>
<p>Show shower with adjustments Location: Home/Bathroom</p>	<p>Since showers can pose a hazard, it is important to make sure your shower is safe. If you have a walk-in shower and have been comfortable standing to shower then most likely you will do fine standing to shower afterwards. If you have a tub-shower combination, a bath seat or tub transfer bench is necessary. A handheld shower will be helpful if you sit to shower. Grab bars can also be installed if desired.</p>
<p>Patient paging through the pre-op package Location: Home/Kitchen</p>	<p>You will be responsible for purchasing bathroom equipment. In your pre-operative packet; there is a list of medical supply stores where the equipment can be purchased. If you purchase the equipment we recommend that you keep it and store it when no longer using it.</p>
<p>Patient going through house moving rugs and furniture. Location: Home/Living room</p>	<p>Go through your house and remove throw rugs. These are a common tripping hazard, especially if using a walker or crutches. Try to re-arrange your furniture to allow for wide pathways to accommodate a walker or crutches.</p> <p>Move frequently used items to a level that doesn't require bending to reach them.</p>
<p>Patient stocking up groceries Location: Home/Kitchen</p>	<p>It is helpful to stock up on groceries and easy to prepare meals.</p> <p>It is helpful to have many extra pillows on hand for positioning yourself in bed.</p>

“Learning and practicing your precautions”

(Voiceover with vignette of patient practicing precautions in the home – backed up with graphics)

“1. Avoid bending your operated hip past 70 degrees.”

PT or patient demonstrating 3 precautions movements. Show right and wrong
Location: Home/Living Room

“2. Avoid crossing operated leg past midline. No crossing your legs at knees or ankles.”

“3. Avoid turning your operated leg inward. No pigeon toeing.”

Patient pulling up shoe or sock and getting dressed.
Location: Home

Due to the nature of a Hip Replacement, there are strict hip precautions that your doctor will have you follow. The length of time to follow the precautions is determined by your doctor, but typically can last up to 3 months or more. After surgery, your hip joint capsule, ligaments, and muscles are weakened. The precautions are in place to prevent your hip from dislocating. It is very important that you know your precautions well. A written copy of the precautions can be found in your pre-operative packet.

1. Avoid bending your operated hip past 70 degrees.

What does this mean? When sitting in a chair you cannot bend forward past 70 deg. 90 deg would be upright, so therefore you need to be slightly leaning back. Another way to look at it is that you cannot reach past your kneecaps. So keep in mind when moving from a sitting position to a standing position, you cannot lean too far forward. When lying down you cannot lift your knee towards your chest.

2. Avoid crossing operated leg past midline. No crossing your legs at knees or ankles.

To maintain your sitting or lying position, place a small pillow between your legs to remind you not to cross your legs.

3. Avoid turning your operated leg inward. No pigeon toeing.

The highest risk for dislocation is usually when a combination of inward rotation of your leg and bending forward is performed. This is commonly seen when sitting, leaning forward and turning your leg inward to pull a shoe or sock up.

<p>Patient getting in/out of bed Location: Home/Bedroom</p> <p>patient sitting/standing Location: Home/Livingroom</p> <p>patient in/out of car Location: Home/Outdoor</p> <p>patient in/out of tub Location: Home/Bathroom</p>	<p>You will be instructed by your Occupational therapist on the use of adaptive equipment that will help you maintain your hip precautions and avoid turning your leg inward, so that you can safely perform self-care activities.</p> <p>It is important that you practice transfers and mobility while following these precautions BEFORE your surgery so you will be better prepared. You will need to change the way you get in and out of bed, stand up and sit down, get in and out of a car, and get in/out of shower.</p> <p>Practicing transfers:</p> <ol style="list-style-type: none"> 1. In/out of bed (video) 2. Sit <> stand (video) 3. In/out of car (video) 4. In/out of a bathtub and walk-in shower using equipment
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<p>“Learn how to do daily tasks with aids – practice” <i>(Voiceover with vignette of patient practicing tasks with aids in the home)</i></p>	<p>If you want to remain independent with getting dressed and bathing, the following is some adaptive equipment that can help you achieve this goal:</p>
<p>Patient pulling up shoe or sock and getting dressed Location: Home/Bedroom</p>	<p>Sock aid (hard and soft): for putting on socks</p>
<p>Patient using aids - reacher, sock aid, shoehorn. Location: Home/Bedroom</p>	<p>Reacher: for removing socks and putting on and removing pants</p>
	<p>Long handled shoe horn: for putting on shoes (slip on shoes are easiest)</p>
	<p>Long handled sponge: for washing lower extremities.</p>
	<p>Toilet tongs: if unable to wipe self after a bowel movement</p>
<p>Patient with caregiver helping them dress. Location: Home/Bedroom</p>	<p>If you have a family member or caregiver that can assist with the tasks mentioned above, then it is not necessary to purchase the dressing equipment. However you will need assistance pulling up underwear, pants, socks and shoes.</p>
<p>May show graphic of pre-op packet - or re-use footage of patient paging through packet</p>	<p>In your pre-operative packet is a vendor list that will guide you as to where this equipment can be purchased.</p>

<p>“After Your Surgery” (Voiceover with graphics – Hospital Room)</p> <p>MD and RN visiting room Location: SS KP/Hospital room</p> <p>Pan patient with all the devices on Location: SS KP/Hospital room</p> <p>Patient with nurse. Supplement with Rate scale graphic Location: SS KP/Hospital room</p>	<p>During your hospital stay you will be visited by members of our multidisciplinary team including your MD, their physician’s assistant, anesthesia, RN, PT, and OT. Your care will be managed according to our total hip arthroplasty protocol. This may include:</p> <p>IV fluids and medications including antibiotics and those to prevent blood clots, monitoring your vital signs, wearing lower extremity compression devices, use of a wedge shaped pillow between your legs with Velcro straps to maintain your hip precautions, having a dressing covering your incision, possibly with a drain to collect excess bloody drainage, use of ice packs over your incision, use of an incentive spirometer to maintain good lung function, placement of a Foley catheter during your surgery.</p> <p>To make your stay more pleasant, please communicate any concerns with our staff. It is important that you have adequate pain control.</p>
<p>“First Day After Surgery”</p> <p>PT/OT with patient: out of bed and into recliner and instructing exercises. Location: SS KP/Hospital Room</p> <p>Patient pressing call light Location: SS KP/Hospital Room</p>	<p>Physical therapy or Occupational therapy will see you early in the morning the day after your surgery to get you out of bed and into a recliner chair.</p> <p>Physical therapy will instruct you/family in exercises to strengthen your operated leg. These exercises should be performed 2-3x/day. Ask the nursing staff if you need any assistance with these exercises.</p> <p>While your Physical therapist works on gait training, leg strengthening exercises, balance, use of an assistive device, and stair training, your OT will work with you on general mobility, home equipment needs and independence in self care tasks like lower body dressing.</p>

	<p>We will continue to instruct you in your hip precautions throughout your stay.</p> <p>Our goal is for you is to walk with a walker and sit up in a recliner chair two hours at a time, 2-3 times a day.</p> <p>We encourage you to use your call light to notify the nursing staff when you want to get up. You MUST have assist to get out of bed until cleared by PT.</p>
<p>“Second Day After Surgery”</p> <p>PT/OT using adaptive equipment, self body care (reacher and sock aid RTS). Location: SS KP/ Hospital room</p>	<p>The Physical Therapist will continue to instruct you in your hip precautions, exercises and progressing your gait with a walker or crutches. The Occupational Therapist will instruct you in how to maintain your hip precautions while performing self-care tasks like dressing and toileting. If you have not had a bowel movement you will be given a laxative.</p> <p>The Occupational Therapist will have you try adaptive equipment to dress yourself. Your drains and foley catheter will be removed on this day if ordered by your doctor. Some patients who progress rapidly through the recovery protocol may be able to discharge home on this day.</p>

<p>“Third Day After Surgery”</p> <p>PT/OT with patient: using walker, crutches and stairs Location: SS KP/ Hospital room</p> <p>PT/OT with patient: Instructing in/out car using a chair Location: SS KP/ Hospital room</p> <p>RN working with patient on discharge. Location: SS KP/Hospital room</p>	<p>Most people discharge from the hospital on this day. The Physical Therapist will continue to instruct you in your hip precautions, exercises and progression of gait with a walker or crutches.</p> <p>If you have stairs at home, Physical therapy will train you to negotiate them safely.</p> <p>The Occupational Therapist will continue to instruct you in your self care activities and use of adaptive equipment.</p> <p>The Occupational or the Physical Therapist will review with you how to get in/out of a car prior to leaving the hospital. If you will be using a car that is lower to the ground, you can put pillows onto the seat to raise the seat height.</p> <p>Your RN will instruct you in any discharge medications, wound care and follow up appointments.</p>
<p>“What You Need to Do”</p> <p>Patient doing everything: walking, exercises & stairs. Use footage from previous scenes. Just make sure independence is shown.</p>	<p>Activity goals for discharge include:</p> <ol style="list-style-type: none"> 1. Get in and out of bed independently. 2. Walk 150 feet with a walker or crutches. 3. Independent with hip precautions and able to follow 100% of the time. 4. Independent with home exercise program. 5. Up/down the amount of stairs necessary to go home safely.

<p>Location: SS KP/Hospital room</p> <p>Caregiver with patient at PT/OT session. Location: SS KP/ PT/OT Room</p> <p>Coordinator consulting patient on discharge to nursing facility. Previous footage of RN consulting.</p>	<p>Be proactive with your recovery. Ask the nursing staff when you need help. The nurses will be the ones helping you in/out of bed at least 1 time per day if not more, just remind them.</p> <p>Your caregiver should plan to attend at least one PT/OT session while you are in the hospital. On the day of discharge, your caregiver will need to be present to review discharge instructions and pick up your medications before you leave the hospital</p> <p>Most people go directly home from the hospital and do not require discharge to a skilled nursing facility. There is strict criteria outlined by Medicare that is used to determine if you qualify to go to a skilled nursing facility.</p> <p>If there are any concerns regarding your transition out of the hospital a care coordinator/discharge planner will meet with you to address these issues.</p>
<p>“Third Segment After Surgery At Home”</p> <p>“What to Expect” <i>(voiceover with repeat of important video and/or graphics)</i></p> <p>Caregiver at home with patient Location: Home/Living room</p> <p>“Precautions”</p> <p>Patient in bed with wedge pillow. Location: Home/Bedroom</p>	<p>Your home caregiver will need to stay with you at home during the day and overnight for at least 5 days. They are there to ensure that you are able to manage in your home safely as well as help you remember to follow your hip precautions.</p> <p>When you go home you are advised to put a pillow between your legs when sitting or laying down. When sleeping, you may lie on your non-operative side with either the hospital wedge or 2 pillows between your legs.</p>

<p>Close on taking sponge bath (arm or leg). Location: Home/Bathroom</p> <p>Doctor consulting patient Location: SS KP/Doctor's Office</p>	<p>If your family member will not be helping you get dressed, then you will need to use the long handled adaptive equipment to dress yourself as instructed by your OT. You will need to use your raised toilet seat as well.</p> <p>The length of time to follow precautions will be determined by your surgeon.</p> <p>You doctor will instruct you on when you can start showering. You may take sponge baths until this time, making sure to keep your incision clean and dry.</p> <p>Most patients will have a follow-up appointment 10 days to 3 weeks after surgery.</p> <p>You should be able to drive in 6-12 weeks. This is dependent on which leg you had surgery on as well as when you are off your pain medication. Check with your doctor before driving and before beginning any strenuous activities such as playing sports.</p> <p>Typically you will not need out-patient or home physical or occupational therapy.</p>
<p>"What You Need to Do" (voiceover with repeat of important video and/or graphics)</p> <p>Patient walking with crutches and cane. Location: Home/Hallway</p> <p>Repeat footage of patient performing exercises Location: Home/Living Room</p>	<p>You will need to continue with your exercises 2-3x day and progress your walking program at home.</p> <p>Continue to use your walker or crutches for the next few weeks to allow for a symmetrical walking pattern as well as increased stability.</p> <p>As your hip heals and your strength returns, you may transition to a cane and then eventually no assistive device will be needed.</p> <p>Stay active, don't sit in one position for greater than 1 hour at a time, get up and walk around or do your exercises. This will help your hip from getting too stiff.</p>

<p>Patient in dependent position and in proper recline with lever. Location: Home/Living Room</p>	<p>It is important to keep your legs from resting in a dependent position for greater than 1 hour to prevent swelling and blood clots. A dependent position is any position where your legs are below your waist, as commonly seen when seated in an upright chair.</p> <p>Recliners are recommended to keep the legs elevated as long as they have a lever that you can pull to enable to recline. Recliners that disengage by pushing down on the leg rests with your legs will be difficult to operate independently.</p>
<p>Conclusion</p> <p>Repeat footage from other parts of script</p> <p>Supplement with bullet point graphic</p> <p>“Happy Shots” of patient around the house, walking in park, etc. Location: various in home and outside</p>	<p>Be Prepared:</p> <ol style="list-style-type: none"> 1. Re-watch this video 1-week before surgery. 2. Know your total hip precautions. 3. Obtain home equipment and set-up home as instructed. 4. Arrange for at least 5 days of help at home once discharged from the hospital. 5. Do your pre-operative exercises and continue to stay as active as possible until surgery. <p>Now that you have a general outline for the expectations before and after surgery and hip precautions to follow after surgery, we are confident that with some hard work, your outcome will be positive.</p> <p>Remember, a successful recovery is in your hands!</p>

Client: Kaiser Permanente Orthopedics
Project: Knee Arthroplasty Pre-Op Video
Writer: Combination – Last: SJ
Draft: 8/11/11

VISUAL

AUDIO

FADE IN	INTRO
<p><i>(Voiceover with video and graphic of upcoming content)</i></p> <p>Montage of video from rest of script & show sample of each section</p>	<p>The purpose of this video is to help you prepare for your upcoming surgery. We also want to review with you what to expect both during your hospital stay and when you go home. It is our hope that if you are better prepared, it will ensure a smooth discharge home and a successful recovery.</p> <p>Recovery from a Knee Replacement is not for the faint-hearted. It will require at least 4-8 wks of regular physical therapy and exercise in order to ensure the surgery was successful. It is expected that you will continue with these exercises and increase your activity for an additional 3-6 months after you are discharged from PT.</p> <p>This video is broken up into 3 sections: before surgery, at the hospital, and return to home. In each section we will outline what to expect and what you need to. You should have received a pre-operative packet of useful written material from your doctor. Throughout the video we will be referencing some of the handouts in this packet.</p>

<p>“First Segment Before Surgery - PRE-OP”</p> <p>“What to Expect” <i>(voiceover with video of doctor’s office)</i> Doctor with patient consulting</p> <p>Location: SS KP/Doctor’s Office</p>	<p>What to Expect</p> <p>Before your surgery you should expect that you will have a Pre-Operative Medical Evaluation appointment, 2-3 weeks before operation.</p> <p>Your doctor will individualize your prescription needs; determining which prescriptions to continue and which to stop before surgery.</p> <p>Sign the consent form after meeting with your surgeon and asking any remaining questions you might have.</p> <p>Most patients don’t need to donate blood.</p>
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<p>“Getting your home ready” Location: Home/Living room</p>	<p>Getting your home ready</p> <p>Now, let’s take a look on what can be done to prepare your home. There are some simple modifications and equipment that can be useful after surgery that will allow you to move about your home safer and easier.</p>
<p>Patient going up stairs with railing Location: Home/Stairway</p>	<p>If possible, prepare your home to be able to stay on one floor so that you can avoid having to go up and down your stairs frequently throughout the day.</p>
<p>Patient getting out of recliner. Also show pillows and blankets Location: Home/Living room</p>	<p>If you are unable to do this, the PT will be sure to practice stairs with you in the hospital prior to going home. If you have multiple steps in a row at home, it is recommended that you have a railing.</p> <p>After surgery, standing will be difficult if you do not have something to push off of with your hands. It is recommended that you avoid sitting on low surfaces, especially if there are no handrails, grab bars, or armrests to push up from.</p> <p>If possible, raise heights of frequently used furniture to make it easier to sit and stand. This can be done by placing platforms or blocks under chairs or by placing firm pillows or blankets on top of the surface.</p>
<p>Show toilet with added adjustment Location: Home/Bathroom</p>	<p>Your walker is not sturdy enough to pull yourself up to stand. Common low surfaces are toilets, couches, recliners and car seats.</p> <p>In the bathroom a raised toilet seat may be helpful after surgery if you have a standard height toilet.</p> <p>Since showers can pose a hazard, it is important to make sure your shower is safe. A bath seat or tub transfer bench may be helpful. Grab bars can also be installed if desired.</p>
<p>Patient paging through the pre-op package</p>	

<p>Patient going through house moving rugs and furniture. Location: Home/Living room</p> <p>Patient stocking up groceries – or moving them around. Location: Home/Kitchen</p>	<p>You will be responsible for purchasing bathroom equipment on your own. In your pre-operative packet, there is a list of medical supply stores where the equipment can be purchased and where other less expensive used equipment can be found. If you purchase the equipment we recommend that you keep it and store it when no longer using it.</p> <p>Go through your house and remove throw rugs. These are a common tripping hazard, especially if using a walker or crutches. Try to re-arrange your furniture to allow for wide pathways to accommodate a walker or crutches.</p> <p>Move frequently used items to a level that doesn't require bending to reach them.</p> <p>It is helpful to stock up on groceries and easy to prepare meals.</p>
<p><i>"Learning and practicing your exercises"</i> <i>(Voiceover with vignette of patient practicing exercises in the home – backed up with graphics)</i></p> <p>Patient being active – walking in park Location: Home/Outside - near home</p> <p>Stock footage for pool</p> <p>Patient doing exercises Location: Home/Living room</p>	<p>Learning and practicing your exercises</p> <p>It is recommended that you get your body ready for surgery. Try and stay as active as possible and keep your cardiovascular fitness up. Recovery from surgery is taxing on your body and we find that those that stay active prior to surgery have smoother, faster recoveries. If you find that most activities are too painful, try getting in the pool. People find that the buoyancy of the water takes pressure off your joints and allows you to move easier. A good workout in the pool could simply be walking the length of the pool a few times.</p> <p>It is recommended that you perform specific strengthening exercises on your operative side prior to your surgery. A copy of all exercises can be found in your pre-op packet.</p>

<p>2 times per day, repeat 2-3</p> <p>1. Calf and behind the knee stretch</p> <p>2. Hamstring stretch</p> <p>3. Quadriceps sets</p> <p>4. Straight leg raise</p> <p>5. Chair Pushups Patient doing chair pushups Location: Home/Living room</p>	<p>The following stretching exercises can be performed 2 times per day, repeat 2-3 times.</p> <p>1. Calf and behind the knee stretch. While sitting with your legs out in front of you, wrap a towel around your foot. Gently pull the towel until a stretch is felt in the calf. You may also feel a stretch behind the knee. Hold in this position for ~15-20 sec. (video demonstration)</p> <p>2. Hamstring stretch. While lying down, lift your leg up and support it with your hands behind the knee. Slowly straighten the knee until a stretch is felt in the back of your thigh and behind your knee. Hold for ~15-20 sec. (video)</p> <p>3. Quadriceps Sets. While lying down, tighten your thigh muscle above your knee cap and push the back of your knee down into the bed. Hold for 5- 10 sec. (video)</p> <p>4. Straight leg raise. While lying down, bend your non-operative leg. Perform a quad set on the other leg and straighten your leg as much as possible. Next, lift your leg up a few inches while keeping it straight. You do not need to lift your leg very high. Hold for a few seconds and then lower your leg down. Performing this exercise with your leg bent does not strengthen the appropriate muscles.</p> <p>5. Chair pushups Push yourself off the seat of the chair by slowly pushing down with your arms and then lower yourself back into a seated position.</p> <p>All exercises can be performed 2-3 times</p>
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<p>Insert: Summary/ bullet points of this section graphic (using headings)</p>	<p>per day. Repeat each exercise 5-10 times. Begin the exercises as soon as possible and perform them until day of surgery.</p> <p>If any of the exercises are causing significantly increased pain, resulting in poorer mobility, discontinue that particular exercise. By strengthening your leg before surgery, it is the hope that you will be able to move easier and require less assistance after.</p>
<p>“Second Segment – At the Hospital”</p> <p>“What to Expect” “Admissions” (Voiceover with graphic)</p> <p>Shoot admissions lobby area without patient – maybe personnel at counter. Location: SS KP/Admissions</p>	<p>Second Segment – At the Hospital</p> <p>What to Expect</p> <p>Admissions When you check in on the day of your surgery, please bring your secondary insurance card if you have one.</p> <p>You will be directed where to go and where your family and friends can wait for you during your surgery.</p> <p>If you wear special orthopedics or shoes, please bring them with you.</p> <p>If you own a walker or crutches, do not bring them to the hospital. You will be able to use our assistive devices at the hospital during your stay.</p>
<p>“After Surgery” <i>(Voiceover with graphics – Hospital Room)</i></p> <p>MD and RN visiting room Location: SS KP/Hospital room</p> <p>Pan patient with all the devices on Location: SS KP/Hospital room</p>	<p>After Your Surgery</p> <p>During your hospital stay members of our multidisciplinary team including your MD, their physician’s assistant, anesthesia, RN, and PT will visit you. Your care will be managed according to our total knee arthroplasty protocol. This may include:</p> <p>IV fluids and medications including antibiotics and those to prevent blood clots, monitoring your vital signs, wearing lower extremity compression devices, having a dressing covering your incision, possibly with a drain to collect excess bloody drainage, use of ice packs over</p>

<p>Patient with nurse. Supplement with Rate scale graphic Location: SS KP/Hospital room</p>	<p>your incision, use of an incentive spirometer to maintain good lung function, placement of a Foley catheter during your surgery.</p> <p>Your RN and doctor will develop an individualized pain regimen to ensure that you are getting good pain control. You will frequently be asked to rate your pain on a scale from 0 to 10. Our goal is to keep your pain controlled so that you can participate in therapy.</p> <p>To make your stay more pleasant, please communicate any concerns with our staff.</p>
<p>“First Day After Surgery” PT with patient: out of bed and into recliner and instructing exercises Location: SS KP/Hospital Room</p> <p>PT with patient: using walker Location: Hallway</p> <p>Location: SS KP/Hospital Room</p>	<p>Physical therapy will see you early in the morning the day after your surgery to get you out of bed and into a recliner chair.</p> <p>Physical therapy (PT) will work with you on gait training, leg strengthening exercises, balance, use of an assistive device, and stair training.</p> <p>Physical therapy will instruct you/family in exercises to strengthen and improve range of motion in your operated leg. These exercises should be performed 2-3x/day. DO YOUR EXERCISES!! After a Knee Replacement, exercises are one of the most important tasks that you will need to perform to ensure a successful recovery.</p> <p>Not only is your knee stiff and swollen, but also your muscles are weak.</p> <p>Ask the nursing staff if you need any assistance with these exercises.</p> <p>Our goal is for you is to walk with a walker and sit up in a recliner chair two hours at a</p>

	<p>time, 2-3 times a day.</p> <p>We encourage you to use your call light to notify the nursing staff when you want to get up. You MUST have assist to get out of bed until cleared by PT.</p>
<p>“Second Day After Surgery”</p> <p>PT/OT with patient: instructing using adaptive equipment Location: SS Hospital Room</p> <p>PT/OT with patient: With raised toilet seat Location: Hallway</p>	<p>Second Day After Surgery</p> <p>The Physical Therapist will continue to instruct you in your exercises and progressing your gait with a walker or crutches.</p> <p>If you have not had a bowel movement you will be given a laxative. Your drains and foley catheter may be removed on this day if ordered by your doctor. Some patients who progress rapidly through the recovery protocol may be able to discharge home on this day.</p> <p>An Occupational Therapist may instruct you in self care activities and adaptive equipment, on an as needed basis, as determined by you, your Physical Therapist and your physician.</p>

<p>“Third Day After Surgery”</p> <p>PT/OT with patient: instructing stairs and walking w/crutches Location: SS KP/ PT/OT Room</p> <p>RN working with patient on discharge with discharge forms. Location: SS KP/Hospital Room</p>	<p>Third Day After Surgery</p> <p>Most people discharge from the hospital on this day.</p> <p>The Physical Therapist will continue to instruct you in exercises and progression of gait with a walker or crutches. If you have stairs at home, Physical therapy will train you to negotiate them safely.</p> <p>Your RN will instruct you in any discharge medications, wound care and follow up appointments.</p>
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“What You Need to Do”

PT with patient doing exercises
Location: SS KP/ Hospital Room

Patient demonstrating correct knee
position(with pillow).
Location: SS KP Hospital Room

What You Need to Do

Because of the nature of the surgery and the anatomy of the knee joint, knee ROM can be quickly compromised if exercises are not started the first day after surgery. It is highly important that you continue performing the exercises 2-3 times per day while in the hospital and once you return home.

The term “If you do not use it, you lose it” applies to achieving knee ROM after surgery.

Getting your knee straight can be the hardest motion to achieve, therefore it is recommended after a Knee Replacement to keep your knee resting in a straight position, with toes pointing upward. It is good to prop your ANKLE on a pillow when you do this, but you should NOT put pillows under your KNEE when at rest.

The PT will be reviewing your exercises with you on a daily basis. It is the expectation that you perform the exercises 1-2 times more on your own as well. Please ask the nurses for help or a family member if you are unable to perform them on your own.

If a functional ROM is not achieved, it could result in: the need for a knee manipulation, decreased independence with walking and long term need for an assistive device, walking with a limp, unable to perform steps, difficulty standing up, increased pain, and dependence on others for self care.

<p>“Activity goals for discharge include:...(list)”</p> <p>Patient doing everything: walking, exercises & stairs. Use footage from previous scenes. Just make sure independence is shown.</p> <p>Caregiver with patient at PT/OT session. Location: SS KP/ PT/OT Room</p> <p>Coordinator consulting patient on discharge to nursing facility. Previous footage of RN consulting. Location: SS KP/Hospital room</p>	<p>Activity goals for discharge include:</p> <ol style="list-style-type: none"> 1. Get in and out of bed independently. 2. Walk 150 feet with a walker or crutches. 3. Knee ROM 0 degrees of straightening to 90 degrees of bending. 4. Independent with home exercise program. 5. Up/down the amount of stairs necessary to go home safely. <p>Be proactive with your recovery. Ask the nursing staff when you need help. The nurses will be the ones helping you out of bed at least 1 time per day if not more, just remind them.</p> <p>Your caregiver should plan to attend at least one PT session while you are in the hospital. On the day of discharge, your caregiver will need to be present to review discharge instructions and pick up your medications before you leave the hospital.</p> <p>Most people go directly home from the hospital and do not require discharge to a skilled nursing facility. There is strict criteria outlined by Medicare that is used to determine if you qualify to go to a skilled nursing facility.</p> <p>If there are any concerns regarding your transition out of the hospital a care coordinator/discharge planner will meet with you to address these issues.</p>
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<p>“Third Segment After Surgery At Home”</p> <p>“What to Expect” <i>(voiceover with repeat of important video and/or graphics)</i></p> <p>Caregiver at home with patient Location: Home/Living room</p> <p>Close on taking sponge bath (arm or leg). Location: Home/Bathroom</p> <p>Doctor consulting patient Location: SS KP/Doctor’s Office</p> <p>Use footage from previous shot PT/OT with patient: instructing stairs Location: SS KP/ PT/OT Room</p>	<p>Third Segment After Surgery At Home</p> <p>What to Expect</p> <p>Your home caregiver will need to stay with you at home during the day and overnight for at least 5 days. They are there to ensure that you are able to manage in your home safely.</p> <p>You doctor will instruct you on when you can start showering. You may take sponge baths until this time, making sure to keep your incision clean and dry.</p> <p>You should be able to drive in 6-12 weeks. This is dependent on which leg you had surgery on as well as when you are off your pain medication. Check with your doctor before returning to drive and before beginning any strenuous activities such as playing sports.</p> <p>Most patients will have a follow-up appointment 10 days to 3 weeks after surgery.</p> <p>About a week after surgery you will start attending outpatient PT sessions. Typically, most people go to PT 2 days per week and continue with this for an average of 4-6 wks post surgery, although some people do require therapy as long as 8 weeks.</p> <p>If you have already had another knee replacement surgery in the same calendar year, you should check with Member Benefits before your second operation to be sure you do not have any restrictions regarding the number of remaining Physical Therapy appointments you can have in the same year.</p>
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<p>“What You Need to Do”</p> <p>(voiceover with repeat of important video and/or graphics)</p> <p>Patient walking with crutches and cane. Location: Home/Hallway</p> <p>Patient performing exercises (use footage from pre-op) Location: Home/Living Room</p> <p>Patient in dependent (leg hanging down) position and in proper recline with lever. Location: Home/Living Room</p>	<p>What You Need to Do</p> <p>Stay active, don't sit in one position for greater than 1 hour at a time, get up and walk around or do your exercises. This will help your knee from getting too stiff.</p> <p>Continue with your exercises as performed in the hospital, 2-3 x per day. Remember to ice your knee regularly. Go to your outpatient PT appointments as scheduled.</p> <p>It is important to keep your legs from resting in a dependent position for greater than 1 hour to prevent swelling and blood clots. A dependent position is any position where your legs are below your waist, as commonly seen when seated in an upright chair. Recliners are recommended to keep the legs elevated as long as they have a lever that you can pull to enable to recline. Recliners that disengage by pushing down on the leg rests with your legs will be difficult to operate independently.</p>
<p>Repeat footage from other parts of script</p> <p>Supplement with bullet point graphic</p> <p>“Happy Shots” of patient around the house, walking in park, etc. Location: various in home and outside</p>	<p>Conclusion</p> <p>Be Prepared:</p> <ol style="list-style-type: none"> 1. Re-watch this video 1 week before surgery. 2. Obtain home equipment as needed and prepare your house for mobility using a walker or crutches. 3. Arrange for at least 5 days of help at home. 4. Do your pre-operative exercises and continue to stay as active as possible. Good fitness and knowledge of exercises before surgery = a faster recovery after surgery. <p>The benefits you will receive after having</p>

	<p>your knee surgery are numerous, however in order to truly maximize these benefits, your recovery will be hard work. You need to be diligent with your exercises and perform them on a daily basis; be sure to attend your follow-up outpt PT appts. A barrier to performing your exercises regularly is pain. Therefore, it is imperative that you have adequate pain control throughout your recovery so you can make progress with your ROM exercises and walking. Your PT or OT can get you on the right track for recovery but you will need to follow through with your exercises on your own in order to re-gain your independence and return to pain-free activity. A successful recovery is in your hands!!</p>
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