



Total Knee Replacement

Getting ready for your surgery and recovery

Orange County Service Area



Welcome

Having surgery to replace a knee joint is a big decision. This booklet covers the most important facts to help you prepare for surgery and have a smooth recovery.

This booklet is just the beginning. We have knee replacement classes and online videos to teach you about your surgery. We hope you will use these and include your family or friends who will help you after surgery.

What should you do first?

Read this booklet and complete all items on the preparation checklist. It will help you and your family know what to do.

You can get information about your surgery, view your appointments, and communicate with your care team on kp.org. If you haven't already, register to access your online medical record at kp.org. If you are already registered, download the app to your smartphone or tablet.

Your care team will answer any questions you have.

Important Phone Numbers

Appointment Call Center:

1-888-988-2800

Surgery Scheduler:

714-572-7030

Total Joint RN Coordinator:

949-932-5181

Hospital Admitting Department:

949-932-6830

Member Service Contact Center:

1-800-464-4000

After-Hours Nurse Advice:

1-833-KP4-CARE

1-833-574-2273

Contents

Knee Replacement Surgery & Recovery	1
Anesthesia During Surgery.....	3
Your Surgery Date & Clinic Appointments	4
Your Preparation Checklist.....	6
Now	6
6 Weeks Before Surgery	6
1 Month Before Surgery	7
2 Weeks Before Surgery	7
1 Week Before Surgery	8
5 Days Before Surgery	9
3 Days Before Surgery	9
Day Before Surgery	10
Morning of Surgery	10
When You Return Home From the Hospital	11
In the Weeks After You Return Home.....	12
Leaving the Hospital.....	13
Recovering at Home.....	14
How and When to Contact Us.....	18
Answers to Common Questions.....	19
APPENDIX A: Gentle Exercises to Do Before and After Surgery	24
APPENDIX B: Durable Medical Equipment.....	29
APPENDIX C: Constipation.....	30
APPENDIX D: Get Your Skin Ready.....	31
APPENDIX E: Pain Medication Tapering	32
APPENDIX F: Joint Replacement Activity Schedule	33

Knee Replacement Surgery & Recovery

What is knee replacement surgery?

This surgery replaces your arthritic knee with an artificial joint. The surgeon makes an incision, removes damaged parts, replaces them with artificial parts, and closes the incision.

Kaiser Permanente's knee replacement program

This program is designed around evidence-based practices that will help you walk and recover faster. It includes educating you and your family on what to expect before and after surgery.

Your total knee replacement team

It takes a team to provide you with the best care before and after surgery. These are some of the team members you will meet.

Team Member	Role
Orthopedics Clinic	Provides care before and after surgery, and answers your questions about your surgery
Anesthesiologist	Administers anesthetic to prevent pain and discomfort during surgery
Home Health	Includes physical therapists and nurses that visit you in your home to provide care after surgery
Perioperative Team	Cares for you right before surgery, in the operating room, and after surgery in the post-anesthesia care unit
Physical Therapist	Gives you exercises and guidance to help your recovery in the hospital, in your home, and in the clinic

Team Member	Role
Physician Assistant (PA)	Helps the surgeon with taking care of you before and after surgery
Surgeon	Performs your surgery and directs your care team
Surgery Scheduler	Schedules your surgery and your preoperative education class
Total Joint RN Coordinator	Coordinates your care before and after surgery, including Home Health referral and equipment. Addresses your questions and concerns before and after surgery
After-Hours Advice Nurse	Available after hours, weekends, and holidays to answer your questions over the phone as needed

Anesthesia During Surgery

Total Joint Replacement Anesthesia

Your Anesthesia Experience

A highly trained anesthesia provider will be with you in the operating suite during the entirety of your surgery to keep you safe and comfortable.

Anesthesia Techniques Used in Total Knee Replacement

Spinal Anesthesia (Neuroaxial Anesthesia)

This procedure is performed by an anesthesiologist in the operating room. Local anesthetic is sent through a very fine needle into the fluid surrounding the spinal cord and blocks both sensory and motor signals traveling to the brain. The spinal will numb your body from the belly button down. For safety considerations, you will need to be lightly sedated while the procedure is performed but you will be asleep for the knee replacement surgery.

This is the preferred and most common anesthesia method for total knee replacement. Benefits include better pain control after surgery, quicker recovery, and a decreased risk of complications such as bleeding and blood clots.

General Anesthesia (Inhaled Anesthesia)

General anesthesia is provided at any time if a spinal does not provide adequate anesthesia for surgery. Medication is initially injected into the blood stream through the IV. Once you are completely asleep, the anesthetic is then delivered through a breathing device into your lungs where it then passes into the bloodstream to the brain.

While it is not the preferred method of anesthesia for your total knee replacement, it is equally as safe and you will successfully recover at home.

Adductor Canal Block (Regional Anesthesia)

You will receive an adductor canal block before or after your surgery to help control the discomfort of recovery for about 12 to 16 hours. This regional block is performed by an anesthesiologist using ultrasound to safely and specifically inject local anesthesia around the nerve supplying sensation to the top and inside surfaces of the knee.

Your Surgery Date & Clinic Appointments

Once your surgery is scheduled, your care team will schedule several appointments for you. Use this area to make note of these important dates. You can also find this information in your online health record on **kp.org**.

SURGERY

Date: _____ Check-in time: _____

Address & location: _____

APPOINTMENTS BEFORE SURGERY

Preoperative education class. This class reviews the information in this booklet and more to make sure you know how best to prepare for your surgery and recovery. The class may be offered via video or in person.

Date: _____ Appointment time: _____

Address & location: _____

Preoperative evaluation with Internal Medicine. An Internal Medicine doctor will evaluate you to assess your medical risk before surgery.

Date: _____ Appointment time: _____

Address & location: _____

Preoperative evaluation with Orthopedics. An Orthopedics team member will evaluate and prepare you for surgery. At this appointment, you will receive your off work note and, if necessary, the disabled parking placard application form which can be taken to the DMV or AAA.

Date: _____ Appointment time: _____

Address & location: _____

Preoperative evaluation with Anesthesia. An anesthesiologist will review your health history and determine which type of anesthesia and pain medications are best for you during your surgery.

Date: _____ Appointment time: _____

Address & location: _____

APPOINTMENTS AFTER SURGERY

Home Health visit. After you return home from surgery, a nurse and/or physical therapist will visit you to make sure you are recovering well and answer your questions. They will schedule any follow-up visits during your first visit.

Date: _____ Appointment time: _____

Address & location: _____

Postoperative Orthopedic follow-up visit. Your surgeon or a member of the Orthopedics team will see you at the time of this visit to check on your recovery progress and discuss next steps. You will receive virtual visits via phone or video and in person visits as needed.

Date: _____ Appointment time: _____

Address & location: _____

Your Preparation Checklist

Use this area to plan what you need to do for a healthy recovery. Check off the box as you complete each item.

Before Surgery

Now	
<input type="checkbox"/>	Register to access your online medical record at kp.org . Download the app to your smartphone or tablet.
<input type="checkbox"/>	Avoid steroid injections to the involved joint within 3 to 6 months of surgery.
6 Weeks Before Surgery - Be Your Healthiest	
<input type="checkbox"/>	Complete all necessary dental work and obtain dental clearance at least 4 weeks prior to surgery . Return your completed Dental Clearance to the Orthopedics Department. Instructions on how to return your form can be found at top of the Dental Clearance form.
<input type="checkbox"/>	Brush your teeth 2 to 3 times a day and floss daily. Continue this beyond surgery.
<input type="checkbox"/>	Avoid any invasive procedures such as a Colonoscopy or other major surgery unless it is an emergency.
<input type="checkbox"/>	Do not get any piercings or tattoos, or have other procedures such as removing ingrown toenails. These may introduce bacteria into your body that could lead to infection.
<input type="checkbox"/>	NO TOBACCO. If you use tobacco, quit. If you smoke, your surgery may be postponed. Quitting tobacco now is the most important thing you can do to enhance your recovery and prevent an infection in your new joint. Kaiser Permanente Wellness Coaching by Phone can help you quit. Call 1-866-862-4295 to schedule an appointment or visit kp.org/centerforhealthyliving for more information. An online program called Breathe is available at kp.org/breathe .
<input type="checkbox"/>	Be active now so it will be easier to move around after surgery. Practice the gentle exercises included in this handbook. (See Appendix A.)
<input type="checkbox"/>	Lose extra weight, if your doctor advises.
<input type="checkbox"/>	Eat healthy foods, including fruits and vegetables, lean protein, and whole grains. Limit fats, sweets, and alcohol.
<input type="checkbox"/>	If you have diabetes, control your blood sugar levels. Work with your doctor or other health care practitioner.

6 Weeks Before Surgery - Be Your Healthiest-Continued	
<input type="checkbox"/>	Complete your leave of absence form with your employer to obtain disability. Your off-work note will be provided at your orthopedic preoperative appointment. All disability is handled by the Medical Correspondence office, NOT your surgeon. For questions regarding the disability process, please call Medical Correspondence at 714-284-6634 .
<input type="checkbox"/>	Talk to your care team about which assistive durable medical equipment you will need (for example, a front-wheeled walker) and how to get it. (See Appendix B for details on durable medical equipment.)
1 Month Before Surgery - Prepare for Help and Get Educated	
<input type="checkbox"/>	You will need someone to help you at home for about 72 hours to 2 weeks after surgery, depending on your needs. This will include driving to and from appointments, including the day of surgery. You may resume driving when you are no longer taking any opioid pain medication and you have full control of your leg which is typically between 4 to 6 weeks after surgery.
<input type="checkbox"/>	Arrange for care of any dependents, pets, etc. You may need someone to help you with daily activities (like driving to appointments) for about 4 to 6 weeks after surgery.
<input type="checkbox"/>	Call Member Service Contact Center at 1-800-464-4000 to confirm your surgery copay and to see whether your benefits cover a front-wheeled walker and, if medically necessary, a raised toilet seat.
<input type="checkbox"/>	Complete your preoperative Total Joint Replacement class including videos recommended by your care team.
<input type="checkbox"/>	Go to your Kaiser Permanente lab appointment to have lab work done and complete all other appointments required for pre-op work (EKG, etc.).
2 Weeks Before Surgery - Stay Healthy and Get Your Home Ready	
<input type="checkbox"/>	Wash your hands often and avoid people who are ill.
<input type="checkbox"/>	Prepare meals for yourself, buy frozen or easy-to-prepare meals, or arrange for meals to be provided after surgery.
<input type="checkbox"/>	Prepare the home where you will recover. <ul style="list-style-type: none"> • Remove safety hazards that may trip you, such as throw rugs and loose cords. • Place common kitchen and other items in easy-access locations, and set up your bathroom/bedroom for maximum comfort. • Create clear, wide pathways so you'll have room to walk with your walker.

2 Weeks Before Surgery - Stay Healthy and Get Your Home Ready-Continued	
	<ul style="list-style-type: none"> You may set up sleeping arrangements on the same level as your common living space. Stair training will begin after your surgery. Have good lighting between your bed and bathroom, including at night. Consider installing grab rails in your shower and a raised toilet seat, if medically necessary.
<input type="checkbox"/>	Set up a place at home where you can relax, ice, and elevate your leg. Support your leg using the wedge pillow which will be provided to you on the day of surgery or on a stack of pillows or cushions so that your "toes are above your nose." Make sure that your knee is straight and not bent while elevated. This will reduce swelling, stiffness, and the risk of a blood clot. Avoid low chairs, low sofas, and chairs that roll or swivel.
<input type="checkbox"/>	Contact the hospital's Admitting Department to preregister for surgery.
<input type="checkbox"/>	Make plans to secure pets that may trip you or knock you down after surgery.
<input type="checkbox"/>	Your care team will discuss which medications or supplements will need to be stopped prior to surgery.
<input type="checkbox"/>	Be prepared for a skin check. Keep your skin healthy. If you have any open wounds, bites, sores, scratches, or rashes anywhere on your body, your surgery may be canceled. Wear long pants to prevent accidental cuts or nicks. Please inform your surgeon's office for any of the above.
<input type="checkbox"/>	Avoid dental appointments or dental work within 2 weeks of surgery.
<input type="checkbox"/>	NO manicure or pedicure within 2 weeks of surgery.
<input type="checkbox"/>	NO ALCOHOL. If you drink alcohol, stop.
<input type="checkbox"/>	STOP shaving, waxing, or any other hair removal on the surgical site.
1 Week Before Surgery - Get Your Body Ready	
<input type="checkbox"/>	STOP taking any medications as advised by your care team.

1 Week Before Surgery - Get Your Body Ready-Continued

Buy the over-the-counter medications you will need after surgery the day of your preoperative appointment. Consider getting a weekly pill dispenser to organize medications.

- Constipation medications (**see Appendix C for medications and instructions**)
- Milk of Magnesia
- Glycerin suppository (Dulcolax or generic) or enema (Fleet or generic)

Pack minimally for the hospital:

- Kaiser Permanente membership card and picture ID
- Papers related to surgery
- Copayment (check or credit card) if you have not already paid
- List of medications you currently take
- Cell phone
- Advance health care directive, if you have one. Learn more at lifecareplan.kaiserpermanente.org/discover

If you are staying overnight in the hospital, also pack:

- Toothbrush, toothpaste, and a comb or brush.
- Knee-length or short robe, eyeglasses, hearing aids, dentures, and containers
- Comfortable clothing and slip-on non-skid shoes with backs to wear home
- Sleep apnea CPAP machine face mask, if you use one

Leave at home:

- Valuables such as money, jewelry, wallet, and computers
- Your medications; we will provide your medication in the hospital

Contact us if you have any changes in your health. Your surgery may need to be postponed if you are not well.

5 Days Before Surgery-Nasal Ointment

If ordered, please begin your nasal ointment 5 days before surgery. Apply a small amount into both nares with a Q-tip twice daily until the evening before surgery.

3 Days Before Surgery-Get Your Skin Ready

Do NOT shave or wax your legs. Skin must be free from cuts, abrasions, rashes or open wounds. **Please inform your surgeon’s office for any of the above.**

Day Before Surgery	
<input type="checkbox"/>	We will contact you to confirm your surgery time, arrival time, and the location. If your surgery is on a Monday, we will contact you the Friday before surgery.
<input type="checkbox"/>	Prepare your skin as instructed. (Follow the instructions in Appendix D.)
<input type="checkbox"/>	Remove nail polish on your toes and fingers. Shower and wash your hair. Do NOT shave or wax your legs. Do NOT use lotions, moisturizers or cosmetics.
<input type="checkbox"/>	Put clean sheets on your bed before going to sleep. Wear clean pajamas.
<input type="checkbox"/>	Go to bed early and get a good night's rest. Do not eat any food or drink any fluids containing pulp after 11 p.m. the night before surgery.

Day of Surgery

Morning of Surgery	
<input type="checkbox"/>	Prepare your skin as instructed. (Follow the instructions in Appendix D.)
<input type="checkbox"/>	Skin must be free of cuts, abrasions, rashes or open wounds. Do NOT shave or wax your legs. Do NOT use lotions, moisturizers, or cosmetics. Please inform your surgeon's office for any of the above.
<input type="checkbox"/>	Wear loose fitting clothing that is easy to put on and take off and clean underwear. Wear slip-on non-skid shoes with backs to wear home.
<input type="checkbox"/>	Have your walker in the car and available to safely get into your home after surgery.
<input type="checkbox"/>	<p>When to stop eating or drinking</p> <ul style="list-style-type: none"> • Stop eating after 11 p.m. the night before surgery. This includes candy, gum, or mints. • You may drink clear liquids, maximum of 12 ounces, 2 hours before arrival at the medical center. Clear liquids include water, 7-UP, apple juice or Gatorade. Do NOT consume red colored fluids or anything with pulp. <p>Patients with diabetes</p> <ul style="list-style-type: none"> • Stop eating after 11 p.m. the night before surgery. This includes candy, gum, or mints. • You may drink water, maximum of 12 ounces, 2 hours before arrival at the medical center. • You may switch to sugary liquid (clear apple juice, Gatorade, 7-UP) if you feel low blood sugar symptoms or if your finger-stick glucose check is below 70 mg/dl. Do NOT use orange juice, sugar tablets, and sugar gel before surgery. • Carry a small container of sugary liquid on the way to the hospital for emergency use.

Morning of Surgery-Continued

<input type="checkbox"/>	Arrive at the check-in address by the requested time. We will prepare you for surgery. We will verify your name and which knee we will replace. Surgery typically takes about 2 hours. Your loved ones will be notified when your surgery is complete.
<input type="checkbox"/>	After surgery you will be taken to the recovery room where a nurse will monitor you and manage any discomfort or nausea. You will be encouraged to drink some clear liquids which will help to minimize dizziness and nausea when you get up to work with physical therapy.
<input type="checkbox"/>	When you are ready to begin physical therapy, your helper will be asked to come to your bedside. You will be provided a walker in the recovery area to begin your first steps. You will be cleared to go home when you can, with assistance, safely walk with a walker, get in and out of a chair, show safety with stairs (if necessary) and use the bathroom.

After Surgery

When You Return Home From the Hospital

<input type="checkbox"/>	Start taking pain medication as prescribed, even if you do not feel pain. It is important to stay ahead of your pain for the first 1 to 2 weeks after surgery. You will have better pain control by taking your medication on a set schedule.
<input type="checkbox"/>	Start taking medication to address constipation as directed, even if you are not yet constipated. Increase your fluid and fiber intake. (See Appendix C for instructions.)
<input type="checkbox"/>	Walking is one of the best exercises you can do to speed up your recovery. Get up and walk for up to 5 minutes every hour while awake. Use your walker for safety. Frequent ankle and foot pumps will help with blood circulation and blood clot prevention. Avoid naps during the day for better quality sleep at night.
<input type="checkbox"/>	Avoid standing or keeping your leg down for long periods of time. When you are not walking or standing, elevate your leg above the level of your heart so your "toes are above your nose."
	Ice your knee, protecting the skin with a thin cloth, for a maximum of 20 minutes every hour while awake. You will be given instructions on how to ice your knee. Do not sleep with the ice on.

When You Return Home From the Hospital-Continued	
<input type="checkbox"/>	<p>A physical therapist will visit you at home. Our Home Health team will call you to schedule your first visit.</p> <ul style="list-style-type: none"> You will likely go home the same day of surgery to the comfort of your own home, with your first visit the day after surgery. If there is a need for you to stay overnight in the hospital, your first home therapy visit will likely be 2 days after returning to your home.
<input type="checkbox"/>	<p>Exercises: Do the exercises that your therapist has recommended at least 3 times per day. You might be sore doing exercises, but you are safe. (See Appendix A for specific exercises and instructions.)</p> <ul style="list-style-type: none"> Bend and straighten your new knee 3 to 5 minutes every hour while you are awake to avoid stiffness. The first hour, focus on bending your knee as much as possible, and the next hour focus on straightening your knee as much as possible. These movements of flexion (bending your knee) and extension (straightening your knee) will help improve your range of motion as well as help to minimize scar tissue which can impact your ability to bend your knee. Remember that "Motion is lotion for your joints!" Keep your knee straightened by putting a rolled towel under your ankle when lying down. Tighten your thigh muscle a few times every hour while you are awake.
<input type="checkbox"/>	<p>To avoid falls, turn on lights, use adaptive equipment (if prescribed) and have your helper stand by to assist you with toileting and other out-of-bed activities, especially at night. Leave yourself extra time so you are not rushed.</p>
<input type="checkbox"/>	<p>Eat a healthy diet with fruits and vegetables, lean protein foods, and whole grains. Limit fats, sweets, and alcohol. Drink plenty of water.</p>
<input type="checkbox"/>	<p>Dressing instructions:</p> <ul style="list-style-type: none"> You may shower after your dressing has been removed by the therapist 5 to 8 days after surgery. No soaking in the tub or going swimming until your incision is completely closed (usually around 3 months). If you have staples, do not shower until these have been removed. Your surgeon will give you specific guidance.
In the Weeks After You Return Home	
<input type="checkbox"/>	<p>Complete home-based physical therapy and begin outpatient physical therapy. Outpatient physical therapy will start about 2 weeks after you return home and continue for about 6 weeks. You will need someone to take you until you are able to drive.</p>

Before Surgery

Refer to “Your Preparation Checklist” to make sure that you complete all the items you need to do before surgery.

Day of Surgery

Refer to “Your Preparation Checklist” to make sure that you complete all the items you need to do the day of surgery.

After Surgery

Refer to “Your Preparation Checklist” to make sure that you complete all the items you need to do the day after surgery.

Right after surgery, you will wake up in the recovery area. We will work with you to control any discomfort you might feel. Your nurse or physical therapist will help you sit up and get out of bed soon after surgery. Moving is one of the most important steps to healing.

Leaving the Hospital

You will be cleared by your care team to go home when you can, with assistance, safely walk with a walker, transfer to a chair, and use the bathroom. Your helper needs to be able to help with this. Safety is the key.

When you leave the hospital, we’ll give you full instructions for your care at home.

Recovering at Home

When you return home, you will likely feel tired and you may even feel some dizziness. It is normal to have some pain, swelling and bruising in the knee after surgery. Pain does not equal harm. This will improve as you move and heal.

Daily Care for Your Knee

Refer to “Your Preparation Checklist” to make sure that you complete all the items you need to do when you return home from the hospital.

Following are some other helpful tips that can help you speed along the recovery process.

Keeping a Positive Mindset

After your surgery, your physical recovery is of greatest importance. However, part of your recovery also needs to focus on keeping a positive mindset. Remember that pain can be affected by emotions and stress. Fearful feelings and concerns are normal. Some of these concerns include:

- “Why is my knee swollen?”
- “Why does my knee or leg look so bruised?”
- “Why is there still pain?”
- “My knee is going to hurt more if I put more weight on it.”

These are common thoughts after surgery. Stay positive, motivated, committed and remember that you make the difference as your body heals!

Pain

It is normal to have some pain and discomfort after surgery, but this will improve in the weeks to come. You may feel more pain 2 to 4 days after surgery as the medications you received during surgery wear off.

To better manage your pain after surgery, start your pain medication when you get home and take on a set schedule for the first 1 to 2 weeks, even if you are not having much pain. As your pain improves, begin to taper off your opioids. Increase the length of time between doses to help the tapering process.

Some pain may continue for 2 to 3 months after surgery but should get better with time. Slowly increase your activities. If you overdo activity, you’ll feel more pain temporarily. **(See Appendix E for instructions on pain medication and tapering.)**

Swelling and Bruising

It's normal to have swelling, bruising, or a change in skin color anywhere on your leg after surgery. Your incision may feel numb or warm and you may hear clicking or other noises from your knee.

You may have more swelling and bruising 3 to 5 days after surgery. Swelling can linger for up to 6 months to a year after surgery. To reduce swelling:

- Avoid standing or keeping your leg down for long periods of time.
- When you are not walking or standing, elevate your leg so your "toes are above your nose."
- Ice your knee, protecting the skin with a thin cloth, for a maximum of 20 minutes every hour while awake.

Below are images of different people's knees after surgery. These are all normal.

Your knee will have an incision that will be closed with surgical glue or staples. You can have bruising around your knee, or anywhere on your leg all the way down to your foot.



Wound

It is normal for your incision to be slightly warm or red for up to a year after surgery. Swelling can worsen the appearance of redness and increase warmth in your knee. You may have some drainage from your incision as well.

Please contact your surgeon's office for worsening redness, drainage or bleeding.

Moving Around

Movement is key! Pain and stiffness are normal after surgery and can occur if you haven't moved for a while or have been resting. However, getting up and moving can get your new knee moving and lower your pain.

Continue to use your front-wheeled walker to move around your home until your physical therapist recommends advancing. Limit walking to moving around your house and going to appointments for the first 2 to 3 weeks. Begin walking outside when your physical therapist determines you're ready. Continue to bend and straighten your knee and do your exercises.

Remember to move because "motion is lotion" to your knee!

Constipation

Constipation is common after surgery due to opioid pain medication and/or immobility. This can change your normal bowel pattern and can make it difficult to have a bowel movement or pass stool.

You can help prevent constipation by:

- Taking your stool softeners/laxatives daily while taking pain medication.
- Staying hydrated by increasing your fluid intake.
- Eating a balanced high-fiber diet.
- Walking for at least 5 minutes every hour while awake. Activity can affect your bowel pattern.

See Appendix C for additional instructions on constipation management.

Sleeping

It's normal to have some difficulty sleeping for a few months after surgery. Avoid naps during the day to sleep better at night. Try to maintain near-normal awake and sleep times.

- When in bed, keep your knee **straight**, with toes pointing to the ceiling.
- **Do not** use a pillow or cushion that causes the knee to rest in a bent position. This can freeze the knee in a bent position.
- Minimize sleeping on your side; your knee bends in this position.

Physical Therapy Visits at Your Home

Home health services will call you to schedule your first at-home physical therapy visit.

When your physical therapist visits your home, they may need a place to set up a laptop computer so your care can be documented in your electronic health record.

The physical therapist will:

- Review all your medications to make sure you have what you need
- Help you with pain management and swelling
- Check your mobility, including how you get in and out of bed, get in and out of a chair, and walk with your walker
- Check the safety of your home and teach you how to prevent falls
- Review the exercises from the hospital and possibly instruct you on new exercises

Outpatient Physical Therapy

Generally, about 2 weeks after surgery and the completion of your home therapy (it may be sooner based on your progress), you should be able to, with assistance, get into and out of a shower, exit your home safely, get into and out of a car, and be able to get into the clinic.

At this time, your home health physical therapy care will end and you will advance to outpatient physical therapy for about 6 weeks, but this may vary depending on your progress. You may need a helper to drive you to your appointments if you are still taking opioid pain medication and have not regained full control of your leg.

How and When to Contact Us

Contact a member of your care team if you have a question or concern. You may call us at one of the phone numbers in the front of this booklet or email us using **kp.org**. It may take a couple of days to reply to email messages, so please call if your question is urgent.

When to Contact Us

- You have increasing pain that does not resolve with rest, pain medication, ice, and leg elevation above the level of the heart
- You have not passed a stool for more than 48 hours and you have tried the laxatives and stool softeners as advised
- You have worsening redness or drainage
- You have chills or a fever greater than 101°F

How to Contact Us

- First, contact the Orthopedics Department at 949-932-5181 or 949-932-5171 during business hours Monday through Friday, 8:30 a.m. to 4 p.m. They can address many of your questions and concerns after surgery.

For any concerns regarding wound or swelling, please feel free to visit our walk-in clinic located at the Irvine-Sand Canyon facility, Medical Office Building 1. Please check in at the receptionist desk on the 1st floor and let them know that you had a recent joint replacement. A provider from the Total Joint team will see you.

Walk-In Orthopedic Cast Room Clinic

Monday through Friday, 8:30 a.m. to 4 p.m.

Irvine Sand Canyon Medical Office Building 1

Please check in at Reception Desk, first floor

- If you need assistance after business hours for the Orthopedics Department, contact the After-Hours Nurse Advice line at 1-833-574-2273 or 1-833-KP4 CARE. They can assist with answering your questions and help determine if you need to present to Urgent Care, Emergency Department or if it is best to follow up with your surgeon's office upon the Orthopedic clinic opening. They can also schedule an appointment to the Orthopedic Department for the next day.
- Urgent Care is available evenings and weekends when the Orthopedic clinic is closed. Contact the appointment call center to find the nearest Urgent Care.
- Go to the Emergency Department if you need immediate medical care.
Rare emergencies that may require an emergency room visit or 911:
 - Rapid heart rate
 - Sudden and severe trouble breathing
 - Chest pain
 - You pass out (lose consciousness)

Answers to Common Questions

What is the recovery time?

Everyone heals from surgery at a different pace. In most cases, you will use a walker, advance to a cane outdoors, and then to using no assistive device around the house. You will gradually return to normal function without any assistive device. Most patients feel good within 6 to 8 weeks. You will continue to gain strength and flexibility up to one year after your surgery, but complete recovery may take 1 to 2 years.

Do I need someone to help me after surgery (a caregiver)?

Yes. You will need someone to help you for about 2 weeks after surgery. This can be a family member or a friend. There are also services that are not covered that we can share with you, if needed.

How long will I be in the hospital?

Most patients will be able to go home the same day of surgery, unless there is a medical need to keep you in the hospital overnight.

Will I go to a rehabilitation facility or home?

The best place to recover from surgery is home! Most patients go home after their total joint surgery. There are many factors to consider. These include how well you function after surgery, as evaluated by a physical therapist in the hospital and overall evaluation by your hospital team. Living alone or in a two-story home are not medical criteria. If you go to rehab, it's typically only for a few days. We have found that our patients do very well at home. Compared to patients going home, patients that go to rehabilitation facilities have a higher risk of infection and other complications.

When can I drive?

Before you can drive, you need to be off opioid pain medication. You need to feel comfortable moving your right foot from right to left and have quick response time. You should not take long trips for at least 4 to 6 weeks. You can decide when you are ready to drive.

When can I return to work?

Returning to work depends on your occupation and needs after surgery. Plan between 6 weeks to 3 months depending on your recovery. Patients with seated jobs are usually able to return to work sooner than patients with jobs that require heavy lifting, pushing, walking or standing.

When can I travel?

We prefer that you do not travel by plane for 3 months after surgery because of the increased risk for a blood clot. We also want you to be able to see your orthopedic surgeon's team in the event of a concern.

Will I set off the security monitors at the airport? Do I need a card or letter from my surgeon?

You may set off alarms. Be proactive and give yourself extra time to go through security. Tell airport security where your total joint is before you walk through the screener. Expect to go to secondary inspection. We don't provide a letter stating that you have an artificial joint because airport security no longer accepts these letters.

What activities can I do after my joint replacement?

To prevent early wear of your new joint, you should avoid high impact activities such as basketball, running or jogging. Low impact activities such as golf, swimming, biking, walking, and the elliptical machine will help to prolong the life of your joint.

Can I use weights when I exercise?

Generally, weights shouldn't be used for the first 2 months after surgery. As you progress with your physical therapy program, your physical therapist may recommend using weights. These should be limited to light weights, progressing from 1 pound to a maximum of 5 pounds.

Do I need antibiotics before having dental work done?

Avoid any elective dental work for 3 months after surgery. After 3 months, you will need to take a preventative dose of antibiotics before each dental appointment for 2 years after surgery. For dental emergencies, notify your dentist of new total joint replacement.

Will my legs be the same length?

Different leg length is usually the result of straightening out a knee that had a bow before surgery. At first, the increased length may feel awkward. Most people get used to the difference, but occasionally a shoe lift may be needed.

Can I kneel?

After several months, you may try to kneel. It may be painful at first but will not harm or damage your knee replacement.

How long will I be on blood thinners?

On average, 6 weeks. Your surgeon will choose a therapy based on your medical history. Blood thinners thin your blood to help prevent blood clots.

Can I drink alcohol during my recovery?

If you are on Warfarin (Coumadin) as a blood thinner, you should not drink alcohol because it changes the effect of the medication. If you are on opioid medication for pain, you should avoid alcohol. Beyond that, you may use alcohol in moderation at your own discretion. **Avoid falling.**

What helps with pain and swelling?

Ice and leg elevation above the level of your heart is very important. Use it for 20 minutes per hour to reduce pain or discomfort. Ice also reduces swelling, which can cause pain and discomfort to be worse.

The ice machine and wedge pillow you will receive on the day of surgery are important tools to helping to manage pain and swelling after surgery. You will receive instructions on how to use your equipment before going home.



Elevation is the second most important activity to do. Elevation means keeping your "toes above your nose." It is **not** sitting with your leg up on an ottoman or coffee table. Elevation, helps by using gravity to move the fluid (swelling) back to your heart to be managed. Elevate and ice a minimum of 4 to 5 times a day, with the last time right before you go to sleep. Continue this until you no longer notice swelling.



Ankle pumps work your calf muscle, which moves the fluid back up to your heart to help manage the fluid (swelling).

Should I apply ice or heat?

Avoid applying heat to your surgical site. This will increase swelling. Ice is preferred. You may ice above and behind your knee. Never ice longer than 20 minutes per hour. Allow your skin to warm to normal temperature before icing again. Always ice 20 minutes before you go to sleep. Remember to protect your skin when icing.

Will I have swelling?

Yes, swelling is normal. It can occur from your hip to your toes. It's normal to be more swollen in the evening. Elevation above the level of your heart, ice, and ankle pumps help reduce swelling. Avoid sitting or standing for longer than 1 hour at a time.

Is bruising normal?

Yes. Bruising may appear a few days after surgery. It can appear from your groin and back of your leg, and move to the bottom of your foot with time. This is normal. Your body will reabsorb blood (bruise) within your tissues over time.

How long will I be on opioids for pain?

You may need them for the first few weeks after surgery but should begin tapering as your pain improves. The goal is to be off opioid pain medication between 4 to 6 weeks after surgery. If your doctor approves, you may take NSAIDs such as Aleve, Ibuprofen, or Naproxen to help alleviate pain as early as 6 weeks after surgery. **(See Appendix E for instructions.)**

What do I do if I am constipated?

Opioids and a decrease in activity slow your bowels down. We begin a bowel program the day of your surgery. Drink plenty of fluids, increase fiber, take stool softeners in the evening, take Miralax in the morning, and increase your activity, especially walking. Understand that for a short period you may not be on your regular schedule. If you have not had a bowel movement for 48 hours, please refer to **Appendix C for additional information and treatment recommendations**. If you are still unable to pass stool, please contact your surgeon's office.

What are good and bad positions for my knee?

You should spend some time doing your exercises each day, working on both flexion (bending) and extension (straightening) of your knee. It's good to change positions every 15 to 30 minutes. Avoid a pillow or roll under your knee. A roll under your ankle helps improve extension and prevent a contracture (knee "stuck" in a bent position).

Will I use a walker, crutches, or cane after surgery?

Most patients begin with a front-wheeled walker. Depending on your benefits, there may be a fee. As you become stronger and independent, your physical therapist or surgeon will transition you to a cane. **Note:** You will only be given a walker once. Do not give it away unless you are sure you will not need it for future surgeries.

Will someone come to my house?

Yes, home health physical therapy (PT) will come to your house two times a week for 2 weeks, and then you will be transitioned to outpatient PT if you have had a total knee replacement. At outpatient PT, you will use equipment to continue your progression of exercises and independence.

Can I have sex all the way up to my surgery date? If so, what are the procedures with the Hibiclens skin preparation and bedding?

Yes. Shower, follow your skin preparation instructions, and change the bedding afterwards. **(See Appendix D for how to prepare your skin before surgery.)**

How soon after surgery can I have sex?

You may have sex when you are comfortable. Any position where you lie on your back or stand up should be safe.

Can I take my bone home?

There are many hospital-specific regulations about disposal of bone. You may not take your bone home.

Why does smoking affect my surgery?

Smoking directly affects your ability to heal. When you smoke, your small capillaries do not get blood flow, which is needed to heal. Smoking also places you at a higher risk for infection and readmission into the hospital for medical reasons.

How long do I have to quit smoking?

Quit smoking 3 months before surgery. You will have a urine test each month to make sure it's safe to perform surgery. Continue to avoid smoking for at least 3 months after surgery to help with healing. We hope this will be a **lifetime** decision for your overall health.

When should I call my surgeon?

Reasons to call:

- Temperature of 101°F or higher
- New drainage or bleeding
- Drainage noted when you are 7 days or greater out of surgery
- Feeling sick
- Wound, incision concerns or worsening redness
- Unable to have a bowel movement

APPENDIX A: GENTLE EXERCISES TO DO BEFORE AND AFTER SURGERY

Consider doing these exercises daily in the months leading up to your surgery. Start with 10 repetitions of each exercise and increase as tolerated. Stop or modify any exercise that increases your pain. Use ice for 15 to 20 minutes as needed to ease soreness or swelling.

Low-impact activities such as a stationary bicycle or water exercise are recommended for endurance training. After surgery, you should avoid swimming pools, jacuzzi, baths and the ocean for about 3 months. Walking is also an option. Wear supportive shoes with backs and use an assistive device such as a cane, trekking pole, or hiking stick, if needed.

Total Knee Replacement Exercise Program

1. Pre-medicate 1 hour prior to performing exercises.
2. Perform 1 set of each prescribed exercise, **2-3 times per day**.
3. Elevate and massage your surgical leg after exercising.
4. Place an ice pack on your knee for 15 minutes after exercising. Avoid direct contact between your skin and the ice.

WALKING- FORWARD WALKING: Walker, surgical leg, and then non-surgical leg
BACKWARDS WALKING: Non-surgical leg, surgical leg, and then walker

STAIRS - Lead with your non-surgical leg going up.
Lead with your surgical leg going down.
"Up with the good, down with the bad."

1) ANKLE PUMPS: PERFORM 10 REPETITIONS EVERY HOUR

How: Move foot up and down through the full range of motion.

Purpose: Promotes good circulation. Assists in the prevention of blood clots.



2) QUADRICEPS SETS: PERFORM ___ REPETITIONS

How: Lie on your back with leg extended. Have a towel roll underneath the ankle.

- Tighten the muscles on the front of the thigh by pushing the knee down into the surface. Hold for 3-5 seconds. Do not hold your breath.
- This can also be a passive stretch to straighten the knee. Place a roll underneath the ankle and relax for 5-10 minutes.

Purpose: *Strengthens the quadriceps muscle on the top of your thigh. Promotes hip and knee stability. Prevents knees from buckling. Increases knee extension range of motion.*



3) HIP ABDUCTION: PERFORM ___ REPETITIONS

How: Lie on your back on a firm surface. Start with the legs together. Move one leg out to the side while keeping the knee pointed up towards the ceiling. Return to start position.

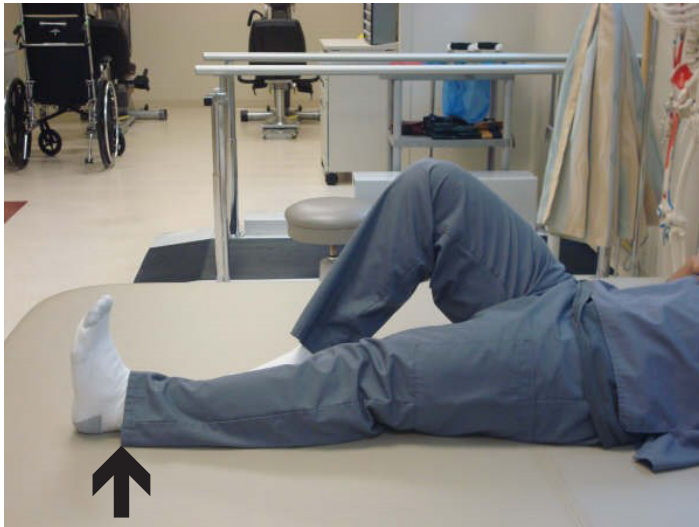
Purpose: *Promotes hip and knee stability.*



4) STRAIGHT LEG RAISE: PERFORM ___ REPETITIONS

How: Lie on your back with the non-surgical knee bent, as shown. Tighten the muscles on the front of the thigh of the surgical leg and lift the leg straight off the surface. Return to start position.

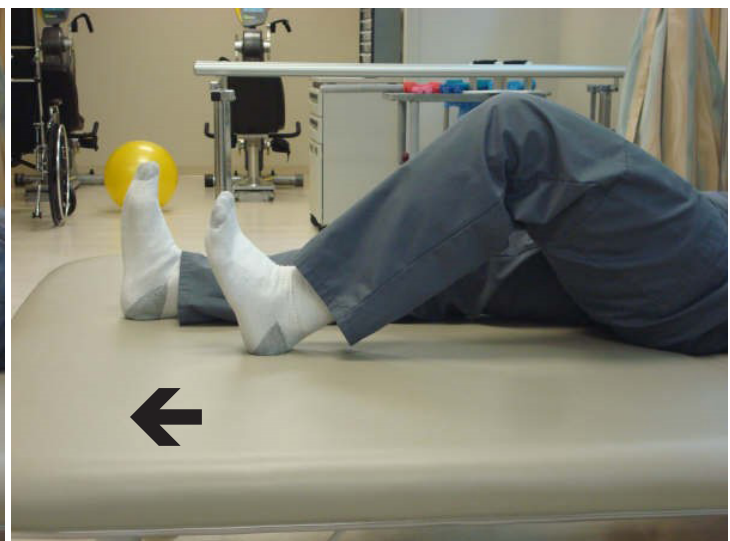
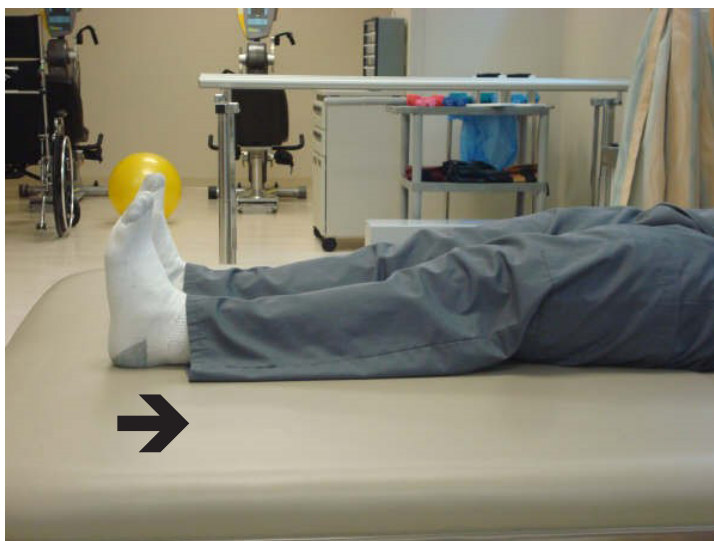
Purpose: *Promotes hip and knee stability. Prevents knees from buckling.*



5A) HEEL SLIDES: PERFORM ___ REPETITIONS

How: Lie on your back with legs straight. Slide heel up towards the buttocks. Return to start position.

Purpose: *Improves hip and knee range of motion. Helps to prevent excessive hip and knee stiffness.*

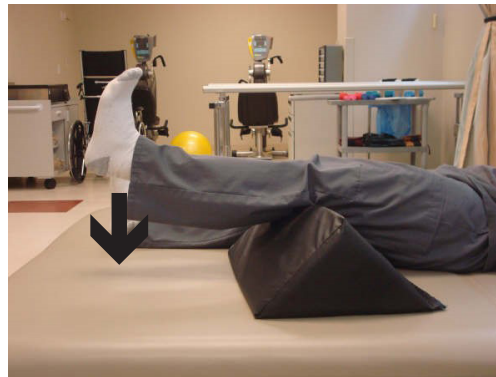


You may use a leg lifter, a belt, or blanket to assist you.

6A) SHORT ARC QUADS: PERFORM ___ REPETITIONS

How: Lie on your back with the surgical leg supported on a 6-7 inch diameter roll, as shown. Straighten leg at the knee. Return to start position.

Purpose: *Strengthens the quadriceps muscle on the front of your thigh. Promotes hip and knee stability. Prevents knees from buckling.*



5B) SITTING HEEL SLIDES: PERFORM ___ REPETITIONS

How: Sit in a chair. Slide heel underneath the chair in order to gain more knee bend. Return to start position.

Purpose: *Improves knee flexion.*



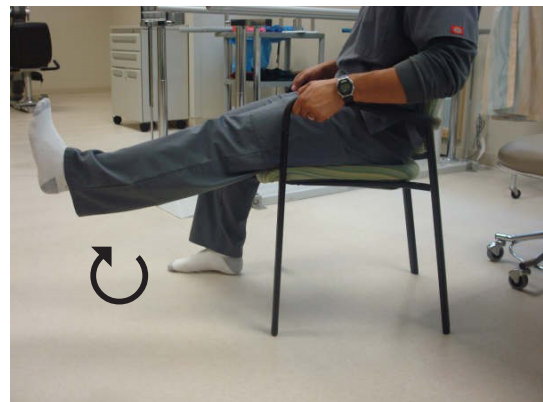
Scout forward in the chair to get more knee bend.

Use your opposite leg to assist the surgical leg to bend and use a towel to allow the foot to slide easily along floor.

6B) LONG ARC QUADS: PERFORM ___ REPETITIONS

How: Sit with knees bent. Fully straighten at the knee. Return to start position. Repeat.

Purpose: *Strengthens the quadriceps muscle on the front of your thigh. Improves knee range of motion.*



APPENDIX B: DURABLE MEDICAL EQUIPMENT

Buy or borrow assistive equipment. Call Member Service Contact Center at 1-800-464-4000 to see whether your benefits cover a front-wheeled walker and, if needed, a raised toilet seat. To be a covered benefit, you must have a medical necessity for the equipment, and you could have a copay. Some equipment, such as a raised toilet seat, is not necessary for some joint replacement surgeries such as total knee replacement.

- **Get a front-wheeled walker.** All patients having knee replacement surgery need one. If you do not have coverage for a walker, they are available for purchase at many drugstores, Target, and Amazon. You may be able to borrow one from your local church or a friend.



All patients need a front-wheeled walker. This is a standard walker with only 2 wheels in the front. For safety reasons, we do not recommend using a walker with brakes, seat or 4 wheels.

- **Determine whether you need a raised toilet seat.** This depends on how low your current toilet seat is. A raised toilet seat raises the height of a toilet to a comfortable level, making it easier to sit down and get up. This is usually not a covered benefit, so you would have to purchase and install it.

You might need a raised toilet seat, depending upon your procedure and the height of your toilet. They come with and without handles.



APPENDIX C: CONSTIPATION

Prevent constipation by walking for at least 5 minutes every hour while awake, eating high-fiber foods, drinking plenty of water, and taking the laxatives and stool softeners that your doctor has prescribed. Continue to take your stool softeners while taking opioid pain medication:

- **Senna (Senna-Lax)** is a stool softener. Take 2 tablets at bedtime each night while taking opioid pain medication. Hold for loose stool.
- **Miralax (Clearlax)** is a laxative. Mix with juice or water every morning per the directions. If you have not had a bowel movement for more than 48 hours or if you have gastric bloating or discomfort, you may increase this to 2 to 3 times per day.

If you have not had a bowel movement for more than 48 hours:

- **Milk of Magnesia:** as directed, unless contraindicated
- **Suppository or Enema:** administer a suppository or enema

Please contact us if you are unable to have a bowel movement.



APPENDIX D: GET YOUR SKIN READY

Instructions for using Hibiclens Cloths with a Hibiclens 4% Antiseptic/Antimicrobial Skin Cleanser.

Preparing the Skin Before Surgery

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. Your provider has chosen **Hibiclens Cloths** with a **Hibiclens 4% Antiseptic/Antimicrobial Skin Cleanser** for you to use at home to reduce the bacteria on the skin. The steps below outline the prepping process and should be carefully followed.

Directions:

- **DO NOT** shave at least 2 days prior to surgery on any areas of the body, including the face, legs, underarms, surgical site, etc.
- **DO NOT** allow this product to come in contact with your eyes, ears, mouth or mucous membranes.

The Night Before Surgery

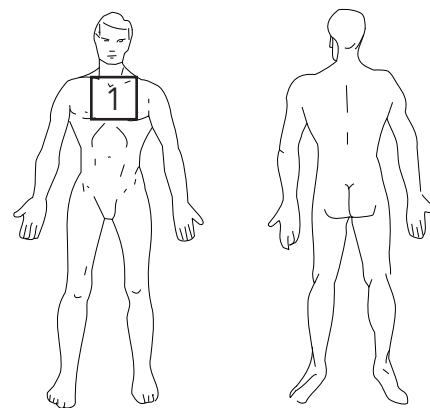
Prepping your skin **the night before surgery**:

1. Take a bath/shower and shampoo hair. Then rinse hair and body thoroughly to remove any shampoo residue.
2. Move away from the shower stream for this next step.
3. Open Hibiclens Cloth package and remove 4 Hibiclens Cloths and add warm water to wet it. Re-seal the Hibiclens Cloth package and set aside remaining cloths for the day of surgery cleanse.
4. **Apply 1/2 the bottle of Hibiclense 4% Antiseptic/Antimicrobial Skin Cleanser directly onto a wet Hibiclens Cloth provided and gently wash** each area of the body in order as shown. Wipe each area thoroughly in a back and forth motion. You will need 4 Hibiclens Cloths: 1 for each area of the body as shown in the image. Save the remaining Hibiclens Cloths for the next day of surgery cleanse.
5. Rinse thoroughly with warm water.
6. Use clean towels to dry. Dress in clean gown/sleepwear.
7. **DO NOT** apply any lotions, moisturizers, deodorant or make-up after cleansing your skin.

The Day of Surgery

Prepping your skin on **the morning of surgery**:

1. Wet your skin under shower stream. **DO NOT** use shampoo or soap product.
2. Repeat steps 2 through 6 as listed above using the remaining **Hibiclens Cloths** and **Hibiclens 4% Antiseptic/Antimicrobial Skin Cleanser**.



1. Wipe the **neck, chest and both arms**. Start each arm with the shoulder and ending at the fingertips. *Be sure to thoroughly wipe the arm pit areas last.*
2. Wipe the **abdomen, then the right and left hip** followed by the groin. *Be sure to wipe folds in the abdominal and wipe groin areas last.*
3. Wipe **both legs**, starting at the thigh and ending at the toes. *Be sure to thoroughly wipe behind the knees and between toes.*
4. Wipe the **back** starting at the base of the neck and ending at the waist-line. Cover as much area as possible. Assistance may be required. End by wiping the **buttocks**.

APPENDIX E: PAIN MEDICATION TAPERING

Pain Medication Tapering: Recovering from your major surgery is a process that typically takes 6 weeks. Surgical pain is normal and expected, but the pain experience may be different for individuals. Since pain can interfere with your ability to participate in activities, to prevent complications, treating pain is critically important for a successful surgical recovery. Opioid pain medications may be prescribed to treat your pain during the post-operative healing period and your pain is expected to lessen as you heal. The universal goal is to taper off opioid pain medications as quickly as your physical, mental and emotional status allows. In general, a slow taper is better tolerated by most patients. This usually involves gradually reducing the dosage of the opioid pain medications over time. For example, you may reduce the dose by 1 tablet daily every week until you are off the medication. The goal is to be off opioid pain medications by 6 weeks. If your doctor approves, you may take NSAIDs such as Aleve, Ibuprofen, or Naproxen to help alleviate pain as early as 6 weeks after surgery. There are several things that you can do during the weaning process to help minimize withdrawal symptoms. These include drinking lots of water, avoiding caffeine and alcohol, taking vitamins, eating a balanced diet with lots of fresh fruits and vegetable, and staying active.

You can use the tapering table below to gradually wean yourself off pain medications. Select the row that best indicates your current use of pain medication. You can start from that point and taper it down using the table as a general guide. Please feel free to ask your doctor or physician assistant about help with opioid tapering.

Pain Medication Tapering Schedule

Day Count	a.m.	Noon	p.m.	Bedtime
0	2 tablets	2 tablets	2 tablets	2 tablets
1	2 tablets	2 tablets	1 tablets	2 tablets
2	2 tablets	1 tablets	1 tablets	2 tablets
3	1 tablet	1 tablet	1 tablet	2 tablets
4	1 tablet	1 tablet	1 tablet	1 tablet
5	1 tablet	1 tablet	1/2 tablet	1 tablet
6	1 tablet	1/2 tablet	1/2 tablet	1 tablet
7	1/2 tablet	1/2 tablet	1/2 tablet	1 tablet
8	1/2 tablet	1/2 tablet	1/2 tablet	1/2 tablet
9	1/2 tablet	1/2 tablet	0 tablet	1/2 tablet
10	1/2 tablet	0 tablet	0 tablet	1/2 tablet
11	0 tablet	0 tablet	0 tablet	1/2 tablet
12	0 tablet	0 tablet	0 tablet	0 tablet

APPENDIX F: JOINT REPLACEMENT ACTIVITY SCHEDULE

Please use this exercise and walking schedule to stay on track with your rehabilitation goals. Fill in, check off, or mark each "box" each day to stay encouraged and keep yourself accountable. The work you put in now will return great benefits for your future!

Week 1

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>
p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>
Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>
Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

- Please refer to the attached exercise handout for further details and instructions on your home exercises.
- Walking goals consist of a minimum of 10 short walks throughout the day at a minimum of 3 to 5 minutes per walk to improve strength, endurance, and functional mobility.

"A little progress each day adds up to BIG results."

Week 2

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>	a.m. Exercise <input type="checkbox"/>
p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>	p.m. Exercise <input type="checkbox"/>
Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>	Evening Exercise <input type="checkbox"/>
Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal	Walking Goal
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩