

# Foot & Ankle Surgery

Guidebook



## Using This Guidebook

This guidebook is designed to educate you and your family about what to expect throughout your surgical experience. This guidebook is to prepare you for your surgery and a successful discharge home.

This foot and ankle surgical guide belongs to

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# Your Guide to a Successful Recovery

Your care navigator, physician, nurses, therapists or other members of your care team may add or make changes to any of the suggested care plans described here. Always follow their instructions first and ask questions if you are unsure of any information. Keep this guide as a handy reference throughout your recovery process.

Patient Name \_\_\_\_\_

Surgery Date \_\_\_\_\_

Post-Surgical Appointment Date & Location \_\_\_\_\_

**Please bring this guidebook with you to every office visit and to the hospital on the day of your surgery. After your discharge, keep this guide in a convenient location for you, your family members and other care providers to reference.**





## The Care Navigator

Your care navigator is dedicated to guiding patients through their journey to foot and ankle health. Our whole-person approach to care is designed to help you take your health — and your happiness — into your own hands. It's not just about healing what's wrong, it's about celebrating what's right and helping you create a life of better health, more joy and less stress. Through each new challenge and triumph, your navigator is there for you and your loved ones — dedicated to your whole recovery.

### What is an orthopedic care navigator?

An orthopedic care navigator is a specially trained registered nurse who provides expert clinical assistance and support to patients receiving care at AdventHealth. Your care navigator works specifically with patients receiving foot or ankle care. This confidential service is free of charge and available to all orthopedic patients.

### You're not alone. We're here to help.

The orthopedic care navigator is here to ensure you receive the care you need when you need it. They are an advocate during your orthopedic health journey and will guide you through the treatment of your orthopedic issues. Your navigator provides the following services tailored to your individual needs.

- Serves as the clinical liaison between you and your health care team
- Acts as a patient advocate through the surgical process and/or hospitalization
- Oversees the entire care process to help answer questions and ease patient concerns
- Provides education on the process and expectations of recovery

# PRE-OPERATIVE CARE



# Pre-Operative Care Overview

## Before Your Surgery Will be Scheduled

Obtain medical clearance from your primary care physician and any specialist as required. Clearances must be obtained within 30 days of your surgery.

## Once You Have Scheduled Surgery

- Schedule your first follow-up appointment.
- Identify a coach.
- Prepare to have weight-bearing restrictions.
- Obtain your assistive devices.
- Attend pre-operative physical therapy (optional).
- Stop smoking.
- Eat right.
- Manage your blood sugar.

## One To Two Weeks Prior to Surgery

- Complete your phone interview with the hospital.
- Stop all medications that can increase bleeding, as instructed by your physician or pre-admission testing nurse.
- Attend the pre-operative patient education class.
- Attend your pre-operative appointment with the surgeon's office, if applicable.
- Attend the pre-operative testing appointment at the hospital, if needed.
- Set a pain goal
- Prepare your home for your return from the hospital.

## Night Before and the Day of Surgery

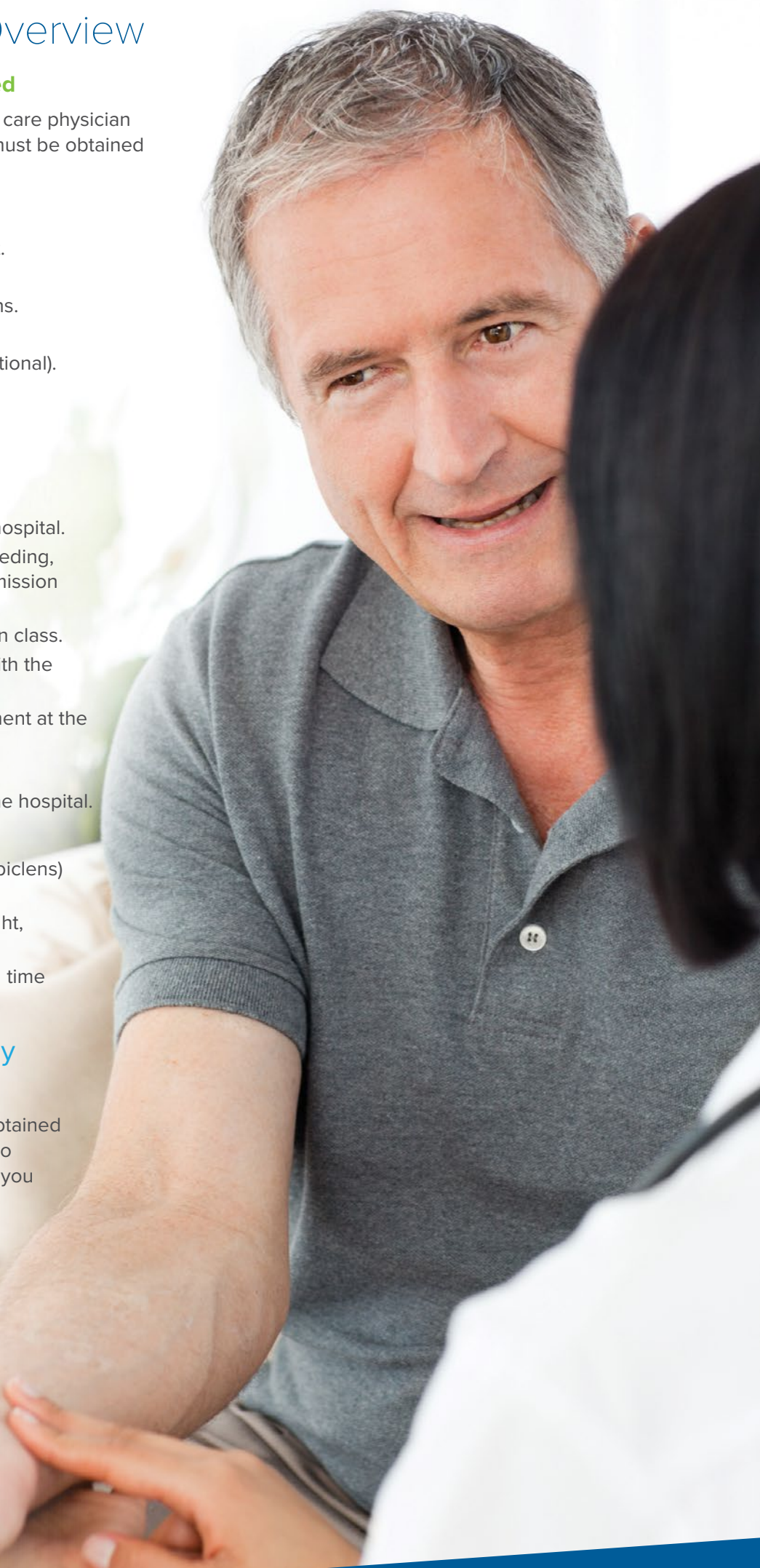
- Wash with surgical soap (chlorhexidine/hibiclens) using the instructions in this guide.
- Do NOT eat or drink anything after midnight, unless instructed otherwise.
- Arrive at the hospital or surgical center on time and report to surgical check in.

## Before Scheduling Your Surgery

### Obtain medical clearance.

Any required medical clearances must be obtained before scheduling your surgery. In addition to clearance from your primary care physician, you may be required to obtain clearance from a specialist, such as your cardiologist, pulmonologist, etc., before your surgery is scheduled. Clearances are valid for 30 days.

Please give all clearance information to the surgeon's office. Keep a copy for your own records too.



## Once You Have Scheduled Surgery

### Schedule your first follow-up appointment.

Post-operative follow-up appointments are important to make sure dressings are being changed appropriately and that your surgical site is healing properly.

The first follow-up is usually one to two weeks after surgery. We encourage you to make this appointment prior to your surgery. This secures your appointment, allows you to plan for transport, and prevents you from forgetting to schedule.

### Identify a coach.

We strongly encourage you to identify someone to be your “coach” throughout your recovery. This is someone who can help at home, such as with housekeeping and meal prep, and provide encouragement. Ideally, this person would also be available to provide transportation and be with you at the hospital, so they are aware of your post-operative instructions and needs.

### Who is your coach?

### Prepare to have weight-bearing restrictions.

Most patients have weight-bearing restrictions after surgery. This means you may not be able to put any weight on the surgical foot.

Ask your surgeon what your restrictions will be and for how long. It is very important to follow these instructions. Too much pressure on or around your surgical site can cause your incision to open or cause hardware to fail. This puts you at risk for pain, infection, delayed healing, and further surgery and/or hospitalization.

Discuss any concerns about restrictions with your surgeon as soon as possible.

### Obtain your assistive devices.

If you will have weight-bearing restrictions after your surgery, you will need an assistive device when walking, like a walker or knee scooter. You and your surgeon are responsible for arranging the necessary assistive devices prior to your surgery. Devices cannot be arranged or provided by the hospital on the day of surgery.

- Your surgeon will tell you what assistive devices are recommended for you.

- Talk to your surgeon if you have concerns about the recommendation. If needed, they can order a physical therapy evaluation with AdventHealth Sports Med & Rehab prior to surgery.
- Insurances vary widely in regard to what devices they cover. Please verify your benefits with your insurance.
- If you need to buy your device out of pocket, most drugstores and medical supply companies sell these items. Pay careful attention to height and weight limitations on devices.

### Pre-Operative Physical Therapy (Optional)

If you need to learn how to use your assistive device, physical therapy will teach you on the day of surgery.\* However, this training can be provided prior to the day of surgery at an AdventHealth Sports Med & Rehab location. This is optional. Tell your surgeon if you are interested in this and they can provide a script.

- This will allow you to practice using your device in the weeks leading up to surgery.
- This is also an opportunity for a physical therapist to make sure you are using the most appropriate device.
- AdventHealth Sports Med & Rehab has many locations, allowing you to schedule wherever is most convenient for you. **Refer to page 26 for more information.**

\* Please note this is only for patients having surgery in a hospital. Physical Therapy services are not available on the day of surgery to patients having surgery in Ambulatory Surgical Centers (ASCs).

### Stop smoking.

It is very important to stop smoking before your surgery. Smoking impairs and slows bone healing. All products that contain nicotine should be stopped, including cigarettes, nicotine gum, patches and vaporizers.

Smoking is not allowed in the hospital or anywhere on hospital property.

If you smoke, now is the time to stop to ensure the best possible outcome from your surgery. In some cases, your surgeon may require a pre-operative nicotine level to ensure that you have quit smoking.

### Tips for Quitting Smoking

- Make a list of reasons why you want to quit smoking. Keep it handy and look at it often.
- Stick to the date you decide to quit smoking.
- Make a list of things that make you want to smoke.
- Think of ways to change the triggers that make you smoke.



- Set goals for yourself, such as going for a day, a week or more without smoking. Reward yourself when you are successful.
- Join a Quit Smoking group.

The state of Florida has many tips and resources to help you quit smoking at [TobaccoFreeFlorida.com](http://TobaccoFreeFlorida.com).

If you do not quit the first time, keep trying. Many people have to try more than once before they stop smoking for good.

### Eat right.

Good nutrition is important to prepare your body for orthopedic surgery. **Please refer to the nutritional information on page 27 for more information.**

### Diabetes Mellitus: Managing Your Blood Sugar

Surgery puts stress on your body, which causes blood sugars to increase. High blood sugars can slow wound healing and place you at higher risk for infection.

If your blood sugars are not well controlled — either always high or often alternating with low blood sugars — talk with your primary care physician or endocrinologist about managing your sugars.

The Diabetes Institute at AdventHealth offers patient education classes that cover many aspects of diabetes management. **Please go to page 25 for more information.**



## One to Two Weeks Before Surgery

### Complete your phone interview.

A pre-admission testing nurse will call you to do a phone interview.

You will be asked about your past medical history and current medications, including any herbal or over-the-counter medications you use, and any medications you were instructed to stop taking prior to surgery.

You will be asked for your preferred pharmacy name, phone number and address.

### You will be given instructions for surgery, including:

- Directions for taking your medications
- Showering with Chlorhexidine (hibiclens)
- When to stop eating and drinking before surgery
- Where to arrive day of surgery and what time

### Pre-Admission Testing Appointment

If you need lab work, a chest X-ray, EKG, or other testing, you may need to come to the hospital for a pre-admission testing appointment.

- Not all patients need this. The hospital will call you to schedule this appointment if it is needed. If you need to attend this appointment, please bring:
  - Photo ID
  - Insurance card(s)
  - A list of your medications and dosages, including herbal and over-the-counter medications, and medications you may have been told to stop taking prior to surgery

### Pre-Operative Visit to Surgeon

You may have a final pre-operative appointment with your surgeon before your surgery. This is a final check-up and a time to ask any questions you have.

### Attend the Pre-Operative Class

All patients are asked to attend a pre-operative surgical class. This will help you prepare for surgery and know what to expect. Your coach can attend too. Evidence shows attending class makes patients feel better prepared for surgery.

Classes are taught online. Your surgeon's office or nurse navigator will give you more information.

### Stop medications that increase bleeding.

Stop all anti-inflammatory medications such as aspirin, ibuprofen, Celebrex, Motrin, Naproxen, Vitamin E, fish oil, etc., as instructed by your doctor or the pre-admission testing nurse. These medications may cause an increased risk of bleeding. If you were not given instructions on stopping these medications, call your doctor.

**If you take a prescribed blood thinner, you will need special instructions for stopping the medication by the prescribing physician. Examples include Coumadin, Eliquis, Warfarin and Xarelto.**

### Set a pain goal.

You can expect some level of discomfort or pain after surgery. AdventHealth uses a 0-10 pain scale, with 0 being no pain and 10 being the worst pain imaginable. You will be asked to set a pain goal and rate your pain on this scale (other scales are available based on patients' individual needs).

A pain goal is a manageable level of pain or discomfort where you can tolerate necessary activities, such as eating, walking and resting.

Setting a pain goal and regularly rating your pain helps to make sure your pain is controlled.

Prior to surgery, think about what your pain goal might be. Remember, some discomfort or pain is normal. A goal of 0 is not realistic and is potentially unsafe to strive for.

### Prepare your home for your return from the hospital.

#### Preparing Your Home Prior to Surgery

- Clean, do laundry and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them in single-serving containers.
- Cut the grass, tend to the garden, and finish any other yard work.
- Install night lights in bathrooms, bedrooms and hallways.

#### Arrange for someone to:

- Collect your mail, empty trash and take trash to/from curb.
- Care for small children and pets.
- Help complete housework.
- Do your grocery shopping.
- Provide transportation for you for at least the first week post-operatively. If surgery is on your right foot, you may not be able to drive for a number of weeks.



### Check your home for obstacles.

- Remove throw rugs and tack down loose carpet.
- Remove electrical cords and other obstructions from walkways/hallways.
- Consider how you will shower/bathe while following your weight-bearing restrictions and keeping your surgical limb dry.
  - Check if your bathroom needs grab bars. **DO NOT USE SUCTION BARS** as these may pull off from the wall and cause you to fall.
  - If you need a shower chair, will your shower/tub accommodate one? (Roughly 19" x 28" and must sit flat on the floor)
  - Some surgeons may recommend sponge baths for the first week after surgery.
  - A lower extremity cast cover can be purchased on Amazon or your local pharmacy to keep the limb dry while showering.
- Will you be able to safely use the toilet with your assistive device and weight-bearing restrictions? Will the space around your toilet fit a 3-1 commode approximately 19" x 28", if needed?
- Will you be able to go up/down your stairs with your restrictions and assistive device? You may need to make arrangements to stay on your first floor, or with someone else.
- Check the space around your bed. Is there enough room to use your equipment?

- Use your assistive device around your home prior to surgery. Try to simulate your normal day. Does the device fit through your doorways? Is there enough space in your kitchen and bathroom to use it?

### Other Environments to Consider

#### Work

What does your job require your body to do (standing, driving, walking long distances, etc.)? Elevation above heart level is very important post-operatively to reduce swelling. Consider taking time off of work, even if you work remotely. It is difficult to effectively elevate your leg while working on a computer.

#### Places of Worship

Pews or theater-style seats may be hard to access with assistive devices and weight-bearing restrictions; older places of worship may not have easily accessible bathroom stalls. Are there other seating or bathroom options?

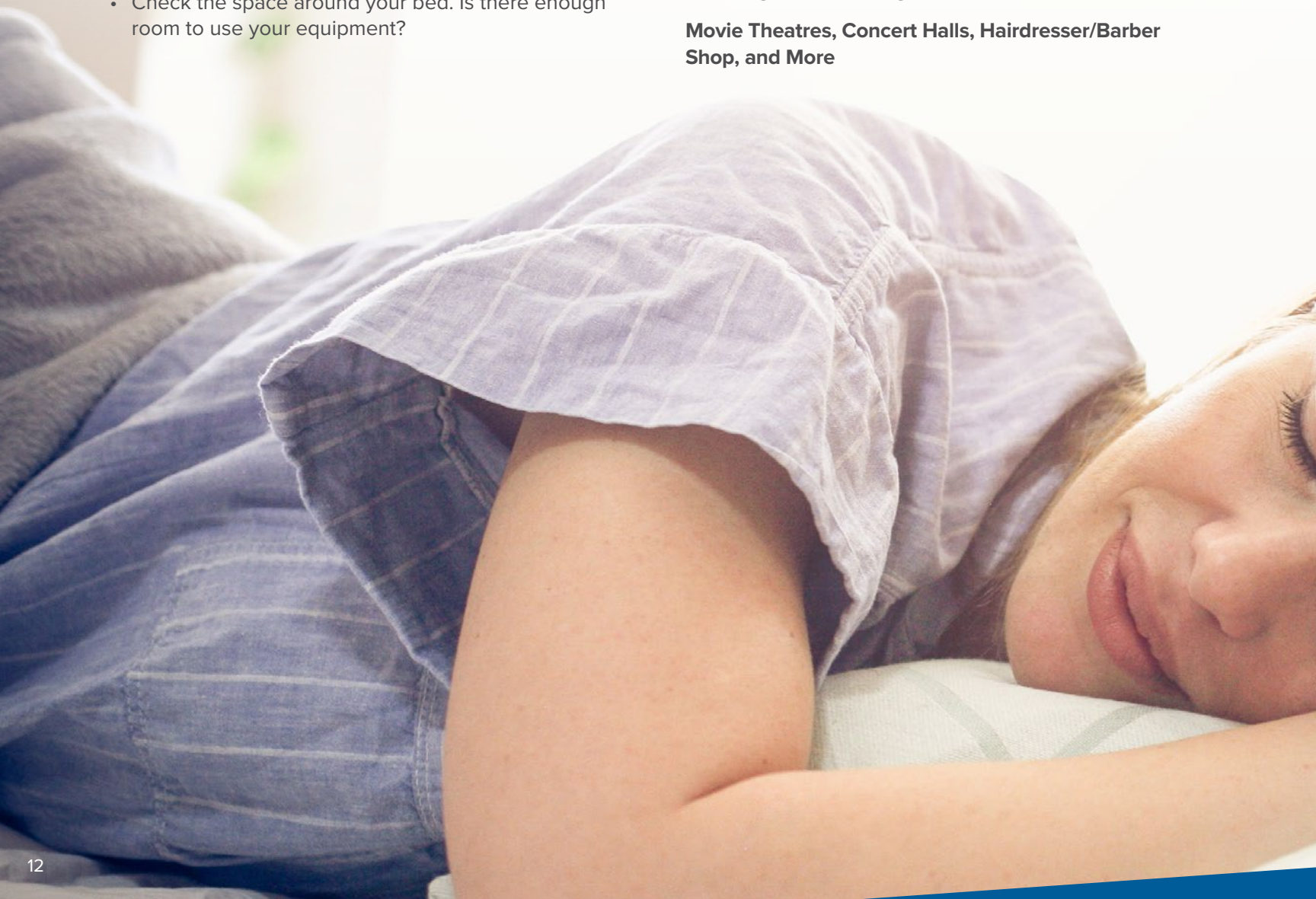
#### Favorite Restaurants

Will there be stairs/steps in order to enter the restaurant? Will seating and bathrooms be easily accessible?

#### Friends or Family Members' Homes You Frequently Visit

Do they have stairs/steps, even if you don't? What about a secondary residence to which you might be returning or vacationing?

#### Movie Theatres, Concert Halls, Hairdresser/Barber Shop, and More





## Night Before and Day of Surgery

Follow all instructions from your doctor or pre-admission testing nurse about medications, skin care, showering, etc.

### Night Before Surgery

#### Do not eat or drink

- Do not eat or drink anything after midnight, unless instructed by your surgeon or pre-admission testing nurse.
- No chewing gum, hard candy or mints.

#### Showering and Shaving

- You will need to shower with Chlorhexidine Prep/ Hibiclens as instructed by your surgeon or pre-admission testing nurse.  
**See next page for instructions.**
- Do not shave near the surgery site for at least two days before your surgery.

#### Nails

- Remove any nail polish from your hands and feet. Remove acrylic nails.

#### Pack an overnight bag

- Pack a change of clothes with loose-fitting pants in case you stay overnight. Pants need to be loose to allow a cast or splint to fit through.
- Personal hygiene items are available at the hospital if you stay overnight.
- Consider placing the bag in your car so you don't forget it on the day of surgery.

## Morning of Surgery

### Do Not Eat or Drink

- Do not eat or drink anything after midnight, unless instructed by your surgeon or pre-admission testing nurse. No chewing gum, hard candy or mints.
- Please take medications for your heart, thyroid or blood pressure the morning of surgery, as directed by your doctor or the pre-admission testing nurse. Take without water if possible or just a sip if needed.
- DO NOT take medication for diabetes on the day of surgery, unless instructed by your doctor or pre-admission testing nurse.

### Showering and Dressing

- Do not bathe the day of surgery with soap or shampoo. Use the Chlorhexidine Prep again.  
**See the next page for instructions.**
- Do not wear any powder, deodorant or lotion.
- You may wear light makeup if you choose.
- Wear loose-fitting pants that will allow a cast or splint to fit through. Please wear flat, close-toed shoes or tennis shoes. Flip flops increase your risk of falling.

### What to Bring to the Hospital

- Bring the overnight bag that you packed.
- You may bring a laptop, iPad/tablet, e-reader and cell phone to your inpatient room after surgery. However, staff is not responsible for valuables during your stay.
- Bring any assistive devices (walker, crutches, etc.) to the hospital so we can inspect them for safety and adjust them to your height.
- Please leave jewelry, valuables and large amounts of money at home.
- You must also bring the following to the hospital:
  - A copy of your Advance Directives, if able  
**(See Appendix B for information)**
  - Your insurance card, prescription card, photo I.D., and any co-payment required by your insurance company.
  - Your preferred pharmacy name, phone number and address
  - A list of any medications you are currently taking, including any herbal supplements and over-the-counter medications — even medications you stopped taking pre-operatively
  - Emergency contact name, phone number and address
  - Inhaler and CPAP or Bi-PAP machine if needed

**Note:** Please leave your overnight bag and/or personal belongings in the car. Your family/friend can retrieve these once you are admitted to your inpatient room after your surgery.



## Showering/Preparing Your Skin Before Surgery

### Instructions for pre-operative showers with a chlorhexidine (also called hibiclens) prep solution:

Evidence shows that pre-operative showers with an antiseptic solution can reduce the risk of infection at your surgical site. These showers decrease the amount of normal bacteria on your skin, reducing the risk of infection.

Your doctor or pre-admission testing nurse will tell you how many showers to take, and when. It is most common to take a shower the night before and day of surgery.

### Take a shower and wash your entire body in the following manner:

- For the first shower, wash and rinse your hair first using your normal shampoo. Completely rinse the shampoo from your hair and body. Do not wash your hair with any additional showers.
- Wash your face with your regular soap or cleanser and rinse completely.
- Turn the shower off.

- Apply the antiseptic solution to a wet, clean washcloth and lather your entire body from the neck down. Never use the antiseptic solution near your eyes. DO NOT apply to your face, hair or groin area.
- Gently wash your body and focus on the areas where the incision(s) will be located for three minutes. Avoid scrubbing your skin too hard.
- Once you have completed the scrub, wait three minutes. Turn the shower on and rinse the antiseptic solution off of your body completely.
- Do not wash with regular soap after you have used the antiseptic solution.
- Pat yourself dry with a clean, freshly washed towel.
- After the last shower before surgery, DO NOT apply powders, deodorants or lotions.
- Dress in freshly washed clothes and socks. Sleep in freshly washed sheets and linens the night before surgery.

HIBICLENS can be purchased from most drugstores, such as Walgreens, CVS, Wal-Mart, and RITEAID.

## Surgical Readiness Checklist

- My coach is: \_\_\_\_\_
- I have asked my surgeon if I will be going home the day of my surgery.
- My ride home from surgery is:
- My first follow-up is scheduled.
- I know my weight-bearing restrictions.
- I have obtained my assistive devices.
- I have prepared my home for safety.
- I understand when and how to perform the chlorhexidine/Hibiclens bath.
- I know where and when to arrive for surgery.
- I know what to bring the day of surgery and what to leave in my car.
- My pain goal is: \_\_\_\_\_

# HOSPITAL CARE/ DISCHARGE PLANNING





## Day of Surgery

### Before Surgery

Arrive on time. If you are late, it could result in moving your surgery to a much later time.

To protect other patients' privacy, your family member may not be allowed to wait with you in the pre-operative area.

We will do safety checks, including verifying your information, the site of your surgery and evaluating your risk for falls.

We will check your temperature, blood pressure, heart rate and breathing rate.

An IV will be started.

Povidone-iodine may be applied to the inside of your nostrils, unless you are allergic to iodine. Studies show this decreases your risk of surgical infections.

A chlorhexidine wipe will be used on your skin. This is a cleaning and disinfecting wipe that removes normal skin bacteria and helps reduce the risk of a surgical site infection.

The surgeon and a member of the anesthesia team will speak with you and answer any questions you have. For information about the different types of anesthesia, please refer to Appendix A.

If you will be receiving a nerve block, it will be placed in the pre-operative area.

### Immediately After Surgery

You will be taken to a recovery area (PACU — Post-Anesthesia Care Unit). During this time, pain control is established, and your vital signs are monitored.

Your surgeon will speak to your family member to update them on your surgery. This may be done via phone call. Family visitation is limited in the recovery room, but the recovery team will keep your family updated on your progress. The recovery time can vary for every patient.

## Going Home

Patients usually go home the same day of surgery. If you will be staying overnight, expect to stay only one night before discharging home. Talk with your surgeon prior to the day of surgery about your expected length of stay so you can plan accordingly.

### Going Home The Day Of Surgery

You will be taught how to use your assistive device, if needed.

The nurse will review discharge instructions with you.

Prescriptions will be sent to your preferred pharmacy, if needed. Please have your preferred pharmacy information available to make sure prescriptions are sent to the correct location.

You must have an adult with you at discharge. You will not be discharged by yourself. This is for your safety after receiving anesthesia.

We strongly encourage you to have someone with you for the first 24 hours after discharge.

### Staying Overnight

You will be taken from the recovery area to your room. At this point, your friend or family member may bring in your personal items from your car.

You will meet your nurse, who may review more questions with you about your health history.

An internal medicine doctor (hospitalist) will see you to perform a physical and review your history and medications. This doctor, or a member of their team, will see you daily to monitor your overall health status.

Your surgeon or a member of their team will see you daily to check on you too.

#### Pain Management

Pain management will be continued. **Please refer to the next page for more information on pain management.**

#### Activity

Evidence shows that early activity after surgery leads to better outcomes for patients. Our goal is to have you out of bed within six hours of your surgery, following your surgeon's activity orders.

Physical therapy will work with you to teach you how to follow your weight-bearing restrictions and use your assistive device.

Expect to be out of bed and sitting in your chair for all meals. You are encouraged to walk to the bathroom with assistance, following your weight-bearing restrictions. Bedpans are not routinely used.

#### Blood Clot Prevention

Surgery puts patients at risk for blood clots.

Depending on the surgery you had and your personal health history, you may be prescribed a blood thinner while in the hospital and at discharge. **See Appendix A for more information on blood thinners.**

Your surgeon may order sequential compression devices (SCDs) or compression (TED) hose. These also help prevent blood clots. These may only be applied to your non-surgical leg.

You will be taught how to do ankle pumps. These also help prevent blood clots. These may only be ordered to be done on your non-operative leg.

#### Pneumonia Prevention

After surgery, patients often do not breathe as deeply as normal. Fluid can sit in your lungs and become infected, leading to pneumonia.

You will be taught how to deep breathe and cough to help prevent pneumonia. You may be given an incentive spirometer to help with this. Your nurse will teach you how to use it.

#### Constipation Prevention

Constipation is a common side effect of narcotic pain medications.

A stool softener may be prescribed while in the hospital and at discharge. Stool softeners do not make you go to the bathroom, but help make the bowel movement easier to pass.

Your nurse will routinely ask when your last bowel movement was. If you feel constipated, you may be given medication to help you have a bowel movement.

Increasing your fluid intake and activity will help lower the risk of constipation.

#### Discharge

You will be discharged when the surgeon, internal medicine doctor and physical therapist clear you, and pain is controlled.

The nurse will review discharge instructions with you and any needed prescriptions will be arranged.

A Care Manager will visit with you to make any final discharge arrangements.

# Pain Management

## Controlling Your Pain

Having pain is normal when recovering from surgery. Your dedicated health care team is here to control your pain so you can actively participate in your recovery through breathing exercises, getting out of bed and physical exercise.

Everyone feels pain differently. Your nurses will ask you to rate your pain on a scale from zero to 10, with zero being no pain and 10 being the worst pain you can imagine. Your nurse will also ask you to identify a goal for pain for you to participate in your recovery and daily activities like bathing, eating and talking with your family and friends.

Remember, some pain is normal during recovery; zero may not be an achievable goal.

Your nurses and care team are very dedicated to keeping you comfortable and controlling your pain during your stay. Nurses will check on you hourly during their rounds from 6 am to 10 pm and every two hours between 10 pm and 6 am. If you have any questions, please talk to your nurse.

### LOCAL ANESTHETIC

A local numbing medicine may be utilized by your doctor during surgery. This will reduce your pain and ensure that you are able to do your exercises. The effects of this numbing medicine will wear off.

### TYPE OF PAIN MEDICATION

You may receive a combination of medications that work together to provide maximum pain relief. Your nurses will describe any new medications to you, including what they are for and any side effects you may experience. Tell your nurse if you experience any side effects from your medications.

Oral medication is medicine given in pill form. Your surgeon may prescribe pain pills on a scheduled basis around the clock or they may be prescribed as needed.

### ALTERNATIVE PAIN MEASURES

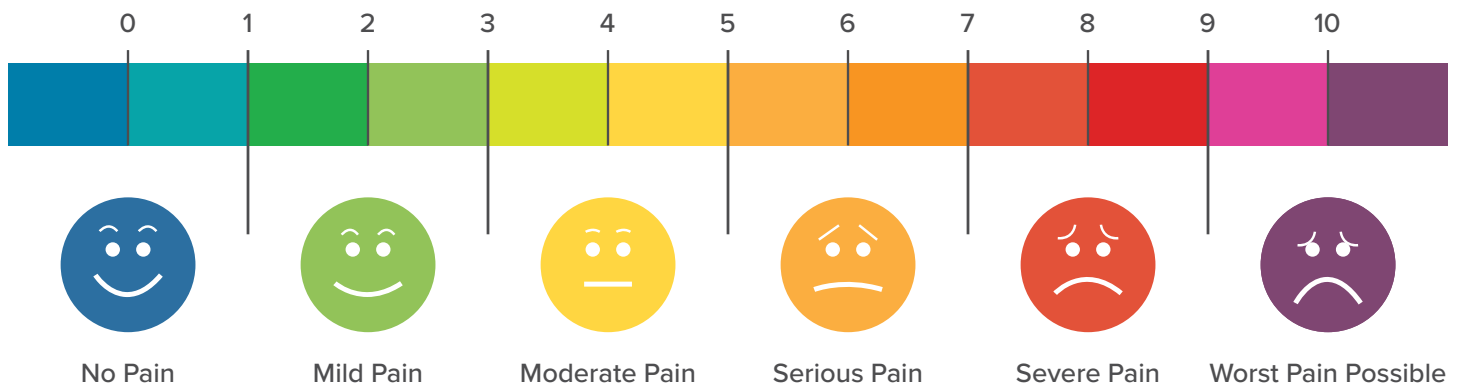
The pain after your surgery will lessen as you recover. Additional therapies may be used to help control your pain:

- Cold therapy is used to lessen pain and also decrease swelling.
- Positioning you for comfort.
- Providing distractions like soothing music, prayer, deep breathing or relaxation.

Your nurses can assist you in using these therapies to reach maximum comfort.

Members of your care team will ask you to describe your pain. You can use a pain scale of 0–10 with 0 being no pain and 10 being unbearable pain. You may also choose a “face” that matches how you are feeling. Important: You must let your nurse know early if you are having pain so they can intervene early to provide you the best relief.

### PAIN SCALE





# POST-OPERATIVE/ HOME CARE

# Discharge Instructions

## Follow-Up Appointment

Follow up with your surgeon in the office. You should see your surgeon within two weeks of your surgery.

## Weight-bearing/Activity

Follow any weight-bearing restrictions until your surgeon gives you new instructions. If you are unsure of your restrictions, avoid putting any weight on the surgical foot/ankle until you have checked with your surgeon.

It is important to follow your weight-bearing restrictions. Putting too much weight on your foot/ankle can delay healing, put you at risk for infection, or cause hardware to loosen or break.

If you have a fracture boot or post-operative shoe, you should wear this any time you are up with your assistive device and/or out of the house. Your surgeon will give you specific instructions as to when you can remove the boot or shoe. Boots and shoes do not change your weight-bearing restrictions.

Bring your post-operative shoe or fracture boot to your follow-up appointment, even if you're currently using something different.

## Dressing/Cast/Splint Care

Do not remove or change your dressing/cast/splint. Keep these clean, dry and intact until you see the surgeon.

If any dressing changes are needed, a home health care nurse will be arranged for you.

If your dressing/cast/splint becomes dirty, wet, or has a lot of drainage on it, call your surgeon's office or the home health care nurse.

If you went home with a wound vacuum-assisted closure (VAC) device, the home health care nurse will change your dressings. Call the home health care nurse if the dressing comes off or gets dirty. If the nurse can not fix this for you, call your surgeon's office.

If the wound VAC isn't working properly, call the number provided for the manufacturer to help. If they can not help, call the home health care nurse.

If you went home with an external fixator, do not touch the pin sites (where it enters your skin). Call your surgeon's office if there is bleeding or increased redness or drainage from the site, especially if it smells bad.

## Showering

You may shower 24 hours after surgery, unless your surgeon has given you other instructions.

Cover your dressing/cast/splint/external fixator with plastic when you shower (like a trash bag, shower bag or cast bag) so it does not get wet.

If you have a wound VAC, cover the entire device and dressing with plastic when you shower. Sponge bathe if you are not able to do this.

Do not put the affected area in a bath or water, like a pool, until your surgeon says it is okay.

## Driving

If surgery was on the foot/ankle you drive with, do not drive until the surgeon says it is okay.

Do not drive while using narcotic pain medications. Narcotics affect your judgment and slow down your reaction time. This is a risk to yourself and others.

If other doctors were involved in your care, be sure to follow any driving restrictions they gave you.

## Pain Management

Take pain medication as prescribed. Do not wait until pain is extreme to use medication. It will be harder to get it under control.

Extend the time between your pain medicine doses as able, until you no longer need it.

We encourage you to stop using narcotics as soon as possible due to their many side effects, such as constipation, nausea, itching and drowsiness.

You may be prescribed other types of medications to manage pain, such as nerve medication. Take these as prescribed. Different types of medications treat pain differently, so a combination of medications can provide better relief than a narcotic alone.

If you went home with a pain pump, instructions will be given separately.

**Call your surgeon if your pain is not controlled.**

You can use over-the-counter pain medication to help control pain too. Some examples include Tylenol (Acetaminophen) and non-steroidal anti-inflammatory medications (NSAIDs).

### **Tylenol (Acetaminophen)**

- Do not use Tylenol if a doctor has told you not to (such as with liver disease)
- Do not take more than 4,000 mg of Tylenol in a 24-hour period, including Tylenol that is in your prescription pain medication
- Look at the label of your prescription pain medicine to see if it has Tylenol (acetaminophen) in it, and how much

### **Non-Steroidal Anti-Inflammatory Medications (NSAIDs):**

- Examples include Advil, Aleve, Aspirin, Ibuprofen and Naprosyn. There are many more.
- Check the label of any over-the-counter medication to see if it is an NSAID
- If you're taking a blood thinner, do not use NSAIDs unless your doctor says it is okay
- Follow the instructions on the label

### **Antibiotics**

If you were prescribed antibiotics, it is important to take them as prescribed, even if you are feeling better. Stopping antibiotics sooner than prescribed can make it harder to treat future infections from the same bacteria.

### **Returning to Work/School**

Discuss returning to work/school with your surgeon at your follow-up visit. Call your surgeon if you have concerns about this.

### **Blood Clot Prevention**

Any surgery puts you at some risk for developing a blood clot. Limited mobility also puts you at risk. You may be given a blood thinner based on your history and the type of surgery you had.

If you were given a blood thinner, it is important to take it as instructed.

When sitting or lying down, do ankle pumps on your non-affected leg only. Do not do this on your surgical leg. This helps keep blood flowing in your legs to prevent clots. Pump your foot like you're pushing a pedal in the car.

If you are riding in a car for a long time, stop every one to two hours and walk around for a few minutes. Follow your weight-bearing restrictions. This helps prevent blood clots.

Signs of a blood clot include swelling in the thigh, calf or ankle that does not go down when raised above heart level, and pain, heat or tenderness in the calf, back of knee or groin area. Blood clots can form in either leg.

Call your surgeon immediately if you have these symptoms.

An unrecognized clot can move from the leg and go to your lungs. This is called a pulmonary embolus. This is an emergency. Call 911 if suspected.

Symptoms include sudden chest pain, shortness of breath, difficult and/or rapid breathing, sweating, confusion, anxiety and a feeling of impending doom.

### **Icing**

Ice can help relieve pain and reduce swelling.

Put ice behind your knee if you have a splint or cast. Otherwise, put it in front of your ankle.

Apply ice for 20 minutes then remove for 20 minutes.

Do not put ice directly on your skin. This can injure your skin. Use a washcloth or something similar as a barrier between your skin and the ice pack.

### **Constipation**

Constipation is a common side effect of narcotic pain medications.

You can help prevent constipation by increasing your fluid and fiber intake, and moving as much as you are able to. Always follow your weight-bearing restrictions. Refer to page 27 for information.

While you are using pain medication, you may need a daily stool softener. This does not make you have a bowel movement, but makes it easier to pass.

Call your doctor if you do not have a bowel movement for three days or more.

Call your doctor at any point if you feel constipated and have stomach pain, your stomach feels hard, or you are nauseous and vomiting.



# Know your zone.

Recovery From Orthopedic Surgery



## DAILY CHECK

- Do not smoke.
- Keep dressing clean, dry and intact if you have one.
- Continue to take your medications as prescribed.
- Eat a balanced diet.
- Do your exercises as prescribed by your provider.
- Apply ice as ordered by your physician.
- Walk several times a day using a walker, cane or other assistive devices as instructed by a physician or physical therapist.
- Follow your physician's prescribed activity precautions including elevation and bracing if applicable.
- Continue doing your breathing exercises.

## GREEN ZONE

### Your symptoms are under control if:

- Your Incision or dressing is clean, and there is little to no drainage
- You have mild pain that can be controlled with medications
- You can do exercises and activities of daily living
- You are not having shortness of breath, chest pain or fever
- You have regular frequency in bowel movements
- You are following your provider's instructions for exercise and weight-bearing

## YELLOW ZONE

### Call your health care provider if:

- You notice lots of bruising or bleeding
- You are having nose bleeds
- You are bleeding from the gums or see blood in your urine or stool
- It's hard to urinate or you are unable to have a bowel movement for three days in a row or longer

### Call your surgeon/orthopedic doctor's office if:

- You have new numbness or tingling
- You have issues with cast/splint or sling
- You have more swelling or pain than normal since surgery (It is not unusual to have swelling for up

to six months after surgery.)

- You have a fever greater than 101°F for more than 24 hours
- You have drainage, redness or odor at the incision site
- You feel calf tenderness, swelling or warmth in either leg
- For hip and knee surgeries: You are unable to walk or put weight on your leg
- You are not able to move your impacted extremity
- You had shoulder surgery, and you have uncontrolled pain in your arm, deformity in the shoulder and/or lengthening of the arm

## RED ZONE | Call 911 immediately.

## DO NOT DRIVE YOURSELF TO THE EMERGENCY DEPARTMENT.

### Call 911 if:

- You have stroke symptoms including: loss of balance, blurred vision, face drooping on one side, arm and/or leg weakness or speech difficulty.
- You have severe headache
- You have chest pain
- You have pale, gray or blue nail, lip or skin color
- You are coughing up blood
- You have a rapid heart rate
- You have severe shortness of breath
- You experience sudden wheezing

# Preventing Surgical-Site Infections

## What is a surgical-site infection (SSI)?

A surgical-site infection is an infection in the part of the body where the surgery took place. Most patients do not develop an infection. However, about one-to-three out of every 100 patients who have surgery do develop infections.

### Some of the common signs of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

### PREVENTION IS THE KEY.

## How do I prevent an SSI?

### Before Your Surgery:

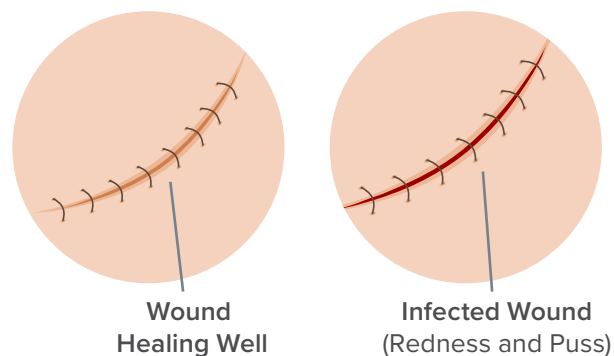
- Tell your doctor about other medical problems you may have.
- Consider removing acrylic nails or trimming long natural nails. They are full of bacteria. Sometimes patients itch near the site, without washing hands. The mindless itching can pass the bacteria from the nails to the wound.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Use Hibiclens or CHG soap the night before and morning of surgery to cleanse skin of ALL bacteria, as directed by your surgeon.
- The day of surgery, you may also have povidone iodine or mupirocin applied to nostrils. This will reduce the chance of bacteria from your nose spreading to your surgical wound.

### At the Time of Your Surgery:

- Ask if you will get antibiotics before surgery.
- Make sure that your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you don't see your providers clean their hands, ask them to.

## What should I do when I go home?

- Your doctor or nurse should explain what you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always wash your hands before and after caring for your wound.
- If you have any symptoms of an infection, call your doctor immediately.
- If you don't see your providers clean their hands, ask them to.
- No one should touch the surgical wound or dressings, including you.
- Anyone who visits should clean their hands with soap and water or an alcohol-based hand rub. If you do not see them clean their hands, ask them to.
- Do not let your incision get wet or dirty. No hot tubs, pool or ocean swimming.
- Cleanliness at home should include freshly laundered towels and clothes after a daily shower. Clean linens on your bed.



# RESOURCES



# Benefits of Diabetes Education

## AdventHealth Diabetes Institute

Any diabetes education that you received in the hospital is just the beginning of the path of learning that can help you successfully manage your diabetes each day. Our staff of certified diabetes care and education specialists can provide you with the knowledge and tools you need to optimize your health thru specially designed classes.

### What You Will Learn

- How to prevent complications due to diabetes
- How to manage your diabetes medications
- How to monitor your blood glucose
- Why you need a specially designed meal plan
- How to plan meals that improve blood-glucose control
- How to start an exercise program
- How to make lifestyle changes that improve your health
- How to cope with the stress of living with diabetes

### Classes Offered

All of our diabetes education classes, nutrition consults, lifestyle group sessions, and weight management programs are available as in-person visits or through video calls.

- **Diabetes-Education Group Classes**  
Available at AdventHealth Orlando, AdventHealth Altamonte Springs, AdventHealth Apopka, AdventHealth Celebration, AdventHealth East Orlando, AdventHealth Kissimmee and AdventHealth Winter Park. Morning, afternoon and weekend classes are available. Classes are offered in English and Spanish.
- **One-on-one nutrition consultations**  
Nutrition consults for Medicare patients are covered at 100%.
- **Lifestyle group sessions**

Monthly, one-hour programs based on CREATION Health principles

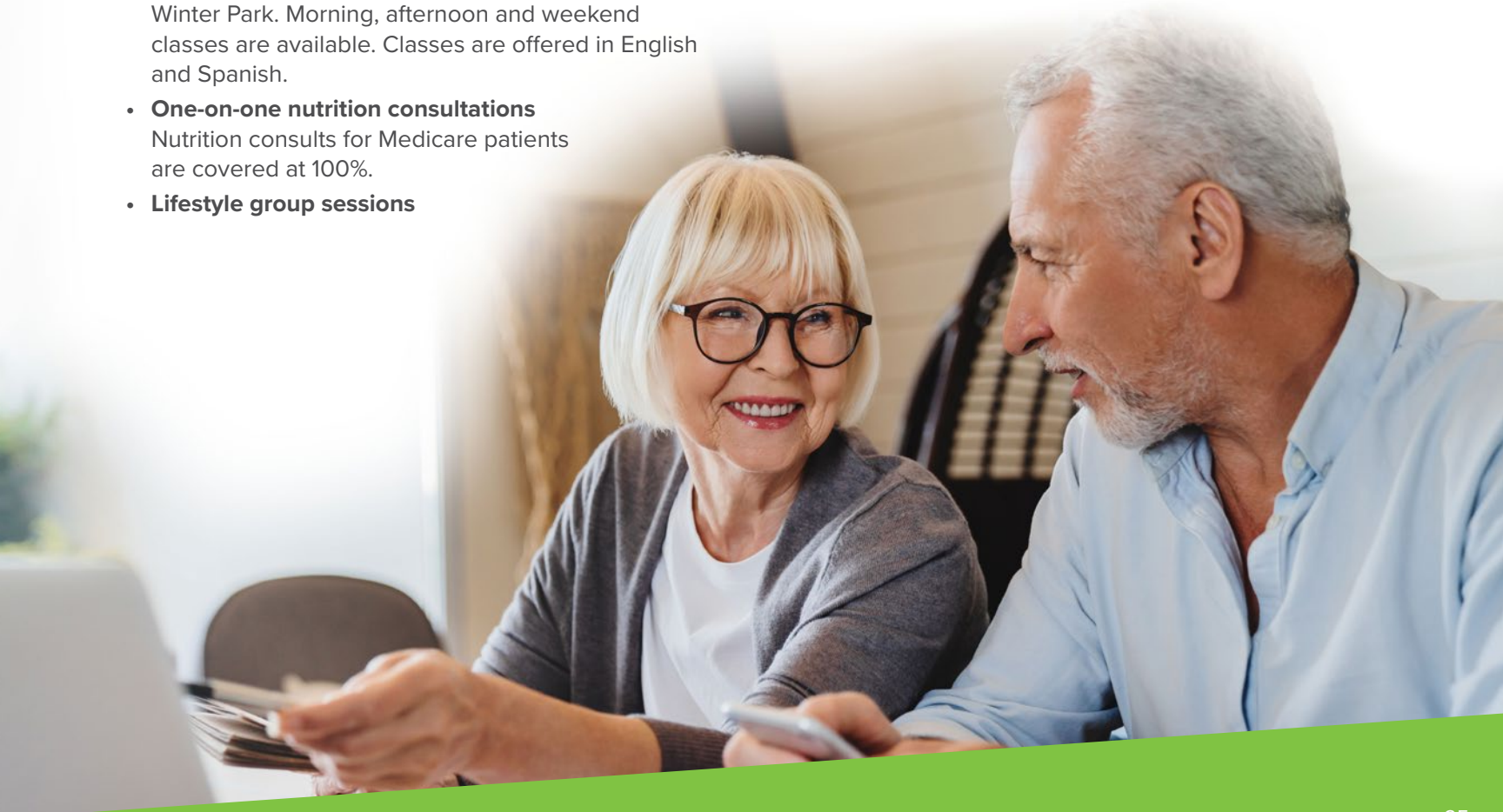
- **Virtual options now available**
- **New Day, New Weigh**  
A six-month weight-management program

Our diabetes experts highly recommend education as an integral part of your health care. However, you are under no obligation to participate. If you decide to sign up for one or more of our classes, we can help. After gathering some basic information from you we will:

- Schedule your classes and send you an information packet
- Request required information from your provider
- Contact your insurance company and let you know the cost, if any, before you arrive

All patients may apply for help covering the cost of diabetes education services through the *Diabetes Foundation Scholarship Fund*.

**To learn more about our diabetes education program or to sign up for classes, call us at 407-303-2822.**





## AdventHealth Sports Med & Rehab

**Some patients will need to attend outpatient physical therapy after discharge. This is decided by your surgeon. If you would like to stay within the AdventHealth continuum of care, your surgeon can send the prescription to AdventHealth Sports Med & Rehab.**

Additionally, AdventHealth Sports Med & Rehab can provide a pre-operative appointment. This is optional. At this appointment, they can teach you how to follow weight-bearing restrictions, recommend assistive devices you will need, and teach you how to use them. Please let your surgeon know if you are interested in this.

AdventHealth Sports Med & Rehab has proven best-in-class recovery rates at a lower cost of care. They offer next-day appointments and extended hours at most clinics. Your appointment can be scheduled at the location of your choosing.

AdventHealth Sports Med & Rehab has numerous locations across Central Florida, allowing you to stay close to home for your appointments.

Please note, costs for appointments vary by insurance. You will be informed of cost prior to attending the appointment.

**Visit [AHSportsMedCentralFL.com](https://www.ahsportsmedcentralfl.com) for more information, or call 833-787-6755 for appointment scheduling.**

# Importance of Nutrition

Your body needs to be well-nourished to heal bones, muscles and skin that are affected by surgery. The nutrients from food provide us with the strength, energy and ability to heal. People who are well-nourished overall are less likely to develop infection and heal faster. Work on incorporating the following important nutrients into your diet before and after surgery.

<b>PROTEIN</b>	Protein contains all the essential amino acids to aid in wound healing and keeps your immune system strong. Protein is not just for muscle building. It is a key nutrient in bone building. <b>Protein-rich food: Egg, red and white meat, turkey, chicken, fish, cheese, low/nonfat milk, beans, nuts/seeds, soy protein</b>
<b>IRON</b>	Iron is an important mineral for your body to make hemoglobin. Hemoglobin is a part of the blood that carries oxygen. It is important to increase your iron intake before and after surgery. Eating foods high in Vitamin C with iron-rich food can help your body absorb iron. <b>Iron-rich food: Red meat, egg yolks, dark green leafy vegetables, iron-rich cereals, beans, lentils, dried fruit, liver, watermelon, baked potato, dark meat turkey</b>
<b>CALCIUM &amp; VITAMIN D</b>	Calcium and Vitamin D are nutrients associated with healthy bones. All milk is fortified with Vitamin D to help absorb calcium. Yogurt is also a good source of calcium, but is not always fortified with vitamin D, so check the nutrition label. <b>Calcium &amp; Vitamin D rich food: Low-fat dairy, like milk and yogurt</b>
<b>FIBER</b>	Make sure to consume fiber-rich foods prior to and after surgery to avoid constipation (unless directed differently by your physician). It is important to increase your fiber intake slowly to avoid gas and bloating. Adequate fluid intake is also very important if you are increasing your fiber intake to avoid adverse effects. Prunes or prune juice (along with drinking plenty of water) have a natural laxative effect that can alleviate constipation while on pain medications <b>Fiber-rich food: Whole grains, bran, fruits, vegetables, beans, lentils</b>
<b>WATER</b>	Drink at least 8 glasses of water or other calorie-free beverages per day to help with the prevention of constipation. Adequate hydration will also help to promote healing.
<b>VITAMIN C</b>	Vitamin C is needed to make a protein called collagen and is needed for repairing tendons, ligaments and healing surgical wounds. <b>Vitamin C-rich food: Citrus fruits, strawberries, kiwi, baked potatoes, broccoli, bell peppers</b>
<b>ZINC</b>	Zinc is also important for wound healing. Zinc is a mineral found mostly in animal foods. It is better to get zinc from foods than supplements. <b>Zinc-rich food: Meat, fish, poultry, dairy, whole-grain foods, breads, cereals, nuts</b>

**Aim for two to three servings from each of these food groups daily.**

## MEAT AND ALTERNATIVES

### 1 serving equals:

- 2-3 oz meat, poultry or fish
- ½ cup beans
- ½ cup tofu
- 2 tablespoons peanut butter

## MILK AND ALTERNATIVES

### 1 serving equals:

- 1 cup milk or soy beverage
- 1 cup yogurt



# APPENDIX A — MEDICATIONS

## Anesthesia

### What types of anesthesia are available?

Anesthesia is tailored to your personal needs. Some types are listed below.

- General anesthesia provides loss of consciousness.
- Regional anesthesia involves injecting a local medication to provide numbness, loss of pain, or loss of sensation to a section of the body. Regional anesthesia can include spinal blocks, epidural blocks, and saphenous nerve blocks.

### Will I have any side effects?

Your anesthesiologist will discuss the risks and benefits of the different kinds as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Medications to treat nausea and vomiting will be given if needed.

The discomfort you experience will depend on several things. The first factor is the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to gauge your pain level.

### What will happen before my surgery?

You will meet your anesthesiologist just before your surgery. Your anesthesiologist will determine your general health. This will include your medical history, laboratory test results, allergies, and current medications. With this information, the anesthesiologist will decide the type of anesthesia is best suited for you. If a regional block is to be used, it will be administered in the pre-operative area. Your anesthesiologist will also answer any further questions you may have.

### What happens during surgery/anesthesia?

Your anesthesia will be provided by a care team. An anesthesiologist with a Certified Registered Nurse Anesthetist (CRNA) will provide care while in the operating room. They will monitor your vital signs (blood pressure, heart rate and oxygen level) during surgery and administer any medications needed to keep you safe during your surgery.

### What can I expect after the operation?

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely.

## Blood Thinners

The surgeon will place you on a blood thinner to help prevent blood clots. Most patients will go home on a blood thinner. The specific medication will be decided on by your surgeon based on your medical history.

### Blood Thinner Medication Examples: Generic (Brand)

#### Injectable

- Enoxaparin (Lovenox®)
- Fondaparinux (Arixtra®)
- Heparin

#### Oral blood thinners

- Aspirin
- Rivaroxaban (Xarelto®)
- Warfarin (Coumadin®)
- Apixaban (Eliquis®)

### Most Common Side Effects of Blood Thinners

- Risk of bleeding
- Upset stomach
- Bruising
- Burning at injection site
- Decrease in platelets
- **Tell your nurse or doctor if you notice any bleeding or black-colored stools.**

# APPENDIX B — ADVANCE DIRECTIVES



## Exercise your right to put your health care decisions in writing

It is our policy to place patients' wishes at the center of their care. We will respect and uphold those wishes.

### What are advance medical directives?

Advance directives are a way to inform caregivers about your health care wishes. If you have a living will or Health Care Agent, these will help when you are longer able to express your wishes for yourself. The physician, family, and medical center are committed to honoring your wishes as they are written.

### Types of Advance Directives

There are different types of Advance Directives. You may wish to consult your attorney concerning the legal implications of each.

#### Living Wills

Living wills are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

#### Health Care Agent

A Health Care Agent (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you if you become unable to.

#### Health Care Instructions

Health care instructions are your specific choices about use of life-sustaining equipment, hydration, and nutrition, and pain medications.

\*Upon admission to the hospital you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your medical record.

Advance directives are not a requirement for hospital admission.



# APPENDIX C — USING ASSISTIVE DEVICES

## Using a Front-Wheeled Walker

### Sit-to-Stand With Walker — Non-Weight-Bearing

If your doctor has instructed you to be **non-weight-bearing**:

When you stand or walk, do not put any weight on your affected leg.

When standing up from a chair or bed using your walker, it's important to use proper form to make your movements easier and prevent injury.



- Begin sitting upright on a bed or chair with your affected foot elevated above the floor and your walker in front of you.
- Scoot towards the edge of the chair, keeping your affected foot off the floor.
- With your affected leg slightly forward and your unaffected foot flat on the floor, lean your torso forward and press up into a standing position.
- As you stand up, move your hands from the armrests on the chair to the handles of your walker.

### Walking With a Walker — Non-Weight-Bearing

If your doctor has instructed you to be **non-weight-bearing**:

When you stand or walk, do not put any weight on your affected leg.

Using a walker can help you stay balanced and keep weight off of your affected leg. Be sure to follow any specific instructions from your health care provider.



- Begin standing with your walker in front of you, holding onto the handles of the walker. You should be holding your affected leg off the ground.
- Push your walker forward at arms' length, so the back

legs of the walker are even with your toes.

- Then, use your arms to support your body weight as you hop forward with your unaffected leg. Your foot should land in the frame of the walker.
- Repeat this pattern to move forward.
- Try to keep your shoulders down as much as possible when you hop forward.

#### Tips:

- Make sure all four legs of the walker are level on the ground before you take a step.
- Look forward as you walk. Do not look down at your feet.

### Walking With a Walker — Partial Weight-Bearing

If your doctor has instructed you to be **partial weight-bearing**:

When you stand or walk, you can place some of your weight on your affected leg. Your doctor will tell you how much weight is okay.

Using a walker can help you stay balanced and keep weight off of your affected leg. Be sure to follow any specific instructions from your health care provider.



Follow doctor's instructions for how much weight to put on your affected leg

- Begin standing with your walker in front of you, holding onto the handles of the walker.
- Push your walker forward at arms' length, so the back legs of the walker are even with your toes.
- Use your arms for support as you step forward with your affected leg. Your foot should land in the frame of the walker. Only put as much weight on your affected leg as your doctor instructed, and use your arms to support the rest of your body weight.
- Lastly, step forward with your unaffected leg to bring your feet together.
- Repeat this pattern as you walk.

#### Tips:

- Make sure all four legs of the walker are level on the ground before you take a step.
- Look forward as you walk. Do not look down at your feet.

## Getting In and Out of the Car Using a Walker

When getting into and out of a car using a walker, it's important to use proper form to make your movements easier and prevent injury.



- Ask the person assisting you to open the car door.
- Then, use your walker for support to position yourself in front of the passenger seat so the backs of your legs are touching the car.
- Reach back for the car seat or dashboard with one hand, keeping your other hand on your walker, and slowly lower yourself into a sitting position.
- Carefully bring your legs into the car.
- The person assisting you can help you close the car door and stow your walker in the trunk.
- To get out of the car:
  - Ask the person assisting you to open the car door, retrieve your walker and place it next to you.
  - Turn your body in your seat so you are facing out and slowly swing your legs over and onto the ground.
  - Plant your feet flat on the ground.
  - Then, place one hand on the car seat or dashboard and your other hand on the walker handle.
  - Push up into a standing position and move both hands to your walker.
  - Once you are out of the way of the door, ask the person assisting you to close the car door.

## Navigating a Curb Using a Walker



To step up onto a curb with your walker:

- Walk up close to the curb.
- Place all four legs of your walker up on the curb.
- Push down on the walker with your hands as you step up with your stronger leg.
- Then step up with your weak or injured leg.



To step down off a curb with your walker:

- Walk to the edge of the curb.
- Lower all four legs of your walker off the curb.
- Step down with your weak or injured leg.
- Then step down with your stronger leg.

### Tip:

Remember the phrase “up with the good, down with the bad” to help you remember which leg to step with first.

## Using Crutches

### Sitting and Standing With Crutches — Non-Weight-Bearing

If your doctor has instructed you to be **non-weight-bearing**:

When you stand or walk, do not put any weight on your affected leg.

When standing up from a chair or bed using crutches, it's important to use proper form to make your movements easier and prevent injury.



- Begin sitting upright on a bed or chair with your affected foot elevated above the floor. Hold both crutches in one hand on the same side as your affected leg and place your free hand on the chair armrest.
- Scoot towards the edge of the chair, keeping your affected foot off the floor.
- With your affected leg slightly forward and your unaffected foot flat on the floor, push up into a standing position.
- Once you have your balance, move your crutches so one crutch is under each arm.



To return to sitting:

- Begin standing in front of the chair or bed, so the backs of your legs are touching the seat.
- Move both crutches to your affected side and hold them in one hand.
- With your free hand, reach back for the chair armrest.
- Keeping your affected leg slightly forward, slowly lower yourself to a sitting position.

## Walking With Crutches: Non-Weight-Bearing

### Transfer Tips

Using crutches reduces the amount of weight put on one of your legs and can help improve your balance and stability. Be sure to follow any specific instructions from your health care provider.

Step 1.



Begin in a standing position with a crutch under each arm and your affected leg lifted off the ground.

Step 2.



Use your arms to slowly bring both crutches forward.

Step 3.



Keeping your weight off your affected leg, swing your body forward and past the crutches.

Step 4.



When swinging forward, push through your hands and avoid hanging on your armpits.

## Walking With Crutches: Partial Weight-Bearing or Weight-Bearing as Tolerated

Step 1.



Begin in a standing position with a crutch under each arm.

Step 2.



Slowly move your arms to bring both crutches forward, while at the same time placing your affected foot in the middle of the crutches.

Step 3.



Put the your weight on the crutches as you bring your other foot forward towards the other foot.

Step 4.



Repeat to move forward.

## Car Transfer With Crutches — Non-Weight-Bearing

If your doctor has instructed you to be **non-weight-bearing**:

When you stand or walk, do not put any weight on your affected leg.

When getting into and out of a car using crutches, it's important to use proper form to make your movements easier and prevent injury.



- Move towards the car using your crutches until you are near the car door. Make sure to keep your affected foot off the ground.
- Move both crutches to one side and hold them in one hand, then open the car door.
- Move your crutches so one crutch is under each arm. Then position yourself so the car is behind you and the backs of your legs are touching the car.
- Move both crutches to the side of your body farthest from the door and hold them in your hand.



- With your free hand, reach back for the seat or dashboard and slowly lower yourself into a sitting position. Make sure to keep your affected foot slightly forward as you sit down.
- Carefully bring your legs into the car, using your free hand to assist as needed, and then place your crutches beside you and close the car door.



To get out of the car:

- Open the car door and move the crutches out of the car to place them on the ground.
- Turn your body in your seat, using your unaffected leg, so you are facing the outside, and slowly swing your legs over and out of the car.
- Plant your unaffected foot flat on the ground, keeping your affected foot elevated.
- Then, place your free hand on the car seat or dashboard for support, lean forward and push up into a standing position.
- Once you have your balance, move your crutches so one crutch is under each arm.

**Tip:**

Make sure you do not pull on the car door while getting in or out of the car - it may swing back and hit you.

## Navigating a Curb With Crutches — Non-Weight-Bearing

If your doctor has instructed you to be **non-weight-bearing**:

When you stand or walk, do not put any weight on your affected leg.



To step up onto a curb with crutches:

- Begin standing as close to the curb as possible.
- Push down on the handles of your crutches as you hop onto the curb with your unaffected leg.
- Then bring your crutches up onto the curb.



To step down off a curb with crutches:

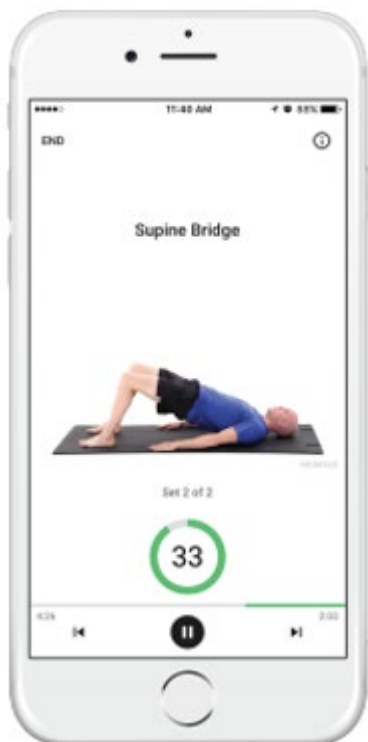
- Begin standing near the edge of the curb, holding your affected leg out in front of you.
- Lower your crutches off the curb.
- Then use your hands to support your body weight as you hop down with your unaffected leg. Your foot should land in the middle of the crutches.

**Tip:**

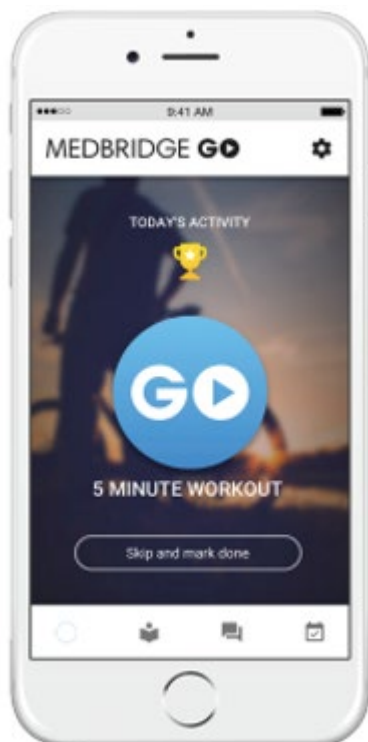
Be careful not to press your armpits into the crutches. This could cause nerve damage under your arms. Instead, support your weight with your hands.

## MedBridge GO Overview

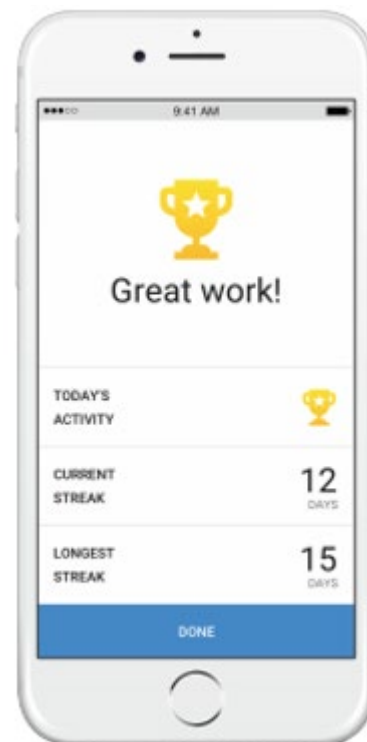
MedBridge GO is a free and comprehensive rehab recovery app that can be used across all your home devices (iPad, smartphone and laptop via app or email access). As part of your recovery from surgery, you will have access to the Home Exercise Program and Patient Education to better understand your specific condition. All classes will be assigned by your provider and are a formal component of your treatment plan.



*Follow quick video demonstrations of your exercises.*



*Stay motivated with daily reminders and achieve goals.*



*Track your daily progress towards a healthy recovery.*

### HOW IT WORKS

- You will be assigned exercises and education through the MedBridge app.
- Easy-to-follow videos with interactive 3D models and audio cues will guide you through the exercises.
- You can track your progress as you get stronger every day and celebrate your activity streaks.
- You can set automatic reminders for accountability, so you get back to doing what you love, faster.
- Exercise plans can be completed at your convenience.
- Your physical therapist will also be able to manage your progress via the app — offering feedback on your pain and the difficulty of the exercises, allowing for program revisions when needed.
- This program can be used with all AdventHealth Rehab services and is HIPAA compliant.

### FOLLOW THESE FEW STEPS TO GET MOVING

- Prior to attending your pre-surgical education class, you can download the Medbridge GO app from the app store or get it on Google Play.
- Following the class, the presenting physical therapist will provide the necessary access code to sync your app to your customized program.
- Tap “GO” to follow along with the exercise videos as they play on-screen.

If you attended the class, but didn't receive an access code, please contact your care navigator for assistance.











# Our Health Equity Promise

## Patient Protection and Affordable Care Act: Section 1557

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This facility does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

AdventHealth provides free aid and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

AdventHealth provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If you need these services, please call 407-303-5600 x1106707.**

If you believe that this facility has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance or request that someone assist you with filing a grievance at 407-200-1324 or [fh.risk.management@adventhealth.com](mailto:fh.risk.management@adventhealth.com).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically, through the Office for Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

### U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

The statements below direct people whose primary language is not English to translation assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi theo số điện thoại dưới đây.

注意: 如果您使用中文, 您可以免费获得语言协助服务。请拨打下面电话号码。

Atansyon: Si ou pale kreyòl Ayisyen, gen sèvis asistans nan lang ou ki disponib gratis pou ou. Rele nimewo ki anba an.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 아래의 번호로 전화하십시오.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany poniżej.

ملحوظة: اذا كنت لاتتحدث اللغة الانجليزية فان خدمات الترجمة متوفرة لك مجاناً. الرجاء الإتصال بالرقم أدناه:

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le numéro ci-dessous.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tawagan ang numero sa ibaba.

ВНИМАНИЕ! Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Для этого позвоните по нижеуказанному номеру.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie die untere Nummer an.

सुचना: जे तमे गुजराती बोवता हे, तो निःशुल्क भाषा सहायता सेवांचा तमारा माटे उपलब्ध छे. नीचेना नंबर पर फोन करे.

ATENÇÃO: Se você fala português, disponibilizamos serviços lingüísticos gratuitos. Ligue para o número abaixo.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। नीचे लिखे नम्बर पर सम्पर्क करें।

اگر شما فارسی زبان هستید، خدمات کمکی زبان بطور مجانی در دسترس شما قرار دارد. تو شماره زیر زنگ بزنید.

توجہ فرمائیے۔ اگر آپ اردو بولتے/بولتی ہیں تو آپ کے لئے لسانی خدمات مفت میسر ہیں۔ ذیل میں دئیے گئے نمبر پر کال کریں۔

注意: 日本語でお話になりたい場合には、無料の通訳サービスをご利用いただけます。下記の番号にお電話してください。

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໄດ້ມີເປັນຮ່າງ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໃຫ້ມື້າເບິ່ງຊ່າງລຸ່ມ

LUS CEEB TOOM: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu tus xoitooj hauv qab no.

ATTENZIONE: Se parlate italiano, sono disponibili dei servizi di assistenza linguistica gratuiti. Chiamare il numero sotto indicato.

**407-303-5600  407-303-3025**



**AdventHealth**

**Orthopedic Institute**

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407-303-5600 | [AdventHealthOrthopedicInstitute.com](http://AdventHealthOrthopedicInstitute.com)