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The Center for Bone and Joint Health at Hunterdon Medical Center
www.hunterdonhealthcare.org
This book is designed to take you through the process of having your knee replacement surgery. I will facilitate your care and provide you with education about what you can expect at every stage of your knee replacement journey. The staff and I want you to have the best possible experience at the Center for Bone and Joint Health.

I will be available to meet your needs along the way. I work with a team of skilled physicians, nurses, therapists and support staff who have put every effort into making your experience a seamless process. We consider ourselves partners in your care and recovery and know that together we can make your time with us a positive experience.

Please schedule yourself for one of our pre-operative education classes, a schedule of dates and times for these classes is provided by the surgeon’s office. Attending this class is the first step in preparing yourself for surgery. In the meantime, please call me if there is any way I can be of assistance. I welcome your feedback about your experience as we continue to strive to improve our Joint Replacement Program.

Thank you for choosing us to be your partners in care!

Nancy Miller RNC, BSN,ONC  
Program Coordinator  
The Center for Bone and Joint Health  
Hunterdon Medical Center  
908-788-6423 (office)  
908-328-9119 (cell)
The Hunterdon Medical Center staff is the leader in the provision of quality, compassionate and effective healthcare. We have achieved this recognition through teamwork, personal initiative and continuous innovation. We have built lifetime relationships with the citizens of our community based on anticipation of needs and exceeding the expectations of those we serve.

Hunterdon Medical Center is a Magnet hospital designated from the American Nurse’s Credentialing Center. Only about 5 percent of the hospitals in the United States have achieved Magnet status. Being a Magnet hospital means our nurses deliver excellent patient outcomes and they have a high level of job satisfaction. Our nursing leaders value staff nurses and involve them in research-based nursing practices. Magnet hospitals have open communication between nurses and other members of the health care team. Our staff members appreciate and respect each other.

Our team of surgeons is Board Certified and Fellowship Trained in Orthopedics. We have one of the lowest infection and complication rates in the state of New Jersey. We have renovated our operating facilities, including construction of two new, fully equipped, state-of-the-art operating rooms specifically designed for joint replacement.

For the thirteenth year, Hunterdon Medical Center has been named one of the 100 Most Wired Hospitals in America. This designation means that we constantly strive to keep up with the latest technology to better serve our community.

The staff at Hunterdon Medical Center is part of the community it serves. Personal pride is taken in caring for friends, family and neighbors. The greatest compliment you can pay us is to return to us if you have future needs or to refer others to our facility.

All Joint Replacement surgeries are performed at Hunterdon Medical Center
2100 Wescott Drive | Flemington, NJ 08822 | 908-788-6100
Joint Replacement Program Staff

Physical Therapy

Ambulatory Testing Center

Same Day Surgery

Post Anesthesia Care Unit

5 North Joint Replacement Unit

Operating Room Staff

The Center for Bone and Joint Health at Hunterdon Medical Center
Important Dates to Remember

Patient Name ____________________________ DOB __________________
Phone ______________________ Alternative Contact __________________
Date of Surgery __________________ ARRIVAL TIME __________________
Scheduled Procedure: Total Hip _____ Total Knee _____ Right _____ Left _____ Bilateral _____
Pre-op Appointment ____________ Date ____________ Time ____________
Surgeon’s Name ________________________________
Primary Care Physician’s Name ________________________________

Pre-operative Evaluation by Primary Care Physician/Specialist
Primary Care Physician __________________ NAME DATE TIME
Cardiologist __________________ NAME DATE TIME
Pulmonologist __________________ NAME DATE TIME
Dentist __________________ NAME DATE TIME

Pre-admission Testing – Ambulatory Testing Center
Date __________________ Time __________________
Address: Hunterdon Medical Center (2nd Floor) • Phone: 908-788-6666
Please report to Admitting on 1st floor to register.

Blood Bank
Date __________________ Time __________________

Pre-operative Orientation Class
Call Nancy Miller, Program Coordinator to schedule an education class. Her contact numbers are
908-788-6423 (office), 908-328-9119 (cell). She is available to answer your questions.
Date __________________ Time __________________
Location ________________________________

Post-operative Appointment
(1 week) Date __________________ Time __________________
(4/5 week) Date __________________ Time __________________
Our team of dedicated professionals will provide you with the care and education you will need for preparing for surgery all the way through to a return to a more active life. Your experience will be enhanced by having your family and/or friends support you.

We welcome and encourage you to have someone support you. It may be more than one person but it’s important they feel confident about the care you will need and to find out how they can best support you.

Your support person(s) are welcomed to attend the pre-operative education class, visit you in the hospital and participate in your therapy sessions here and as you continue with therapy once you are discharged. This is the best way for you to both feel confident!

**We strongly recommend you have a responsible adult at home for a minimum of three days after discharge.**
It is essential you schedule a Pre-operative Education Class prior to surgery. Bring a support person along with you as they may have questions and will feel more confident about how they can help you after surgery.

**At This Session:**
- You will learn about your total joint experience from start to finish
- You will learn how the people who support you can facilitate your recovery

**We Will Review the Following:**
- How to prepare for surgery
- What to bring to the hospital
- How to control risk factors
- What is Knee Replacement Surgery?
- How you will manage pain
- How to prevent complications
- Discharge options
- Getting back to life with a new joint and improved mobility

There will be a slide show and discussion of all aspects of care including a demonstration of pre-op exercises. **Maintaining mobility will be the key to your success!**

Come to the class with a list of questions or concerns. We want you to feel confident about your procedure and aftercare. **Bring this binder.**

If you are unable to attend the pre-operative education class in person OR you and the people who support you would like to review the class content, it is available online:

**www.centerforjointhealth.com**

Click on the blue bar labeled **JOINT REPLACEMENT OVERVIEW**
There are 5 short modules to review
Pre-admission testing takes place in the Ambulatory Testing Center.

**Hours:** 7am – 5pm, Monday through Friday (excluding major holidays)
**Location:** Hunterdon Medical Center (2nd Floor)
**Phone:** 908-788-6666

**You Will Need to Bring:**
- A list of all of your current medications and doses, including over-the-counter medications and herbal medications. Use page 9 to write down all the medication you take including the dose and number of times a day you take each medication to make sure it is accurate.
- A list of all previous surgeries and information about your medical history
- Copies of advanced directives (living will and durable power of attorney) if you have them
- Insurance cards (all that may apply)
- Identification card
- Insurance co-payment
- Joint replacement patient binder
- Blood work, chest x-rays, EKG, or other test results. If you have access to these and they were done at another facility, please bring the information with you.
Medication Review

Please write down all of your current medications on the form on both sides of this page. Bring it with you to your pre-admission testing appointment.

Name ____________________________________________________________

Address ___________________________________________________________________________

Phone __________________________ Date ______________________________

Drug Allergies __________________________________________________________________________

_____________________________________________________________________________________

In Case of Emergency Call: ________________________________________________

Relationship ___________________________ Home Phone _________________________

Work Phone ______________________________

Insurance Company _______________________ Policy# __________________________

Phone ________________________________

Medicare#: ________________________ Phone ______________________________

PNEUMOCOOCAL (dates): ____________ ____________ ____________ ____________

ZOSTERVAX (dates): ____________ ____________ ____________ ____________

TETANUS (dates): ____________ ____________ ____________ ____________

INFLUENZA (dates): ____________ ____________ ____________ ____________

Pharmacist ______________________________ Phone ______________________________

Pharmacist ______________________________ Phone ______________________________

Doctor ______________________________ Phone ______________________________

Doctor ______________________________ Phone ______________________________

Doctor ______________________________ Phone ______________________________
## Medication Review

### Prescription Medicine

<table>
<thead>
<tr>
<th>Name</th>
<th>Strength</th>
<th>Number of Times Taken Each Day</th>
<th>Reason for Taking</th>
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### Non-Prescription Medicine

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<th>Strength</th>
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<th>Reason for Taking</th>
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Every surgical operation has potential risks. The most common risks of knee replacement surgery include:

- Wound infection
- Blood clots in the legs – also called deep vein thrombosis (DVT)
- Pulmonary embolus – when a blood clot travels from your legs to your lungs.
- Urine infection – if you cannot urinate after surgery, sometimes a catheter is placed in your bladder. This can sometimes cause an infection.
- Lung problems – including pneumonia
- Bleeding – sometimes requires a blood transfusion
- Injury to nerves that are located near the knee, usually from swelling or bleeding. Sometimes this will cause numbness or weakness.
- Skin blisters from swelling.

The entire focus of our joint replacement program is to minimize the risk of complications and to maximize your successful outcome. These are things you can do before surgery to ensure the best result:

**Healthy Eating**
- Eat healthy, well-balanced meals, emphasizing fruits, vegetables and whole grains and minimizing saturated fats.
- Tell your surgeon if you have been following a physician-prescribed diet before hospitalization. If you are diabetic, it is important to check your glucose (sugar) levels and follow the diet recommended by your physician.

**Breathing Exercises**
Exercising your lungs is the best way to prevent complications like pneumonia. We rarely think about how we are breathing but this is the perfect time to start.
- You will be given an Incentive Spirometer when you arrive at the Same Day Center on the day of surgery. Practice using it to make sure you are familiar with it and you know your baseline.
- Practice deep breathing exercises by taking a deep breath through your nose and holding it for 5 to 10 seconds. Exhale slowly through your mouth. Repeat five times.
Maximizing Your Surgical Outcome

Weight Loss
- Body Mass Index (BMI) is a calculation that takes into account your height and weight. Your physician can calculate this for you.
- If your BMI is 35 or greater, your risk of infection or a blood clot is five times higher than if it is less than 35. We strongly urge you to lose weight before knee replacement surgery to minimize these risks.

Dental Health
- Inspect your teeth for any loose teeth or painful gums. If you have either, please consult your dentist before surgery. Problems with your teeth can cause complications during surgery and long-term concerns for patients with hip and knee replacements.
- Your anesthesiologist will want to know about any dental prostheses (false teeth, bridges, and implants), tooth or gum disease, or cosmetic dentistry. This information is needed because of the risk of trauma or damage to teeth during the insertion of breathing tubes or other instruments.

Prostate Health
- In men, prostate problems can cause problems with urinating after surgery. If you have prostate problems that are not well controlled with medications, please see your physician about treatment prior to surgery.

Smoking Cessation
Hunterdon Medical Center is Tobacco Free, which means tobacco use of any kind is prohibited indoors or 25 feet from any entrance.
- If you smoke or use smokeless tobacco, we strongly encourage you to stop. Smoking adversely affects bone health and can limit the success of your knee replacement.
- Ask your nurse or doctor if assistance is needed to stop smoking. If you are interested in more information about how to quit smoking, please refer to the resources under Information to Help You Quit Smoking on page 47 of this book.

Exercises (The most important thing you can do is to be active...exercise)
- Prior to surgery, it is important for you to strengthen your muscles because they may have become weak due to arthritis and decreased activity. Refer to the Exercises section of this book. Performing these exercises before surgery will improve your muscle strength and help you become more familiar with the exercises you will do following surgery.
Here are some items and home modifications that will help you prepare for your return from the hospital. Please let us know if you have questions or concerns about these suggestions.

<table>
<thead>
<tr>
<th>Item/Directive</th>
<th>Details</th>
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<tbody>
<tr>
<td>Remove all throw rugs or make sure they have non-skid backing applied.</td>
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<tr>
<td>Make sure walkway areas are well lit and free of clutter so you can pass easily with a walker. This may require a temporary rearrangement of furniture.</td>
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<tr>
<td>Consider getting a bag or basket to attach to your walker to carry small items, and a portable phone with you at all times with a list of emergency numbers.</td>
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<tr>
<td>Measure your bed height. It should be 1 or 2 inches above the bend in your knee. A firm mattress is recommended.</td>
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<tr>
<td>Be sure the height of your toilet is 1 or 2 inches above the bend in your knee. There is equipment to use during recovery if this is not the case.</td>
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<tr>
<td>Use a hand-held flexible shower head, if possible.</td>
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<tr>
<td>Install rubber mats or safety strips in the bathtub/shower. Have a mat or other non-skid surface to step on when getting out of the tub/shower</td>
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<tr>
<td>Keep a flashlight nearby for emergencies.</td>
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<tr>
<td>Find a stable chair with armrests, a firm seat and NO WHEELS. The seat height should be 1 or 2 inches above the level of your knee. A recliner or armchair with ottoman (footstool) will allow you to elevate your feet. This will limit post-op swelling.</td>
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<tr>
<td>Place a cushion or folded blanket in chairs that sit low or are hard to get out of OR consider bed/chair risers that elevate the sitting height.</td>
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<tr>
<td>Consider stocking your freezer with meals prepared before surgery or buying frozen meals.</td>
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<tr>
<td>Move frequently used items to waist height for easy retrieval – medications, phone, cooking items or anything that is stored high or low that you may need. A small, wheeled cart can work well in the kitchen.</td>
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<tr>
<td>Plan to have someone stay with you the first three nights and someone available to help with tasks such as shopping and housekeeping for several weeks.</td>
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<tr>
<td>Have a cold gel pack available to use after therapy or intermittently on your incision to help control pain and swelling.</td>
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<td>If feasible, have at least one sturdy handrail for stairs.</td>
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<tr>
<td>Try to arrange for a mid-size, easily accessible vehicle to take you home. You may not be able to step into a truck, and compact cars may not allow you the space to enter comfortably.</td>
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<tr>
<td>Record the number of stairs to enter home _____ and the number of stairs to get to bedroom_____. We will need to know this information when making discharge plans.</td>
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<tr>
<td>If your bedroom is upstairs you will likely be able to manage stairs when you return home. Write any concerns you have down to discuss with therapist after surgery.</td>
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<tr>
<td>Consider your pets and their needs prior to surgery. You may need help with feeding or walking them for the first few weeks after surgery.</td>
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Packing for the Hospital

What to Bring:
• YOUR PATIENT EDUCATION BOOK
• Sweat pants or shorts with elastic waist work best after knee replacement
• Supportive footwear with backs such as sneakers/tennis shoes (loose in case your feet swell post-operatively)
• Toiletries for your stay: toothbrush, toothpaste, shaver, comb, deodorant, denture and contact lens supplies as appropriate
• Glasses if you wear them
• Books, magazines or craft projects to help pass the time between therapies
• CPAP or BiPAP machine if you use one at home
• List of your current medications and dosages. Be sure to note the last date and time each was taken

What NOT to Bring:
• Large amounts of money or credit cards
• Jewelry – For your safety, jewelry and body piercings will be removed prior to surgery
• Medications – unless you were specifically instructed to bring the medicine
• Your own walker, cane or crutches – we will provide you with this equipment to use during your stay – we do not want your equipment to be misplaced
Day Before Surgery

You will be contacted by the surgeon’s office the day before surgery (or on Friday if you are scheduled for Monday) and told what time to arrive at the hospital.

- There are certain medications you **must** take the day of surgery with water. You will be advised during your Ambulatory Testing appointment. If you have any questions about which medication you should or should not take call the staff at Ambulatory Testing 908-788-6666.
- Food and drink taken before anesthesia can cause problems such as choking and vomiting. There are a few rules about eating and drinking to help minimize these problems. **If you have diabetes, gastric reflux, hiatal hernia or any disease of your stomach, do NOT eat any food or drink any liquids for 8 hours before you are told to arrive at the hospital.**

<table>
<thead>
<tr>
<th>8 HOURS before the time you are told to arrive at the hospital.</th>
<th>Stop all foods and liquid (other than the clear liquids listed below)</th>
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<td>You may continue to drink CLEAR LIQUIDS until 2 HOURS before you were told to arrive at the hospital for surgery</td>
<td>Clear Liquids means liquid you can see through. Examples are water, apple juice or other clear juice without pulp, plain jello, tea or black coffee. <strong>NO MILK OR ALCOHOL.</strong></td>
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- **Remember to Shower** – You will take 2 showers. One the night before surgery and another the morning of the surgery. Shower with Chlorhexidine provided by the Ambulatory Testing Center. It will reduce bacteria on the skin that can cause infection.

**Pre-operative Showering Instructions**

We are very interested in keeping you safe and free of infection. Studies show that bathing with an antibacterial soap prior to surgery reduces the risk of post-operative infection and shaving increases that risk.

We recommend that you shower with antibacterial (chlorhexidine) soap the evening before your surgery and again the morning of surgery. You will be given a 4-ounce bottle of antibacterial soap at the time of your Pre-admission Testing appointment.

Please do not shave the surgical area within 72 hours prior to surgery and do not put any creams or oils on your skin after your antibacterial soap showers.
Day Before Surgery

Directions for Your Shower:

• Thoroughly rinse your body with water from the neck down. Apply a thin layer of the antibacterial soap solution to your skin from the neck down, using one-half of the bottle provided; allow the product to remain on your skin for about 2 minutes. Then wash your skin gently, avoiding contact with the genital area and open wounds (superficial skin wounds are not a problem). Do not use in eyes, ears or mouth. Rinse thoroughly. Pat dry with a clean towel.
• Wear clean nightclothes.
• On the morning of your surgery, shower as above with the remaining antibacterial soap.
• Put on clean clothes and report to the hospital.
Day of Surgery
- Report to the **SAME DAY CENTER** at Hunterdon Medical Center on the second floor at your scheduled time. You will arrive at the hospital approximately two hours prior to the time your procedure is scheduled. Lateness can result in postponements or cancellations in some cases.
- We will prepare you for surgery and answer any questions you may have.
- Feel free to bring items that can help you pass the time.
- **Remember to Take a Second Shower** – In the morning, shower AGAIN with the Chlorhexidine soap.
- You will be prepared for surgery and all parts of the process will be explained to you.
- You will be asked several questions to verify the information we have is correct.
- Your vital signs (blood pressure, heart rate, oxygen saturation, temperature and level of pain) will also be recorded.
- An intravenous (IV) catheter will be placed in one of your veins to allow fluid and medications to be given to you during and after surgery.
- Pre-op medications as prescribed by your physician will be administered at this time.
- Your belongings will be safely transported to your room on 5 North.

Anesthesia for Joint Replacement
You will meet your anesthesiologist before surgery and be given a chance to discuss your anesthetic plan and ask questions. Your anesthesiologist will review all information needed to evaluate your general health.

**We use general anesthesia for knee replacement surgery.** With general anesthesia you are put completely to sleep and your breathing will be supported with a breathing tube. A machine will be used to breathe for you. Your vital signs will be closely monitored during surgery.

Just like other medical procedures, there are potential risks associated with any anesthetic. Serious complications are extremely rare. Your anesthesiologist will discuss with you the risks and benefits of anesthesia.
**3M Skin and Nasal Antiseptic**

Thirty percent of people carry bacteria in their nose called *Staphylococcus aureus*, often referred to as “Staph” or “*Staph aureus*.” People who carry *Staph aureus* in their nose are at higher risk of developing infections from these bacteria. That is why your doctor has ordered you to have 3M™ Skin and Nasal Antiseptic Patient Preoperative Skin Preparation to your nose before surgery. Applying the antiseptic one hour before surgery reduces the bacteria in the nose and may reduce the risk of infection after surgery.

**What Can I Expect When I Apply the Product?**

- A slight smell or taste during the application which will not last long.
- The majority of people rate the overall acceptability as acceptable or very acceptable.
- The applicator swab is designed to fit comfortably in the nose.
- The thickened formula helps make the application easy.
- If a small amount drips out of the nose during application, it can be easily wiped away.
- It will not stain the skin.
- The antiseptic must remain in contact with the nasal tissue.
- Do not blow your nose or wipe the nostrils.

**What if I am Allergic to Iodine?**

True allergy to iodine does not exist. Do not use if you have a known sensitivity to iodine or any other ingredient in this product. Talk to your healthcare provider about all your allergies.
Osteoarthrosis (also called Osteoarthritis)
- Osteoarthrosis is a degenerative joint disease that affects the cartilage surface on the ends of the bones.
- The cartilage becomes worn, no longer allowing smooth movement inside the joint.
- The worn cartilage surface can cause inflammation on the joint tissues.
- Pain, stiffness, swelling and loss of function are common as the cartilage continues to wear away and inflammation worsens.
- The wear may occur on one side of the joint more than the other, which can cause progressive joint deformity.

Rheumatoid Arthritis
- Rheumatoid arthritis is a systemic autoimmune disease that causes chronic inflammation of the joints.
- It causes swelling, pain, stiffness and redness in the joints and other tissues around the joints.
- Chronic inflammation can lead to destruction of the cartilage, bone, tendons, and ligaments, which may cause progressive joint deformity.
The knee joint includes three bones: the leg bone (tibia), the kneecap (patella), and the thigh bone (femur). Your femur and tibia meet at the knee joint. The rounded ends of the femur are called the femoral condyles. The top of the tibia is called the tibial plateau. The sides of the knee are referred to as the lateral (outer) side and the medial (inner) side.

The patella slides along the femur as the knee flexes; the patella makes it easier for your quadriceps muscle to extend (straighten) the knee out. On the surface of the patella, the femoral condyles and the tibial plateau is joint cartilage. The cartilage provides shock absorption and allows the joint to move smoothly without friction.

Knee replacement surgery replaces the areas where the cartilage has worn away with an artificial surface on the bone and a new articulating surface to allow for smooth joint motion. Those artificial surfaces are called joint prostheses, and are made of metal and plastic (polyethylene).

Your orthopedic surgeon will make an incision over your knee to expose the joint. The damaged cartilage and bone will be removed with precision guides and instrumentation and then the prostheses will be implanted. Deformities of the knee will be corrected at the same time.

Your knee replacement surgery should take about two hours.
Knee Replacement Overview
Knee Replacement Overview

Total Knee Replacement Versus Partial Knee Replacement
With total knee replacement, all of the cartilage surfaces of the patella, femur and tibia are replaced. It consists of four prostheses:
- Patella prosthesis (metal and plastic or all-plastic)
- Femoral component (metal)
- Stemmed tibial component (metal)
- Articulating surface between the femur and the tibia prostheses (plastic)

Sometimes your surgeon will recommend a partial knee replacement.
- The cartilage in your knee may only be worn in a limited area. Many times, only the limited worn areas needs replacement and the other cartilage areas can be left alone.
- Recovery can be faster and post-operative function can be better with a partial replacement versus a total replacement.
- Partial knee replacement patients generally have less pain, quicker recovery and improved long-term function.
- There are three types of partial replacement
  - The tibia and femur surfaces are replaced but the patella surface is not replaced.
  - Uni-compartmental replacement (medial or lateral) – only half of the tibia or femur surfaces are replaced. The other half and the patella are not replaced.
  - Patella-femoral – the undersurface of the patella and anterior femur are resurfaced. The medial and lateral tibia and femur are not replaced.

Minimally Invasive Knee Replacement
Our surgeons use minimally invasive techniques whenever possible. That means smaller skin incisions and less cutting of muscles and tendons. The advantage of these techniques is less post-operative pain, faster recovery and improved strength.
After Your Surgery

Post Anesthesia Care Unit (Recovery Room)
Your surgery will last 1 to 3 hours. Afterwards, you will awaken from anesthesia in the operating room and be transferred to the Post Anesthesia Care Unit (PACU). You may not remember much until you reach the recovery room.

- You will awaken in the PACU wearing an oxygen mask. Nurses will monitor your level of pain and your vital signs.
- You will receive medication for pain and nausea as needed.
- You will have a sequential compression device (SCD) on each calf, which will alternate squeezing and releasing pressure on your legs to reduce the risk of blood clots.
- There will be a surgical dressing over your incision.
- You may have a catheter in your bladder.
- Your surgeon will talk to your family in the waiting room and answer their questions. Family members may visit you when you arrive at the 5 North Joint Replacement Unit from the PACU.
- You will remain in the PACU until your vital signs are stable, your pain is well controlled and you are awake and alert. This is usually 1 to 2 hours.

Your Stay on 5 NORTH
5 North is our post-operative care area where all of your needs will be addressed. Our team of registered nurses and patient care assistants has been specially trained to care for patients after joint replacement. Physical therapy will take place in an area near your room or in the hospital’s larger therapy treatment room.

During Your First Day Our Goals for You Will be to:
- Meet your care team
- Get out of bed to a chair with assistance
- Perform ankle pumps and thigh muscle tightening exercises
- Take deep breaths and cough
- Perform your incentive spirometer exercises to encourage deep breathing
- Manage your pain
- Drink beverages and eat foods that you can tolerate and that seem appetizing.
Managing Your Pain

Starting your rehabilitation exercises as soon as possible is the single most important factor in having an optimal outcome with the lowest risk of complications. You cannot accomplish this unless your post-operative pain is well controlled. Some pain is expected, but we have many ways to minimize it.

- We utilize a combination of pain medications, determined by your surgeon as being appropriate for you, to control your pain.
- We try to avoid giving you pain medicine by injection because there is a greater chance of nausea with injections versus pills.
- Sometimes surgeons use a combination of medications that are injected around your wound during surgery. The goal is to reduce surgical pain in the soft tissues (muscles and ligaments) for a period of time after surgery.
- We use a Pain Rating scale that enables patients to rate their pain from 0-10.
- We will ask you frequently to rate your pain, especially before and after you are given pain medication.
During Your Stay

- We provide cold therapy in the form of cold packs to your operative knee. This will help reduce swelling and pain after activity.
- Being mobile is helpful in reducing pain.
- Taking pain medicine about 30-60 minutes prior to your scheduled therapy time will help control your pain and help to make the best of your therapy sessions.
- **Do not wait until your pain is severe** before asking for pain medications.

**Preventing Nausea**
Unfortunately, anesthesia and pain medication can cause nausea and vomiting as a side effect.
- Our anesthesiologists carefully adjust the medications during your surgery to minimize nausea.
- You will be given medication to reduce the effects of nausea for 24 hours after surgery.
- If you are having symptoms of nausea, your nurse will continue to provide you with IV fluids until these symptoms pass.
- **Getting out of bed to a chair and starting to walk** on the day of surgery is the single most effective way to minimize nausea.

**Avoiding Constipation**
Anesthesia, narcotic pain medications and immobility can decrease bowel function after surgery. To help lessen the chance of constipation we use the following:
- Early mobilization – **getting you up to a chair and walking as often as possible**.
- Stool softeners will be given twice daily as prevention.
- Additional laxatives will be used as needed.
During Your Stay

Minimizing Swelling
Swelling around the knee and in the leg is normal after surgery. To minimize this:

- Be mobile. **Walking is the best prevention.**
- Ice is often used around the knee, especially after therapy sessions.
- Continue doing your **ankle pumps.** This is the most important exercise to decrease swelling and prevent blood clots.
- Swelling around the hip may put pressure on the nerves that run down your leg. If you feel numbness or tingling anywhere in the leg, tell your nurse as soon as possible.

Minimizing Bleeding
- During surgery and after surgery your surgeon may use a medication called Tranexamic Acid. This medication is used to decrease bleeding.
- Please let us know if you are **color blind.** If you are then you should not receive this medication.

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**DO** keep a rolled towel under the heel of your surgical leg when in bed.

**DO NOT** place a pillow under the knee of your surgical leg when in bed.
As with any surgery, complications may occur. The following highlights the most common ones and the things we do to help prevent them:

**Pneumonia**
- **Early mobilization: Up to a chair and walking as soon as possible**
- Use your incentive spirometer: Take 10 deep breaths once every hour you are awake.

**Blood Clots (Deep Vein Thrombosis or DVTs) and Pulmonary Embolus**
- Anticoagulation therapy (blood thinners): You will be given Aspirin or Warfarin (Coumadin) to use for 4 weeks after surgery.
- Sequential Compression Devices (SCDs): These squeeze your calves and encourage blood flow.
- Leg exercises: While you are awake, you should perform your ankle pumps 10 repetitions every 15 minutes.
- **Early mobilization:** You will get up and walk with the walker to the bathroom with assistance within the first 24 hours after surgery.
- If you already take an anticoagulant your treatment will be determined by your surgeon and the physician who prescribes your medication for you.

**Infection**
- Most patients will have an AquaCel Dressing in place over their incision.
  - This dressing is water-proof and can be worn in the shower and pat dry.
  - It is intended to protect your incision from bacteria that can cause infection.
  - It is not to be lifted up until it is being removed because it will not re-stick to your skin.
  - It should be left in place for ONE WEEK or until the day your staples are removed if longer than one week.
  - If it needs to be removed for any reason before that time, you may cover your incision with a clean, dry gauze.
- Antibiotics that help your body fight infection are given just before surgery and for 24 hours afterward.
- All staff members use hand sanitizer as they enter and leave patient’s rooms.
- Encourage your visitors to use the hand sanitizer as they enter and leave your room.
- You should use hand sanitizer or wash your hands frequently.
Rehabilitation While in the Hospital
Our rehabilitation team will work with you to improve your functional abilities.
• Physical Therapy staff will assist you with exercises, walking with a walker, and stair climbing.

Your motivation and participation in the therapy program are important to the speed and success of your long-range rehabilitation, as well as getting you ready to go home. This means you are the greatest factor in a successful recovery.

Your rehabilitation goals for discharge are simple:
• Maximize your joint strength and range of motion.
• Get in and out of bed and a chair safely.
• Walk safely with an assistive device as determined by the therapy staff.
• Dress yourself using adaptive equipment if needed.
• Go up and down stairs safely (with or without assistive devices).

Getting Out of Bed
• Move yourself closer to the side of the bed.
• Pivot on your hips, using your arms to help you move to sitting on the edge of the bed.
• Extend your operative leg out in front of you.
• Push from the bed with both hands to stand up.
Sitting in a Chair

To Sit:
- Use a firm chair with armrests and a high seat.
- Back up until you feel the chair touching your leg.
- Reach for the armrests.
- Keep your operative leg slightly out in front.
- Lower yourself to a seated position and then lean back in the chair.

Standing
- Move your operated leg forward and push off the arm rests of the chair to stand up.
- Once you have your balance, reach for the walker.

Using a Walker to Begin Walking, be sure to
- Move the walker first.
- Then, move the operated leg forward.
- Push down on your hands when you step forward with your non-operated leg.
- **Do not turn (pivot) on your operated leg.** Instead, pick up your feet and turn using several small steps.

Stair Climbing and Descending
- Use a handrail for support.
- Take one step at a time.
- Always lead up the stairs with your good leg and down the stairs with your operative leg. (Up with the good; down with the bad)
Homemaking
- Sit for rest breaks as needed.
- Slide objects along the countertop rather than carrying them. Use a utility cart with wheels to transfer items to and from the table.
- Attach a bag or basket to your walker or wear a fanny pack to carry small items.
- Use a long-handled reacher ("grabber", “pick-up stick”) to reach objects on the floor.
- Remove all throw rugs and long electrical cords to avoid tripping in your home.
- Watch out for slippery/wet areas on the floor.

Getting Into a Car
- Be sure the passenger seat is pushed all the way back.
- Recline the seat back as far as possible.
- With your walker in front of you, slowly back up to the car seat.
- Sit on the car seat.
- Angle bottom towards back of chair using your arms.
- Swing your legs into the car. Lean back if you need to.
- When traveling, make frequent stops and get out and walk around.

Getting Out of Car
- Push the seat all the way back.
- Recline the seat all the way back.
- Lift your legs out. Lean back if you need to.
  Place the walker up in front of you and stand up on the unaffected leg.
Planning Your Discharge

Planning for Discharge
Most patients go home after discharge from the hospital to continue with therapy in another setting. These are the three paths you can take:
1. Go home and have Physical Therapy in an outpatient facility 1 to 3 times a week.
2. Go home and have a Physical Therapist come to your home 1 to 3 times a week because you are homebound and unable to get out of your home easily. This generally lasts about 2 weeks.
3. Go to a rehabilitation facility for a short in-patient stay because you need a higher level of assistance. When you are discharged from the rehab facility they will arrange for you to have home care or outpatient PT.

The Joint Care Coordinator, Physical and Occupational therapists, Nurses and your Surgeon will help you and your family decide what is best for you.

Home Health Care Services
- Therapy and nursing will come to your home to provide care for you.
- You will see a physical therapist 1 to 3 times a week. On the days you are not seeing a therapist you will have a home exercise program to do on your own.
- They will come for a limited time based on your progress. Your Home Health therapist will advise you when and if you need further therapy in the outpatient setting.

Outpatient Therapy
- When it is recommended, you will go to the outpatient therapy setting for your appointments.
- The therapy provided in this setting is more advanced. There are machines and equipment to help you become stronger and improve mobility.
- You will see a physical therapist 1 to 3 times a week and they will let you know when you no longer need therapy.

Outpatient Physical Therapy Locations
Hunterdon Medical Center has several locations for outpatient therapy, which are easily accessed, have knowledgeable therapists and offer convenient hours.

Physical Therapy at Clinton Health Campus
908-735-3930
1783 Route 31N, Suite 103
Clinton NJ

Physical Therapy at Hunterdon Health and Wellness Center
908-534-1320
537 Route 22 East
Whitehouse Station, NJ
Planning Your Discharge

Outpatient Physical Therapy Locations Continued

Hunterdon Sports and Physical Therapy
908-237-7096
222 Route 31N
Flemington, NJ

Hawk Pointe Medical Office Building
908-237-4141
6 Clubhouse Drive, Suite 103
Washington, NJ

Physical and Occupational Therapy at Wescott
908-788-6394
8100 Wescott Drive, Suite 103
Flemington, NJ

Physical and Occupational Therapy at Bridgewater
908-237-4109
1121 Route 22W, Suite 207
Bridgewater, NJ

Sub-acute and Acute Rehabilitation Facilities
Some patients will go to Rehab at another care facility before going home. We contact your insurance company to obtain authorization. In general, authorization is based on your level of mobility and need for daily supervised Physical Therapy.

At discharge from the rehab facility, you can continue on your course of recovery with Home Care or Outpatient therapy.

If you will be transferred to a rehab facility, the Social Worker will discuss transportation options available to get you to the facility.

Getting Home – You’re discharged!
At discharge, the nurses will fill out your discharge instructions. They will include the following:
• The medications you need to take
• Signs and symptoms to report to the doctor which are also listed in the following pages
• The name and phone number of the home-care agency if you will have home care
• The name and appointment time for outpatient therapy, if that is your plan

The best vehicle for transport is a 4-door sedan or average sized SUV.
Wound Care and Preventing Infections

- Most patients will have an AquaCel Dressing in place over their incision.
  - This dressing is water-proof and can be worn in the shower and pat dry.
  - It is intended to protect your incision from bacteria that can cause infection.
  - It is not to be lifted up until it is being removed because it will not re-stick to your skin.
  - It should be left in place for ONE WEEK or until the day your staples are removed if longer than one week.
  - If it needs to be removed for any reason before that time, you may cover your incision with a clean, dry gauze.

- It is normal to feel some numbness around your incision.
- Be aware of the signs of infection and notify your surgeon if you develop any of the following:
  - Redness in the area around the incision.
  - A fever higher than 101˚ taken orally under your tongue.
  - Drainage that looks like pus or smells bad or any discharge that has changed in color or odor.
  - Increased pain with both activity and rest that is not controlled by pain medications

- Your staples will be removed in one of the following ways.
  - You will return to the surgeon’s office at the appointment time they scheduled for you.
  - By the home care nurse if you are receiving home care.
  - By the staff in the rehabilitation facility you went to after the hospital.

Long Term Prevention of Infections of Your joint Replacement

An infection of your joint replacement is very rare, but it can be very serious. We want to do everything we can to avoid infections whenever possible. When you have joint replacement, an infection can occur in your new joint at any time, but is most common in the first two years after surgery.

Bacteria that can cause an infection can enter your body from different places in your body and spread throughout your bloodstream. They can come from any of the following:
- Normal daily activities.
- An infection somewhere else in the body.
- A procedure which introduces bacteria into the bloodstream including (dental work, colonoscopy, cystoscopy, abdominal surgery, etc).
When bacteria enter the bloodstream, on rare occasions, the bacteria can attach to your joint replacement and can cause an infection of the joint replacement and the surrounding joint tissue.

What can you do to protect yourself from infections?
- Be aware of and to treat any infection you have anywhere in your body.
- If you have any suspicion of an infection (ingrown toe nail, bronchitis, urine infection, etc.) be sure to see your doctor immediately so that you can get diagnosed and treated with antibiotics promptly if needed.

**Future Dental or Surgical Procedures**

**Should you take antibiotics prior to certain invasive procedures to prevent infections in your joint replacement?**

These are the guidelines recommended in the 2012 American Academy of Orthopaedic Surgeons-American Dental Association Clinical Practice Guideline and a 2014 International Consensus Meeting of Prosthetic Joint Infection:

1. Most Urologists feel strongly that antibiotics should be given prior to urological procedures.
2. For gastrointestinal procedures like endoscopy or colonoscopy, antibiotics should only be given for high-risk patients.
3. For dental procedures, antibiotics should only be given for high-risk patients.
4. **High-risk patients** include those with the following conditions:
   - Auto-immune diseases such as Rheumatoid Arthritis
   - Immune suppression from medications, HIV, or other reasons
   - Insulin-dependent diabetes mellitus
   - Tobacco users
   - Malnourishment
   - Hemophilia
   - Malignancy (Cancer)
5. The reason that prophylactic (prevention) antibiotics are not given routinely to healthy patients prior to these procedures is that anabiotic usage can cause side effects, which at times can be serious. So routine over-use of antibiotics should be avoided if not necessary.
Managing Your Medications

Routine Medications:
- Continue your medications at home as prescribed by your surgeon and your prescribing physician.
- If you have any questions, please call the physician who prescribed the specific medication to discuss.

Pain Medications:
- If pain is mild, you may take acetaminophen (Tylenol). **Do not** take NSAIDs such as Motrin, Advil, Aleve, Nuprin, etc. unless approved by your surgeon.
- Only take Aspirin, Celebrex or Mobic if your surgeon ordered it for you.
- Take pain medication as prescribed and needed for pain.
- Pain pills take 30-45 minutes to work. **Do not wait until pain is severe.**
- If your medication is not effective in relieving your pain, or you experience unpleasant side effects, do not hesitate to call your surgeon.

Bowel Regularity
- Eat a diet high in fiber.
- Drink plenty of fluids.
- **Being active is important for bowel function.**
- Pain medications with narcotics can slow bowel function.
- Stool softeners and laxatives can be used as directed.
- If you experience abdominal pain that is severe or your bowels do not move within 3 days, contact your Primary Care physician.

Therapy
- Once home, continue with the exercises you learned in the pre-operative class because you may not see the therapist from Home Care or Outpatient Therapy for a few days.
- Practice walking as normally as possible **WITH THE USE OF AN ASSISTIVE DEVICE** (walker, crutches, cane).
- Walking is the best exercise you can do for yourself.
- Begin by walking for 3-5 minutes every 2-3 hours throughout the day. Gradually increase the frequency until you are walking 3-5 minutes every hour.
- Slowly extend the length of time you are walking.
- After your walk, you should apply ice and elevate your leg to decrease swelling.
Daily Activities

Fall Prevention

To reduce the risk of falls:

- Wear non-skid shoes and use your assistive device when walking.
- As you progress, walking on uneven surfaces, such as grass or gravel, may require the use of an assistive device even after you no longer use one indoors.
- Maintain proper lighting.
- Know where your pets are any time you are walking.
- Use adaptive equipment for ease and safety with activities.

In the kitchen:

- Have prepared meals available for reheating.
- Plan easy meals that do not require a lot of time or effort.
- Arrange the kitchen/refrigerator to avoid bending down to reach items.
- Have a chair handy as you may tire easily.
- Arrange work space for convenience.
- Slide objects or use a utility cart to move objects.
- Plan menus and make a shopping list.

In the bathroom:

- Re-survey the bathroom for safety and ability to maneuver.
- Use an elevated toilet seat over the commode to avoid having to sit too deep.
- Use the shower (not bath) if your AquaCel Dressing is in place or if not, your wound is dry and there is no drainage.
- Avoid scrubbing your incision and pat dry with a towel.
- A shower chair or tub bench may be purchased to allow you to sit.
- Use a long-handled sponge to reach your feet.
- A rubber mat or strips in the shower or tub will help reduce the risk of falls.
- Avoid bath oils in the tub or shower.
- Handheld shower heads may be helpful.

Around the house:

- Arrange for assistance with larger household chores (vacuuming, sweeping, mopping, and laundry).
- No heavy lifting for 6-8 weeks.
A blood clot (Deep Vein Thrombosis or DVT) can occur during the first several weeks after surgery. It commonly occurs in the calf or thigh. There is a risk of this clot traveling to other parts of your body, such as the lungs. This is known as a pulmonary embolus or PE.

**To Reduce the Risk of Blood Clots When You are Discharged:**

- Continue perform the foot pump exercises throughout the day when you are at rest in a chair.
- Be mobile. **Do not sit for long periods of time (greater than one hour while you are awake during the day)**
- Take any medications you have been prescribed as blood thinners.
Blood Thinning Medications

Most patients will be prescribed a medication to thin the blood for 4 weeks after surgery. If you currently take a medication to thin your blood, your surgeon and the physician who prescribes the blood thinner for you will tell you what you need to take to restart your medication after surgery.

If you do not take medication to thin your blood before you have surgery, in most cases either Aspirin or Coumadin will be prescribed after surgery.

Aspirin
- Enteric coated Aspirin 325 mg is recommended as it has a coating on it that protects your stomach and may prevent the irritation some people experience.
- Take the amount of tablets per day that were prescribed for you. DO NOT TAKE MORE THAN WHAT WAS PRESCRIBED. You are taking Aspirin to thin your blood, NOT to control your pain.
- Take with food to help limit any stomach upset.
- You can expect bruising on the leg you had surgery on and in any area you bump yourself while you are on Aspirin.

Coumadin
- If your surgeon orders Coumadin and you don’t normally take Coumadin, you will be on it for 4 weeks.
- Coumadin requires dose adjustments based on your blood work.
- You will get education about diet restriction and signs and symptoms of bleeding problems when you are in the hospital.
- You will be given directions for lab work and dosing by a member of the healthcare team before you are discharged home.

Warning Signs of Possible Blood Clots in Your Leg Include:
- Warmth, swelling, increased pain, tenderness, redness in the thigh, calf, ankle or foot. (Some swelling in the thigh or leg is normal after knee replacement surgery)
*Notify your surgeon’s office immediately if you develop any of these signs.

Warning Signs That a Blood Clot has Traveled to Your Lung Include:
- Sudden increased shortness of breath
- Sudden onset of chest pain
- Localized chest pain with coughing
- Blood or blood streaks in sputum when you cough
- Feelings of anxiety

*Seek medical treatment immediately if these symptoms occur.
Long-term Care of Your Knee Replacement

Returning to Everyday Life

Driving:
- Talk with your surgeon on the follow-up appointment about your readiness to safely drive. Usually it takes about 6 weeks.
- In general, you should not drive when you are taking narcotics or if you have pain when you press on the accelerator or brake pedal.
- The decision to drive will be based on these factors and your judgment.

Travel:
For the first three months:
- Do not sit in one position for long periods of time.
- On car trips, stop every 1-2 hours to stretch your legs.
- Foot pumps will help circulation and reduce pain and swelling.
- On a plane ride, get up and stretch your legs every hour.

Lifetime considerations:
- Your new joint may activate metal detectors required for security in airports or other building. Tell the security agent about your knee replacement.

Sexual Activity
- Talk to your surgeon about when you can safely resume sexual intercourse, generally 4-6 weeks after surgery.
- This allows for the incision and muscles around the knee replacement to heal and you to function with limited amount of pain.
- It is important that you communicate with your partner about your knee replacement and the limitations that you may have, such as bending the knee or precautions for the hip.
Exercise within the limits of your pain. Stop if you feel sharp, stabbing, or unusual pain. The goal is to complete 3 sets of 10 repetitions and to perform these sets 3-4 times a day.

**Ankle Pumps** – Bend your ankles up and down.

**Quad Sets** – (Knee pushdowns) Press your knee down so you are tightening the muscle on the front of your thigh and hold for 5 seconds.

**Gluteal Sets** – Squeeze your gluteal muscles (buttock) together and hold for 5 seconds.
Pre- and Post-op Exercises

**Heel Slides** – While lying down, slide heel up, bending your knee and keeping your heel on the bed.

**Straight Leg Raises** – While lying, bend your unaffected leg, keeping your foot flat. Lift your affected leg keeping your knee straight and toes pointed towards your head.
**Abduction/Adduction slides** – Lie down with toes pointed up and knees straight. Tighten your thigh muscle and slide your leg out to the side and back to the starting position.

**Arm Chair Push Ups** – Sit in a sturdy armchair with feet flat on the floor and your hands on the armrests. Straighten your arms and lift your bottom up from the seat as far as you can using your legs as needed to help.
Pre- and Post-op Exercises

Heel Raises – Stand straight with a firm hold on a stable object like a chair or counter top. Raise yourself up on your toes and then back on your heels.

Knee Flexion – Stand straight with a firm hold on a stable object like a chair or counter top. Lift your heel by bending at your knee.
Abduction Leg Raises – Stand straight holding on to a stable object like a chair or counter top with your legs slightly apart. Lift your leg to the side and hold for 5 seconds.
Our Physicians

Patrick M. Collalto

**Expertise**
Spine, Total Joints, Arthroscopy of the Knee

**Education**
College: Seton Hall University, South Orange, NJ Cum Laude
Medical School: New Jersey Medical School, UMDNJ, Newark, NJ
Residency: Monmouth Medical Center, Hershey Medical Center, Pediatrics
Fellowships: Spine Surgery, University of Iowa Hospital, Iowa City, IA

**Board Certification**
American Board of Orthopedic Surgeons

**Memberships**
- Fellow, American Academy of Orthopedic Surgeons
- North American Spine Society
- Hunterdon County Medical Society, Past President
- New Jersey Medical Society
- New Jersey Orthopedic Society, Board Member

**Faculty Appointments**
Hunterdon Medical Center
- Anterior Cervical Discectomy
- Lumbar and Cervical Fusions
- Kyphoplasty for Vertebral Compression Fractures
- Laminectomy
- Epidural and Lower Back Injections
- Minimally Invasive Lumbar Surgery
- Outpatient Percutaneous Discectomy
- IDET (Intradiscal Electrothermal Therapy)
- X-Stop Spacer
- Microdiscectomy

Robert C. More

**Expertise**
Sports Medicine and Joint Replacement, Orthopedic Consultant – Hunterdon County High Schools

**Education**
High School: Valedictorian
College: University of California, Irvine Summa Cum Laude Phi Beta Kappa
Medical School: University of California, Los Angeles (UCLA)
Residency: University of California, Los Angeles (UCLA)
Fellowships:
- Sports Medicine – UCSD
- Joint Replacement – UCLA

**Advanced Training:**
- Hip Arthroscopy, University of Pittsburgh
- Autogenous Chondrocyte Implantation

**Board Certifications**
- American Board of Orthopaedic Surgery
- Subspecialty Certification – Sports Medicine

**Memberships**
- Fellow, American Academy of Orthopedic Surgeons
- American Orthopedic Society for Sports Medicine
- American Association of Hip and Knee Surgeons
- The Academy of Medicine of New Jersey
- New Jersey Orthopedic Society
- American Medical Association

**Academic Appointment**
Clinical Assistant Professor, New Jersey Medical School/UMDNJ
Our Physicians

Michael E. Pollack

**Expertise**
Sports Medicine, Knee and Shoulder Replacement, Surgery of the Shoulder, Surgery of the Knee, Arthroscopic and Minimally Invasive Procedures, Consultant – Hunterdon County High Schools

**Education**

**College:** University of Pennsylvania, Philadelphia, PA  
**Medical School:** Jefferson Medical College, Philadelphia, PA  
**Residency:**  
• St. Luke’s – Roosevelt Hospital Center, University Hospital, Columbia University, New York, NY  
**Fellowships:** Shoulder, Knee and Arthroscopic Surgery, California Pacific Medical Center, San Francisco, CA

**Board Certification**
• American Board of Orthopedic Surgeons, 2005  
• Subspecialty Certification – Sports Medicine, 2008

**Memberships**
• Fellow, American Academy of Orthopedic Surgeons  
• Arthroscopy Association of North America  
• New Jersey Orthopedic Society  
• Medical Society of the State of New Jersey  
• American Medical Association  
• Hunterdon County Medical Society, Past President

**Faculty Appointments**
Hunterdon Medical Center

Philip J. Glassner

**Expertise**
Unicondylar Knee Replacement, Hip Resurfacing, Complex Hip and Knee Reconstruction, Primary and Revision Hip Arthroplasty, Primary and Revision Knee Arthroplasty, Arthroscopy of the Hip and Knee, General Orthopedics

**Education**

**College:** Tufts University, Magna Cum Laude, Boston, MA  
**Medical School:** UMDNJ – New Jersey Medical School, Newark, NJ  
**Residency:** NYU Hospital for Joint Diseases, New York, NY

**Board Certification**
American Board of Orthopedic Surgeons

**Memberships**
American Academy of Orthopedic Surgeons  
Hunterdon County Medical Society  
New Jersey Orthopedic Society  
Medical Society of the State of New Jersey

**Faculty Appointments**
Hunterdon Medical Center
Our Physicians

**Expertise**
Spine Surgery, Adult Hip and Knee Reconstruction, General Orthopedics

**Education**
**College:** Cornell University, Ithaca, NY
Bachelor of Science in Biology, Magna Cum Laude

**Medical School:** State University of New York at Stony Brook, NY, MD with Distinction in Research, May 1995

**Residency:** Thomas Jefferson University Hospital, Philadelphia, PA

**Fellowships:** Adult Reconstruction and Spine Surgery, Thomas Jefferson University Hospital, Philadelphia, PA

**Board Certification**
American Board of Orthopedic Surgery

**Memberships**
- Fellow, American Academy of Orthopedic Surgeons
- North American Spine Society
- Jefferson Orthopedic Society
- American Medical Association
- American Academy of Hip and Knee Surgeons
- Hunterdon County Medical Society

**Faculty Appointment**
Hunterdon Medical Center

**Expertise**
Total Knee Replacement, Partial Knee Replacement, Total Hip Replacement, Certified SuperPATH Hip Surgeon & Trainer

**Education**
**College:** Boston College, Chestnut Hill, MA
Bachelor of Science in Biology, Magna Cum Laude

**Medical School:** State University of New York at Stony Brook, NY, MD with Distinction in Research, May 1995

**Residency:** Thomas Jefferson University Hospital, Philadelphia, PA

**Fellowships:** Adult Reconstruction and Spine Surgery, Thomas Jefferson University Hospital, Philadelphia, PA

**Board Certification**
American Board of Orthopaedic Surgeons, 2013

**Memberships**
- Fellow, American Academy of Orthopaedic Surgeons (AAOS)
- Member, American Association of Hip and Knee Surgeons (AAHKS)
- Member, International Society for Technology in Arthroplasty (ISTA)
- Alpha Omega Alpha (AOA)

**Faculty Appointment**
Hunterdon Medical Center
**Outpatient Physical Therapy**
Call to make or confirm an appointment.

<table>
<thead>
<tr>
<th>Location</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Physical Therapy at Clinton Health Campus</td>
<td>908-735-3930</td>
</tr>
<tr>
<td></td>
<td>1783 Route 31N, Suite 103</td>
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<tr>
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<td>Clinton, NJ</td>
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<tr>
<td>Physical Therapy at Hunterdon Health and Wellness Center</td>
<td>908-534-1320</td>
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<td></td>
<td>537 Route 22 East</td>
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<td>Whitehouse Station, NJ</td>
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<tr>
<td>Physical Therapy at Hunterdon Sport and Physical Therapy</td>
<td>908-237-7096</td>
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<td></td>
<td>222 Route 31N</td>
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<td>Flemington, NJ</td>
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<td>Physical and Occupational Therapy at Wescott</td>
<td>908-788-6394</td>
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<td></td>
<td>8100 Wescott Drive, Suite 103</td>
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<td>Flemington, NJ</td>
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<td>Smoking Quitline:</td>
<td>1-877-44U-QUIT (1-877-448-7848)</td>
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<td>Talk with a tobacco cessation counselor for help quitting and get answers to your smoking-related questions in English or Spanish. Toll free within the United States. Available Monday thru Friday from 8:00 am – 8:00 p.m.</td>
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<td>Smoking and Tobacco Use (Centers for Disease Control and Prevention):</td>
<td><a href="http://www.cdc.gov/tobacco">www.cdc.gov/tobacco</a></td>
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<td>Information, quit tips and a variety of resources.</td>
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**Information to Help You Quit Tobacco**
Contact your primary care physician to discuss treatment options that are safe for you. Remember to keep all of your doctors informed before you begin any type of medication to help quit tobacco.

**On-line and Phone Support**

**New Jersey Quitline:**
866-657-8677 or www.njquitline.org
Eligibility and services fluctuate. Free, available in 26 languages and confidential. Telephone counseling service for tobacco users who are ready to stop. Call today and speak with your own trained quit coach. No matter which method you choose, the Quitline can more than double your chances for success! Free

**Smokefree.gov:**
www.smokefree.gov/ or www.espanol.smokefree.gov/ (Spanish). Information and professional assistance available to help you become and remain a non-smoker. Offers a step-by-step quit smoking guide with interactive tools and resources. You can also get “Smokefree TXT”, a mobile service that provides 24/7 encouragement, advice and tips to help you stop smoking for good. (Fees may apply)

**Smoking Quitline:**
1-877-44U-QUIT (1-877-448-7848)
Talk with a tobacco cessation counselor for help quitting and get answers to your smoking-related questions in English or Spanish. Toll free within the United States. Available Monday thru Friday from 8:00 am – 8:00 p.m.

**Plan My Quit (Pfizer):**
www.planmyquit.com
A video program led by a Tobacco Treatment Specialist and former smoker who coaches you on developing an effective quit plan. Plan-to-Quit cards are available at no cost and include powerful activities to help you jump-start your quit and keep you on track to staying tobacco free.

**Programs**

**Hunterdon Prevention Resources**
908-782-3909
On-site Certified Tobacco Treatment Specialist & Prevention Educator.
4 Walter Foran Boulevard, Suite 410, Flemington, NJ 08822
**Service includes:** Six weeks of 1:1 education, help creating a personal quit plan, instructions for proper nicotine replacement therapies, medication options & counseling with follow-up (3 months, 6 months and 1 year). Will work with your Primary Care Physician to discuss treatment options. Call to discuss costs and insurance coverage.
OUTPATIENT PHYSICAL THERAPY LOCATIONS

Physical Therapy at Clinton Health Campus
1783 Route 31N
Suite 103
Clinton, NJ 08809
Phone: 908-735-3930

Hunterdon Sports and Physical Therapy
222 Route 31N
Flemington, NJ 08822
Phone: 908-237-7096

Hawk Pointe Medical Office Building
6 Clubhouse Drive
Suite 103
Washington, NJ 07882
Phone: 908-237-4141

Physical Therapy at Hunterdon Health and Wellness Center
537 Route 22 East
Whitehouse Station, NJ 08889
Phone: 908-534-1320

Physical and Occupational Therapy at Wescott
8100 Wescott Drive
Suite 103
Flemington, NJ 08822
Phone: 908-788-6394

Physical and Occupational Therapy at Bridgewater
1121 Route 22W
Suite 207
Bridgewater, NJ 08807
Phone: 908-237-4109