rebound

PATIENT CARE GUIDEBOOK **HIP REPLACEMENT**



Accredited by AAAHC

Outpatient Joint Replacement Surgery

At Rebound Surgery Center

Your Surgeon Recommends Surgery

We are excited to be part of your care team at Rebound! Below are the next steps to help prepare you for a safe and successful surgery.

Specialist Clearance

Cardiology
If you have seen a heart specialist within the last 2 years for a heart condition, please let our office know.

Dental
If you have tooth pain, loose teeth, broken teeth, or signs of infection, please schedule a dental examination before surgery. *A healthy mouth helps reduce the risk of infection after joint replacement surgery.*

Scheduling Your Surgery

- Surgery dates are typically available 2 to 3 months in advance and fill quickly.
- Our Outpatient Total Joint Medical Assistant (OPTJ MA) will contact you **within one week through MyChart**.
- Please check your MyChart messages regularly to avoid delays in scheduling.

Stay Connected with Rebound MyChart

MyChart is the best way to stay connected with your care team before and after surgery. Sign up today using the QR code or create your MyChart account at www.reboundmd.com

We are here to help and want your surgery to be a success. Send us a message through MyChart or call **360-823-5767** and leave a message for the Outpatient Total Joint Team. We look forward to partnering with you throughout your joint replacement journey.



Welcome and thank you for choosing Rebound Orthopedics and Rebound Surgery Center as part of your team to restore your quality of active living.

We are committed to making your experience and surgery a success. This guidebook will provide information to help you and your coach prepare for your surgery. It will also provide information for you to use as a reference throughout your recovery.

Feel free to write notes, add personal information, or mark important pages for easy reference. We encourage you to keep any additional materials that you receive throughout this process in this guidebook.

Please bring this guidebook with you to your appointments and on the day of surgery.

Important Contact Information

HIP VIDEO

Rebound Orthopedics
www.reboundMD.com

Main Number	(360) 254-6161
Surgery Scheduling	(360) 449-1063
Appointment Line	(360) 254-6165
Billing Office	(360) 449-1129
Physical Therapy	(360) 449-8700

Outpatient Total Joint Team:

Medical Assistant Voicemail:
360-823-5767
Roselita Bird MA
Kathy Johnston MA

Registered Nurse/Program Coordinators Voicemail:
360-823-5868
Sunshine Jenkins BSN
Lindsey Larson BSN
Emily Shofner RN

Surgery Scheduling Voicemail:
360-448-2348
Amanda Koval

Rebound Surgery Center

200 NE Mother Joseph Place, Suite 200, Vancouver, WA 98664

Main Number	(360) 449-6300
Registration	(360) 449-6355
Business Office	(360) 449-6354

Rebound Clinics

Rebound Orthopedics Vancouver Physicians' Pavilion
200 NE Mother Joseph Place
Suite 110
Vancouver, WA 98664

Rebound Total Joint Center Vancouver
Physicians' Pavilion
200 NE Mother Joseph Place
Suite 305
Vancouver, WA 98664

Rebound Salmon Creek Medical Office Building
(BLDG A)
2121 NE 139th Street
Suite 300
Vancouver, WA 98686

Rebound Rose Quarter
One North Center Court
Suite 110
Portland, OR 97227

Rebound Camas
3205 SE 192nd Ave.
Suite 105
Vancouver, WA 98683

Rebound Lake Oswego
4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy

Rebound Physical Therapy Rose Quarter
One North Center Court
Suite 110
Portland, OR 97227

Rebound Physical Therapy Lake Oswego
4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy Salmon Creek-Medical Office Building (B106)
2121 NE 139th Street
Vancouver, WA 98686

Rebound Physical Therapy Battle Ground
720 West Main St. Unit 102.
Battle Ground, WA
98604

Rebound Physical Therapy Camas
315 NE 192nd Avenue
Bldg #3, Suite 310 B
Vancouver, WA 98684

Rebound Physical Therapy Ridgefield
55 S. 47th Avenue
Suite 111
Ridgefield, WA 98642

Rebound Physical Therapy Hood River
1700 12th Street
Suite C
Hood River OR 97031

Rebound Physical Therapy Cascade Park
601 Southwest 117th Avenue
Suite 210
Vancouver, WA 98684

Who are the members of my team?

Rebound Orthopedics and Rebound Surgery Center work closely to provide the best individualized care for you. **Your team includes:**

- Coach
  Your spouse, friend, or relative that actively participates in patient education and assists in the recovery at home.
- Orthopedic Surgeon
  Performs your surgery and directs your care.
- Medical Assistant (MA)
  A health professional that supports staff and patient needs in the clinic.
- Surgery Scheduler
  Schedules appointments needed for surgery
- Physician Assistant (PA)
  Assists with your care before and after surgery working closely with the surgeon.
- Total Joint Program Coordinators
  A registered nurse that coordinates your care to surgery. The total joint program coordinators provide education to prepare you and your coach for surgery and assists with any needs you may have.
- Nurse Practitioner (NP)
  An advanced practice registered nurse that provides the medical management needed for surgery.
- Anesthesiologist
  A physician that administers medication during the surgery and manages your discomfort. You will meet your anesthesiologist on the day of surgery before going into the operating room.
- Registered Nurse (RN)
  The registered nurse provides your direct care on the day of surgery, gives you medication, and teaches you and your coach about your care after surgery.
- Operating Room Team
  The team that supports the surgeon during your procedure.
- Physical Therapist (PT)
  The physical therapist helps you to become independent after surgery by teaching you exercises to increase your strength, how to use your assistive device, and how to follow safety precautions to prevent injury.

Notes



Hip Overview

Healthy Hip Joint

The hip is a ball and socket joint. The hip joint is formed where the head of the femur and pelvis meet. The top of the femur is round and called the femoral head or ball. The femoral head fits into the acetabulum or socket of the pelvis. The hip joint is held in place by a large group of ligaments, muscles, and tendons which provide stability.

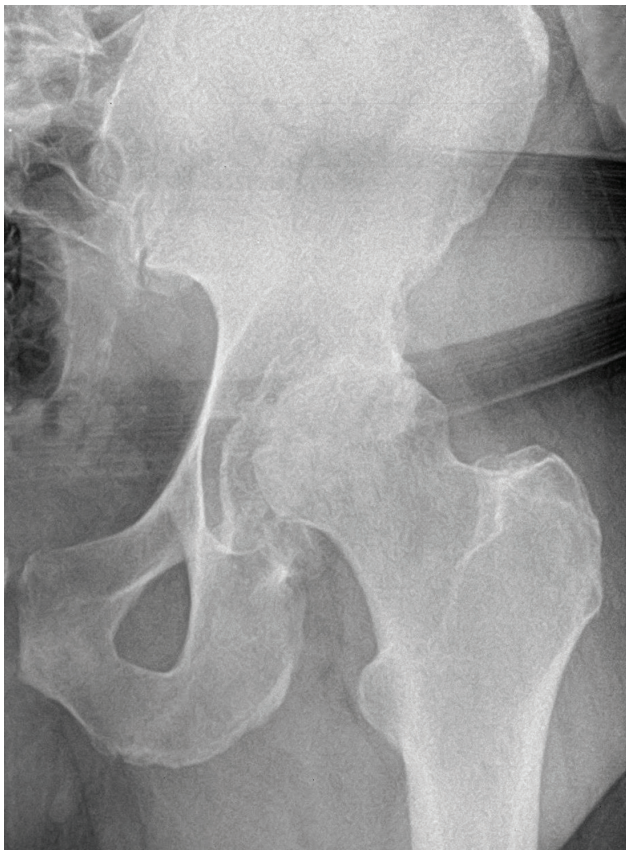
In a healthy hip the ends of the femoral head and acetabulum are covered with smooth articular cartilage. Articular cartilage allows the hip to have a large range of motion without pain.

Healthy Hip X-ray



When articular cartilage is healthy, an x-ray will show space between the bones.

Arthritic Hip Joint



Arthritis is a term used to describe a condition where there is damage to the articular cartilage. When articular cartilage is damaged, an x-ray will show a loss of space between the bones.



Total Hip Replacement

A total hip replacement is indicated when there is damage to both the head of the femur and the acetabulum (hip socket). The damaged head of the femur is removed and replaced with a metal stem that has a metal or ceramic ball attached at the top. The acetabulum is then resurfaced or cleaned and replaced with a metal acetabular component. A plastic, ceramic, or metal spacer is then inserted between the new ball and socket to provide a smooth gliding surface.



Before Surgery



Your Appointments Before Surgery

Your pre-surgical appointments are part of our commitment to ensure you have the best outcome. These appointments gather important information about your health and are necessary in order to proceed with your surgery. Rebound will discuss the following appointments with you and provide this information in your surgery packet. Please contact our office if you have any questions or concerns.

Physical Exam (Medical Clearance)

A pre-surgery/medical exam (medical clearance) is **required** prior to surgery to ensure that you are healthy for surgery. This appointment can occur as soon as 3 months prior to your surgery and no later than 3 weeks before your surgery. This allows enough time should you need any additional testing.

What to expect at this visit:

- A physical exam
- Review of your medical history
- Review of any medications that you currently take (including over-the-counter medications and herbal supplements)
- Specific instructions on how to take your regular medications before and after surgery

Total Joint Class

This **required** class is important for you and your coach to learn about your upcoming surgery. The class is presented by the RN total joint program coordinator, and generally occurs about 1-3 weeks before surgery. Our office will contact you to discuss further details.

What to expect:

- Watch a video with your coach **prior** to class
- Read this binder prior to class
- Discuss how to prepare for surgery, what to expect the day of surgery, and aftercare.

Physical Therapy

This education is part of the total joint class and will teach you and your coach about moving safely and becoming strong after surgery.

What to expect:

- Review of exercises
- Discussion about home safety (including stair training)
- Discussion regarding equipment that you may need such as a front wheeled walker or crutches

Pre-surgical Appointment with Your Surgeon or Physician Assistant

This appointment will be completed **about 1 week** before your surgery. This is a great opportunity for you to ask any questions you may have.

What to expect:

- Inspection of your skin
- Sign your surgical consent
- Receive prescriptions for medications that you will start taking **after** surgery



Preparing for Surgery



Your Coach at Home

Preparing and planning for surgery is important for a successful recovery after hip replacement surgery. It is important that you arrange for someone to assist you (coach) at home after surgery. A coach can be a family member or friend who is healthy.

At a minimum, your coach should:

- Be part of the total joint class education
- Be available on the day of surgery
- Be available for at least 2 days after your surgery

Coach's Role After Surgery:

- Drive you to and from your physical therapy appointments for the first several weeks until you are safe to drive
- Drive you to and from doctor appointments
- Coach you on exercises
- Help you move safely throughout your home
- Help keep track of any new medications that your surgeon has prescribed
- Help with meal preparation and chores

Preparing Your Home

Preventing Falls. To prevent falls, remove loose rugs and bath mats that might cause you to trip. Clear pathways and halls of any items that prevent you from being able to move with a walker safely throughout your home. Install night-lights in the bathrooms, bedrooms, and hallways so that these areas are well lit.

Stairs. You will receive education before and on the day of surgery on how to go up and down stairs safely. You must have a sturdy handrail in place on at least one side of your stairs.

Food. Prepare some meals ahead of time and have them in the freezer so that meal time is less stressful. Consider purchasing necessary food products prior to surgery to avoid having to go to the grocery store the first week after surgery.

Pet Care. Depending on the needs of your pet, you may need to arrange for someone to care for your pet for the first week after your surgery. If your pet normally sleeps in the bed with you, we ask that you have them lie on a separate blanket to prevent bacteria spreading to your incision after surgery.

Equipment

Front Wheeled Walker. After hip replacement surgery, most patients start out using a front wheeled walker. Contact the total joint program coordinators if you need a prescription for a front wheeled walker. A front wheeled walker can be purchased at most medical supply or large chain retail stores. A list of durable medical equipment locations are provided in the back of this guidebook.

Raised Toilet Seat. If you have a low toilet seat in your bathroom, consider purchasing a raised toilet seat. Raised toilet seats are not generally covered by insurance. A list of durable medical equipment locations are provided in the back of this guidebook.

Ice Packs. It is normal to have swelling around your hip after your surgery. Using some type of ice pack will help to keep the swelling controlled. There are many options available from making your own ice packs, to purchasing gel packs, or renting a cold therapy device. Additional information is provided on the next page.

Homemade Ice Packs. To make a homemade ice pack, pour 3 cups of water and 1 cup of rubbing alcohol into a gallon size freezer bag. Close the plastic freezer bag making sure to carefully squeeze any extra air from the bag. Double bag to prevent leaking. Let the homemade ice pack sit in the freezer for about 12 hours. We recommend you make at least two so that you can alternate them.

Gel Packs. 18" x 12" gel packs are available for purchase at Rebound Physical Therapy locations for approximately $27.00. Gel packs are also available for purchase at our Rebound Physician Pavilion office in Suite 110 at the reception desk.

Cold Therapy Device. An alternative to homemade ice packs or gel packs is a cold therapy device. This device uses active compression and adjustable cold therapy to help control swelling after hip replacement surgery. Most insurance companies do not cover the cost of a cold therapy device. A 2-week rental is approximately $250.00. The total joint program coordinators will discuss this with you in class.



Hip Kit

A hip kit will be provided on the day of your surgery so that you can be as independent as possible while maintaining your hip precautions. A hip kit contains devices that make activities of daily living (ADL's) such as bathing and dressing easier.



A. Sock Aid. A sock aid helps you to put your socks on without bending over. Pull the sock around the outside of the plastic. Make sure to place the sock on tight. Lower the sock aid to the floor while holding onto the straps with both hands. Place your foot into the opening of the sock and pull up on the straps helping to guide the sock onto your foot.

B. Long-Handled Sponge. The long handled sponge helps you to reach your lower legs and back when taking a shower.

C. Long-Handled Shoehorn. The long handled shoehorn helps you to put your shoes on your feet without bending over. Place the shoehorn inside the back of your shoe and slide your foot into the shoe.

D. Reacher. The reacher can be used to pick up things on the ground, assist in putting on your undergarments and pants. Pull the hooked trigger to close the gripped jaw as you grab the item.

E. Dressing Stick. The dressing stick can be used to help dress yourself. The hook end can be used to reach articles of clothing. The other end helps to get pants on and off in addition to removing your socks.



Preparing Your Body

Eat well. Good nutrition plays an important role in healing after surgery. A well-balanced diet includes fruits, vegetables, and protein. Foods that are high in protein include cottage cheese, yogurt, fish, chicken, and lean meats. Drink at least six 8 oz glasses of water each day to keep you hydrated.

Exercise. It is important that you are as active as your body will allow. You should continue to do simple exercises that will strengthen the rest of your body in preparation for surgery. We also encourage you to do the exercises in the physical therapy section of this book several weeks before surgery so that you become familiar with them.

Smoking. Nicotine increases your risk of complications during and after surgery. Nicotine can interfere with the healing process of your incision, makes your heart have to work harder, and increases your risk of infection. It is required by your surgeon that you completely stop using all nicotine/tobacco products at least 30 days before surgery in order to allow enough time for your body to heal.

Alcohol. If you consume alcohol on a daily basis, it is important that you discuss this with your surgeon. Alcohol can affect your recovery and increases complications after surgery.

Work. Discuss with your surgeon how much time you will need to be off of work in order to recover successfully after surgery. If you have any work related forms that need to be filled out by your surgeon, we ask that you discuss this further with the OP nurse or your surgery scheduler. Forms should be obtained from your employer. Please complete your section completely in order to ensure your forms are completed in a timely manner.

Medications. You will receive specific instructions regarding any medication that you take on a regular basis prior to surgery. These instructions will tell you what to STOP taking prior to surgery and what you can TAKE leading up to surgery. Please contact the OP TJ Program Coordinator if you have any questions about your medication or any changes.

A few things to remember:

- Stop taking all anti-inflammatories 7 days prior to surgery unless instructed otherwise (examples include but are not limited to meloxicam, Motrin, Aleve, Voltaren, ibuprofen, naproxen, and Advil).
- It's ok to continue baby aspirin (81 mg) if it has been recommended by a doctor for your heart.
- Stop taking supplements and vitamins 7 days prior to surgery unless instructed otherwise.
- Stop taking hormones (estradiol, estrogen or testosterone) at least 7 days prior to surgery.
- Stop taking medications known as GLP-1 (glucagon-like peptide-1) and GLP-2 used to treat type 2 diabetes and weight loss at least 7 days prior to surgery. These medications include:
  - · Semaglutide (Ozempic, Wegovy, Rybelsus)
  - · Liraglutide (Saxenda, Victoza)
  - · Exenatide (Byetta, Bydureon)
  - · Dulaglutide (Trulicity)
  - · Tirzepatide (Mounjaro, Zepbound)



Preventing an Infection

Before surgery, you can plan an important role in your own health. There are many things that can be done BEFORE your surgery to reduce your risk of an infection AFTER surgery. Some examples are listed below.

Handwashing. The number one way to prevent an infection is by washing your hands. You should wash your hands with soap and water for at least 30 seconds or use an alcohol-based hand sanitizer. You should wash your hands before eating, after using the restroom, and when caring for your incision or any open cuts.

Dental. It is important to keep up to date with your dental care. Studies suggest that bacteria can travel from your mouth, below your gums through the blood stream and attach to the metal prosthesis placed in your hip. For that reason, your surgeon asks that all elective dental work (cleanings, exams, treatment) is completed as soon as possible. Routine exams to ensure you are free of infection in your mouth are recommended. If you smoke or have diabetes, a yearly dental exam is recommended to ensure you don't have any concerns for infection before surgery.

If you should develop any tooth pain, tooth trauma, or concerns for an infection in your mouth, please contact your surgeon or the outpatient total joint team prior to surgery.

Protect your skin. Scratches, cuts, or any openings can allow bacteria to enter your body and cause an infection. Protect your skin when gardening and around pets. If you have any scratches, cuts, or openings before surgery, it is important that you notify our office.

An antimicrobial soap (Hibiclens®) will be provided prior to your surgery. You will shower once a day with Hibiclens® in the days leading up to your surgery. Hibiclens® helps to reduce and kill the bacteria that lives on the skin of healthy people to prevent infection.

Nasal Antiseptic. The surgery center nurse will discuss the nasal antiseptic swab process with you the morning of surgery. Swabbing the inside of your nostrils with an antiseptic has been shown to reduce bacterial count in the nose within one hour of application which helps reduce the risk of a surgical site infection when part of a preoperative protocol.

Hibiclens® General Tracking Form

HIBICLENS® SHOWER	DATE	COMPLETED
3 Days before surgery		☐
2 Days before surgery		☐
1 Day before surgery		☐
Morning of your surgery		☐

Hibiclens® Shower Instructions

Hibiclens® is an anti-microbial soap that has been shown to reduce the risk of a surgical site infection. You will begin your daily showers **three days** prior to surgery. Use the Hibiclens® tracking form provided to track your daily showers.

Instructions

1. If you plan to wash your hair, do this first using your **regular** shampoo. Then rinse your hair and body thoroughly to remove any shampoo residue.

2. Move away from the shower stream when applying Hibiclens® to avoid rinsing off too soon.

3. Apply ½ of one 4 oz. bottle of Hibiclens® for each shower directly on your skin or on a wet washcloth and wash gently **from the neck down. Do not use the Hibiclens® on your face, nose,eyes, or genital area.**

4. Concentrate where your incision will be located and wash that area for at least 5 minutes. Avoid scrubbing too hard.

5. Rinse your body thoroughly with warm water to ensure you have completely rinsed all of the soap off.

6. Do not use regular soap after applying and rinsing Hibiclens®.

7. Dry your skin with a fresh laundered towel and use freshly laundered clothing on the **first** day when you start your showers. We suggest that you continue to do this each day if **possible**.

8. Place freshly laundered sheets on your bed on the **first** day when you start your showers.

9. Do not put any additional products on your skin such as lotions, powders, or creams after taking your daily Hibiclens® shower.

If rash, redness, itching or any other symptoms of allergy occur, stop use immediately and call your physician.

Food and Drink Guidelines

Food and drink guidelines when preparing for surgery:

Can I eat before my surgery?

The night before your surgery you can eat a normal meal.

- **Do not eat or chew anything after 12:00 midnight.**
  - This includes food, gum, mints, alcohol, and tobacco products

What can I drink before my surgery?

You may have only the following approved clear liquids up to 4 hours prior to your arrival time.

- Water
- Plain black coffee with sugar or sweetener (You **cannot** add milk,cream, non-dairy creamer)
- Plain tea with sugar or sweetener (You **cannot** add milk, cream, non-dairy creamer)
- Filtered apple juice, commercially prepared - Must be able to see through the juice, cannot be cloudy
- Cranberry juice
- Clear sports drinks
- **No beer, wine, or other alcohol**

Failure to follow these instructions puts you at risk for serious complications and your procedure may be cancelled.

Final Preparations for Surgery

Below is a list to help you prepare in the days leading up to your surgery. Contact the total joint program coordinators if you have any questions or concerns.

What to Bring to the Surgery Center

- [ ] Your guidebook
- [ ] Loose comfortable clothing (t-shirt and loose shorts or pajama bottoms)
- [ ] Non-skid footwear
- [ ] Personal devices (eyeglasses, dentures, hearing aids)
- [ ] Walker or crutches

3 Days Before Your Surgery

- [ ] Fill Prescriptions
- [ ] Confirm that your home is ready (loose rugs have been removed, handrail for stairs, meals prepared, furniture arranged safely)
- [ ] Begin daily Hibiclens® showers per instructions
- [ ] Ice packs are ready
- [ ] Working blood pressure cuff IF you take blood pressure medication
- [ ] Medications if staying locally the night of surgery and you are from out of town

1 Day Before Your Surgery

- [ ] Drink plenty of fluids throughout the day
- [ ] Continue taking your daily Hibiclens® showers per instructions
- [ ] Rebound Surgery Center will call you a **few days before surgery** to confirm your check-in time. If you have not received a call by 4:30pm the business day before surgery, please call (360) 449-6300.

Night Before Your Surgery

- [ ] Do not eat anything after midnight (this includes gum, hard candy, and lozenges)

Day of Surgery

- [ ] You may have approved clear liquids four hours prior to arrival. See approved list in your surgical packet.
- [ ] Take your Hibiclens® shower before arriving at Rebound Surgery Center
- [ ] Please come to Rebound Surgery Center at the instructed time



Surgery at Rebound Surgery Center

rebound SURGERY CENTER



Arrival & Registration

Rebound Surgery Center is located on the 2nd floor of the Physicians' Pavilion in Suite 200. Please park on level C (red level) in the parking garage and take the walkway that connects to the Physicians' Pavilion building. The surgery center will be on your left after you enter the building. Proceed to the front desk where you will be greeted by our staff.

Total Joint Suite

In the total joint suite you will meet the specially trained nurse that will be directly taking care of you.

What to expect:

- You will be asked to change into a hospital gown
- Have your blood pressure, temperature, oxygen level, and pulse monitored
- Have an IV (intravenous catheter) started to give you fluids and antibiotics
- Have your surgery area prepared by removing any hair with surgical clippers (we ask that you not shave your leg within 72 hours prior to surgery)
- Have your surgery area washed with Hibiclens® soap
- Take your first dose of medication
- Speak with the anesthesiologist and discuss medications that are used during surgery
- Speak with your surgeon and have your surgery area marked

Operating Suite

You will be taken to the operating suite by stretcher. The procedure usually takes 2 to 3 hours.

What to expect:

- You will be assisted to our padded operative bed
- You will be connected to monitoring equipment
- You will receive medication through your IV that makes you sleepy



After Surgery

After surgery, our staff will take you by stretcher back to the total joint suite to recover.

What to expect:

- Your blood pressure, temperature, oxygen level, and pulse will be frequently monitored.
- Your nurse will treat any discomfort or nausea.
- Your nurse will monitor your surgery area and apply ice packs.
- You will receive a second dose of IV antibiotic.
- The surgeon will speak with you.
- The nurse will provide updates to your coach.

Once you are more awake, your nurse will assist you in taking your first steps.

What to expect:

- The nurse will review your exercises with you.
- Walk a short distance.
- Sit up in the chair to eat lunch.
- Review stair training.



Discharge

Plan to be discharged home in the afternoon. In order to safely discharge home, your team will be sure you meet the following goals:

- Successfully walk using your walker
- Demonstrate safe use of the bathroom
- Able to tolerate lunch
- Any discomfort managed with oral medication
- Demonstrate going up and down stairs safely
- Demonstrate exercises
- Demonstrate safe movement in and out of bed while following your hip precautions

Discharge Instructions

Remember to follow your surgeon's instructions regarding diet, exercise, and medications. Your nurse will review discharge instructions with both you and your coach.

These instructions include:

- How to care for your incision
- Medications your surgeon has prescribed
- Physical therapy appointment
- Post-operative appointment with your surgeon's office
- What to watch for and when to call your surgeon

Call Rebound at (360) 254-6161 if you have any questions or concerns.



The Road to Recovery

The Road to Recovery

Medication Management

Although joint replacement surgery is designed to improve your quality of life, we expect that initially you will have some discomfort after surgery. Studies have shown that using a combination of medications, known as multimodal management, provides a better level of consistency in your level of comfort while reducing the amount of narcotic medication needed.

In addition to a multimodal approach, you will learn how to monitor your level of discomfort by using a numeric pain scale. This information will be discussed in greater detail in the total joint class.

Pain Medication. Some medications will be prescribed on a scheduled basis and some will be prescribed to take if needed. On the day of surgery, you will receive a medication plan specific to you that will list your newly prescribed medications along with instructions.

Scheduled Pain Medication. Your surgeon will recommend that you take acetaminophen (Tylenol®) on a regular basis for the first two weeks after surgery. Acetaminophen is used for mild to moderate pain. Some over the counter medications may contain acetaminophen so it is important to read all medication labels. Your surgeon recommends that you not take more than 3000 mg of acetaminophen in a 24 hour time frame. Acetaminophen can be taken with or without food.

In addition to acetaminophen your surgeon may prescribe Celecoxib for the first two weeks after surgery. Celecoxib is a nonsteroidal anti-inflammatory (NSAID) that works to decrease inflammation and help with pain control. It is important not to take any additional NSAIDs (Motrin®, ibuprofen, Advil®) without discussing this with your surgeon because this can increase your risk of complications.

Nonscheduled Pain Medication. A narcotic pain medication will be prescribed to you to take if needed after surgery. Narcotics are used to treat moderate to severe pain that is not responding to other type of medications and interventions (ice, elevating, walking). Narcotic side effects may include drowsiness, constipation, and nausea. You will be given instructions about medications that you can take to prevent constipation. To prevent nausea, it is recommended that you have a small snack prior to taking your pain medication. Contact the total joint program coordinators if you have any questions or concerns.

Celecoxib Cash Price

The following pharmacies have a low out of pocket cash price if you are prescribed Celecoxib (Celebrex®) 200 mg twice a day for 14 days (28 tablets) after your joint replacement surgery. These prices may change based on the pharmacy. Please confirm with the pharmacy prior to filling.

If you have a smart phone, Good Rx® is a mobile app that provides drug coupons for discounts on medications.

Costco Camas
19610 SE 1st Street
Camas, WA 98607
(360) 258-6221
($35.02 - non-member)
($7.79 - member)

Costco Vancouver
6720 NE 84th St.
Vancouver, WA 98665
(360) 828-2289
($35.02 - non-member)
($7.79- member)

Costco Portland
4849 NE 138th Ave
Portland, OR 9723
(503) 257-3935
($35.00- non-member)
($7.79 - member)

Legacy Salmon Creek Medical Center
2121 NE 139th Street
Medical office building A
3rd floor, Suite 310
Vancouver, WA 98686
360-487-3700
($23.84)

Legacy Emanuel Medical Center
2801 N Gantenbein Ave
Medical Office Building Atrium
Portland, OR 97227
(503) 413-4225
($23.84)

PeaceHealth Southwest Medical Center
400 NE Mother Joseph Pl
Vancouver, WA 98664
(360) 514-2294
($19.55)

PeaceHealth St. John Medical Center
1615 Delaware St
Longview, WA 98632
(360) 414-2000
($19.55)

Outpatient Total Joint Medication Checklist

Below is a list of medications that you **may** be prescribed for your surgery. This handout is to be used as a **checklist** to ensure you have all of your medications. **In some cases, you may not be prescribed a medication due to an allergy or you may be prescribed something else.**

If you have questions, please feel free to contact the OP TJ Program Coordinators at (360) 823-5868. This information will be discussed at the time of your phone class review.

If an over the counter medication is recommended, you do not need a prescription and can pick this medication up at any store. Over the counter medications are noted below with "OTC" abbreviation.

Medication brand name with generic name in parenthesis	Purpose
☐ Miralax® (polyethylene glycol 3350) 17 gm-OTC	Prevent constipation **after** surgery
☐ Senna-S® (sennosides-docusate sodium) 8.6-50 mg OTC	Prevent constipation **after** surgery
☐ Protonix® (pantoprazole) 40 mg -OR- ☐ Prilosec® (omeprazole) OTC 20 mg	Protects your stomach from irritation while on other medications
☐ Tylenol® (Acetaminophen) 500 mg- OTC	Pain control **after** surgery
☐ Celebrex® (Celecoxib) 200 mg	Pain control **after** surgery
☐ Oxycodone 5 mg OR Dilaudid®2 mg (hydromorphone)	Pain control **after** surgery
☐ Aspirin 81 mg-OTC	Prevents blood clots **after** surgery
☐ Zofran® (Ondansetron) 4 mg	Prevents nausea **after** surgery
☐ Keflex® (Cephalexin) 500 mg	Antibiotic for **after** surgery
☐ Other _____	

Additional Methods

Ice. Ice not only numbs the surgical incision but also helps decrease the amount of swelling. The more swelling you have, the more discomfort you may have. We recommend that you apply ice at least 5 times a day over your incisional area for about 30-40 minutes. Make sure to apply a pillow case between your skin and the ice pack to avoid skin irritation.

Elevation. Elevating your lower leg above your heart on pillows helps to decrease swelling. We recommend that you do this at least 5 times a day at the same time you are icing.

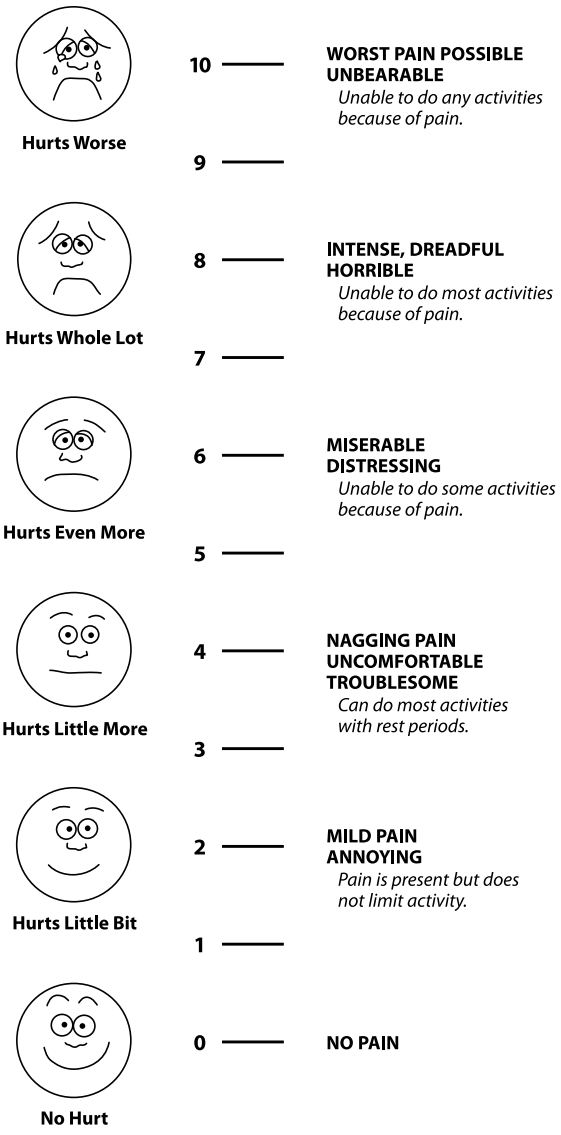
Walking and Exercising. Your hip was made to move. Not moving your hip can increase your amount of stiffness and discomfort. The initial steps that you take may be a little uncomfortable, but you should notice with each step that walking helps to relieve pain.

Sleep. Sleep is important so that your body is able to recover and heal. It is not unusual for your sleep pattern to be interrupted the first several weeks after surgery.

Here are some helpful tips to remember:

- Avoid TV or computer use close to bedtime
- Go to bed at the same time every night
- Position yourself comfortably in bed
- Avoid late afternoon caffeine
- Consider taking an afternoon nap

Pain Scale



Preventing Complications

Blood Clots

Blood clots can form in the veins when blood flow is weakened or blocked. You are at a higher risk of forming a blood clot for about 3 months after surgery in **both** of your lower legs.

There are several ways to prevent a blood clot from forming:

- Walking and changing position frequently throughout the day
- Doing your exercises as instructed by your physical therapist
- Using sequential compression devices (SCDs) on your lower legs on the day of surgery
- Wearing graded compression stockings on both of your lower legs after surgery as instructed by your surgeon to increase blood flow and lessen swelling

Medication to Prevent Blood Clots

In addition to the above, your surgeon will prescribe a medication known as a blood thinner or anticoagulant for a short time after your surgery. Anticoagulants help to prevent blood clots from forming in the veins by thinning the blood. The most common side effect of anticoagulants is bruising. There are different types of blood thinning medications. Most patients are prescribed aspirin after surgery. Notify your surgeon if you have an allergy to aspirin so that an alternative medication can be discussed.

Symptoms of a blood clot:

- Swelling in the thigh, calf, or ankle that does not improve with elevation
- Pain in the back of your knee that is getting worse
- Calf pain in either leg
- Tenderness in your calf area

Notify your surgeon's office if you have any of the above symptoms.

Go to the closest emergency room or call 911 for:

- Difficulty breathing
- Chest pain
- Fast heart rate

Constipation

Constipation is a common problem after hip replacement surgery. If left untreated, it can progress and cause not only discomfort, but also become a medical emergency. You are still at risk for constipation after surgery, even if you have never had problems before.

Causes of constipation include:

- Narcotic pain medication
- Anesthesia
- Dehydration
- Reduced activity/walking

How to prevent and treat constipation:

- Drink plenty of water
- Include fiber in your diet
- Be active
- Take medications as instructed

Take medications as discussed at your medical clearance appointment. These medications may include a stool softener such as Peri-colace® twice a day and a laxative such as Miralax® once a day. **These medications can be stopped when you are no longer taking narcotic pain medication, having regular bowel movements, or if you start to have loose stool.** Contact the total joint program coordinators for questions or concerns.



Pneumonia

After surgery, congestion from mucus in your lungs can occur. It is important to clear that mucus by frequently coughing and taking deep breaths to prevent pneumonia. Your nurse will coach you on coughing and taking deep breaths and show you how to use a special device called an incentive spirometer to help keep your lungs clear.

Surgical Infection

Although surgical infections are rare, it is important to prevent bacteria from entering your bloodstream. Bacteria can enter the bloodstream by a cut or opening in your skin, from major dental procedures, and other invasive procedures.

Signs of an infection:

- Persistent fever (greater than 100.5)
- Increasing redness, tenderness, or red streaks at the site of your incision
- Chills
- Increasing pain with both rest and activity
- Green thick drainage from your incision

Notify your surgeon's office if you have any of the above symptoms.

How to prevent an infection:

- Keep all cuts and scrapes clean and covered
- Wash your hands often with soap and water for at least 30 seconds or use an alcohol based hand sanitizer
- Wash your hands before eating, after using the restroom, and before and after caring for your incision
- Avoid submerging in water, hot tubs, and pools for 6 weeks until your incision has fully healed
- Inform your doctor who will be performing any future procedures on you that you have had a knee replacement

Your surgeon asks that you wait **at least 3 months after surgery** before having any dental work. This allows your body and incision time to heal. Prior to having any type of future dental work, your surgeon recommends that you take antibiotic pills to prevent an infection. A prescription can be called in to your pharmacy by your dentist or surgeon's office. Contact the total joint program coordinators for any questions or concerns.

Dental Work Guidelines for Joint Replacement Surgery:

Hip, Knee, Shoulder, Elbow, Ankle

Dental procedures (including routine cleanings) in patients with joint replacement remains a topic for debate when considering the timing of dental work and the use of antibiotics. There is a small risk of bacteria from the mouth entering the blood stream after a dental procedure or cleaning, which could cause a joint infection. Infection of a hip, knee, ankle, or shoulder replacement is a serious issue and can require one or more surgeries and intravenous (IV) antibiotics to kill the bacteria.

Use of antibiotics before dental work is not without risk. These risks include antibiotic resistance (the antibiotic no longer works), allergic reaction, and stomach issues. In an effort to balance these rare, but serious complications surrounding dental work and use of antibiotics, Rebound joint replacement surgeons recommend the following:

• **Dental procedures using manual hand instruments:** deep scaling-**no later than 1 week prior** to your joint replacement surgery.

•**Routine oral hygiene procedures-**regular dental cleanings and exams without probing-**no later than 1 day** prior to joint replacement surgery.

•**Oral surgery**-dental implants, dental extractions, treatment of a dental infection-**allow at least 3 weeks** prior to your joint surgery.

•**Routine dental work or cleaning should not be scheduled until 3 months after the joint replacement surgery**. *The exception to this is if you have had trauma to a tooth or have concerns for an active dental infection. If so, proceed with seeing your dentist, take antibiotics prior to your exam, and notify our office if there is a confirmed dental infection.

•For 2 years after joint replacement surgery, preventative antibiotics are recommended for all patients prior to dental procedures or cleaning. Your dentist can prescribe the following for you, or you can contact our office at 360-254-6161 to request a prescription prior to your dental appointment.
No medication allergies- Cephalexin 2 gram by oral route one hour prior to exam or procedure.
Allergy to Cephalexin- Doxycycline 100 mg by oral route one hour prior to exam or procedure.

•If you are at an increased risk for an infection (immunocompromised) because of your medical history or medications that you are taking, lifetime preventative antibiotics are recommended for dental procedures or cleanings.

Some examples include:

- Prior infection with joint replacement
- Poorly controlled diabetes (HgbA1C >7)
- Rheumatoid or other inflammatory arthritis
- HIV/AIDS
- Dialysis patients
- Bone marrow transplant recipient
- Receiving current cancer treatment
- Taking steroid medication (few examples-dexamethasone, methylprednisolone,prednisone).



Exercise & Activity



Physical Therapy

Home Exercises and Outpatient Physical Therapy

A large part of working toward having a successful hip replacement is a combination of following your home exercise program and attending outpatient physical therapy. Your home exercise program will be taught to you before surgery, reinforced by your nurse on the day of surgery, and advanced by your physical therapist as you progress. Outpatient physical therapy is generally 1-2 times a week for about 2 weeks. The physical therapist is there to be your guide in reaching your goals and full potential.

Your therapy will continue until you can walk without a limp and have good range of motion. You will need someone to drive you to and from outpatient physical therapy for the first several weeks until you are safe to drive.

Hip Precautions

Hip precautions are movements or positions that your surgeon asks that you avoid for about 3 months after surgery. Following these hip precautions will allow your hip muscles time to heal and prevent dislocation.

A simple saying to remember is “when in doubt, keep your knees out.” If you keep your knees out when bending at the hips, this ensure you do not cross your legs or internally rotate your surgical leg. These precautions will be discussed in greater detail in the total joint class.



Keep your knees apart when you bend at the hips.

● **Surgery Leg**

Assistive Device

Walker vs. Crutches

Walker: Preferred as it provides better stability and balance.

Crutches: More appropriate if you have used crutches in the past and are very comfortable using them. Requires more balance than a walker.

Proper fitting and use:

Walker

- Walker hand grip should be at the level of the wristwatch/wrist crease.
- Upright posture on walker, not leaning forward.



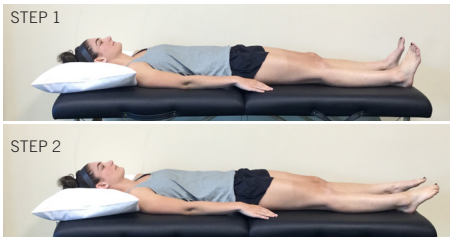
Crutches

- Crutch pad should be about 3 fingers from the armpit.
- With the arms resting at side, hand grip should be at the level of wristwatch/wrist crease. Ensure patient stands upright as they are walking. Limit leaning forward onto crutches.



Hip Replacement Initial Exercises

Ankle Pumps



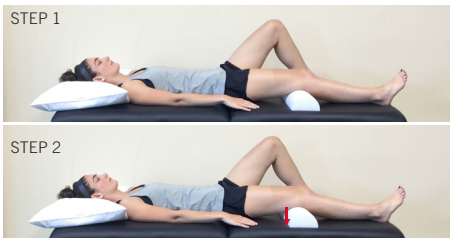
Repeat 10 times | At least 6x daily

Setup This can be done lying on your back with your knees straight or elevated.

Movement Slowly pump your ankles by pulling your toes up toward your nose, then point toes down away from you towards the surface. Do both ankles at the same time.

Tip Continue doing ankle pumps until you are walking as much as you were before surgery. Start doing them again if you are on a long car trip or plane flight.

Quad Set



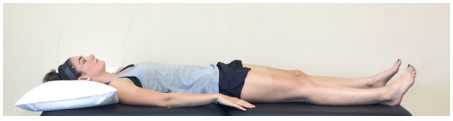
Repeat 10 times at least 6x daily | Hold 5 sec.

Setup This can be done lying down or partially sitting up with your surgical leg straight. This can be done with a towel roll under your knee or with nothing under your knee.

Movement Tighten the muscle on the top of your thigh.

Tip Keep the back of your thigh and buttock relaxed.

Glute Set



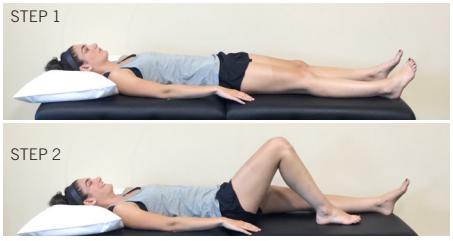
Repeat 10 times at least 6x daily | Hold 5 sec.

Setup Begin lying on your back with your hands resting comfortably

Movement Tighten your buttock muscles, then release and repeat.

Tip Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.

Heel Slides



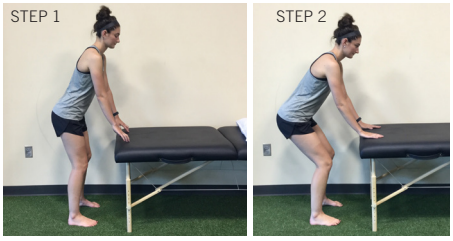
Repeat 10 times | Daily: 2x

Setup Begin lying on your back with your legs straight.

Movement Slide one heel toward your buttocks, bending your knee as far as is comfortable, then slide it back to the starting position and repeat.

Tip Make sure to keep your back flat against the bed during the exercise. Keep your knee away from the midline.

Mini Squat at Counter or Table



Repeat 10 times | Daily: 2x

Setup Begin in a standing upright position in front of a counter or a stable surface for support.

Movement Slowly bend your knees to lower into a mini squat position. Hold briefly, then press into your legs to return to a standing upright position and repeat.

Tip Make sure to keep your toes pointing forward and your heels on the ground. Do not let your knees bend past your toes or collapse inward. Keep your knee away from the midline.

Exercise Log

Hip Exercises Use the large box to list each exercise or activity. Include the number of cycles and frequency this should be done in a day.
Use the time columns to write in the date. These columns can be used to track multiple days.

HIP EXERCISES	7AM	8AM	9AM	10AM	11AM	12PM	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM
Ankle Pumps 10 cycles at least 6x's a day Ex: 8am-11am-2pm-5pm-8pm-10pm																	
Quad Sets 10 cycles at least 6x's a day Ex: 8am-11am-2pm-5pm-8pm-10pm																	
Glute Set 10 cycles at least 6x's a day Ex: 8am-11am-2pm-5pm-8pm-10pm																	
Heel Slides 10 cycles 2x's a day Ex: 8am & 8pm																	
Mini Squat at Counter/ Table 10 cycles 2x's a day Ex: 8am & 8pm																	
Short walk-lay down-ice-elevate 5x's a day Ex: 9am-12pm-3pm-6pm-9pm																	

5 Things to balance your day: Exercise, Short walk, Lay Down, Ice, Elevate

Goals and Activity Guidelines

While your physical therapy will be individualized for you and each person recovers at a different rate, below are some typical goals and timelines.

First 1-3 Weeks:

- Follow hip precautions to decrease the risk of hip dislocation
- Walk 300 feet without a limp using your walker or crutches
- Able to climb 3 steps with normal gait pain free

4 Weeks:

- Follow hip precautions to decrease the risk of hip dislocation
- Transitioning to a cane for walking
- Walking short distances outside the home with a cane

8 Weeks:

- Follow hip precautions to decrease the risk of hip dislocation

12 Weeks:

- Follow hip precautions to decrease the risk of hip dislocation
- Walk 300 feet without a limp, pain or an assistive device
- Able to do 5 repetitions of going from a sitting position to a standing position without using your arms
- Ascend and descend a flight of stairs using one rail safely with normal gait and good control
- Independent with home exercise program for motion and strengthening

Travel

Riding in a Car

It is a good idea to stop about every 60 minutes to get out of your car and go for a short walk. This not only prevents stiffness but also decreases the risk of blood clots. Consider carrying ice packs with you if you anticipate being in the car for longer than a couple of hours.

Driving a Car

The data shows that after hip replacement surgery, it takes 4-6 weeks before people regain their normal reaction time for braking. For patients who have had right hip surgery, most are safe to drive around 4-6 weeks after surgery. For patients who have had left hip surgery, most are safe to drive around 4 weeks after surgery. Regardless of what hip you have had surgery on, you must be off ALL narcotic pain medication before you operate a vehicle. Talk with your surgeon to help you determine when it is safe for you to resume driving.

Travel by Airplane

Traveling by plane in the first few weeks after hip replacement surgery can increase your risk of blood clots. Talk with your surgeon for any specific questions related to travel.

How to get into the front passenger seat of a car after having hip replacement surgery.

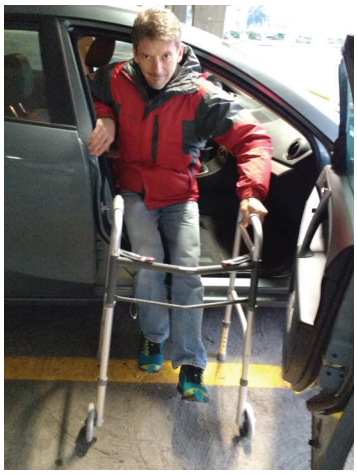
Before surgery: If your car has low or bucket seats use pillows and/or cushions to raise the seat height so your hips are higher than your knees when seated. Using a garbage bag on the seat can help with sliding on the car seat.

- Have your driver push the seat back as far as it will go and recline the seat back approximately halfway.
- Back up until you feel the car seat with the back of your legs.
- Hold on to the car frame with your right hand and your walker/crutches with your left hand. Sit on the edge of the seat while extending your surgery leg. Be careful not to hit your head!
- Lean back while using the non-surgery leg to push yourself back into the seat.
- Slowly lift your surgery leg into the car. You may want to use a strap to help lift your leg.

Example using crutches and right hip:




Example using walker and left knee with strap assistance





(FAQs) Frequently Asked Questions

for Hip, Knee, Shoulder and Elbow Joint Replacement Patients

After surgery, when can I fly?

Major surgery increases the risk for blood clots in your lower legs. Studies have shown that walking, exercises, compression stockings, and in some cases medication can reduce your risk. Keep in mind that swelling and stiffness are normal after joint replacement. If you are planning a long trip, you should anticipate an increase in swelling and stiffness, which may increase your pain.

Hip or Knee replacement:

- Wait at least four (4) weeks after surgery before flying. If you want to fly prior to this timeframe, please discuss with your surgeon.
- Wear your compression stockings on your flight.
- Book an aisle seat if possible and get up every hour to walk.
- If you are not taking a blood thinner after surgery, we recommend that you take Aspirin 81 mg one tablet a day starting the day of your flight. Continue for one week if flying within the first three (3) months of surgery. If you have had a previous blood clot, please contact your surgeon to discuss your specific recommendations.
- Do ankle pumps to keep blood moving throughout your lower legs.
- Stay well hydrated by drinking water and avoid alcohol and coffee.

Shoulder or Elbow replacement:

- There are no timeline restrictions.

My primary care physician is recommending a colonoscopy. When can I have this done?

- No later than two (2) weeks prior to joint replacement or wait at least three (3) months after your joint replacement surgery. Antibiotics are not necessary.

My doctor has recommended that I have a COVID vaccine (including booster), flu vaccine, or shingles vaccine. Are there any restrictions on when I can have this done?

- There are no restrictions for hip and knee patients.
- For shoulder and elbow patients, we recommend receiving your vaccine in your non-surgery arm.

When can I take over the counter NSAIDS (nonsteroidal anti-inflammatory drugs) after joint replacement?

- If prescribed Celebrex (celecoxib), Eliquis (apixiban),Warfarin (coumadin), Lovenox (enoxaparin), or Xarelto (rivaroxiban), you should avoid NSAIDs. NSAIDs are ok to take once you are no longer taking these medications. Examples of NSAIDs include- Meloxican, ibuprofen (Advil/ Motrin), Voltaren, Aleve (naproxen).

When can I resume sexual activity?

- There are no restrictions for knee, shoulder, or ankle replacement patients.
- For hip replacement, studies confirm that supine position (missionary position) with the patient lying on their back is the safest sex position after a total hip replacement. You can resume sexual activity once you are comfortable to do so but generally we recommend waiting 4 weeks after surgery.

Durable Medical Equipment Locations for Washington and Oregon

*Please confirm information with individual facility

COMPANY	ADDRESS	PHONE/FAX	DETAILS
Lincare	485 NE Skipanon Drive, Warrenton, OR 97146	P (503) 861-3303 F (503) 861-3322	Bills Insurance
	7301 SW Kable Lane, Suite 900, Portland, OR 97224 (warehouse location)	P (503) 624-8884 F (503) 968-8199	
	1030 Columbia Blvd. Longview, WA 98632	P (360) 423-1900 F (360) 414-3100	
McCann's Medical	2600 SE 182nd Ave., Gresham, OR 97030	P (503) 492-7777 F (503) 492-0365	
	333 SW Oak St., Hillsboro, OR 97123	P (503) 693-9380	Purchase Only
	14313 NE 20th Ave., Vancouver, WA 98686	P (360) 719-2951	
	15340 SW Royalty Pkwy, Tigard, OR 97224	F (503) 492-0365 P (503) 639-7378	
Norco	302 Shelley St., Springfield, OR 97477	P (541) 343-0304 F (541) 988-1901	
	1877 NE 7th Ave., Portland, OR 97212	P (503) 288-8174	Bills Insurance
	2685 Commercial St., Salem, OR 97301	P (503) 378-1756	
	333 Cherry Heights Rd., The Dalles, OR 97058	P (541) 296-6131	
	1720 NE Andresen Road, Vancouver, WA 98661	P (360) 859-4018 F (360) 567-0028	
	925 Vandercook Way, Longview, WA 98632	P (360) 636-3120 F (360) 636-2075	
North Coast Home Care	2230 Exchange St. # 106, Astoria, OR 97103	P (503) 325-9906 F (503) 905-8372	Bills Most Insurance Purchase
	210 Ivy Ave, Tillamook, OR 97141	P (503) 842-8755 F (503) 905-8372	(Serves Lincoln, Tillamook and Clatsop Counties)
Olsen Medical	16242 SE McLoughlin Blvd., Milwaukee, OR 97267	P (503) 607-1169	Bills Insurance Purchase
Shamrock Medical	5523 SE International Way, Milwaukee, OR 97222	P (503) 233-5055 F (503) 234-6974	Purchase Rental

Amazon **Target** **Walgreens**

Below are medication instructions for AFTER surgery. If you take any of the following medications, follow the instructions below unless instructed by your surgeon otherwise.

Rebound Surgery Center POST-Surgery Medication Instructions:

Medications for blood pressure:

- **Beta blockers- continue as normal**
  Examples of beta blockers include:
  - atenolol (Tenormin)
  - bisoprolol (Cardicor or Emcor)
  - carvediol (Coreg)
  - labetalol (Trandate)
  - metoprolol (Topral, Lopressor)
  - propranolol (Inderal, Angilol)
  - sotalol.
- **Calcium Channel Blockers- continue as normal**
  Examples of calcium channel blockers
  - amlodipine (Norvasc)
  - diltiazem (Cardizem)
  - felodipine
  - isradipine
  - nicardipine
  - nifedipine (Procardia)
  - nisoldipine (Sular)
  - Verapamil (Verelan)

Other blood pressure medications not listed above:

- Check your blood pressure the day after surgery in the morning. If your top number (systolic) is greater than 130, take your blood pressure medication. If your top number (systolic) is less than 130, do not take your blood pressure medication AND recheck your blood pressure tomorrow using the same guidelines. If you have NOT started your blood pressure medication based on the above by day 2 AFTER surgery, please call the Outpatient Registered Nurse Voicemail Line at 360-823-5868.

Medications for diabetes:

- You can take your diabetes medications *starting the day after surgery* as long as you are eating solid food and not having any issues with nausea/vomiting.

New Prescribed Medications:

- As directed

DO NOT TAKE:

- vitamins, supplements, herbal, NSAIDS medications while you are taking a blood thinner (aspirin, Eliquis, Xarelto) as this can increase your risk for bleeding.
- estrogen, progesterone, testosterone for 2 weeks after surgery as these can increase your risk for blood clots
- medications that affect your immune system (DMARD's) Disease-modifying antirheumatic drug
  - ask your surgeon at your FIRST post op appointment as this will be based on how your incision is healing.

You can resume other medications if not addressed above. For any questions, please call Outpatient Registered Nurse 360-823-5868.

Notes

Genesis Medical Concepts, LLC

2020 8th Ave, Suite 222
West Linn, Oregon 97068

Covered for up to 21 days by most insurance companies following a total knee replacement

Helps reduce pain, swelling and maintain range of motion

Call to arrange for home delivery prior to surgery

Knee CPM - cost is based on insurance plan and procedure, please call for pricing



NICE - $250 for 2 weeks



Cold therapy with compression

NO ice required

Convenient touch screen to adjust temperature and compression

Not covered by insurance for home use

PROVIDED BY:

TODD ERICKSON
Cell: 360-309-9177

Our Mission

Rebound is dedicated to serving our patients and the community. In addition to providing expert, innovative and comprehensive medical care, we are committed to providing superior service based on our Core Values.

Our Core Values

At Rebound, our customers include patients, staff and physicians. Our goal is to be an organization that offers superior patient-centered care with mutual respect and cooperation, in a positive and supportive environment.

Superior Service

Teamwork

Integrity

Innovation

Quality

Recognition

rebound