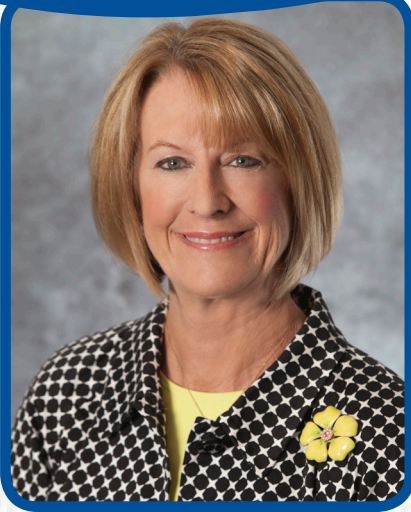


INDIAN RIVER MEDICAL CENTER JOINT REPLACEMENT HANDBOOK




Indian River
Medical Center

DukeHealth AFFILIATE
IN HEART AND CANCER



Welcome!

Welcome to Indian River Medical Center (IRMC). It is our privilege that you have chosen IRMC to help restore you to optimal comfort, independence, and health. Our commitment is to ensure that each patient and their family members receive the best possible care. We believe that you play an invaluable role in ensuring your successful recovery. That's

why our goal is to involve you in every step and detail of your treatment – from education before your surgery to exercise following your procedure.

We hope that this guide gives you the necessary information to plan for your surgery and helps you realize a safe, successful outcome.

The IRMC Joint Replacement Handbook is a comprehensive guide that will help:

- Prepare you for your surgery
- Walk you through your stay at IRMC
- Provide detailed exercises for you
- Give you helpful tips on returning home

Thank you for choosing IRMC and we look forward to helping you on your road to recovery.

Sincerely,

A handwritten signature in black ink that reads "Sarah K. Mondano".

Sarah K. Mondano, BSN
Director of Musculoskeletal Services

THE RIGHT CARE RIGHT HERE

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BEFORE YOUR HOSPITAL STAY



"There was some apprehension, of course, when I had the first knee done, but I was very, very impressed with everyone. I can see that emphasis is being placed on new processes, and that's important. I have to give IRMC a gold star."

— J. Wight

PREPARING FOR SURGERY

Your appointment is set, and you are ready to get your surgery over with, and get back to life, right? We are with you! With a little bit of preparation you can have a smooth transition and increase the success of your treatment.

1. Complete your medical appointments 3-4 weeks prior to surgery.
2. Plan on attending the Joint Camp Class. Classes are held every Tuesday at 10:00am for one hour at IRMC. The course will provide an overview of your stay, care, exercises, equipment, etc. In addition the class will give you an opportunity to ask any questions you may have. Please bring this booklet with you.

Register by calling (772) 794-2556.

3. Plan for your aftercare. Check your insurance plan to determine coverage and co-pays and arrange for transportation.
4. A nurse from the pre-admission surgical screening office will contact you 1-2 weeks prior to your surgery to ensure all medical issues have been identified and addressed. All joint replacement patients are required to complete the pre-admission testing at IRMC. If you have not been contacted at least 7 days prior to surgery, please call (772) 567-4311, ext. 2135.
5. For sleep apnea patients who use a sleep apnea device (CPAP), please bring your sleep apnea machine.
6. Please discuss habitual use of alcohol, nicotine products and recreational drugs with your primary care physician and surgeon pre-operatively so we can best meet your care needs post-operatively.
7. **Consult with the your primary care physician regarding your current prescribed medicine(s).**



Anti-inflammatory medications, nutritional supplement (including fish oil), such as vitamins, herbals, and minerals should be discontinued two weeks prior to your scheduled surgery.

8. Durable Medical Equipment (DME). As you recuperate at home, most likely you will need durable medical equipment (a walker, cane, and/or crutches). For those undergoing hip replacement surgery, your surgeon may recommend you purchase a hip kit to assist with bathing and dressing and a raised toilet seat to assist with toileting. A hip kit typically is made up of a long- handled sponge, a reacher, a sock aide, elastic shoelaces and a long-handled shoehorn.

You can obtain the necessary equipment needed prior to surgery from a local medical supply store or from a friend/relative that has undergone joint replacement surgery. See page 33 for a list of local medical suppliers. If you purchase or borrow DME in advance – except for raised toilet seats – please bring it with you the day of surgery so you can be trained on proper use.

If you have any questions or concerns, please discuss them with your surgeon or call our pre-admission surgical screening office at (772) 567-4311, ext. 2135.

PATIENT CHECKLIST

Below is a checklist for you to prepare you and your home in advance. These tips will aid you in your recovery after surgery.

Before Surgery

- Attend your Joint Camp Class. You may register by calling (772) 794-2556.
- Complete your medication profile form on page 36.
- Complete your pre-admission testing.
- Complete pre-registration.
- Prepare your home.
- Hip replacement patients – purchase hip kit, walker, and raised toilet seat, if required by surgeon.

Prepare for Recovery at Home

Below is a checklist to prepare your home in advance. These tips will aid you in your recovery after surgery.

- Remove scattered or throw rugs.
- Remove clutter.
- Place frequently used objects within reach. Ensure items are within waist and shoulder level.
- Stock up on groceries and day-to-day medical supplies.
- Cook and freeze meals in advance so that you can have ready-made meals handy.
- Consider modifying your bathroom to include a shower chair, safety bars, stair railings or raised toilet seat.
- Ensure you have pet care.
- Make alternate plans for indoor and outdoor maintenance.
- Provide good lighting throughout your home by installing night lights in the bathrooms, bedrooms and hallways.
- Remove loose wires and cords.
- Arrange for help with tasks such as cooking, laundry, housework and shopping.
- Widen furniture paths to accommodate a walker or cane.
- Fresh bed linens and bath towels pre and post surgery.

Plan for After Care

Discuss options with your surgeon:

- Home with home care service and/or home with outpatient rehabilitation.
- Skilled nursing facility (visit more than 1 and pre-book the one you like).
- Explore insurance coverage/co-pays for equipment, outpatient therapy and skilled nursing facilities.



CARE RIGHT HERE

WHAT TO BRING FOR YOUR HOSPITAL STAY

- Photo ID, Insurance and pharmacy cards
- Completed registration forms
- Co-payment/Deductible payment
- Eyeglasses, contacts and dentures
- Comfortable shoes or sneakers
- Special medications (eye drops, inhalers) Underwear and two sets of comfortable clothing (for example: shorts, sweatpants, t-shirt, sweatshirt)
- Telephone numbers of people you may want to contact
- CPAP machine (if applicable)
- Books and magazines
- Patient handbook
- Electronic devices
- Parking pass



Night Before Surgery

- Take a shower and follow surgeon's instructions
- Do not eat or drink after midnight
- Get a good night's rest
- Complete your surgical scrub per instructions given to you in pre-admission.

Day of Surgery

- Take medications as instructed by physician or nurse with only a sip of water
- Brush your teeth and rinse without swallowing
- Complete your surgical scrub per instructions given to you in pre-admission.

Please Do Not Bring

- Valuables (except items mentioned above)
- Jewelry
- Credit cards
- Wallet
- Medications, unless otherwise directed by pre-admission testing.

PRE-ADMISSION TESTING

Before Your Surgery

A IRMC nurse will contact you prior to your surgery to schedule your Pre-Admission Testing appointment to ensure all medical issues have been identified and addressed prior to your surgery.





You will be asked to provide medical history and medication information during your appointment. The appointment may be completed much quicker if you gather the following information before the call:

- ❑ Prescribed medications with dose and frequency such as blood pressure, insulin, inhalers, eye drops, etc.
- ❑ Over-the-counter (OTC) medications, herbals, vitamins, any supplements
- ❑ Allergies to medications, foods, dyes, latex and environmental
- ❑ Surgical and medical history. You might find it useful to fill in the *Patient Information form* on page 36 so all the required information is in one place. These resources may help you obtain the above information:
 - » Ask a family member to assist
 - » Contact your pharmacy for a current list of your prescribed medications
 - » Name and phone number of your pharmacy
 - » Name and phone number of your primary care physician
 - » Name and phone number of any specialists, i.e. cardiologist, urologist, etc.

YOUR SURGERY & HOSPITAL STAY



"Your warmth, careful explanations, instruction and friendliness made me feel safe, secure, and so much less afraid."

— S. Stevens

NIGHT BEFORE/DAY OF SURGERY

After Midnight

(Morning of Surgery)

DO NOT EAT, DRINK, SMOKE, or CHEW GUM

* Nothing by mouth

Take medications that were instructed by your physicians or nurse with a small sip of water. You may brush your teeth but do not swallow water. Do not use perfumes, aftershave, powders, creams, make-up or nail polish.

Day of Surgery

Upon arrival, you will be greeted by the patient access representative, provide contact information and complete the registration process. Depending on the nature of your surgery, it can take up to several hours. Your surgeon or physician assistant will reach out to your family member or friend once your surgery is completed.

Your family members and friends can wait in the *Hospitality Waiting Room* on the 2nd floor. The waiting room has complimentary WiFi for their convenience. Hot beverages and water are available along with vending machines that contain both food and additional beverages by the cafeteria on the 1st floor.

Pre-Operative Surgical Suite

During this time, you will be meeting with your anesthesiologist and surgeon. Your family member or friend can remain with you for a portion of time before you are brought into surgery.

Recovery Room

After surgery, you will be brought into the *Waxlax Recovery Area* where you will be monitored while you recover from anesthesia. The average length of recovery is 2 to 4 hours.

Recovering in the Hospital

After recovering from anesthesia, you will be transferred to your private room on 5 South. For the convenience of your family and friends, there is a sitting area outside of the elevators on the 5th floor.

Our goal at IRMC is to provide superior patient care and customer service by attending to the needs of our patients, their family members, and friends. Our patients receive multidisciplinary post-surgical care that includes nursing, case management, physical therapy, and occupational therapy (for those having hip replacement).

Most patients stay between 2 and 3 nights at IRMC. For example, if your surgery is Tuesday, you will be discharged on Friday. For various reasons, such as distance, language barriers, comfort factor, etc., family members may wish to stay in patient rooms. Please contact your nurse manager to discuss this option.

DAY OF SURGERY SCHEDULE:

*Estimate only. Times may vary.

1-2 hrs Prep for Surgery

1-4 hrs Surgery

(Surgeon or physician assistant will contact family/friend once surgery is completed.)

2-4 hrs Recovery Area

Transfer to In-patient Floor

4-9 hrs Total Wait Time for Family/Friend

PATIENT SAFETY

Fall Prevention

After your joint surgery, all patients are at a very high risk to fall – no matter your age or physical ability.

Post-operatively ALL patients have muscle weakness to affected leg, you may feel better and think “I can stand on my own” but find you’re very unsteady.

Our **CALL... DON'T FALL** program ensures that all patients receive the assistance needed to prevent any injuries from falls. This is very important because your body has not healed from the surgery and though you may feel as if you can walk and be mobile on your own, you will need help.



Infection Prevention

**5 Moments of Hand Hygiene.
Hand Washing is Key!**

- 1 Before eating, drinking, taking medications, or putting anything in your mouth
- 2 Before touching any breaks in the skin including dressings and drains
- 3 After coughing, sneezing, or touching nose or mouth
- 4 After using the restroom, bedpan, or commode
- 5 After touching hospital surfaces such as bedrails, bedside tables, doorknobs, remote controls



CARE RIGHT HERE.

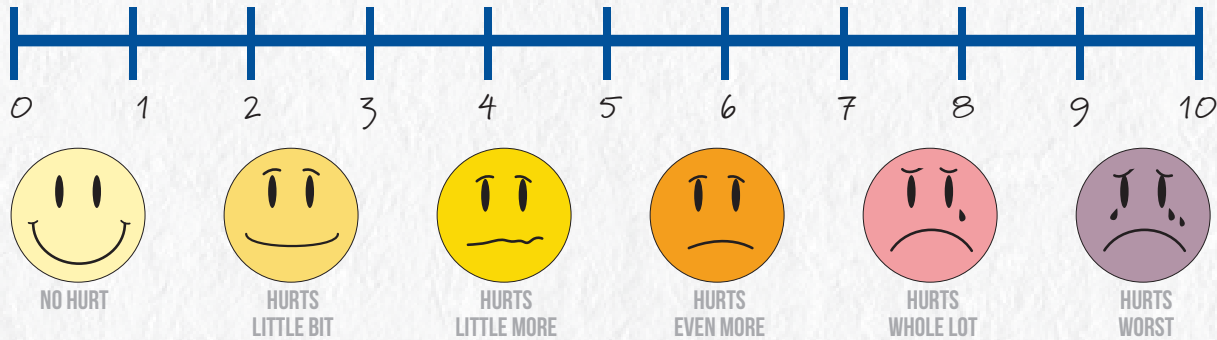
PAIN MANAGEMENT

The goal of pain management is to make you as comfortable as possible. Staying ahead of the pain will make your recovery much more manageable so it is important to ask for pain relief when pain begins and is still tolerable. Please use the system below to identify your pain level.

NUMERICAL RATING SCALE FOR PAIN

0 = No Pain

10 = Worst Pain



Your Treatment Plan

Pain control following surgery is an important part of your post-operative care. A multifaceted approach to manage pain is utilized.

This may include a combination of nerve blocks, oral medications, injections, and IV medications. The goal is to recognize and treat your pain quickly, thus allowing you to participate in the exercise program.

The nurse will determine when to transition you to oral pain medications. Usually the oral pain medication is an opioid or narcotic, but whenever possible, an anti-inflammatory medication will be ordered as well. This transition is usually a smooth one, enabling you to progress with your activities with minimal discomfort.

Controlling pain during post-op is critical. Ask for pain relief while the pain is still tolerable.



MEDICATIONS

Please complete the medication profile on page 36 and bring with you the day of your surgery. List medications you are taking including:

- Prescription medications
- Vitamins
- Dietary supplements, herbal or natural
- Over the counter drugs
(i.e. Motrin, antacids, Aspirin, etc.)

Please provide the name of the medication, the dose of the medication, if you take it on an as needed basis and how often you take it. Some prescription and non-prescription medications can have unwanted effects when combined with medications or anesthesia you will receive during your hospitalization.



The Pre-Admission Surgical Screening nurse will instruct you on which of your routine medications you will need to discontinue and which you may take the morning of surgery.

Herbal/Diet Products/MAO Inhibitors

All herbal and diet products must be stopped at least 2 weeks before your surgery. MAO inhibitor drugs such as Nardil must be stopped 3 weeks before surgery. Please see the doctor who prescribed the medication for instructions.

Blood Thinners

Blood thinners are medications that effect blood clotting. To minimize the risk of blood loss during and after surgery, you will be asked to stop taking these medications.

Please see attached lists of medications that should be discontinued on page 35 and discuss with your surgeon when to discontinue them.

Blood Clot Prevention

There is a higher risk of blood clots after surgery. Several steps will occur during your hospital stay to prevent blood clots:

- Foot pumps
- Physical activity (physical therapy, ankle pumps)
- Medications

Your doctor will choose the best option for you. Blood thinners are typically continued for 6 weeks after surgery.

POST-OPERATIVE

Preventive Measures

Foot/Ankle Pumps

A sequential compression device (SCD) will increase the blood flow in your legs and help to prevent blood clots from forming. They also help reduce the chance of deep venous thrombosis (DVT) and other post-operative trauma and pain. By increasing blood flow to the lower limbs, a SCD helps reduce swelling in the leg, foot, ankle, etc, and enhance arterial blood flow.

Preventing Pulmonary Complications

Using your incentive spirometer after surgery will improve lung function and help keep your lungs clear after surgery and prevent pneumonia. A general rule of thumb is to perform at least 10 repetitions every hour that you are awake.

Nutrition

To promote healing, eat balanced, nutritious meals with adequate calories and protein to enable your body to replenish proteins depleted by surgery, and to reduce the risk of complications such as infections or poor wound healing.

Most patients are placed on a liquid diet post-surgery. The staff will work with you to determine when you can resume a regular diet. Please make the staff aware of any special dietary needs you require. IRMC has **Room Service** available from 7:00am to 6:30pm. There is a menu in your room for your convenience. Room Service can be ordered by calling ext. 3663, which is also noted on the communication board in your room.

Family and Friends

Pastoral Care

Members of the Pastoral Care staff provide an important dimension of total patient care. IRMC believes in serving the total health needs of all patients and their families. Thus our Chaplains provide spiritual care and comfort to you and your loved ones, just as physicians and nurses care for your physical health.

Visitation by a Chaplain is available to patients and families of all beliefs and faith traditions.

- Let your nurse know if you would like to see a Chaplain, or contact Pastoral Care at ext. 1124 or 1107.
- Space is available for Prayer and Reflection
- The Post Chapel is located directly across from the main lobby on the first floor and is open 7am to 7pm; or after hours by contacting the hospital operator who will have security department open for your use.

Stay Connected

Indian River Medical Center offers a unique way to stay connected with family and friends during your hospital stay. *The Patient Portal* allows you to review and retrieve your personal health information regarding your hospital stay.



THE ROAD TO RECOVERY



"Everyone I had the privilege of meeting treated me with professionalism, courtesy, dedication, and above all, attentiveness. I applaud each of you for your outstanding efforts."

— R. Kenise

EXERCISE

Pre-Surgery

Conditioning your body prior to undergoing joint surgery is an important step toward improving your strength and contributing to a successful post-operative recovery. Patients who exercise before joint replacement surgery have several advantages.

You will be stronger before surgery.

People with arthritis can still exercise. In fact, it has been shown that regular moderate-level exercise does not exacerbate arthritic pain. An exercise program composed of joint stretching, low-impact resistance training, and aerobic exercise increase joint flexibility, combat fatigue, and support weight management. All are beneficial in building stronger muscles to support your joints.

You will have a faster recovery.

By adhering to an exercise training program before surgery, patients are more likely to spend less time in the hospital, return directly home from the hospital, and reach their goals sooner.

Always consult your surgeon before beginning any exercise program.

Post-Surgery

Rehabilitation is an integral component to your recovery after surgery. Our specially trained therapists will assist you in regaining your independence, flexibility and strength. We emphasize early mobilization, frequent mobilization on the unit, and provide you with tools to reach your optimal mobility.

After discharge, it's very important that you follow your surgeon's instructions to a successful post-operative recovery. A physical therapist will instruct you on an individualized exercise program to keep you focused on your goals. If you go directly home after surgery, your rehabilitation will continue with homecare, followed by outpatient services, as needed. Some patients may elect to begin outpatient services directly after being discharged from the hospital. Your surgeon and your case manager will assist you in selecting the right path.

Knee Surgery

Tips for a Successful Knee Recovery

When you are home, you should walk at least 4 or 5 times per day, increasing your distance each time. Remember your rest periods in bed with leg elevation. These breaks are important to prevent swelling. Keep the legs elevated about the level of the heart. You may walk frequently, but in general you should spend two hours, twice a day, in bed with the legs elevated for as long as there is persistent swelling in the leg.

During your first week at home you should not sit in a chair more than 3 times a day for 30 minutes each time. While sitting up is good for many things, it does increase swelling in the legs. Sitting periods can slowly be increased to a normal routine after the first week.

Do:

- Move around every 30-45 minutes to avoid stiffness.
- Perform a graduated walking program to increase your strength, mobility, and endurance.
- Perform specific exercises several times a day to restore movement and strengthen your knee. A physical therapist will guide you on the exercises you are to perform.
- Apply ice after activities to assist in increasing flexibility, muscle strength, and reducing pain.
- Elevate your leg in bed on 1 or 2 pillows to reduce swelling: the ideal position is with your leg straight and your foot higher than the level of your heart.
- Keep the knee out straight while lying down. It is just as important to ensure you work on full extension, as it is to work on bending.
- Resume light household activities, and climbing stairs.

Don't:

- Twist your knee. Instead, turn entire body.
- Jump or place sudden pressure on your knee.
- Never put a pillow or a rolled up towel directly under your knee.

REHABILITATION AFTER KNEE SURGERY

Physical therapy is critical to a successful recovery. While rehabilitating at IRMC you will focus on walking, climbing stairs, getting in and out of bed, exercising and precautions. Morning and afternoon physical therapy sessions continue until day of discharge.

Walking

Walking is one of the best exercises to assist in your recovery from knee surgery. Your first steps with the physical therapist will often be taken using a walker. As your motion, muscle strength, and endurance improves, your surgeon may allow you to walk with a single cane or crutch. Your goal is to regain enough strength and flexibility to eventually walk without the use of an assistive device.

Stair Climbing

The ability to go up and down stairs requires strength and flexibility. At first, you will need a handrail for support and will only go up and down one step at a time. Always lead with your good knee and down with your operated knee. Remember, “up with the good” and “down with the bad.”

Showering

Your surgeon will provide specific instructions on when to shower. Transferring in and out of the shower may be difficult initially after surgery. You may want to equip your tub or shower with safety handrails, a non-slip surface and/or a shower seat. If possible, arrange for these modifications to be done before you return home.

Car Transfer

Prior to transferring into the passenger seat of the car, ensure that the seat is pushed all the way back and reclined. Place pillows on the car seat if your car seat is low to the ground. With your walker in front of you, slowly back up to the car seat until you feel it touch the back of your legs. Reach back for the headrest or top portion of the seat and lower yourself down. Keep your operated leg in front of you and duck your head so that you don't hit it on the door frame. Once you are seated, bring one leg at a time into the car. You may have to scoot further back on the reclined seat by pushing through your arms, to ensure your foot clears the doorframe. Turn so you are facing forward.

To transfer out of the car, lift your legs out one at a time. Scoot to the edge of the car seat and have someone place the walker in front of you. Keep your operated leg in front of you and push off the car seat to stand. Once you are standing, reach for your walker. When traveling long distances, make frequent stops and get out and walk around.

Lying in Bed

When lying on your back, avoid placing a pillow directly under your knee, as this promotes tightness and makes it harder for your knee to straighten. Instead, place a pillow underneath your entire leg or ankle and elevate. When lying on your side, place an extra pillow between your knees and possibly between your ankles, as well. This provides the necessary support and cushions your operated leg in a comfortable position.



Knee Surgery Exercise Program

The goals of your exercise program are to reduce pain and swelling with the knee joint; increase flexibility of your knee joint; achieve full range of motion; and restore strength of the muscles around the knee joint, improving overall endurance. Remember — do not hold your breath when exercising. Perform all exercises that require you to lie down on your bed.

EXERCISE ONE

Extension Stretch

Lie on your back with a towel under your ankle. Relax in this position by allowing gravity to straighten your leg. Ice your knee while stretching in this position for 5-15 minutes, as tolerated.



EXERCISE TWO

Ankle Pumps

Move your foot up and down as shown. May be performed lying down or sitting.



EXERCISE THREE

Quad Sets

Lie with your leg straight. Try to push your knee downward. (You should feel the muscle in the front of your thigh tighten). Hold this position for 3-5 seconds.



EXERCISE FOUR

Buttock Squeezes

Lie on your back with legs straight. Squeeze the muscles of your buttocks together.



REHABILITATION AFTER KNEE SURGERY

Knee Surgery Exercise Program continued...

EXERCISE FIVE

Heel Slides

Lie on your back with your legs straight. Bend your knee by sliding your foot upwards until you feel a gentle stretch.



Heel Slides with Sheet or Strap

Lie on your back with your legs straight. Wrap a sheet around your foot as shown and hold onto the ends with both hands. Bend your operated knee by sliding your foot upwards. Gently pull knee up until you feel a stretch.



EXERCISE SIX

Straight Leg Raises

Lie on your back. Bend your non-operated leg as shown. With your operated leg straight, tighten your thigh muscle and lift your leg in the air. (Try not to let your leg bend as you raise it.) Return to the starting position and repeat.



EXERCISE SEVEN

Towel Slides

Sit in a chair with your legs bent as shown. Place a towel under your operated leg. Slide your foot back until you feel a gentle stretch. Hold this position for 15-30 seconds. Return to the starting position.



EXERCISE EIGHT

Towel Slides with Overpressure

Sit in a chair with your legs bent as shown. Place a towel under your operated leg. Slide your foot back as far as you can.

Use your non-operated foot to slide your knee back until you feel a gentle stretch. Hold this position for 15-30 seconds. Return to the starting position.



EXERCISE NINE

Knee Extensions (Kicks)

Sit in a chair with your knees bent. Lift your foot off the floor and straighten the knee fully. Return to the starting position.



EXERCISE TEN

Sit to Stand

Sit on the edge of a chair with armrests, with your feet flat on the floor. Place your hands on the armrests of the chair and using your legs push yourself to stand upright. To sit back down, place your hands on the armrests of the chair and slowly lower yourself to a seated position.



EXERCISE ELEVEN

Standing Knee Bend

Stand with your feet flat on the floor, shoulder width apart. Ensure that you have a secure surface to hold onto with both hands. Bend your knee bringing your heel towards buttock. Return to the starting position.



EXERCISE TWELVE

Heel Raises

Stand with your feet flat on the floor, shoulder width apart. Ensure that you have a secure surface to hold onto with both hands. Raise up on your toes. Return to the starting position.



HIP SURGERY

Tips for Successful Hip Recovery

Do:

- Move around every 30-45 minutes to avoid stiffness.
- Begin a graduated walking program to increase your strength, mobility, and endurance.
- Perform specific exercises several times a day to restore movement and strengthen your hip. A physical therapist will guide you on the exercises you are to perform.
- Apply ice frequently after activities to assist in increasing flexibility and reducing pain.
- Elevate your leg in bed on pillows to reduce swelling: the ideal position is with your leg straight and your foot higher than the level of your heart.
- Resume light household activities and climbing stairs gradually.

Don't:

- Twist your operated leg. Instead, turn your entire body.
- Cross your legs or your ankles.
- Bend your hip beyond a 90 degree angle.
- Avoid leaning forward when sitting in a chair.
- Reach for items that are on the ground or low to the ground when standing or sitting.
- Avoid sitting in low, soft chairs without armrests.

HIP PRECAUTIONS

Know your Surgical Approach

Based on your surgical approach, your Surgeon may advise you to avoid moving your new hip into certain positions. These movements to avoid are known as hip precautions. Your surgeon will inform you of the restrictions and how long to follow them.

Hip Kits

Your surgeon may recommend that you purchase a hip kit. Kits may be obtained from a local medical supply store.

Raised Toilet Seat

If your surgeon advises you to maintain hip precautions, a raised toilet seat may be needed for your recovery at home.

Typically, if your toilet seat is below knee level, you will need to purchase a raised toilet seat to increase it to a safe height. The raised toilet seat should be installed prior to your discharge post-surgery. Raised toilet seats may be purchased online or at most medical supply stores - even some pharmacies carry them.



REHABILITATION AFTER HIP SURGERY

Physical therapy is critical to a successful recovery. While rehabilitating at IRMC you will focus on walking, climbing stairs, getting in and out of bed, exercising and precautions. Morning and afternoon physical therapy sessions continue until day of discharge. Through the guidance of your therapist, some patients are able to progress to a straight cane and climb a flight of stairs before discharge.

Walking

Walking is one of the best exercises to assist in your recovery from hip surgery. Your first steps with the physical therapist will often be taken using a walker. As your motion, muscle strength, and endurance improves, your surgeon may allow you to walk with a single cane or crutch. Your goal is to regain enough strength and flexibility to eventually walk without the use of an assistive device.

Stair Climbing

The ability to go up and down stairs requires strength and flexibility. At first, you will need a handrail for support and will only go up and down one step at a time. Always lead with your good leg and down with your operated leg. Remember, “up with the good” and “down with the bad.”

Car Transfer

Prior to transferring into the passenger seat of the car, ensure that the seat is pushed all the way back and reclined. Place pillows on the car seat if your car seat is low to the ground. With your walker in front of you, slowly back up to the car seat until you feel it touch the back of your legs. Reach back for the headrest or top portion of the seat and lower yourself down. Keep your operated leg in front of you and duck your head so that you don't hit it on the door frame. Once you are seated lean back to avoid bending the hip more than 90 degrees. Continue to stay reclined as you slowly bring your left leg into the car, followed by your right leg. Care must be taken to avoid bending the hip more than 90 degrees as you move your foot to clear the door frame. Turn so you are facing forward.

To transfer out of the car, the first step is to lean back to avoid bending the hip more than 90 degrees. Continue to stay reclined as you slowly bring your right leg out of the car, followed by your left leg. Ensure that the walker is in front of you



prior to standing. Place your operated leg in front of you and push off the car seat to stand. Once you are standing, reach for your walker. When traveling long distances, make frequent stops and get out and walk around.

Lying in Bed

When lying on your back, avoid placing a pillow directly under your knee, as this promotes tightness and makes it harder for your knee to straighten. Instead, you place a pillow underneath your entire leg or ankle and elevate.

When lying on your side, place an extra pillow between your knees and possibly between your ankles, as well. This provides the necessary support and cushions your operated leg in a comfortable position.

Showering

Your surgeon will provide specific instructions on when to shower. Transferring in and out of the shower may be difficult initially after surgery. You may want to equip your tub or shower with safety handrails, a non-slip surface and/or a shower seat. If possible, arrange for these modifications to be done before you return home.

REHABILITATION AFTER HIP SURGERY

Hip Surgery Exercise Program

The goals of your exercise program are to reduce pain and swelling with the hip joint; increase flexibility of your hip joint; achieve full range of motion; and restore strength of the muscles around the hip joint, improving overall endurance.

Remember — do not hold your breath when exercising.
Perform all exercises that require you to lie down on your bed.

EXERCISE ONE

Ankle Pumps

Move your foot up and down as shown.
May be performed lying down or sitting.



EXERCISE TWO

Quad Sets

Lie with your leg extended. Try to push your knee downward. (You should feel the muscle in the front of your thigh tighten). Hold this position for 3-5 seconds.



EXERCISE THREE

Buttock Squeezes

Lie on your back with legs straight. Squeeze the muscles of your buttocks together.



EXERCISE FOUR

Knee Extensions (Kicks)

Sit in a chair with your knees bent.
Lift your foot off the floor.
Return to the starting position and repeat.



EXERCISE FIVE

Sit to Stand

Sit in a chair that has armrests.
Place your hands on the armrests of the chair and push yourself upwards to stand using your legs to lift you up.

To sit back down: place your hands on the armrests of the chair and slowly lower yourself to a seated position.



EXERCISE SIX

Heel Raises

Stand with your feet flat on the floor, shoulder width apart. Ensure that you have a secure surface to hold onto with both hands. Raise up on your toes. Return to the starting position.



REHABILITATION AFTER HIP SURGERY

Hip Surgery Exercise Program continued...

EXERCISE SEVEN

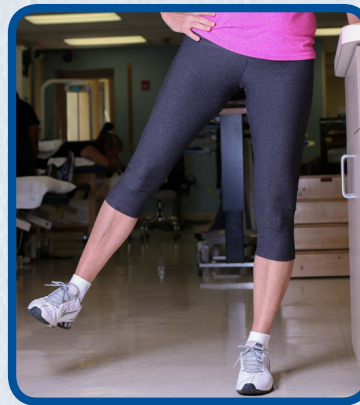
Side Kick (In Bed)*

Lying on your back, place your feet shoulder width apart. Gently slide your operated leg out to the side as shown. Return to the starting position.



Side Kick (Standing)*

Stand with your hand on a firm, stable surface with your feet shoulder width apart. Lift your operated leg out to the side as shown. Return to the starting position.



**Consult with your surgeon before performing this exercise.*

OCCUPATIONAL THERAPY AFTER HIP SURGERY

Use of Adaptive Equipment

Occupational therapy involves instruction and education on the use of the hip kit, teaching safe tub, toilet, and/or shower transfers, and ensuring you adhere to your surgeon's precautions during all activities of daily living. If you are scheduled to go directly home from IRMC and you have been advised by your surgeon to follow the hip precautions, our occupational therapists will begin your training prior to your discharge.

Bathing

Until your doctor allows you to shower, you may sponge bath. While seated, use the long handled sponge to wash your lower legs and feet. To dry, pinch one end of the towel with the reacher then wrap the towel around the reacher several times. Rub your lower legs and feet dry.

Underwear/Pants

We recommend that you sit while getting dressed. When getting dressed you want to dress the operated leg first and undress it last. While seated, use the reacher to grab the front of the underwear/pants on your operated side and lower it to the floor. Guide the pant with the reacher over your operated foot and pull it up to your knee. Once it is at your knee, you are safe to grab it with your hands without breaking your precautions. Next, put your un-operated leg into the pant if you are able. If not, use the reacher and repeat the process mentioned above. Stand with walker to pull up garments. To remove pants, stand with walker and push them down to your knees. Sit down and then use the reacher to remove.

Socks

While seated, slide the sock onto the sock aid with the goal of having the heel facing down and the toe of the sock flush to the top of the device. Avoid pulling the sock over the upper edge of the sock aid. Holding the ends of the each strap with each hand, swing the sock aid forward so that it lands in front of your foot on the

floor. Slide your foot in, point your toes down and slowly pull the straps up until the sock is on your foot and the sock aid is free. Repeat this process for the other foot. To remove your socks, use the reacher or the dressing stick to push the sock down over the heel and forward off your foot. Use the reacher to pick the sock up off the floor.

Shoes

If you wear shoes with laces, replace your old laces with elastic shoelaces, converting your lace up shoe into a slip on shoe. Make sure to feed the elastic shoelace through the notch in the tongue to prevent it from getting pushed into the shoe when you're pushing your foot in. Tie laces in a double knot. You no longer need to tie or untie your shoelaces. Consider skipping the last 1 or 2 holes. To put on shoes, clip tongue of shoe with reacher and bring shoe down to floor. Slide toes into shoe while holding onto tongue of shoe with reacher. Slide long handled shoe horn into the back of the shoe making sure it is directly behind your heel and push foot into shoe. To remove shoe, slide the long handled shoe horn into shoe and push it off.



SHOULDER SURGERY

Tips for Successful Shoulder Recovery

Making simple changes in your home before surgery can make your recovery period easier and safer. For the first several weeks after surgery it will be hard to reach high shelves and cupboards.

Before your surgery, be sure to go through your home and place any items you will need on lower shelves or even the countertops. Other arrangements that you should make prior to surgery are:

- Prepare microwavable meals
- Stock up on nutritious ready-made meals
- Remove scatter rugs
- Reduce and/or eliminate clutter which can be a safety hazard
- Organize your clothes closets and drawers for easier access
- Wear loose fitting stretchable clothing with no/minimal fasteners
- Consider shirts with button front or with large neck opening

When you return home from IRMC, you will need help for a few weeks with some daily tasks like bathing, dressing, undressing, cooking, laundry and grocery shopping.

Do:

- Wear your sling as instructed.
- Ice as indicated by your surgeon and/or therapist.
- Follow the exercise program prescribed
- Ask for assistance.
- Light housework/activity you can do with one hand.
- Only use your non-surgical arm to do all the work.

Don't:

- Use your operated arm to push up in bed or from a chair because this requires forceful contraction of muscles.
- Lift anything – no lifting with your operative arm for 6-8 weeks.
- Pull with your operative arm.
- Place your arm in an extreme position, such as straight out to the side or behind your body.
- Rotate your arm outward /away from body.

Even though shoulder joint replacement is less common than knee or hip replacement, it is just as successful in relieving joint pain. The key to your recovery after surgery is managing pain and following your surgeon's specific instructions. After surgery, your operated arm will be immobilized at



REHABILITATION AFTER SHOULDER SURGERY

your side with the use of a specialized sling, known as an ultrasling, which has a supportive pillow. Based on the surgical technique, you may begin gentle therapy on the first day post-operatively. Sling immobilization is enforced during the early rehabilitation phase. However, your surgeon may allow you to begin a specific and personalized exercise program. A physical and/or occupational therapist will instruct you on which exercises you may begin for your shoulder, elbow, wrist, and/or hand.

Progression to more advanced exercises to improve strength and flexibility will occur under the direction of your surgeon. Most patients are ready to go home the second day following surgery. In the hospital, our goal is to help promote function and protect your new shoulder from wear-and-tear of daily activities. The therapist will teach you how to manage your sling (taking it off and putting it on) and perform modified bathing, dressing,



undressing, and toileting since you will be using one arm for a while. If needed, physical therapy will also work with you to ensure independence with transfers and ambulating.

SEX AFTER JOINT REPLACEMENT

Joint pain may prevent sex or make it less enjoyable before surgery. Pain and stiffness have a direct effect on your ability to enjoy sexual activity and your partner may avoid sex for fear of causing you pain. Sex is an important part of our lives and relationships.

Talking to your partner is very important, clearing the air so you are both more relaxed. Bring any questions, fears or concerns to your doctor, physical therapist or nurse. If you don't ask questions, your health care team will assume everything is fine. After joint replacement surgery the pain and stiffness subsides and you may want to resume sexual activity.

You can still enjoy sex after surgery but will have to make a few changes to protect your new joint while it heals. Most patients feel



comfortable resuming sex 4 to 6 weeks after joint surgery. You should begin sexual activity when you feel physically and mentally ready and understand the precautions you must follow to protect your new joint.

A few general recommendations. Avoid:

- Pressure directly on the implant.
- Kneeling on a replaced knee.
- Supporting your partner on a replaced joint.

AFTER CARE



*"Now my golf game is better than ever, and so is the rest of my life.
I'm very grateful to the team at IRMC."*

— M. Blackstone

YOUR CARE OPTIONS

Walgreens Bedside Program

Walgreens Bedside Program is a new program offered to our patients through Walgreens Pharmacy at IRMC. You now have an option of having your medications delivered to your room prior to discharge. This is an optional program, offered solely for your convenience.

The benefits include:

- You can begin medications when you arrive home.
- No need to make an extra stop on the way home or wait for prescriptions to be filled.
- Pharmacists are available at your bedside to answer any medication questions you have.
- Walgreens accepts a majority of prescription insurance plans and will bill your insurance provider directly.
- You will be responsible for any co-payments when the medications are delivered or picked up. They accept cash, credit cards, or check.
- This service is available Monday through Friday, 9 a.m. to 4:00 p.m. You can continue using Walgreens Pharmacy for refills or have your prescriptions transferred to your local pharmacy.
- Call Walgreens Pharmacy at (772) 925-3168 and request they transfer your prescriptions to your local pharmacy.
- Visit your local pharmacy and request they contact Walgreens and have your prescriptions transferred.

LEAVING THE HOSPITAL

In preparation for discharge following surgery it is very important to have a plan in place for when you leave IRMC. Discharge planning is important and a plan should be in place before your surgery. Please refer to the checklist on page 7 on preparing your home for recovery.



More than 80% of our patients are discharged directly home – where you will be most comfortable and able to maneuver easily. You will need assistance with meals, cleaning, and shopping for at least the first several days and should plan for these needs in advance. Also arrange for pet care and to have someone drive you home from the hospital.

When your IRMC healthcare team and surgeon feel you are ready, we will work with you and your family to achieve as smooth a discharge as possible. While at IRMC you will have a dedicated nurse case manager who will assist you in:

- Discharge planning along with your family, surgeon, insurance provider and members of your IRMC healthcare team.
- Coordinating post IRMC plans with your insurance company.
- Ensuring that services are in place before your departure from IRMC.
- If you have any concerns about your ability to manage your personal care, mobility, medications or any other recovery needs once you return home, please bring them to your case manager's attention. They are trained to help with these matters.

Three Post-Surgery Care Options:

1. Home with Home Care Services

IRMC encourages patients to recover in the comfort of their own home. Physical therapy and skilled nursing services, if necessary, will come to your home for a period of time – depending on your progress. Once you've been released by the home care agency your surgeon may recommend additional outpatient physical and/or occupational therapy.

2. Home with Outpatient Rehabilitation

Going home with outpatient rehabilitation is another option. Patients starting outpatient therapy immediately following discharge will be responsible for their own transportation to and from outpatient therapy appointments.

3. Skilled Nursing Facility

Our goal is for you to return home after leaving the hospital. In some situations we realize that a skilled nursing facility will be appropriate for your after care. If your surgeon determines that you should be discharged to a skilled nursing facility, discuss which facilities are appropriate for you prior to surgery. You should visit a few before making a decision and pre-book with two before your surgery. Your case manager will cancel any pre-booked arrangements not utilized. While visiting these facilities, please ask if your insurance is accepted by the facility.

TRANSPORTATION FROM IRMC

Three Transport Possibilities:

1. Private Car

You are responsible for making transportation arrangements for discharge from IRMC. These arrangements should be made prior to your surgery. The night before leaving the hospital, you will be given an approximate time for discharge. A trained IRMC staff member will assist you with getting into the car.

2. Wheelchair Van

Patients are responsible for the cost, the fee is based on mileage.

3. Ambulance Transport

Requesting ambulance transport is based on medical necessity (if Medicare, per Medicare guidelines). If you have commercial insurance, it will require prior insurance authorization.



DURABLE MEDICAL EQUIPMENT MEDICAL SUPPLY VENDORS

Local Durable Medical Equipment (DME) Suppliers:

Bailey's Medical Supply

780 US-1 #101,
Vero Beach, FL 32962
(772) 226-7700

Bay Street Pharmacy

7746 Bay St
Sebastian, FL 32958
(772) 589-2043

LinCare

4007 US Highway 1
Vero Beach, FL 32960
(772) 567-0822

Oxygen Plus

2360 US-1
Vero Beach, FL 32960
(772) 569-0232

Perkin's Medical Supply

3717 10th Ct,
Vero Beach, FL 32960
(772) 569-3798
and
4005 20th St,
Vero Beach, FL 32960
(772) 569-3797



INFORMATION AND FORMS



"My surgery was fantastic. IRMC was great. Six weeks later I went back to work. I'm able to dance, ride the bike, and I'm going back to weight training."

— G. Gregory

ANTICOAGULANTS (BLOOD THINNERS)

The following is a list of medications that may alter your blood's ability to form a clot. These medications should not be taken two weeks prior to your surgery.

Please contact your surgeon for specific directions on stopping these medications or for alternative pain medication. Special Note: Patients taking Coumadin, Warfarin, Plavix, Pradaxa, Xarelto or Aspirin should discuss with their physician the exact timing of discontinuation/resuming of these medications.

Arixtra®
Coumadin®
Heparin
Lovenox®
Plavix®
Pletal®
Pradaxa®
Ticlid®
Ticlopidine
Warfarin
Xarelto®
Excedrin® Extra
Strength Geltabs
Excedrin® Extra
Strength Tablets
Excedrin® Migraine
Caplets®
Excedrin® Migraine Geltabs
Excedrin® Migraine Tablets
Fiorinal®
Fiorinal® with Codeine
Gelpirin®
Goody's® Body Pain
Formula Powder
Goody's® Extra Strength
Headache Powder
Goody's® Extra Strength
Pain Relief Tablets
Norwich® Aspirin
Magnaprin® Improved
Magnaprin® Arthritis
Strength
PC-CAP®
Percodan® - Demi
Percodan®
Stanback® Powder
Synalgos® - DC
Vanquish® Caplets
Ansaid®
Arthrotec®
Cataflam®
Clinoril®
Daypro Alta®
Daypro® Caplets
Diclofenac
Diclofenac Potassium
Tablets
Diclofenac Sodium
DR Tablets

Diclofenac Sodium
ER Tablets
Diflunisal Tablets
Dolobid® Caplets
Dolobid®
Dristan® Sinus Caplets
EC-Naprosyn®
Etodolac Capsules
Etodolac ER
Etodolac Tablets
Feldene®
Fenoprofen Calcium
Capsules
Fenoprofen Calcium Tablets
Flurbiprofen Tablets
Genpril® Caplets
Genpril® Tablets
Haltran®
IBU®
Ibuprofen Oral Suspension
Ibu-Tab®
Indocin®
Indo-Lemmon®
Indomethacin Capsules
Indomethacin ER Capsules
Indomethacin Suppositories
Ketoprofen Capsules
Ketoprofen Capsules ER
Ketorolac Tromethamine
Tablets Meclofenamate
Sodium Capsules
Menadol® Captabs
Midol® Cramp
Mobic®
Motrin®
Motrin® Caplets
Motrin® Childrens
Motrin® Children's Cold
Motrin® Drops
Motrin® IB Caplets
Motrin® IB Gelcaps
Motrin® IB Tablets
Motrin® Infant
Concentrated Drops
Motrin® Junior Strength
Strength Caplets
Motrin® Junior
Strength Caplets
Motrin® Migraine
Pain Caplets

Motrin® Sinus
Headache Caplets
Nabumetone Tablets
Nalfon®
Naprelan®
Naprosyn®
Naproxen DR Tablets
Naproxen Suspension
Oruvail®
Oxaprozin
Piroxicam
Ponstel®
Prevacid NapraPAC®
Sulindac Tablets
Tolectin® DS
Tolmetin Sodium Capsules
Tolmetin Sodium Tablets
Vicoprofen®
Voltaren®
Voltaren®-XR

Aspirin Containing Products:
Aggrenox®
Alka-Seltzer® Effervescent
Pain Reliever and Antacid
Alka-Seltzer® Extra Strength
Effervescent Pain Reliever
and Antacid
Ascomp® with Codeine
Ascriptin® Enteric
Regular Strength
Ascriptin® Maximum
Strength Caplets
Ascriptin® Regular Strength
Aspergum®
Aspirin Adult Low Strength
Aspirin and Codeine
Phosphate Tablets
Aspirin Low Dose
Aspirin
Bayer® Aspirin Plus Buffered
Extra Strength Caplets
Bayer® Children's Chewable
Bayer® Women's Aspirin
Plus Calcium Caplets
BC® Powder
BC® Powder
Arthritis Strength
Bufferin® Arthritis

Strength Caplets
Bufferin® Extra Strength
Bufferin® Tablets
Butalbital Compound®
Darvon® Compound
Pulvules
Endodan®
Excedrin® Extra

Strength Caplets NSAIDs:

Advil® Caplets
Advil® Children's
Advil® Cold & Sinus Caplets
Advil® Cold & Sinus Tablets
Advil® Flu & Body
Ache Caplets
Advil® Gel Caplets
Advil® Infant
Concentrated Drops
Advil® Junior Strength
Chewable Tablets
Advil® Junior
Strength Tablets
Advil® Liqui-Gels
Advil® Migraine
Advil® Tablets
Aleve® Caplets
Aleve® Cold & Sinus
Aleve® Tablets
Anaprox®
Anaprox® DS

All Herbal Products:

Cayenne
Echinacea
Ephedra
Feverfew
Garlic
Ginger
Ginko Biloba
Ginseng
Goldenseal
Kava
Kava-Kava
Licorice
Milk Thistle
Saw Palmetto
St. John's Wort
Valerian



PATIENT INFORMATION FORM

Complete this form prior to your Pre-Admission Testing appointment with a IRMC nurse.

Name _____ DOB: _____

Surgeon's Name _____

Any previous reaction to anesthesia? YES NO

If YES, please explain: _____

Pharmacy Name: _____

Location: _____ Telephone Number _____

Primary Care Physician

First Name _____ Last Name: _____

Location: _____ Telephone Number: _____

Specialist (Cardiologist, Urologist, etc.)

First Name: _____ Last Name: _____

Location: _____ Telephone Number: _____

Specialist (Cardiologist, Urologist, etc.):

First Name: _____ Last Name: _____

Location: _____ Telephone Number: _____

Specialist (Cardiologist, Urologist, etc.):

First Name: _____ Last Name: _____

Location: _____ Telephone Number: _____

Additional Information: _____

MEDICATION PROFILE

This form must be completed prior to your pre-admission appointment with a IRMC nurse.

List all medications you currently take. Include all prescriptions, over the counter (OTC) medications, herbals, inhalers, eye drops, insulin, supplements, and vitamins.

Name _____ Date: _____

Allergies/ Reactions _____

Patient is not taking any medications.

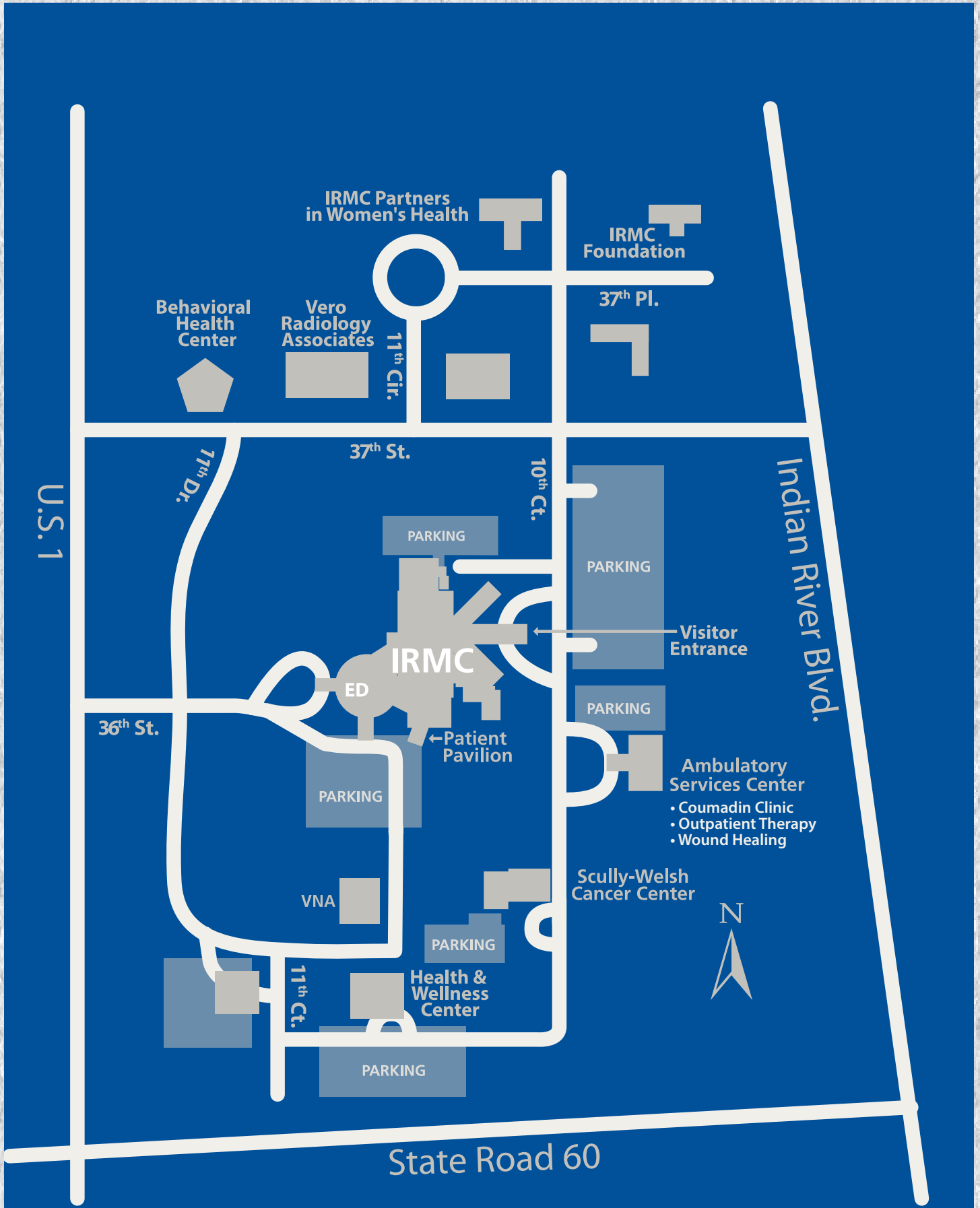
MEDICATION PROFILE

Medication/Supplement	Dose	Frequency	Day of Surgery
Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ Prescribing Doctor _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take

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Medication/Supplement	Dose	Frequency	Day of Surgery
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Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
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Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take
Prescribing Doctor _____ Telephone Number _____		<input type="checkbox"/> Once Daily <input type="checkbox"/> Twice Daily <input type="checkbox"/> Three Times Daily <input type="checkbox"/> At Bedtime <input type="checkbox"/> Other _____	<input type="checkbox"/> Take <input type="checkbox"/> Do Not Take

MAP OF IRMC





Indian River
Medical Center

DukeHealth AFFILIATE
IN HEART AND CANCER

1000 36TH STREET
VERO BEACH, FL 32960

772-567-4311

WWW.INDIANRIVERMEDICALCENTER.COM