

Hartman's
In-Service Education SourceBook Series



Caring for the Person Recovering from Hip or Knee Replacement

Ann Summers, RN, MS



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Hip or Knee Replacement

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NOTICE TO THE READER

Though the guidelines contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of her or his healthcare facility/agency.

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FYI

With the development of new materials and processes, living with chronic pain and dysfunction in extremities due to arthritis and other debilitating joint conditions has become unnecessary. There are techniques and products that make it possible to remove painful and unusable joints and replace them with new, artificial joints. New joints provide for both relief from pain and a return to normal function. Two successful approaches to treat lower extremities are now commonplace: Total Hip Replacement and Total Knee Replacement.

This manual will discuss both types of replacements, but one at a time, since the care of each procedure differs. The two sections will be presented as:

Hip Replacement, Learning Objectives 1-7
Knee Replacement, Learning Objectives 8-13

Appropriate rehabilitative care of clients can maximize the effectiveness of the surgical procedure. Therefore, it is important that caregivers know the correct techniques to use to help clients make a full recovery and return to optimal functioning.

The single most important factor in successful recovery is correct care as given in the postoperative/rehabilitative stages by knowledgeable caregivers. This manual provides caregivers with the tools and approaches that will effectively aid clients through these stages, resulting in an improved quality of life for clients.

Note: These in-services will be even more effective if the actual assistive devices and equipment discussed in these in-services are available for participants to practice using.

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photocopy the handouts for use at the site originally purchasing this in-service. Photocopying other parts of this in-service, including the lesson plan, is expressly prohibited.

To use the handouts, photocopy the number needed for your group. Consider using different colors of paper to organize the different handouts or to make some stand out.

Convert transparency masters to acetates for use with an overhead projector. You can do this by purchasing transparency film at an office supply store and photocopying the transparency masters onto the acetates, or you can have a copy company do it for you. If overhead projection is not convenient for your presentation area, you may wish to copy the information from the transparency masters onto a chalkboard or flip chart.

We hope you find this in-service helpful. And, as always, we welcome your comments and suggestions.

Happy Teaching!

LESSON PLAN

Introduction and Assessment

ESTIMATED TIME:

10-15 minutes

TOOLS:

Handout: Assessment A - Hip Replacement

Handout: Assessment A - Answer Key

Handout: Note-Taking Worksheet

Handout: Key Terms

LEARNING ACTIVITY:

Discussion

***Distribute Handout:
Assessment A***

Allow participants enough time to finish the assessment. Go over the answers and discuss.

***Distribute Handout:
Note-Taking
Worksheet***

Tell participants to take notes on the worksheet during all the lectures and discussion. This will help them learn and retain the information and provide them with a review of the information in the future.

***Distribute Handout:
Key Terms***

Tell participants to keep this handout and read over it. The key terms handout covers both procedures, Total Hip Replacement (THR) and Total Knee Replacement (TKR).

Assessment A

Name

Date

True or False

For each of the following statements, circle T for true or F for false.

1. A hip replacement means that the old hip is removed, fixed and put back in the body. T F
2. Not many people have hip replacement surgery done because it isn't a very successful procedure.
T F
3. The only reason that a hip replacement is done is because of a broken leg. T F
4. After the hip replacement is done, clients have to stay in bed for a week. T F
5. Elderly people in their 80's and 90's have this procedure done. T F
6. Some people have both hips replaced, one after another within days. T F
7. People who have had a hip replacement have to lay perfectly still after surgery and be careful not to move their legs. T F
8. People who have had a hip replacement have to be careful not to sit at less than 90 degrees, or at a right angle. T F

Assessment A Answer Key

1. False. The damaged ball head of the long bone of the upper leg (femur) and the socket or acetabulum of the pelvis are removed. An artificial replacement is created for both.
2. False. THR is generally very successful. It results in 90-95% of clients' pain relief. Most clients also regain near-normal motion. All have some improved motion.
3. False. The only time a hip replacement is done for a broken leg is when it is so badly shattered that it could not be fixed. Most are done for deterioration of the hip joint by arthritis.
4. False. Staying in bed after a THR could contribute to several complications. Early movement and ambulation is carried out first by physical therapy and then nursing.
5. True.
6. True.
7. False. Exercise programs are already in place to help patients gain back muscle strength which may have deteriorated from decreased movement. Postoperative movement is very important.
8. True.

Note-Taking Worksheet

What is a hip replacement?

.....

.....

.....

List three needs for a hip replacement.

1.
2.
3.

Describe four circumstances that determine if a person is ready for a THR.

1.
2.
3.
4.

List five complications that may occur following a THR, and list one intervention for each.

1.
-
-
2.
-
-
-
3.
-
-
-
4.
-
-
-
5.
-
-
-

Describe three exercises your THR clients should do after surgery.

1.	2.	3.
----	----	----

Describe four assistive devices used for recovery.

1.
2.
3.
4.

List three guidelines for safe transferring.

1.
2.
3.

State six important guidelines for a successful recovery from THR.

1.
2.
3.
4.
5.
6.