



# HEADWATERS ORTHOPEDICS, PLC



Dr. Glenn Johnson  
Orthopedic Surgeon



Tina Klisch, RN

[www.orthopedics.us.com](http://www.orthopedics.us.com)

# HEADWATERS ORTHOPEDICS

www.orthopedics.us.com

Your Surgeon is:

**Dr. Glenn Johnson,**  
Board Certified Orthopedic Surgeon

Your Surgical Assistant is:

**Tina Klisch, RN**

## **Our Practice Specializes in**

- ❖ Minimally Invasive Surgical (MIS) hip, knee and shoulder replacement
- ❖ Shoulder surgery
- ❖ Arthroscopic surgery of the knee, ankle and shoulder
- ❖ Adult reconstructive surgery
- ❖ Fracture care

## **Our Approach to Treating Patients**

Our staff work as a team to give you personal, effective communication and the best of care. We have been serving the northern Minnesota area since 1988.

We are committed to delivering to our patients the best medical and orthopedic care available. We believe the most important aspect of providing quality care is listening to the needs of patients and presenting treatment options to the patient.

Surgery is only one of many treatment options. Many patients never need to have surgery. Many times physical therapy, medications, injections or immobilization might be all that is needed. We work closely with local physical therapists who, like Dr. Johnson, believe in conservative methods. If surgery is needed, our therapists are also keen in helping the rehabilitation process.

Now that the recommendation has been made for a surgical intervention, we hope this booklet will help expand your knowledge and assist you in becoming informed and more confident about your decision and the surgical process.

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Your surgical procedure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(The hospital staff will notify you of the time.)

Prescriptions: See page 16 for pre-op instructions

Hospitals	Phone	Fax
<input type="checkbox"/> <b><u>Bagley</u></b> Clearwater County Memorial Hospital	218-694-6501	218-694-3528
<input type="checkbox"/> <b><u>Bemidji</u></b> MeritCare Same Day Surgery	218-333-4500	218-333-4545
<input type="checkbox"/> <b><u>Fosston</u></b> First Care Medical Services	218-435-1133	218-435-6572

## Surgery Check List

History and Physical: **A current physical exam is required whenever anesthesia and/or sedation is needed.** You will need to make that appointment. Please do this at your earliest convenience in order to preserve your surgical appointment date. This appointment must be scheduled to take place within 30 days of your planned surgery. Also, please schedule this appointment at least 2 days prior to your surgery to allow the hospital staff time to gather the required documentation. Surgery cannot be performed without the hospital having a copy of your physical.

History and Physical Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor: \_\_\_\_\_

Please have a list of **all medications** you take available at the time of your appointment for your physical. This is very important. Be sure to list all prescriptions, herbal medications and any over the counter supplements not prescribed by your doctor. Some herbal preparations may interfere with the normal clotting mechanisms and may need to be discontinued a week prior to your surgery. Some may also cause unwanted interactions with the medications you will be given. If you have concerns about your medications, discuss the issue with your health care provider or your pharmacist.

Please have a list of your **allergies** available.

Medications

Allergies

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Request that a copy of your physical and the tests performed be sent to the hospital location where you will be having your surgery.

Your x-rays must be available at the time of your surgery. Ask your primary health care provider if they will be sent to the hospital or if you need to be responsible for picking them up. If they are not available, duplicate x-rays must be taken at the patient's expense. Help us conserve your health care dollars.

Arrange for a referral from your primary care provider to Headwaters Orthopedics and Dr. Johnson if that is required by your insurance provider.

**Eating and Drinking**

**Do not eat or drink anything after midnight the night before surgery, including water, gum, and hard candy.** You will be asked to take your heart and/or blood pressure medication with a small amount of water if you normally take these medications in the morning. Special instructions will be provided for you during the hospital pre-operative phone call.

**Shower/Brushing Teeth**

Bathe or shower the night before your surgery. Do not wear make-up or perfumes. We ask that you remove any polish from at least one finger prior to going to the hospital for monitoring purposes. You may brush your teeth and rinse your mouth, but do not swallow. Patients that have been scheduled for joint replacement have special instructions for preparation. See page 16 for those instructions.

**Prevent Infection**

Remember that hand washing is the number one method of reducing your exposure to infectious diseases. Wash your hands often.

**Smoking**

If you are a smoker, you can reduce your chances of lung problems by not smoking for at least a week before surgery. To promote the health, well-being and safety of patients, visitors and employees, **smoking is not allowed** in the hospital buildings. The smoke-free policy applies to everyone. People who do not smoke heal faster than people who do smoke. Fractures heal 50% faster in non-smokers. If you feel that your emotional and/or physical well-being may be affected by quitting, please talk to your primary care provider, Dr. Johnson or Tina, so that other non-smoking alternatives can be explored. See page 25 for more helpful information on smoking cessation. For specific policies, contact the hospital where your care will be provided.

**❑ Diabetic Control**

Diabetics are urged to keep their blood sugars under strict control prior to surgery and in the recovery period following surgery. Blood sugars that are out of control promote complications, such as infection, prolonged healing time, etc. Your blood sugars will be monitored during your surgical procedure. If you are taking a diabetic medication by mouth, we ask that you do not take this medication the morning of your surgery. If you take insulin, we ask that you cut your dose in half the morning of your surgery. If you have concerns about your diabetic management, contact your primary care provider or your anesthesia provider for instructions on medications and management of your diabetes.

**❑ Aspirin and Blood Thinners**

If you are taking aspirin or an aspirin-type product, Dr. Johnson does not require that you discontinue taking the medication. However, you may experience a little more bleeding or swelling than you would if you were not taking these products.

If you are taking an anticoagulant, Dr. Johnson and his staff need to be informed. Also inform your primary care provider, as they will be providing you with instruction concerning alternate methods of maintaining your anticoagulation. Some of the medications to be reported are: Coumadin, Persantine, Lovenox and Ticlid. These will need to be stopped prior to surgery.

**❑ Valuables**

The hospital staff cannot be responsible for jewelry, money or other valuables, so we ask that you please leave them at home.

**❑ Loose Fitting Clothes**

Please wear loose, comfortable clothing, such as loose sweatshirt and jogging pants. If you will be receiving training in physical therapy, a loose pair of shorts would be very appropriate.

**❑ Driving Restrictions**

Please arrange to have someone drive you home following your surgery. You will **NOT BE ABLE TO DRIVE**. You must not drive your car for 24 hours following your surgery due to the effects of the anesthesia. You cannot leave the hospital alone. For your safety, all patients must have a ride home following surgery or their surgery will be canceled. A responsible adult must be with you at the time of your discharge to listen to discharge instructions and drive you home.

**☐ Phone Call Prior to Surgery**

You will be contacted prior to your surgery date by the hospital nursing staff for a brief interview. The nurse will be asking you questions regarding your current medications, allergies and herbal supplements.

The nurse will also be asking you about:

- Blood thinners
- Pacemakers
- Heart valves, stents, murmurs or mitral valve prolapse
- Rheumatic fever
- Artificial joints, plates, screws or pins
- Hernia repair with mesh
- Antibiotics prior to dental work
- Diabetes

**Please give these items some thought prior to their call and have your medication list available.**

The nurse will tell you what time you need to arrive at the hospital. They will give you instructions about your procedure and you will be given an opportunity to ask questions.

If you have not received your phone call by 4:00 p.m. on the business day prior to your surgery, please contact the hospital for your instructions.

If you would like to contact the hospital or clinic where your care is provided for any reason, please note the phone numbers on page 4.

**Please notify Tina**, if you develop **any change in your condition** before your surgery, such as cold, sore throat or fever. If for any reason you must reschedule your surgery, or if you have questions about your surgery, please contact Tina at **218-766-3845**.

**☐ Reporting to the Hospital**

When you get to the hospital, go to the front desk. The office staff will take your information and get you admitted for surgery. Please arrive at the time given to you by the nurse. Bring your insurance cards with you.

## **Preparing Your Child for Surgery**

### **When the patient is a child, do you do anything special to prepare for him/her?**

Surgery can be a highly emotional experience for children, so everything possible will be done to eliminate their anxiety and fears.

Because children often pick up fears from adults, the staff will do everything possible to eliminate parents' anxieties too. Please let the staff know whenever you have questions or concerns.

We encourage children to bring a special toy, pacifier or blanket from home. Both parents, or two responsible adults, can remain with the child until the time of surgery. It is a good idea to bring along diapers, formula, bottle and nipple, if appropriate.

When going home, your child will need to be safely supported by standard seat belts or in a car seat. Day care is not recommended on the day of surgery.

### **Directions for Eating and Drinking Before Surgery**

- 0 to 1 year old may breast feed 4 hours prior to surgery.
- Infants on formula may have formula up to 6 hours before surgery.
- Children over the age of 1 cannot eat or drink after midnight unless you receive special instructions.

Contact the hospital to see if they have a pre-operative teaching program in place for the young child.

### **Minors Accompanied by Parent or Legal Guardian**

Patients under the age of 18 and unmarried must have a parent or guardian sign the permit for them. The parent/guardian must remain in the center at all times.

## Your Surgical Experience

### Admission

After you have been admitted at the front desk, you will be directed to the **Outpatient Department**. Here you will be given a room and a bed and the outpatient staff will prepare you for surgery. You will change into a gown and a nursing assessment will be done. The nurse will help answer your questions and create a calm atmosphere for you for your surgical experience. You may need to have an electrocardiogram (heart tracing) and/or lab work. You will also need to sign a surgery permit. Someone from the anesthesia department will visit with you before surgery and answer any questions you might have about anesthesia.

You will see Dr. Johnson in the outpatient department to confirm the surgery site. Both doctor and patient must initial the surgical site. An I.V. (intravenous line) will be started in the outpatient department and you may receive medication to help you relax.

Feel free to bring reading materials with you to make your wait more pleasant. Parents may remain with children until they go to surgery.

### Anesthesia Care

Anesthesia is medication that keeps you comfortable during surgery. It is given by a certified registered nurse anesthetist. You will meet with him/her before surgery for an assessment and to discuss the type of anesthesia that will be used for you. Once in the operating room, he/she will remain with you throughout the entire surgical procedure.

- Notify staff if your or your family members have had complications due to anesthesia.

### What types are used?

There are three main types of anesthesia: general, regional and monitored sedation. The nurse anesthetist will watch your condition and provide medication as needed.

General Anesthesia: With general anesthesia you are totally asleep and aware of nothing.

Regional Anesthesia: Regional anesthesia numbs certain areas of the body so you do not feel pain. You may also receive additional medications to help you relax.

Monitored Sedation: With monitored sedation, comfort and relaxation is maintained. You may remain awake and aware throughout the surgery or you may be drowsy and sleep lightly.

**Operating Room**

Depending on your hospital's policies, you may walk to the operating room, go on a bed or in a wheel chair. The hospital staff, Dr. Johnson, his assistants and the anesthesiologist will care for you during your surgery and recovery.

It is usually cool in the operating room. We use warm blankets to keep you comfortable. Do not hesitate to ask for more blankets if you are not warm enough. Research has shown that people who stay warm before, during and after surgery heal and recover more quickly and more easily.

When you are situated on the operating room table, a safety belt and a grounding pad will be placed on you as safety measures. Anesthesia will be placing EKG pads and a blood pressure cuff for monitoring your heart and blood pressure. The anesthesiologist will be monitoring you throughout the surgery.

**Recovery Room**

If you had a general, or spinal anesthetic, or sometimes when given sedation, you will go to the recovery room after surgery for about an hour. You will receive constant care from recovery room nurses who will check you frequently. You will be encouraged to take deep breaths and move around as soon as you are able. This helps to wear off the effects of the anesthesia. If you go home the same day, you will return to the outpatient department following your surgery. Your family can meet you there. If you will be an inpatient, you will be taken to your hospital room. The hospital staff will tell your family/friend where to wait for you.

Note:

Outpatients can be in a hospital bed over night if their doctor decides it is necessary. Your inpatient/outpatient status is determined by regulatory criteria, not the length of time that you occupy the hospital bed.

If your recovery will include a hospital stay, the following section will help you know what to expect and how you can speed your recovery. Read it carefully and let us know if you have any questions.

**After Surgery You May Notice**

- An IV — an intravenous line to deliver fluids and/or medications
- A dressing — to cover and protect your incision
- An oxygen mask or tube — to give you oxygen
- Monitors and other devices — used to check your vital signs and monitor your recovery.

**Possible Side Effects From Surgery and Anesthesia**

- Drowsiness
- Nausea, vomiting, gas or headache
- Sore throat, dry mouth and thirst
- Shivering or chills
- Soreness or discomfort

Let a nurse know if you have any of the above side effects. He or she can help.

**Family and Friends**

Please bring one family member or friend with you. A support person or family member can be with you if you wish, until the time you are taken to the operating room. They will be asked to wait in the waiting room until you have been discharged from the recovery room, at which time they will be able to rejoin you. Please do not bring children, unless your child is the patient. In that case, we recommend either both parents, or two other responsible adults, accompany him/her. This ensures that on the way home, one adult can care for the child and the other adult can devote full attention to driving.

Dr. Johnson will talk to family/friends when he is finished with your surgery. You may not remember what he has explained, due to the medication, but he will talk to you at your post-operative visit, when it will be a more meaningful conversation.

**Phone Calls From the Hospital**

Check with your local hospital about personal phone calls and the use of cell phones.

**Discharge****Outpatient**

You will be discharged following surgery as soon as you and your doctor feel you are able. This depends somewhat on the type of surgery and anesthesia that you have. Usually, patients stay about 1 to 3 hours after surgery. You may need special instructions before you can go home.

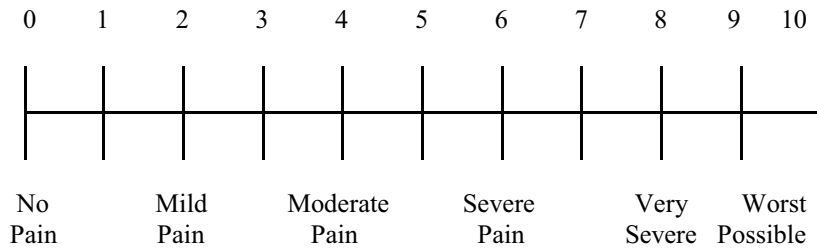
**Inpatient**

Planning for your after-hospital care will start during the early days of your recovery. Please refer to the "Recovery From Surgery" section of this booklet which will discuss what you can expect during your hospital stay.

**Pain Control**

Keeping your pain under control is important to your recovery. It will help you eat better, sleep better and move around more easily. Though we may be unable to keep you totally pain-free, we should be able to keep you comfortable using a variety of pain control methods. Pain medications, when given with supervision, are safe, effective and rarely addictive. Your nurses will be asking on a routine basis about your pain. You will be asked to rate your level of pain on a scale of 1-10. It is important to keep your pain out of the severe range, so do not wait until the pain is severe before you request relief.

**0-10 Numeric Pain Intensity Scale**



**Pain Management and Patient Responsibilities**

Following your surgery, Dr. Johnson will prescribe multiple pain medications to allow you to best manage your post-operative pain. It is your responsibility to manage these medications appropriately. He will review the allergies in your chart prior to prescribing medication. Make sure to notify the nurse if you have any allergies to medication.

You may receive your first pain medication by mouth while you are under the outpatient nurse’s care. She will inform you when your next medication is due. It is wise to write down the medication taken and the time you take it as it is very easy to forget. Have a responsible adult monitor what you are taking, as it can become confusing under the influence of the medications.

**Ice and elevate! Ice and elevate! Ice and elevate!  
You can’t do enough of it!**

**Remember; TOES ABOVE NOSE!**

In the first 72 hours, **ice and elevation** is very important for pain management. In addition, take the strongest pain medications and stay on schedule. It is easier to stay ahead of the surgical pain than it is to “catch up.” If you get behind, your pain may become intense, and it will take much more pain medication to return to a tolerable pain level than it would have if you had stayed on schedule.

If you have break through pain before it is time to repeat the medication, take the more mild pain medication 2 hours after taking the first or stronger pain medication. In other words, alternate pain medications every 2 hours. Do this only as long as needed to reduce the pain to a tolerable level. This is not always needed and most times the need is limited to the first day.

By the end of the second day, start tapering off of the stronger pain medication and start substituting the more mild pain medications and/or the over the counter pain medications. Use the least amount of narcotics possible after that point to give you the desired pain level. Narcotics are wonderful when needed for severe pain, but they do slow digestion, create gas and cause constipation and/or nausea. You will feel better sooner if you can use other methods for pain management.

#### **Pain Medications Commonly Prescribed**

Celebrex 200 mg 1 tablet daily (not if allergic to sulfa)

Butorphanol tartrate (Stadol) nasal spray 1 puff (in 1 nostril only) every 6-8 hours. (severe pain)

Hydrocodone/Acetaminophen ( Vicodin/Acetaminophen) (Norco 10/325) taken by mouth every 4-6 hours. (severe pain)\*325

Pentozacine (Talwin) 1 tablet by mouth every 3-4 hours. (moderate to severe pain)

Codeine/Acetaminophen (Tylenol #3) taken every 3-4 hours (mild pain)\*300mg

Propoxyphene/Acetaminophen (Darvocet N-100)1-2 tablets every 4-6 hours. (mild to moderate pain)\*650 mg

#### **Over the Counter Medications**

Aleve, Aspirin, Ibuprofen, Motrin, Tylenol , etc.

Tylenol: Regular\*325, Extra Strength\*500, Migrane\*650

If you are using Acetaminophen (Tylenol), make sure you add the total Acetaminophen from all of your medications and do not exceed the recommended limit of 4 grams [4000 milligrams (mg)] per day.

\*Indicates mg in each tablet. For your safety read labels of all medications.

**Limit to pain medications: Dr. Johnson usually prescribes all of the pain medicine you'll need for the post-operative period. Lost, stolen or misplaced medications will NOT be refilled under any circumstances. Guard them safely.**

## **More on Recovery...**

### **Exercise**

You will be asked to do deep breathing and coughing exercises. These exercises help prevent fluid from building up in your lungs. A respiratory therapist may instruct you on how to use a special device to help you breathe deeply. You will also be encouraged to do leg and foot exercises. These exercises help blood return to your heart when you are inactive.

### **Diet**

Your ability to eat and drink will be related to the nature of your surgery. Most diets gradually progress from liquids to solids. Please notify the hospital staff if you have food allergies or special dietary needs.

### **Activity**

After surgery you will be able to increase your activity gradually. Activity is important for reducing the chance of complications and speeding your recovery. Dr. Johnson may order a special activity routine, depending on your surgery. This may include exercises or activities which the physical therapy staff will help you.

## **Planning For Your Care Following Hospital Discharge**

### **What happens when I am discharged?**

Before you leave the hospital, the staff will visit with you about your recovery and will provide helpful written information.

### **Caring for Yourself After Surgery**

- For 24 hours following your surgery, please do not drive, operate machinery or consume alcoholic beverages.
- It is highly recommended to have a responsible person remain with you during this time.
- If there are any problems or complications that concern you once you are home, please contact Dr. Johnson or Tina immediately.
- If after hours, contact the emergency room nearest you. They will evaluate and contact Dr. Johnson if indicated.

**Phone Number**  
**Tina: 218-766-3845**

## **Pre-Op Instructions for Joint Replacement**

### **Home Preparation and Prevention**

#### **Prevention of Anemia**

1. Take the iron tablets, if directed, starting today.
2. A hemoglobin will be drawn the day you schedule surgery. If your hemoglobin is low prior to surgery, in addition to the iron tablets, we often use weekly doses of Epogen (an injection) to stimulate hemoglobin production. This greatly reduces the possibility of needing a blood transfusion following surgery.

#### **Prevention of Infection**

1. Soak feet in Chlorhexidine the morning and evening prior to surgery and the morning of surgery. Use 1 ounce of the Chlorhexidine solution in a pan of warm water and soak for 10 minutes.
2. Trim and clean toenails on the day prior to surgery. Ask someone to help you if you find this to be difficult.
3. Scrub with Chlorhexidine in the shower, with special attention to the legs, feet and genital area morning and evening the day prior to surgery and the morning of surgery. Use the Chlorhexidine as you would any liquid soap.

#### **Prevention of Blood Clots**

1. Wear TED stockings 24 hours continuously prior to surgery, except when bathing.
2. Take 5 mg Coumadin orally at bedtime the night prior to surgery unless instructed otherwise.
3. Flex your leg muscles and move around at least once every hour while awake following your surgery.
4. Take 1 aspirin daily following discharge from the hospital for 6 weeks and until normal activity resumes. Do not take the aspirin if you are on another type of blood thinner.

#### **Prevention of Aspiration**

Do not eat or drink after midnight the night before your surgery. However, if you are on heart or blood pressure medications, you will be asked to take them with a small amount of water.

#### **The Prosthesis**

Your new prosthesis will be state-of-the-art. Most prostheses allow the bone to grow into them for solid fixation.

## **Types of Joint Replacement**

### **Uni-compartmental (Partial) Knee Arthroplasty**

Prosthetic replacement is done through a small incision. Only the damaged area of the knee is resurfaced, leaving the remaining structures intact. Therefore, the recovery time is normally much less than for a total knee replacement. Surgery may be done on an inpatient but is usually done on an outpatient basis. Make sure you have help at home for the first few days.

Anesthesia is usually a femoral nerve block with intravenous sedation, without general or spinal anesthesia. Normal walking begins the day after surgery. Most normal activities can be resumed within a few weeks, though the recovery time will vary with each patient.

### **Minimally Invasive Total Knee Arthroplasty**

You will be partial weight bearing for 3-4 weeks and will be using crutches or a walker to help bear weight. X-rays taken at your 4-week check-up will determine when it is appropriate for you to bear full weight.

For uni-compartmental and total knee replacements a **femoral nerve block** is offered for pain control. Your leg will be made weak and probably will not support your weight for 24 hours. Use a knee immobilizer for the first 24 hours. Use extreme caution with crutches/walker or even a knee immobilizer to prevent falls.

### **Standard Total Hip Arthroplasty**

Please remember that you will not be able to bear full weight on your foot on that side for 5-6 weeks but you will be able to touch your foot to the floor for balance. You will use crutches or a walker to help bear weight. X-rays taken at your six-week check-up will determine when it is appropriate for you to bear weight. You will need a high-rise toilet seat and a chair with an elevated seat.

### **Minimally Invasive Total Hip Arthroplasty**

Please remember that you will be allowed partial weight bearing on that side for up to 4 weeks and then will progress to full weight bearing as instructed by your surgeon. You will use crutches or a walker to help bear weight as needed. X-rays taken at your 4-week check up will determine when it is appropriate for you to bear full weight.



## Our Schedule

**Surgery: M-W-F**

**Clinics: T-Th**

Monday: Surgery **Fosston**

Tuesday: Clinic **Fosston** (First Care or Innovis)

Wednesday: Surgery **Fosston**

Thursday: Clinic **Bagley**

Twice monthly morning clinic **Bemidji**

Every Thursday afternoon Bagley

Friday: Surgery **Fosston**

Exceptions to above:

**Bemidji:** Once each month, Same Day Surgery

## Billing

We submit our bills to your insurance carrier, work comp, Medicare, Medicaid, etc. We will file supplemental insurances when appropriate. Payment arrangements will need to be made ahead of time if you have a large deductible or if you have no insurance coverage. If you have no insurance, 25% of the payment will be due at the time of service.

For billing questions call 218-766-7229 or 800-655-7047. Kerri is our office manager.

**Co-Pays**

Payment of co-pay is due at the time of service if required by your insurance provider. We accept cash, check or credit card. (Charge will be applied for returned checks.)

Be aware that you will receive bills from other non-associated providers, such as the Hospital, Radiology, Pathology and/or Anesthesia.

**Third Party Coverage**

Insurance policies vary a great deal and HMO's are becoming more common in our area. Sometimes policies require a patient to use a specific clinic, hospital or doctor. While we do try to assist with policies and coverage, the insured person is responsible for knowing his/her own policy. Please make the phone call to your insurance company prior to your surgery and keep us informed of any special requirements your policy demands. If you have specific questions, please contact your insurance agent, caseworker or hospital pre-certification office.

**Surgery**

If you require surgery, as part of the pre-operative process, we can help make an estimate of the professional fees associated with the surgery. This amount is only an estimate. Actual benefits paid may differ due to your insurance company's definition of UCR (Usual Customary Rates.)

**Unpaid Accounts**

The balance bill payment is due within 60 days of final payment by your insurance company. Headwaters will turn your bill over to a collection agency if your bill has not been paid within 100 days if other payment arrangements have not been made.

**Worker's Compensation**

If your situation has been designated a Worker's Compensation case, you must bring all pertinent information for billing (employer, insurance carrier, case number (s) and the date of injury) to help us file for your claim. We work with Qualified Rehabilitation Consultants (QRC's) to get you back to work as quickly and safely as possible.

**Care Credit**

We offer access to Care Credit. This is a credit card company specializing in medical and dental bills. There is NO interest on the balance as long as regular payments are made. Call Kerri, our office manager, at 218-766-7229 or 800-655-7047 if you are interested in getting this set up.

## **NOTICE: PATIENT PRIVACY**

### **Headwaters Orthopedics, P.L.C.**

We are required by law to protect the privacy of your medical information and to provide you with written Notice (H.I.P.P.A. Regulations) describing:

#### **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We may use or disclose to others your medical information for purposes of providing or arranging for your health care, the payment for or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws, regulations, or circumstances to use and disclose your medical information for certain purposes without your authorization. Under other circumstances, we may need your written authorization (that you may later revoke) in order to use or disclose your medical information.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we communicate with you confidentially, requesting that we restrict certain uses and disclosures of your health information, and complaining if you think your rights have been violated.

We have available a detailed NOTICE OF PRIVACY PRACTICES which fully explains your rights and our obligations under the law.

We may revise our NOTICE from time to time.

You have the right to receive a copy of our most current NOTICE in effect.

If you have questions, concerns, or complaints about the NOTICE or your medical information, please contact our office at (218) 243-3444.

## **About Your Surgeon, Dr. Glenn Johnson**

### **Educational Background**

<i>Undergraduate</i>	Iowa State University Ames, Iowa B.S. Forest Management
<i>Medical</i>	University of Iowa Iowa City, Iowa M.D.
<i>Internship</i>	University of Washington Hospitals Seattle, Washington
<i>Residency</i>	Mayo Clinic Graduate School of Medicine Rochester, Minnesota

### **Academic Appointments**

- Adjunct Professor of Orthopedic Surgery  
University of North Dakota, Grand Forks, ND
- Ethics Committee  
Bemidji State University, Bemidji, MN

### **Specialty Society Memberships**

- American Academy of Orthopedic Surgeons
- Minnesota Orthopedic Society
- Orthopedics Overseas

### **Mayo Clinic**

Dr. Johnson also works for the Mayo Health System two weeks each month. Dr. Johnson is always available by telephone when he is not in northern Minnesota and is able to remotely evaluate x-rays and other studies. Dr. Johnson's nurse, Tina, is available to evaluate problems and to consult with Dr. Johnson. Tina often has follow up clinics for our post-surgical patients.

### **Community Activities**

Dr. Johnson's practice is in the same area where he and his family live. It is very important that he remains active in the community. He has known many of his patients for years before they visited his office. He grew up on a farm and understands and appreciates the needs and concerns of rural medicine.

His family has been very involved in 4-H programs, particularly the equine, dog and shooting sports programs. He helped coach the Beltrami County Horse Knowledge Bowl team to win the National Championship in 2004.

Dr. Johnson has also been involved with the Go & Whoa Harness Club. He and his draft horses participate in several parades and community activities each year. He has carried many newlyweds away from their wedding in a carriage.

Amateur (“ham”) Radio has been his life-long passion. All of his family members are licensed operators. They are active in SkyWarn, disaster preparedness activities and the Paul Bunyan Amateur Radio Club.

For almost 14 years, he has been the local liaison Volunteer Examiner Coordinator for the Federal Communications Commission for amateur radio licensing. He has licensed literally hundreds of people in northern Minnesota during this time. He was honored in 2003 to have been inducted into the Amateur Radio Hall of Fame.

These activities have introduced him to many local and area families in the communities we serve. This has allowed him to gain a better understanding of the area’s medical needs. He has thus expanded his area of coverage beyond Bemidji to include specialized care for minimally invasive surgery for northern Minnesota.

He has also volunteered for providing medical care and training overseas. He has spent several months working in a crippled children’s hospital in Bethlehem, Israel. He has spent several months over the past few years teaching orthopedics in the Kingdom of Bhutan, a remote little country in the Himalayan Mountains of Asia.

In 2004 the American Radio Relay League Board of Directors selected Dr. Johnson for the International Humanitarian Award. He was honored for his contributions both in the medical field and as an ambassador of Amateur Radio to the Kingdom of Bhutan. Also, in recognition of his many contributions to the nation, the Bhutanese government designated Dr. Glenn Johnson as honorary Bhutanese citizen.

Dr. Johnson travels extensively around the U.S. and around the globe giving talks on minimally invasive surgery , various topics in amateur radio and promoting international humanitarian works.

## **Headwaters Orthopedic Staff**

No orthopedic surgeon practices without the support of a professional team.

### **Tina Klisch, RN**

Tina is clinic manager and assistant in surgery. She also has a degree in Health Education.

Together Dr. Johnson and Tina have a combined total of 48 years of surgical experience. They are committed to providing the best possible orthopedic care to the communities they serve.

### **Kerri Larson, CPC, AAS**

Kerri is office manager in charge of coding, billing and insurance. She is a Certified Professional Coder, CPC, and has earned an AAS degree as a Medical Administrative Assistant.

### **Vivien Johnson, R.P.T.**

Vivien is a physical therapist with a strong orthopedic background. She helps in the office and with medical records.

### **Physical Therapy**

Each community we serve has superb physical therapists! They are adept in helping guide you in any rehabilitation program you might require. We keep in close contact and can easily modify or tailor treatment that is best for you.

### **Imaging**

Almost every community we serve has state-of-the-art digital imaging. This allows for better surgeon to radiologist analysis of imaging studies, whether it be x-rays, CAT scans, MRI scans or nuclear scans. Teleradiology allows us to see and study images remotely.

### **Students**

Dr. Johnson often has medical students or residents with him as part of his teaching interests.

### **Orthopedic Equipment Representatives**

Most orthopedic equipment companies have a policy to “leave no case uncovered.” Any surgery that involves implants will most likely have a representative present to help the nursing staff. They usually work behind the scenes and most likely you will never know of their presence.

## Lifestyle Choices and Orthopedic Health

Smoking and over-eating are the two lifestyle choices that have the most negative impact to your orthopedic health. Smoking reduces the blood supply to the bones and joints and increases healing time following injury and/or surgery. Excessive weight leads to early joint destruction. The staff of Headwaters Orthopedics is pleased to provide you with information on healthy lifestyles that optimize healthy bones and joints and increase your over-all quality of health and well being.

The Center for Disease Control is an excellent site for obesity and other health related issues. [www.cdc.gov/nccdphp/dnpa/obesity/](http://www.cdc.gov/nccdphp/dnpa/obesity/)

### Smoking Cessation

Whether or not you have expressed interest in quitting, we would like to provide you with tools that will make you successful if and when you make the decision to quit.

Everyone in Minnesota can take advantage of a stop-smoking program that offers personal support and at no cost to you. Research shows that you will be much more likely to succeed when you use a phone counseling program. Everyone has a number to call for support.

### Smoking Cessation and Insurance Coverage

Blue Cross and Blue Shield of MN and Blue Plus . . . 1-888-662-BLUE  
First Plan of MN . . . . . 1-888-662-BLUE  
Health Partners . . . . . 1-800-311-1052  
Medica MN Care, Choice Care and Medicare . . . . . 1-800-292-2336  
All other Medica members . . . . . 1-800-952-3455  
MCAH members (MN Comprehensive Health Assn) 1-866-894-8053  
Metropolitan Health Plan . . . . . 1-800-292-2336  
PreferredOne Community Health Plan . . . . . 1-800-292-2336  
Ucare Minnesota . . . . . 1-888-642-5566  
For everyone else: QUITPLAN<sup>sm</sup> Helpline . . . . . 1-888-354-PLAN  
[www.quitplan.com](http://www.quitplan.com)

### Other Information Available for Smoking Cessation

**American Lung Association**  
1-800-LUNG-USA  
[www.lungusa.org/](http://www.lungusa.org/)

**American Heart Association**  
1-800-AHA-USA1  
[www.americanheart.org/](http://www.americanheart.org/)

**American Cancer Society**  
1-800-ACS-2345  
[www.cancer.org/](http://www.cancer.org/)

**Nicotine Anonymous**  
1-415-750-0328  
[www.nicotine-anonymous.org/](http://www.nicotine-anonymous.org/)

At the time of surgery you will be asked to sign a form very similar to the following:

**MINNESOTA INFORMED CONSENT**

**Patient:**

**Sex:      DOB:              Age:**

**Patient Address:**

**Phone Numbers:** Home:              Work:              Other:

TREATMENT DIAGNOSIS:

SURGICAL PROCEDURE:

DATE:

PRECAUTIONS:

ALLERGIES:

I, your name,      Date of Birth:              ,  
Agree that I will have [medical term and layman description of procedure]:

At [name of facility]:

The reason for this procedure is [medical condition]:

This will be done or supervised by: Dr. Glenn Johnson

My doctor may have help from others. Help could include opening and closing the wound. Help might also include taking grafts, cutting out tissue, manipulating instruments and implanting devices. I have been told who will help, if known. The key team members that will assist are:

Name/title: Tina Klisch, R.N.  
Critical task: Surgical assistant

Name/title:  
Critical task:

I have talked to my doctor or health care team about:

- What the procedure is and what will happen.
- How it may help me (the benefits).
- How it might harm me (the most likely and most serious risks). It is impossible to list all possible risks and complications, including even travel to/from.
- The long-term effects the procedure might have.
- My other choices for treatment. The risks and benefits of those choices.
- What will likely happen if I say "no" to this procedure.
- How I might feel right after and how quickly I can expect to recover.
- What medicines will be used to manage pain or sedate me.
- I have been given a surgical booklet that I will read and ask questions as needed.

I agree that: (If I do not agree with a statement, I have crossed it out and initialed next to it.)

- I will ask questions.
- No one has promised me definite results.
- If it is best for me, my doctor may change the plan if they find other serious problems or have complications during the procedure.
- If I have "do not resuscitate" (DNR) wishes they will be put on hold during the procedure.

- Students and others may watch the procedure. This must be approved by the facility.
- Pictures or video may be taken. They may be used for medical or educational reasons only.
- Tissues or items removed from my body may be tested. They will be disposed of with respect. Unless I agree, tissues will not be used for research or sold.
- If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go to:
  - To me;
  - In my medical record;
  - To the exposed worker. This is to decide if treatment is needed;
  - To the Employee Health Services Department and/or Infection Control at the facility;
  - To Minnesota health officials.

Blood transfusions:

- I have been told how likely it is that I will need a blood transfusion. I know the risks and benefits of receiving blood products
- You may give me blood (blood products) if I need them during my stay and if it is related to this procedure:

YES NO

I understand that:

- I can change my mind. If I do, I must tell my doctor or team as soon as possible.
- The team members may change during the procedure.
- The team will double-check who I am. They will ask what I am having done. This is to protect me.

My questions have been answered. I agree to the procedure.  
My instructions and special needs are:

\_\_\_\_\_  
Patient (or representative) signature/Relationship to patient Date Time

I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. The patient or their representative consented to the procedure.

\_\_\_\_\_  
Physician or Assistant signature(s) Date Time

\_\_\_\_\_  
Interpreter (if used) Language/Organization Date Time

I have verified that the signature is that of the patient or patient's representative. This form has been signed before the procedure.

\_\_\_\_\_  
Witness Date Time

## Other Information

### **American Academy of Orthopaedic Surgeons Information**

[www.orthoinfo.aaos.org](http://www.orthoinfo.aaos.org)

Excellent site for accurate and up-to-date information on musculoskeletal injuries and diseases.

### **American Academy of Orthopaedic Surgeons**

[www.aaos.org](http://www.aaos.org)

For more information regarding programs and services offered by the American Academy of Orthopaedic Surgeons.

### **Arthritis Foundation**

[www.arthritis.org](http://www.arthritis.org)

"Conditions & Treatments" section has helpful information, including a 'Surgery Center' section with animations of common surgical procedures (total knee, hip, & shoulder replacement; arthroscopy).

### **American Orthopaedic Society for Sports Medicine**

[www.sportsmed.org](http://www.sportsmed.org)

Research athletic injury studies.

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## Phone and Fax Numbers

**Dr. Johnson:**

**218-243-3444**

**218-760-3663**

**Fax 218-243-2918**

**Tina:**

**218-766-3845**

**Fax 218-444-6584**

**Kerri:**

**218-766-7229**

**800-655-7047**

**763-972-3593**

