



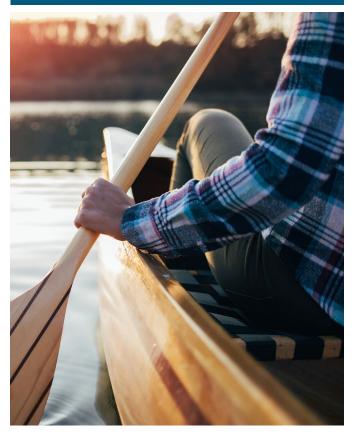
Spinal SURGERY

North
Kansas City
Hospital

This planning guide provides you and your family with information about what to expect before, during and after surgery.

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Welcome to North Kansas City Hospital

During your time with us, you will work with our therapy team to learn basic self-care skills for use at home and what it takes to return to your optimal level of activity. We will also provide education about your medications. Recovery varies from person to person, so we personalize your discharge plan to suit your individualized needs.

We are committed to providing a positive experience. If you have any concerns or questions, please discuss them with your nurse. If needed, you may reach the charge nurse at 816.691.1997 (ext. 11997 from a hospital phone). Please communicate any problems immediately so we can help resolve them.

After you are discharged, you may receive the Centers for Medicare & Medicaid Services Hospital Consumer Assessment of Healthcare Providers and Systems survey. Your feedback regarding your experience is very valuable to us as we work toward fulfilling our mission to Provide Hope and Healing to Every Life We Touch.





Spinal Surgery

When surgery is the best treatment option for your back or spine condition, our spine program neurosurgeons and orthopedic surgeons will lead your care. This means your surgeon directly and positively impacts the care you receive.

Our surgeons have access to advanced imaging technology, like the O-arm™ imaging system, which provides 2D and 3D images during surgery. This capability increases procedure accuracy and patient safety and can lead to reduced recovery time.

Our program is recognized by Aetna as an Orthopedic Institute of Quality with a Spine designation. Only two hospitals in Missouri have this designation, which recognizes excellence in spinal surgery, including delivery of outstanding care, a commitment to continuous improvement and evidence-based safe care practices that provide successful outcomes for patients.

We are also a Blue Distinction Center+ for Spine Surgery, meaning we consistently provide safe, cost-effective, efficient spinal surgery care. We are one of only five providers in Missouri to receive this designation.

Procedures and Surgeries

Our expertise includes:

Anterior Cervical Discectomy and Fusion

Removal of cervical disc that is putting pressure on nerves

Discectomy

Removal of lower back herniated disc material that is pressing on nerves; can be performed using an open surgical approach or with a minimally invasive approach, which uses a smaller incision

Laminectomy

Removal of some vertebral bone to relieve compression on the spinal cord

Spinal Fusion

Connects two or more vertebra to prevent motion and pain

Body Cervical Vertebra Spinous process Body Transverse Vertebral **Thoracic** Body Vertebral Spinous process Transverse process Transverse Spinous process Lumbar Vertebral Lamina Sacrum Transverse . Transverse process Articular ∆rticular process Coccyx Spinous process

Spine Structure

Eating Healthy

Food helps promote healing, so it is important to eat well before and after surgery. A healthy diet also is an essential part of your overall health.

During your hospital stay, a dietitian may visit you to answer your nutrition questions. The following information will help you continue your healthy diet once you go home.

For more information or individual calorie needs, go to choosemyplate.gov.

Protein

After surgery, it is especially important to eat enough protein to heal.

What is protein?

Protein is a nutrient the body needs for normal growth, wound healing and building lean body mass to fight off infections.

How much do you need?

You should strive to eat two servings (6-8 ounces total) of protein per day. A piece of meat the size of a deck of cards is approximately 3 ounces. One ounce is equivalent to one egg, 1/4 cup beans or peas, or 1 tablespoon of peanut butter.

Tips for getting a variety of protein in your diet

Vary your protein choices by eating nuts, beans and fish. Eat fish at least twice per week.

Choose lean or low-fat meat and poultry. Chicken and fish have the least amount of fat. If you eat beef or pork, choose leaner cuts such as rounds and loins.

Eat an egg. Research now shows an average of one egg per day doesn't increase your risk for heart disease. Remove the yolk to reduce the cholesterol and fat content.

Experiment with different cooking methods. Try grilling, broiling, roasting or baking to avoid extra fat.

Try nuts and seeds. Snack on unsalted nuts/seeds or add them to salads.

Fiber

A high-fiber diet helps prevent constipation after surgery.

What is fiber?

Fiber is a carbohydrate the body can't digest. It assists with digestive health, keeps you regular and makes you feel full longer. Fiber also has the potential to lower bad cholesterol (low-density lipoprotein).

How much do you need?

Strive to get 25-35 grams of fiber daily. If you don't currently get this much fiber, increase your intake slowly. Drink plenty of fluids and exercise to help your body adjust to a high-fiber diet. Drink at least 8 cups of water per day.

Tips for adding fiber to your diet

- Eat whole grain cereals and breads.
- ▶ Choose cereals with more than 3 grams of fiber.
- Aim for 5 daily servings of fruits and vegetables.
- Eat fruit instead of drinking juice.
- Add beans to soups, chili, salads and casseroles.
- Double vegetables in stews, soups, casseroles and spaghetti sauce.
- Add ground or milled flaxseed to your diet as a great source of Omega-3 and fiber.

HIGH-PROTEIN FOODS

Beans Fish Peanut butter Beef Milk Poultry and eggs

Cheese Nuts Yogurt

HIGH-FIBER FOODS

Beans **Nuts** Bran cereal **Oatmeal**

Fresh or frozen peas Vegetables (especially and lima beans broccoli, carrots and

Fruit (especially apples, peaches, pears, raisins and strawberries)

Whole-wheat bread, crackers and pasta

spinach)

Home Checklist

Take an active role in your recovery by completing as many checklist items as possible before your day of surgery.

Before Surgery (1-4 weeks) ☐ Arrange for someone to help with household duties and transportation after you return home. ☐ Ask someone to care for any pets for the first week or two after you return home. ☐ Begin eating a diet rich in protein and fiber and taking your Enhanced Recovery After Surgery supplements (if ordered). ☐ Call your doctor if you develop tooth pain, skin tears, abrasions, cuts, bites or shaving nicks that may still be present on the day of your surgery. ☐ Complete all pre-surgery testing appointments and labs. ☐ Consider installing a raised toilet seat, shower chair and grab bars; find a reacher (suggested). ☐ Drink plenty of water and/or sugarfree drinks. ☐ Prepare your home for your return. ☐ Arrange to have your bedroom on the first floor, if possible. ☐ Reduce clutter. ☐ Remove tripping hazards such as rugs and cords. ☐ Stock your pantry and freezer with one week's worth of easy-toprepare and make-ahead meals.

What To Do After Surgery

- ☐ Continue eating a well-balanced diet and stay hydrated.
- ☐ Continue ERAS supplements (if ordered).
- ☐ Keep your mobile phone within reach at all times.
- ☐ Keep your follow-up appointment with your surgeon.
- ☐ Try to get 7-8 hours of sleep each night.
- ☐ Use gel ice packs for pain (have two available so you can alternate).
- ☐ Use the log roll technique to get in and out of bed.

When To Call Your Doctor

- ☐ Fever above 101°F by mouth or shaking chills (100°F if immunocompromised)
- ☐ Signs of infection, such as redness, swelling or drainage around your incision
- ☐ Sudden increase in pain
- ☐ Decreased ability to walk or straighten your leg
- ☐ Calf pain or swelling
- ☐ New numbness, tingling or pain in your legs and/or arms

Bathing and Personal Hygiene



Elevated toilet seat



Grab bars and/or shower rails



Ice packs



Reacher



Tub/Shower bench

Recovery Exercises

To help speed your recovery, practice these exercises BEFORE your surgery (within pain limitations).

Breathing Exercises

Breathing exercises help protect you from pneumonia, and muscle exercises assist in preventing blood clots and speed healing. You may use your incentive spirometer to practice these exercises.

- Breathe in as deeply as you can.
- ▶ Hold for 1-2 seconds.
- Breathe out completely.

Repeat steps 1, 2 and 3 several times.

- ▶ Breathe as deeply as you can.
- Cough deeply from your abdomen (not a shallow throat cough).

Repeat this exercise every hour while you are in the hospital. Continue it throughout your recovery.



At-Home Exercises

Perform 20 reps of each exercise two times per day.

Ankle Pump

- Lie on back or sit in a chair.
- Move ankle/foot up and down in pumping fashion.



Walking

Slowly increase how far you walk and how many times you walk every day. Rest often between walking sessions.

Log Rolling

Sitting Up

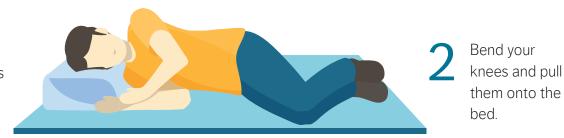
Lie on your back and bend your knees. Leave enough space from the edge of the bed to roll onto your side.



Lying Down (Start at Step 1 below)

> Keep your hips and shoulders together and roll onto your back.

Keep your shoulders and hips together and roll onto your side.



Dangle your legs off the side of the bed and then push up from the bed.



Gradually lean onto your side, going onto your elbow then your shoulder, if needed.

Pre-Surgery Preparation

Pre-Surgery Testing

Before your surgery, you will receive a health evaluation that includes a medical history and physical exam. Your pre-operative preparation may also include blood studies, a nasal swab, an electrocardiogram and X-rays. Tell your doctor if you have recently had an infection or cold, have an allergy to antibiotics or other medications, have taken steroids in the past year or are taking blood thinners such as aspirin.

Check with your doctor to find out if you should take your usual daily medications on the day of surgery. You may be instructed not to take some of your home medications before surgery, particularly nonsteroidal anti-inflammatory drugs or blood thinners.

Choosing a Spokesperson

During admission, we'll ask you to choose a spokesperson(s) and add the name(s) to your electronic medical record. This person(s) can:

- Keep your family informed during your stay
- ▶ Be the same person who is legally responsible for making medical decisions on your behalf if you are unable to do so, but that is not a requirement
- Make decisions about visitors if you cannot

We respect your right to keep your personal health information private. We will only release information to the selected spokesperson(s). Thank you for understanding.

Night Before Surgery

If you have any changes in health or skin rashes/wounds, call the Pre-Surgery Clinic as soon as possible.

The night before surgery, shower with chlorhexidine gluconate soap. CHG is an antibacterial soap that helps reduce your risk of surgical site infection. Hibiclens® is a common brand. If you are allergic to chlorhexidine, ask the Pre-Surgery Clinic nurse for an option.

Bed Sheets

Place clean sheets on your bed before showering and keep them as clean as possible overnight. Do not allow pets in your bed.

Showering Instructions

- Shampoo your hair with your normal shampoo; rinse.
- ➤ Turn off the water; apply CHG soap to your entire body from the neck down; wash for 3-5 minutes; avoid getting the soap in your eyes or ears.
- ► Turn the water back on and rinse off; do not use your regular soap after rinsing.
- ▶ Do not use any lotions, creams, powders, deodorants or makeup after drying off.
- Wear clean pajamas to bed.
- Repeat the same shower process the morning of your surgery.

Eating and Drinking

You will be told when to stop eating or drinking prior to your surgery.

Pets

Before your surgery, arrange for someone to care for your pets for at least the first two weeks of your recovery. To reduce your risk of surgical site infection, it is important you do not allow pets in your bed. To prevent falls, keep your pets secured when you are up and walking.

Oral Care

Brushing and flossing your teeth twice a day is always important. It is even more important when you are in the hospital or recovering from surgery. Studies show the bacteria in your mouth grow faster when you are not in your normal environment, start taking new medications, or aren't walking around as you normally would.

To reduce your risk for complications after surgery, such as pneumonia, brush your teeth three to four times per day, after meals and at bedtime.

ITEMS TO BRING TO THE HOSPITAL

The following checklist will help you prepare for your hospital stay. Please bring only items that are absolutely necessary.

- Contact lenses and supplies
- CPAP machine (if used at home)
- Dentures and denture cup
- Eyeglasses with hard case
- Full set of loose-fitting, comfortable clothing (socks, elastic waist pants or shorts, underwear, etc.)
- Hearing aid, extra batteries or charger, and case
- Important phone numbers
- Insurance cards/information
- List of current medications (include name of medicine, dosage, frequency, vitamins, over-the-counter medicine and dietary supplements such as herbal products); please do not bring any medicines or medicine containers
- Notepad to write down your questions/concerns or important information from your healthcare team
- Personal care items such as your toothbrush, comb or brush
- Shaving equipment (an electric razor is necessary if you take blood thinners)
- Sturdy, flat slippers or comfortable shoes with an enclosed back and nonskid soles. No flip-flops or scuff/slide slippers.
- Oral care supplies (toothbrush, toothpaste, floss, mouthwash)

ITEMS TO LEAVE AT HOME

Credit cards

- Money
- Jewelry (all patient rooms have a clock, so a watch will not be needed)
- Purse
- Medicines and medicine containers
- Valuables

Surgery and Recovery

On the day of surgery when you arrive in Pre-Op, you will meet the anesthesiologist and discuss the anesthesia that will be used.

In Pre-Op, you will be asked to wash your body with antibacterial wipes. A nurse will start an intravenous line to provide you with fluids during surgery and give you any medications your surgeon ordered.

You will be asked to rate an acceptable pain level. Our team will use that pain level to determine if your pain management plan is effective. Spinal surgery can be painful, so it should be expected that you will experience some pain.

During surgery, your spokesperson(s) will be updated on your progress and informed when you return to your room.

When you awaken in the Recovery Room, you will still have the IV.

After you have recovered from the anesthesia, you may move to a room on the orthopedic unit, or you may be ready to go home. Some patients, especially those who have a hemilaminectomy, are discharged directly from the Post-Anesthesia Care Unit.

After Surgery

It's important for you to do several activities while in bed to decrease your risk for complications and help you recover.

- ➤ Continue deep breathing and coughing to prevent lung congestion. Take a slow, deep breath, hold it for 1-2 seconds, then let it out. Repeat 10 times every hour while you are awake and at night if you awaken. We will give you an incentive spirometer to help in these exercises.
- ▶ Do the ankle pumps and other exercises you learned prior to surgery (see page 6).
- You may be fitted with white elastic stockings and/or a sequential compression device to prevent blood clots during your hospitalization. Your nurses will periodically remove the devices.
- Immediately following surgery, you will receive IV fluids. When you can take liquids by mouth, it is essential to drink a reasonable amount each day to maintain good kidney function. Don't postpone urination, as this could lead to overfilling your bladder and difficulty in passing urine. Call your nurse for help.

Medication

During the postoperative period, you may experience pain. Medication, ice bags, position changes and relaxation exercises can relieve your discomfort.

Once you can eat and drink, oral medicine will help minimize your discomfort. Your nurse will help identify which medications can make you most comfortable. You may also be prescribed a laxative to soften your stool and promote regular bowel function. Medication, inactivity and diet can cause constipation.

Your Incision and Bandages

Your nurse will give you instructions for how to care for your incision.

Surgery Drain

You may have a drain after surgery. Your nurse will give you instructions for how to care for the drain.

Mobility After Surgery

The nurse and your therapy team will review your postoperative instructions. Our team will work to get you out of bed and walking the same day as your surgery.

Occupational Therapy

In occupational therapy, you will review how to perform self-care activities such as bathing, dressing and using a reacher, sock aid, and long-handled shoehorn and sponge. Assistive devices can be purchased at area pharmacies or medical supply stores, and your occupational therapist can recommend appropriate equipment.

Physical Therapy

Stair Climbing

The technique you use to go up and down stairs depends on the type of steps. You will practice going up and down stairs before going home.

Getting In and Out of the Car

A four-door sedan will make getting into and out of a car easier. Slide the front passenger seat all the way back and recline the seat, if possible. Back up to the car and sit down, then gradually put your legs in the car. If your vehicle has a bench in the back seat, this may be a more comfortable option for riding.

Your therapist will help you practice getting in and out of a car during therapy.

Speech Therapy

The throat, voice box and esophagus lie directly in front of the cervical spine and need to be moved slightly during surgery. This can cause changes to the nerves, muscles and tissue required for swallowing and talking. As a result, you may experience difficulty swallowing and/or hoarseness in your voice after anterior cervical surgery.

These side effects are common and clear up within a few days or weeks after surgery. In the meantime, remember to take small bites when eating, especially when chewing meat and bread.

If your symptoms last longer or you experience choking, call your doctor, who can refer you to speech therapy services at NKCH's Outpatient Rehabilitation Department.

Managing Your Pain

Pain is a sensation that hurts enough to make you uncomfortable, whether you feel distress or severe discomfort. Your doctors and nurses will work with you to manage your pain.

Your pain may increase when you get home from the hospital. This pain usually passes as you continue your recovery.

If your surgery involved a lateral approach, you will experience pain on one side of your body between your abdomen and back. This is called flank pain.

Pain control can help you.

- ▶ Enjoy greater comfort while you heal.
- ► Get well faster. With less pain, you can start walking sooner, breathing better and regaining strength. You may even leave the hospital sooner.
- Improve your results. People with well controlled pain seem to do better.

Measure your pain.

- You may be asked to rate your pain on a scale of 0 to 10 (using the chart below) or to choose a word that best describes your pain.
- ▶ Reporting your pain as a number helps the doctors and nurses know how well your treatment is working and whether to make any changes.
- You will work with your nurse to set an acceptable pain goal (such as keeping your pain level below 4 on the scale).

Are there general guidelines to relieve pain?

Try to manage pain before it starts or gets worse by using a pain-relief method on a regular schedule. If pain begins, don't wait for it to worsen before doing something. Often it is necessary to take pain medication around-the-clock.

Will I become addicted if I use opioids for pain relief?

No. Opioid addiction is defined as dependence on the regular use of opioids to satisfy physical, emotional and psychological needs rather than for medical reasons. Pain relief is a medical reason for taking opioids. Opioids work on the pain. Constipation is a common side effect of taking opioids. If you become constipated, tell your doctor or nurse.

Tell your doctor or nurse about any pain that won't go away.

Don't worry about being a "bother." Pain can be a sign of problems. Your nurses and doctors want and need to know about it.

PAIN SCALE



DISTRESS OR ANXIETY SCALE

1 2 3
MILD DISTRESS

4 5 6
MODERATE DISTRESS

7 8 9 10 SEVERE DISTRESS

Discharge Options

Arrange to have a responsible adult with you for the first 48 hours after you return home. While most people are in the hospital for no more than a day, some need another care option. To help your transition go smoothly, plan your next step before surgery.

Outpatient Therapy

Your doctor may recommend outpatient rehabilitation therapy. For your convenience, NKCH provides outpatient therapy services at several locations. At the end of your outpatient therapy, your therapist can help you move to NKCH's Physical Therapy Transition Program so you can continue your recovery. To schedule your first post-surgery outpatient therapy appointment or for more information, call 816.691.1795.

Home Health

If you live alone or have limited access to transportation, home health therapy may be an option, if you qualify. A home health physical therapist usually visits three days each week for up to two weeks. Most insurance providers cover home health services. If you would like more information, call 816.691.1358.

Acute Rehab Facility or Skilled Nursing Unit

If you require more extensive care after surgery, or if you show lower-level functional abilities, an acute rehab facility or skilled nursing unit may be a good option, if you qualify. Insurance providers require medical certification for coverage, or you may pay out-of-pocket. **NKCH** has an Acute Rehab Unit on its campus. If you would like more information, call 816.691.1451.

Returning Home

Preparing To Return Home

If you live alone, some additional help may be needed. Before your discharge, make the necessary arrangements regarding your release from the hospital (including help at home and a ride home).

Case Management/Social Services can provide you with information and help you obtain any equipment you need at home. Coverage for home equipment depends on your insurance.

You will leave the hospital on the medications you were taking before you were admitted. Your doctor may prescribe additional medication such as a blood thinner.

WHEN TO CALL YOUR DOCTOR

Call your doctor if you experience:

- ► Fever above 101°F by mouth or shaking chills (100°F if immunocompromised).
- ► Signs of infection, such as redness, swelling or drainage around your incision.
- ► Sudden increase in pain, decreased ability to walk or straighten your leg.
- Calf pain or swelling.
- New numbness, tingling or pain in the legs and/or arms.

Driving and Travel

You can be a passenger in a vehicle for one to two hours at a time. When traveling, perform ankle pumps (see page 6) and take frequent walking breaks to help with circulation. Check with your doctor to determine when you can drive.

Follow-Up Care

Your doctor will want to see you to follow your recovery progress. Call your doctor with any questions during your recovery.

Future Procedures

(for patients with an implant)

Prior to dental appointments (including a routine cleaning) or any invasive procedures, such as a colonoscopy, remind your doctor or dentist of your spinal implant. Your doctor should determine whether antibiotics are necessary to treat and/or prevent infection. You may be advised to wait a period of time after your surgery to have dental procedures.

Activity Level

Avoid bending, lifting or twisting until instructed by your surgeon.

Sexual Activity

With proper precautions, sexual activity is possible. Ask your doctor, nurse or therapist if you have questions or concerns.

Preventing Falls

By increasing your awareness of safety issues around the home, you can prevent falls.

How Do You Prevent a Fall?

Proper hand placement while standing up and sitting down

- When getting up from a chair, push up from the chair's arms and get your balance. Then, start walking.
- When sitting down, reach back with both hands for the arms of the chair before sitting.

Other Considerations

- ▶ Wear well-fitting shoes with nonslip soles.
- Wear your glasses, contacts or readers.
- Call for help if you feel dizzy or weak when getting up.
- ▶ Remove throw rugs and other objects from walkways. They could catch in walker legs.
- To clean up spills, use a reacher, or sit in a chair and use your feet.
- Use a night light to guide your way to the bathroom
- ► Follow your doctor's recommendations for exercises to keep your arms, legs and bones strong.
- If someone helps you walk, wear a gait belt.
- Use a nonslip bath mat, traction strips and/or grab bars in the tub or shower stall.
- ▶ Take extra care if your medications have changed. You don't know how new medication may affect you.
- Arrange for someone to care for any pets for the first week or two after you return home.

How Do You Get Up After a Fall?

First, check for injuries.

- ▶ Do not panic. Think!
- Make sure you can move all your limbs without pain.
- If you cannot move one or more limbs, call for help. Keep a cell phone in your walker bag or robe pocket.

Second, follow these steps for getting up.

- In a seated and slightly reclined position, scoot over and back up to a sturdy piece of furniture.
- ▶ Place your hands on the furniture behind you.
- You may need the help of a second person.
- If you feel intense pain at any time or if you are unable to get to furniture, stop and call for help. Please do not try to get up.

Proper Body Mechanics

Using proper body mechanics can help keep you safe while you recover.

Bed Mobility (see page 7)

To get into bed, sit at the edge of the bed. Lower your upper body sideways slowly to the bed. Bend your knees and raise both legs at the same time and roll onto the bed (roll hips and knees together).

To get out of bed, roll to the side of the bed. Bend your knees and place them over the edge of the bed. Push yourself up to sitting using your arms.

Bed Position

When lying on your back, bend your knees and place a pillow under them. Place a lumbar roll in the small of your back. When lying on your side, bend your hips and knees and place a pillow between your knees. Follow your healthcare provider's suggestions for sleeping positions.

Chairs

A straight-back chair with arms is the best option after surgery. If the chair is too low, raise the seat height with pillows or a wooden platform. Place a lumbar roll in the small of your back.

Stairs

Limit how often you climb up and down stairs. Use the techniques you learned in physical therapy.

Toilet

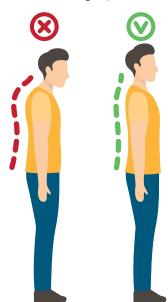
If the toilet seat is too low, raise it with a commode or an elevated toilet seat (your knees should be about in line with your hips).

Other Tips

As a general rule, follow the no BLT – bending, lifting or twisting – precautions.

- ► Keep frequently used items within your reach.

 Rearrange your home/work environment so you can reach items easily. Use a reacher to retrieve out-of-reach items
- Avoid twisting movements. For example, turn your entire body to face your kitchen cabinet before reaching for a cup.
- ▶ When bending and reaching down, bend your knees and push your hips up and out as you reach for an item. Limit lifting per your doctor's recommendations.
- Limit riding in a car. If you are on a long ride, stop every 30 minutes to stretch and walk a little bit. Use a lumbar support when sitting in the car.
- When you are driving, adjust your seat so you can reach the pedals easily. Support your lower back with a towel or lumbar roll.
- Maintain straight posture as often as possible.



- Align your head over your shoulders, bringing your chest up and out.
- ▶ Keep your feet pointing forward.
- ▶ Keep your hips over your feet.
- ▶ Pull your stomach up and in to keep tension in the area when you are upright and moving around.

- ▶ For every 20 minutes you sit, stand up and place your hands on your lower back and gently bend backward.
- ▶ Use proper lifting techniques.



- Assume a stable base of support.
- ▶ Move the object close to you.
- Keep your shoulders over your hips, hips over your knees, and knees over your feet when lifting.
- Avoid twisting.
- Inhale before lifting and exhale while lifting.
- Ask for help if the object is too large or heavy.
- ▶ Push objects instead of pulling them.
- ▶ If you notice tightness or fatigue, stretch or move into a different position.
- ► Keep your computer screen at eye level. Wear your eyeglasses, contacts or readers to reduce eye strain.
- Avoid sitting with your legs crossed for more than a few minutes.



- ▶ When standing, keep your weight over both feet.
- When carrying or holding objects or children, keep the weight evenly distributed.



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Where your care is personal.