



**Manhattan Surgical
HOSPITAL**

PREPARING FOR A JOINT REPLACEMENT

Before, During, and After your hospital stay

SERVING OUR COMMUNITY SINCE 2001
MANHATTAN SURGICAL
1829 College Avenue, Manhattan, KS, 66503

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This publication, in its entirety or specific pages, is intended to be printed and distributed as needed to patients undergoing Total Hip, Total Knee and Shoulder Surgery. Content may not be copied and reproduced without written permission of the National Association of Orthopaedic Nurses.



National Organization of Orthopaedic Nurses
330 N. Wabash Avenue, Suite 2000
Chicago, IL 60611
800.289.6266 | naon@smithbucklin.org
www.orthonurse.org
<https://www.orthonurse.org/Clinical-Resources/Patient-and-Caregiver-Resources>

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Before Surgery

What medical appointments and tests do I need before surgery?

You may need medical appointments and tests to get ready for surgery:

- History and Physical from your primary doctor.
- Appointment with a specialist if you have health problems such as heart or lung disease, or diabetes.
- Blood work, Urinalysis, EKG, Chest x-ray.
- Dental exam if you are not up to date.

Smoking can cause breathing problems. It can also slow healing and increase the chance of infection.

Stop smoking. Contact your primary care doctor to talk about ways to stop.

Be honest about alcohol and drug use, including pain medication. This will help plan for the care you need after surgery.

How should I get my home ready?

Getting your home ready before surgery is important. It will help to keep you safe and make coming home easier. Here are some things you can do to get your home ready:

- Clean your house and vacuum carpets, rugs, and the floor. A clean house reduces bacteria and the chance of infection. Remove anything you might trip over (cords, rugs, shoes) and move furniture to make clear walkways.
- Place a rubber mat or non-skid adhesive on the floor of the tub or shower.
- Check handrails to make sure they are sturdy.
- Make sure you have chairs with arms and a firm seat.
- Install nightlights to help you see.
- Keep things within easy reach.
- Make meals that can be frozen and reheated.
- Plan to have household chores done by someone else while recovering.
- Plan for pet care, if needed.

How active should I be prior to surgery?

The important thing is to keep active by doing:

- Daily activities.
- Post-Op exercises. (Instructions for these exercises are located toward the end of the book.)

What medications should I stop or start taking prior to surgery?

A nurse will be calling you 2 – 3 days before your procedure.

- Prepare to give a detailed list of your home medications and how you take them. (prescription and over the counter).
- If you have allergies, prepare to provide a list along with your reaction.
- They will instruct you on medications to take the morning of your procedure, and how to take them.
- Bring your typical home medications in their prescribed bottles. You will take them during your stay.

How can I prevent infection?

To prevent an infection, you need to prepare a few things before surgery.

- Change your bed sheets right before you come in for surgery.
- Before surgery, shower with a special soap as instructed by the nurse from your surgeons' office.

You may be asked to shower with a skin cleanser called Hibiclens or CHG (chlorhexidine gluconate).

- This skin cleaner can prevent infections.
- It should be used from the neck down.
- Do not get in your eyes, ears or private parts.

Are there circumstances in which I should notify my doctor?

Before surgery, call the surgeon right away if:

- You have complications completing your appointments or tests prior to surgery.
- You have conflict with any of the tasks necessary prior to surgery (showering, medicine, home preparation, post-surgical assistance).
- You are showing signs of illness: fever, sore throat, cough, wheezing.

Day of Surgery and Hospital Stay

What do I need to accomplish before leaving my home on the day of surgery?

At Home:

- Follow instructions provided by the hospital regarding medications and when to stop eating and drinking.
- Shower as instructed – do not use deodorant, powders, perfume, lotion or makeup.
- **Remove** all jewelry, including body piercings. Leave all valuables at home.
- **Remove** nail polish, especially on the operative extremity.
- Wear clean comfortable clothes that are easy to put on and take off.

What items do I need to bring from home?

- Driver's license or other identification (ID).
- Insurance card.
- Copy of Living Will and/or Advance Directive, if you have one.
- A list of all medicines you take. Include prescriptions, vitamins and those purchased over the counter.
- Bring your home medications in their prescribed bottles.

What should I expect upon arrival at the hospital?

At the hospital:

- After checking in your nurse will go over information to ensure records are up to date. This includes your name, date of birth, medical history, allergies, and the planned procedure.
- Your surgeon or mid-level (Physician Assistant or Nurse Practitioner), as well as the anesthesia provider will meet with you and answer all questions.
- The consent for surgery and anesthesia will be reviewed.
- You will most likely receive a nerve or spinal block to assist with pain control. The type of block will be determined by your doctor and anesthesia provider.

In your hospital room you might experience:

- Little to no feeling in your extremity, which will wear off after an hour or so.
- An IV to give you fluids and medication.
- A foley catheter to drain your bladder.
- A device that squeezes your calves to help prevent blood clots from forming.
- Your nurse or Patient Care Technician (PCT) will frequently check your vital signs.
- Pain. Your nurse will give you medicine to ease the pain.

What activities should I anticipate while in the hospital?

After surgery, you will slowly increase activity each day. It is also important to plan time for rest.

A balance of both is important

- In the hospital setting, it's common for patients to start getting out of bed on the day of their surgery. A nurse, PCT, or physical therapy staff member will be there to support you.
- Moving around early will benefit your recovery.
- A physical therapist will teach you exercises that will make you stronger and help you walk safely.
- You will be given exercises based on your surgery and health.
- You might have limitations on movement depending on the type of joint replacement received. Follow all activity restrictions ordered by your surgeon.
- You will be assisted in and out of bed.
- You will walk with your nurse, PCT, or a member of Physical Therapy.
- Please let someone know when you need to move out of the bed or recliner.
- **Do not try to walk on your own!**

After Returning Home from the Hospital

When is it necessary to seek medical attention?

When to call 911

- Difficulty breathing
- Coughing up blood
- Decreased level of consciousness or new onset confusion
- Increased anxiety when trying to take a breath
- Falling to the ground

When to call the surgeon's office

- Redness, heat or drainage from your incision.
- Incision opens
- Pain is uncontrolled
- Febrile or showing signs of infection
- New rash anywhere on your body - rash can occur with medicine, bandage or tape
- No longer passing gas. This is a complication associated with constipation

When to call your primary care office

- Showing symptoms of illness
- Any change in medical condition

What can I do to prevent blood clots?

Joint replacement surgery increases the risk of developing a blood clot (DVT or PE).

- Take medicine to prevent blood clots as ordered by your provider
- Take short frequent walks while awake

- Wear compression stockings for 4 weeks postoperatively
- Perform ankle pumps (example located in the exercise portion of this book)

How can I assist to minimize pain?

There are many ways to lessen pain. Below is a list of options. Work with the health care team to determine what works best for you.

Ice

- Ice is a good way to lessen pain and inflammation. Icing will be ongoing while pain and discomfort exist.
- Ice should never be placed directly on bare skin. Keep ice packs wrapped in a towel or placed over clothing.
- Ice as often as 20 minutes per hour.

Stay active

- Get up and move around as instructed. Be mindful, your balance may be off due to the nature of your surgery.
- Ask for assistance in carrying objects as your walker will require two hands.

Raising the inflamed area.

- **Shoulders:** always wear your shoulder sling unless you are doing exercises and until instructed by your provider.
 - Resting in an upright position places your shoulder above your heart, which decreases swelling and throbbing.
 - Position pillows under the operative arm for additional support.
- **Knees:** Place a wedge or mount cushions to create an incline of three feet. While lying flat, rest your operative leg on its surface while keeping the extremity straight and supported. Do this activity for 45 minutes, 4 times a day to decrease swelling and pain.
- **Ankles:** Strict elevation of the ankle above your heart is necessary for several days to weeks.

Relaxation

- Rest – Good quality rest is necessary for stamina and pain tolerance.
- Breathing exercises - Slow, deep breathing can reduce stress and pain.

What type of medications will I be prescribed? Need revised?

Narcotic pain medicine (opioids).

- Start taking pain medications soon after your surgery. It's normal to feel discomfort, which may increase over the next few hours to days. To manage this effectively, it's wise to stay proactive. Remember, oral pain relief doesn't work immediately; it can take about an hour to start feeling its effects, so plan for your pain management.
- Once pain is at a manageable level, 3-5/10, take pain medications as needed and within the timeframe ordered by the provider. This is not a scheduled medication and should only be taken as needed.

Non-steroidal anti-inflammatory drugs (NSAIDs).

- The most common are ibuprofen (Advil®), Meloxicam, Celebrex, and naproxen (Aleve®). You can get these over the counter. Your physician will most likely order a specific NSAID for you.
- Do not take additional NSAIDS.
- Talk with your doctor if you have a history of kidney problems, bleeding problems, or NSAID allergy.
- Taking NSAIDs in conjunction with narcotics can help minimize the frequency and need for stronger pain relief.

Acetaminophen (Tylenol®)

- Controls pain differently from narcotics and NSAIDs.
- Talk with your doctor about taking acetaminophen if you have a history of liver problems, or acetaminophen allergy.
- Acetaminophen (Tylenol®) can also be taken in conjunction with narcotics and NSAIDs.
- You can take up to 3,000 mg of acetaminophen (Tylenol®) each day.
- Some opioids contain acetaminophen (Percocet®, Norco®, etc.). Be sure to count any acetaminophen in your narcotics toward your daily 3,000 mg dose limit.
- It's best to alternate between these medications instead of using them together all at once.

When can I expect to find out which medications my surgeon intends to prescribe, and when is the best time for me to collect them?

During your pre-operative appointment, you will receive a lot of information. Post-operative medications will be an important part of that process.

- Make sure you write down a list of questions.
- Ask your surgeon what medications you will take while in the hospital, and if those will be the same for when you discharge home.
- Ask if the medications will be called into the pharmacy before or after surgery. Some surgeons call your medications 48 hours before surgery to ensure you have them as soon as possible after discharge from the hospital. Some surgeons wait to see what medications work best with the least amount of side effects while in the hospital.
- Tell your surgeon about any pain medication history, including side effects, and what's worked or what hasn't.

How can I prevent constipation?

To help prevent constipation, you should use a combination of things:

- Drink plenty of fluids, at least 8 glasses of water per day.
- Decrease the use of opioid pain medicine.
- Stay active and moving.
- Eat prunes or drink prune juice. This is a natural way to maintain regular bowel movements.

Medications to assist with constipation:

- Take a stool softener while on pain medication.
- Examples of stool softeners: Bisacodyl (Dulcolax®), Senna (Senakot®), or Docusate Sodium (Colace®), or MiraLAX. Some contain extra fiber like Metamucil®. Take these medicines as directed

What advice is there for bathing at home?

Have someone close by or within earshot during the beginning phase of recovery and until you feel safe.

- Your discharge instructions will inform you when it is safe to get the incision wet.
- Use grab bars for balance.
- Use a non-slip bathmat in the shower or tub, and floors that will become slick when wet.
- A shower chair should be purchased and present. Some patients feel more comfortable and stable sitting down. A hot shower as well as narcotics can lower your blood pressure potentially causing a fainting episode.
- A handheld showerhead will be helpful when choosing to sit.
- Use a long-handled scrub brush to wash hard to reach areas. For safety, avoid bending over.

How can I prevent developing an infection?

To help prevent infection, you need to do a few things after surgery.

- Perform good hand hygiene and use alcohol-based hand rub when appropriate.
- Sleep in clean pajamas and wear clean clothes at home. Any fabric close to your incision must be clean.
- Keep pets off your bed or chairs and away from your incision. Pets can carry germs.
- Avoid crowds and large gatherings when possible.

At home activities

- Continue doing the exercises you were taught in the hospital by Physical Therapy.
- Slowly increase your activities of daily living.
- Allow help with chores and caring for pets.

Will I need certain equipment to help me when I get home?

You may need equipment to help you move around, bathe, dress, and reach for items.

- Your provider's nurse will review equipment needs at your pre-operative appointment.
- Grab bars in the shower should be installed for stability. The suction options are nice for balance if you decide against a permanent grab bar.

- **For hip, ankle, and knee replacements, purchase items before your surgery:** Front wheeled walker and cane. A toilet seat riser and/or a shower chair or seat may also be beneficial.
- **For ankle replacements:** Knee scooters are helpful.
- **For shoulder replacements:** bring your shoulder brace to the hospital. It will be placed upon surgery completion.

Do I need to plan for someone to stay with me after I return home?

It is recommended to arrange for 24-hour assistance.

- Arrange for someone to stay with you during the day and at night for at least the first 5 days.
- You may need help with many things like bathing, dressing and moving around.
- Someone will need to drive you to and from appointments.
- You will need assistance with errands and meals.
- It is unsafe to go home without 24-hour assistance.

You must notify your surgeon’s office immediately if you are unable to arrange full-time assistance for the duration of 5-7 days post recovery.

Some insurances will pay for an extended recovery. There are two types of facilities that offer this, skilled nursing (generally takes place in a long-term care facility) or swing bed (takes place in a hospital setting, typically a rural or county hospital). Qualifying for these options is not guaranteed. Determination of a patient’s need is made after surgery and determined by medical necessity.

Will I have follow-up appointments?

You need to see your surgeon after you go home.

- Your follow-up dates will be discussed during your pre-operative appointment and will be reviewed again prior to leaving the hospital.
- You will be given a prescription to take to your first Physical Therapy appointment.

What can I do to ease and optimize my recovery?

Remember to ask for help.

- Begin planning for assistance as soon as you are scheduled for surgery.
- As you get stronger you will be able to do more for yourself and others.
- Family and friends are often willing to help. Talk to them about what they can do.
- Announce any overwhelming feelings as they arise.
- Make sure you get enough sleep. Many people will take a nap during the day.
- Make a progress list: Reflection will remind you of how well you are doing.

When can I return to work or daily routine?

You will gradually increase your daily activity.

- Most people can return to work after 4- 6 weeks depending on the work they do.
- Typical activity is achieved postoperatively by 4 – 6 weeks.

Are there any short or long-term life changes after a joint replacement?

Short-term changes:

- If you are having a **hip replacement**, depending on the surgical approach, there can be precautions while your body heals: No bending past 90° or bringing knees into your torso space, no crossing your legs or ankles (sleep with a pillow between them as a reminder), and no twisting at the waist.
- If you are having an **ankle replacement**, you will be non-weight bearing to the operative joint for a minimum of two weeks.
- No dental work, including cleaning for 3 months following surgery.
- You will need to tell your surgeon when you have any dental appointments, including cleanings. To prevent infection, an antibiotic will be prescribed during the initial years of recovery, to be taken before any appointments.
- You will do the same for future colonoscopies. Your surgeon will determine when this is no longer necessary.
- Physical activity such as sex can resume when you feel ready and swelling has gone down, typically four to six weeks

Long-term changes:

- Avoid high-impact exercises or sports. This includes jogging, jumping, tackling, kicking, etc. Consider activities such as walking, dancing, golfing, hiking, swimming, bowling, and gardening.
- If you are having a **knee replacement**, you will need to avoid kneeling on hard surfaces to protect your implant.



A five-inch wheeled walker is best



Make sure you purchase a chair for bathing. An extended chair is helpful for bathtubs.



A toilet riser with chair arms will assist getting on and off the toilet. Smaller sizes might also fit in your tub or shower, thus becoming a shower chair.



If you don't have grab bars for the tub or shower, you can purchase a well-trusted suction option from any pharmacy or medical supply store.



PATIENT EDUCATION MANUAL

Postoperative Total Knee Replacement

Total Knee Replacement

Why do I need my knee replaced?

Total knee replacement surgery is done to replace parts of the knee and relieve pain. Damaged parts of your knee will be replaced with artificial parts.

The artificial parts are usually made of metals, ceramics, or plastics. The parts are either cemented or press fit into the bone.

One part of the replacement fits over the end of the upper leg bone (femur) and the other fits over the top of your lower leg.

The underside of the kneecap (patella) may or may not be replaced. The incision is closed with stitches, staples, and/or glue. Pain should lessen and function improves over time.

Normal Knee



Osteoarthritic Knee



Total Knee Replacement





PATIENT EDUCATION MANUAL

Postoperative Total Hip Replacement

Total Hip Replacement

Why do I need my hip replaced?

Total hip replacement surgery replaces the damaged parts of the hip joint. This is done to improve pain and movement.

- Your doctor will replace the ball and socket of your hip joint.
- **The ball** is at the top part of your long thigh bone (femur).
- **The socket** is part of your pelvic bone.
- **The replacement ball and socket are made of metal, ceramic, or plastic.**

Where will the incision be?

An incision (cut) will be made over your hip area. Your incision will be closed with stitches, staples, and/or glue.

Your doctor will decide which type of incision and replacement parts are best for you.

Normal Hip



Osteoarthritic Hip



After Total Hip Replacement





PATIENT EDUCATION MANUAL

Postoperative Total Shoulder Replacement or Reverse Total Shoulder Replacement

Total or Reverse Shoulder Replacement.

Why do I need a shoulder replacement?

Worn-out areas (arthritis) of the joint.

These areas cause pain and stiffness.

The components involved in replacing a shoulder:

Metal stem for inside the arm bone (humerus).

Metal ball at the top of the Metula.

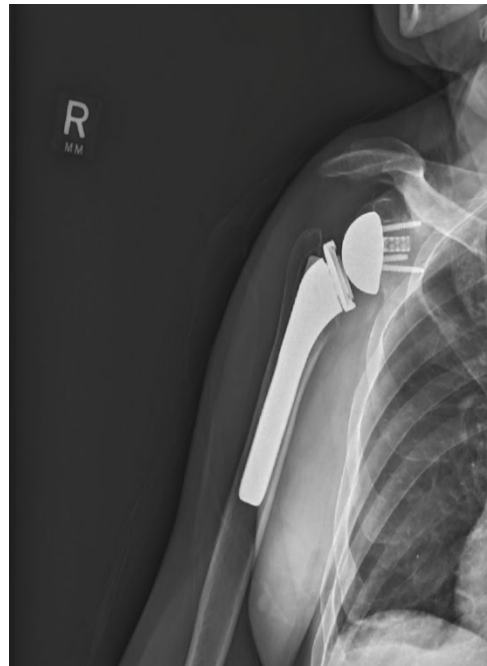
Socket (strong plastic liner) inside the scapula.

Surgery will relieve the pain and stiffness and help your arm move better. If you have a bad rotator cuff you might require a Reverse Shoulder Replacement.

Normal Shoulder



Reverse Shoulder Replacement



Total Shoulder Replacement



Where will the incision be?

A 4-inch incision will be made over the front of your shoulder.

Metal Stem:

- The worn-out ball of your shoulder is first removed.
- Once the ball is removed, a metal stem is placed in the hollow canal of your arm bone.
- The surgeon can often pick a stem that fits tightly in the canal. No screws or cement are needed to hold the stem in place.

Socket: The socket is usually held in place with screws or cement.

- If you are getting a **standard shoulder replacement**, a plastic socket will be put in place over the bone of your socket.
- If you are getting a **reverse shoulder replacement**, a metal ball will be put in place over your socket.

Metal Ball

- Once the new socket is in place, the other half of your shoulder replacement is attached to the stem in your arm bone.
- If you are getting a standard shoulder replacement, a metal ball will be attached.
- If you are getting a reverse shoulder a base plate and a plastic socket will be used.

Will I have restrictions after my shoulder replacement?

You will most likely wear a sling for 6 weeks after surgery.

- You will be shown how to safely remove your sling so you can shower and get dressed.
- Exercises are very minimal immediately after surgery and intended only to prevent stiffness and immobility. They are passive in nature and require the assistance of your other arm or person.
- You should not use your arm to lift, push or pull. This includes pushing out of a chair or bed.
- Outpatient Physical Therapy will be your guide to slowly increasing the use of your operative extremity.
- Moving or using the arm too early can prevent proper healing. This may affect how your shoulder will work.
- A Reverse Total Shoulder might have minimal limitations. Your surgeon will address your limitations after surgery. Prepare for limited activity orders.



PATIENT EDUCATION MANUAL

Postoperative Total Ankle Replacement

Total Ankle Replacement

Why do I need my need my ankle replaced?

Worn-out areas (arthritis) of the ankle joint. Wear and tear due to injury such as a broken ankle.

The components involved in replacing an ankle:

- **Titanium metal component:** Attached to the shinbone (tibia).
- **Cobalt chrome component:** Attached to the talus, the bone that connects the leg to the foot.
- **Plastic implant:** Placed between the titanium and cobalt components.

The goal of having an ankle replacement is to provide pain relief while preserving ankle motion so you have less pain and better function during activities.

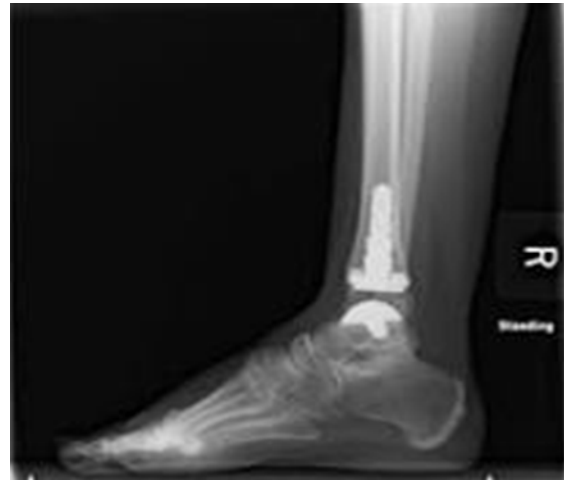
Where will the incision be?

There will be an incision made to the front or the side, depending on the type of implant being used

Normal Ankle



Total Ankle Replacement



Arthritic Ankle



Will I have restrictions after my ankle surgery?

You will be **NON-weight bearing in a splint for at least TWO WEEKS. You will not use your new joint at all during this period.**

- Strict elevation for many days after the procedure is necessary to control swelling and improve wound healing.
- Rent, borrow, or purchase an assistive device such as a front wheeled walker, crutches, knee walker or hands-free crutch. One of these will assist mobility during the first two weeks of not using that ankle.
- If recovery is going as planned, you will be fitted for a boot to increase weightbearing after two weeks.
- You will receive exercise instructions at a later follow-up appointment.

You will need to cover your splint when bathing to keep it dry.

- Cover your splint with a large bag or clingwrap. Make sure you seal the opening with tape. You can also purchase an extremity cover specifically to keep the splint dry while bathing



Post-Operative Goals

Activity goals for week 1-2:

- Walk at least 5-10 minutes a day with your walker or crutches
- Go up and down stairs only if necessary
- For **Knee Replacements**:
 - Bend your knee 90 - 100°
 - It is extremely important that your knee does not heal in a bent position! To help prevent this, place a rolled towel under your ankle allowing the knee to hang freely for 5 minutes, four (4) times a day.
- For **Hip Replacements**:
 - Straighten your hip completely by lying flat for 30 minutes several times per day

Activity goals for week 3-4:

- Complete remaining goals from weeks 1&2
- Wean from walker or crutches to a cane or one crutch as instructed by physical therapy or physician
- Walk the distance of 4 blocks or more
- **Knee Replacements**:
 - Bend your knee 100 – 110°. Continue straightening exercises.
- Resume all light home duties
- Return to light work duties if approved by your surgeon

Activity goals for week 5-6:

- Complete remaining goals from week 1-4
- Walk to complete distance of 4-8 blocks
- Go up and down stairs with rail alternating feet
- **Knee Replacements**:
 - Bend your knee to 110 - 120°. Continue straightening exercises.

Activity goals for weeks 7-12:

- Complete remaining goals from week 1-6
- Walk without a limp the distance of 8-16 blocks
- Go up and down stairs normal
- **Knee Replacements**:
 - Bend your knee 120°. Continue straightening exercises.
- Resume all normal home activities

Preoperative Exercises for Hip and Knee Replacements

Doing these exercises weeks and months prior to surgery will help strengthen muscles for recovery. Only do what you can before surgery.

Ankle Pumps

While sitting in a chair or lying on your back in bed, straighten your knee and slowly push your foot forward and backward. Repeat 10 times with both ankles, 3-4 times per day.



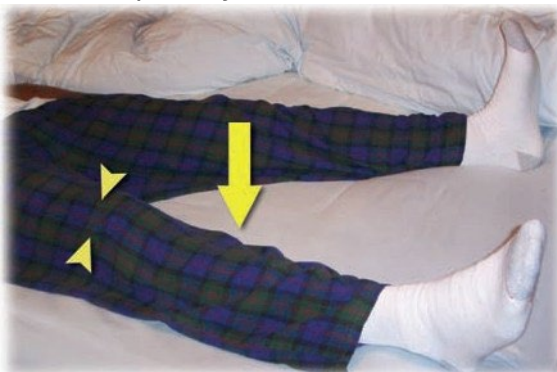
Gluteal Sets

While lying on your back in bed, squeeze your buttock muscles together and hold for a count of 5-10 seconds. Repeat 10 times, 3-4 times per day.



Quad Sets

While lying on your back in bed, press your knee into the mattress and tighten your muscle on the top of your thigh. Hold for a count of 5-10 seconds. Do not hold your breath. Repeat 10 times with both legs, 3-4 times per day.



Heel Slides

While lying on your back in bed, bend your knee and slide your heel to your buttock. Slide it back out straight. Use a plastic bag under your foot if it is easier that way. Repeat 10 times with the affected leg, 3-4 times per day.



Lying Knee Extension

Lie on your back in bed. Place a towel roll under the lower part of your thigh. Lift your foot and straighten your knee. Do not raise your thigh off the roll. Repeat 10 times with the affected leg, 2-3 times per day.



Seated Knee Extension

While sitting in a chair with your back against the chair back, straighten your knee and hold for a count of 5-10 seconds. Lower your leg back down to the floor. Repeat 10 times with the affected leg, 2-3 times per day.



Marching in Place

While standing up, hold on to the back of a chair. Raise one knee at a time as if marching in place. Lift your knee to waist level only. Hold your knee up for 2-3 seconds. Slowly lower it back to the ground. Repeat 10 times with affected leg, 2-3 times per day.



Heel Raises

While standing up, hold on to the back of a chair. Rise up on your toes. Repeat 10 times, every hour while awake.



Resources

Area Agencies on Aging (AAA) and Aging and Disability Resource Centers (ADRCs):

Help older adults, people with disabilities, and their caregivers

To find the AAA/ADRC in your area, visit:

Eldercare Locator at www.eldercare.gov, or call 1-800-677-1116

Weekdays from 9 a.m. – 8 p.m.

Ask Medicare:

Information and support to caregivers of people with Medicare

www.medicare.gov/caregivers.

State Technology Assistance Project:

Information on medical equipment and other assistive technology

Visit www.resna.org, or call 1-730-524-6686 to get the contact information in your state.

National Council on Aging:

Information about programs that help pay for prescription drugs, utility bills, meals, health care, and more

www.benefitscheckup.org.

State Medical Assistance (Medicaid) Office:

Information about Medicaid

To find your office, visit www.medicare.gov/contacts, or call 1-800-MEDICARE and say, “Medicaid.”

ChooseMyPlate.gov:

Dietary Guideline for Americans

Before you eat, think about what goes on your plate or in your cup or bowl.

<https://www.myplate.gov/>