

DEPARTMENT OF ORTHOPEDICS AND PHYSICAL REHABILITATION  
DIVISION OF ARTHRITIS AND JOINT REPLACEMENT SURGERY

# PREPARING FOR YOUR KNEE REPLACEMENT SURGERY



Dear Patient:



Thank you for considering UMass Memorial Medical Center for your joint replacement surgery. Our team has received national and regional recognition for its expertise in joint replacement surgery. These awards are based on the exceptional outcomes of our patients. We have the region's most extensive team of orthopedic specialists with a depth of experience that places us in the top ten percent of orthopedic programs in the nation. Blue Cross Blue Shield has designated our Arthritis and Joint Replacement Center as a "Blue Distinction Center+," a quality award given to the few hospitals that continually meet and exceed outcomes for joint replacement procedures.

Our most important measure of the quality of orthopedic care given here is the amount of improvement in a patient's activity and physical function after treatment. According to the Agency for Healthcare Research and Quality, the UMass Memorial Health Care Musculoskeletal Center of Excellence is a model program that is nationally recognized for the quality of our care and the exceptional functional results of our patients.

At our Arthritis and Joint Replacement Center, we are committed to helping people lead active lives. If joint pain prevents you from enjoying your regular activities, we are here to assist — from initial consultation to diagnosis through treatment and recovery. When you turn to us for orthopedic care, you can feel confident that you'll receive the highest-quality care from a respected team of experienced orthopedic experts.

This booklet explains the outstanding program that you will take part in if you have knee replacement surgery at UMass Memorial. I encourage you to ask questions of any member of your Arthritis and Joint Replacement Center care team throughout the process. We're always available to answer your questions and assist you with your recovery.

Sincerely,

A handwritten signature in black ink that reads "David Ayers MD". The signature is fluid and cursive.

David Ayers, MD  
*Arthur Pappas Professor and Chair*  
*Department of Orthopedics and Physical Rehabilitation*  
*UMass Memorial Medical Center*  
*UMass Medical School*

## ABOUT THIS BOOKLET

The information provided in this booklet is intended to be your guide as you plan for your upcoming total knee replacement surgery. This guide was written by your Arthritis and Joint Replacement Center care team in order to help answer many of the questions you may have regarding your surgery and recovery. We also encourage you to speak with your doctor or member of your health care team if you have any additional questions.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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## OUR TEAM

Our team consists of board-certified surgeons who have advanced training in knee replacement surgery. Our surgeons have performed hundreds of procedures using state-of-the-art techniques. Our academic partnership with the University of Massachusetts Medical School means our surgeons are engaged in ongoing clinical research efforts to advance surgical and nonsurgical methods for diagnosing and treating patients. Our Patient Navigator, nurses and physical therapists combine their expert knowledge of patient care and recovery to supply you with information that is important to your success.

## YOUR VISITS TO THE ARTHRITIS AND JOINT REPLACEMENT CENTER

You'll be asked to fill out an electronic or paper survey about yourself and how you have been feeling. This survey is an extremely important part of your visit as it gives us important information to help plan your treatment.

Your surgeon will look at your survey in addition to any X-rays, MRIs or lab tests you have had to help determine the best time for your surgery. Your answers also help us understand how well you'll recover after your surgery.

There are no right or wrong answers to these questions. We want you to be honest about how you feel, and your level of pain or joint stiffness. If pain is limiting everyday activities, then your doctor needs to know. Your survey answers can be used to help make these important decisions about your care.

You'll be asked to fill out a survey at your presurgical visit, as well as at your three-month and 12-month postoperative visits. You may be asked to complete additional surveys as requested by your surgeon.

## RESEARCH STUDIES

Knee replacement surgery offers successful outcomes for patients, and most patients experience significant pain relief and greater mobility following their surgery. One of the reasons knee replacement surgery has been so successful is because patients like you have given their consent to participate in clinical research studies.

Orthopedic surgeons at UMass Memorial Medical Center are always looking for ways to improve total knee replacement surgery. Research helps improve the surgical techniques, the hardware that makes up your new knee, the medicines that are prescribed and your post surgery care.

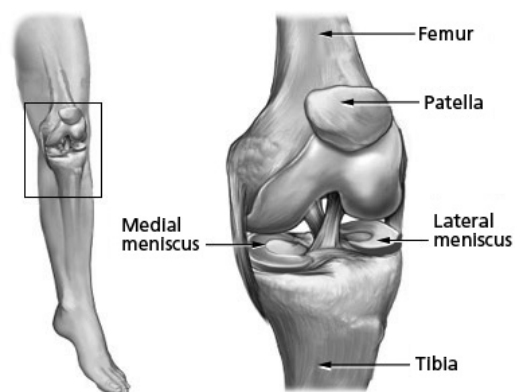
Some research studies ask you to fill out a questionnaire while others may invite you to participate in receiving the latest joint technology and medications. If you are asked to participate in a study, please read all of the information provided to you in order to decide if the study is right for you. Participation in research is completely voluntary. If you don't wish to participate in a research study, it won't affect the excellent care you will receive.

If you have any questions regarding a research study that you are in, or one you would like to participate in, or if you don't wish to continue your participation in a study, speak to your surgeon or Patient Navigator.

## ANATOMY OF THE KNEE

A healthy knee moves easily, allowing you to walk, turn and squat without pain. Your knee joint is made up of three bones. Your thigh bone (femur) sits on top of your shin bone (tibia). When you bend or straighten your knee, the rounded end of your thigh bone rolls and glides across the relatively flat upper surface of your shin bone. The third bone is often called the kneecap (patella) which is in front of the knee. The patella is attached to the muscles that allow you to straighten your knee. Your kneecap provides leverage that reduces strain on these muscles.

### NORMAL KNEE ANATOMY

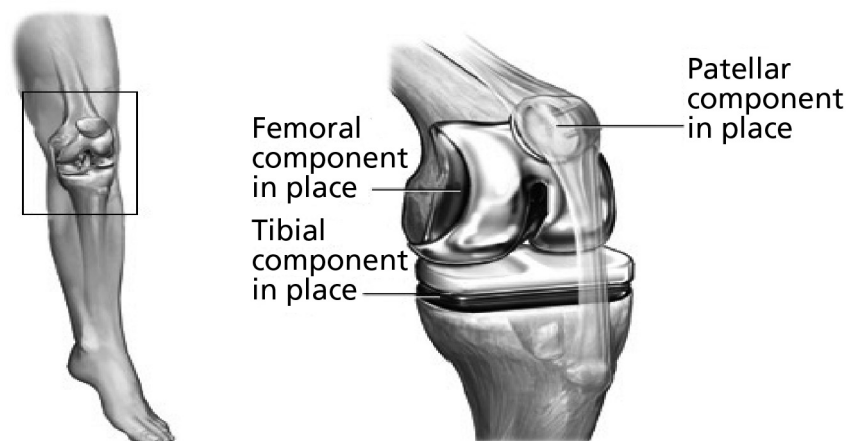


### OSTEOARTHRITIS OF THE KNEE



Osteoarthritis is a chronic disease involving the weight bearing joints, which is characterized by destruction of the articular cartilage and impaired function. See above illustration that compares a normal knee with a knee with osteoarthritis.

### RESURFACING OF THE KNEE JOINT



## PREPARING FOR SURGERY

### PRESURGICAL EVALUATION APPOINTMENT

Every patient undergoing surgery will be seen for a presurgical evaluation. Your surgeon's office will make the appointment two to three weeks before your surgery. During this appointment, you'll have a medical evaluation (including lab work, chest X-ray and EKG), be screened for infection risk, and meet with a nurse who will review all preoperative instruction. The appointment will take approximately two hours.

Please remember to bring:

- List of your medications, both prescribed and over-the-counter, including vitamins and herbal supplements
- List of allergies and your medical history
- Copy of your Health Care Proxy
- Your completed Discharge Agreement

At this visit, you'll be advised about which of your daily medications you should take on the morning of your surgery. You'll also be given Hibiclens, an antibacterial soap, as well as a prescription for a mouth rinse and nasal ointment to be used prior to surgery. Instructions will be provided on the use of these items.

If after your presurgical evaluation appointment you develop any potential infections, such as open wounds, urinary tract infections, toothaches, rashes or cold/flu symptoms, contact your surgeon's office. An infection could delay your surgery.

### OTHER APPOINTMENTS YOU MAY NEED

**Medical appointment** – You should notify your primary care physician that you're planning to have surgery. He/she may want to see you before the surgery.

**Urinary evaluation** – During your pretesting appointment, you will have a urine test done to make sure you don't have an infection. Any urinary tract infection will be treated. If necessary, your surgeon may want a further urologic evaluation.

## HOME PREPARATION

Adapting your home will make your return safer and enhance your recovery. Use this as a check list to review your home prior to surgery.

- ☐ Take up all throw rugs. Use only nonskid rugs in good condition.
- ☐ Secure the edge of area rugs with double-faced tape or tack them down.
- ☐ Avoid highly polished floors. Clean floors to remove any substance which may catch your feet or crutches and cause you to fall. Powder makes the floor slippery. Hairspray makes the floor sticky.
- ☐ Move most commonly used pots and pans to waist-high level to avoid excessive reaching or bending.
- ☐ Arrange the furniture so that the pathways are wide enough (at least 36 inches) to accommodate a walker/crutches/wheelchair.
- ☐ Remove household clutter. Consider getting a trash can with wheels for trash removal.
- ☐ Brightly colored tape on each step or threshold is advised for people who have vision problems to increase safety while walking.
- ☐ Be aware of surface changes, such as rug to floor or linoleum.
- ☐ Remove extension cords and telephone cords across walkways. If the cords are necessary across walkways, secure them with duct tape.
- ☐ Avoid soft sofas or chairs which are difficult to get up from. Opt for sturdy chairs with arm rests.
- ☐ Check for adequate lighting throughout the house and outside. Install nightlights, especially in the bedroom, bathroom and hallways.
- ☐ Modify pet feeding areas by placing food dishes on a low bench or stool for easy access to refill. Avoid placing these items in areas where you'll be walking frequently.
- ☐ Arrange a sleeping area and a bathroom on the living level of your home. Use a bed or couch with the proper support and height. Your bed shouldn't be low to the floor, which puts added stress on your knees, or so high that your feet can't touch the floor.
- ☐ Consider a bedside commode and/or urinal for nighttime use.
- ☐ Place toilet paper convenient to reach without twisting or bending.
- ☐ Place soap/shampoo at a comfortable height.
- ☐ If you're using a shower to bathe we suggest that you remove glass shower doors. These are unsafe to use as support while getting in and out of the shower or tub. DO NOT use a towel rack, soap dish or windowsill for support. Request a trained professional (plumber, carpenter) to install grab bars in the tub.
- ☐ Place gripping tub strips on the bottom of the tub to prevent your feet from slipping.
- ☐ Consider an emergency call system if you stay home alone for long periods of time.
- ☐ Keep a cell phone and emergency numbers nearby at all times.



**WHAT TO BRING TO THE HOSPITAL**

We'll provide you with the basic essentials needed for your stay in the hospital.

When you arrive in your room after surgery, you'll receive toothpaste, toothbrush, soap, lotion, comb, mouthwash, shaving cream, disposable razor and a denture cup. You're welcome to bring any personal toiletries to make your stay more comfortable.

The hospital also supplies you with a gown to wear the day of surgery. Please bring your total joint replacement shirt/shorts to wear during your hospital stay. This is much more convenient for you as you are trying to get out of bed and perform activities. We highly recommend that you leave all valuables (jewelry, large sums of money, credit cards) at home, as the hospital can't be responsible for them.

**Bring the following things with you to the hospital:**

- Copy of your Health Care Proxy
- Written list of medications, both prescribed and over-the-counter, vitamins and herbal supplements that you take, including those you have stopped prior to surgery
- Written list of any allergies to medications, food or latex
- Eyeglasses and eye case, instead of contact lenses, as they are more easily cared for and are easier to use
- Loose, comfortable clothing to wear home
- Footwear with a rubber nonskid bottom with good support, like a sneaker or walking shoe (not clogs)
- Telephone numbers of family and friends (Note: Your hospital room is equipped with a telephone, and you are allowed to make local calls only. Please make arrangements for long distance calling.) You also may bring your personal cell phone, laptop or tablet (free Wi-Fi is available).
- Books, magazines, music devices or a hobby to help you relax; all rooms are equipped with televisions
- CPAP (if you use one at home for sleep apnea)

**EVENING BEFORE SURGERY**

You should call the Surgical Admissions Unit at 508-334-6384 between 2 and 5 pm the business day prior to your surgery to get your scheduled arrival time.

You should not eat or drink after midnight before your surgery. You may take your medications, as instructed, the morning of surgery with a sip of water.

You can have clear liquids up until two hours before your scheduled arrival time. Example of clear liquids include apple juice, ginger ale, and black coffee/tea with nothing in it. Don't drink liquids with red dye such as cranberry juice or Gatorade.

## **DAY OF SURGERY**

### **SURGICAL ADMISSIONS UNIT**

On the day of your knee surgery you should report to the Surgical Admissions Unit, second floor, East Building, Memorial Campus. Enter through the main entrance of the hospital and take elevator E.

When you arrive, you will change into a hospital gown. Your belongings can be labeled and sent to the inpatient unit, but we suggest that family members take your belongings and bring them to your room to avoid them being misplaced. The nursing staff will take your vital signs and review your final preparations for surgery. When your family members are asked to leave, they may go to the surgical waiting area just outside the unit.

Your surgeon will come and speak to your family in the waiting room or call your family after your surgery is finished. Please leave a cell phone or other contact number with the surgical admissions staff.

For your family's convenience, there is a cafeteria on the first floor of the South building. The cafeteria is open every day from 6:15 am to 6:30 pm.

### **HOLDING AREA**

When it's time for your surgery, you'll be transported via stretcher to a holding room. An IV line will be placed for routine fluids and antibiotics. Your anesthesiologist and surgeon will meet with you to discuss any last minute questions or concerns. For safety purposes, you and your surgeon will be asked to sign your initials with a surgical pen at the location of your surgery. Once you're fully prepared and the surgical team is ready, you'll be taken into the operating room.

### **RECOVERY ROOM**

Once the surgery is complete, you will be taken to the Post Anesthesia Care Unit (PACU) where you will stay until you are awake and alert, your vital signs are stable, and your pain is under control.

As soon as these occur and your room is ready, you'll be taken to your room on the floor.

### **YOUR ROOM**

Upon arriving in your room, you'll meet your nurse and your patient care assistant who will orient you to your surroundings. Your vital signs will be taken, and your medical condition will be assessed. You'll still have an IV but can drink if you are able.

The nurses will assess your pain to make sure it's under control. You will be checked frequently for safety and comfort. Don't hesitate to report any concerns or ask any questions.

You'll be wearing special white stockings and/or compression boots to promote circulation and to help prevent blood clots.

You'll be taught how to take deep breaths to prevent congestion in your lungs while you're not able to move around.

## YOUR HOSPITAL STAY

The day of surgery will be the beginning of your recovery:

- You'll get out of bed with the help of a caregiver. Don't get out of bed without first calling for assistance.
- You'll be allowed to eat and drink your normal diet.

We encourage you to ask questions and communicate concerns to the nursing staff as well as the entire orthopedic team.

The average length of stay in the hospital for a total joint replacement patient is one to three days, with the majority of patients discharged to home on day two. Each day you will increase your activity level and strength. You can expect the following to occur:

- Lab staff will draw your blood daily. These results will be evaluated by the orthopedic team.
- Physical therapy treatments will help you get back on your feet and ready for discharge.
- You'll be visited daily by our discharge coordinator who will help you with your discharge plan.
- While you are in the hospital you should receive any medication you normally take at home. If you don't receive your medications, please tell your nurse. You also may receive additional medications as prescribed by your surgeon such as a multivitamin, vitamin C, iron, laxatives to prevent constipation and blood thinning medicine to prevent blood clots.
- The continuous passive motion (CPM) machine may be prescribed by your doctor for use after surgery to help you improve knee motion and decrease joint stiffness. The CPM is used while lying in bed and will bend and straighten your knee as you rest. It can be used while sleeping. The settings on the machine will be increased over time to help you bend your knee further.

## PAIN MANAGEMENT

Our body uses several different chemicals to transmit pain messages to the brain. Each of these chemicals is part of a pain-signaling pathway. Recent studies have shown that a more effective way of treating pain is to treat multiple pathways with medications for each pathway. Using a number of different medications enables us to treat pain more effectively, while minimizing side effects. Since we are trying to treat multiple pathways, you'll find that we'll be using a number of different pain medications, beginning in the recovery room and extending through your hospital stay and at home.

Some of the pain modalities include:

- Long acting anesthetic injected into the joint during surgery
- Short acting medication by mouth
- Anti-inflammatory medication
- Tylenol
- Medication for nerve pain

Pain control begins on admission and continues throughout your hospital stay. The pain modality to be used will be decided upon by your surgeon and anesthesiologist. This decision is based on your medical history.

Pain management is an important aspect of care for a total joint patient. The nursing staff will frequently ask you to rate your pain on a scale of zero to 10, zero being no pain and 10 being severe pain. It's important to all members of your care team that you are as comfortable as possible. If at any time you don't feel your pain is under control, don't hesitate to inform them.

### **BOWEL AND BLADDER FUNCTION**

In some instances you'll have a catheter placed during or after surgery. A catheter is a thin flexible tube inserted in the body to withdraw urine. If you have a catheter, usually it's removed on the day after surgery.

Normal bowel movement following surgery is very important. Pain medication can and often does cause constipation. While you're in the hospital, you'll receive stool softeners and/or laxatives in order to prevent constipation. It's important for you to continue to manage your bowel movements at home. There are many remedies that can be bought at your local pharmacy including:

- Docusate sodium (Colace): 100 milligrams twice daily
- Milk of magnesia: Follow directions on the label
- Senokot: Two tablets at bedtime
- Glycerine suppositories and small enemas: Follow directions on the label

Drinking plenty of fluids and eating high fiber foods such as vegetables, oranges, apricots and prunes can help ease constipation.

### **BLOOD CLOTS**

Blood clots can develop after surgery. Early and frequent mobility is essential to decreasing the occurrence of blood clots. Your surgeon will prescribe a blood-thinning medication called an anticoagulant to help prevent blood clot formation.

You will wear special white stockings and/or compression boots to promote circulation and prevent blood clots.

If you're given white compression stockings you should continue to wear them after you leave the hospital as directed by your surgeon. Wear them during the day and remove them at night. Getting out of bed and moving also helps prevent blood clots.

## **PHYSICAL THERAPY**

While you're in the hospital you will receive physical therapy. We will begin your treatment on the day of surgery.

Physical therapy focuses on teaching the proper techniques for getting in and out of bed and up and down from a chair; walking with an assistive device (a walker or crutches); and climbing up and down stairs. Your therapist also will review a therapeutic exercise program that is designed to increase your range of motion and strength (see page 14). We'll begin your treatment on the day of surgery.

## **AFTER HOSPITAL CARE**

### **DISCHARGE PLANNING**

You and your surgeon will plan for your discharge prior to surgery.

The discharge coordinator, along with other members of the orthopedic team, will coordinate your discharge. You should arrange to have help with meals and other needs at home, such as cleaning and shopping.

### **REASONS TO CALL YOUR SURGEON AND/OR PATIENT NAVIGATOR**

Please notify your surgeon if you develop:

- Redness or drainage from your incision
- Separation or opening of the incision
- Calf discomfort
- Fever (temperature greater than 101 degrees) or chills
- Rash
- Increased pain
- Leg swelling
- Decreased motion or increased stiffness
- Any other concerns you may have



## **WOUND CARE**

Keep the incision clean and dry.

It's best to leave the incision uncovered if there is no drainage. You may cover it with a dry, sterile dressing for your comfort and change it every day.

If you suspect that you're developing an infection in the wound area or you develop redness around the sutures, contact your surgeon immediately.

## **ANTIBIOTICS**

You now have an artificial knee. To decrease the chance of infection of this joint, your primary care physician or dentist will need to prescribe antibiotics before any dental, surgical or invasive procedures.

## **HOME EXERCISES AFTER TOTAL KNEE REPLACEMENT**

To make your recovery easier, familiarize yourself with these exercises before coming to the hospital. Your therapist will show you which ones are best and how often you should do each one. The therapist will introduce additional exercises as you progress in your recovery.

### **KNEE FLEXION**



Sit on an elevated chair or table to allow the knee to bend behind the chair/table. Bend your surgical knee back under the chair/table as far as you can.



Use your nonsurgical foot to push the surgical foot back even further until it will not go any more. Be careful to keep the surgical foot and knee straight rather than letting it twist in. Hold for 10 seconds, then release it. Repeat this 30 times. Do this every morning, afternoon and night.

## KNEE EXTENSION



Sit on a chair with the heel of the surgical knee on a hard/firm structure (this could be a step stool or large hard books; you do not want to do this on a structure that allows your heel to sink in such as a mattress or cushioned foot rest). Sit with your surgical leg straight out with your heel on the stool. Contract your thigh muscles to further straighten the knee.



Then, place your hands directly onto your thigh above your knee cap and push the knee straight down so that the leg gets even straighter until it will not go anymore. Hold for 10 seconds, then relax slowly. Repeat this 30 times. Do this every morning, afternoon and night.

## BICYCLE



Adjust the seat so that your surgical leg is fully extended when your foot is on the pedal (you may need to raise the height of the seat). At first you won't be able to rotate your knee through a complete cycle.



Simply rotate the pedal back and forth and with time you'll be able to bend the knee enough to rotate your foot through a complete cycle.

## DO NOT DO ANY OF THE FOLLOWING EXERCISES



No Squats



No Lunges



No Weight Lifting



No Stairs for Exercise

## DIRECTIONS TO SURGICAL ADMISSIONS



### UMASS MEMORIAL MEDICAL CENTER - MEMORIAL CAMPUS 119 BELMONT STREET, WORCESTER

**From the east:** Take Mass. Turnpike West to I-495 North. Take Exit 25B to I-290 West. Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). Take left onto Belmont Street. Memorial Campus is 1/2 mile on the left.

**From the west:** Take Mass. Turnpike East to Exit 10 (I-290 East). Take I-290 East to Exit 17. Turn right off exit onto Route 9/Belmont Street. The Memorial Campus is on your left.


**From the north:** Take I-495 South to Exit 25B (I-290 West). Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). Take left onto Belmont Street. The Memorial Campus is on your left.

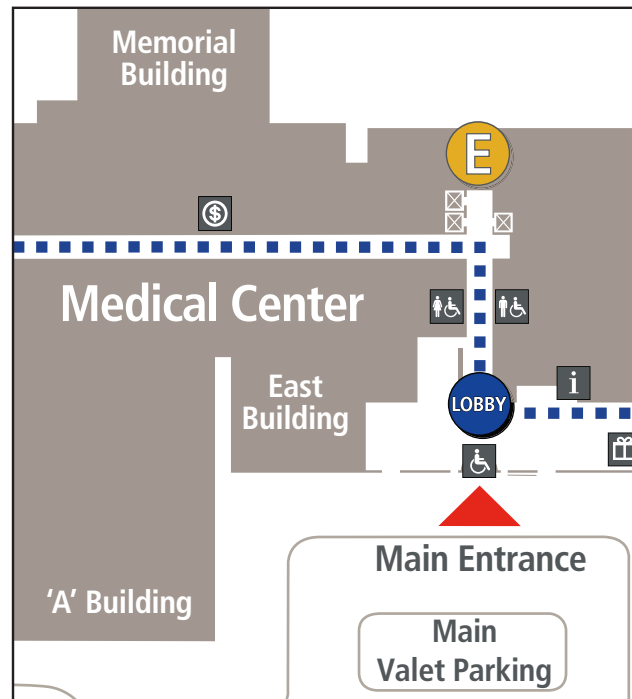
**Or:** Take I-190 South to I-290 West toward Auburn. Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). The Memorial Campus is on the left.

**From the south:** Take I-495 North to Exit 25B (I-290 West). Follow I-290 to Exit 18. Turn right off exit onto Lincoln Street. Bear left and proceed to Lincoln Square (intersection of Route 9/Belmont Street). The Memorial Campus is on your left.

**Or:** Take I-395 North to where it becomes I-290 East. Take I-290 to Exit 17. Turn right off exit onto Route 9/Belmont Street. The Memorial Campus is on your left.

**Parking:** In the parking garage near the emergency department entrance or valet in front of the south entrance.

When you arrive at the hospital, come through the main entrance and take elevator  to the second floor, Surgical Admissions.



## INTERNET RESOURCES:

UMass Memorial Medical Center Orthopedic Department: [www.umassmemorial.org/ortho](http://www.umassmemorial.org/ortho)

American Academy of Orthopaedic Surgeons: [www.aaos.org](http://www.aaos.org)

American Association of Hip and Knee Surgeons: [www.aahks.org](http://www.aahks.org)

## **NON-DISCRIMINATION NOTICE**

UMass Memorial Medical Center complies with applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability. Further, UMass Memorial Medical Center does not exclude people or treat them differently because of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability.

UMass Memorial Medical Center provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, and other formats)

UMass Memorial Medical Center also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Interpreter Services, 774-441-6793 (TTY 711).

If you believe that UMass Memorial Medical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, gender identity, age, or disability, you can file a grievance with:

### **Patient Care Services**

**55 Lake Avenue North**

**Worcester, Massachusetts 01605**

**Phone: 774-442-3701 (TTY-711), Fax: 774-441-7766,**

**PatientCareServices@umassmemorial.org**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance a Patient Care representative is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

### **U.S. Department of Health and Human Services**

**200 Independence Avenue, SW**

**Room 509F, HHH Building**

**Washington, DC 20201**

**Phone: 800-368-1019 or 800-537-7697 (TDD)**

*Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.*



## LANGUAGE ASSISTANCE SERVICES

If you speak a language other than English, language assistance services are available at no cost to you.  
**Call 774-441-6793 (TTY: 711)**

**Español** (*Spanish*)- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 774-441-6793 (TTY: 711).

**Português** (*Portuguese*); ATENÇÃO: se você fala português, tem à sua disposição serviços linguísticos gratuitos. Ligue para 774-441-6793 (TTY: 711).

**Tiếng Việt** (*Vietnamese*); CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 774-441-6793 (TTY: 711).

**العربية** (*Arabic*); ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 774-441-6793 (رقم هاتف الصم والبكم: 711).

**Shqip** (*Albanian*); KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 774-441-6793 (TTY: 711).

**नेपाली** (*Nepali*); ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 774-441-6793 (टिपिवाइ: 711)।

**繁體中文** (*Chinese*); 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 774-441-6793 (TTY: 711)。

**Русский** (*Russian*); ВНИМАНИЕ: Если вы говорите на русском языке, вы можете воспользоваться бесплатными услугами перевода. Звоните 774-441-6793 (телетайп: 711).

**Kreyòl Ayisyen** (*French Creole*); ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 774-441-6793 (TTY: 711).

**ខ្មែរ** (*Cambodian*); ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 774-441-6793 (TTY: 711)។

**한국어** (*Korean*); 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 774-441-6793 (TTY: 711)번으로 전화해 주십시오.

**Français** (*French*); ATTENTION : si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 774-441-6793 (Télétype : 711).

**Italiano** (*Italian*); ATTENZIONE: Se parlate italiano, potete usufruire di servizi di assistenza linguistica totalmente gratuiti. Chiamate il numero 774-441-6793 (TTY: 711).

**λληνικά** (*Greek*); ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε στον αριθμό 774-441-6793 (TTY: 711).

**Polski** (*Polish*); UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 774-441-6793 (TTY: 711).

**हिंदी** (*Hindi*); ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ मुफ्त में उपलब्ध हैं। 774-441-6793 (TTY: 711) पर कॉल करें।

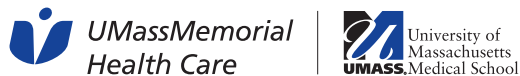
**ગુજરાતી** (*Gujarati*); સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 774-441-6793 (TTY: 711).



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## **Department of Orthopedics and Physical Rehabilitation Division of Arthritis and Joint Replacement Surgery**

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