

TREATMENT

Joint Replacement for Patients With Limited Social or Financial Resources

Approximately 60 million adults and more than 50% of all people over the age of 85 live alone in the U.S. People who live alone are more likely to have limited means and smaller social support networks, and they are more likely to live on a fixed income.

The post-operative period following [total joint replacement](#) can be particularly difficult to navigate if a person has concerns about any or all of the following:

- Self-care, including bathing and wound care
- Medication management
- Nutrition and meal preparation
- Follow-up appointments and transportation
- Housekeeping

Despite these challenges, patients who live alone *can* undergo safe and successful total joint replacement surgery. This article answers some frequently asked questions about post-operative care for patients with limited social support and/or financial means.

Q: How can I best prepare for my surgery if I live alone?

A: There are several things you can do:

- If possible, move items around your home to make them easy to access. Make a list of items you often use, such as a toothbrush, TV remote, and eyeglasses, and place them within reach of where you will be sitting or lying down during recovery.
- Move obstacles such as furniture, rugs, power cords, and other tripping hazards to avoid falls and allow for easy movement around your home.
- Talk to your surgeon or their staff prior to your procedure about your home accommodations. They may be able to provide helpful information or guide you to other professionals who can help, such as social workers, case managers, or nurse navigators. These staff members may help schedule occupational therapy to conduct an in-home safety evaluation as well as help

you acquire necessary medical equipment (a walker, cane, etc.) to use during the recovery period following your surgery.

Learn more: [Preparing for Joint Replacement Surgery](#)

Q: What should I do if I have no one to help take care of me or check in on me after surgery?

A: Ideally, a friend or family member should stay with you for the first several days after a total joint replacement, depending on your surgeon's preference. However, this is often challenging for patients who live alone.

- Consider asking a family member (e.g., parent, child, sibling, cousin, in-law) or friend to stay with you during the post-operative period. If one person cannot stay with you the entire time, or if you feel uncomfortable asking one person to do so, you could try asking if each family member/friend can stay for a shorter amount of time (for instance, instead of asking 1 person to stay for 36 hours, ask 3 different people to stay for 12 hours each).
- If you live near a family member or friend who has room in their home, consider asking if you can stay with them during the early post-operative recovery period until your mobility has improved.
- If no family members or friends are available, consider asking a member of your faith congregation (e.g., church, temple, mosque), religious group, or community center for support.
- Multiple states offer respite care, which provides financial assistance for temporary in-home support after surgery.

During your hospital stay, ask to speak to a social worker or discharge navigator to arrange the necessary medical equipment, as well as home-based services – such as physical therapy and home health – that you may be entitled to receive.

Regardless of your level of in-home support, it is recommended that you stay socially connected with daily video or phone calls. If you do not feel comfortable connecting with anyone in your social circle, online or in-person support groups are available and can be a good alternative.

Q: What resources are available to me after surgery to help with my daily activities?

A: Temporary home care for non-medical services (e.g., cooking, cleaning, shopping) is generally not covered by Medicare.

If you are considered low-income or qualify for Medicaid, you may be able to get help through an in-home program called In-Home Supportive Services (IHSS). Medicaid benefits differ by state, so confirm with your local Medicaid office to see which services are available to you.

There are several other state resources for adults living alone:

- **Area Agencies on Aging (AAAs):** AAAs are local organizations that help connect older adults and their families to information and resources designed to support independent living for elderly patients. AAAs offer local resources related to case management, caregiver support, transportation assistance, and home-based assistance. They can also refer older adults to community-based programs that provide nutrition services, home repairs, and social activities. It should be noted that “Area Agencies on Aging” is an umbrella term, and specific names of local AAAs may vary.
- **Eldercare Locator:** This is a free public service of the U.S. Administration on Aging that connects patients to community resources and services for older adults and their families. It provides older adults with local resources related to health, support services, housing, insurance and benefits, transportation, and elder rights.
- **Programs for All-Inclusive Care for the Elderly (PACE):** PACE is a health care program designed to support older adults who live independently by providing assistance with medical, social, and long-term care services. PACE offers primary and specialty health care, prescription medications, rehabilitation services, social activities, transportation, and support for activities of daily living. Importantly, PACE programs are typically funded through **Medicare** and **Medicaid**, making them accessible to people with limited financial resources.

Q: What if I do not feel comfortable going home after surgery? What are my other options, and are they covered by Medicare?

A: Patients who are unable or unfit to be discharged home after surgery can instead be taken to an acute rehabilitation unit (ARU) or a skilled nursing facility (SNF). However, you should discuss these options with social worker while in the hospital, as these facilities:

- May not be covered by insurance (including Medicare)
- May be costly if you have to pay out of pocket
- May place you at risk of complications, such as infection

Many orthopaedic patients will qualify for an ARU or SNF only for serious medical conditions or limited functional capacity.

- **Acute rehab units** are generally reserved for more medically complex patients who require intensive physical therapy and may be required when a patient's functional needs cannot be met in an alternative setting. However, rehabilitation programs involve a minimum of 3 hours of rehabilitation services daily, and most patients who undergo a standard hip or knee replacement do not meet the 3-hour minimum requirement to qualify for an ARU. Furthermore, Medicare may not cover all ARU costs, and patients may have to pay 20% of the Medicare-approved amounts, as well as other deductible fees.
- **Skilled nursing facilities** provide short-term, temporary housing as well as 24-hour skilled nursing services and medical care for elderly patients. Although they are staffed by licensed medical professionals, daily physician evaluation is not required. Patients may receive regular physical therapy while also getting help with activities of daily living (eating, bathing, etc.). However, the physical therapy at an SNF is far more limited than at an ARU. Medicare covers up to 100 days of care at an SNF, but multiple factors can affect coverage, and an SNF can be very expensive if you have to pay out-of-pocket.

Q: Is there a low-cost food service to help during my initial time back home?

A: Meals on Wheels provides meals and social support to elderly adults who live alone and are unable to prepare meals for themselves. These food delivery visits also serve as safety checks, as volunteers can identify and report potential health or safety concerns during their visits.

If you are interested, contact your local Area Agencies on Aging (AAA) to find out about Meals on Wheels programs in your community.

Q: How can I get rides to and from my follow-up appointments?

A: Medicare may cover some or all transportation costs in cases where driving is unsafe due to a medical condition such as joint replacement surgery. Patients are generally responsible for 20% of transportation costs, while Medicare covers the remaining 80%.

Other options include local senior transportation programs (STPs), which can be contacted via local AAAs. PACE programs also offer subsidized transportation for qualified patients.

Although navigating joint replacement surgery can be stressful and confusing, it is important to know that you are not alone. There are many resources available through your surgeon's office, the hospital, the government, and your community to support you throughout your recovery and set you up for a successful outcome.

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