|  | MR1 | ${ }^{3} \mathrm{MRPI}$ | 3T OPEN | CT | PET-CT | NUC med | mamm | Breast bx | us | DEXA | Fluoro | ${ }_{\text {AR }}^{\text {ARTHRO }}$ | VEIN \& IR | X-ray |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (A) SCOTTSDALE \& OSborn | x |  |  | x |  |  |  |  | x |  | x | x |  | x |
| (3) 2nd st. \& brown |  |  |  |  |  |  | $x$ | $x$ | X | $x$ |  |  |  | x |
| (C) smil pet-ct |  |  |  |  | x |  |  |  |  |  |  |  |  |  |
| (D) NORTH MEDICAL PLAZA II |  |  |  |  |  |  |  |  |  |  |  |  |  | x |
| © 92ND St. \& MOUNTAIN VIEW | x |  | $x$ | x |  | x | x | x | x | $\times$ | x | $x$ | $\times$ | x |
| (-) scottsdale \& westland |  |  |  |  |  |  |  |  |  |  |  |  |  | X |
| (G) THOMPSON PEAK \& SCOTISDALE | x | $\times$ |  | x |  |  | x |  | x | x | x | x |  | X |
| (i) tatum \& shea | x |  |  | x |  | x | $\times$ |  | x | x |  |  |  | X |
| (1) palisades \& saguaro | x |  |  | x |  |  | x |  | x | x |  |  |  | x |
| (5) HIGHLAND \& 22ND ST. | x |  |  | $\times$ |  |  | X |  | X | x |  | $x$ |  | X |
| (3) Gibert |  | x |  | x | $\times$ | x | $\times$ | $x$ | x | x |  | x |  | X |

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(0) HIGHLAND \& 22ND ST. Biltmore Medical Mall 2222 E. Highland Ave., Ste. 120 Phoenix, AZ 85016
(3) MERCY RD \& ROME ST Mercy Medical Commons 3645 S. Rome St., Ste. 101 Gilbert, AZ 85297
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SCHEDULING: (480) 425-5030
SCHEDULING FAX: (480) 425-5033
MAIN PHONE: (480) 425-5000 www.esmil.com

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(B) 2ND ST \& BROWN Town Center Medical Plaza 7301 E. 2nd St. Ste 112 Scoltsdole, AZ 85251

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2222 E. Highland Ave, Ste. 120
Phoenix, AZ 85016

NOTES:
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SCOOTTSDALE MEDICAL.
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Othopredic Spedidists of Central Arizona

## FERROUS SULFATE:

For patients who are having a Total Knee Arthroplasty (TKA) or a Total Hip Arthroplasty (THA), please begin taking Ferrous Sulfate (iron tablets) 325 mg , one tablet twice daily. Ferrous Sulfate boosts your blood for surgery. Take one tablet twice a day for $3-4$ weeks prior to surgery and one tablet twice a day for 2 weeks after surgery. Ferrous Sulfate can cause constipation and black stools. You may need to take a stool softener.

If you are allergic to Sulfa, you will not be taking Ferrous Sulfate. Please have Iron-enriched foods for 1 -month before surgery. Some examples include: red meat, egg yolks, spinach, prunes, turkey, beans, lentils, chick peas, soybeans, liver, and artichokes.

## BOOT CAMP CLASS \& PRE-CONDITIONING PHYSICAL THERAPY:

Please contact SCOTTSDALE HEALTHCARE to schedule your BOOT CAMP AT 480-324-7056. Also, please schedule your pre-conditioning physical therapy with a physical therapist of your choice. This will strengthen your knee/hip/shoulder for surgery and helps with the recuperation after surgery.

## SCOTTSDALE HEALTHCARE, THOMPSON PEAK, PRE-REGISTRATION:

A nurse from SCOTTSDALE HEALTHCARE will contact you for your pre-admission interview a week before your surgery. Please have your medication list and a list of your previous surgeries available for the phone call. The nurse will also give you instructions regarding medications to take the day of surgery.

## DISABILITY INSURANCE

If you have disability insurance through your employer, it is imperative that you give us your FMLA paperwork as soon as possible, so your surgeon can complete. There is a $\$ 30.00$ charge to complete the form.

## PRE-OP APPOINTMENT

You will receive your prescriptions for Mobic and Hydrocodone at your pre-op appointment. These prescriptions are for AFTER SURGERY. Mobic is your anti-inflammatory medication, which helps with swelling and inflammation. Your pain medication will be Hydrocodone. 1-2 tablets every 6 hours for pain. A side effect of pain medication is constipation. Please purchase a stool softener and drinking plenty of fluids can help prevent constipation. Dr. Kaper recommends Colace. If necessary, you can try Milk of Magnesia, Dulcolax suppository, a Fleets enema or Magnesium Citrate ( $1 / 2$ bottle; if no bowel movement in 6 -hours, take the rest of the Magnesium Citrate.)
(OVER, PLEASE)

# HIBICLENS ANTI-BACTERIAL SOAP 

Surgery Prep

Left Total Knee Arthroplasty<br>Right Total Knee Arthroplasty<br>Left Uni-Compartmental Knee Arthroplasty Right Uni-Compartmental Knee Arthroplasty

Left Total Hip Arthroplasty
Right Total Hip Arthroplasty
> The evening before and the morning of surgery, shower using the Hibiclens scrub. Shower using the scrub, scrub your lower extremity including your hip, thigh, groin, knee and toes.
$>$ Hibiclens Scrub can be purchased over-the-counter at any pharmacy.
> If you have any abrasions on or near the surgery site, your surgery will need to be cancelled. Please call our office at 778-9250 if this occurs.

REMINDER:
NOTHING TO EAT OR DRINK 8 HOURS PRIOR TO YOUR SURGERY

# POST DISCHARGE PROVIDER LIST 

## SKILLED NURSING FACILITY

SANTE OF NORTH SCOTTSDALE 17490 N. $93^{\text {RD }}$ ST.
SCOTTSDALE, AZ, 85255
480-630-3749

## LOCAL ACUTE REHAB

SCOTTSDALE HEALTHCARE REHABILITATION HOSPITAL 8850 EAST PIMA CENTER PARKWAY SCOTTSDALE, AZ 85258 480-800-3900

HEALTH SOUTH REHAB HOSPITAL 9630 E. SHEA BLVD. SCOTTSDALE, AZ 85260

480-551-5400

## POST DISCHARGE PROVIDER LIST

## HOME HEALTH AGENCIES

AMEDISYS
CHANDLER: 480-883-9295
SURPRISE: 623-974-7810
CENTRAL PHX: 602-395-1999
ARROWHEAD HOME HEALTH
623-236-3949

BANNER
480-657-1000

BAYADA
602-870-6364

GENTIVA HEALTHCARE
602-992-0709

KC'S HOME HEALTHCARE
602-283-4089

SCOTTSDALE HEALTHCARE
480-882-4222

# PRE-OP MEDICATION INSTRUCTIONS: <br> hold/stop AT LEAST 1 WEEK BEFORE SURGERY 

ANY and ALL Herbal medications
Vitamins and Supplemants

- Alpha lipolic acid
- Acetyl-l-carnitine
- AZO PMS
- Cinnamon
- Chamomile
- Creatine
- Dong Quai
- Echinacea
- Ephedra
- Feverfew
- Fish oil
- Garlic
- Ginger
- Gingko biloba
- Ginseng
- Glucosamine chondroitin
- Glutamine
- Goldenseal
- L-carnosine
- Licorice
- Kava kava
- Milk thistle
- Multivitamins
- Omega-3
- Resveratrol
- Skullcap
- St. John's Wort
- Valerian
- Vitamin C
- Vitamin E

Hormone replacement-
Implanted hormone pellets and IUDs are okay.

- Estrogen
- Oral Contraceptives
- Progesterone
- Testosterone.

Weight loss medications/products
(Prescription and/or Over the Counter)

- Adipex-P
- Alli
- Bontril PDM
- Bontril slow release
- Desoxyn
- Didrex
- Diethylpropion
- Ephedra
- HCG
- Ionamin
- Phendimetrazine Tartrate ER
- Phentermine
- Qsymia
- Suprenza
- Xenical

Antirhoumatics/Biologics/TNF Inhibitors

- Actemra
- Adalimumab
- Belimumab
- Benlysta
- Cimzia
- Enbrel
- Golimumab
- Humira
- Kineret
- Orencia- 4 weeks
- Remicade- 4 weeks
- Rituxan
- Rituximab
- Simponi
- Tofacitinib
- Xeljanz

This list is not exhaustive. This means that not everything is included - just the basics. If you have a medication that is not on the list, please ask your physician.

## hold/stop at least 1 WEEK BEFORE SURGERY

## NSAIDs

(Non-Steroidal Anti inflammatory drugs)

- Aleve
- Anaprox
- Ansaid
- Aspirin
- Cataflam
- Clinoril
- Daypro
- Diflunisal
- Duexis
- Diclofenac
- Etodolac
- Fledene
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Indocin
- Indomethacin
- Ketoprofen
- Motrin
- Nabumetone
- Nalfon
- Naprelan
- Naprosyn
- Naproxen
- Oxaprozin
- Piroxicam
- Salsalate
- Sulindac
- Voltaren
- Zorprin
- It is OK to continue Meloxicam/Mobic or Celebrex prior to surgery.


## DAY OF SURGERY MEDICATIONS:

## take the following medications with a sip of water on the morning of surgery.

## Take Beta Blocker

- Acebutolol
- Atenolol
- Betapace
- Betaxolol
- Bisoprolol
- Biocadren
- Breviblock
- Bystolic
- Carteolol
- Cartrol
- Carvedilol
- Coreg
- Corgard
- Corzide
- Esmolol
- Inderal
- Inderide
- InnoPran XL
- Kerlone
- Kerledex
- Labetolol
- Levatol
- Lopressor
- Metoprolol
- Nadolol
- Nebivolol
- Normodyne
- Penbutolol
- Pindolol
- Propranolol
- Satolol
- Sectral
- Sorine
- Tenoretic
- Tenormin
- Timolide
- Timolol
- Trandate
- Toprol-XL
- Visken
- Zabeta
- Ziac


## Take Calcium Channel blockers

- Adalat CC
- Amlodipine
- Calan
- Cardene SR
- Cardizem
- Covera-HS
- Dilacor
- Diltiazem
- DynaCirc CR
- Felodipine
- Isradipine
- Lotrel (amlodipine/benazepril-combo),
- Nicardipine
- Nifedipine
- Nisoldipine
- Norvasc
- Plendil
- Procardia XL
- Sular
- Tarka (trandolapril/verapamil)
- Tiazac
- Verapamil
- Verelan

Take Gastrointestinal reflux medications (GERD)

- Omeprazole (Prilosec)
- Lansoprazole (Prevacid)
- Pantoprazole (Protonix)
- Rabeprazole (Aciphex)
- Esomeprazole (Nexium)
- Dexlansoprazole (Dexilant)

H-2 Blockers

- Cimetidine (Tagamet)
- Famotidine (Pepcid)
- $\quad$ Nizatidine (Axid)
- Ranitidine (Zantac)

Take Antl-arrythmics

- Amiodorone
- Adenosine
- Atropine
- Digitoxin
- Digoxin
- Flecainide
- Procainamide
- Quinidine
- Tambocor

This list is not exhaustive. This means that not everything is included - just the basics.

Take Antl-seizure medications

- Acetazolamide
- Carbamazepine
- Celontin
- Cerebyx
- Clobazam
- Clonazepam
- Depakene/Convulex
- Depakote
- Diacomit
- Diamox
- Diazepam
- Dilantin/Epanutin
- Divalproex sodium
- Epilim
- Eslicarbazepine
- Ethosuximide
- Ethotoin
- Felbatol
- Fosphenytoin
- Frisium
- Gabapentin
- Gabitril
- Gemonil
- Lamotrigine
- Lyrica
- Keppra
- Mephenytoin
- Mesantoin
- Metharbital
- Methsuximide
- Methazolamide
- Milontin
- Mysoline
- Neptazane
- Neurontin
- Oxcarbazepine
- Peganone
- Phenobarbital
- Phenytoin
- Phensuximide
- Pregabalin
- Primidone
- Sabril
- Sodium valproate
- Stiripentol
- Tegretol
- Tiagabine
- Topamax
- Topiramate
- Tridione
- Trileptal
- Trimethadione
- Valproic acid
- Valium
- Vigabatrin
- Vimpat
- Zarontin
- Zonegran
- Zonisamide

Take Respiratory medications

- Advair Diskus
- Albuterol Alupent
- Alvesco
- Beclomethasone
- Budesonide
- Ciclesonide
- Cromolyn Sodium
- Dulera (mometasone furoate/formoterol fumarate)
- Flovent
- Flunisolide
- Foradil
- Ipatropium Bromide
- Isoproterenol sulfate
- Levalbuterol
- Maxair
- Metaproterenol
- Mometasone furoate
- Nedocromil
- Oxymetazoline
- Phenylephrine
- Proair HFA
- Proventil
- Pulmicort
- Qvar
- Serevent
- Salmeterol
- Theophylline
- Ventolin
- Xopenex

Take Antl-rejection medications including steroids

- Atgam
- Azasan
- Azathioprine
- Cellcept
- Cyclosporine
- Everolimus
- Mycophenolate Mofetil
- Myfortic
- Neoral
- Prednisone
- Prograf
- Rapamune
- Sirolimus
- Tacrolimus
- Zortress

Take Chronic pain medications

- Except NSAIDs

Insulin
If you're on insulin, call the provider managing your diabetes. Get specific insulin doses for the DAY OF PROCEDURE.

# DAY OF SURGERY MEDICATIONS: <br> DO NOT TAKE 

ACE inhibitors
*ACE w/ HCTZ

- Accupril
- *Accuretic
- Aceon
- Altace
- Benazepril
- Captopril
- Capoten
- *Capozide
- Coversyl
- Enalapril
- Fosinopril
- Fositen
- Gopten
- Imidapril
- *Lotensin
- Lisinopril
- Listril
- Lopril
- Lotensin
- Mavik
- Moexipril
- Monopril
- Novatec
- Odrik
- Perindopril
- Prinivil
- *Prinzide
- Quinapril
- Ramace
- Ramiwin
- Ramipril
- Renitec
- Prilace
- Tanatril
- Tarka
- Trandolapril
- Triatec
- Tritace

ACE (Cont)

- *Uniretic
- Univasc
- *Vaseretic
- Vasotec
- "Zestoretic
- Zestril
- Zofenopril


## ARBs

- Atacand
- Avapro
- Benicar
- Candesartan
- Cozaar
- Diovan
- Eprosartan
- Irbesartan
- Losartan
- Micardis
- Olmesartan
- Telmisartan
- Teveten
- Valsartan

Oral Diabetes Medication

- Acarbose
- Actos
- Alogliptin
- Amaryl
- Apidra
- Avandaryl
- (Rosigilitazoneglimepinde)
- Avandia
- Avapro
- Bydureon
- Byetta
- Canagliflozin
- Colesevelam
- Cycloset
- Diabeta

Oral Diabetes Medication
(Cont)

- Diabinese
- Duetact
- (Picogititazone glimepinide)
- Exenatide
- Glimepiride
- Glipizide
- Glucagen
- Glucagon
- Glucotrol
- Glucotrol XL
- Glynase
- Glyburide
- Glyset
- Januvia
- Invokana
- Linagliptin
- Liraglutide
- Miglitol
- Onglyza
- Pioglitazone
- Pramlintide
- Prandin
- Precose
- Prestab Repaglinide
- Rosiglitazone
- Saxagliptin
- Sitagliptin
- Starlix
- Symlin
- Tradjenta
- Victoza
- Welchol


# DAY OF SURGERY MEDICATIONS: <br> DO NOT TAKE 

## Dluretics

- Amiloride
- Bumetanide
- Chlorthalidone
- Demadex
- Edecrin
- Ethacrynic
- Furosemide
- Hydrochlorothiazide
- Lasix
- Thalitone
- Triamterene
- Torsemide
- Metolazone
- Microzide
- Spironolactone
- Triamterene
- Zaroxolyn
MetforminInstruct patient to STOP thefollowing medications 2days before surgery
- Actoplus Met
- Actoplus Met XR
- Avandamet
- Fortamet
- Metaglip
- Glucophage
- Glucophage XR
- Glucovance
- Glumetza
- Janumet
- Janumet XR
- Jentadueto
- Kombiglyze XR
- Kazano
- Mefformin
- PrandiMet
- Riomet

SCOTTSDALE
HEALTHCARE.

## Area/Campus Map



Scottsdale Healthcare Thompson Peak Hospital is located at 7400 E. Thompson Peak Parkway, Scottsdale, AZ 85255. This is north of the 101 on Thompson Peak Parkway, and just east of Scottsdale Rd. The main entrance to the hospital is at the east side of the hospital.

Patient/visitor parking is located off Scottsdale Healthcare Drive.


The Total Joint Center at Scottsdale Healthcare Thompson Peak Hospital is located on the $3^{\text {rd }}$ floor Orthopedic/Spine unit.
Take the main lobby elevators to the $3^{\text {rd }}$ floor and go to the right.

Othpreadic Spocidists of Central Avizoma

## DISCHARGE INSTRUCTIONS <br> AFTER PARTIAL KNEE REPLACEMENT

Activity: Weight-bearing "as tolerated" is allowed immediately after your surgery. You should use crutches or a walker for the first 5-7 days following surgery. As your knee feels more comfortable, you may transition to a cane for walking support. You may stop using the cane or crutches/walker once you can walk comfortably without a limp. Begin gently bending your knee the night of surgery. Exercise will help reduce swelling in your knee, speed your recovery, and prevent muscle weakness in the long run. Plan to avoid demanding activities and athletics for 3 weeks after surgery.

Brace: Your knee will be in a knee immobilizer after surgery. This immobilizer is used for the first one to three days after surgery- until your leg muscles are strong enough to support your body without the risk of the knee collapsing. At that time, you should discontinue using the knee immobilizer. You may remove the immobilizer to start movement of your knee once you get home. Your physical therapist will assist you with knee mobilization.

Dressings: Your incision will be covered with a large elastic-type dressing after surgery. This dressing should be maintained for 48 hours after surgery. At that time, remove the surgical dressings and apply a clean, gauze dressing. Keeping your knee wrapped with an Ace wrap is recommended to control swelling during the first 10-14 days after surgery. A dressing should be kept on your wound and changed regularly (every day) until the wound has healed completely. The incision used for partial knee replacement surgery is approximately four to five inches long and will be stapled together. The staples are typically removed ten to fourteen days after surgery at the time of your office visit, provided the wound is healing well. After the staples are removed, small Band-Aids called Steri-strips are placed over the incision. These will usually fall off on their own after five to seven days. Showering is permitted 72 hours after surgery. Soaking the wound is not recommended for an additional three weeks- NO swimming, hot tubs, or tubs baths!

Wound care: It is important to monitor your wound for any signs of infection. These signs include: increased redness, swelling, warmth, or drainage from the wound. You should also watch for other signs of possible infection, such as fever (greater than $38.5^{\circ} \mathrm{C}$ or $101^{\circ} \mathrm{F}$ ) or chills. If any of these symptoms occur, you should notify your surgeon.

Aspirin: Aspirin is usually recommended for two weeks following surgery to reduce the risk of blood clots. You should take enteric-coated Aspirin (EC ASA) 325 mg , twice a day starting the night of surgery. This medication, when used in conjunction with exercise, will maintain good circulation in your legs and reduce the risk of blood clots.

Pain Control: One of the most important factors influencing the outcome of your rehabilitation is pain management. You will have incisional and muscle pain, which is normal. You will be given a prescription for pain medication (usually Vicodin or Norco, to be taken 1-2 tablets every 6 hrs.) after surgery. Use this as needed. This is usually combined Celebrex ( 1 tab twice a day with food). Once the initial pain subsides, try to manage with just Extra-strength Tylenol and Celebrex. It is common to have swelling and discomfort for three to six weeks after surgery. The pain medication is provided to maintain appropriate level of pain control. You will not be able to perform required activities effectively if you anticipate pain or are in too much pain.

Ice: Icing of the knee is extremely helpful to control both pain and swelling. Ice the operated knee for 20 minutes at least four times a day for the first two to three weeks. After that, ice the knee if the knee is still swollen or you still have pain. Please refer to the specific icing instruction sheet that you have been given.

## Physical

Therapy: Post-operative physical therapy is routinely recommended following your surgery. Arrangements are usually made prior to your surgery for either outpatient therapy or home health therapy. If this has been arranged previously, please let us know right away.

Work: Plan to take 1-3 weeks off from work. You can resume work once you are comfortable- this will obviously be influenced by the type of work that you do.

Follow-up: Your post-operative follow-up appointment will be scheduled prior to surgery (usually about 10 days after surgery). Please contact the office if you need confirmation of your appointment.

Each patient will respond and recover from surgery at their own pace. While it is informative and useful to "compare notes" with a friend, relative or colleague who has also undergone partial knee replacement surgery, please do not place undue importance on keeping up with them. Remember that each patient's problem and surgery is unique. If you encounter specific problems please call the office as soon as possible.

## POST-OPERATIVE ICING INSTRUCTIONS

The use of ice, or cryotherapy, can relieve pain, swelling, inflammation or spasm. It is important that you are consistent with your icing program. You should continue a regular and consistent icing program as long you experience symptoms. Remember, ice is "your friend" after any orthopaedic injury or surgery.

In order to maximize the benefit of the ice treatments, you must ice the affected area at least four times a day. A good pattern is to ice in the morning, at noon, in the afternoon, and again in the evening. Icing an hour before bedtime is also helpful. In addition, ice following physical therapy, independent exercises, any prolonged activity or vigorous exercise.

There are many good ways to use ice. NEVER apply ice directly on your skin. In all cases, a pack should have a cloth between it and your skin. Apply the ice pack to the affected area for approximately 20 minutes. Be sure you do not apply ice for longer periods than indicated, nor fall asleep with ice on your skin.

ICE PACKS: Ice packs may be made with cubed, crushed, or shaved ice. Wrap the ice pack in a wash-cloth or towel and apply it to the affected area.

VEGETABLE PACK: Place loose frozen small vegetables (peas, corn, etc.) in a plastic bag and apply to the affected area on top of a wash-cloth. Refreeze after use and label "DO NOT EAT". To reuse, bang frozen bag gently on a counter edge to loosen vegetables.

ALCOHOL PACK: Combine 3 cups of water with 1 cup of rubbing alcohol in a zip-lock bag and freeze overnight until slushy. Wrap wash-cloth or towel over the bag and apply to affected area. Refreeze after use. This mixture is unsafe to drink or eat. Ensure that the bag does not leak on other items in your freezer, or get into the hands of small children.

POLAR CARE "COLD THERAPY": Polar pads may be recommended or given to you. Please follow the specific instructions that accompany the unit. Never apply the polar pad directly onto your skin as this may result in serious skin injury.

