

Expectations for Hip Replacement Patients Discharged to a SNF

Following your surgery and hospital stay you will enter a Skilled Nursing Facility (SNF) to continue your recovery. This material has 2 parts:

1. Precautions you must follow during your stay at the SNF.
2. Your surgeon's instructions to the SNF staff regarding your therapy and care.

It is very important that you **give this material to your care providers at the SNF**. The goal is to minimize your Length of Stay (LOS) in the facility and make sure you will be safe at the time of discharge from the SNF.

What precautions do I need follow during my stay at SNF?

Patients "Don'ts":

- **Don't** bend at the hip past 90 degrees.
- **Don't** cross your legs thigh over thigh.
- **Don't** exercise using passive range of motion (ROM).
- **Don't** perform supine single-leg raises (SLR) unless completely pain free (usually not until more than 3-6 weeks post-surgery).
- Avoid forceful twisting at hips while seated.

Patients "Dos":

- **Do** cross feet at ankles, if desired.
- **Do** use chairs with armrests and with cushions (to raise seat height).
- **Do** place operated leg forward when getting out of a chair and use an assistive device for 2-6 weeks.
- **Do** navigate stairs with "Up with the good leg" and "down with the bad leg."

What are my surgeon's instructions for SNF care providers?

Therapy:

- Patients will start therapy on Day 0 after admission to SNF.
- Patients will receive therapy two times per day, seven days per week.
- Create a Discharge Plan for the patient by Day 2 detailing expectations for recovery and estimated date of discharge.
- Estimated length of stay (LOS) is 5-14 days.

Medications:

- Pain medications should be available upon admission.
- Do not prescribe antibiotics unless you discuss it with the surgeon or clinic.
- The standard for DVT Prophylaxis is aspirin (ASA) and high-risk is Coumadin®. Due to increased wound problems **do not change the patient to another anticoagulant**, unless you discuss it with surgeon or clinic.
- Monitor INR for patients taking Coumadin®. (Goal = 2-3)

Pain Control:

- Provide pain control and pain medications at the time of admission and during the patient's stay in your facility.
- Patient is expected to use ice 20 minutes each hour.
- **Avoid** dependent position throughout the day.
- Elevate the patient's leg(s) above heart level at least four times per day. This will help control pain and swelling.
- While sitting, position legs(s) up on ottoman or lazyboy chair.

Blood Clot Prevention:

- Make sure the patient takes medication to prevent blood clots as directed.
- Patient should wear TED stockings on both legs during the day (not during the night) for a minimum of two weeks after surgery. When TED stockings are removed, check skin for sores.

- Patient is expected to perform ankle pump exercises ten times per hour when awake for a minimum of one month after surgery.

Showering/Bathing:

- Patient may shower.
- Keep incision dry, cover as necessary.

Physical Therapy Goals:

- Most important rehab goal is gait training.
- Patients can progress with exercises gradually as tolerated. These should include active range of motion (AROM) and active assisted range of motion (AAROM).
- Straight leg raises (seated quad), standing abduction, standing forward hip flexion, isometric, walking with a walker, and safe transfers.
- At one week and as tolerated, patient may initiate activity of bike or Nustep® to work on ROM and cardiopulmonary endurance, if safe to do so.
- Patient should use walker until safe to progress to a cane.
- Patient may discontinue use of assisted device at 2-6 weeks post op (after first post op visit), if safe and ambulating with normal/satisfactory gait pattern. Patient should resume use of cane or walker if limping when ambulating or if pain worsens.
- Patient should progress to a safe, sustainable, independent home exercise program as tolerated.

When to contact the surgeon?

Call the surgeon if the patient exhibits any of the following symptoms:

- Increased pain
- Drainage from the incision site
- Increased redness at incision site

- Incision site is “hot” to the touch
- Fever over 101.5 degrees
- Always before any antibiotic is started
- Always before sending patient to the ED

What is the contact information for the surgeon?

- UM Orthopaedic Surgery Call Center: 734-936-5780 (8am-4:30pm Monday-Friday)
- After hours paging number: 734-936-6267 (ask for Orthopaedic Resident on-call)

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