

**Your Surgical Journey**  
**Patient Information**  
**Pack**



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## Important Information for Patients

This booklet has been produced as an educational resource and is not to be interpreted as medical advice. Whether to have surgery and what outcomes to expect should be discussed with your surgeon and other appropriate medical practitioners. All surgeries and possible side effect, risks, and outcomes depend on individual circumstances. Your doctor will explain all risks and side effects as well as the potential need for future treatment or surgery.

## Important APPOINTMENTS

Appointment type	Date	Time	Location	What to bring
Preop assessment clinic				
Cardiology appointment				
Preop physician				
Preop Imaging booking				

## Surgery DATES

Doctor	Date	Arrival Time	Hospital	Hospital Contact

## Important CONTACT DETAILS

Doctor/Health Professional Name	Specialty	Location	Contact
	Orthopedic surgeon		02 90551766
	Cardiologist		

## Emergency CONTACT DETAILS

First name	Last name	Relationship	Mobile number
		Next of kin	
		Contact person for hospital	

# Patient Introduction

## In This Pack

This pack is designed as an educational resource for patients preparing for hip and knee surgery. It does not replace the individual information provided by your surgeon. This pack can accompany you through your journey providing tips, reminders, and resources. The aim is to support you to make the most of your surgery by knowing what to expect and how to best prepare.

## Online resources

Each person's surgical journey is unique. To help support this we have compiled a comprehensive list of FAQs on our website for your reference.

Further information, tips, tricks and videos are available on our website [www.mtphealth.com.au](http://www.mtphealth.com.au)

## What to expect

- Understand the goals of surgery
- Know what to expect before, during and after your hospital stay
- How to prepare for surgery
- How to prepare for your recovery
- Make the most of your surgery and rehabilitation
- Provide resources and support



# Surgical Journey

## Knee & Hip Surgery

Joint surgery may be recommended for you when other treatments no longer provide sufficient pain relief. Speak with your surgeon about the goals of your surgery and what outcomes you can expect. Your particular situation will also determine what type of surgery you require and how long your recovery will take.

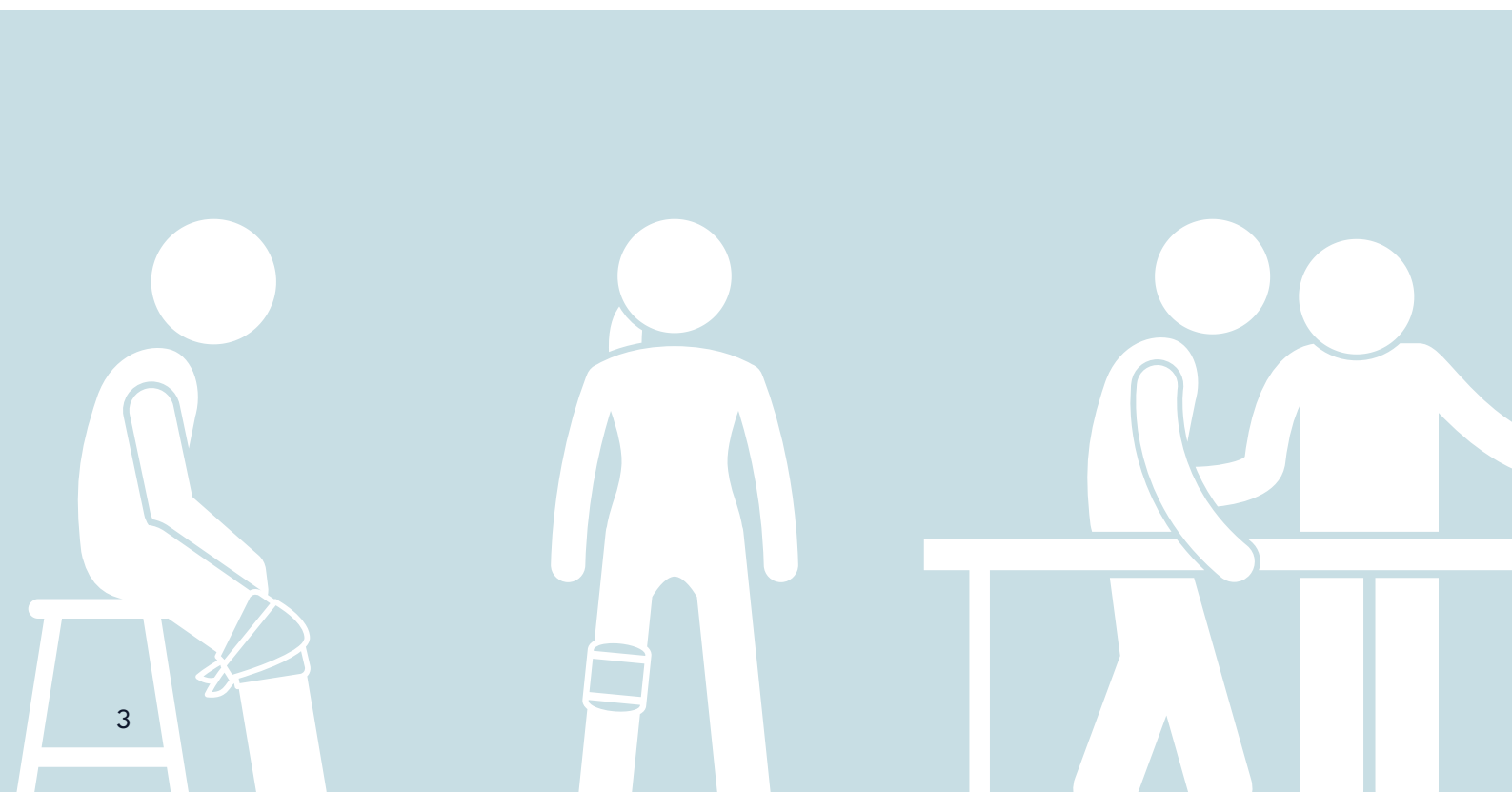
## Goals of Joint Replacement Surgery

While the goals of each surgery are unique, there are some general aims which apply to most procedures:

- Reduce pain
- Correct any deformity or alignment
- Improve function

## How Long Does Joint Replacement Last?

Often joint replacements can last more than 20 years, but all will wear over time and may eventually require revision. Knowing what factors can improve longevity and outcomes can help you manage your replacement in the long term.



# Surgical Journey

## Our Joint Replacement Process

PRE-SURGERY



- Focus on movement control
- Maintain (or gain) as much strength as possible
- Reduce the anxiety of exercising with joint pain which helps with the post operative rehab process

POST SURGERY



- Home based recovery (preferred) OR in-patient rehab at hospital (if required)
- Manage swelling and pain
- Maintain range of motion
- Commence muscle activation



- Regular Physio OR rehab hospital outpatient program
- Restore maximal range
- Introduce weight bearing exercise
- Restore walking mechanics



- MTP Knee & Hip Program OR personalised exercise program design and guidance
- Build strength through full range of movement
- Aim to restore your lifestyle function
- Achieve your personal goals for recovery

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# What is Osteoarthritis?

One in 11 Australians suffer from Osteoarthritis (OA) which is approximately 2.2 million people.

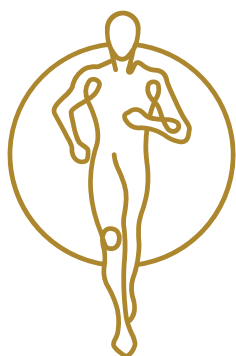
People with OA are twice as likely to report their health as worse than people without OA.

Osteoarthritis is a chronic inflammatory condition affecting the joints resulting from a reduction in cartilage within the joint space leading to:

- pain
- swelling
- stiffness
- loss of normal range of motion

Normally the cartilage in our hips and knees is continually repaired and remodelled. In OA, this process is less effective and repair fails to keep pace (John Hopkins Arthritis Center).

While there is no cure for OA at this time, there are treatments available to help relieve symptoms.



## Treatments

Treatments range from medications (including anti-inflammatories), weight loss, physical activity and joint replacements.



Medications typically help to relieve symptoms through reducing the inflammatory response that leads to stiffness and swelling within the joint, leading to a reduction in pain during movement.



Weight loss reduces the mechanical load that the joint must carry which again leads to a reduction in symptoms. People who are overweight can be twice as likely to suffer from OA.



The correct forms of physical activity can have hugely beneficial effects in reducing pain but also in improving every day quality of life beyond only the management of OA.



Joint replacements are typically undertaken once other methods are no longer effective at reducing pain or improving function. They are also increasingly common amongst affected Australians aged 55-80 years.

# Learn about Knee & Hip Replacement

## Welcome

In knee and hip replacement, the aim is to remove the diseased or damaged parts of the joint and resurface or replace them. Artificial joints are usually made from metal and durable medical grade plastic or ceramic, designed to move like a normal joint. How much of your joint needs to be replaced and which particular brand and type of artificial joint will be used is decided in consultation with your doctor.

## Robotic Assisted Surgery

Your doctor may recommend the use of robotic surgery. This requires some specific scans including a CT scan before your operation. We will coordinate with you to ensure the correct scans are performed in time.

The CT scan is important as it is used to develop a 3D model of your joint. From this model, a personalised 'virtual surgery' can be planned to allow maximal efficiency and accuracy in the operating room.

## Healthfunds

The surgical team can give you a code for your procedure. You can then call your private health fund to see which aspects of your surgery and hospital stay will be covered by your fund - specifically joint replacement surgery.

There will be a gap between the amount covered and the full surgical fee. Please ask the team for an estimate.



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# The Surgery

Surgery can take between 1-3 hours, depending on the complexity of your individual procedure. Your surgeon will have a personalised surgical plan which they will have discussed with you. The day of surgery is also often called 'Day 0' as it marks the beginning of your recovery and rehabilitation.

On the day of surgery, your surgeon will greet you, answer any last minute questions and place a mark on the joint to be replaced. The anaesthetist will talk to you about the anaesthetic plan, which often uses a combination of a spinal or local nerve blocks and sedation or a full general anaesthetic.

Following surgery, your surgeon will call your nominated next of kin to let them know how everything has gone and you will wake up in the recovery bay. From there you will be transferred to the ward to begin your recovery. Early postoperative mobilisation is important and often you will stand and take a few steps with a physiotherapist on the very same day as surgery.



## Procedure Types

- Partial Knee - Unilateral
- Total Knee
- Anterior Total Hip
- Posterior Total Hip
- Revision Surgery

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**YOUR SURGICAL JOURNEY  
PATIENT INFORMATION PACK**

## YOUR SURGERY - WHAT TO EXPECT

# Preparing for Surgery

### Your Surgery- What to expect

Being prepared and ensuring you understand all the steps for surgery, recovery and rehabilitation will help you get the most out of your procedure. A positive attitude and active participation are critical for achieving the best results.

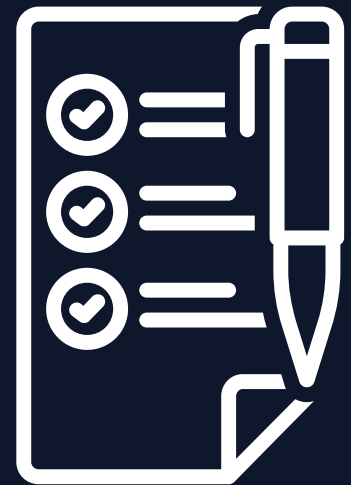
### Preparing yourself for surgery

Your surgical journey starts well before the procedure. It is important you review any educational materials provided by your doctor and that you undertake all the recommended steps ahead of your surgery - such as pre-surgical health assessments.

### Preparing for recovery

The length of your hospital stay (usually 1-3 days), return to work (4-6 weeks) and things like return to driving vary from patient to patient.

Your doctor will discuss your likely recovery schedule with you so that you can plan accordingly and ensure you have someone to pick you up from hospital and support you when you get home.



## General Health

### 01

Discuss your current medications with your surgeon. Some medications like blood thinners need to be stopped before your procedure.

### 02

Ensure you eat a healthy diet in the weeks before your hospital stay. You may be advised by your doctor to lose weight.

### 03

Stay as active and fit as possible in the weeks leading up to surgery. If you have time, consider undertaking a pre-habilitation program under guidance from your doctor or physical therapist.

### 04

Prepare your home for your recovery.

# Checklist to Prepare for Surgery



**Attend pre-admission clinic**  
All patients need to attend a pre-admission clinic before surgery. At the pre-admission clinic you will get further information and guidance on what you need to do to prepare for surgery.

**Arrange support**  
You will need to be picked up from the hospital by a friend or family member. Arrange this well ahead so they can make any necessary arrangements for time off work or other obligations. Also note their contact details so the hospital can call them when required.

**Review your medications**  
Your surgeon will need to review any prescription or over the counter medications you are taking as well as supplements (e.g. fish oil) and advise if any should not be taken before surgery. Also, make sure you have a list of your usual medications with you for your pre-admission clinic and when you go in for surgery.

**Eat well (lose weight)**  
Eating a balanced diet will improve your recovery. You may also be advised by your surgeon to lose weight to reduce the load and future wear on your new joint.

**Exercise as directed**  
Pre-habilitation, or exercise ahead of surgery, can be helpful in improving recovery outcomes and maintaining your health ahead of the procedure. Follow any exercise program prescribed by your physiotherapist or surgeon and maintain healthy activities like walking, cycling or swimming.

**Get scans and lab tests performed**  
You will be directed by your surgeon or cardiologist to get scans or laboratory tests (e.g. blood, ECG) performed. These are critical to making sure you are fit and ready for surgery. Ensure you arrange these tests promptly so that your results are ready in time.

**Pack your hospital bag**  
You may not be in hospital very long, but you want to be comfortable and be prepared. Ensure you have ready what you will want for the likely duration.

**Stop smoking**  
Apart from the well-known risks to your lungs, smoking increases the risks of poor wound healing, deep infection and early loosening of orthopaedic implants. Speak with your doctor about the risks of smoking and surgery.

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**Prepare your home**

Get your home ready for your return from hospital. Consider your likely mobility restrictions and check for safe walkways (remove trip hazards like rugs or cables). Move frequently used items like toiletries and comfortable clothing to easy reach locations. Consider preparing some meals ahead, having fresh bedsheets, and stocking up on necessities. Avoid having the bed or toilet be upstairs.

**Review educational materials**

The more familiar you are with the process, the more prepared you can be. It also allows you time to ask questions and actively participate in your recovery. Review all the materials provided by your surgeon. Additional resources can also be found at [www.jointworks.com](http://www.jointworks.com)

**Practice using crutches**

Make sure you know how to use crutches BEFORE surgery. Practice and get familiar with them. You do not want to be at risk of falling or tripping while recovering.

**Overall wellbeing**

You may be very eager for surgery, but try to take the time to prepare. Feeling well and having a positive attitude can help your recovery.

**Book your rehabilitation**

The overall success of your surgery and long term outcomes will also depend on your rehabilitation. Ensure you and your surgeon have agreed on your rehabilitation plan and that you have booked your immediate recovery physiotherapy and ongoing rehabilitation. Learning how to move well over the coming years will contribute to your health and the wear of your new joint.

**Complete your checklist**

Your surgeon's rooms and/or operating hospital may have given you a checklist of paperwork, tests, and appointment bookings to be completed prior to surgery. If so, ensure you understand and complete all the prescribed steps in time. These will have been planned by your surgeon to support a safe and effective procedure. If you do not complete all the items assigned by your surgeon or hospital, they may need to postpone your procedure until all steps are complete.

**Prevent Infection**

Book GP and dental check ups to make sure any other issues, like infections, do not compromise your surgery. Cure any dental decay and follow guidelines for antibiotics post surgery. DO NOT shave your legs and avoid gardening.

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# Hospital Stay

## YOUR STAY - WHAT TO BRING

### Checklist

○ Medicare and Insurance cards

○ Comfortable Clothing

○ Medications, creams, drops etc

○ Flat, closed, non lace up shoes

○ Glasses, hearing aids, dentures

○ Toiletries

○ Books

○ Phone and tablet chargers

### Your Surgery- What to expect

Ensure you have the contact details for family or friends and someone planning to pick you up at discharge. Pack short sleeved night-wear, underwear, socks, and loose day clothes as well as safe easy footwear.

### Preparing yourself for surgery

Know when and where to arrive at hospital on the day of your surgery, as well as your required fasting times. The hospital will call you the day before to confirm these details once the operative lists have been finalised. As a rule, you cannot have any food within 6 hours of surgery and may drink water until 2 hours before surgery.



# Day 0

## Arrival

Upon arrival at the hospital, the nurses will confirm all of your details and paperwork with you, you will change into a patient gown and the surgical area may be 'pre-prepped' with anti-septic. Your belongings will be taken to your room on the ward.

## Anaesthetics

Often, your anaesthetist will call in the days prior to discuss your medical history and anaesthetic plan which for joint replacement usually involves a combination of regional, spinal and general anaesthetic.

## What to expect

Being a patient can be an unusual experience, and here are some other things to possibly expect:

- A needle will be placed in your arm for medications
- Compression stockings will be applied
- The operating team is often much larger than most expect with up to 10 people in theatre.

## Recovery room

When your surgery is complete you will be taken to the recovery room where nurses will monitor you. How long you spend in recovery will depend, however usually is about 30 minutes to 1 hour. When you wake up, you may find that you have a urinary catheter.

## On the ward

Once you are alert and ready, you will be transferred to the ward or private room. Nurses will be monitoring you and your pain levels. You will be encouraged to begin physiotherapy as soon as possible and discharge planning begins.

## Complications

It is important that you understand the possible risks and complications of surgery. Your surgeon will have discussed these with you. Communicate during your recovery how you are feeling. You will likely be prescribed antibiotics to prevent infection and encouraged to move to avoid blood clots and clear your lungs.

# In Hospital

Following your joint replacement, you will stay in hospital until the medical, nursing and physiotherapy team are happy that you are safe to go home.

## Length of stay

The duration of your hospital stay varies from procedure to procedure and from patient to patient.

With modern surgical techniques and pain relief, there is a focus on early mobilisation and rapid recovery as we know patients generally recover better in their own environment.

The following is a rough guide

- Hip replacement: 1-2 nights
- Knee replacement: 2-4 nights
- Partial knee replacement: 1-2 nights
- Revision joint replacement: 3-5 nights

Of course, we never discharge a patient before they are ready and some patients will naturally need to stay in hospital a little longer, especially those who are older or more frail, have other medical conditions or have reduced social support.

The length of stay is often predictable for each patient, and your doctor will discuss this with you so you can prepare loved ones to be available.

Some patients will be discharged to a rehabilitation facility, which is usually planned pre-operatively.

## On the ward

There are several goals of your inpatient stay:

- control your pain
- get you moving with confidence
- ensure no complications

To achieve these goals you can expect:

- nurses taking observations, checking your wound and assessing your pain levels
- blood tests and an x-ray on Day 1
- twice daily physiotherapy sessions
- daily communication with your surgeon

## Notes:

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# Heading Home

## Take Control

Being well-informed and taking an active role in your care prior to discharge can reduce the anxiety surrounding your return home.

## Plan Ahead

While most people enjoy being back in the familiar environment of their own home, it can be quite daunting to suddenly be away from the 24 hour medical and nursing care available in the hospital environment. Anticipating potential difficulties and preparing for them before your surgery will make the transition much easier.

## Prior to Discharge

Prior to discharge, make sure you understand:

- your pain management plan and have adequate supply / scripts
- your blood thinning medication including how to inject, if necessary
- when you will be seeing your physiotherapist and what you should be doing before then
- when your follow up is scheduled with your surgeon

# Post -Op Care

## Movement

- Use crutches for support
- It is important to use the leg muscles
  - For example, leg raises and ankle rotations every hour are commonly recommended
- You may put full weight through your leg unless told otherwise by your surgeon
- Avoid strenuous activity until cleared

## Wound and Dressing Care

- Swelling and bruising is normal
- Elevate leg by putting foot upon lounge or stool to reduce swelling
- You will go home with a waterproof dressing that is intended to remain in place, undisturbed until follow up with your surgeon in 14 days.
- It is normal for there to be a small amount of blood under the dressing
- You may shower with the waterproof dressing on then pat dry. If you notice excessive water is collected under the dressing, it should be replaced.

## When Should You Call Our Rooms?

Call your doctor if you experience:

- Persistent bleeding
- Signs of infection:
  - fevers, redness or drainage from the wound
- Signs of blood clot:
  - swelling in the calf that is not improving





# Using Crutches

## Setting the Length

1. Standing upright arms hanging loosely by your side
2. Height of the handle should be level with the crease of your wrist
3. The cuff should be approximately 1-2 inches below the elbow.
4. To adjust depress the spring button on the leg of the crutch and slide up or down to set to appropriate height.

## Correct Use

1. First BOTH CRUTCHES reach forward
2. Then step your OPERATED leg to meet the crutches
3. Finally bring your NON-OPERATED leg through inline with the crutches and the operated leg
4. Repeat

Note: You will be shown how to correctly use crutches by the attending Physio in hospital.

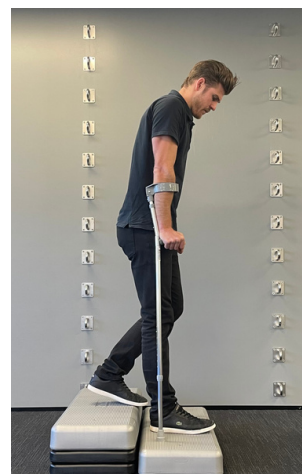
## Walking Upstairs

1. Place NON-OPERATED side onto step
2. Step up using your NON-OPERATED side
3. The OPERATED side & CRUTCHES follow
4. Place the crutches down on the step outside your feet.
5. Pause on each step with crutches and feet planted and stable.
6. Repeat

## Walking Downstairs

1. Place CRUTCHES on the next step first
2. Then step your OPERATED side down between the crutches.
3. Your NON-OPERATED side steps down last
4. Stop on step with crutches and feet planted and stable.
5. Repeat.

Note: Always ensure your surgeon or Physio has approved stair walking prior to attempting





# Recovery Tips

## Pain Management

- The local anaesthetic will usually wear off after 8 and 12 hours. We use multimodal analgesia including paracetamol, anti-inflammatories as well as stronger opioid-based analgesia as needed.
- Let your doctor or nurse know if you are experiencing side effects from the stronger pain killers such as nausea or constipation.
- Non-medication forms of pain relief such as ice packs or a Game Ready machine also play an important role.

## Sleeping

- Adequate sleep is vital for recovery, however sleep disruption is quite common following joint replacement.
- If pain is waking you, make sure some long acting pain relief is on board overnight.
- Keep any afternoon naps to less than an hour.
- Unless your surgeon has said otherwise, there are no restrictions on your sleeping position, so do whatever is most comfortable.

## Washing and bathing

- Showering is permitted from day 1 after surgery and thereafter.
- It can be a surprisingly tiring process after surgery and some patients find having a shower chair very useful.
- Having a bath should be avoided until the wound is well healed (2-3 weeks)

## Driving

- You can drive when you are off all strong pain killers, are able to safely perform an emergency stop and safely get in and out of the car.
- For right-sided hip or knee replacements, driving is not permitted before 6 weeks.
- For left-sided operations (with automatic vehicles), driving can commence from two weeks as long as the above conditions are met.

# Exercise Rehab

Your journey from first experiencing pain in your hip or knee to deciding to undergo joint replacement may have taken months or even years. Your recovery process is no different.

To ensure your replaced joint is given the best chance at success we encourage a long term approach to your rehabilitation. Each stage of your recovery will have a different focus but ensuring you progress and build habits that support your long term success is essential.

## Movements to avoid

A joint replacement is a major operation that involves controlled surgical 'injury' to the bones as well as the soft tissues, which require time to heal.

For hip replacements:

- No restrictions on normal use of hip
- Avoid extreme positions for 6-8 weeks

For knee replacements:

- Bending your knee can be uncomfortable, take it slow and be guided by your Physio

## Return to work and recreation

Everyone has unique life circumstances going into joint replacement surgery. Your strength, your level function, your hobbies, your work demands, your living situation etc all vary greatly. For this reason it is important that you discuss when is best for you with your doctor or physiotherapist.

## 0-8 weeks

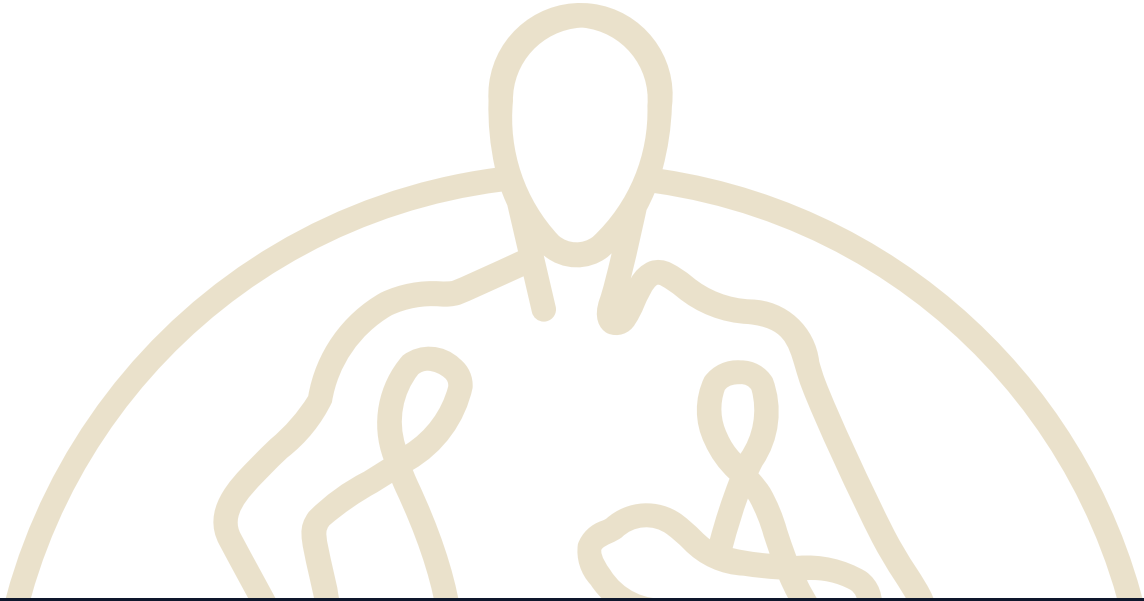
The most important first steps of your rehab are to establish a full range of movement in the joint and to regain basic muscle activation. Building your confidence walking and balancing is also critical

## 8+ weeks

In this critical period up to 1 year and beyond following surgery, the emphasis shifts towards: building more strength through your range of motion; building confidence in your movement and your balance; and starting the process of working toward your goal activities.







# Example Exercises

This pack is designed as an educational resources for patients preparing for surgery. It does not replace the individual information provided by your surgeon and/or physiotherapist. This pack can accompany you through your journey providing tips, reminders and resources. The aim is to support your journey so you can be prepared and ready to maximise your recovery from surgery and achieve the best possible outcomes.



# Week 1 - 4: Knee Exercises



## Isometric Quadriceps Activation

In a seated position with your legs out in front of you, squeeze your knee down into the bed/couch and hold. Your foot should stay relaxed as you do this. If uncomfortable, try placing a rolled up towel/pillow underneath your knee

Repetitions: Hold for 10 seconds x 10.  
Frequency: Every 2 hours



## Active Assisted Knee Bends

In a seated position with your legs out in front of you, place a towel around your foot. Use your arms to pull on the towel to gently bring your foot towards you, by bending your knee. Only bend your knee to what is comfortable. Slowly return your leg to a straightened position. This exercise should get easier the more you do it.

Repetitions: 3 x 20  
Frequency: Every 2-3 hours



## Ankle Pumps

In a seated position, with your legs straight out in front of you, gently move your foot to a pointed toe position. Keeping your knee straight, bring your toes towards your face. Repeat this exercise gently moving your foot up and down.

Repetitions: 3 x 20 with a small rest in between sets.  
Frequency: Every hour



## Gluteal Squeezes

In a seated or lying down position bring your legs out and straight. Squeeze your glute muscles together and hold.

Repetitions: 10 x 10 seconds holds  
Frequency: Every 1-2 hours



## Lying Adduction

In a lying position on your back with your legs outstretched. Gently slide your leg out to the side keeping your heel on the floor throughout. Slowly return back to start position and repeat.

Repetitions: 2 x 10-15  
Frequency: Every 2-3 hours

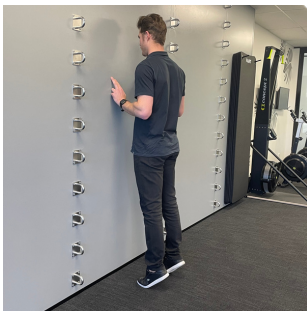
# Week 5 - 8: Knee Exercises



## Wall Squat

Stand against the wall with your back flat on the wall and your feet approximately 30cm away from the wall. Slowly lower your body down the wall by bending your knees. Stop when you feel tension through your quads with no pain. Slowly push through your heels and straighten your legs to return to standing.

Repetitions: 3 x 10-40seconds  
Frequency: 2 x Daily



## Calf Raise

Standing on both feet, lift to a tip toe position. Slowly lower your heels back down to the ground. You can hold onto something for balance, but try not to use your arms to lift up.

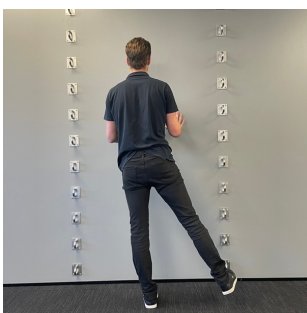
Repetitions/Duration: 3 x 15  
Frequency: 2 x Daily



## Gluteal Bridge

Lying on your back with knees bent and feet flat on the floor. Slowly push through your feet and lift your hips up off the floor/bed. Squeeze your glutes together at the top of the movement. Slowly lower your hips down.

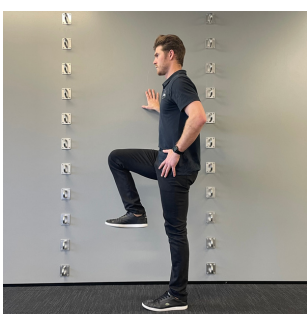
Repetitions: 3 x 10  
Frequency: 2x a day



## Standing Hip Abduction

Stand at your kitchen bench with hands on the bench for balance. Keeping your hips level, lift one leg out to the side, keeping the knee straight. Slowly return to a standing position.

Repetitions: 3 x 15-20  
Frequency: 2 x Daily



## Marching on the Spot

Standing up right, holding the back of a chair. Slowly lift one leg off the ground as high as you feel comfortable. Return that leg to the ground and repeat with the other leg. Ensure hips stay level throughout the movement.

Repetitions: 3 x 20  
Frequency: 2 x Daily

# Week 9 - 12: Knee Exercises



## Squat

Stand with feet hip distance apart. Slowly bend the knees and lower you buttocks. Slowly push through the heels and return to standing position. Keep the knees tracking over the toes throughout the movement. Only lower as far as you feel comfortable to go without pain.

Repetitions: 3 x 10  
Frequency: 2 x Daily



## Step Up

Find a step around the home to use, preferably with something sturdy to hold onto for balance. Step up onto the step, keeping your knee tracking over your toes. Slowly step backwards down the step.

Repetitions/Duration: 3 x 10 each leg  
Frequency: 2 x Daily



## Gluteal Bridge

Lie on your back with knees bent and feet flat on the floor. Slowly push through your feet and lift your hips up off the floor/bed. Squeeze your glutes together at the top of the movement. Slowly lower your hips down.

Repetitions/Duration: 3 x 15  
Frequency: 2 x Daily

# Week 9 - 12: Hip Exercises



## Wall Squat

Stand against the wall with your back flat on the wall and your feet approximately 30cm away from the wall. Slowly lower your body down the wall by bending your knees. Stop when you feel tension through your quads with no pain. Slowly push through your heels and straighten your legs to return to standing.

Repetitions: 3 x 20-40seconds  
Frequency: 2 x Daily



## Step Up

Find a step around the home to use, preferably with something sturdy to hold onto for balance. Step up onto the step, keeping your knee tracking in line with your toes.

Repetitions: 3 x 10  
Frequency: 2 x Daily



## Single Leg Balance

Stand on one leg keeping hips level and hold. Stand next to something sturdy like the kitchen bench to hold onto for safety.

Repetitions/Duration: 3 x 30 second holds  
Frequency: 2 x Daily







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