(*Outcome oriented rehabilitation*)

HIP PROSTHESIS REHABILITATION PROTOCOL

Standard recovery program

The purpose of this document is to describe and standardize the management of patients who have undergone hip replacement surgery once they have arrived for intensive rehabilitation at the Casa di Cura San Michele in Albenga (SV – ITALY).

OBJECTIVES OF REHABILITATION TREATMENT

- Restore the best possible range of motion to the operated hip through the recovery of articulation, strength, tone and trophism of the various muscle motors;
- Recovery of coordination and movement pattern;
- Prevent secondary damage (bad postures, onset of adhesions and retraction of the periarticular soft tissues, which may compromise correct functional recovery);
- Perform postural passages independently;
- Walk independently for at least 100 meters with 2 forearm braces;
- Walk independently up and down stairs with two forearm braces;
- Autonomy in walking safely/stable with forearm braces in outdoor environments and in daily/domestic life.

REHABILITATION PROJECT

- Upon the Patient's arrival (usually on the 3rd-5th day after the operation), an Individual Rehabilitation Project is agreed upon (scheme in annex 1). The Patient's situation will then be assessed daily in its various dimensions by the Multi-professional Team of the Nursing Home, at the bedside or in the (depending on the patient's progress), updating and refining the personalized therapy from time to time. The Multi-professional Team assigns (and updates daily) the Patient a code/bracelet that describes the level of autonomy achieved (annex 2) and that allows access to the various activities based on the performance achieved;
- Intensive joint and muscle kinesitherapy treatments are performed daily (see later);
- As the emancipation progresses, the Patient is recruited daily in further global motor rehabilitation activities (see later);
- The Patient, when weather conditions allow, goes to the Equipped Park (where he/she follows a path composed of stairs, inclined plane, obstacles, slalom poles, uses equipment for the movement of the upper limbs and load-bearing activities on the lower limbs, bars for standing exercises with and without proprioceptive boards and benches to work on mobilization, strengthening and stretching, etc.);
- In case of unfavorable weather conditions, similar exercises are carried out in the multipurpose hall on the ground floor of the Nursing Home;
- In the Physiotherapy Center (mezzanine floor) the rehabilitation treatments on the couch are carried out;
- The physical activity is integrated with training activities (see later) aimed at increasing the Patient's awareness and self-management once he/she returns home;
- The specific rehabilitation programs mentioned above are supported by socializing activities, modulated for access and duration based on the Patient's code/autonomy (Annex 3):

INTENSIVE JOINT AND MUSCLE KINESITHERAPY TREATMENTS

- Postural transfers and postural hygiene training;
- Verticalization and postural alignment;
- Segmental passive mobilization within the limits of painlessness, to make the Patient aware of the new joint condition and obtain relaxation of the hip muscles;

• Search for plastic elongation at the level of the specifically affected muscles (hamstrings, iliopsoas, quadriceps, adductors);
• Activities for the recovery of articulation, tone and muscle trophism;
• Assisted and progressively active mobilization;
• Isometric contractions of the quadriceps and gluteus;
• Flexion-extension activities of the tibio-tarsal;
• Flexion-extension movements of the hip with assisted flexion and contrasted extension, to strengthen the gluteus;
• Active abduction movements and assisted adduction for the gluteus medius, also in lateral decubitus;
• "Bridge" exercise for strengthening the gluteus, can be performed with resistance at the level of the iliac spines;
• Exercises for the recovery of proprioception;
• Re-education of the gait with progressive load on the prosthetic limb;
• As soon as the patient's conditions allow it, we move on to training when going up/down stairs;
• Up and down stairs;
• Gait control with aids;
• Exercises to correct gait;
• Training in the correct execution of exercises to be done at home;
• ADL training and use of shoe socks.

GLOBAL MOTOR REHABILITATION:

• Active work on the AASS with and without a stick;
• Active mobilization of the cervical spine;
• Muscle stretching of the AASS and cervical paravertebral muscles;
• Standing exercises on the parallel bars: on the load, on the reinforcement and on the balance;
• Breathing exercises;
• Proprioceptive path;
• Obstacle course;
• Proprioceptive re-education in virtual reality.

TRAINING ACTIVITY AND PRE-DISCHARGE EDUCATION

Explanations on autonomy and myo-osteo-articular physiology, on the intervention and on the prosthesis. Behavioral rules. Particular home organization, etc. Training in the correct execution of the exercises to be done at home. The Physiotherapist will also outline the individualized program of exercises to be done at home. This activity also allows to verify and check that the proposed exercises are learned correctly.

PREVENTION OF FALLS

The facility and the staff are particularly informed about the prevention of this risk.
Upon the patient's arrival at the Nursing Home, the information in Attachment 4 is explained and delivered.

ACCESSORY CLINICAL ASPECTS

Pain management

We use NRS (Numeric Rating Scale) to evaluate the intensity of pain at various times. The pain relief techniques we use are:

- Pharmacological
  (mostly NSAIDs are used, which are also effective in controlling inflammation);
- Cognitive-behavioral
  (the psychosocial approach, set as early as possible, relaxes and distracts from the perception of pain);
- Physical (it is important to start hip movement early, which, contrary to popular belief, reduces pain and prevents spasm of the muscles of the lower limb).

Surgical wound management

The wound is protected with a barrier that absorbs fluid losses and promotes the healing process. Inspection of the wound and dressing changes are obviously conducted with aseptic technique.
A temperature rise in the days following surgery is normal. On average, the temperature rise, even above 38°C, lasts for 4-5 days although in some cases the evening fever can last longer. Only in the case of repeated rises above 38°C after the 5th day from surgery do we suspect a complication. At this point we inform the Surgeon who operated on the Patient. Usually the stitches are removed on the 14th-15th day after the operation; based on the inspection of the wound (suspected hematoma or dehiscence, etc.) it may be decided to postpone the removal or do only partial

removal. The Operating Surgeon may give us different instructions, which we respect.

Thromboembolic prophylaxis

The risk of thromboembolism is first countered by early mobilization of the bedridden patient.
The patient wears elastic stockings both to prevent thromboembolic complications and to facilitate the disappearance of edema. In this way, the prevention of respiratory complications, such as pneumonia, and stasis pathologies, such as bedsores, is also achieved. Pharmacological thromboembolic prophylaxis is carried out for a period of approximately 40 days. In cases where pharmacological prophylaxis is contraindicated, mechanical means are used exclusively.

Bowel management

Constipation is a common post-operative disorder. In addition to the trauma of the operation, it is the result of the use of opioid painkillers, poor privacy, frequent conditions of anxiety/depression, etc. We counteract it first of all with fluid intake (1500-2000 ml/day) and fiber (diet rich in vegetables and fruit, rice, wholemeal bread and pasta). Physical activity is essential in general (even bedridden people must do specific exercises). For short periods we sometimes resort to laxatives (bulk or hydrophilic, osmotic, emollient). Very useful, based on our experience, are intestinal massage (reserved for stubborn cases) and the removal of fecalomas by the care staff as well as perineal acupressure (acupressor stimulation of the perineum, taught to the patient himself).

Management of diuresis

We do not usually observe problems of diuresis. Where the patient is catheterized, after the visit by the accepting doctor, bladder re-education is started, and, after 24 hours, the catheter is removed and a single-dose urinary antibacterial is administered. In special cases, the Operating Surgeon is consulted.
Checking and replenishing the hematocrit
At the entrance, the hematocrit and coagulation factors are checked. If the hemoglobin is ≤ 8 gr/dl, a blood transfusion is performed; for values ≥ 8 ≤ 12 gr/dl, iron and ferritin are checked, which, if low, are replenished with martial therapy (intravenously or orally). If the anemia persists and blood loss is suspected, ultrasound examinations and surgical reassessment are performed.

Possible comorbidities

The most frequent comorbidities, also considering the sometimes advanced age of the patients, are: arterial hypertension, diabetes, cardio-respiratory failure, renal failure, etc. If pre-existing with respect to the intervention, stabilization is verified; if any worsening is observed in the post-surgery period, a plan is implemented to re-establish the previous condition. If any are observed in the post-surgery period, the diagnosis and management (as far as possible) of the same are carried out in coordination with the operating surgeon.

Referral to the emergency room

The Patient is referred to the Emergency Room in the event of dislocation, acute cardio-respiratory failure, suspected pulmonary embolism and for all acute pathologies that cannot be managed in the facility. In the event of referral to the Emergency Room, the Operating Surgeon is informed.

RELATIONSHIPS WITH THE SENDING STRUCTURE AND THE OPERATING SURGEON

- The adoption of the appropriate form (Annex 5) for sending the Patient to direzione@clinicasanmichele.it (the day before admission to us is sufficient) by the commissioning surgical facilities allows us to arrange the best management of individual cases;
- The following regulation of check-ups by the Operating Surgeon is suggested:
  - it is advisable for visits to take place in defined time slots (for example, we propose 9.30 - 12.00, but we can agree on other times if necessary);
  - each visit mentioned above must be preceded by notice, possibly the day before, to our Physiotherapist Coordinator;
  - any indications from the Specialist must be issued on their own headed paper, to be included in the medical record.
- Should significant complications arise or for any decision that goes beyond the normal course of hospitalization, the Physiatrist of the Nursing Home will be responsible for contacting the Operating Surgeon as soon as possible to inform him, hear his opinion on the matter and agree on the best strategies for the Patient.

TYPICAL DAYS:

1st day

- The first day is dedicated to welcoming the Patient, to health and administrative acceptance.

A Physiotherapist provides instructions and advice regarding the particular type of prosthetics. The welcome booklet is given, containing all the information regarding the Casa di Cura San Michele. The system of codes is also explained in detail (Annex 2) that are assigned by the multi-professional team starting from the second day. The bio-psycho-socio-environmental care model pursued by the Casa di Cura is explained (Annex 3). The anti-fall and anti-dislocation precautions are explained in detail (Annex 4); further special precautions to be adopted are also explained (Annex 6 A);

• Taking charge of the Patient with initial assessments and setting up the Physiotherapy Record, which will be updated daily (as is obviously done for the Clinical Record);

• Physiotherapy treatment is carried out within the day;

from the 2nd day onwards

• Visit by the multi-professional team (in the room for codes 0-1, in the room or outpatient clinic for codes 2-3-4);

• Formulation of the therapeutic program, which indicates all the appointments for the rehabilitation activities in which the Patient is required to participate. This program is updated daily depending on the Patient's progress;

• Treatments (from 60 to 240 minutes depending on the code);

• Based on the code assigned by the Team, the rehabilitation program will be increased as follows:

 sitting posture (if possible) for meals and any self-managed activities in the room (codes 0-1)

 meals at the assisted restaurant and psychosocial activities, gradual start of global motor rehabilitation (code 2)

 meals at the assisted restaurant, psychosocial activities, global motor rehabilitation activities preparatory activities for proprioceptive re-education (code 3)

 meals at the assisted restaurant, psychosocial activities, global motor rehabilitation activities, proprioceptive re-education also in virtual reality (code 4).

Day of discharge

• Delivery of the individualized program of exercises to be performed at home;

• Delivery of letter for the Doctor;

• Accompaniment of the Patient to the means of transport by the Physiotherapist.

STANDARD RESULT PURSUED

Range of motion (ROM)	**Passive**	**Active**
Flexion	**90°**	**85°**
Abduction	**30°**	**25°**
Extension	**0°**	**0°**
PAIN (NRS – NRS 1)	**≤ 2/10**	
HBG (gr/dl)	**≥ 10 stable from 3 days**	
FEVER (related to surgery)	**≤ 37°C**	
TINETTI SCALE ((balance and gait)	**Total score**	**Balance score**
	≥ 24/28	**≥ 14/16**
BARTHEL INDEX (autonomy)	**≥ 90 (provided there are no previous problems, not linked to the surgery)**	

Once the stitches are removed, the Patient who reaches these standards can be discharged to continue the physiotherapy treatment at home. The first assessment of the Patient takes place at the entrance and is completed

within 24 hours. Subsequent checks are carried out every 3-4 days (Tinetti and Barthel values are taken upon admission, on the day of stitch removal and in preparation for discharge). Once the aforementioned results have been achieved, another 2-3 days of hospitalization can be expected, if deemed appropriate, especially if the surgeon (for example, to better evaluate a leak from the wound or for blood chemistry values to be stabilized or the presence of fever or other) to stabilize the case. Where within the aforementioned terms the patient does not achieve the results expected by the standard, having heard the Operating Surgeon, it can be considered that the benefits are no longer appropriately achievable with the intensive hospital treatment referred to in this protocol.

PROCEDURAL ADAPTATIONS

The recent COVID 19 epidemic and its episodic resurgences have forced the inclusion in the above-described protocol:

- a "BUFFER" observation period upon admission of the patient, in which treatments are exclusively individual and in the room;
- limitation of visitor access.

These "BUFFER" periods, which have entered into institutional practice, are of variable duration in relation to the etiological agent, the season and the epidemic moment.

They, together with the appearance of cases, explain the lengthening of hospital stay on average useful for reaching said standards (about 12 days) recorded in some periods.

Similarly, visitor access and visiting methods as well as socializing activities are subject to variable limitations in relation to the same factors.

ASSESSMENT OF THE OVERALL OUTCOME

For the purposes of an overall assessment of the outcome, it would be desirable to have measurements of the aforementioned parameters carried out in the preoperative phase and, then, at the time of the follow-up visit, 45 days after the operation. The processing of this data, together with the incidence of infections, falls, dislocations, allows for the most precise monitoring of the process and the most exhaustive evaluation of the quality of the overall product provided.

For each operated patient, a brief overall clinical description CIRS (Cumulative Illness Rating Score) is drawn up with the extraction of comorbidity and severity indices, useful for the stratification of the results.

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Annex

1. Individual Rehabilitation Project Scheme
2. Color-code table
3. Bio-psycho-socio-environmental model description
4. Avoid falling
5. Patient referral notice
6. Special precautions for patients with hip prosthesis (A)

ANNEX 1

SAN MICHELE
Produce Salute dal 1964

REGIONE LIGURIA

TOTAL HIP PROSTHESIS INDIVIDUAL REHABILITATION PROJECT

(Outcome oriented rehabilitation)

Name:_____ Surname _____ Date of birth_____

City of residence _____ Hospital of origin_____

Reference family member / Caregiver_____ At the expense of_____

Type of surgery_____ Surgeon_____Date _____

Allowed body weight_____Prescribed aids_____

Special limitations prescribed: _____

_____

COMORBIDITY:_____

_____

BMI _____ MMSE_____ Communication Disability _____ CIRS: Comorbidity I._____Severity I._____

PRE-MORBIOUS DISABILITY: _____

MOTOR INDEPENDENCE UPON ADMISSION: _____

SUMMARY DESCRIPTION OF THE CLINICAL-FUNCTIONAL STATUS ON ADMISSION:

Inflammatory signs YES ☐ NO ☐ _____

Muscle trophism GOOD ☐ DECENT ☐ LOW ☐_____

Postural transfers and walking ability ASSISTED ☐ AUTONOMOUS ☐_____

Other:_____

_____

Acquisiable results (expected functional outcome):

_____

_____

_____

_____

REHABILITATION PROGRAM:

- *See standard recovery proposal (*http://www.clinicasanmichele.it/PROTOCOLLO_PROTESI_ANCA.pdf), *Physiotherapy Report*
- *See Physiatric prescriptions* Estimated hospitalization time:_____

PROJECT MANAGER: Dr. Francesco PRAINO (Physiatrist)
REHABILITATION TEAM: Internist Doctor, Physiotherapist, Nurse (see sharing signatures)
OTHER PROFESSIONALS INVOLVED: Surgeon, Psychologist, Sociologist, Kinesiologist, OSS, Guest Attendant

Name ..... Surname ..... Date of birth.....

Ongoing physiatric evaluations:

THP	TARGET VALUES OF TKP HOSPITALIZATI	INPUT VALUES DATE	FOURTH DAY VALUES DATE	EIGHTH DAY VALUES DATE	TWELFTH DAY VALUES DATE	SIXTEENTH DAY VALUES DATE	DISMISSION VALUES DATE
RANGE OF MOTION							
Passive flexion	90° *						
Active flexion	85° *						
Passive abduction	30° *						
Active abduction	25° *						
Passive extension	0° *						
Active extension	0° *						
TINETTI SCALE							
Balance	≥ 14/16						
Total	≥ 24/28						
BARTHEL INDEX	90 **						
PAINNRS 1	≤ 2/10						
PAIN NRS	≤ 2/10						
TEMPERATURE	≤ 37° C						
HBG	≥ 10 (Stable from 3 gdays						
ALVO	Regular **						
DIURESIS	Regular**						
WOUND	In order, points removed						
CODE	3/4						
ROOM/BED							
PHYSIATRIC JUDGEMENT ON THE PATIENT' S PROGRESS AND INDICATION ON THE CONTINUATION OF HOSPITALIZATION →		Notes: Prescription control:	Notes: Prescription control:	Notes: Controllo prescrizioni:	Notes: Prescription control:	Notes: Prescription control:	Notes:

Indicate any different prescription from the surgeon.**(except for problems prior to the surgery)

Name:_____ Surname _____ Date of birth_____

FINAL REPORT:

Percentage of achievement of objectives:

_____

Notes: _____

_____

_____

_____

Disability at discharge: _____

Motor autonomy at discharge: _____

INSTRUCTIONS:

☐ Orthopedic examination

☐ See report to the attending physician

☐ Perform exercise as for the training and handbook provided

☐ Follow the informations provided and reported in the guide provided

Other:_____

Allowed body weight:_____ Prescribed aids:_____

NOTE WELL

This Project integrates, together with the Nursing Evaluation, the Medical Record of the Patient admitted to the Rehabilitation Department of the Nursing Home.

	FIRST DRAFT (Legible signatures)	DISMISSION (Legible signatures)
PROJECT MANAGER	_____	_____
THE INTERNIST DOCTOR	_____	_____
THE PHYSIOTHERAPIST COORDINATOR	_____	_____
THE NURSING MANAGER	_____	_____
THE PATIENT	_____	_____
DATE	_____	_____

ENNE S.r.l. unipersonale
CASA DI CURA SAN MICHELE
Viale Pontelungo n°79 - 17031 Albenga (SV)
tel. 0182 574202 - fax 0182 541286 - e-mail: direzione@clinicasanmichele.it
www.clinicasanmichele.it - www.medicalhotelalbenga.eu
REA: SV 156668 - C.F.: Iscr. R.I. Savona P.Iva: 01276530522 - Cap.Soc. € 10.000,00 (i.v.)

ANNEX 2

SAN MICHELE
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AUTONOMY CODES

CODE 0 :

Bed, no walking, no autonomy

CODE 1 :

room (goes to the bathroom alone, pram for longer trips)

CODE 2 COLORED bracelet (BLUE = hip, GREEN = knee):

autonomous walking for short distances (50 meters), other health restrictions, stairs with assistance

CODE 3 COLORED bracelet (BLUE=hip, GREEN=knee):

good autonomy, no other limitations of a sanitary nature, stairs with supervision

CODE 4 COLORED bracelet (BLUE=hip, GREEN=knee):

autonomous, motivated and independent (suitable for virtual reality)

From the arrival of the patient until the first visit of a multi-professional team (usually the next morning), the assessment of the level of autonomy is entrusted to the Presidium Doctor, after consulting the Physiotherapist (provisional code).

ANNEX 3

BIO-PSYCHO-SOCIO-ENVIRONMENTAL MODEL

REHABILITATION is understood as any activity that leads, or rather "re-brings" the patient to move, walk, talk, dress, eat, work, communicate and relate effectively with others.

The goal of hospitalization with us is to achieve autonomy in safety and reintegration into daily life after discharge.

Rehabilitation is not only a "physical" process of solving motor problems but also an "educational" one, during which a temporarily disabled person is brought to reach a better level (the best possible, based on the initial clinical complexities and recovery potential) on a physical-functional and social-emotional level.

In addition to health professionals, the rehabilitation process also involves the patient's family, friends, collaborators and concerns, in addition to strictly clinical aspects, also psychological, social and environmental aspects (integrated rehabilitation pathway).

In our Rehabilitation Department, the Physiatrist and Physiotherapists, integrating in an interdisciplinary way with Internists and Presidium Doctors (and any other branch specialists from time to time appropriate), with the Nursing Service, the Hotel and Psycho-social Services, follow the patient's path.

Once in the Nursing Home, the patient's situation will be evaluated daily in its various dimensions by the multi-professional team, at the bedside or in the outpatient clinic (depending on his progress), updating and customizing the therapy from time to time and assigning a code (from 0 to 4) with a colored bracelet, to access the various activities proposed.

Our structure and our organization pursue an original bio-psycho-socio-environmental model of rehabilitation, which allows the earliest achievement of the patient's functional recovery, involving him in a "holistically" therapeutic way many hours a day.

From a structural point of view, the "San Michele" nursing home, in addition to the natural brightness and the studied exposure, offers a unique availability of natural and artificial spaces, not only for the exercise of intensive physiotherapy activity, but also for the function "**intermediate**" properly requested of her, that is, to facilitate, even psychologically, the transition to the open environment and to the home. Therefore, the nursing home maintains some characteristics of the hospital environment with high care intensity, where the patient was treated in the acute phase of the disease and underwent surgery, being mostly under pharmacological/post-surgical care, but the the objective is that he "feels at home". This not only in a logic of cost optimization for the Health Service, for the Insurance or for the Family that takes care of them, but, above all, in the logic of the best home, environmental and social reintegration and, therefore, in the best interest of the same patient.

From a functional point of view, we try to optimize the use of all the resources that the client and the structure make available to us, considering, in this sense, daytime bedridden as time lost for the rehabilitation program (obviously on the basis of continuous individual sustainability assessments and with due exceptions for complex cases): the patient who does not get up to do his or her business (after adequate education and, at night, with vigilant nursing assistance), to eat, to receive visitors, to participate in group activities, expresses poor compliance with the rehabilitation project and slows down the full achievement of autonomy.

Our model includes intensive activities, as well as in the modern Physiotherapy Center, in the Panoramic Gym, in the exclusive "Parco dei Pini", in the multipurpose hall and, in season, the "La Rada del Gabbiano" beach, scientifically equipped with singular attention to the environmental context.

Counseling, group activities, the "Mare e Monti" Assisted Restaurant (whose menu is deliberately more appetizing), the multi-seasonal Terrace (where our "SanoBar" serves infusions, herbal teas, fruit juices, etc.), viewing, at any time, in the company of sporting events and various programs on the big screen (the viewing of the TV in the room is specially limited to those who cannot move and in any case forbidden after 11.30 pm), the initiatives of Health Education (the Clinic is part of the network of Health Promoting Hospitals of the World Health Organization) or socializing entertainment (under constant health surveillance) in the Multipurpose Halls or in the Park, integrate the treatment path in a completely original way.

In fact, as mentioned, we consider a sedentary lifestyle (physical hypomobility and social isolation) not only a risk factor for disability in the broadest sense, but a specific brake on rehabilitation. It is well known that kinesiophobia (fear of moving) is one of the main obstacles to post-surgery rehabilitation: the stimulating environmental and social context on which our medical and specialized technical activities are grafted, counteracting passive attitudes, increases the speed and quality of recovery.

Family and friends of the Patients are actively involved in this therapeutic approach, since their access is allowed for several hours a day, in dedicated rooms (another stimulus for the Patient to move from bed), in addition to the Assisted Restaurant, the "SanoBAR" Terrace, the aforementioned Summer Beach and the Park (which, in special spaces, even in mid-seasons, it allows snacks and relaxation), to reading rooms.

Dedicated staff (nursing, physiotherapy, etc.) "Anti bed" accompanies patients who are able to leave their bed in the bathroom, at the clinic, at the physiotherapy center, at the restaurant, at the relatives' reception rooms, at the park, etc.

The patient is asked to equip himself, in addition to pajamas and slippers (non-slip), also closed shoes (any 2 pairs of antithrombotic stockings if operated on the lower limbs), overalls and jacket (appropriate for the season) to go down to the Park or a dressing gown or comfortable dress to go to the Gym, to have lunch at the Assisted Restaurant and receive relatives outside the room.

The Company Management is committed to documenting and quantifying the "health gain" provided to the Patient, standardized according to the initial "need", the treatment time available and his collaboration.

ANNEX 4

SAN MICHELE
Produce Salute dal 1964

...LET'S AVOID FALLING...

Dear Patient, during postural transitions and walking, particular attention must be paid to all those factors that could cause a fall. Falls are one of the main accidental events and can cause serious problems.

For example, 10-15% of falls in a patient with a prosthesis result in admission to the emergency room due to dislocation.

Falls are linked to balance problems, to the discomfort created by hospitalization, to poor vision, to the taking of certain drugs (especially psychotropic drugs and sedatives) to the results of anesthesia, but above all to distraction and non-compliance with the instructions provided by the healthcare personnel

Most people fall in the hospital room near the bed, in the bathroom and in the corridor. More frequently we fall into postural transitions, while trying to get in and out of bed, move from bed to chair or wheelchair and vice versa, while walking and going to the bathroom, when sitting on the chair/commode or wheelchair.

You can also fall when performing small activities around your bed such as leaning over to get some object on the bedside table, or picking up some object that has fallen to the floor.

We take many precautions to try to prevent you from falling.

BUT HIS COLLABORATION IS FUNDAMENTAL

The main details are shown on the back

TO AVOID FALLING IT IS IMPORTANT THAT

- Get out of bed only if your condition allows it (every day a multidisciplinary team visits you and establishes your autonomy code and suggests permitted/advisable activities)
- If you wear glasses or hearing aids, use them also during hospitalization;
- You wear suitable clothes of the right size that are not bulky;
- Keep the bed at the lowest level and in the locked position

WHEN YOU GET UP

- Ask the staff for help getting out of bed/pram/chair or armchair, getting dressed and going to the bathroom;
- When moving around the bed, make sure that sheets, blankets or other items are not on the floor and do not hinder your steps.
- When you want to get out of bed, do it slowly, remain in a sitting position for a few seconds before getting up
- feet, to make sure you don't feel dizzy.

WHEN YOU WALK

- Wear closed, laceless shoes with flat heels and non-slip soles. Don't use slippers
- NEVER go around barefoot. Resting your feet on the ground with only elastic socks, which are necessary but very slippery, is dangerous.
- Follow the Physiotherapist's instructions to correctly use the assigned aids (crutches, wheelchair or walker)
- If they are prescribed, never walk without crutches, place them well on the ground and make sure they do not slip before taking a step;
- Always check that the floor (in the room, in the corridor, especially in the bathroom, but also in the park, in the car park, outside) is dry and free of obstacles and that the lighting is adequate
- Sit down immediately if you feel dizzy and call the staff;
- Even when walking outside, rest your crutches well and make sure they do not slip before taking a step.

DURING THE NIGHT

- Never go to the bathroom alone during the night, always ring the bell and ask for prompt assistance;
- Make sure the bell to call the staff is always within reach;
- It is also useful for men to urinate while sitting;
- Urinate before sleeping;
- **Also know that some drugs such as laxatives, diuretics, antidepressants, benzodiazepines, anxiolytics, hypoglycemics, neuroleptics, hypnotics, increase the risk of falls. Do not take medicines on your own**: all therapy must be administered by the nurse. Our staff knows that they must make as little use of sleep inducers as possible, instead resorting to natural principles or psycho-social activities.
- **Much of the aforementioned attention will also be useful to you when you return home, when the "surveillance system" will have to be represented by yourself or your family members.**

ANNEX 5

PATIENT SENDING REQUEST

CASA DI CURA "SAN MICHELE"- Albenga (SV), it should be noted that the day _____ it will be sent to you, for the usual rehabilitation period, the Patient:

Name _____Surname _____

Tax ID Code _____ Date of birth _____ Sex M F

Height _____Weight _____Smoker YES NO

Date of surgery _____Pathology:**GONARTHROSIS** □ **COXARTHROSIS** □ Body load allowed _____%

Walking:	**Aid used:**	**Posture:**
□ autonomously	□ wheelchair	□ supine
□ assisted	□ walker	□ right lateral decubitus
Mt. _____	□ crutches	□ left lateral decubitus
□ _____	□ seated	

Bladder catheter: YES NO Presence of pressure sores: YES NO

Associated pathologies: _____

Antibiotic therapy: _____

Associated pathologies of a psychogenic nature*: _____

Antidepressant therapy: _____

* The nursing home does not admit psychiatric pathologies

ESSENTIAL FOR HOSPITALIZATION: REHABILITATION PROCESS PROPOSAL

OPERATING SURGEON: _____ EMAIL _____

INFECTIOLOGICAL RISK PROFILE:

Prymary surgical intervention □ Surgical reoperation □

Oropharyngeal swab/sputum	date _____	positive □	negative □	not performed □
Rectal/stool swab	date _____	positive □	negative □	not performed □
Surgical wound swab	date _____	positive □	negative □	not performed □
Urine culture	date _____	positive □	negative □	not performed □
Blood culture and serological indices (HIV, HCV, ecc.)	date _____	positive □	negative □	not performed □
Molecular nasopharyngeal swab Covid 19	date _____	positive □	negative □	not performed □
	date _____	positive □	negative □	not performed □

VACCINATION COVID-19:

YES first dose (_____) YES second dose (_____) YES third dose (_____) YES fourth dose (_____) NO

Note _____

SENDING STRUCTURE _____

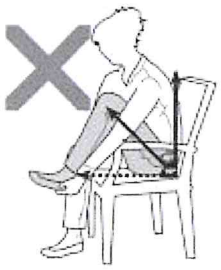
THE MANAGER
(stamp and signature)

ANNEX 6

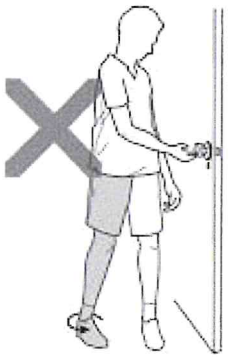
SAN MICHELE
Produce Salute dal 1964

SPECIAL PRECAUTIONS FOR PATIENTS WITH HIP PROSTHESIS

- Always use crutches and wear elastic socks.
- Change your posture often.
- Do not flex your leg beyond 90°.
- Do not bend your trunk forward so as not to close the angle formed by your torso and hips.



- Don't bend over to put on socks.
- Don't bend over to tie your shoes
- Do not pick up objects that have fallen to the ground.
- Get a long shoe sock to make it easier to put on footwear.
- Do not internally rotate your hip: in bed, never turn your toes inward; avoid letting your knees touch each other; do not excessively rotate your foot or body inward.



- When walking, do not pivot on the operated leg to turn around, but take small steps.
- Do not adduct the hip: the leg must not exceed the mid-body line: when positioning yourself in bed, never put the healthy leg under the operated leg to drag it.

- Don't cross your legs.
- Do not sit on sofas and armchairs.
- Don't sit on chairs without cushions.
- Make sure there is always a toilet lift.
- Position yourself in lateral decubitus ONLY on the healthy side, with a pillow between your legs.