Total Joint Center at Cape Cod Hospital

CAPE COD HEALTHCARE
Total Joint Center at Cape Cod Hospital

Total Joint Replacement
Pre-Operative Education Class
Information Guide

We're taking good care of you™
Total Joint Replacement
Pre-Operative Education Class
Information Guide
MY GENERAL INFORMATION

Date of surgery

Time of surgery

My room #

My telephone #

Questions I have before surgery:

________________________________________________________________________________________

________________________________________________________________________________________

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter from the Chief Executive Officer CCHC</td>
<td>4</td>
</tr>
<tr>
<td>Letter from Director of Orthopedic Total Joint Program</td>
<td>5</td>
</tr>
<tr>
<td>History of Cape Cod Healthcare</td>
<td>6</td>
</tr>
<tr>
<td>Cape Cod Hospital Contact Numbers</td>
<td>8</td>
</tr>
<tr>
<td>Personal Progress Guide</td>
<td>9</td>
</tr>
<tr>
<td>The Days Leading Up to Surgery</td>
<td>10</td>
</tr>
<tr>
<td>Pre-Admission Testing (PAT)</td>
<td>11</td>
</tr>
<tr>
<td>Medications Before Surgery</td>
<td>12</td>
</tr>
<tr>
<td>What to Expect on the Day of Surgery</td>
<td>13</td>
</tr>
<tr>
<td>Blood Loss Management</td>
<td>15</td>
</tr>
<tr>
<td>Case Management /DC Planning</td>
<td>15</td>
</tr>
<tr>
<td>Skilled Nursing Facilities</td>
<td>17</td>
</tr>
<tr>
<td>Home Care Agencies</td>
<td>18</td>
</tr>
<tr>
<td>Rehabilitation Centers off Cape</td>
<td>19</td>
</tr>
<tr>
<td>Health Care Proxy</td>
<td>19</td>
</tr>
<tr>
<td>Welcome to Mugar 6</td>
<td>20</td>
</tr>
<tr>
<td>Medical Abbreviations</td>
<td>22</td>
</tr>
<tr>
<td>Your Plan of Care</td>
<td>23</td>
</tr>
<tr>
<td>Controlling Your Pain</td>
<td>24</td>
</tr>
<tr>
<td>Incentive Spirometer</td>
<td>25</td>
</tr>
<tr>
<td>Food and Nutrition</td>
<td>26</td>
</tr>
<tr>
<td>Falls Program</td>
<td>27</td>
</tr>
<tr>
<td>Welcome to Rehabilitation Services</td>
<td>28</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>29</td>
</tr>
<tr>
<td>Physical Therapy Following Discharge from the Hospital</td>
<td>35</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>36</td>
</tr>
<tr>
<td>Getting Your Home Ready for Your Return</td>
<td>37</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>38</td>
</tr>
<tr>
<td>Helpful Hints – Getting In and Out of Your Car</td>
<td>39</td>
</tr>
<tr>
<td>Dermabond Informational Facts</td>
<td>39</td>
</tr>
<tr>
<td>General Wound Care and Instructions</td>
<td>40</td>
</tr>
<tr>
<td>Preventing Surgical Site Infection</td>
<td>41</td>
</tr>
<tr>
<td>Our Surgeons</td>
<td>43</td>
</tr>
</tbody>
</table>
THANK YOU FOR CHOOSING CAPE COD HEALTHCARE

Our number one priority at Cape Cod Healthcare is to provide proven, safe, quality care to our patients. With that in mind, we have created this guide to help ensure that your experience with us – from pre-op, through surgical and post-op care – is a rewarding and pleasant one for you.

Before you get started learning about your upcoming surgery, let me tell you a little about our orthopedic program. Our Total Joint Centers at Cape Cod Hospital and Falmouth Hospital were developed so that we have a comprehensive, system-wide approach to orthopedic care. Since their creation in 2010, the Centers have expanded on our great track record of treating and caring for orthopedic patients by offering patients a multi-disciplinary approach to orthopedic care and treatment that brings to bear the resources throughout the Cape Cod Healthcare system.

Your care is coordinated from your initial diagnosis through the rehabilitation process, whether that takes place at home or at a skilled nursing facility.

The Total Joint Center at each hospital offers a team of highly-skilled surgeons, dedicated nurses, therapists and technicians working together on individualized Care Maps specifically designed to achieve the best outcome for all Total Joint Replacement patients, as well as other orthopedic patients. You can feel confident that the best treatment and care plan will be developed for your specific condition and needs.

Thank you for entrusting us with your health care and I wish you the best of luck for a quick and successful recovery.

Sincerely,

Mike

Michael K. Lauf
President and CEO
Cape Cod Healthcare
HELLO AND WELCOME TO CAPE COD HEALTHCARE

This Total Joint Pre-Operative Education Program has been designed to prepare you and your family for surgery, recovery, rehabilitation and to initiate your comprehensive discharge planning.

Patients undergoing joint replacement surgery benefit from education programs such as this. Our education classes provide detailed information on everything from medication management to where to park on the day of surgery.

You will have the opportunity to learn from and interact with a variety of skilled, enthusiastic health care professionals who are committed to supporting the surgical excellence provided at Cape Cod Healthcare.

All patients having a total joint(s) replaced are EXPECTED to attend this 90-minute session. This booklet will serve as an important guide, so please bring it with you to the hospital.

Thank you in advance for helping our program work for you. Our staff looks forward to caring for you throughout your stay.

I’m looking forward to meeting you.

Cynthia

Cynthia Ann Marlin MS-MHA, RN, ONC
Director
Orthopedic Total Joint Program
Cape Cod Healthcare
cmarlin@capecodhealth.org
Charles Lincoln Ayling was a well-known Centerville resident. One winter’s day in 1919, he caught a train in Hyannis for a business trip to Boston. As he rode the train, Ayling was horrified by the sight of some badly injured sailors on the train with him being transported for treatment because there was no medical facility on Cape Cod. He resolved on that trip that it was time for the Cape to have its own hospital. He and seven fellow members of the Hyannis Board of Trade put up $35,000 to purchase Dr. Edward Francis Gleason’s summer home. It was here they established Cape Cod Hospital. They accepted their first patient in October 1920. The first addition – the Ayling Wing – was built in 1923. A major new expansion in 1950 resulted in the demolition of the original hospital building. There have been six major additions and many more small ones over the past 50 years as the hospital has grown to 220+ beds and 42 medical specialties. The new Mugar tower was completed in 2007 and consists of four medical floors, each with 30 private patient rooms.

Dr. Langdon Burwell was one of the eager young proponents of a hospital in Falmouth. On April 4, 1955, approximately 100 people met in the Falmouth Recreation Building to hear Dr. Burwell and others argue for a Falmouth hospital. In 1956, a $50,000 gift was received from the Lilly Foundation. DeWitt Ter Heun donated a wooded height that was once part of Bebee’s Woods to the project for a site to build upon. Federal funds under the Hill-Burton Act brought in enough additional money to get underway in October 1961. Falmouth Hospital opened on Tuesday, May 28, 1963 with a 24/7 emergency room and 58 beds, all within 53,600 square feet. Falmouth Hospital has expanded several times over the past 40 years, as the hospital has grown to 95 beds and 42 medical specialties.

As the Cape’s population grew in the 1970’s, the five communities that comprise the Lower Cape recognized the need for a primary care medical facility that could service their towns. In July 1975 a committee consisting of two members each from Harwich, Brewster, Chatham, Orleans and Eastham met to serve as a board. They worked with Cape Cod Hospital to establish an ambulatory care center. The name MediCenter Five was suggested by an anonymous donor to the project and adopted by the board. In 1976, an 8-acre site on Long Pond in East Harwich was purchased. The certificate of need was granted in late 1978 and fundraising for $750,000 began. Ground was broken in October 1979 and the facility opened in February 1981.

In 1986, the Board of Trustees of Falmouth Hospital proposed building a nursing and rehabilitation facility on a portion of their 26 acres of undeveloped land on Ter Heun Drive. Josiah K. Lilly III donated $5 million dollars to the project in memory of his wife, Josephine M. Lilly. It was named the JML Care Center in her honor and her portrait hangs in the lobby of the facility today.
Ground was broken on April 15, 1988. It was developed on a 15-acre site adjoining the wooded conservation land of Beebe Woods. Construction took a year and a half and was completed in the late fall of 1989. The staff welcomed their first resident, who arrived by limo, in December of that year. The decor is elegant. The JML Care Center is a 132-bed facility with a wide variety of geriatric programs. The facility was expanded in 1992 under the leadership of Charles Peterman.

By the early 1990’s, Falmouth Hospital’s services for the elderly included the JML Nursing Home, care through the VNA, in-patient hospitalization, and rehabilitation services. To better fulfill its mission of providing a broad continuum of services to its geriatric community, the Trustees decided to build an assisted living facility, Heritage at Falmouth. A 9.5-acre site on the Falmouth Hospital campus was selected and work began in 1994 on a 56-apartment facility offering studio, and one and two-bedroom apartments. On October 17, 1995 Heritage of Falmouth opened.

In June, 1996, the Boards of Trustees of the VNA, Cape Cod Hospital and Falmouth Hospital became one, to serve the needs of the Cape Cod community by working together instead of competing against each other. Cape Cod Healthcare has been almost 100 years in the making, beginning with the first VNA in Falmouth in 1915, the Central Cape VNA in 1918, the Chatham VNA in 1919, Cape Cod Hospital in 1920, Falmouth Hospital in 1963, Fontaine Medical Center in 1981, the JML in 1986 and Heritage at Falmouth in 1995.

Today, Cape Cod Healthcare continues to expand and to improve, bringing to Cape Cod the latest and best health care. It is the culmination of the hard work, hopes and the dreams of so many dedicated people who believed that we can have a quality health care system, locally controlled, here on Cape Cod.

We thank you for your continued support!
CAPE COD HOSPITAL CONTACT NUMBERS

Main Number .............................................................................................................. 508-771-1800
Admitting ..................................................................................................................... 508-862-5251
Business Office/Patient Accounts ............................................................................. 866-809-0655
Foundation .................................................................................................................. 508-862-5600
Food/Nutrition (Room Service) ................................................................................ 2-5555 [from room phone]
Gift Shop ..................................................................................................................... 508-771-1800 x22505
Interpreter Services ................................................................................................... 508-862-5519
Main Lobby Information Desk ................................................................................... 508-862-5297
Mugar 6 Nursing Station (Rooms 1-15) ................................................................. 774-552-6570
Mugar 6 Nursing Station (Rooms 16-30) ................................................................. 774-552-6580
Medical Records ........................................................................................................ 508-862-5255
Patient Registration ................................................................................................. 508-862-5406
Patient Representative ............................................................................................ 508-862-5401
Physician Referral/Info Line ..................................................................................... 877-227-3263
Rehabilitation Services ............................................................................................. 508-771-9600
Social Services ........................................................................................................... 508-771-1800 x25407
Thrift Shop ................................................................................................................. 508-775-0078
MY PERSONAL PROGRESS GUIDE

This personal progression guide was designed to give you the opportunity to become directly involved in your stay here in the hospital. Please feel free to write down all of your achievements as well as opportunities for progress.

For example:

- How many times did you get out of bed to the chair today?
- How many times did you use your incentive spirometer today?

<table>
<thead>
<tr>
<th>Personal Progress Guide</th>
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</thead>
<tbody>
<tr>
<td>INCENTIVE SPIROMETER</td>
</tr>
<tr>
<td>1st day after surgery</td>
</tr>
<tr>
<td>DATE _____________</td>
</tr>
<tr>
<td>2nd day after surgery</td>
</tr>
<tr>
<td>DATE _____________</td>
</tr>
<tr>
<td>3rd day after surgery</td>
</tr>
<tr>
<td>DATE _____________</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
WHAT YOU CAN START DOING A FEW DAYS BEFORE SURGERY

SMOKING – Try to quit. If you can’t quit, cut down!
You cannot smoke while you are in the hospital. If you smoke, we encourage you to stop at least 3-5 days (or more) before your surgery. This will decrease the chances of lung problems and will help to hasten your recovery.

Please talk with your doctor and/or nurses about using a nicotine patch during your stay.

DIET – The better you eat before surgery, the better you’ll feel after surgery!
This includes meals rich in vitamin C, protein and iron.

EXERCISE – Regular exercise will help your body handle the stresses of surgery.
If you already exercise, excellent! Keep it up. If you don’t exercise regularly, first ask your physician if it’s ok. If so, start off slow and don’t hurt yourself. Try taking a short walk.

Just a few of the people who will be involved in your care here at Cape Cod Hospital
PRE-ADMISSION ASSESSMENT AND TESTING (PAT)

What is this for?
This appointment is to complete all of the medical tests and nursing assessments you will need prior to surgery. This appointment should occur 2 weeks before you have surgery.

Where do I go?
Please report to the Surgical Day Care center at the O’Keefe Pavilion which is located 200 feet from the main lobby entrance. Please arrive 15 minutes prior to your appointment to fill out any necessary paperwork.

How long will this appointment take?
Please plan on being at this appointment for approximately one hour.

What happens during this appointment?
• A nurse will review your history and medications.
• You may have some blood tests performed.
• You may have an EKG to check your heart.
• You may have a chest X-ray.
• You may meet with an anesthesiologist if your medical history requires.

Should I do anything special to prepare for the appointment?
• Bring a drivers license.
• Please bring an updated list of your medications. Make sure to write down the dose of each medication and how often you take it. This list should include all over the counter medications.

NOTE: Some of your medications will need to be stopped up to seven (7) days before you have surgery. The following page is a list of medications and their needed stop times. Please call your physicians office with ANY questions about your medications and what you should or should not stop.
## WHAT MEDICATIONS SHOULD I STOP PRIOR TO SURGERY?

<table>
<thead>
<tr>
<th>Medication name</th>
<th>When to stop taking medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>Percodan</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td><strong>NSAIDS/IBUPROFEN:</strong></td>
<td></td>
</tr>
<tr>
<td>• Advil</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>• Anaprox</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>• Bextra</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>• Indocin</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td>• Menadrol</td>
<td>7 days prior to surgery</td>
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<tr>
<td>• Medipren</td>
<td>7 days prior to surgery</td>
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<tr>
<td>• Mobic</td>
<td>7 days prior to surgery</td>
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<tr>
<td>• Motrin</td>
<td>7 days prior to surgery</td>
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<tr>
<td>• Naprosyn</td>
<td>7 days prior to surgery</td>
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<tr>
<td>• Toradol</td>
<td>7 days prior to surgery</td>
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<tr>
<td><strong>NAPROXEN SODIUM:</strong></td>
<td></td>
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<tr>
<td>• Aleve</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td><strong>HERBAL MEDICATIONS:</strong></td>
<td></td>
</tr>
<tr>
<td>All that start with G (Ginko, Glucosamine), Omega 3’s, all fish oils, seaweed</td>
<td>7 days prior to surgery</td>
</tr>
<tr>
<td><strong>PAIN MEDICATION INCLUDING:</strong></td>
<td></td>
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<tr>
<td>• Vicodin (Hydrocodone)</td>
<td>Ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td>• Dilaudid</td>
<td>Ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td>• Percocet (Oxycodone)</td>
<td>Ok to take up until midnight the night before surgery</td>
</tr>
<tr>
<td>• Oxycontin</td>
<td>Ok to take up until midnight the night before surgery</td>
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<tr>
<td><strong>DIABETES CONTROL</strong></td>
<td></td>
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<tr>
<td><strong>BETA BLOCKERS:</strong></td>
<td></td>
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<tr>
<td>• Acebutolol (Sectral)</td>
<td>Make sure to TAKE these medications with a small sip of water on the morning of surgery.</td>
</tr>
<tr>
<td>• Atenolol (Tenormin)</td>
<td></td>
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<tr>
<td>• Bisoprolol (Zebeta)</td>
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<tr>
<td>• Carvedilol (Coreg)</td>
<td></td>
</tr>
<tr>
<td>• Metoprolol (Lopressor, Toprol)</td>
<td></td>
</tr>
<tr>
<td>• Nadolol (Corgard)</td>
<td></td>
</tr>
<tr>
<td>• Nebivolol (Bystolic)</td>
<td></td>
</tr>
<tr>
<td>• Propranolol (Inderal)</td>
<td></td>
</tr>
</tbody>
</table>

Please call your physician about ANY medications not listed here!
THE SURGICAL STORY...WHAT YOUR DAY WILL BE LIKE

The Department of Anesthesiology and Surgical Services at Cape Cod Hospital is dedicated to making your surgery experience safe and comfortable.

When you arrive at the hospital, you will be checked in and then be asked to change into a surgical gown. You will then be escorted to our pre-op area and will either sit in a lounge chair or lie on a stretcher. A pre-op nurse will begin by asking you a series of questions pertaining to your medical history. No doubt you will hear these questions repeated by others. The repetition of questions by different people is designed to make sure that important information is captured, so please be patient.

Once you are admitted, the nurse will start an intravenous line through which you will receive fluids and medication. You will then meet one of our anesthesiologists, who will ask more questions and, with you, decide on the appropriate anesthetic for you. This decision will be based on your health and the type of surgery. The type of anesthesia you receive might be “general”, “sedation” or “regional”. Some of these procedures might be initiated while you are in the pre-op area. Within each of these broad categories there are many medications and procedures that the anesthesiologist is expert to provide and will explain to you. Often, the anesthesiologist is supervising a nurse anesthetist. This team approach is the most common way anesthesia is provided in the United States. The nurse anesthetist is fully trained to care for you during the entire surgery, closely supervised by your anesthesiologist. We certainly want to make sure you are comfortable with the process, so feel free to ask questions.

You will be asked to confirm the site and side of your surgery and the surgeon will mark that site with his initials. Then it’s off to the operating room. You may feel cool air in the hallway to the operating room. Once inside the operating room, you will be asked to move to the operating room bed. You will have your arms out at the side and a safety strap over your thighs. It will be very bright and you might hear some strange sounds as well as the monitors and/or some instruments being set up. You will quickly find yourself sleepy. You might be asked to count backwards from 100 while a mask with oxygen is placed over your face. You might even hear the operating room nurse say, “see you soon, we will take good care of you,” while holding your hand.

You will begin to emerge from anesthesia while still in the operating room but will probably not remember this. Once surgery is complete, you will be moved back onto the stretcher and might experience blurry vision. Then you will be transported to the recovery room, where a mask will be placed on your face for oxygen. You will become more aware while in the recovery room. The anesthesiologist is still in charge of your care while in recovery and you will be closely cared for by a nurse who will give you whatever you may need, including pain medication. The nurse will decide when you are ready to be discharged from the recovery room to Mugar 6, our designated Orthopedic Unit.

We want your experience to be safe and successful. We hope you find it so.

Harvey Auerbach, MD
Chief of Anesthesia

Robin Grace, RN, BSN
Director, Perioperative Services
How will you know what time your surgery will be?
You will receive a phone call from the Pre-Admission Assessment and Testing (PAT) Nurse after 1:00 pm on the day prior to surgery. They will call you with an approximate time of your surgery. **Plan on arriving to the hospital 1\(\frac{1}{2}\) hours prior to the time you are given.**

- If your surgery is scheduled for Monday, you will receive a call on the Friday before.
- If your surgery is scheduled for Tuesday- Friday, you will receive a call the day before your surgery.

Where should you park on the day of surgery?
You can park in any of the available parking lots on the hospital campus. Cape Cod Hospital also provides valet parking services in the front (main lobby) of the hospital as well as by the Mugar tower entrance (Bayview Avenue). This is the entrance that should be used upon discharge from the hospital.

How long will your surgery take?
- Total hip replacement (single joint) – 2 hours*
- Total knee replacement (single joint) – 3 hours*
- Bilateral knees – 4 \(\frac{1}{2}\) hours*

*Please note: Length of surgery is approximate. In addition, you will be in the recovery room for a few hours after the surgery.

How are my relatives/significant others/friends notified that my surgery has been completed?
If family members or friends choose to wait, once the surgery is complete and you are transferred to the recovery room, the surgeon will come out to speak to them.

If the person accompanying you chooses to leave the hospital while you are in the operating room, he or she will be asked to provide a phone number where they can be reached. The surgeon will call once the operation is complete and you have been moved to the recovery room.
BLOOD LOSS MANAGEMENT

Your surgeon will work to minimize the amount of blood you lose during surgery. Modern techniques including temperature control, small incisions and cauterizing (veins and arteries sealed as they are cut) have significantly decreased the patient’s need for transfusion.

Some patients, however, will require a blood transfusion to replace lost volume, increase blood levels and to help maintain a good blood pressure.

*If your Physician or Nurse tells you that you might need to receive some blood, this is very common and is nothing to be alarmed about.*

There are a few ways you can replace blood loss:

- Receiving blood from our blood bank (homologus blood).
- You may donate blood prior to your surgical procedure (autologus blood).

Some patients ask whether a close family member or friend with the same blood type can donate blood.

*Your surgeon will tell you whether these options are available or even advisable.*

If the decision has been made for you to donate your own blood, please do the following:

- Make sure you have an order for blood from your physicians office.
- Call the hospital for an appointment 508-862-5266.

Dental work and blood donation

You cannot donate blood within the first two weeks after dental cleanings, fillings or simple extractions, OR within 30 days of root canal, oral surgery or wisdom tooth extraction.

*Please notify your physician if you have had any dental work prior to your surgery or blood donation.*

CASE MANAGEMENT & DISCHARGE PLANNING

As with all patients at Cape Cod Hospital, a case manager is available to assist with your discharge planning. All patients having hip or knee surgery should expect some type of rehabilitation after discharge from the hospital. Some patients can go directly to home and receive their therapy from a certified health care agency. Others will be able to go for rehab in an outpatient facility. Keep in mind that transportation to the outpatient appointments will be your responsibility.

*If you expect or have been told by your physician that you will need a short stay at an inpatient facility, please make sure to do the following:*

- Please plan to visit or call the facility to make a reservation.
- Please call your insurance provider to confirm they will cover your stay at that facility.
NOTE: Some facilities allow you to make reservations based on the probability that you will require rehab postoperatively. However, you will be evaluated post-op to ultimately determine the level and location of your continued care.

Mass Health insurance will cover rehab in the home setting, it will NOT cover inpatient rehab (skilled nursing or acute care).

Medicare and many of the commercial insurances will cover skilled nursing facilities. Most HMO’s and senior plans have restrictions and limitations depending on your level of care and where they contract.

Recent changes to Medicare guidelines restrict which patients can be admitted to acute rehab following single joint replacement surgery. The following patients may be eligible for acute rehab under the new Medicare guidelines:

- Patients who have bilateral joint replacement surgery.
- Patients 85 years of age or older (single and bilateral).
- Patients who are morbidly obese (single or bilateral).
- Patients with coexisting rehabilitation diagnosis requiring rehab care; i.e. stroke, Parkinson’s disease, Multiple Sclerosis.

Most patients will be discharged to a rehabilitation or skilled nursing facility. Your case manager will discuss these details as well as transportation with you. If your condition permits, and you are going home, we will make every effort to coordinate your discharge by 10:00 am.

Here’s what you can do to make the discharge process run smoothly

- Plan to order your breakfast early via room service.
- Contact the person who is to provide your transportation and ask that he or she arrive before 10 am.
- Tell your contact person that he or she can park in front of the Mugar entrance for their convenience.
- If you need help with discharge or transportation arrangements please let your nurse or case manager know the day before your planned discharge.
- Begin to gather all of your personal belongings early in the day. We can help you with that if you need us to. If possible, ask someone to take these items home for you the day before discharge.
- You will receive information and instructions for follow-up appointments.
- Be sure you review and understand information on your discharge instruction sheet.
- Please ask your nurse or doctor if you have any questions or concerns.
- Learn about your medications. Be sure you know the names, what they do, how much to take, when to take them, how to take them and how to store them. Ask your nurse if the medications react with other medications.
- Take the time to ask ANY questions you might have.
SKILLED NURSING FACILITIES (SNF)

The hospital will make every effort to accommodate your choice of facility, but your needs must be able to be met at the facility, and a bed must be available. Medicare and other insurances also regulate that the first appropriate SNF offered be accepted.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Contact</th>
<th>Location on Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bourne Manor Extended Care Facility</td>
<td>Phone 508-759-8880, Fax 508-759-8883, <a href="http://www.bournemanor.org">www.bournemanor.org</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Cape Cod Nursing &amp; Rehab Center</td>
<td>Phone 508-759-5752, Fax 508-759-3628, <a href="http://www.royalhealthgroup.com">www.royalhealthgroup.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Cape Heritage</td>
<td>Phone 508-888-8222, Fax 508-888-5583, <a href="http://www.radiushealthcarecenters.com">www.radiushealthcarecenters.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Falmouth Care and Rehab Center</td>
<td>Phone 508-457-9000, Fax 508-548-6903, <a href="http://www.sunbridgehealthcare.com">www.sunbridgehealthcare.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Mashpee Care &amp; Rehab Center</td>
<td>Phone 508-477-2490, Fax 508-539-3278, <a href="http://www.sunbridgehealthcare.com">www.sunbridgehealthcare.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Royal Nursing Center</td>
<td>Phone 508-548-3800, Fax 508-548-6936, <a href="http://www.royalhealthgroup.com">www.royalhealthgroup.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Royal Megansett Nursing and Retirement House</td>
<td>Phone 508-536-5913, Fax 508-564-4163, <a href="http://www.royalhealthgroup.com">www.royalhealthgroup.com</a></td>
<td>Upper</td>
</tr>
<tr>
<td>Spaulding of Cape &amp; Islands</td>
<td>Phone 508-833-4000, Fax 508-833-4195</td>
<td>Upper</td>
</tr>
<tr>
<td>Pavillion</td>
<td>Phone 508-775-6663, Fax 508-778-9891, <a href="http://www.pavilionnsg.com">www.pavilionnsg.com</a></td>
<td>Mid</td>
</tr>
<tr>
<td>Cape Regency</td>
<td>Phone 508-778-1835, Fax 508-771-7411, <a href="http://www.radiushealthcarecenters.com">www.radiushealthcarecenters.com</a></td>
<td>Mid</td>
</tr>
<tr>
<td>Eagle Pond Rehab &amp; Living Center</td>
<td>Phone 508-385-6034, Fax 508-385-6493, <a href="http://www.eaglepond.com">www.eaglepond.com</a></td>
<td>Mid</td>
</tr>
<tr>
<td>Mashpee Care &amp; Rehab Center</td>
<td>Phone 508-477-2490, Fax 508-539-3278, <a href="http://www.sunbridgehealthcare.com">www.sunbridgehealthcare.com</a></td>
<td>Mid</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Facility</th>
<th>Contact</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mayflower Place Nursing Rehab</td>
<td>Phone 508-957-7007 Fax 508-790-8116</td>
<td><a href="http://www.mayflowerplace.com">www.mayflowerplace.com</a></td>
</tr>
<tr>
<td>Windsor Skilled Nursing &amp; Rehab Center</td>
<td>Phone 508-394-3514 Fax 508-394-0515</td>
<td><a href="http://www.windsorskillednursing.org">www.windsorskillednursing.org</a></td>
</tr>
<tr>
<td>Epoch of Brewster</td>
<td>Phone 508-896-7046 Fax 508-896-4820</td>
<td><a href="http://www.epochshl.com">www.epochshl.com</a></td>
</tr>
<tr>
<td>Epoch of Harwich</td>
<td>Phone 508-430-1717 Fax 508-432-1809</td>
<td><a href="http://www.epochshl.com">www.epochshl.com</a></td>
</tr>
<tr>
<td>Liberty Commons</td>
<td>Phone 508-945-4611 Fax 508-945-2245</td>
<td><a href="http://www.broadreachhealth.org">www.broadreachhealth.org</a></td>
</tr>
<tr>
<td>Orleans Convalescent &amp; Retirement Center</td>
<td>Phone 508-225-2328 Fax 508-225-9227</td>
<td><a href="http://www.capecodretirementhome.com">www.capecodretirementhome.com</a></td>
</tr>
<tr>
<td>Pleasant Bay Nursing &amp; Rehab Center</td>
<td>Phone 508-240-3500 Fax 508-240-0772</td>
<td><a href="http://www.pleasantbaycenters.com">www.pleasantbaycenters.com</a></td>
</tr>
<tr>
<td>Seashore Point Wellness &amp; Rehab</td>
<td>Phone 508-487-0771 Fax 508-487-2967</td>
<td><a href="http://www.seashorepoint.org">www.seashorepoint.org</a></td>
</tr>
</tbody>
</table>

**HOME CARE AGENCIES OF CAPE COD**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Contact</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>VNA of Cape Cod</td>
<td>Phone 508-957-7400 Fax 508-771-3707</td>
<td><a href="http://www.vnacapecod.org">www.vnacapecod.org</a></td>
</tr>
<tr>
<td>Bayada Nurses</td>
<td>Phone 508-778-8800 Fax 508-778-6600</td>
<td><a href="http://www.bayada.com">www.bayada.com</a></td>
</tr>
<tr>
<td>Charlesbank Homecare</td>
<td>Phone 508-432-0267 Fax 508-432-1837</td>
<td><a href="http://www.charlesbankhs.com">www.charlesbankhs.com</a></td>
</tr>
<tr>
<td>Gentiva</td>
<td>Phone 508-862-8240 Fax 508-862-8246</td>
<td><a href="http://www.gentiva.com">www.gentiva.com</a></td>
</tr>
<tr>
<td>Interim Health Care</td>
<td>Phone 508-771-4117 Fax 508-771-8312</td>
<td><a href="http://www.interimhealthcare.com">www.interimhealthcare.com</a></td>
</tr>
<tr>
<td>Overlook VNA</td>
<td>Phone 508-862-0200 Fax 508-778-4483</td>
<td><a href="http://www.overlookvna.org">www.overlookvna.org</a></td>
</tr>
<tr>
<td>Vineyard Nursing Association</td>
<td>Phone 508-693-6184 Fax 508-693-5607</td>
<td><a href="http://www.vineyardnursing.org">www.vineyardnursing.org</a></td>
</tr>
</tbody>
</table>
What is a Health Care Proxy and what does the Health Care Proxy Law allow?
The Health Care Proxy is a simple legal document that allows you to name someone you know and trust to make health care decisions for you if, for any reason and at any time, you become unable to make or communicate those decisions. It is an important document because it concerns not only the choices you make about your health care, but also the relationships you have with your physician, family and others who may be involved with your care. Read this and follow the instructions to ensure that your wishes are honored.

Under the Health Care Proxy Law (Massachusetts General Laws, Chapter 201D), any competent adult 18 years of age or over may use this form to appoint a Health Care Agent. You (known as the “Principal”) can appoint any adult EXCEPT the administrator, operator or employee of a health care facility, such as a hospital or nursing home, where you are a patient or resident UNLESS that person is also related to you by blood, marriage or adoption.

What can my Agent do?
Your Agent will make decisions about your health care only when you are unable to do that yourself. This means that your Agent can act for you if you are temporarily unconscious, in a coma or have some other condition in which you cannot make or communicate health care decisions.
Your Agent cannot act for you until your doctor determines, in writing, that you lack the ability to make health care decisions. Your doctor will tell you of this if there is any sign that you would understand it. Acting with your authority, your Agent can make any health care decision that you could, if you were able. If you give your Agent full authority to act for you, he or she can consent to or refuse any medical treatment, including treatment that could keep you alive. Your Agent will make decisions for you only after talking with your doctor or health care provider, and after fully considering all the options regarding diagnosis, prognosis and treatment of your illness or condition. Your Agent has the legal right to get any information, including confidential medical information, necessary to make informed decisions for you.

Your Agent will make health care decisions for you according to your wishes, including your religious or moral beliefs. You may wish to talk first with your doctor, religious advisor or other people before giving instructions to your Agent. It is very important that you talk with your Agent so that he or she knows what is important to you.

If your Agent does not know what your wishes would be in a particular situation, your Agent will decide based on what he or she thinks would be in your best interest. After your doctor has determined that you lack the ability to make health care decisions, if you still object to any decision made by your Agent, your own decisions will be honored unless a court determines that you lack capacity to make health care decisions.

**WELCOME TO MUGAR 6**

The designated orthopedic floor is on the 6th floor of the Mugar tower. Called Mugar 6, this state-of-the-art nursing unit consists of 30 private, spacious patient rooms equipped with flat screen TV’s, private full bathrooms and couches that pull out to beds in case you want someone to spend the night with you. For your convenience, your room will be stocked with toiletries including the following:

- Soap
- Shampoo
- Razor & shaving creme
- Toothbrush & toothpaste
- Body Lotion
- (electric shaver available)
- Mouthwash
- Brush & comb

**What should I bring to the hospital?**

- Any breathing machines used while sleeping
- Glasses
- Dentures
- Books (including this one) crosswords/cards
  
  We have crosswords here if you want one!

**What NOT to bring to the hospital**

- Valuables
- Extra jewelry
- Cash/Credit Cards/Checkbooks
- Medications (unless told to do so)
Preparing for your hospital stay

<table>
<thead>
<tr>
<th>If you are having a Total Hip Replacement</th>
<th>If you are having a Total Knee Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pack a comfortable pair of pants (or shorts), shirt, shoes and socks to dress in daily.</td>
<td>• Pack a comfortable pair of pants, shirt, shoes and socks to dress in daily.</td>
</tr>
<tr>
<td>• Slip-on or Velcro closure shoes are often helpful.</td>
<td>• Your occupational therapist will determine any equipment needs close to discharge. Total Knee Replacement patients often do not require long-handled equipment except for comfort.</td>
</tr>
<tr>
<td>• Purchase long handled adaptive equipment for bathing and dressing and practice using them. You can bring the equipment with you to the hospital if you’d like.</td>
<td></td>
</tr>
<tr>
<td>• Recommended items are: long-handed sponge, reacher, sock aid, long-handled shoehorn, elastic laces or slip-on shoes.</td>
<td></td>
</tr>
<tr>
<td>• For your home, purchase a commode, shower seat and have a grab bar installed.</td>
<td></td>
</tr>
</tbody>
</table>

White communication board

You will see a white board on the wall in your room. This board is used to let other members of the team know about your progress. It will also tell you who your nurse and nursing assistant is for that shift. You may find information about your diet and if you need any help getting in and out of bed. There may also be some abbreviations and lettering that you may not understand. The following page is a list of all the medical abbreviations you might see on that communication board. Feel free to ask what something means if you don’t understand.

- RN- Susan
- DC Plan- 9:30
- DC to rehab
- NA-Brenda
- Falls intervention - Bed alarm. Slipper socks
- Diet- Clear Liquids
- Activity- OOB to Chair w/assist
### Whiteboard Medical Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC</td>
<td>Before meals</td>
</tr>
<tr>
<td>ACT</td>
<td>Activity level</td>
</tr>
<tr>
<td>Ad Lib</td>
<td>Up as desired</td>
</tr>
<tr>
<td>Bed Mob</td>
<td>Bed mobility</td>
</tr>
<tr>
<td>BLT</td>
<td>Bending/lifting/twisting</td>
</tr>
<tr>
<td>BM</td>
<td>Bowel movement</td>
</tr>
<tr>
<td>BR</td>
<td>Bedrest</td>
</tr>
<tr>
<td>BRP</td>
<td>Bathroom privileges</td>
</tr>
<tr>
<td>CM</td>
<td>Case manager</td>
</tr>
<tr>
<td>CPM</td>
<td>Continuous passive motion (knee machine)</td>
</tr>
<tr>
<td>CXR</td>
<td>Chest X-Ray</td>
</tr>
<tr>
<td>DTV</td>
<td>Due to void (urinate)</td>
</tr>
<tr>
<td>DVT</td>
<td>Deep vein thrombosis</td>
</tr>
<tr>
<td>Fall. St.</td>
<td>Fall precautions</td>
</tr>
<tr>
<td>H &amp; H</td>
<td>Hemoglobin/Hematocrit (blood levels)</td>
</tr>
<tr>
<td>HOB</td>
<td>Head of bed</td>
</tr>
<tr>
<td>HOH</td>
<td>Hard of hearing</td>
</tr>
<tr>
<td>HR</td>
<td>Heart rate</td>
</tr>
<tr>
<td>HS</td>
<td>At bedtime (hour of sleep)</td>
</tr>
<tr>
<td>HW</td>
<td>Hemi walker</td>
</tr>
<tr>
<td>Limb Alert</td>
<td>We will not use limb for vital signs or blood</td>
</tr>
<tr>
<td>NC</td>
<td>Nasal cannula (oxygen)</td>
</tr>
<tr>
<td>NP</td>
<td>Nurse practitioner</td>
</tr>
<tr>
<td>NPO</td>
<td>Nothing to eat or drink</td>
</tr>
<tr>
<td>OOB</td>
<td>Out of bed</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational therapy</td>
</tr>
<tr>
<td>OTBS</td>
<td>One touch blood sugar (testing)</td>
</tr>
<tr>
<td>PA</td>
<td>Physician’s assistant</td>
</tr>
<tr>
<td>PT</td>
<td>Physical therapy</td>
</tr>
<tr>
<td>PWB</td>
<td>Partial weight bearing</td>
</tr>
<tr>
<td>RR</td>
<td>Respiratory rate</td>
</tr>
<tr>
<td>RW</td>
<td>Rolling walker</td>
</tr>
<tr>
<td>SL</td>
<td>Saline lock (IV tube)</td>
</tr>
<tr>
<td>SLP</td>
<td>Speech language pathologist</td>
</tr>
<tr>
<td>SNF</td>
<td>Skilled nursing facility</td>
</tr>
<tr>
<td>SW</td>
<td>Social worker</td>
</tr>
<tr>
<td>Tele</td>
<td>Telemetry (cardiac monitor)</td>
</tr>
<tr>
<td>Trans</td>
<td>Transfer</td>
</tr>
<tr>
<td>TTWB</td>
<td>Toe touch weight bearing</td>
</tr>
<tr>
<td>UO</td>
<td>Urine output</td>
</tr>
<tr>
<td>VS</td>
<td>Vital signs</td>
</tr>
<tr>
<td>WBAT</td>
<td>Weight bearing as tolerated</td>
</tr>
</tbody>
</table>
This is your plan of care. This will help you to understand what you can expect each day of your stay. Depending on your ability, you may do more or less than what is listed.

<table>
<thead>
<tr>
<th>Post Operative Day #1</th>
<th>Post Operative Day #2</th>
<th>Post Operative Day #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOBILITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You begin physical therapy by sitting on the edge of the bed, standing and ambulating 0-20’ with assistance and the use of a walker.</td>
<td>Your therapy will increase. Walking 20-50’ with a walker and assistance.</td>
<td>Your therapy will increase. Walking 50-100’ with a walker.</td>
</tr>
<tr>
<td>Continue gentle range of motion (ROM) exercises using a CPM machine (a full description of this machine is in your patient education booklet).</td>
<td>Continue using your CPM machine, increasing the flexion.</td>
<td>Continue using your CPM machine increasing the flexion we’ll show you how.</td>
</tr>
<tr>
<td>Start putting your full weight on your knee.</td>
<td>You should be out of bed to the chair for at least 2 hours today!</td>
<td>You should be out of bed to the chair for at least 2 hours every day!</td>
</tr>
<tr>
<td>Try to get out of bed to the chair for an hour. (With help!)</td>
<td>Make sure to have all of your meals in the chair.</td>
<td>Remember: Do not get out of bed by yourself!</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PAIN CONTROL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your pain will be controlled with the use of medications given through an intravenous line, through a medication pump or through the use of pain pills. We will also use ice packs to ease your pain.</td>
<td>We will try and convert you to pills only.</td>
<td>Your pain will be controlled through the use of pain pills.</td>
</tr>
<tr>
<td></td>
<td>How about some ice?</td>
<td>Don’t forget about that ice pack!</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DIET</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start slow! Try clear liquids to make sure you don’t get nauseous. A nurse will advance your diet, if tolerating fluids.</td>
<td>You should be able to have solid food today! Eat slowly and don’t order anything too heavy.</td>
<td>Keep eating and drinking! Try to get out of bed and sit in the chair for meals.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Remember: Do not get out of bed alone!</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SELF CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We will provide you with a basin, toiletries and towels to get washed up.</td>
<td>Try and perform self care as independently as you can.</td>
<td>How about trying to ambulate to the bathroom to get washed up?</td>
</tr>
<tr>
<td>Your nursing assistant or nurse will assist you with whatever you need.</td>
<td>We will, of course, still be here to help you, but want you to be able to do as much as you can on your own.</td>
<td>Remember: Do not get out of bed alone!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Being out of bed is good for you! We will help you get set up and assist you with whatever you need.</td>
</tr>
</tbody>
</table>
CONTROLLING YOUR PAIN

One of the single most important parts of your care during your stay will be the control of your post operative pain. Your team of physicians and nurses, along with your input, will create and individualize a plan of care to meet your specific pain control needs.

Pain medications come in many forms. They can be administered orally (by mouth) or intravenously (in a catheter that is inserted into a vein).

- It is very important that you take your pain medicine on a regular basis.
- You will be asked to describe your pain numerous times per day, using a numerical scale.
- 0 = No pain  10 = The worst pain you have ever experienced
- If you have trouble determining what the number should be, you can use the scale below.

In order to help you manage your pain, we suggest you set a pain level goal for yourself. We understand that nobody wants to have pain. So, the natural response would be to set a goal of zero pain. This goal may be unrealistic however. We feel that pain levels consistently below 4 allow the patient to still participate in the daily required activities including physical therapy, going for X-rays and getting out of bed to the bathroom and chair.

Depending on your pain, medications will be administered a few different ways. Some medications, not all, will be brought to you automatically every few hours.

Other medications will be brought to you ONLY if you ask for them. These meds are called PRN (as needed) medications. If you are receiving one of these “PRN” medications, we suggest you write them down or have your nurse write them down on your white communication board or your pain medication management card.

Please be sure to tell your physician or nurse if you have experienced any adverse reactions to medications including:
- Nausea  • Vomiting  • Itching  • Hallucinations  • General “ill” feeling
In addition to medication, there are a number of ways that your pain can be controlled. This includes the following:

- Ice therapy – this not only reduces pain, it reduces swelling.
- Frequent position changes.
- Relaxation exercises including music and/or guided imagery therapy.

Pain medication administration card
You will see a pain medication administration card on your bedside table. This card will make you aware of the last time you had your medication and the next time it is due. You will be provided with a marker to keep this card updated.

INCENTIVE SPIROMETRY

What is an incentive spirometer?
An incentive spirometer is used to examine the health of your lungs by measuring inspiratory volume. This means that an incentive spirometer measures how well you are filling your lungs with each breath. Using an incentive spirometer will mimic natural sighing and yawning and encourage you to take slow, deep breaths. After major surgeries, it’s important to take your spirometer home with you and continue your breathing exercises at home. Not only will this help restore your regular breathing rhythm, but it will also help you avoid atelectasis (a collapsed or airless condition of the lung) and pneumonia.

Do I have to buy an incentive spirometer before I get to the hospital?
No, the incentive spirometer will be provided to you once you arrive to your room and it is yours to take with you when you are discharged to home or to rehab.

How do I use my incentive spirometer?

- Place the mouthpiece in your mouth with your lips tightly sealed around it.
- Inhale (breathe in) slowly and deeply through the mouthpiece to raise the indicator.
- Note the highest level that the indicator has reached.
- Exhale normally.
- After each session, try to cough out the sputum (mucus) from your lungs. This is done by inhaling deeply and pushing the air out of your lungs with a deep, strong cough.

How often should I use it?
We would like you to perform deep breathing exercises as much as you can! We recommend 10 times per hour. *Suggestion: If you are watching TV, take a few deep breaths during commercials.*
When can I start eating?

Your first meal in the hospital will be ordered for you. This meal will be a clear liquid diet.

Anesthesia can make digestion difficult resulting in nausea and vomiting. In order to prevent these unpleasant side effects, your health care team will start you off slowly. When you can tolerate food and liquids, your diet will be advanced to solids.

Cape Cod Healthcare uses a room service-style ordering system for your meals. You will be provided with a menu and a phone number. Feel free to call down to our dietary service department 45 minutes prior to the time you would like to eat and order whatever you would like.

**NOTE:** All patients who have dietary restrictions such as a diabetic, renal, low residue or cardiac diets may have some limitations to the food they may order. If you have questions as to what you may or may not have, please ask your nurse prior to ordering.

Patients placed on NPO status

If the patient has been placed on an NPO status (nothing by mouth) for a procedure or prior to surgery, we ask that family and other visitors not bring in any food for the patient or themselves. Many of our patients may not be allowed to eat for extended amounts of time and watching someone else eat may cause unnecessary angst. *Remember: Eat slowly so you don’t get sick to your stomach.*

**DVT – DEEP VEIN THROMBOSIS & PE – PULMONARY EMBOLISM**

Deep Vein Thrombosis or DVT is when a blood clot (thrombus) forms in one or more of the deep veins in the body. This condition usually occurs in the legs. Deep vein thrombosis can cause leg pain or tenderness in the calf, increased warmth and/or red or blue discoloration in the leg. It can also occur without any symptoms at all.

Pulmonary Embolism, or PE, is when a blood clot moves to the lungs. Symptoms include chest pain, shortness of breath or rapid breathing, rapid heart rate or a sudden cough.

We will monitor you and provide you with treatments that can help to prevent DVT and PE. These include:

- Exercise.
- Pumps that are placed around your legs while you are in bed. These pumps will squeeze your legs forcing blood return and improving circulation.
- Medications including Lovenox, Coumadin and Arixtra. These medications reduce the risk of forming blood clots.

**NOTE:** It is extremely important that you let your caregivers know immediately if you experience any of these symptoms.
CCHC FALLS PREVENTION PROGRAM

At Cape Cod Healthcare, your safety and well being is our number one priority. In order to keep you safe at every stage of your hospitalization, each patient, upon admission, will be individually assessed to determine their risk for falling.

Patients who are at an increased risk for falling:

- Have a history of falls.
- Are unsteady or have difficulty walking.
- Have episodes of dizziness or being light headed.
- Are taking medications that make them unsteady.
- Have vision problems.
- Have an illness that makes them unsteady.
- Have recently started using mobility devices, such as canes, walker, crutches.

If it is determined that you are at an increased risk for a fall or have fallen in the past, your medical team has a number of ways that we can ensure your safety, including:

- All beds are equipped with motion sensors that will sound when the bed detects a patient getting out of bed without assistance.
- Chair alarms.
- 24-hour safety observation by a staff member, if needed and ordered by the physician.
- Special room signage to notify the caregivers that you are at risk for falling.
- Room location (being placed closer to the nursing station).

The following tips can help you to remain safe during your stay:

- Please call for assistance when getting out of bed or to the chair. Don’t do it alone!
- Please remember to wear non-skid slippers or socks when out of bed.
- Please remember to use all needed assistive devices when ambulating.

Together we can make your stay a safe stay.
Rehabilitation Services at Cape Cod Hospital consists of therapy provided by Physical Therapists, Occupational Therapists, and Speech and Language Pathologists, both in the inpatient setting at Cape Cod Hospital, in the home through the VNA, and in our outpatient settings in the community.

Once you have your surgery, and have settled in to your room, we will receive a request from your surgeon to evaluate you. This is when the hard work begins! You will be evaluated in your room by one of our physical therapists the day after your surgery, on post-op day #1. The therapist will start by asking you some questions about your function prior to surgery, such as whether or not you used any type of cane or walker, what your activity level was like, or what sports or activities you hope to return to. They’ll also ask you what your current pain level is. They will then assess your range of motion, your strength, your sensation and your ability to move in bed. They will instruct you in the important precautions you must follow so that you do not hurt or injure your operative hip or knee.

You will be instructed in exercises to do while in bed, and the therapist will assist you in doing these each day until you are able to do them on your own. The therapist will then help you sit up on the edge of the bed, while monitoring your vital signs. You will be instructed in more exercises in the sitting position. Once you feel ok sitting, you’ll be instructed in standing, usually with a walker, and will take several steps in your room. Some patients even walk out to the hallway the first day, or over to the window to enjoy the beautiful view! You will be encouraged to sit up in the chair for at least one hour twice a day and to do some of your simpler exercises several times throughout the day on your own.

On post-op day #2, you will join with others who have had similar surgeries, by meeting in the group therapy room and completing your exercises together. You will be guided through the exercise program by a physical therapist assistant, and will be assisted with the more difficult exercises as needed. You will do this twice a day until you are discharged.

If your plan is to be discharged to your home following your hospital stay, you will also be evaluated by an occupational therapist prior to discharge. They will evaluate you and instruct you in how to most efficiently and safely dress and bathe yourself, as well as make recommendations for using adaptive equipment as needed, such as a long-handled sponge or shoe horn. They will also discuss with you any recommendations for appropriate bathroom equipment in your home, such as tub seats, commodes and grab bars.

After you are discharged from the Hospital, you will continue with your physical therapy for months to come, initially either in an inpatient rehab facility or in your home with a home health physical therapist, and then continue on with outpatient therapy until your goals have been met. You may work harder than ever before, but it will all be worth it! You can be back on the golf course or working in your garden in a matter of months!

I look forward to seeing you throughout your rehabilitation process.

Julie Drake, PT, DPT
Manager, CCH Rehabilitation Services
508-862-7430
PHYSICAL THERAPY

- The goal of physical therapy is to restore normal function, relieve pain, improve range of motion and increase strength.
- Your initial evaluation begins on post-operative day one.
- You will participate in a group exercise program 2x/day while you are in the hospital.
- You will be discharged to a short-term rehab facility or to home on day 3 or 4 and will continue to receive physical therapy.
- The average length of stay in short-term rehab is 5-7 days.
- Once you are discharged home, you will receive home physical therapy.
- Lastly, you will finish with outpatient physical therapy.

Your physical therapist will provide you with a personal exercise program specifically developed for the total hip and the total knee patients.

The following pages contain a full description of the exercises you will perform while in the hospital and after you’ve been discharged to home or to rehab.

Let’s start using that new joint!

Pre-surgical exercise – make sure your doctor says it’s ok!

Strengthening and endurance training prior to surgery are key factors in a quicker and more efficient recovery. Arm exercises as well as leg exercises are important. Remember that you will be using your arms in a much more strenuous manner than normal in order to support part of your body’s weight while using a walker or crutches.

CHAIR PUSH-UPS
Sit in a chair with arms. Place your hands on the arms of the chair and lift your bottom 10 times slowly.

BICEP CURLS
Hang arm over the side of the chair and do ten bicep curls, one arm at a time. Use one, two, or three-pound weights, depending on your tolerance.
PERSONAL PROGRAM FOR CCH TJR

AROM ANKLE DF/PF (ELEVATED ANKLE PUMPS)

- Lie on back with foot elevated up on pillow.
- Move foot up and down, pumping the ankle.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

AROM HIP/KNEE FIX (HEEL SLIDES)

- Lie on back with legs straight.
- Slide heel up to buttocks.
- Return to start position.
- Repeat with other leg.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

ISO HIP GLUTEAL SETS

- Lie on back or stomach.
- Legs should be straight.
- Squeeze buttocks together.
- The knees may turn outward during the exercise.
- Hold and repeat.

_Do Not Hold Breath_
Perform 1 set of 10 repetitions, once a day.
Hold exercise for 10 seconds.

ISO KNEE EXT SIT (QUAD SETS)

- Sit with leg extended.
- Tighten quad muscles on front of leg, trying to push back of knee downward.

_Do Not Hold Breath_
Perform 1 set of 10 repetitions, once a day.
Hold exercise for 10 seconds.
Rest 10 seconds between sets.
AROM KNEE EXT (SAQ) SIT

- Sit with involved leg bent to 45 degrees, supported with a pillow, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

AROM HIP FLX (SLR) SUPINE KNEE BENT

- Lie on back with uninvolved knee bent as shown.
- Raise straight leg to thigh level of bent leg.
- Return to starting position.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

STRETCH KNEE EXT SUPINE

- Lie face up, ankle supported on towel roll.
- Relax leg and allow gravity to straighten leg.

Perform 1 set of 4 repetitions, twice a day.
Hold exercise for 15 seconds.
Rest 30 seconds between sets.

AROM HIP ABD UNI SUPINE

- Lie on back on firm surface, legs together.
- Move leg out to side, keeping knee straight.
- Return to start position.

Use a pillow case to reduce friction.
Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.
**AROM KNEE EXT (LAQ) SIT**

- Sit, with involved leg bent to 90 degrees, as shown.
- Straighten leg at knee.
- Return to start position.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

**AROM HIP FLX SIT**

- Sit on chair with feet on floor.
- Lift knee of involved leg up and lower slowly.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

**AROM KNEE FLX UNI SIT**

- Sit in chair, moving heel of involved leg under chair through full range, as shown.
- Return to starting position.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.
ISO HIP ADD SIT W/PIVLOW
• Sit in chair or on firm surface with towel roll or pillow between knees.
• Squeeze legs together.

*Do not hold breath.*
Perform 1 set of 10 repetitions, once a day.
Hold exercise for 10 seconds.
Rest 10 seconds between sets.

AROM ELBOW FLX/EXT
• Begin with arm at side, elbow straight, palm up.
• Bend elbow upward.
• Return to starting position.

Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.

AROM SHLD DEPRESS BIL (SEATED PUSHUP)
• Sit on a firm surface, with arms at side.
• Push downward with both hands, raising buttocks off the chair or seat.
• Return to start position.

*Keep elbows straight.*
It sometimes helps to place a book on each side of your body, and place your hands on them.
Perform 3 sets of 20 repetitions, once a day.
Perform 1 repetition every 4 seconds.
Rest 1 minute between sets.
Hip Precautions
Below are some guidelines to follow for your safety and to help prevent dislocation of your hip. Your physical therapist will review them with you each day, and you will have to follow these precautions for several months following your surgery. You should discuss the continuation of these precautions with your surgeon at your follow-up visit.

General Precautions For All Hip Patients:
• Don’t bend forward while sitting in a chair.
• Don’t sit in low, soft chairs that allow you to sink down so that your knees are higher than your hips.
• Don’t cross your legs – keep your knees several inches apart.
• Don’t sit on a chair, toilet or commode that doesn’t have arm rests.
• Don’t sit for more than 60 minutes at a time. Get up and take frequent walks.
• Don’t turn your feet in or out. Keep them pointing straight ahead.

ANTERIOR HIP PRECAUTIONS – in addition to following the general precautions above
• Don’t bend your hip beyond 100 degrees.
• Don’t kick your foot out behind you while standing.
• Don’t move your leg out to the side while lying down or standing.

POSTERIOR HIP PRECAUTIONS – in addition to following the general precautions above
• Don’t bend your hip past 90 degrees.

Knee Precautions
• Never rest with a pillow under your knee, as you may lose the ability to completely straighten your knee.
• Don’t cross your operated leg over your non-operated leg.
• Continue to use your walker or crutches as instructed by your surgeon and physical therapist.
• Follow your weight-bearing instructions carefully, so you are putting the correct amount of weight on your operated leg, as instructed by your surgeon and physical therapist.

Continuous Passive Motion (CPM)
Some people who have knee replacement surgery will use this machine. This is called a CPM or a continuous passive motion machine. Your leg is placed in the machine and it will slowly raise up and down, providing flexion and extension range of motion to the knee. This helps to keep the joint warm, blood flowing and muscles stretched.

If your surgeon does not have you utilize the CPM machine, that’s ok too! We have many other exercises that will provide the same range of motion for your new knee.
The CPM will be started the morning after surgery. It is used for 2 hours/2-3 times per day. You will continuously increase the flexion (bending knee upward) by 5-10 degrees per day until you are at 90-100 degrees. Some people may even start out at 90 degrees!

A knee immobilizer may or may not be used for ambulation, depending on your physician’s protocol. If an immobilizer is used, it will be removed when in the chair and in bed.

PHYSICAL THERAPY FOLLOWING DISCHARGE FROM THE HOSPITAL

Cape Cod Healthcare offers physical therapy services at 5 convenient outpatient locations, with offices in Bourne, Falmouth, Hyannis, Harwich and Eastham. Our surgeons communicate with our physical therapists on a regular basis and have collaborated with us to establish our rehab protocols for their patients. As soon as you know you will be needing outpatient physical therapy, we encourage you to call ahead to schedule an appointment.

Most people experience a significant reduction in joint pain and improvement in their functional quality of life following joint replacement surgery. While you may feel better, remember to not overwork your new joint and allow it time to heal, while carefully following your precautions and doing your exercises.

You should plan to give yourself at least 6 weeks following your surgery to heal and recover from muscle stiffness, swelling, soreness and other discomfort associated with your surgery. It is not uncommon to continue to experience some discomfort for up to 12 weeks following your surgery.

Once you begin your outpatient physical therapy, your physical therapist may use ice, heat or electrical stimulation to reduce any remaining swelling or pain. It is important that you continue to follow all precautions during this time period.

Your physical therapist may use hands-on techniques for stretching your operated leg to improve your range of motion. They will also instruct you in exercises to strengthen your muscles in your legs as well as in your arms. You will also work on your endurance by riding a stationary bicycle, walking on a treadmill and perhaps using an upper body ergometer. Some PT’s may treat you in a pool as well, as the water allows you to move more easily in a buoyant setting, putting less stress on your joints.

When you are able to put full weight on your leg, your therapist will also work with you on balance exercises to help you further stabilize and control your hip or knee. You may then progress to exercises that simulate day-to-day activities, such as stair climbing or walking on uneven terrain. You may also be given exercises to do that simulate your particular work or hobby demands.

When you see your surgeon around 6 weeks after surgery, he may allow you to start driving, bicycling and golfing, depending on the progress you have made.

Your physical therapist will work with you to help keep you new joint healthy for as long as possible. This may mean adjusting your activity choices to avoid putting too much strain on your new joint. You may need to consider alternate work activities to avoid the heavy demands of lifting, crawling or climbing. More extreme sports that require running, jumping, quick starting and stopping and cutting are discouraged. Activities that are low impact are much better suited to total joint replacement patients, such as cycling, swimming, golfing and level walking.
Once you have completed your physical therapy at home or at one of the local skilled nursing facilities, you will need to continue with your rehabilitation at an outpatient physical therapy office. You have many options available to you on Cape Cod. Cape Cod Healthcare has five outpatient physical therapy offices. Please plan to call ahead as soon as you know when you can start your rehab, to schedule your first visit. You will need a referral from your physician and, in many cases, an authorization from your insurance company. We can assist you in getting the information we will need.

Our Cape Cod Healthcare Outpatient Physical Therapy offices are listed below for your convenience:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bourne Health Center</td>
<td>1 Trowbridge Place, Bourne</td>
<td>508-743-0320</td>
</tr>
<tr>
<td>Falmouth Hospital</td>
<td>90 Ter Heun Drive, Falmouth</td>
<td>508-495-7600</td>
</tr>
<tr>
<td>Falmouth Hospital</td>
<td>130 North Street, Hyannis</td>
<td>508-771-9600</td>
</tr>
<tr>
<td>Fontaine Medical Center</td>
<td>525 Long Pond Road, Lower Level, Harwich</td>
<td>508-430-3320</td>
</tr>
<tr>
<td>Willy’s Gym</td>
<td>730 State Highway 6, Eastham</td>
<td>508-247-9750</td>
</tr>
</tbody>
</table>

OCCUPATIONAL THERAPY

Some patients may be ordered to see an occupational therapist in addition to a physical therapist.

What is Occupational Therapy?
Occupational Therapy is a health and rehabilitation profession that assists individuals in achieving independence in their activities of daily living despite disabilities, either temporary or permanent.

For those patients planning on a return home upon discharge from the hospital, the occupational therapist will:

- Complete an evaluation of your functional strengths and areas for improvement on the second day following surgery.
- Optimize your independence with bathing and dressing by teaching you how to use new strategies and techniques with long-handled adaptive equipment, while adhering to precautions.
- Recommend appropriate bathroom equipment, such as commodes, tub seats or grab bars if needed

While there are many activities you will be able to fully return to, there are some that you may not. Please see an example of some of the activities you can look forward to and some you should avoid.

What activities can I expect to return to?

- Walking
- Driving
- Recreational biking
- Swimming
- Normal stair climbing
- Ballroom dancing
- Light hiking
- Golf
- Gardening (limit kneeling)

Remember to always take frequent rest periods!
What kind of activities should I avoid?

- High impact aerobics
- Jumping sports
- Running
- Skiing
- Contact sports
- Singles tennis

In order to prevent injury, please contact your physician with any questions concerning any activities you do not see listed here.

GETTING YOUR HOME READY FOR YOUR RETURN

Here are a few suggestions to make the transition easier and safer!

- Prepare meals for your freezer or stock up on frozen dinners.
- Store frequently used items in easy to reach cabinets at waist level or higher.
- Remove scatter rugs and place a non-skid mat in your bathtub.
- Consider obtaining a shower seat.
- Move long electrical and telephone cords against the walls.
- Obtain adaptive equipment that you will need after surgery and practice prior to surgery (see adaptive equipment section).
- Have a comfortable chair with two arms available.
- Avoid overstuffed furniture.
- Any seated surface should be at a height that places your knees lower than your hips. Use a cushion or pillow to raise the seat to the correct height.
- Re-arrange furniture to allow ease in maneuvering about the home with a walker or crutches.
- Get a nightlight for overnight toileting to illuminate the path.
- Make sure you will have a phone at your bedside.

Considerations for the bathroom

- **Safe Toileting** – A commode allows sitting on the toilet while maintaining precautions, and provides arms to assist in sitting and standing.
- **Showering** – The shower or tub seat allows for height adjustments and is useful if your weight bearing precaution is 50% or less. It can also be an important tool towards preventing falls during your recovery.
- **Handheld Shower Hose** – Inexpensive and easy to install, these are useful for showering while seated.
- **Grab bars** – A crucial factor in fall prevention. Please note that towel racks or soap dishes DO NOT qualify as grab bars. These are not properly installed to support body weight.
**DURABLE MEDICAL EQUIPMENT (DME) AND ADAPTIVE EQUIPMENT (AE)**

**Reacher**
The reacher allows items to be picked up from the floor and can be used to place pants over feet/pull up pants during dressing.

**Sock aid**
This device allows putting on socks without bending over to reach your feet. The sock slides over the tool which is then pulled up using the rope handles.

**Long-handled shoehorn**
Used just as a standard shoehorn, but without bending over.

**Long-handled sponge**
This device allows bathing of lower legs and feet while adhering to precautions.

**Elastic shoelaces**
Laces stretch to allow the foot to slide in and out, essentially converting a tie shoe into a slip-on.

**Shower benches and elevated toilet seats**
AFTER SURGERY HOW DO I GET IN AND OUT OF THE CAR?

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.
- Swing your legs into the car. Lean back if you need to avoid bending at the hip more than 90°.
- 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 avoid bending at the hip more than 90°. Place the walker up in front of you and stand up on the unaffected leg.

Remember: You should not drive or attempt to drive prior to being given approval to do so by your physician.

WHAT IF I GO HOME WITH DERMABOND?

Dermabond topical skin adhesive is a liquid skin adhesive that holds wound/incision edges together. If you are discharged with Dermabond, the following instructions will help to you properly care for your wound/incision during the healing process.

Check the appearance of the wound/incision
Look for the following:
- Increased redness.
- Increased swelling.
- Increased warmth.
- Increased pain or site tenderness.
- Any drainage.

Bandaging your wound or incision
- Keep bandage dry.
- Replace bandage daily until the adhesive film falls off or becomes wet.
- Do not scratch, rub or pick at adhesive, as this may loosen the dressing before healing is complete.
• Do not place any tape over the dermabond adhesive, as removing the tape may remove the adhesive film as well.
• Protect the wound/incision from prolonged exposure to sunlight or tanning lamps.
• Do not apply any ointments, liquids, lotions to area while Dermabond is in place.

NOTE: Do NOT swim or soak wound/incision. Avoid heavy perspiration until the Dermabond has fallen off on its own. After showering or bathing, gently pat dry area - DO NOT RUB. Apply fresh, dry dressing.

GENERAL WOUND CARE AND OTHER INSTRUCTIONS

• Keep wound clean and dry until sutures or staples are removed. Call your physician for this appointment, or, if you are having visits from a home care agency, they can tell you when they should come out.
• When showering, cover the incision with plastic wrap (some surgical supply stores may have waterproof wraps for purchase).
• Use a shower chair or a bench if available.
• Monitor wound for any signs of infection, call your physician for the following:
  • Redness
  • Swelling or draining
  • Temperature over 100°F for three consecutive days or if it goes above 101°F
• Use a raised toilet seat, if available or recommended by your physical or occupational therapist.
• Maintain a healthy body weight to reduce stress on the new joint.
• Remember to always mention this surgery to any physician when having any other procedures done. This may determine the need for additional antibiotic coverage.
• Remember to take frequent rest breaks during all activity.
• Remember to call you physician for a follow-up appointment.
• Continue all medications as prescribed by the physician.

Remember: Notify your physician immediately if any of the following occurs: any pain in the calves, chest pain, shortness of breath, redness or drainage at the incision site or temperature over 100°F.
Preventing Surgical Site Infection

Prevention of surgical wound infection is of critical importance to your recovery.

Our goal is zero (0%) surgical wound infections. We need your participation in our prevention efforts to reach that goal.

Here is what you can do to help:

Before Surgery

• If you are diabetic be sure that you and your doctor discuss the best way to control your blood sugar before, during and after your hospital stay.
• High blood sugar increases the risk of infection.
• If you are overweight, losing weight will reduce the risk of infection following surgery.
• If you are a smoker consider stopping smoking (cigarettes, pipes, cigars, or any other form of tobacco) at least 30 days before surgery.
• Take a shower one day prior to surgery and the morning of surgery (before you come to the hospital) using the antiseptic liquid soap and instructions that we have provided.

Hibiclens Showering Instructions before Surgery

• Rinse your body with water
• Apply Hibiclens to your whole body ONLY from the neck down. Do NOT use Hibiclens near your eyes or ears.
• Turn off the water to prevent rinsing off the Hibiclens too soon.
• Wash your body gently with the Hibiclens for five (5) minutes, paying attention to the area where your surgery will be performed. Do not scrub your skin too hard.
• Do NOT wash with regular soap after using Hibiclens
• Turn the water back on and rinse your body thoroughly.
• Pat yourself dry with a clean, soft towel.

MRSA

Recent published reports show that patients having Orthopedic Surgery with total or partial joint replacement (e.g. hip replacement, knee replacement) should have a pre-operative nasal culture for the germ, MRSA (Methicillin Resistant Staphylococcus Aureus).

MRSA is carried in the nose and on the skin. It is a common cause of surgical wound infection in patients undergoing Orthopedic Surgery.

Your surgeon or the nurse in the Pre-Admission Testing Department will do a nasal culture.

If your nasal culture is positive for MRSA your doctor will notify you. It is possible to eliminate this germ before surgery by the use of antibiotic ointment in the nose (your doctor will provide a prescription) and by showering with the antiseptic we have provided.
MUPIROCIN NASAL OINTMENT INSTRUCTIONS (for patients with nasal cultures positive for MRSA)

Starting 5 days before the day of your surgery, apply Mupirocin inside both nostrils 2 times per day, every day, as follows:

• Wash your hands with soap and water.
• Open the tube of Mupirocin Nasal Ointment and put ½ of the tube on your little finger or on a cotton tip. Apply the Mupirocin Nasal Ointment inside one nostril.
• Repeat step two and apply the Mupirocin Nasal Ointment inside the other nostril.
• Close your nostrils by pressing gently on both sides of your nose. This will help to spread the ointment throughout the inside of both of your nostrils.
• Avoid getting Mupirocin Nasal Ointment in your eyes. If this should happen rinse your eye(s) immediately with water.
• Wash your hands with soap and water after you finish putting the Mupirocin Nasal Ointment in your nostrils.
• Remember to apply Mupirocin Nasal Ointment TWICE (X2) a day in each nostril every day for FIVE DAYS BEFORE SURGERY.

WHILE IN THE HOSPITAL

• Wash your hands carefully after handling any type of soiled material or body fluids. This is particularly important after you have gone to the bathroom.
• Since you are a part of the healthcare team, do not be afraid to remind doctors or nurses to clean their hands. This includes washing their hands with soap and water or using an alcohol based hand rub before and after caring for you.

AFTER THE HOSPITAL

Pay attention to symptoms that may indicate an infection: unexpected pain, chills, fever, drainage, or increasing redness of your surgical incision. Contact your doctor immediately if any of these occur.

Thank you for participating in your care and helping us to prevent surgical wound infection.

We can’t wait to see you!
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