



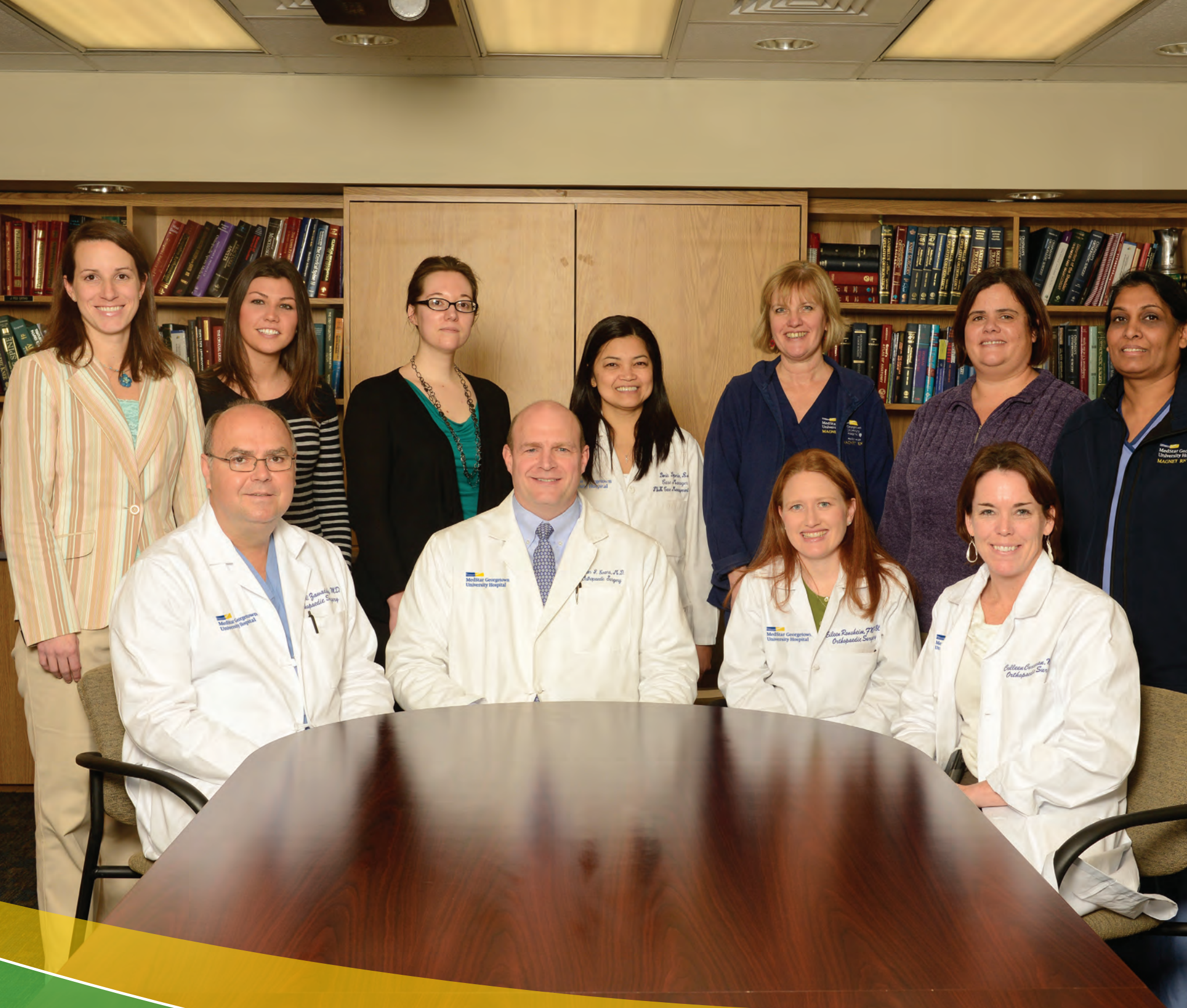
MedStar Georgetown
University Hospital



Joint Replacement Surgery Patient Guidebook

Your Road to Recovery

Knowledge and Compassion
Focused on You



Your Journey on Your Road to Recovery

Welcome to MedStar Georgetown University Hospital Joint Replacement Center. We are pleased that you chose us for your joint replacement surgery.

MedStar Georgetown performs more than 600 joint replacement surgeries per year, and we have an expert team that will take care of you every step of the way. Our staff has been providing quality care for more than 50 years, and we continue to advance our techniques in order to make your stay with us a successful one. We are known to be one of the best total joint replacements centers in the country. This is evidenced by the many distinctions we have received over the years for our total joint replacement services.

This booklet will be your guide on your road to recovery. It is important that you take this booklet to all of your appointments (both before and after your operation), classes and therapy. It details valuable information about pre- and post-operative activities, your surgery, and your recovery. We have also given you a description of each team you will meet during your journey.

We encourage you and your family to actively participate in your recovery. Our goal is to send all patients home safely and with the understanding of what is expected of you to maximize rehabilitation.

Your road to recovery begins today!

Your Appointments

You will have numerous appointments during your journey, so please use this section to help keep track of them.

Your surgery date: _____ **Time:** _____ **Surgeon:** _____

Time you need to arrive: _____

Be sure to report to Patient Registration, 1 Main–Lobby, located in Entrance 2.

Pre-Operative Appointments

You are responsible for making the following appointments:

- **Primary care physician** for history and physical (two to six weeks prior to surgery)

Date: _____ Time: _____

- **Pre-admission testing** (no sooner than three weeks prior to your surgery)

Date: _____ Time: _____

Please call the Pre-admission department at **202-444-2746, option 5**, located in Entrance 2, ground level of the surgery center.

- **Pre-operative class** Date: _____ Time: _____

Please call **202-342-2400** to register.



Preparing For Your Journey— Pre-Operative Home Checklist

Greater than two weeks before surgery:

- ☐ Complete your pre-admission testing.
- ☐ Attend the pre-operative class.
- ☐ Complete any dental work before surgery to avoid potential infections that could adversely affect your surgery.
- ☐ Contact your insurance company and take care of any required paperwork. (Your physician’s office may do it for you.)
- ☐ Make arrangements for care after your surgery. You should plan for someone to stay with you or plan to stay with a family member or friend until you are confident being on your own. Initially, you will likely need help bathing, dressing, preparing meals, taking medication, etc.
- ☐ Work with your post-acute care coordinator to schedule your rehabilitation services following inpatient discharge from MedStar Georgetown University Hospital. You will need to make transportation arrangements in advance to get to outpatient therapy.

Within two weeks of surgery:

- ☐ Have enough food on hand for your return home or arrange for someone to go shopping for you. Move food in the refrigerator to the upper shelves and toward the front so you can reach them easier during recovery.
- ☐ Do your laundry and change the linens before leaving for the hospital.
- ☐ Consider the height of the vehicle that will take you home. Taller patients may have difficulty getting into smaller cars and shorter patients may have trouble getting into SUVs.
- ☐ Have a pair of shoes or slippers with good support and nonskid soles.
- ☐ Have easy access to a bed and bathroom, preferably on the same floor where you will be spending most of your time. Choose a bathroom with a door wide enough to accommodate a walker.
- ☐ Assess your toilet to determine if a raised toilet seat will be necessary following your procedure. The height requirement would be 20 inches.

- ☐ Consider the need for a tub/shower seat and purchase it if needed. Tub/shower seats are not usually covered by insurance, but can be purchased at Walmart, Home Depot, Lowes, or Target.
- ☐ Install handrails for any steps you may be using routinely; you may be unable to climb steps without the support of handrails.
- ☐ Remove rugs, extension cords and any other obstacles that might cause you to trip.
- ☐ Fill any prescriptions.
- ☐ Have stool softeners and laxatives available.
- ☐ Have ice bags, ice packs or a bag of frozen peas to ice your new joint.
- ☐ Arrange your kitchen so that dishes, utensils, pots, and pans are easy to reach at shoulder to waist height.
- ☐ Have a comfortable chair with sturdy arms to help you stand up.
- ☐ Start pre-operative exercises.
- ☐ Stop smoking. (Please note that MedStar Georgetown University Hospital is a nonsmoking facility.) If you would like resources for smoking cessation, please speak with your healthcare provider.

10 days prior to surgery:

- ☐ As directed by your physician, stop taking any medications that may interfere with your surgery. (see page 5)
- ☐ Confirm the time you need to arrive at the hospital on the day of your surgery. This is usually two hours before your surgery time.
- ☐ Review the above checklist and ensure you have completed these items.
- ☐ Ensure you have completed your pre-admissions testing and you have your medical clearance from your primary care provider.

Day before surgery

- ☐ Take a shower with antibacterial soap either the night before or morning of surgery. This will be reviewed with you during your pre-surgical testing appointment.

Do NOT:

- Eat or drink after midnight before your surgery (Remember, this includes candy, gum and mints).
- Smoke after midnight.



Medications to Stop Taking 10 Days Before Surgery

If you are taking any of the medications listed below, please speak with your physician because these are medications that can impact your surgery. Do not stop taking any medications without first talking to the provider who prescribed them for you.

Aspirin and nonsteroidal anti-inflammatories like:
Aspirin (Anacin®, Ascriptin®, Bayer®, Bufferin®, Ecotrin®, Excedrin®) • Choline Magnesium Trisalicylates (CMT®, Tricosal®, Trilisate®) • Diclofenac Potassium (Cataflam®) • Diclofenac Sodium (Voltaren®, Voltaren XR®) • Diclofenac Sodium with Misoprostol (Arthrotec®) • Diflunisal (Dolobid®) • Etodolac (Iodine®, Lodine XL®, Ultracet®, Ultradol®) • Fenoprofen Calcium (Nalfon®) • Flurbiprofen (Ansaid®) • Ibuprofen (Advil®, Motrin®, Motrin IB®, Nuprin®) • Indomethacin (Indocin®, Indocin SR®) • Ketoprofen (Actron®, Orudis®, Orudis KT®, Oruvail®) • Ketorolac (Toradol®) • Magnesium Salicylate (Arthritab®, Bayer Select®, Doan’s Pills®, Magan®, Mobidin®, Mobogesic®) • Meclofenamate Sodium (Meclomen®) • Meloxicam (Mobic®) • Mefenamic Acid (Ponstel®) • Nabumetone (Relafen®) • Naproxen (Naprosyn®, Naprelan®) • Naproxen Sodium (Aleve®, Anaprox®) • Oxaprozin (Daypro®) •

Piroxicam (Feldene®) • Salsalate (Amigesic®, Anaflex750®, Disalcid®, Marthritic®, Mono-Gesic®, Salflex®, Salsitab®) • Sulindac (Clinoril®) • Tolmetin Sodium (Tolectin®) • Choline salicylates (Arthropan®, Trilisate®)

Antiplatelet medication like:
Anagralide (Agylin®) • Clopidogrel (Plavix®) • Dipyridamole/Aspirin (Aggrenox®) • Dipyridamole (Persantine®) • Lepirvudin (Refludan®) • Ticlopidine (Ticlid®) • Warfarin (Coumadin®)

Anti-claudication like:
Cilostazol (Pletal®) • Pentoxifylline (Trental®)

Direct thrombin inhibitors like:
Dabigatran (Pradaxa®)

Factor Xa inhibitors like:
Fondaparinux (Arixtra®) • Rivaroxaban (Xarelto®)

Low molecular weight heparins like:
Enoxaparin (Lovenox®)

Supplements like:
Vitamin E • Fish oil (cod liver oil) • CoenzymeQ10 (CoQ10) • All herbal supplements

Please alert your surgeon to any medications you are still taking.

Meet Your Tour Guides

Post-acute care coordinator (PACC)
Even before you enter the hospital for surgery, you will be assigned a post-acute care coordinator (PACC)—an advocate who will advise you of your options and help you navigate through the services you need for a successful recovery. Your PACC will work with you, your surgeon and the MedStar Georgetown University Hospital team to create a pathway to recovery using the appropriate levels of post-acute rehabilitation services you need to reach your goals. Your PACC will also follow you through your care, should your needs change. PACCs are healthcare professionals who specialize in surgical rehabilitation. They have been specially trained to work with your physician and other care professionals to help you safely return to your maximum functioning level.

Physicians
On the day of surgery, your orthopaedic surgeon will meet with you just before your surgery. After surgery, your physician team will check on you daily to oversee your progress. Other physicians involved in your care are the anesthesiologists.

Nurse practitioner
Before and after your surgery, you will work with a nurse practitioner who is in constant communication with the other members of the total joint team—the physician, post-acute care coordinator, nursing staff, case manager, and physical and occupational therapists—ensure that you are ready for surgery, as well as assist you in the recovery period. The nurse practitioner works closely with the physician and nursing staff in the recovery period to ensure that your medical needs are met, as well as assist you with the discharge process. Additionally, the nurse practitioner will work with you to achieve adequate pain control once your surgery has been completed.

Nursing staff
An experienced staff, consisting of registered nurses and patient care technicians, will care for you while you are in the hospital. The staff is specially trained in different areas of patient care, including: pre-op nurses who prepare you for surgery; operating room nurses who assist the surgeons; post anesthesia care unit (PACU) nurses who monitor your vital signs after surgery; and nurses on the patient care unit where you will spend two to three days in recovery learning about your new joint. On the patient care unit where you will spend the majority of your time, the nursing staff will work in conjunction with the orthopaedic team to ensure that you are mobilizing properly and frequently, your pain is controlled and your needs are being met. The nurses will also communicate directly with your PACC to communicate your progress in determining your final discharge plan.

Case managers and social workers
Case managers and social workers work in tandem with the PACC to assist you and your family with any post-hospital care needs, including ordering rehab equipment, counseling and transportation. They also help address financial and insurance issues.

Physical and occupational therapists
Each day of your hospital stay, you will meet with physical and occupational therapists. They will work with you one-on-one or in a group setting to teach you transfers, mobility, self-care, and proper techniques for exercising. Their goal is to increase your functional independence and prepare you for discharge.

Pain management team
The pain management team may be consulted to achieve optimal pain control. They will work with you to achieve the best possible pain medication regimen for you.

Other staff
Pharmacists and medical technicians work under the direction of the physician and nursing staff to care for any special needs you may have.

First Stop—Day of Surgery

- On the morning of your surgery, take any medications that have been approved by pre-admission testing with a small sip of water. These medications may include pills for: blood pressure, heart, anxiety, depression, or seizures.
- Arrive at Patient Registration on 1 Main, located in Entrance 2, two hours prior to your surgery. Please park in Garage 2, or you may use valet parking (at no extra cost), located in the front of the Emergency department. Then report to the surgery center. (Refer to the map on page 27.)
- Leave all valuables at home on the day of surgery. This includes cash, credit cards, jewelry, laptop computers, and cell phones.
- You should have discontinued taking any blood thinners such as Coumadin®, aspirin, Pradaxa®, and Plavix®, 10 days prior to surgery. (see page 5)
- Take a shower either the night before or the morning of your surgery with antibacterial soap.
- Brush your teeth, but do not swallow toothpaste.
- Wear clean clothes.
- Notify your surgeon immediately if you have a cold, show signs of infection (such as nasal drainage or a toothache), are being treated for or think you may have a urinary tract infection, or experience any other changes in your physical condition.

Do NOT:

- Eat or drink after midnight the night before your surgery, including candy, gum and mints.
- Smoke on the day of surgery.
- Apply make-up or lotions.
- Wear jewelry (including wedding rings) or contact lenses.

Things to bring to the hospital:

- Driver’s license or passport for identification
- Insurance cards
- Copies of advance directive or living will (if you have them)
- List of all medications that you take, including the time of day that you take them and the dosage. Be sure to include both prescription and over-the-counter medications.

- Toiletries (toothbrush, brush, deodorant)
- Personal items (glasses, hearing aids)
- Footwear (nonskid soles or rubber sole shoes with good traction, like tennis shoes)

Your family may accompany you to the surgery center. When you are taken to the operating room, they will be directed to a family waiting area. The surgery itself will last approximately two hours, and your family will be given updates on your condition.

The anesthesia team will evaluate your medical history and determine the best anesthesia for you. Basically, there is general anesthesia, which is where you are completely asleep through the procedure, or epidural anesthesia, where you are numb from the waist to the feet and are heavily sedated. Epidural anesthesia is our preferred method since it often provides better pain control.

- After your surgery, you will be moved to the Post Anesthesia Care Unit (PACU) or Recovery Room. Here you will be monitored closely to make sure your pain is well controlled and your vital signs are stable.
- You may have a special brace on your surgical leg to help give you support.
- You may have a pain pump in your surgical leg to help with the immediate post-operative care and comfort.
- When the anesthesia team feels you are stable, you will be moved to a nursing unit.
- On the day of surgery, if applicable, your nurse or therapist will get you out of bed to a recliner chair.
- You may use a continuous passive motion device to aide in bending your knee (if you have had a knee operation), as indicated by your physician.

Your Second Stop—Day 1 After Surgery

- The orthopaedic service will see you at least once a day to assess your condition and evaluate your progress.
- Physical Therapy (PT) and Occupational Therapy (OT)—PT will typically work with you twice a day and OT will see you two to three times during your stay.

- It is expected that you will have pain so you will start to take pain medication by mouth.
- You will have blood drawn to check your hemoglobin. If it is low, we may give you blood. This will often increase your energy level and improve your physical stamina.
- You will be given medicine to prevent your body from forming a blood clot in the vein.
- You will continue using the CPM as indicated.
- Your post-operative plan will be reviewed as discussed with your PACC.

Your Third Stop—Day 2 After Surgery Through Discharge

(Our goal is to have you ready for discharge on Day 2.)

- PT will continue to work with you twice a day. You most likely will be walking with an assistive device (cane, walker, etc.) and practicing on the stairs.
- OT will continue to work with you on activities of daily living. They will also continue to assess your transfers and make sure you are safe with daily activities to prepare you for discharge home.
- Pain medication will be adjusted to keep you comfortable, and we will continue medication to help prevent blood clots.
- You will continue using the CPM as indicated.
- If you would like to get your prescriptions filled prior to leaving the hospital, please visit our pharmacy, located on the ground floor of the PHC building. Please be sure to bring your prescription drug card with you.
- You will be discharged to a setting determined by you and your healthcare team.

Reaching Your Final Destination—After Discharge

- When you leave the hospital, you will be given prescriptions for pain medications and for medication to prevent a blood clot. Medication given for blood clot prevention will be one of the following—enteric-coated aspirin, Coumadin® or Lovenox®. You will be on blood thinning medication for four to six weeks following your



surgery. Prior to leaving the hospital, it will be clarified which blood thinner you will take and for how long. The determination is made on an individual basis. You will be given education on your specific blood thinner prior to leaving the hospital.

- You may have a CPM machine delivered to your home to continue with knee motion improvement if indicated by your physician.
- You will continue to improve and feel better with each passing day.
- Contact us for any fevers (temperature greater than 101 degrees Fahrenheit), increasing redness, calf pain or tenderness, uncontrollable pain, or drainage from the wound.
- You may shower after you get home, but you may not submerge your incision in standing water (pool/bath) for six weeks.
- Your surgeon would like to see you in approximately two weeks after your operation for a follow-up visit. You can call **202-444-8766** to make an appointment.

Where to Go Next?

Levels of Post-Acute Rehabilitation Care

Outpatient services
(see page 30 for a listing of outpatient rehabilitation locations)

After discharge from the hospital following surgery, many patients are ready for outpatient rehabilitation. Others need homecare rehabilitation first and then transition to outpatient services.

Ultimately, most total joint patients complete their rehabilitation in an outpatient center. An outpatient setting provides additional learning experiences and access to more equipment than is available in the home setting. This type of care helps patients get out of their homes and into the community, in a setting equipped to help them reach their highest functional ability.

You have a choice regarding where you receive outpatient services. We are proud of our MedStar Health outpatient therapy sites, which specialize in the treatment of patients with orthopaedic injuries or post-surgical conditions, provided right here in the hospital in our Physical Medicine and Rehabilitation department.

Home Care
(see page 29 for a listing of home health agencies)

Home health services help patients who are medically stable enough to return home, but who, for a period of time, are homebound. In these instances, a registered nurse and physical therapist will periodically visit your home and be your primary homecare providers. The nurse will assess your post-surgical progress and continue education about your medications. The nurse will report any changes in your progress to your physician.

A licensed physical therapist will evaluate you in your home to determine your functional level. This is an assessment of how well you are performing activities such as getting in and out of bed and walking. During visits, your therapist will provide ongoing education about the rehabilitation process, demonstrate exercises and work with you to improve your functional ability.

The goal of home care, should you need it, is to get you back into the community and onto the next level in your rehabilitation. Typically, home care would not last more than two weeks.

You have been provided a list of home health agencies, and you may choose any agency on that list. You may also wish to know that MedStar Georgetown University Hospital provides home care services through MedStar Visiting Nurse Association. Any homecare services that you may need once you are home will be arranged prior to your discharge from the hospital.

Sub-acute Rehabilitation in a Skilled Nursing Facility
(see page 32 for a listing of sub-acute rehabilitation centers)

Nearly all patients are able to directly return home after their stay in MedStar Georgetown University Hospital. Some, however, are not. For those patients, care in a skilled nursing facility may be best.

Sub-acute rehabilitation is typically provided in a skilled nursing facility. The nursing staff routinely monitors your vital signs and manages your medications. You usually receive one to two hours of therapy a day, five to six days a week.

If indicated, you will be provided a list of skilled nursing facilities, and you may choose any provider on that list. In cooperation with your physician, your post-acute care coordinator will provide you with the information you need to help you make the best choice.

Acute Rehabilitation
(see page 32 for a listing of acute rehabilitation centers)

Patients recovering from joint surgery rarely need the services provided in an acute rehabilitation center. This level of care is for those who require intense rehabilitation. Only those patients with significant comorbidities qualify. The goal of inpatient rehabilitation is to restore your functional ability so that you can safely transition to the next level of care.

Your discharge recommendation can change at any time during your hospital stay as your mobility improves. Changes will be discussed with you, your family and your PACC. Our goal is to discharge you to the safest and most beneficial setting possible. Your PACC will facilitate rehabilitation services with your insurance plan. It is your responsibility to ensure the providers you have chosen are in network with your healthcare plan.

You Have Now Returned Home

Adaptive Equipment

You may require some assistance using adaptive equipment when you return home. During your stay, your therapy team will teach you how to use adaptive equipment to assist you with your daily activities and will make appropriate recommendations on what is best for you. Your PACC will assist you in getting the equipment you will need. Most of the equipment listed below is not covered by your insurance so you may want to explore options when buying this equipment. These can be found at stores such as CVS, Target, Amazon.com, etc.



Axillary crutches



Walker



Elevated toilet seat



Chair cushion



Grab bars



Shower seat



Long handled shoe horn



Elastic shoe laces



Long handled bath sponge
(provided to you by MedStar Georgetown)



Reacher (provided to you by MedStar Georgetown)



Sock Aid (provided to you by MedStar Georgetown)

Transfer Instructions

Also during your stay, your therapy team will teach you how to get in and out of bed, walk and negotiate stairs.



Getting Out of Bed

- 1. Place your hands down on the bed on each side of your hips.
- 2. Bend your “good” leg.
- 3. Push with your hands and “good” leg as you lift your buttocks off the bed. Move toward your operative leg. If you had surgery on both legs, you can chose to get out on either side of the bed.
- 4. Turn your body and begin to sit up as you inch your operative leg and “good” leg off the side of the bed to sit up at the edge.

Getting Into Bed

- 1. Once sitting on the edge of the bed, place your hands down on the bed on each side of your hips, either pressed flat or clenched into fists.
- 2. Push with your hands as you inch your hips back across the bed.
- 3. Lift your legs onto the bed as you gradually turn your body to lie down. Inch yourself up in bed.

Getting Into the Car

- 1. On the passenger side, make sure the seat is as far back as possible. Stand with your back toward the car.
- 2. Sit on the edge of the seat. Slide yourself back. Sitting on a plastic bag (garbage bag works well) may make it easier to slide.
- 3. Swing your legs into the car. You may want someone’s help to guide your legs into the car.
- 4. If you have extra long legs, be sure to scoot back as far as you can. You may also want to recline the seat so you will have as much room as possible to swing your legs into the car.

To get out of the car, reverse the above steps.

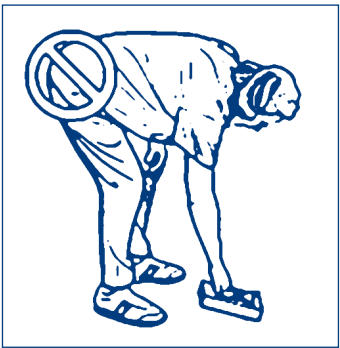


Precautions

If you have had hip replacement surgery, you will need to follow the precautions listed below.

Total Hip Replacement Precautions– POSTERIOR Approach

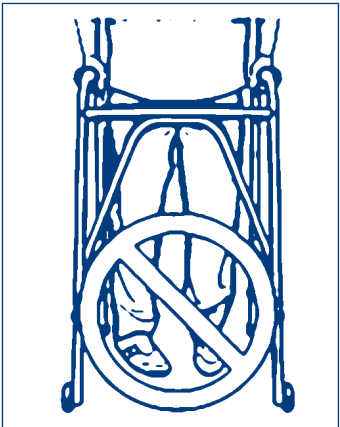
- Do not cross your legs.
- No bending forward at the hip.
- Do not rotate your leg inward.
- Weight bearing as tolerated



Do not bend your operated hip beyond a 90° angle.



Do not cross your operated leg or ankle.



Do not turn your operated leg inward in a pigeon-toed position.

Total Hip Replacement Precautions– ANTERIOR Approach

- There are no movement restrictions except for avoiding a figure of four position with the operated hip.
- You may cross your ankles.
- Progress to a cane as early as you feel comfortable and safe.
- Walk and mobilize as early as possible.
- Let pain guide your activity level.



Do not cross your operated leg or ankle.

Exercises

During your inpatient stay, your therapy team will instruct you on various exercises that will help you regain your strength and range of motion. These exercises will also assist you with your transfers, ambulation and stair climbing.

Straight Leg Raise



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

Reps: _____

Sets: _____

Times per day: _____

Side Leg Lift



- Lie on your uninvolved side, with your lower knee bent for stability.
- Keep your knee straight on your involved leg, lifting your leg upward.
- Return to the start position and repeat.

Special Instructions: Do not roll your trunk forward or backward. PERFORM ON A WALL

Reps: _____

Sets: _____

Times per day: _____

Leg Kicks Over a Pillow



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

Reps: _____

Sets: _____

Times per day: _____

Bridge Neutral



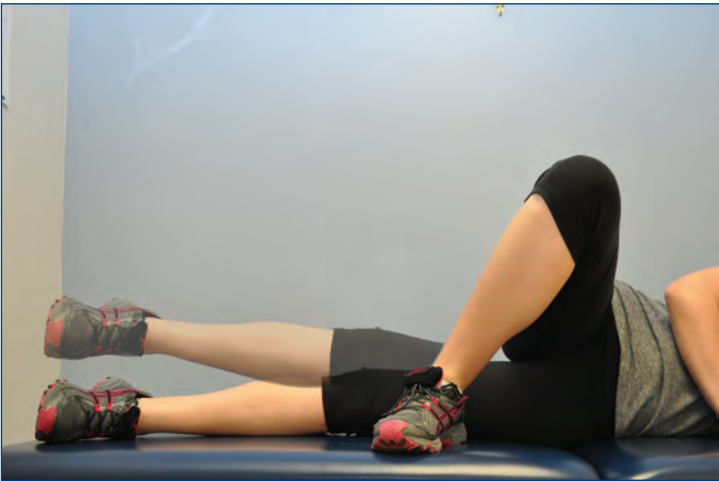
- Lie on your back, knees bent, arms at your side, and your feet flat on the floor.
- Begin in neutral spine and maintain that position.
- Inhale and raise your trunk upward as a single unit.
- Exhale and lower, placing your spine and pelvis touching down at the same time and repeat.

Reps: _____

Sets: _____

Times per day: _____

Side Bottom Leg Lift



- Lie on your involved side.
- Bend your knee of your upper leg, placing your foot flat on the floor in front of your lower leg.
- Keep your involved leg straight.
- Lift your leg upward.
- Return to the starting position.

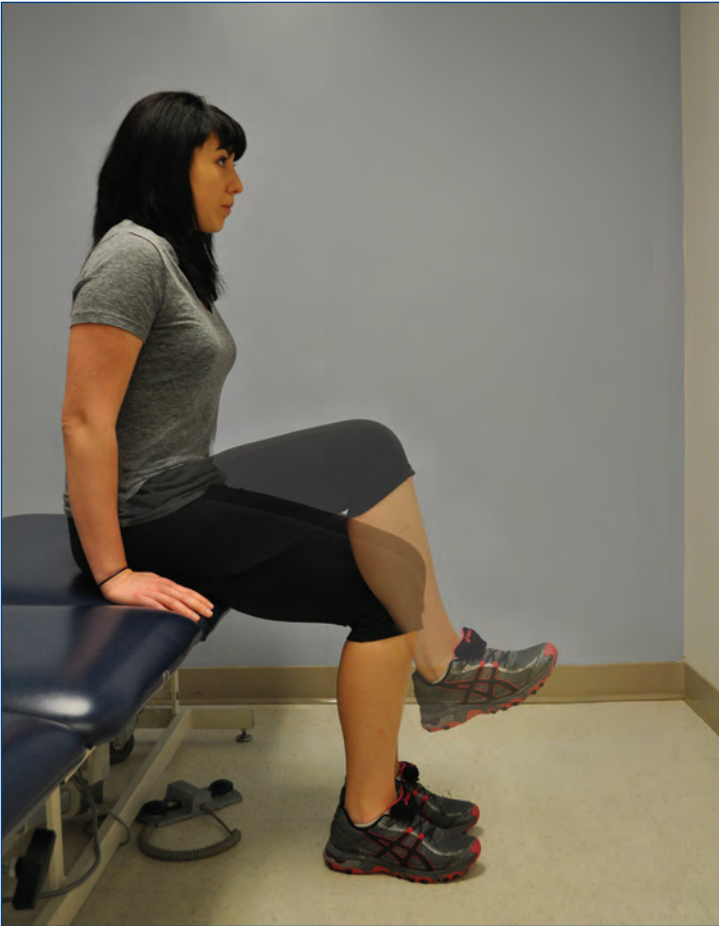
Special Instructions: Try not to move your pelvic area during the leg lift.

Reps: _____

Sets: _____

Times per day: _____

Seated Marching



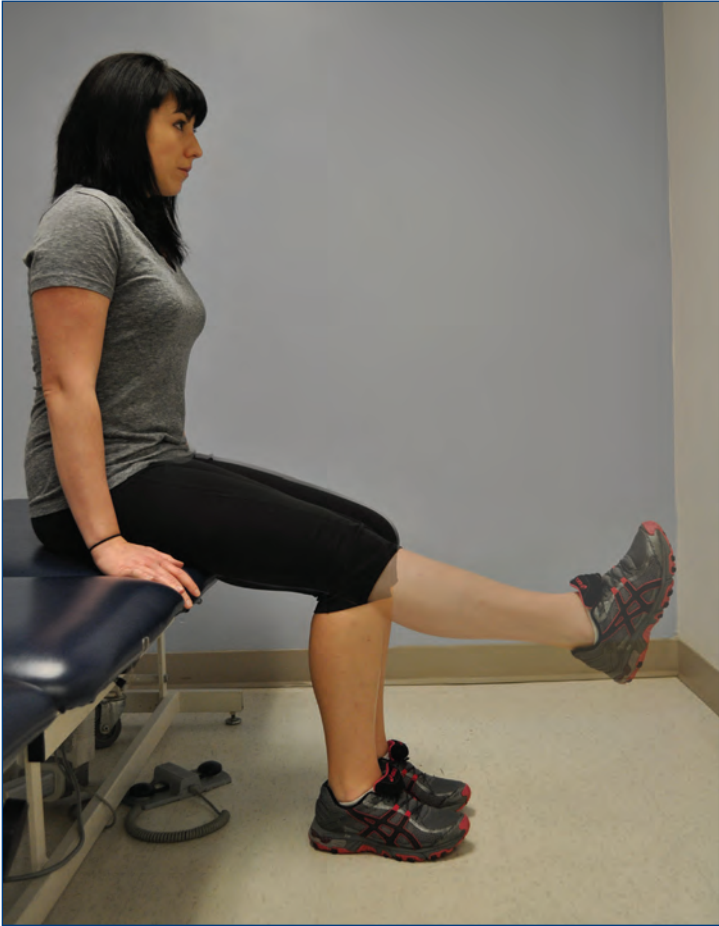
- Sit in a chair with your hips and knees at 90 degrees.
- Lift up your left leg as shown.
- Lower your leg.
- Repeat with your right leg.

Reps: _____

Sets: _____

Times per day: _____

Seated Hamstring Stretch



- Sit against a wall, chair or on a firm surface, with your knee bent.
- Keep a proper curve in your lower back, as shown.
- Flex your left foot upward, while straightening your knee.
- Repeat the stretch with your other leg.

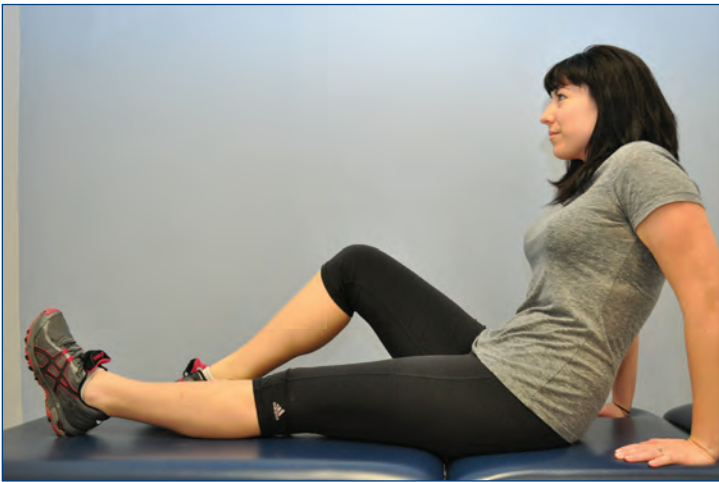
Special Instructions: Do not allow your lower back to lose the curve. It is common to experience shaking in the leg.

Reps: _____

Sets: _____

Times per day: _____

Long Sit (Quad Sets)



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

Special Instructions: Do not hold your breath.

Reps: _____

Sets: _____

Times per day: _____

Hip Rotation (In and Out)



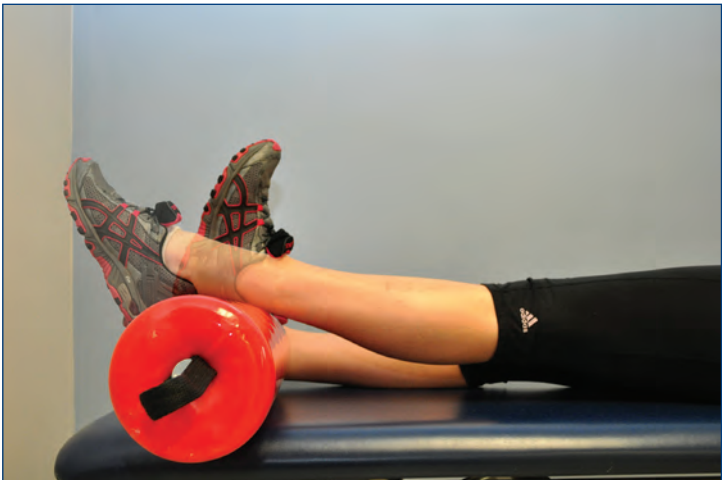
- Lie on your back with your legs straight.
- Rotate your legs inward and outward.

Reps: _____

Sets: _____

Times per day: _____

Elevated Ankle Pumps



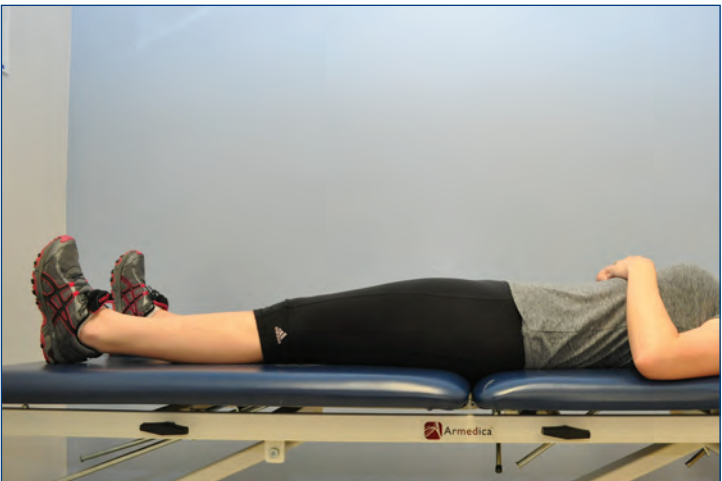
- Lie on your back with your foot elevated on a pillow.
- Move your foot up and down, pumping your ankle.

Reps: _____

Sets: _____

Times per day: _____

Buttocks Squeezes



- Lie on your back with your legs straight.
- Squeeze your buttocks together.
- Hold and repeat.

Reps: _____

Sets: _____

Times per day: _____

Leg Slides to the Side



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

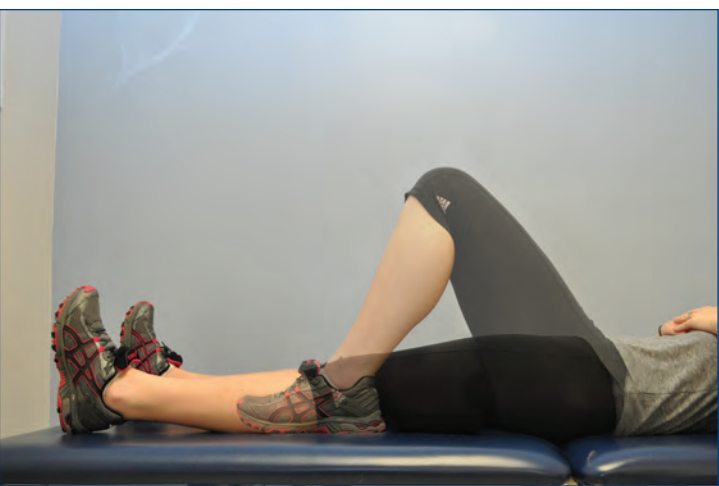
Special Instructions: Use a pillow case to reduce friction.

Reps: _____

Sets: _____

Times per day: _____

Heel Slides



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

Reps: _____

Sets: _____

Times per day: _____



Frequently Asked Questions— Total Knee Arthroplasty

1. How long will knee replacement surgery last?

Knee replacement surgery has been documented to last beyond 15 years for many patients. The overall failure rate is less than one percent per year.

2. How will I know if my knee replacement is beginning to loosen?

There are several things a patient may notice as a total knee replacement begins to fail. The first and most important would be pain. If the patient has had a pain-free or essentially pain free-knee replacement and it becomes more uncomfortable for them, this is probably the single most important factor that may indicate early loosening. Other factors that may be consistent would be change in alignment of the leg or an increasingly noticeable deformity. If either of these were to occur, the patient should see their orthopaedic surgeon to have radiographs obtained. The best way to avoid significant problems with the knee replacement is to have routine follow up. Generally, it is recommended that these should be radiographed at least every other year.

3. What will the incision look like after knee replacement surgery?

In general, the incision is over the front of the knee. Unfortunately, this incision crosses the normal, natural skin lines at a 90 degree angle. In that setting, it is not

uncommon for the incision to broaden quite a bit. In addition, this is made a bit worse by trying to have the patient work as diligently as possible with physical therapy to regain range of motion. Normally, the lower third of the incision will result in little broadening because there is not much mobility to the skin over this area. However, from the level of the lower portion of the kneecap to the upper end of the incision, it is common to have some degree of broadening post-operatively. Usually, the incision will be somewhat reddened and swollen for approximately four to six months. Then, the incision will soften significantly and the incision will turn a more natural skin color after approximately six to 12 months.

4. My knee is warm post-operatively. Is this normal?

It is normal for knee replacements to be warm in the first four to six months post-operatively. There is an extensive dissection underneath the skin and there is usually little soft tissue covering the knee. In that setting, the knee—particularly with activities—can become somewhat warm and stiff. Normally, this will resolve by approximately four to six months post-operatively.

5. After surgery, is it normal for my knee to look larger than the knee that has not had knee replacement surgery?

It is common for a post-operative total knee to be larger than the natural knee. That is a very common feature and finding, and is not necessarily related to the parts being a different size than the amount of bone that was resected.

6. Is it normal to have numbness along the outer or lateral aspect of the incision?

It is common to develop some numbness or change in sensation over the lateral or outer aspect of the incision after surgery. The normal skin nerves run from the inner aspect of the knee, rotating to the outer aspect of the knee. Incisions that are made directly over the front of the knee oriented along the length of the leg will cut across these nerves. Generally, after four to six months, much of the skin sensation will return.

However, in some patients there is always a reduced degree of sensation over the outer aspect of the knee. Usually, this is of little clinical significance.

7. I have had several other surgeries to the knee with several other incisions. Will this influence how the surgery is performed?

The skin over the front of the knee is very sensitive to previous incisions. If care is not taken in making the incision and trying to incorporate previous incisions in the knee and the approach required for knee replacement surgery, there may be a problem with blood supply to some of the skin over the front of the knee. If this were to occur, it is very important to recognize it quickly. This may require the assistance of a plastic surgeon to place a skin or muscle flap over the front of the knee to ensure that the knee wound will be closed effectively. This is a situation that is best avoided. The best way to do this is to utilize previous incisions and take care with the soft tissue during the procedure.

8. After total knee arthroplasty, what activities can I return to?

After knee or hip replacement arthroplasty, patients are encouraged to walk as much as possible. In general, it is good to walk for 30 to 40 minutes at least four days per week. In addition, patients can use a regular or stationary bicycle, treadmill, stair stepping device, or elliptical trainer, and they can participate in a low impact aerobics program. Water aerobics or water exercises are also to be encouraged once it has been six weeks from the date of your surgery. Weight lifting can also be done after hip and knee replacement surgery. For lower extremity exercises, it is best to use lower weight and higher repetitions. Any amount of weight can be used in the upper extremities as long as it is done from a seated or lying position. Please ask your surgeon if you have questions regarding specific machines or activities.

9. I have occasional clicking or clunking in my knee after surgery. Is this normal?

It is common to have some sensations or actually audible clicks or clunks after knee replacement surgery. Generally, this is not painful and not associated with any discomfort or functional deficit. At the time of surgery, a small degree of laxity is put into the knee to allow the knee to move and function well. If the knee is made so tight no clicking is allowed, the knee will be quite painful post-operatively and will gain limited range of motion over the long term.

10. My knee is becoming progressively more deformed. When is the appropriate time to consider knee replacement surgery?

In general, whether the surgery is done early in the setting of arthritis or after quite a few years, there is little change in the operative procedure or the technical aspects of the surgery to be performed. However, there are two primary forms of deformity that are observed in the knee. One is for a varus or bowlegged deformity. This is the most common type of deformity, particularly in osteoarthritis. This deformity can, in most circumstances, be readily corrected at the time of surgery and does not indicate any significant problem with the procedure itself.

The opposite form of deformity is a valgus deformity or knock-knee leg. Due to the differences in the ligaments on the inside and outside part of the knee, a valgus deformity can be more difficult to correct at the time of surgery. In patients who have a significant valgus or knock-knee deformity to their leg in general, it is somewhat better to have the surgery done a bit sooner rather than wait until a marked deformity is present, although large or marked deformities can be corrected with a valgus or knock-knee deformity. These will resolve, generally with a bit more soreness, swelling and pain post-operatively, and may result in an increased operative time. In addition, there is an increased risk for stretching of the peroneal nerve that runs along the outer aspect of the knee. If this is significantly stretched, it can result in numbness and weakness in the foot. Therefore, with a knock-knee deformity, this is one of the few circumstances where surgery is normally recommended a little bit sooner.

11. Do I need to take antibiotics after dental and other procedures for the remainder of my life?

Your total joint replacement is an immunocompromised area in your body. Your immune system and white blood cells have a very difficult time clearing bacteria from joint replacements. Therefore, it is best to avoid and reduce the risk of any possible infection. It is commonly recommended that for dental procedures, particularly those involving a dental abscess and for other procedures that are at risk for putting bacteria into the bloodstream, that a

patient be given antibiotics around the time of these procedures. The greatest risk for infection to occur after these procedures is within the first two years post-operatively. After that time, there is a risk of infection with these procedures, but it is significantly reduced. In some countries, no prophylaxis is used whatsoever after joint replacement surgery. Commonly used antibiotics for this are amoxicillin, tetracycline and clindamycin. It is currently recommended that antibiotics are not needed for routine dental cleaning after the first two years.

12. Will my knee replacement set off the metal detectors at the airport and governmental buildings?

Most likely, yes. Although these materials are not made of stainless steel or iron, current technology will detect these very often. We do offer cards to notify officials that you are a patient who has an implanted metallic device. However, as these cards and other materials we can provide can be easily counterfeited, most officials will disregard these and use the metal detecting wand over the site of the arthroplasty and pat the area to ensure that there is no other metallic devices in that area other than the hip replacement. As our practice is based in the Washington, D.C., metro area, we have many patients who have traveled throughout the world. Patients may be delayed while the implant is detected, but should not be detained due to their arthroplasty.

Frequently Asked Questions— Total Hip Arthroplasty

1. What materials are used for the arthroplasty?

In general, all joint replacements use a combination of materials. These include cobalt chrome, which is a very high strength hard alloy that is usually used in places where the components are moving one relative to the other. The other metal commonly used is titanium. This is either in a commercially pure form or as an alloy with aluminum and vanadium. The third material utilized in joint replacement arthroplasty is usually ultra high molecular weight polyethylene plastic. This plastic is generally the weak link in the arthroplasty and the material most commonly involved in the process of wear and in the generation of wear debris. Recent improvements, both in the type of plastic used and in the processing of the plastic, should result in a reduction in the wear of a component inserted currently with those that were inserted five to 10 years ago. Each of the materials in their bulk form has been extensively tested. There has been no documented case of specific allergy to these materials. However, in particulate form, as they move against each other and generate debris from this wearing process, occasionally patients will react to the small particles of metals and plastic. This can result in a bone resorbing reaction known as osteolysis.

2. Where is the incision for total hip arthroplasty?

The incision is located over the outer aspect of the hip. There is a bone that you can feel on the very outermost aspect of your hip. The incision is usually centered over this bone and is approximately four inches in length, running from along the length of the leg and right at the top of the bone on the outer part of the hip. In a posterior total hip arthroplasty, the incision runs on the back side of the hip joint toward the buttocks. In an anterior total hip arthroplasty, the incision is on the front side of the hip joint, toward the groin.

3. How long does it take to heal after total hip replacement surgery?

The incision will heal in about two weeks and the staples will be removed in your surgeon's office. The soft tissues, which include the deep muscles and tendons in and around the hip, will take approximately six to eight weeks to heal. This is why it is very important

to be careful how you position the hip in the early post-operative period to allow these soft tissues to heal. The total return to normal gait usually takes between two and three months.

4. Do I need to take antibiotics after dental and other procedures for the remainder of my life?

Your total joint replacement is an immunocompromised area in your body. Your immune system and white blood cells have a very difficult time clearing bacteria from joint replacements. Therefore, it is best to avoid and reduce the risk of any possible infection. To do this, it is commonly recommended that for dental procedures, particularly those involving a dental abscess, and for other procedures that are at risk for putting bacteria into the bloodstream, that a patient be given antibiotics around the time of these procedures. The greatest risk for infection to occur after these procedures is within the first two years. After that time, there is a risk of infection with these procedures but it is significantly reduced. In some countries, no prophylaxis is used whatsoever after joint replacement surgery. Commonly used antibiotics for this are amoxicillin, tetracycline and clindamycin. It is currently recommended that antibiotics are not needed for routine dental cleaning after the first two years.

5. Do I need to be careful of a dislocation the remainder of my life?

The greatest risk for dislocation or instability after total hip replacement is within the first six weeks. However, it is always easier to dislocate a replaced hip than an unreplaced hip. However, normally after six weeks of restrictions and positioning your surgeon will allow you to return to more normal activities. However, it is still a good idea to be careful when getting up off the floor or out of a low, soft chair.

6. I have difficulty putting on a sock and tying a shoe before surgery. Will I be able to do this after surgery?

Frequently, patients with significant arthritis in their hip will have significant limitation in their range of motion. This will commonly result in difficulty tying shoes, putting socks on the foot, and clipping their toenails on the involved leg. After the surgery, the range of motion is improved. Commonly, patients will not get a normal range of motion, but will have a significant improvement in range of motion after the surgery. Many patients will regain the ability to tie shoes, apply socks and clip their toenails after surgery.

7. Will my hip replacement set off the metal detectors at the airport and governmental buildings?

Most likely, yes. Although these materials are not made of stainless steel or iron, current technology will detect these very often. We do offer cards to notify officials that you are a patient who has an implanted metallic device. However, as these cards and other materials we can provide can be easily counterfeited, most officials will disregard these and use the metal detecting wand over the site of the arthroplasty and pat the area to ensure that there is no other metallic device in that area other than the hip replacement. As our practice is based in the Washington, D.C./metro area, we have many patients who have traveled throughout the world. Patients may be delayed while the implant is detected, but should not be detained due to their arthroplasty.

8. Can I obtain a handicap parking permit for the period of limited mobility after the surgery?

Yes. You can obtain a form from the Department of Motor Vehicles where your car is registered. Once you complete the form, you can fax, mail or drop it off at your surgeon's office. Most commonly, these are temporary forms that will be filled out for approximately three months after the time of surgery. If you feel due to arthritis in other joints or impaired mobility from other causes you may wish to request a permanent handicap parking license tag, you should notify your surgeon of this, and he or she can help you fill out the appropriate paperwork and provide any additional documentation that may be necessary. However, again the forms for this need to be obtained from the Department of Motor Vehicles where your car is registered.

9. Will there be a difference in the length of my legs after the hip replacement?

The surgeon's goal at the time of the surgery is to restore the normal anatomy and length of the leg. However, in some circumstances, either due to anatomic variation or weakness in the muscles and soft tissues in the hip area, it may be necessary to lengthen the leg after the surgery. Your surgeon should be able to review this with you prior to the surgery, or to notify you post-operatively if some

lengthening was required. Most commonly, the limbs can be restored to within ¼ inch to the length of the leg pre-operatively. Occasionally, patients will present with a difference in length of their two legs prior to surgery. If the leg requiring hip replacement surgery is shorter than the contralateral leg, there is the ability to increase the length of that leg. Usually an increase of 1 inch or less may be readily obtained. If the limb is lengthened more than that around the time of the surgery, there is a risk of developing weakness in the sciatic nerve, which runs behind the hip. This will result in a foot drop, or a weakness in the muscles that lift your foot up on the front of the calf. If the leg to be operated on is already longer than the other side, there is little that can be done to shorten the leg at the time of hip replacement surgery. To do so will very commonly lead to a looseness or laxity in the soft tissues, which will result in dislocation of the total hip replacement. Be sure to ask your surgeon about this prior to surgery.

10. How will I know if I am having a problem with my hip replacement after surgery?

The most common symptom a patient will notice after hip replacement surgery that may indicate a problem would be pain. However, there are many things such as wear and osteolysis which may be without symptoms. To identify these, it is important to maintain follow-up appointments and to have X-rays taken of your hip replacement at least every other year. If a patient delays follow up until a hip replacement is painful, occasionally this can result in significant loss of bone and a greatly increased complexity to any reoperation that may be necessary.

11. Is there any adjustment that can be made to the hip replacement after surgery has been performed?

Unfortunately, no. It is very important to make sure that the components are inserted as rigidly as possible and positioned optimally at the time of the initial surgery. If this is not done, additional surgery is required to make any other adjustments.

12. Will I need to use a cane long term after surgery?

No. Many patients are able to walk with a completely normal gait after hip replacement surgery. Very few patients require a cane for long-term use after hip replacement surgery. Normally, the reasons for



needing a cane are due to problems with balance, arthritis or other disabling conditions in other joints on the lower extremities.

13. Should I have a total hip arthroplasty done with either a metal on metal or ceramic articulating surface?

The weak link in total hip arthroplasty has been the wear and wear debris produced by the polyethylene plastic used in the acetabular component. In trying to address the problems of polyethylene wear and the products of polyethylene wear debris, several new forms of articulation have been introduced. These include a metal on metal articulation and a ceramic on ceramic articulation. By eliminating the polyethylene at the articulating surface where the parts move against each other, it is hoped that the amount of wear debris will also be significantly reduced. While these articulations are currently quite new, in fact, they are a reintroduction of techniques and technologies that have been used in the past. Metal on metal was used early on in several forms of arthroplasty. While the overall wear rate was reduced,

there is still the production of metallic wear debris. Generally, it is felt that there is less biologic reaction to this debris. However, there is some data suggesting that the incidence or development of tumors at the site of replacements may be increased in patients who receive a metal on metal arthroplasty. The data on this, however, is far from conclusive. Currently, the joint team is not performing any metal on metal total hip arthroplasties.

With regard to ceramic on ceramic replacements, these are quite expensive. In addition, there have been manufacturing problems with ceramics in the past that have resulted in fracture. Unfortunately, when a ceramic arthroplasty cracks or fractures, it results in significant damage to the retained metallic components, requiring a more significant revision surgery. In assessing these new technologies, it is important to remember that the long-term survivorship of primary arthroplasty is excellent. Several long-term studies have demonstrated that more than 80 percent of arthroplasties put in patients with an average age of 65, will function well throughout the patient's lifetime. Therefore, for the majority of patients undergoing hip replacement surgery, standard techniques should be able to provide them with an excellent long-term outcome.

The critical issue with new forms of articulation is for the younger, more active patient. While there may be a role for metal on metal or ceramic on ceramic in this setting, current preferences have moved toward the use of newer cross linked polyethylenes that have a significantly reduced rate of wear compared to traditional polyethylene. This allows significant reduction of wear, which should significantly extend the functional life of your total hip arthroplasty without needing to resort to newer technologies that may introduce problems we do not currently have with existing techniques. If you have additional questions regarding the use of newer articulating surfaces, please contact your orthopaedic surgeon. Right now, the joint team predominately uses the newer polyethylenes due to better long-term outcomes as a result of decreased wear that occurs on the articulating surface of the hip. Your surgeon will be able to answer any further questions that you may have concerning the type of implant that is used in you.

14. What happens when my total hip arthroplasty becomes loose or painful?

When a total hip arthroplasty becomes loose or painful or is in need of additional surgery, there is a great deal of variability in what may be required to address the situation. Occasionally, it can be as simple as changing a modular femoral head and a plastic liner, or it may be as complex as completely redoing the entire arthroplasty. The overall outcome and its success rate for these revision surgeries are also highly variable. If your arthroplasty is becoming painful, you should have it evaluated as soon as possible by your orthopaedic surgeon. If additional surgery is recommended at that time, you should be able to get a clear impression of what will be involved at the time of any revision surgery.

15. Will my body reject the artificial parts?

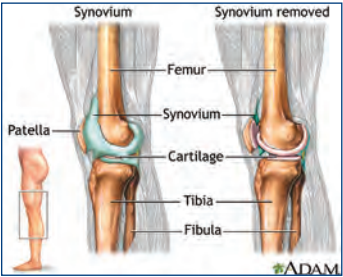
The materials used for total hip replacement arthroplasty include titanium, cobalt chrome and polyethylene. To date, there is little evidence suggesting any allergic reaction to these materials, particularly in their bulk form.

16. I have been told I have arthritis in my hip. When would the optimal time be to have my hip replacement surgery performed?

Due to the nature of hip replacement surgery, whether it is done early after the diagnosis of arthritis or many years after the surgery, recovery and rehabilitation do not change over time. Therefore, the timing for hip replacement arthroplasty is individualized primarily based upon the degree of pain the patient is experiencing. This pain will also have a significant impact on the activities each individual patient is able to participate in. As the hip becomes more painful, and the activities more limited, then a patient would be a good candidate for total hip arthroplasty. However, as long as the pain can be adequately managed through reduction in activities, use of a cane or anti-inflammatory medications, there is no rush or urgency to proceed with hip replacement surgery.

Surgical Descriptions

Total Knee Arthroplasty



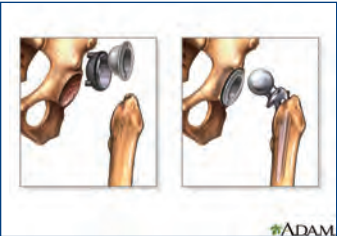
Total knee arthroplasty, or knee replacement, is a surgery that is used to replace a severely damaged joint. The time to have this surgery is when the pain is no longer well controlled and daily activities are being affected. This is an elective surgery, meaning that you have time to plan and prepare before you come into the hospital for your surgery.

During the surgery, the orthopaedic surgeon will remove the damaged ends of the bone from the tibia, femur and patella (kneecap). A prosthetic device, usually consisting of metal and plastic, will be used in place of the damaged bone.

This will create the new joint. This procedure reduces or eliminates pain, increases range of motion and often restores you to your previous level of functioning.

Total Hip Arthroplasty

Total hip arthroplasty, or hip replacement, is a surgery that is used to replace a severely damaged joint. The time to have this surgery is when the pain is no longer well controlled and daily activities are being affected. This is

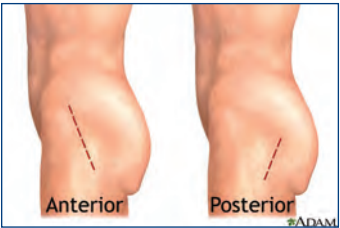


an elective surgery, meaning that you have time to plan and prepare before you come into the hospital for your surgery.

During the surgery, which uses a less invasive technique, the orthopaedic surgeon will remove the femoral head (the ball) and clean out the acetabulum (the socket). A prosthetic device, usually consisting of a metallic stem and cup, will be used in place of the damaged bone. This will create the new joint.

This procedure reduces or eliminates pain, increases range of motion and often restores you to your previous level of functioning.

There are two different types of approaches to total hip arthroplasty. Both approaches have successful outcomes. In the posterior approach, small tendons directly behind the hip joint are detached and the hip joint capsule is opened to access the hip joint. Both the capsule and the tendons are reattached later in the operation, once the new components have been placed. In the anterior approach, tendons and muscles are not detached from the femur or pelvis. The deteriorated joints are removed, and the new components for the hip replacement (acetabular cup and femoral stem) are placed in the hip. Your surgeon will discuss the appropriate surgical approach for you. Both types of approaches have the same recovery period and similar long-term outcomes.



Travel Tips

Important Phone Numbers

- MedStar Georgetown University Hospital.....202-444-2000
- Orthopaedics.....202-444-8766
- Surgery Center.....202-444-6580
- Pre-Admissions Testing.....202-444-2746
- Inpatient Orthopaedic Unit.....202-444-2241
- Physical and Occupational Therapy (Inpatient and Outpatient).....202-444-3690
- Patient Advocacy.....202-444-3040
- Billing.....703-558-1400
- Chapel and Pastoral Care.....202-444-3030
- International Services.....202-444-1588
- Interpreter Services.....202-444-8377
- Pharmacy.....202-444-3772

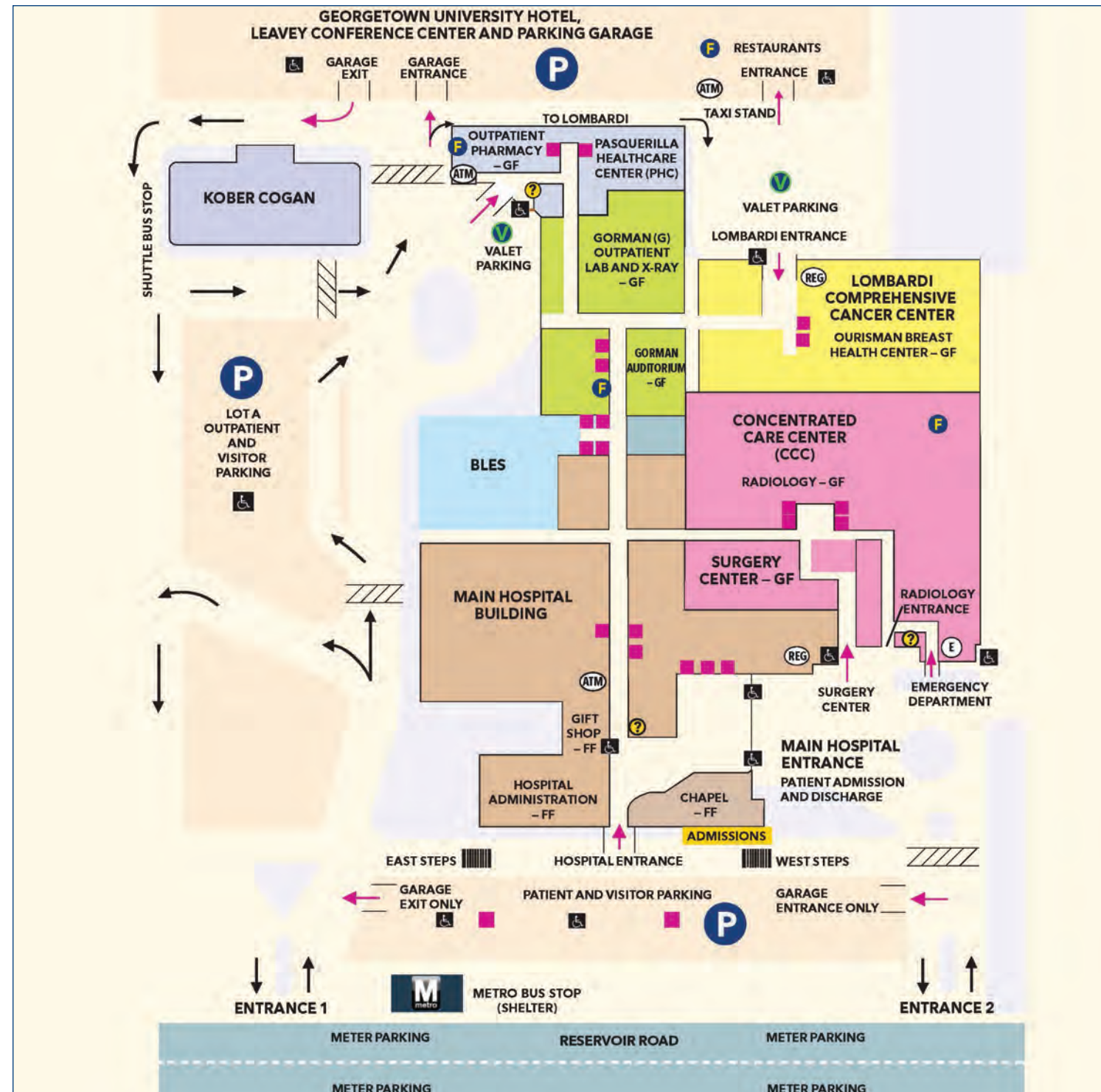
Handicap Parking Permit

If you are interested in a temporary handicap parking permit, please obtain the form from your local DMV. The form can often be downloaded from your state's DMV website. We are happy to complete the form for you. You may fax the form to **202-444-7804**, mail it to Department of Orthopaedic Surgery, MedStar Georgetown University Hospital, 3800 Reservoir Rd., NW, Washington, DC 20007, or drop it off at our office. Please note that the DMV does not accept faxed copies of the completed application. Please let us know if you would prefer to have it mailed to your home or if you would rather pick it up at our office.

Parking

For your outpatient appointments in Pasquerilla Healthcare Center (PHC) or the Marcus J. Bles (Bles) buildings, use Entrance #1. There is convenient valet parking outside PHC, or you may park your car in the garage located in the Leavey Center. For the surgery center, use Entrance #2. You may park your car in the garage or drive past the guard booth to the surgery center entrance for valet parking. Parking is \$3 per hour, with a maximum of \$7 per day. There is no additional fee for valet parking. Your parking must be validated at one of our concierge desks.

Map of MedStar Georgetown University Hospital



Food and Dining

- | | |
|---------------------------|--|
| • CCC Café | CCC Building, Second Floor |
| • Cosi Restaurant | Leavey Center |
| • Epicurean Restaurant | Georgetown University
(across the outdoor parking
lot from the hospital) |
| • Georgetown Café | PHC Lobby, Ground Floor |
| • Georgetown Faculty Club | Leavey Center |
| • Georgetown Food Court | Leavey Center |
| • Starbucks | Leavey Center |
| • Starbucks Kiosk | Main Building, First Floor |
| • Vending Room | Gorman Building,
Ground Floor |

Accommodations

- **Key Bridge Marriott**
1401 Lee Hwy.
Arlington, VA 22209
703-524-6400 **PHONE**
- **Holiday Inn Georgetown**
2101 Wisconsin Ave., NW
Washington, DC 20007
202-338-4600 or 800-315-2606 **PHONE**
- **Savoy Suites**
2505 Wisconsin Ave., NW
Washington, DC 20007
202-337-9700 or 800-944-5377 **PHONE**
- **Virginian Suites Hotel**
1500 Arlington Blvd.
Arlington, VA 22209
(Directly across the Key Bridge)
866-371-1446 **PHONE**

Resources

Home Health Services

If your physician recommends that you receive services from a home care agency after you leave the hospital, you have the right to select any home care agency that provides the care ordered by your physician.

Post Acute Care Coordination Affiliated Provider

MedStar Visiting Nurses Association*
A member of MedStar Health
800-862-2166 **PHONE**

District of Columbia

- Amedisys Home Health
800-940-4550 **PHONE**
- Capital View Home Health
202-865-7740 **PHONE**
- Human Touch
202-483-9111 **PHONE**
- Nursing Enterprises
202-832-0100 **PHONE**
- Potomac Home Health
301-896-6999 **PHONE**
- Premium Select
202-882-9310 **PHONE**
- Professional Health Care Resources
202-955-8355 **PHONE**

Maryland

- Adventist Home Health
888-678-8969 **PHONE**
- Amedisys Home Health
800-940-4550 **PHONE**
- Chesapeake Potomac Home Care
301-274-9000 **PHONE**

- Community Home Health
410-356-1600 **PHONE**
- Frederick Memorial Home Health
240-566-3222 **PHONE**
- Holy Cross Home Health
301-754-7740 **PHONE**
- Home Call
800-444-0096 **PHONE**
- Potomac Home Health
301-896-6999 **PHONE**
- Professional Health Care Resources
301-552-8325 **PHONE**
- Southern Maryland Home Health
301-856-3192 **PHONE**

Virginia

- Amedisys Home Health
800-940-4550 **PHONE**
- Home and Heart
540-899-3666 **PHONE**
- Home Health Connection
703-684-3799 **PHONE**
- Inova VNA Home Health
571-432-3100 **PHONE**
- Professional Health Care Resources
703-379-6240 **PHONE**

**MedStar Visiting Nurses Association has a financial relationship with this hospital.*

MedStar Health does not control care provided by the agencies not affiliated with MedStar. It is your responsibility to check with your insurance company to ensure that the providers selected participate with and are in-network (if preferred) with your plan.

Outpatient Physical/Occupational Centers

We know you have a choice in outpatient rehabilitation centers and MedStar Health wants you to continue receiving the best rehabilitation care for your recovery. The MedStar National Rehabilitation Network and MedStar Georgetown University Hospital offer high-quality rehabilitation care at a center near you.

To make the outpatient therapy experience as easy and comfortable as possible for you and your family once you leave the hospital, we are listing some of the MedStar outpatient therapy locations for your convenience. Your post acute care coordinator will work with us to arrange your first outpatient therapy appointment at the location most convenient for you. We look forward to sharing a positive therapy experience with you and helping you safely return to the activities you enjoy.

Washington, DC

- **MedStar Georgetown University Hospital**
Physical Medicine and Rehabilitation
3800 Reservoir Rd., NW
Ground Floor, Bles Building, Room CG-12
Washington, DC 20007
202-444-3690 **PHONE**
855-470-6848 **FAX**
- **Outpatient Center for Orthopaedic Rehabilitation (OCOR)***
A part of MedStar NRH Rehabilitation Network
102 Irving St., NW
Washington, DC 20010
202-877-1566 **PHONE**
202-877-1113 **FAX**
- **NRH Rehabilitation Network at K Street**
2021 K St., NW
Suite 215
Washington, DC 20006
202-466-9719 **PHONE**
202-466-9465 **FAX**
- **NRH Rehabilitation Network at 19th Street**
1145 19th St., NW
Suite 403
Washington, DC 20036
202-721-7680 **PHONE**
202-955-7998 **FAX**

Virginia

- **MedStar NRH Rehabilitation Network at Ballston**
3833 North Fairfax Dr.
Suite 300
Arlington, VA 22203
703-717-6900 **PHONE**
703-717-6909 **FAX**
- **MedStar NRH Rehabilitation Network at McLean**
6858 Old Dominion Dr.
Suite 200
McLean, VA 22101
703-288-8260 **PHONE**
703-288-9316 **FAX**

Montgomery County

- **NRH Rehabilitation Network at Bethesda***
6410 Rockledge Dr.
Suite 600
Bethesda, MD 20817
301-581-8030 **PHONE**
301-581-8031 **FAX**
- **MedStar NRH Rehabilitation Network at Chevy Chase**
5454 Wisconsin Ave.
Suite 401
Chevy Chase, MD 20815
301-951-0546 **PHONE**
301-215-4488 **FAX**
- **NRH Rehabilitation Network at Friendship Heights***
5530 Wisconsin Ave.
Suite 960
Chevy Chase, MD 20815
301-986-4745 **PHONE**
301-657-4678 **FAX**
- **NRH Rehabilitation Network at Germantown**
Suburban Wellness Center
20500 Seneca Meadows Pkwy.
Suite 101
Germantown, MD 20879
301-916-8500 **PHONE**
301-916-6258 **FAX**

Outpatient Physical/Occupational Centers cont.

- **NRH Rehabilitation Network at Montrose**
6001 Montrose Rd.
Suite 402
Rockville, MD 20852
301-984-6594 **PHONE**
301-984-7271 **FAX**
 - **NRH Rehabilitation Network at Olney***
18109 Prince Phillip Dr.
Suite 155
Olney, MD 20832
301-570-3138 **PHONE**
301-570-3139 **FAX**
 - **NRH Rehabilitation Network at Wheaton**
Westfield North
2730 University Blvd., West
Suite 81
Wheaton, MD 20902
301-962-7612 **PHONE**
301-962-7782 **FAX**
- Prince George’s County
- **MedStar NRH Rehabilitation Network at Mitchellville**
12140 Central Ave.
Mitchellville, MD 20721
301-390-3076 **PHONE**
301-390-3725 **FAX**
 - **MedStar NRH Rehabilitation Network at Oxon Hill***
6196 Oxon Hill Rd.
Suite 450
Oxon Hill, MD 20745
301-839-0400 **PHONE**
301-839-0130 **FAX**

Southern Maryland

- **MedStar NRH Rehabilitation Network at St. Mary’s**
24035 Three Notch Rd.
Hollywood, MD 20636
301-373-2588 **PHONE**
301-373-4558 **FAX**
- **MedStar NRH Rehabilitation Network at Waldorf**
3 Post Office Rd.
Suite 105
Waldorf, MD 20602
301-893-2345 **PHONE**
301-638-1738 **FAX**

**Locations with AlterG Anti-Gravity Treadmill*

Acute Rehabilitation Facilities

- **MedStar National Rehabilitation Hospital**
102 Irving St., NW
Washington, DC 20010
202-877-1152 **PHONE**
- **The George Washington University Hospital**
900 23rd St., NW
Washington, DC 20037
202-715-4000 **PHONE**
- **Adventist Rehabilitation Hospital of Maryland Rockville**
9909 Medical Center Dr.
Rockville, MD 20850
240-864-6000 **PHONE**
- **Adventist Rehabilitation Hospital of Maryland Takoma Park**
7600 Carroll Ave.
Takoma Park, MD 20912
301-891-5560 **PHONE**
- **Virginia Hospital Center**
1701 N. George Mason Dr.
Arlington, VA 22205
703-558-5000 **PHONE**
- **Inova Mt. Vernon Hospital**
2501 Parkers Lane
Alexandria, VA 22306
703-664-7592 **PHONE**

Sub-acute Rehabilitation Facilities

Post-acute Care Coordination Associated Providers:

District of Columbia

- **The Washington Home**
3720 Upton St., NW
Washington, DC 20016
202-966-3720 **PHONE**

Maryland

Montgomery County

- **Arcola Health & Rehabilitation Center**
901 Arcola Ave.
Silver Spring, MD 20902
301-649-2400 **PHONE**
- **Bethesda Health & Rehabilitation**
5721 Grosvenor Lane
Bethesda, MD 20814
301-530-1600 **PHONE**
- **Layhill Center**
3227 Bel Pre Rd.
Silver Spring, MD 20906
301-871-2000 **PHONE**
- **Woodside Center**
9101 Second Ave.
Silver Spring, MD 20910
301-588-5544 **PHONE**

Prince George’s County

- **Bradford Oaks NSG & Rehab Center Inc**
7520 Surratts Rd.
Clinton, MD 20735
301-856-1660 **PHONE**
- **Patuxent River Health and Rehabilitation Center**
14200 Laurel Park Dr.
Laurel, MD 20707
301-953-7980 **PHONE**

Sub-acute Rehabilitation Facilities cont.

District of Columbia

- **Carolyn Boone Lewis Health Care Center**
1380 Southern Ave., SE
Washington, DC 20032
202-279-5880 **PHONE**
- **Carroll Manor Nursing & Rehabilitation**
1150 Varnum St., NE
Washington, DC 20017
202-269-7100 **PHONE**
- **Deanwood Rehabilitation and Wellness Center**
5000 Nanny Helen Burroughs Ave., NE
Washington, DC 20019
202-399-7504 **PHONE**
- **Health & Rehabilitation Center at Thomas Circle**
1330 Massachusetts Ave., NW
Washington, DC 20005
202-628-3844 **PHONE**
- **Ingleside at Rock Creek**
3050 Military Rd., NW
Washington, DC 20015
202-596-3105 **PHONE**
- **Unique Residential Care Center**
901 First St., NW
Washington, DC 20001
202-535-1100 **PHONE**
- **Knollwood HSC**
6200 Oregon Ave., NW
Washington, DC 20015
202-541-0149 **PHONE**
- **Lisner-Louise-Dickson-Hurt Home**
5425 Western Ave., NW
Washington, DC 20015
202-966-6667 **PHONE**

- **Methodist Home**
4901 Connecticut Ave., NW
Washington, DC 20008
202-966-7623 **PHONE**
- **Brinton Woods Health and Rehabilitation Center**
2131 O St., NW
Washington, DC 20037
202-785-2577 **PHONE**
- **Sibley Memorial Hospital Renaissance**
5255 Loughboro Rd., NW
Washington, DC 20016
202-537-4341 **PHONE**
- **Specialty Hospital of Washington/
Capitol Hill Nursing Center**
700 Constitution Ave., NE
Washington, DC 20002
202-546-5700 **PHONE**
- **Specialty Hospital of Washington
Hadley SNF**
4601 Martin Luther King Jr. Ave., SW
Washington, DC 20032
202-574-5727 **PHONE**
- **Stoddard Baptist Nursing Home**
1818 Newton St., NW
Washington, DC 20010
202-328-7400 **PHONE**
- **United Medical Nursing Home**
1310 Southern Ave., SE
Washington, DC 20032
202-574-7123 **PHONE**
- **Washington Center for Aging Services**
2601 18th St., NE
Washington, DC 20018
202-541-6200 **PHONE**
- **Washington Nursing Facility**
2425 25th St., SE
Washington, DC 20020
202-889-3600 **PHONE**

Maryland

Montgomery County

- **Althea Woodland Nursing Home**
1000 Daleview Dr.
Silver Spring, MD 20901
301-434-2646 **PHONE**
- **Apex Health of Sliver Spring**
2700 Barker St.
Silver Spring, MD 20910
301-565-0300 **PHONE**
- **Asbury Methodist Village/Wilson Health Care Center**
301 Russell Ave.
Gaithersburg, MD 20877
301-216-4004 **PHONE**
- **Bedford Court Healthcare Center**
3701 International Dr.
Silver Spring, MD 20906
301-598-2900 **PHONE**
- **Bel Pre Health & Rehabilitation Center**
2601 Bel Pre Rd.
Silver Spring, MD 20906
301-598-6000 **PHONE**
- **Brighton Garden Tuckerman Lane**
5550 Tuckerman Lane
North Bethesda, MD 20852
301-897-8566 **PHONE**
- **Brooke Grove Rehab & NSG Center**
18131 Slade School Rd.
Sandy Spring, MD 20860
301-924-5176 **PHONE**
- **Carriage Hill Bethesda**
5215 Cedar Lane
Bethesda, MD 20814
301-897-5500 **PHONE**

- **Collingswood NSG & Rehab Center**
299 Hurley Ave.
Rockville, MD 20850
301-762-8900 **PHONE**
- **Fairland Nursing and Rehabilitation Center**
2101 Fairland Rd.
Silver Spring, MD 20904
301-384-6161 **PHONE**
- **Fox Chase Rehab & Nursing Center**
2015 East-West Hwy.
Silver Spring, MD 20910
301-587-2400 **PHONE**
- **Friends Nursing Home**
17340 Quaker Lane
Sandy Spring, MD 20860
301-924-4900 **PHONE**
- **Genesis Healthcare Center
Shady Grove**
9701 Medical Center Dr.
Rockville, MD 20850
301-315-1900 **PHONE**
- **Hebrew Home of Greater Washington**
6121 Montrose Rd.
Rockville, MD 20852
301-770-8476 **PHONE**
- **Holy Cross Rehab and Nursing**
3415 Greencastle Rd.
Burtonsville, MD 20866
301-388-1400 **PHONE**
- **Kensington Nursing & Rehabilitation Center**
3000 McComas Ave.
Kensington, MD 20895
301-933-0060 **PHONE**

Sub-acute Rehabilitation Facilities cont.

- **ManorCare Health Services Bethesda**
6530 Democracy Blvd.
Bethesda, MD 20817
301-530-9000 **PHONE**
- **ManorCare Health Services Chevy Chase**
8700 Jones Mill Rd.
Chevy Chase, MD 20815
301-657-8686 **PHONE**
- **ManorCare Health Services Potomac**
10714 Potomac Tennis Lane
Potomac, MD 20854
301-299-2273 **PHONE**
- **ManorCare Health Services Silver Spring**
2501 Musgrove Rd.
Silver Spring, MD 20904
301-890-5552 **PHONE**
- **ManorCare Health Services Wheaton**
11901 Georgia Ave.
Wheaton, MD 20902
301-942-2500 **PHONE**
- **Montgomery Village Health Care Center**
19301 Watkins Mill Rd.
Montgomery Village, MD 20886
301-527-2500 **PHONE**
- **Potomac Valley NSG & Wellness**
1235 Potomac Valley Rd.
Rockville, MD 20850
301-762-0700 **PHONE**
- **Randolph Hills Nursing Home**
4011 Randolph Rd.
Wheaton, MD 20902
301-933-2500 **PHONE**

- **Riderwood Village/Renaissance Gardens**
3160 Gracefield Rd.
Silver Spring, MD 20904
301-572-8420
- **Rockville Nursing Home**
303 Adclare Rd.
Rockville, MD 20850
301-279-9000 **PHONE**
- **Sligo Creek Nursing & Rehab Center Inc**
7525 Carroll Ave.
Takoma Park, MD 20912
301-270-4200 **PHONE**
- **Springbrook NSG & Rehab Center**
12325 New Hampshire Ave.
Silver Spring, MD 20904
301-622-4600 **PHONE**
- **The Village at Rockville**
9701 Veirs Dr.
Rockville, MD 20850
301-354-4600 **PHONE**

Prince George’s County

- **Cherry Lane**
9001 Cherry Lane
Laurel, MD 20708
410-792-8275 **PHONE**
- **Clinton Nursing & Rehabilitation Center**
9211 Stuart Lane
Clinton, MD 20735
301-868-3600 **PHONE**
- **Collington Episcopal Life Care**
10450 Lottsford Rd.
Mitchellville, MD 20721
301-925-9610 **PHONE**
- **Crescent Cities Center**
4409 East West Hwy.
Riverdale, MD 20737
301-699-2000 **PHONE**

- **Forestville Health & Rehabilitation Center**
7420 Marlboro Pike
Forestville, MD 20747
301-736-0240 **PHONE**
- **Fort Washington Health & Rehabilitation Center**
12021 Livingston Rd.
Fort Washington, MD 20744
301-292-0300 **PHONE**
- **Future Care Pineview**
9106 Pineview Lane
Clinton, MD 20735
410-880-4353 **PHONE**
- **Heartland Health Care Center Adelphi**
1801 Metzerott Rd.
Adelphi, MD 20783
301-434-0500 **PHONE**
- **Heartland Health Care Center Hyattsville**
6500 Riggs Rd.
Hyattsville, MD 20783
301-559-0300 **PHONE**
- **Hillhaven Nursing Center**
3210 Powder Mill Rd.
Adelphi, MD 20783
301-937-3939 **PHONE**
- **Larkin Chase**
15005 Health Center Dr.
Bowie, MD 20716
301-805-6070 **PHONE**
- **Magnolia Center**
8200 Good Luck Rd.
Lanham, MD 20706
301-552-2000 **PHONE**
- **ManorCare Health Services Largo**
600 Largo Rd.
Largo, MD 20774
301-350-5555 **PHONE**

- **St. Thomas More Medical Complex**
4922 Lasalle Rd.
Hyattsville, MD 20782
301-864-2333 **PHONE**
- **Subacute Care Center of MedStar Southern Maryland**
7503 Surratts Rd.
Clinton, MD 20735
301-877-5886 **PHONE**

Virginia

Arlington County

- **Cherrydale Health Care Center**
3710 Lee Hwy.
Arlington, VA 22207
703-243-7640 **PHONE**
- **The Jefferson**
900 North Taylor St.
Arlington, VA 22203
703-516-9455 **PHONE**
- **ManorCare Health Services Arlington**
550 South Carlin Springs Rd.
Arlington, VA 22204
703-379-7200 **PHONE**
- **Potomac Center Genesis Eldercare**
1785 South Hayes St.
Arlington, VA 22202
703-920-5700 **PHONE**

Fairfax City

- **Fairfax Nursing Center Inc**
10701 Main St.
Fairfax, VA 22030
703-273-7705 **PHONE**

Sub-acute Rehabilitation Facilities cont.

- **Inova Commonwealth Care Center**
4315 Chain Bridge Rd.
Fairfax, VA 22030
703-934-5000 **PHONE**
- **The Virginian**
9229 Arlington Blvd.
Fairfax, VA 22031
703-385-0555 **PHONE**

Fairfax County

- **Burke Health Care Center**
9640 Burke Lake Rd.
Burke, VA 22015
703-425-9765 **PHONE**
- **Cameron Glen Health Care & Rehabilitation Center**
1800 Cameron Glen Dr.
Herndon, VA 20190
703-834-5800 **PHONE**
- **The Fairfax**
9160 Belvoir Woods Pkwy.
Fort Belvoir, VA 22060
703-799-1333 **PHONE**
- **Golden Living Center Sleepy Hollow**
6700 Columbia Pike
Annandale, VA 22003
703-256-7000 **PHONE**
- **Goodwin House Bailey’s Crossroads**
3440 S. Jefferson St.
Falls Church, VA 22041
703-820-1488 **PHONE**
- **Iliff Nursing Home and Rehab Center**
8000 Iliff Dr.
Dunn Loring, VA 22027
703-560-1000 **PHONE**

- **Leewood Healthcare Center**
7120 Braddock Rd.
Annandale, VA 22003
703-256-9770 **PHONE**
- **ManorCare Health Services Alexandria**
1510 Collingwood Rd.
Alexandria, VA 22308
703-765-6107 **PHONE**
- **ManorCare Health Services Fair Oaks**
12475 Lee Jackson Memorial Hwy.
Fairfax, VA 22033
703-352-7172 **PHONE**
- **Mount Vernon Nursing and Rehabilitation Center**
8111 Tiswell Dr.
Alexandria, VA 22306
703-360-4000 **PHONE**
- **Renaissance Gardens**
7470 Spring Village Dr.
Springfield, VA 22150
703-923-4663 **PHONE**

Fauquier County

- **Fauquier Health Rehabilitation and Nursing**
360 Hospital Dr.
Warrenton, VA 20186
540-316-5500 **PHONE**
- **Oak Springs of Warrenton**
614 Hastings Lane
Warrenton, VA 20186
540-347-4770 **PHONE**

Fredericksberg

- **Carriage Hill Health and Rehab Center**
6106 Health Center Lane
Fredericksberg, VA 22407
540-785-1120 **PHONE**

- **Westmoreland Rehabilitation and Healthcare**
2400 McKinney Blvd.
Colonial Beach, VA 22443
804-224-2222 **PHONE**
- **Woodmont Center**
11 Dairy Lane
Fredericksberg, VA 22404
540-371-9414 **PHONE**

Loudoun County

- **Heritage Hall**
122 Morven Park Rd. NW
Leesburg, VA 20176
703-777-8700 **PHONE**
- **Inova Loudoun Nursing and Rehab Center**
235 Old Waterford NW
Leesburg, VA 20176
703-771-2841 **PHONE**
- **Johnson Center at Falcons Landing**
20535 Earhart Place
Sterling, VA 20165
703-404-5208 **PHONE**

Prince William County

- **Manassas Health and Rehab Center**
8575 Rixlew Lane
Manassas, VA 20109
703-257-9770 **PHONE**
- **Envoy of Woodbridge**
14906 Jefferson Davis Hwy.
Woodbridge, VA 22191
703-491-6167 **PHONE**

Warren County

- **Heritage Hall**
400 W Strasburg Rd.
Front Royal, VA 22630
434-983-2058 **PHONE**

- **Warren Memorial Hospital Skilled Nursing**
1000 Shenandoah Ave.
Front Royal, VA 22630
540-636-0300 **PHONE**

Winchester

- **Envoy of Winchester**
110 Lauck Dr.
Winchester, VA 22603
540-667-7830 **PHONE**
- **Evergreen Health and Rehab Center**
380 Millwood Ave.
Winchester, VA 22601
540-667-7010 **PHONE**

MedStar Health does not control care provided by these facilities. It is your responsibility to check with your insurance company to ensure that the providers selected participate with and are in network (if preferred) with your plan.

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