Joint Replacement Surgery Patient Guide
Dear Orthopedic Patient,

Thank you for choosing the Joint Replacement Program at Palomar Health. As your partner in health, we will work with you to make your joint replacement a positive experience. Expert doctors, state-of-the-art technologies, therapists, case managers and specialty-trained orthopedic nurses all work together for the best possible outcomes with a patient-centered approach to care.

Before, during and after your surgery, our Orthopedic Care Team will work closely with you. We encourage your active involvement in the whole process. If any issues come up during your treatment, or you feel that we are not meeting your expectations, please let us know. We value your feedback.

Sincerely,
Palomar Health Orthopedic & Spine Center

References:
Portions of this book have been taken from the following:
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shoulderdoc.co.uk/article/68
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My Surgery Quick Facts

Surgeon: ________________________________________________________________

Surgeon Phone Number: ____________________________________________________

To Register for the Ortho Total Joint Replacement Class, please call 800.628.2880 or visit PalomarHealth.org/Classes.

Date & Time of Joint Replacement Class: _________________________________

Location of Joint Replacement Class: ________________________________________

Date & Time of Pre-Operative Appointment at Surgeon’s Office: ___________________

Date & Time of Pre-Operative Screening With Nurse: ____________________________

Date & Time of Surgery: ____________________________________________________

Surgical Procedure: ________________________________________________________

Hospital: __________________________ Time you should arrive at the hospital: ________

Date & Time of Post-Surgical Follow-Up Appointment with Surgeon: ________________

Home Health Agency Contact Number: _________________________________________

Palomar Medical Center Escondido Main Line: 442.281.5000
Palomar Medical Center Poway Main Line: 858.613.4000
Introduction

Our mission at Palomar Health is to heal, comfort and promote health in the communities we serve. Our goal is to provide you with a very good health care experience.

Now that you and your surgeon have decided that total joint replacement is the best treatment for your condition, you will begin the steps to get ready for surgery, undergo your operation and begin healing. Your Orthopedic Care Team will work with you to make sure your needs are met. You are the most important member of this team. Taking part in your treatment plan is key to a good outcome. We want you to experience a quick, but complete, recovery so you can return to a more active lifestyle.

This guide provides a full description of the journey that you will travel through Palomar Health and serves as a valuable resource to answer general questions that you may have about your pre-operative clearance, progress in physical therapy and healing.

This packet includes:

- Information for understanding hip, knee and shoulder replacement surgery.
- How to prepare for surgery.
- What to expect while in the hospital.
- Care after you go home.

We encourage you to use this guide as a journal of your orthopedic journey. Please bring this packet with you to the Pre-Operative Joint Replacement Class, ALL appointments, therapy sessions, doctor visits, including your hospital stay. There may be information that you would like to write down and ask questions about. We urge you to:

- Write down your question(s) on the “Questions for Your Care Team” page.
- Complete the medication list at the end of this guide.

Centers of Excellence

Palomar Medical Center Escondido and Palomar Medical Center Poway are nationally recognized as top performing orthopedic and spine centers, and have both been designated as a Center of Excellence by Blue Shield and Aetna. Palomar Health is a California Healthcare District.
Palomar Health Joint Replacement Program

The joint replacement program is made up of the following steps:

1. Visiting the orthopedic surgeon’s office to discuss joint replacement surgery.
2. Participating in the free, mandatory Pre-Operative Joint Replacement Class. **IMPORTANT: Please bring your caregiver and this packet with you to class.**
3. Preparing your home for your safe return.
4. Completing a pre-operative screening by a phone call.
5. Knowing the necessary equipment needed after your surgery (walker, commode or toilet riser, crutches, long shoe horn, etc.).
6. Making arrangements for caregiver support at home. It may be several days to weeks until you are independent with activities (for example: showering, dressing, meal preparation, etc.).
7. Getting a handicap parking card from the Department of Motor Vehicles (DMV), AAA facilities or Total Joint Pre Surgery Education Class.
8. Being admitted to the hospital for surgery, then healing on the Orthopedic Unit. Your Orthopedic Care Team will include your doctor, nurses, therapists, dietitians, pharmacists and case managers.
9. Working with your Orthopedic Care Team to develop a home plan. There are several home options based on your healing progress in the hospital, your available insurance options and your ability to care for yourself at home, including:
   - Home for healing with home care therapy and nursing, as needed.
   - Home for healing, going to outpatient therapy.
   - Skilled nursing facility, if needed, then home with therapy.
10. Completing daily exercises as directed by surgeon and physical therapist.
11. Going to follow-up visits at your doctor’s office.
Put Yourself In The Best Position For Success

Stop smoking now
- Smoking can make medical problems worse and can make healing take longer. If you smoke, you should stop immediately.
- Quitting takes hard work and a lot of effort, but you CAN quit smoking.

Manage Your Diabetes Before and After Surgery

Good control of your blood sugar before surgery will help:
- Wound healing after surgery.
- Prevent infection.

Tell your doctors, nurses and pharmacists:
- The type of diabetes you have.
- Names of your medications, how much you take and the times you take your medicines.
- Your last A1C value, if you know it.
- The name of the doctor who cares for your diabetes.

Questions to ask your doctors, nurses and pharmacists:
- What diabetes medicines should I continue to take the day before, or day of, surgery?
- How much of my diabetes medicines should I take the day before, or day of, surgery?
- How will my diabetes be taken care of in the hospital?

Please contact your surgeon if you have any questions about your medicines, your surgery, or your upcoming hospital stay.

Your Surgical Journey Starts Today! This is Your Guide.

To Do List. As soon as you are scheduled for surgery:

❑ Attend the Joint Class
   Schedule your free in-person joint surgery education class by calling to register at 800.628.2880 or visit PalomarHealth.org/Classes. The class title is: Total Joint Replacement.

❑ Activate your CarePath
   Your surgeon has created a custom CarePath for you online. This roadmap will help you get prepared and organized for your surgery and recovery.

   We have just enrolled you, but now please activate your account through the link included in the CarePath email you will receive from your surgeon.
Understanding Hip Replacement Surgery

The hip joint is one of the body’s largest weight-bearing joints. It is a ball-and-socket joint. A healthy hip joint lets you walk, squat and turn without pain. A damaged hip joint will likely hurt when you move.

In a healthy hip

- Cartilage, the smooth covering on the ends of bones, covers the end of the thigh bone.
- The ball part of the joint moves easily in the socket.
- The joint moves smoothly and walking is painless.

In a problem hip

- The cartilage is worn and no longer covers the end of the thigh bone.
- Rough ends of the bones rub together.
- The ball part of the socket rubs against the socket, causing pain and stiffness.
Total hip prosthesis (artificial joint)
- An artificial ball replaces the head of the thigh bone (the ball part of the joint).
- An artificial cup replaces the worn socket.
- A metal stem is inserted into the bone for stability.
- The three parts connect to create your new artificial hip.
- All parts have smooth surfaces for comfortable movement.

Hip replacement procedure
- An opening is made in your skin to give the surgeon access to your hip joint.
- The artificial joint is made up of a stem, a ball and a socket.
- The damaged ball at the top of your thigh bone is removed and the stem is put into your femur (thigh bone).
- The new ball is attached to the stem and fitted into the matching socket.
- The skin opening is closed with staples and/or stitches.
Understanding Knee Replacement Surgery

The **knee** is a hinge-like joint, where the thigh bone, shin bone and kneecap meet. The knee joint is supported by muscles and ligaments and is lined with cushioning cartilage. Over time, cartilage can wear away. As it wears, the knee becomes stiff and painful.

**In a healthy knee**
- Cartilage (the smooth covering on the ends of bones) covers the end of the thigh bone, shin bone and underside of the kneecap.
- Cartilage helps the bones move easily over each other.

**In a problem knee**
- The cartilage is worn and no longer covers the end of the bones.
- The rough ends of the bones rub together.
- The bones grind when you move your leg, causing pain and stiffness.
**Total knee prosthesis** (artificial joint)

- The rough ends of the thigh bone, shin bone and the underside of the kneecap are replaced with metal and plastic pieces.
- The new smooth surfaces let the bones move easily.

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**Knee replacement procedure**

- An opening is made in the skin on the front or side of your knee giving the surgeon access to your knee joint.
- The damaged cartilage and bone at the ends of the bones are removed.
- The bones are reshaped so the new pieces can be put in.
- A plastic plate is attached to the new piece, allowing the bones to move smoothly against each other.
- A plastic piece is cemented to the back of the kneecap to prevent friction between the kneecap and the other parts of the new joint.
- The skin opening is closed with staples and/or stitches.
Understanding Shoulder Replacement Surgery

The shoulder joint is where the ball-shaped part of the upper arm bone (humerus) meets the cup-shaped socket of the shoulder blade (scapula). A group of muscles and tendons hold the joint together. These muscles and tendons are called the rotator cuff. The muscles let you move your arm and shoulder.

In a healthy shoulder

■ Cartilage, the smooth covering on the ends of bones, covers the end of the humerus bone.
■ The ball part of the joint moves easily in the socket.
■ Joint movement is smooth and painless.

In a problem shoulder

■ The cartilage is worn and no longer covers the end of the humerus bone.
■ Rough ends of the bones rub together.
■ The ball part of the joint rubs against the socket, causing pain and stiffness.

Reference:
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Always follow your health care professional’s instructions.
Shoulder prosthesis (artificial joint)
- An artificial ball replaces the head of the upper arm bone (the ball part of the joint).
- An artificial cup replaces the worn socket.
- A metal stem is inserted into the bone for stability.
- The three parts connect to create your new artificial shoulder.
- All parts have smooth surfaces for comfortable movement.

Total shoulder replacement procedure
- An opening is made in your skin to give the surgeon access to your shoulder joint.
- The artificial joint is made up of a stem, a ball and a socket.
- The damaged ball at the top of your arm bone is removed and the stem is put into your humerus (the upper arm bone).
- The new ball is attached to the stem and fitted into the matching socket.
- The skin opening is closed with staples and/or stitches.

Understanding a Reverse Total Shoulder Replacement Surgery

The reverse total shoulder provides stability of the shoulder joint so that the muscle (deltoid) can power the shoulder instead of the torn rotator cuff. In the reverse total shoulder replacement, the socket and metal ball are switched. This means a metal ball is attached to the shoulder blade (scapula) and a plastic socket is attached to the upper arm bone (humerus).

The reverse total shoulder replacement may be indicated for people who have:
- Completely torn rotator cuff with severe arm weakness
- The effects of severe arthritis
- Had a previous replacement that failed.
- Severe shoulder pain and are unable to lift arm overhead or out to the side.
- Failed conservative treatments such as rest, medication, cortisone injections and physical therapy that have not relieved shoulder pain.

Reverse total shoulder replacement procedure
- An opening is made in your skin to give the surgeon access to your shoulder joint.
- The ball of the humerus is replaced with an artificial socket.
- The socket of the scapula is replaced with an artificial ball.
- The skin opening is closed with staples and/or stitches.
Understanding Blood Transfusion

If you are scheduled for surgery, you may have concerns about a possible blood transfusion. Our doctors do all they can to prevent blood loss during surgery. However, it may be that you still require a blood transfusion after surgery. While rare, we want you to be aware of the options.

**Autologous blood transfusion**
- Autologous blood is your own blood. For this type of transfusion, you donate your own blood before surgery. Make sure to discuss this option with your surgeon. If it is the right plan for you, it will take extended time to complete the process of donating your own blood.

**Allogeneic blood transfusion**
- If you are not able to donate for yourself, you may get blood donated by a blood bank donor. This is called allogeneic blood donation.
  - Blood bank blood is screened for disease and it is considered safe.
  - Relatives and friends with your blood type can also donate blood in your name.
  - They are called designated (or directed) donors and may take extra time to process.

**NOTE:** If it is your choice to not have a blood transfusion, please let your surgeon know.
Getting Ready For Surgery

Please bring your health plan card, picture identification and your social security number with you to all appointments including your hospital stay.

Before surgery you will need:

- To register on-line or in person for surgery.
- To complete insurance and financial transactions.
- To be cleared for surgery by your surgeon. Your surgeon may want you to:
  - See your primary care doctor or your specialist before surgery for pre-operative clearance.
  - Have some tests done before surgery. Tests may include:
    - Blood work
    - An electrocardiogram (EKG) for your heart
    - A chest X-ray
    (Ask your doctor and insurance company where you can go to get your tests done.)

In order to keep your surgery on track, please allow sufficient time as additional testing may be necessary.

- To complete the following:
  - “Conditions of Admissions” – gives Palomar Health permission to provide you with care and treatment.
  - “Consent for Surgery” – identifies the exact body part to be operated on and a complete description of the type of surgery
  - “Transfusion Consent” – gives Palomar Health permission to give you a blood transfusion if your surgeon decides that you need one during surgery.
  - “Health History Questionnaire” – gives your anesthesiologist important information that will help him/her in providing the right anesthesia and medications.
  - “Consent for Anesthesia” – gives the anesthesiologist the ability to give you medications. (They will discuss types of anesthesia that is the best for you)
Pre-Admission Screening

A pre-admission nurse will screen you before your surgery. This will take 30–45 minutes by phone call. Individualized instructions will be provided.

- Do NOT eat or drink after __________ on __________.

- Complete the medication list found at the end of this book. Various members of your health care team will inquire about the medications you take. This redundancy is intended for your safety.

- DO NOT shave or clip hair on operative site for 5 days prior to surgery.

- Plan rest periods before surgery to help your body be rested for surgery.

- Call your surgeon if you become ill, have an infection or skin problem prior to your surgery.
Preparing Your Home Before Surgery

Preparing your home with the following safety tips:

- Put away throw rugs.
- Move furniture so that you have enough space to move around easily with a walker, crutches or cane.
- Put away or tape down electrical cords.
- Set up pet care.
- Ensure adequate lighting to maximize safety.
- Plan for a cordless phone or cell phone to be near you at all times.
- Have option(s) for non-moving chairs (NO rocking, rolling or swivel chairs).
  - Use solid chairs with arm rests.
- Ensure your toilet seat is secure.
  - Consider borrowing or purchasing a raised toilet seat if your toilet is low.
- Identify narrowest hallways or areas to ensure walker will easily pass through.
  - My narrowest walkway is __________ inches.
- Identify the number of stairs required to travel through to complete activities of daily living.
  - The number of stairs to get around my living space, including the entrance to my home, is ________.
  - Describe your outdoor terrain: _________________________________________________.
- Use nonskid socks or foot wear that has a closed heel.
  - Consider shoes that fit snug without laces (tying your shoes will be difficult for a while after surgery).
- Plan activities so you can take your time. DO NOT rush.
- Anything else you feel is important to address for your own safety.

You will want to make arrangements for caregiver support at home. It may be several days to several weeks until you are independent with activities. You will need to have someone available to assist with:

- Showering
- Dressing
- Meal preparation
- Driving to appointments
Planning for Safety after Shoulder Surgery

To reduce the risk of harm to your new shoulder, it is recommended that you practice activities within an imaginary box (see picture to the right). You will be able to perform light activities using both hands within this box such as eating, knitting, reading a book and using small electronic devices. Before surgery, practice using your non-operative arm only for dressing, household tasks and hygiene. Write down your thoughts and concerns to discuss with your surgeon and therapists. They can give you tips on how to complete these tasks safely.

Durable Medical Equipment

You and your Orthopedic Care Team will determine what medical equipment you may need at home. The following are suggested pieces of equipment that may be useful during your healing. Please note, insurance policies vary, you may want to check with your insurance company to determine your equipment coverage. If you already have a walker, please have a family member or friend bring it to your room after surgery. The physical therapist will ensure it is properly fitted for your height. If you do not already have a walker, the therapist will make equipment suggestions to your doctor. Your case manager will arrange for your needed equipment before you leave the hospital.

- Shower Chair
- Non-Skid Mat/Strips
- Bath Brush
- Commode
- Walker and Possibly a Walker Bag
- Long-Handle Reacher
- Long-Handle Shoe Horn
- Sock Aide
- Hose
- Shower Extension
- Bathtub Mat/Strips
- Commode
- Walker and Possibly a Walker Bag
- Long-Handle Reacher
- Long-Handle Shoe Horn
- Sock Aide
- Hose
- Shower Extension
- Bathtub Mat/Strips
Surgical Site Infection Prevention Begins with You

Our hospital team does all we can to reduce the patient’s risk for infection. We sterilize equipment, utilize clean linen/supplies and we wash our hands frequently. We need you to be a proactive member of your Orthopedic Care Team by preparing your skin for surgery with pre-operative showers with chlorhexidine wash.

General

Please take 3 showers using a 4% Chlorhexidine Wash (CHG) prior to your surgery,

☐ One shower 2 nights before (___________).

☐ One shower the night before (___________) and

☐ One shower the morning of your surgery (__________).

This will reduce the normal bacteria on your skin and can reduce your risk of infection. Your surgeon’s office staff may provide you with one bottle (4 ounces) of 4% CHG soap. This soap is also available for purchase at most local drug stores.

Steps to Follow:

1. Test the CHG soap on your wrist 1 hour prior. If you have any sensitivity, do not use the product. Liquid Dial™ can then be used as a substitute.
2. Wash your hair as usual with your normal shampoo and wash your body with regular soap. Do not shave operative area.
   ■ Rinse your hair and body very well to remove any shampoo or soap that may be on your skin.
3. Wet a clean, soft washcloth and turn off the shower.
4. Put the CHG soap on the clean, wet washcloth.
5. Apply the CHG soap externally to your whole body from the neck down only.
   ■ Do not put CHG on your face, eyes, head, ears, genital area.
   ■ CHG does not lather well.
6. Wash your body gently with a clean wash cloth or your hands, from your chest down to your feet, for 5 minutes. Do not scrub. Do not wash with regular soap after using CHG.
7. Turn the shower back on and rinse well to remove all soap from your body.
8. Pat yourself dry with a clean towel after each shower.
9. Do not use any lotion, moisturizer, makeup or other products on your skin.
   ■ Do NOT use deodorant on the day of your surgery.
11. Change bed linens each day while using CHG.

Pre-Surgery / Procedure Patient Checklist:

1. Repeat your preoperative shower in the morning.
2. Do not eat or drink anything before surgery unless otherwise instructed.
3. Wear clean, comfortable loose fitting clothing.
4. Do not wear jewelry, including body piercings.
5. Do not wear contacts (glasses ok)
6. Bring insurance cards, photo ID, social security card or number.
7. Bring medication list.
Day of Surgery: Pre-Operative Area

You will:

- Have a “patient identification band” placed on your arm. As a safety precaution, you will be asked about your allergies frequently throughout your stay. This band will be used to identify you throughout your stay. If you have allergies, a red identification band will be placed on your arm.
- Be given a hospital gown.
- Have your belongings itemized and logged into our computer system.
  - Initially this should just be the clothes you wore to the hospital and any glasses, hearing aids, CPAP, dentures you may have. Additional necessary items may be brought directly to your room after surgery.
  - Be sure to notify the staff of additional items so they can also be inventoried.
- Be asked to remove dentures, contact lenses and glasses before going into the operating room.
- Be asked questions to double check important information for your surgery.
- Have an IV (intravenous fluid line) inserted to give you medications and fluids.
- Have your vital signs checked: temperature, pulse, blood pressure, level of oxygenation and respirations.
- Have the hair on your surgical site clipped and cleaned.
- Be given antibiotics before your operation.
- Meet with your anesthesiologist and your surgeon.
- Be able to ask any last minute questions.
- Be given medication to relax you.
- If ordered by your surgeon, be started on our pain protocol.
Surgery

- You will be moved to the operating room on a bed or in a wheelchair. If you have a loved one with you, they will be told where to wait. Your surgeon will speak with them at the end of your surgery. If your loved one cannot stay, they will be asked to provide contact information so the surgeon can contact them after surgery.

- The operating room staff will greet you and go over any final surgical plans. Do not be worried about the number of repeated checks that take place. These are safeguards to make sure everything is correct while you are in the operating room. Your safety is our highest priority.

- In the Operating Room, your anesthesiologist will talk you through each step of the anesthesia process. They will then give you either a spinal or a general anesthetic, as discussed during your anesthesia interview. They will monitor your status throughout the operation.
Surgical Recovery Room

Immediately after surgery, you will be taken to the Post-Anesthesia Care Unit (PACU).

- Nursing staff will monitor you closely in the PACU while you recover from anesthesia and slowly wake up.
- There will be a mask over your nose and mouth, providing oxygen until you are able to take deep breaths on your own.
- Your nurse will continuously check your heart and lung functions. You will have a blood pressure cuff on your arm, EKG patches on your chest and a small oxygen monitor on your finger.
- Your bladder may be emptied through a tube called a urinary catheter. This catheter will drain your urine into a collection bag until you are able to urinate on your own.
- A drain may be placed at the surgical site. This drain will gently remove blood or excess fluid from your surgery site so that blood does not pool and potentially slow the healing process.
- You will continue to get fluids through your IV.
- You may feel a gentle squeezing on your legs due to a pumping device (called PAS or pulsatile anti-embolism stockings) used to help keep blood flowing through your body.
- If you had hip replacement surgery, you may have a wedge-shaped cushion, or abduction pillow, between your legs to keep your hips in the right position.
If you had knee replacement surgery, you may have a CPM (continuous passive motion) machine under your operated leg to gently bend and straighten your knee.

- Using this machine after surgery may help lessen stiffness and increase movement.
- When utilized, the machine will be used on your new knee at least eight (8) hours during a 24 hour period.

Your knee may feel cold due to a cooling device that may have been placed on your leg to reduce swelling. Cold therapy can lessen swelling after surgery and help ease the pain. The cold therapy machine on your knee is owned by you and goes home with you.

- To reduce the risk of injury, the cold therapy machine MUST be used with a towel or pillow case between the cold pad and your skin.

If you had a shoulder or reverse total shoulder replacement surgery, you will wake up after surgery with your operated arm in a sling. The straps on the sling can be adjusted for your comfort. Please ask the nursing and physical therapy staff to adjust these straps. Do not try to do this on your own until instructed by staff. Your elbow should be fully supported by the sling and you should not “shrug” your shoulder or “hold” your shoulder in place; relax the arm to let the sling work. Wear your sling at all times with the exception of bathing, dressing and doing exercises for the next four weeks (unless otherwise instructed by your Surgeon/Physical Therapist). Be sure to wear your sling even when you sleep. When laying on your back, place a rolled towel under your elbow to ensure your arm is supported and properly positioned.

After several hours, you will be moved from the PACU to your hospital room, where loved ones can visit you.
Wearing a Sling

If someone is fitting the sling for you, support your operated arm with your elbow at right angles using your unoperated arm. Slide the sling in from behind so that your elbow fits snuggly into it.

If fitting the sling without assistance, ensure that you are seated, with your elbow bent to 90 degrees (a right angle – see picture above). You will find it more comfortable if your arm is supported on a pillow.

Attach the wrist strap approximately one inch from your wrist (towards your elbow). The lower ‘D’ ring should rest against your body and the higher ‘D’ ring should face upwards.

Take the shoulder strap over the opposite shoulder and feed it through the upper ‘D’ ring.

Attach the strap back onto itself so that your elbow is held at right angles (90 degrees flexion – see picture).

Once in place this is how your sling should look:

**Without A Body Belt**

[Front View][Back View][Right Side View]

**With A Body Belt**

[Left Side View][Back View][Right Side View]

*Note:
These are guidelines only. If you have any concerns or additional queries please contact your therapist.

*Website:
shoulderdoc.co.uk/article/68*
Post-Surgical Care: Your Hospital Room

- Your primary nurse will monitor you closely for the first few hours.
- Your nurse or certified nursing assistant (CNA) will take all of your vital signs often. This includes asking you about the pain at your surgical site.
- Your nurse and CNA will help you change positions every two hours. This is to make sure you do not have any skin breakdown from being in the same position too long.
- You can still change positions after a hip surgery, even if you have a pillow wedge between your legs. Your nurse and CNA will help you move positions by changing the pressure points beneath you with a few well-placed pillows.
- If you had knee surgery, you can still change your position with your leg in a CPM machine. An Orthopedic Tech or your nurse will help you in and out of your CPM machine and help you change positions.
- It is very important to flex your ankles up and down to keep the flow of blood through your body. This will reduce your risk for blood clots.
- Soon after your surgery, a nurse or respiratory therapist will teach you breathing exercises using an incentive spirometer (IS). This will help keep your lungs clear, make your breathing muscles stronger and help stop future problems such as pneumonia, a lung infection.
- You are allowed to eat and drink after your surgery depending on how you are feeling. If you are feeling sick to your stomach, medication can be given to help make it better. Patients who are feeling sick will not usually eat or drink until the feelings are under control or gone. The feeling of being sick to ones stomach after surgery is usually related to the anesthesia, a drug that puts you to sleep, and pain medications you received.
- If you have a catheter that drains urine from your bladder, it is normally removed the day after your surgery.
- Your continuous IV fluids will be stopped as soon as you are able to take fluids and medication by mouth without feeling sick.
- You will be taught exercises to do at home and learn ways to help you move safely.
- Continue to observe the safety measures after your hip, knee or shoulder surgery (refer to the listing of hip, knee or shoulder safety measures in this guide).
Measuring Your Pain

A pain scale helps you measure the amount of pain. On the scale, 0 means no pain, and 10 is the worst pain possible. While in the hospital, you will be asked your level of pain.

You will also be asked what “level of pain” is acceptable. Our goal is to keep you at or below YOUR acceptable level of pain.

My acceptable level of pain is: ___________.

You may feel some pain even with medications. Tell your nurse or doctor if medications do not lower the pain. Be sure to tell them if the pain gets worse or changes.
Pain Control

There are many different types of pain control to help take care of your pain and keep you comfortable. Your doctor will choose the method right for you based upon your medical history, how much pain you are having and how fast you are healing. Your surgeon may utilize our pain protocol which includes long- and short-acting pain medications, non-steroidal anti-inflammatory drugs and acetaminophen. For best control, some medications will begin before your surgery.

The goal is to stop the pain before it becomes a problem. The key is to stay ahead of the pain and ask for pain medicine as needed. If your pain becomes too severe, it will be harder to get it back under control.

Medications are not the only way to deal with pain after surgery.

Try the following ideas:

■ Ice or Heat.

■ Hot/cold therapy should only be used if your doctor tells you to use it.

■ Visualization helps take your mind off the pain.

■ Close your eyes and breathe deeply.

■ Picture yourself in a quiet, peaceful place. Imagine how you feel in that place.

■ If other thoughts enter your mind, take a deep breath and try again.

■ Progressive body relaxation helps relieve stress and pain.

■ Close your eyes. Tighten your foot muscles.

■ Hold for a few seconds then release.

■ Do it again with the muscles in your calves, then your thighs and work slowly up your body.

■ Deep breathing relaxes your whole body.

■ Inhale slowly and deeply as you count to five (5) and exhale slowly through your mouth.

Let your nurse know right away if you are having any of these side effects from medication:

■ Nausea, vomiting, diarrhea, lasting constipation or stomach cramps

■ Headaches

■ Breathing problems or a fast heart rate

■ Feeling very tired, sluggish or dizzy

■ Itching or skin rash
Post-Surgical Care: Physical Therapy

- After your surgery, you will have a physical therapy (PT) evaluation.
- The physical therapist will look over your current abilities including joint motion, strength and balance.
- The physical therapist will ask you questions about your home set-up and your mobility before surgery.
- The physical therapist will teach you how to get in and out of bed, a chair, walk or climb stairs easier.
- You should feel better each day. It is important for you to focus on working towards doing these activities by yourself.
- Remember that you make the difference in the speed and success of your healing. Your participation in your therapy program is vital to your success.
- There will be some pain as you do more activities. Your nurse will work with you to schedule pain medication times that happen before your active times (like therapy).
- Exercise and movement are important parts of your healing.
- During your hospital stay, you will have daily physical therapy sessions.
- For your safety, the physical therapist may suggest help for you while you walk, such as a walker, crutches or a cane.
- Family or friend(s) who will be helping you at home during your healing are encouraged to participate in therapy sessions. Please inform your therapist so your therapy sessions can be scheduled accordingly.
General Guidelines for Moving from a Chair or Commode after Hip or Knee Surgery

To stand
- Place walker in front of you.
- Put one hand on the walker and one hand on the surface you’re getting up from.
- Slowly rise, pushing up from the stable surface (chair).

To sit
- Back up so your legs touch the surface on which you are going to sit.
- Slide operated leg forward.
- Reach back with one hand for the surface you will sit on while keeping one hand on the walker.
- Sit slowly.
Hip Replacement Therapy Guidelines

First day of physical therapy
- Move from lying down to sitting on the edge of the bed with 50% help.
- Move from sitting on the edge of the bed to standing with 50% help.
- Walk 50 feet with 50% help.
- Sit up in the chair.
- Remember to use “hip safety measures.”

Physical therapy on day of going home from hospital
- Move from bed to standing with a walker, crutches or a cane.
- Walk 150 to 300 feet with a walker, crutches or a cane.
- Climb stairs.
- Eat all your meals sitting in a chair.

Safety measures after hip replacement surgery
Safety measures are necessary to prevent you from placing too much pressure on the incision or your new joint, which can end up dislocating your hip. The hip safety measures you need to follow depend on the type of surgical approach the doctor used during your surgery.

- It is important that you know which surgical approach was used, so you follow the correct safety measures. Your surgeon, nurse and therapist can let you know what type of surgical approach you had.
  - The approach used for your surgery was ____________________________.

- With any of the surgical approaches, your doctor may prescribe a hip abduction wedge to be placed between your legs when in bed or in a chair to help you follow your hip safety measures.
**Hip Replacement Physical Therapy Exercises**

**NOTE:** Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

### Ankle Pump Exercise
- Bend your foot up and down at your ankle joint as shown. Hold 1 second.
- Repeat 10 times. Do hourly while you are awake.

### Quad Set Exercise
- Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the bed. Hold for 5 seconds.
- Repeat 10 times.
- Do hourly while you are awake.

### Glute Set - Supine Exercise
- While lying on your back, squeeze your buttocks and hold. Hold for 5 seconds
- Repeat 10 times. Do 3 sessions per day.

### Short Arc Quad Exercise
- Place a rolled up towel or object under the knee of your operated leg and slowly straighten your knee as you raise up your foot. Hold 5 seconds.
- Repeat 10 times.
- Do 3 sessions per day.

### Heel Slides - Supine Exercise
- Lying on your back with knees straight, slide the heel of the operated leg towards your buttock as you bend your knee.
- Hold a gentle stretch in this position and then return to original position. *For Posterior Lateral Approach, do not bend hip greater than 90 degrees.* Hold for 1 second.
- Repeat 10 times.
- Do 3 sessions per day.

### Supine Hip Abduction Exercise
- While lying on your back, slowly bring your operated leg out to the side. Keep your knee straight the entire time. Bring leg back to midline. *Anterior or Anterior Lateral Approach avoid this motion until approved by PT.* Hold 1 second.
- Repeat 10 times.
- Do 3 sessions per day.

Knee Replacement Therapy Guidelines

- NO rolled towels or pillows under the operated knee!
- Keep the lower half of your hospital bed flat at all times.

**Physical Therapy Goals After Knee Replacement Surgery**

- First day of physical therapy.
  - Move from lying to sitting on the edge of the bed with 50% help.
  - Move out of bed to standing with 50% help.
  - Walk 50 feet with 50% help.
  - Sit up in a chair.
  - If ordered, use a continuous passive motion (CPM) machine.

- Physical therapy on day of going home from hospital.
  - Move from bed to standing.
  - Walk 150 to 300 feet.
  - Bend your knee 90 degrees.
  - Climb stairs.
  - Eat all your meals sitting in a chair.
  - If ordered, use a continuous passive motion (CPM) machine.
Knee Replacement Physical Therapy Exercises

**NOTE:** Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ankle Pump Exercise</strong></td>
<td>Bend your foot up and down at your ankle joint as shown. Hold 1 second.</td>
</tr>
<tr>
<td></td>
<td>Repeat 10 times. Do hourly while you are awake.</td>
</tr>
<tr>
<td><strong>Quad Set Exercise</strong></td>
<td>Tighten your top thigh muscle as you attempt to press the back of your knee downward towards the bed. Hold for 5 seconds.</td>
</tr>
<tr>
<td></td>
<td>Repeat 10 times. Do hourly while you are awake.</td>
</tr>
<tr>
<td><strong>Heel Slides – Supine Exercise</strong></td>
<td>Lying on your back with knees straight, slide the heel of the operated leg towards your buttock as you bend your knee. Hold a gentle stretch for 5 seconds in this position and then return to original position.</td>
</tr>
<tr>
<td></td>
<td>Repeat 10 times. Do 3 sessions per day.</td>
</tr>
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<td><strong>Short Arc Quad Exercise</strong></td>
<td>Place a rolled up towel or object under the knee of your operated leg and slowly straighten your knee as you raise up your foot. Hold 5 seconds.</td>
</tr>
<tr>
<td></td>
<td>Repeat 10 times. Do 3 sessions per day.</td>
</tr>
<tr>
<td><strong>Straight Leg Raise Exercise</strong></td>
<td>While lying, raise up your operated leg with a straight knee. Keep the opposite knee bent with the foot planted to the ground. Hold leg as straight as you can during the lift and lowering portion of the exercise. Hold for 1 second.</td>
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<tr>
<td></td>
<td>Repeat 10 times. Do 3 sessions per day.</td>
</tr>
<tr>
<td><strong>Knee Flexion Stretch – Self Assisted Exercise</strong></td>
<td>While seated in a chair, use your unaffected leg to bend your operated knee until a stretch is felt. Hold 5 seconds.</td>
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<tr>
<td></td>
<td>Repeat 10 times. Do 3 sessions per day.</td>
</tr>
</tbody>
</table>

Reference:
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Shoulder Replacement Therapy Guidelines

- First Day of Physical Therapy.
  - Move from lying down to sitting on the edge of the bed with 50% help.
  - Move from sitting on the edge of the bed to standing with 50% help.
  - Walk 50 feet with 25% help.
  - Take off and put on sling with 50% help.
  - Perform exercises with 50% help.
  - Sit up in the chair.
  - Remember to use Total Shoulder Precautions.

- Physical therapy on day of going home from hospital.
  - Move from bed to standing with an assistive device as needed.
  - Walk up to 300 feet with an assistive device as needed.
  - Take off and put on sling.
  - Perform initial Home Exercise Program.
  - Eat all your meals sitting in a chair.

Safety Measures after Total Shoulder Replacement Surgery

Safety measures are necessary to prevent you from placing too much pressure on the incision or your new joint which could lead to a dislocation of the joint. It is important for you to know what type of shoulder replacement you had, either a Total Shoulder or a Reverse Total Shoulder Replacement.

My surgery is a:

- Total Shoulder
- Reverse Total Shoulder Replacement
Shoulder and Reverse Shoulder Replacement
Physical Therapy Exercises

NOTE: Each person heals at a different speed. For your safety, only do the exercises that are shown to you by your therapist. **DO NOT** try an exercise that has not been shown to you.

### Cervical Extension and Flexion
Tilt your head upwards, then return back to looking straight ahead. Tilt your head down to look at the floor, then return to looking straight ahead. Hold 1 second.
Repeat 10 times.
Do 3 sessions per day.

### Retraction / Chin Tuck
Slowly draw you head back so that your ears line up with your shoulders. Hold for 1 second.
Repeat 10 times.
Do 3 sessions per day.

### Pendulum Shoulder Circles
Shift your body weight in circles to allow your operated arm to swing in circles freely. Your operated arm should be fully relaxed. Complete for 30 seconds.
Repeat 1 time.
Do 3 sessions per day.

### Scapular Retractions
Draw your shoulder blades back and down. Hold 1 second.
Repeat 10 times.
Do 3 sessions per day.

### Sling – Wrist Flexion Extension
Bend your wrist up and down as shown while your arm is in the sling. Hold for 1 second.
Repeat 10 times.
Do 3 sessions per day.

### Sling – Ball Squeeze
Grip a small ball or rolled up towel and squeeze it with your hand. Hold 1 second.
Repeat 10 times.
Do 3 sessions per day.

Reference:
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Shoulder Precautions after Surgery

It is important to avoid excessive movement of the shoulder after surgery to maintain the integrity of the joint and allow for necessary healing of the muscles. Typically dislocation occurs with actions such as tucking in the shirt or performing bathroom/personal hygiene.

**DO NOT perform the following:**

<table>
<thead>
<tr>
<th>Avoid Lifting Greater Than a Coffee Cup (2–3Lbs)</th>
<th>Avoid Active Unsupported Range of Motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid Lifting greater than a coffee cup (2–3 pounds). Do not carry grocery bags or purses.</td>
<td>Avoid using surgical arm to brush hair.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avoid Using Surgical Arm to Open Cabinets</th>
<th>Avoid Placing Your Hand Behind the Back</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid using surgical arm to open cabinets.</td>
<td>Avoid Placing your Hand Behind the Back. Do not use surgical arm to tuck in your shirt or perform hygiene/toileting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Avoid Pushing</th>
<th>Avoid External Rotation Beyond Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid Pushing. Do not use surgical arm to push up out of chair or bed.</td>
<td>Avoid External Rotation beyond neutral. Do not use computer mouse with surgical arm.</td>
</tr>
</tbody>
</table>
Post-Surgical Care: Occupational Therapy

After your surgery, you may have an occupational therapist (OT) evaluate you. The occupational therapist will go over your upper body strength, range of motion and your ability to complete your activities of daily living. They will teach you to complete your activities of daily living such as dressing, bathing, toileting, grooming and hygiene, while keeping any activity limitations you may have. The occupational therapist will also ask you questions about your home and bathroom setup. Shower training may be performed and a shower chair may be recommended if you are unsteady on your feet.

The occupational therapist will develop a program for you and may suggest special equipment, such as a reacher or a sock aide, to help you progress toward independence. Bring a pair of shorts or loose pants and closed-heel shoes to practice lower body dressing.

Lower Body Dressing after Hip or Knee Surgery

**Applying socks**

- Slide the sock onto the sock aide.
- Use the cords to place the sock aide on the floor in front of the foot on the operated leg.
- Place foot into the sock aide.
- Pull on cords until sock slips onto your foot and the sock aide is free. Repeat on the other side.

**Applying pants/shorts/undergarments**

- In sitting position, use a dressing stick or reacher to hold the item by the waist band.
- Lower the item to the floor in front of the operated leg. Slip the item over the operated leg first, then over the non-operated leg.
- Pull the item up above your knees using the reacher or dressing stick. Stand with a walker, and then pull the item up all the way.
Lower Body Dressing after Shoulder Surgery

Keep sling on as directed by your doctor. Your balance and stability may feel off, so for safety, perform dressing in a seated position until complete and/or you are ready to pull pants over hips.

**Socks**
- Applying socks may be easier with sock aide as one arm will be immobilized in a sling.
- Position sock aide against the body for support and pull on sock with one hand.
- Use cords in one hand to lower the sock aide to floor in front of your foot.
- Place foot into sock aide.
- Pull on cords until sock slips onto your foot and sock aide is free.
- Repeat for other side.

**Pants**
- A dressing stick or reacher may assist you to allow greater reach without placing pressure on the arm in the sling.
- Hook or pinch waist band of pants.
- Lower pants to foot placing foot inside pant leg. Pull pant leg completely over one foot then repeat with other side.
- Stand with good stability and pull pants up over hips.
Upper Body Dressing after Shoulder Surgery

Shirts
- If your doctor does not want you to remove the sling, use a button down shirt with the non-surgical arm through the sleeve first and then drape the other sleeve over the surgical side.
- If your doctor allows your surgical arm to hang down from the sling, dress the surgical side first.

Use a button down shirt that is a size or two larger.
- Dress the surgical side first by letting the arm hang down and bring the sleeve up past elbow.
- Once the sleeve is up all the way, continue placing the other arm in the shirt and complete the buttons.

A pull over shirt will need the neck opening as large as possible and should be a size or two larger.
- Place the surgical arm in the sleeve first, pulling it up past the elbow.
- Once the sleeve is up all the way, place the other arm into the sleeve and put the shirt over your head.
- Remember to place the sling back on after dressing.

Additional Care Suggestions After Shoulder Surgery
- Keep arms in front of you when sitting.
- Use your non surgical arm to get out of your chair.
- Rest surgical arm on rolled pillow when lying down.
Going Home

Your health care team will make a plan for outpatient or home health physical therapy and occupational therapy, as appropriate for your continued care. Patients needing more nursing and rehabilitation will be sent to a health care facility that will provide that service.

Goals for going home:

■ You are able to eat your normal diet.
■ Your stomach is active and bowel movements are returning to normal.
■ You are able to use the toilet and bathe on your own.
■ Your surgical wound is clean and dry.
■ You understand your wound care instructions and can take care of your wound.
■ You show safe movement when moving from the bed to the chair, standing, walking, climbing stairs without help and performing home exercises and activities of daily living by yourself.
■ You understand your medication schedule.
■ You understand your discharge instructions.
■ You demonstrate understanding of safety measures that may impact your healing process.
■ You understand your resources in your home, family and community, including in case of an emergency.

Questions to ask your doctor when getting ready to go home:

■ What type of diet should I follow?
■ How much and what type of activity can I do?
■ What medications do I need to be taking?
■ When can I drive?
■ When do I need to come back for follow-up appointments?
■ When and where should I call for medical advice if I experience problems?
■ Can I get a return to work slip (if needed)?
■ When can I take a bath or shower?
■ What special equipment do I need at home?
■ Where can I buy medical supplies?
■ When can I resume sexual relations?
The Going Home Process

You will be visited by a social worker or case manager to talk about your physical therapy and/or medical care needs after leaving the hospital.

Most patients can discharge to home. If you are not able to meet the medical criteria for home management and safety, your Orthopedic Care Team member will provide names and telephone numbers of places that can be hired for added care at home or at a Skilled Nursing Facility.

- The Orthopedic Care Team will make sure you have the equipment you need at home.
- Please note that if you are being sent to another health care facility for added therapy, your choices can be limited based on what your insurance carrier covers, and they will provide equipment.
- **Your Orthopedic Care Team members will include you in the decision-making process and will ensure that you get the care you need.**

If you and your Orthopedic Care Team determine that you are ready to go home, written instructions will be given to you and the nurse will talk with you about the instructions.

- You may receive prescriptions for medications that you need to fill.
- Follow-up doctor appointments will be explained to you or may be made prior to your leaving the hospital.
- You will be asked to sign a form that states you understand and are willing to follow the outlined instructions.
- You should have your transport or support person get there early so they may also listen to the instructions.

**Please note**

- Vehicles such as Recreational Vehicles and SUVs (Sport Utility Vehicle) are tall and it may be hard for you to climb in and out of. Traveling home in a sedan with a bench seat and extra pillows instead of a bucket seat may be easier for you.
  - This is important for those having a hip replacement.
- Do not drive until your doctor gives you permission. This is usually about four weeks after surgery. Long distance travel should be minimal for the first 6–8 weeks and include many stops where you can get out and walk.
- Shoulder patients should consider the position of the seatbelt. Avoid having the seatbelt over the affected shoulder.
Things To Know At Home

Pain management at home
Once you are home, you may have some pain. When it comes to pain management, the tips you learned in the hospital also work at home. To get the best pain relief possible, remember these points:

■ Use your pain medications as directed.
  ■ If your pain is not relieved or if it gets worse, call your surgeon. For example, if your pain stays greater than 6 out of 10 after taking medication.
  ■ After about a week, if your pain lessens, try taking less medication.
  ■ Take only the medications that your health care provider tells you to take.
  ■ Take pain medications with some food to avoid an upset stomach.

■ Remember that medications need time to work.
  ■ Most pain relievers taken by mouth need at least 20–30 minutes to take effect.
  ■ Take pain medication at regular times as directed. Do not wait until the pain gets bad to take it.
  ■ Once you become more active, and as your pain lessens, try taking less medication.

■ Time your medication so that you take it before starting an activity, such as dressing, exercising or sitting at the table for dinner.
  ■ Keep a log of when you take your medicines so that you can keep track of when your next dose may be due.
  ■ Taking your medication at night may help you get a good night’s rest.

■ Avoid wearing tight fitting clothes over the incision as this can increase pain.

■ Avoid drinking alcohol while taking pain medication as this combination can cause dizziness and slow your respiratory system. It can even be fatal.
  ■ Keep away from driving or operating machinery while taking pain medication.

Protect your new joint
■ Avoid lifting heavy objects for 6–12 weeks after your surgery to protect your new joint from injury.
■ Follow precautions taught to you during your hospital stay.
■ Continue strengthening exercises as instructed.

Wound health
Keep your wound clean and dry. Avoid having pets share the space where you are sleeping and resting until after your incision is completely healed. Be careful around pets and children to protect your incision from scratching as this could become a source for infection. You will most likely go home with an occlusive dressing over your incision. As long as this dressing is intact and in place, you are allowed to shower. You may shower without a dressing when permitted by your surgeon, typically 5–7 days after surgery. Do not use ointments, lotions, oils or vitamin preparations on your incision until after you are cleared to do so by your surgeon.
Contact your surgeon if you have any of the following:

- A fever of 100.4°F or higher.
- New or more redness at your surgical incision site.
- More pain that does not get better with rest and is not because of more activity or physical therapy.
- Drainage of any amount from your wound several days after going home from the hospital.
- Medical conditions that you already had that get worse, such as blood sugar or blood pressure levels are too high.
- Chest pain, palpitations (a “pounding heart”), difficulty breathing or fainting episodes.

These symptoms are a medical emergency, dial 911 for immediate care.

Blood clot prevention

Firm swelling in the back of the calf, knee and/or thigh is a possible blood clot (called a deep vein thrombosis or DVT). After your surgery, you remain at risk of blood clots for about a month. Notify your surgeon if you experience such symptoms. Strategies to prevent blood clots include:

- Taking the anticoagulant prescribed by your surgeon (examples are: aspirin, Coumadin®, Lovenox®). If taken an oral anticoagulant, consider taking with food to prevent stomach upset.
- Walking frequently and performing ankle pumps when in bed or sitting for extended periods of time.
- Shoulder patients should move their hands in a hand grip motion frequently throughout the day.

Lung health

While you are regaining strength and endurance, your lungs are at risk for pneumonia and infection. Inactivity and shallow breathing can put you at risk for pneumonia and other lung infections. Continue deep breathing exercises and incentive spirometer use at home.

Bowel health

Constipation is a common side effect after surgery and with some pain medications. It is also preventable. Please be proactive about your bowel regimen. Tips to reduce your chances of constipation include:

- Eating fruits, vegetables and other high fiber foods.
- Being diligent about water intake
- Consider over-the-counter laxatives if these efforts are ineffective. Check with your surgeon if you need suggestions.

Your doctor and surgeon want you on the road to recovery as quickly as possible. Please feel free to call them with any questions you may have. For more information about dietary guidelines, go to: ChooseMyPlate.gov.

NOTE: Your doctor may choose to have you take antibiotics prior to any dental procedures for a specified time following your total joint replacement. This is specified by your physician. Most dentists can write a prescription for you to take to your pharmacy if necessary. It would be advised to inform health care providers that you have had a joint replacement anytime you have medical procedures.
Tell Us About Your Experience

Your comments are important to us

Following your visit with us, you may receive a survey asking about your experience with Palomar Health. We value your feedback and look forward to receiving your response.

If you have an experience you would like to share with us about your visit to Palomar Health, please contact us directly by calling 760.740.6345 or by emailing ContactUs@PalomarHealth.org.

It is our privilege to serve you.
# Medication List

Please include all medications you take. This includes all prescription, over the counter, topical ointments/patches, eye drops, herbs, vitamins or other supplements that you take.

Patients Name: __________________________________________________ Date: _____________

(Please Print)

<table>
<thead>
<tr>
<th>Medication Name and Dose</th>
<th>Purpose (Why do you take it?)</th>
<th>When do you take your medication?</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Breakfast</td>
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<table>
<thead>
<tr>
<th>Allergies?</th>
<th>What kind of Allergic Reaction?</th>
<th>Allergies?</th>
<th>What kind of Allergic Reaction?</th>
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*Please include all allergies (medication, environmental, metal, food, etc.)
Questions and Notes: