

Knee Surgery Patients **Chlorhexidine Soap Shower**

- Chlorhexidine Gluconate (CHG) 4% is a special chemical found in soaps such as Hibiclens and other brands.
- Everyone's skin has germs; this soap can reduce the number of germs on your skin.
- If you are allergic to CHG or for any other reason you cannot wash with CHG then please follow these instructions using an antibacterial soap (such as Dial)
- Follow these instructions to reduce your risk of infection.

Shower or bathe one time a day for 3 days prior to surgery with CHG 4% liquid soap:

Step 1: Wash your hair, face, and body, with your normal shampoo, conditioner and soap. rinse completely.

Step 2: Turn off the shower or step out of the bathwater.

Step 3: Pour a 1/4 size amount of liquid CHG soap onto a wet, clean washcloth and apply to your entire body FROM THE NECK DOWN (do not use CHG on face, hair or genitals)

Step 4: Rub the soap filled washcloth over your entire body for **3 minutes**. Apply more soap as needed (1/3 of the bottle should be used with each shower)

Step 5: Turn on the shower or return to the bath and rinse the liquid soap off your body.

Step 6: Towel dry.

24 hours before surgery:

- Do not apply lotion, powder, or deodorant to your body.
- Do not shave or remove any body hair below the neck (facial shaving is permitted)

Note: Stop, using the soap and call your doctor if you have a skin reaction such as severe burning, itching, redness, blistering, peeling, swelling, rash or other severe irritation

MEDICATIONS TO STOP 7-10 DAYS PRIOR TO SURGERY:

Advil	Ibuprofen
Aleve	Indocin
Anacin	Lanorinal
Anaprox	Lodine
Anturane	Magan
Argesic	Major-Cin
Artha – G	Marnal
Arthropan	Micranin
Aspercin	Midol
Aspergum	Mobic
Aspirin	Momentum
Asproject	Motrin
Azolid	Nalfon
Bayer	Naprosyn
Buff A	Naproxen Sodium
Bufferin	Nuprin
Bextra	Oruvail
Buffers	PAC
Buffex	Plavix
Buf Tab	Persantine
Butal Comp	Persistin
Butazolidin	Ponstel
BC Tabs	Presaim
Cama	Relafen
Capron	Rufen
Celebrex	Salatin
Copo	Sincoff
Coricidin	Solocol
Clinoril	Supac
Dasin	Synalgos
Daypro	Tenstan
Disalcid	Tolectin
Doans Pills	Trigesic
Dolobid	Uracel
Ecotrin	Vanquish
Efficin	Vitamin E
Empirin	Vioxx
Encaprin	Voltaren
Equagesic	Zoprin
Excederin	
Feldene	***TYLENOL Products may be taken up to
Fiorinol	the day before your surgery ****

-- THE S.I.M.P.L.E. WAY TO SPEED UP YOUR RECOVERY --

Your physical therapist has experience treating your injury, is invested in your recovery, and cares about your success. To complement your therapist's knowledge of physical healing, bring a positive mental attitude. The following six rules will build a positive attitude and speed up your recovery.

SLOW DOWN TO SPEED UP

- Recovery is not a race. Don't sacrifice long-term healing for fabricated goals. Allow yourself to heal on a natural timeline and you will likely return to doing what you love faster.
- Slowing down means sleeping and resting more
Sleep = healing and rebuilding
No sleep = increased anxiety, impatience, and frustration

INVEST IN YOUR OWN RECOVERY

- Your recovery is your responsibility; take charge.
- Be engaged; ask questions, then ask more questions.
- Carry a notebook and keep track of the following:
 - Notes from all of your appointments, including each PT session, plus questions you've accumulated at home
 - Daily sleep hours *and* daily diet if you struggle with eating
 - Daily activities (PT and all other relevant activities) and daily pain (description and pain-scale value)
- Understand your injury. Ask for an anatomy lesson or read an anatomy book. Use Google to learn the basics of your injury and ask better questions.
- At PT, take photos and videos of yourself practicing your exercises with good form. Understand the goal of each exercise and how your body wants to cheat the desired motion.

MANAGE YOUR ATTITUDE AND TIME

- Demonstrate respect for your support system by being engaged and following instructions.
- Make your physical therapist's day by showing up on time with a positive attitude.
- If you're debating participation in a physical activity ask what advice you'd give to a loved one facing the same situation. For example, "Should I go for a hike on a healing knee or not?"

PROMOTE ACCEPTANCE

- Suffering is the inability to accept what is. Acceptance means you'll work *with* your limitations, making sound decisions instead of obsessing about what you *should* be able to do.
- Confide in your physical therapist. Think of it like a confessional. If you tell the truth, you will be absolved of your sins. If you lie about physical activity, pain, etc., you're letting yourself down. Your physical therapist can help you most if you're not stretching the truth about what's going on outside of PT.
- Be honest with yourself about your limitations. Write to reveal your barriers to acceptance:
 - Why is it important to remain as active as you were?
 - What will happen to your self-worth if you back off to recover?

LEGAL DUMPING ONLY

- People who are generally optimistic tend to get more from everyone and everything around them.
- Emotional turmoil is normal, but avoid what I call illegal dumping--showing up and blindsiding your therapist with your emotional struggles.
- If you are struggling emotionally, ask for help. Your physical therapist can recommend someone to help you navigate the emotional pitfalls of injury.

EXPECTATION-ITIS: HOW TO AVOID IT

- Don't compare your journey with those of other patients. Your history, injury, and rehab are different from everyone else and your recovery will be too; faster than some, slower than others.
- Talk to your physical therapist about ways to maintain fitness within your restrictions.
- Big gains come from an accumulation of small gains. Expect some setbacks along the way.

I help athletes overcome the mental fallout of injury and stop the emotional roller coaster.

Please contact me (Heidi@InjuredAthletesToolbox.com) if you feel stuck or frustrated.

I wish you all the best and keep getting better. Forward...

Heidi Armstrong, Injury Recovery Coach and founder of Injured Athlete's Toolbox



When can I...

Drive: You will be permitted to drive (automatic transmission) 2 weeks after surgery as long as you are not taking any narcotics and you feel comfortable behind the wheel. Additionally, if you have a knee brace with ROM limitations then this will delay your return to driving. You may consider practicing in a large parking lot to make sure you can react quickly in an emergency. Studies suggest post-surgical patients wait 2 weeks before driving but life circumstances may mean you need to drive sooner than that, provided you meet the minimum requirements mentioned above.

Return to Work: This will vary depending on the demands of your job and surgical procedure. At a minimum we recommend taking at least 2 weeks off from work, if you can, as you will be fatigued from healing. If you have a sedentary job, you may be able to return to work at the 2 week time frame. Plan on getting up from your workstation to move around to prevent stiffness every 20 minutes or so. If you have a more demanding physical job, then light duty or alternative work may be instituted with advancements dependent on the surgical procedure performed.

Shower: You will be able to shower the second post-op day so long as you cover the incisions and keep them dry with a waterproof occlusive dressing. Remove the bulky dressing before placing the waterproof dressing. With respect to shoulder patients, while in the shower keep the affected shoulder at your side and any underarm washing will have to be performed with someone holding your elbow to prevent shoulder muscle activation. With respect to knee patients, WB restrictions should be followed. Once out of the shower remove the occlusive dressing, pat dry with a clean towel and place sterile Band-Aids. Washing of the actual incision sites is delayed until after the 1st postop visit and 24 hrs after sutures have been removed.

Use a Hot tub: Do not use a hot tub or bathe until sutures have been removed and wounds are completely closed. Typically, 3 weeks postop.

Remove sutures: Your sutures will need to be removed approximately 14 days after your surgery at the 1st postop visit. The sutures need to be removed using a sterile suture removal kit, please do not try to remove them at home on your own.

Do Dry Needling: To reduce the risk of infection, please wait at least 6 weeks before dry needling.

Get a Massage: Massage can be done as early as 3 weeks out. Inform your massage therapist of your recent shoulder or knee surgery. Let them know not to push into painful ranges of motion.

Wrist ROM: “active assist” ROM may be initiated for supination (palm pointing upwards), and “active” ROM for pronation and wrist flexion and extension.

Sleep: For shoulder patients, most initially find sleeping in a semi reclined position the most comfortable. This can be accomplished either by sleeping in a recliner or in bed with multiple pillows. For knee patients, elevation of the affected extremity to heart level is ideal with pillows.

Side Sleeping: For shoulder patients, most can sleep on their operative side once the sling is discontinued. Sleeping on the nonoperative side can begin 3 weeks postoperatively with the sling in place. Knee patients have no restriction so long as their brace is utilized as prescribed.

Wean off crutches: Your initial weight-bearing (WB) restriction will vary depending on the surgical procedure but can vary between a few days up to 6 weeks. Initial WB will be done 20 lbs. foot flat which is essentially resting your operative leg on the floor. After this initial period, you will transition to 50% weight-bearing for 1 week. When it is time to begin weaning from crutches, do so with the supervision of your physical therapist. The following week you will begin weaning off crutches with short walks in the house and progressing to 75% on longer outings for approximately 3-4 days. It is not unusual for you to experience mild increased soreness and fatigue as you make this transition. However, it should improve daily. After several days and if you aren't experiencing any additional soreness, you will progress to 90%, and then finally 100% following the same guidelines above. The GOLDEN RULE to determine your readiness to not use crutches is NO LIMPING. If you can't walk without a limp, you are not ready. Use your crutches as much as you need to take away the limp. It is far more important to walk properly without a limp than to push for a goal or timeframe. While weaning, have your crutches nearby for when you get tired or sore. It is normal to switch between no crutches and 2 crutches throughout the day, depending on how you feel. Always work on good technique and have your PT monitor.

Activity during the immediate postop period: Daily walks: 10 minutes on stable ground with a care giver, following the prescribed WB and brace restrictions, is allowed when tolerated. Ankle pumps, quad isometrics, gluteus and transverse abdominis muscle contractions should be performed 10x every hour starting postop day 1. The use of the Incentive Spirometer should be done immediately and be performed 10x every hr while awake.

Shoulder Pendulums: we recommend passive pendulums for a total of 6 weeks after your surgery and these should be performed 3x a day. Each session is done with 10 circles clockwise and 10 circles counterclockwise x 3. These are performed by your caregiver with you seated and your shoulder resting comfortably at your side and your elbow flexed 90 degrees and the forearm in neutral. Pendulums can also be performed by yourself and your therapist will help direct you with respect to proper technique.

Elbow ROM: “active assist” ROM (using your other arm to assist with motion) may be initiated for flexion and “active” ROM (using the involved extremity to perform the motion in its entirety) for extension.

Remove my Sling and abduction pillow: the use of a sling can range from a few days up to 6 weeks, the exact time will be determined at the completion of your procedure. The pillow portion is sometimes discontinued at the first PO visit or, at times, 4-6 weeks after surgery.

Remove my Knee Brace: This is based on the procedure performed and will be determined once the surgery has been completed.