



Hip & Knee Replacement Surgery

at Adventist Health Glendale

[AdventistHealth.org/Glendale](https://www.adventisthealth.org/Glendale)
818-409-8000



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Welcome and Introduction

Dear Patient and Family,

Adventist Health Glendale is committed to providing the highest quality of care for patients undergoing hip or knee replacement surgery. In order to achieve this goal, we have established the Joint Replacement Center with a dedicated orthopedics unit staffed by well-trained teams, a joint replacement program nurse coordinator and board-certified joint replacement surgeons.

Our center has adopted and implemented the latest evidence-based clinical practice guidelines and technologies designed to shorten hospital stays, achieve superior clinical outcomes and enable quicker recovery and rehabilitation.

One of the most important components of our program is to educate our patients regarding their upcoming procedure, hospital stay and rehabilitation. In order to achieve this goal, we have put together this patient education booklet that answers most of our patients' frequently asked questions. Please take some time to review its contents. We are confident that the more you participate in your care, the better your overall experience will be.

Thank you for choosing Adventist Health Glendale for your health care needs. Please be assured that we are here for you.

Sincerely,

Your AHGL Orthopedic Team

General Information

The Hip

The hip joint is a ball-and-socket type joint and is formed where the thigh bone (femur) meets the three bones that make up the pelvis. The thigh bone has a ball-shaped knob on the end that fits into a socket formed in the hip bone. A smooth cushion of shiny white articular cartilage covers the femoral head and the acetabulum.

A small amount of fluid in the hip is also present to act as a lubricant to eliminate friction when the hip is in motion. Since the cartilage is smooth and slippery, the bones move against each other easily and without pain. Large ligaments, tendons and muscles around the hip joint (called the joint capsule) hold the bones (ball and socket) in place and keep it from dislocating.

Arthritic conditions such as osteoarthritis and rheumatoid arthritis are among the most common causes of hip pain, especially in older adults. Arthritis leads to inflammation of the hip joint and the breakdown of the cartilage that normally cushions your hip bones. The pain gradually gets worse as the arthritis progresses. People with arthritis also feel stiffness and have reduced range of motion in the hip.



General Information

What is a Total Hip Replacement?

Total hip replacement involves surgery to replace the ends of both bones in a damaged joint to create new joint surfaces.

During your total hip replacement (also called total hip arthroplasty), your orthopedic surgeon will make an incision over the side of your hip. Your surgeon will then remove sections of the damaged bone of your hip and replace them with prosthetic components. These prosthetic components may consist of metal, polyethylene or ceramic materials.

The worn femoral head (upper end of your thigh bone) is replaced with a metal stem and a metal or ceramic ball. The stem is placed into the hollow center of the femur (thigh bone) and the ball is fitted on the upper part of the metal stem. This ball replaces the damaged femoral head that was removed. At the same time, the hip socket (acetabulum) in your pelvis will also be replaced with a metal shell and a plastic or ceramic liner is inserted between the new ball and the metal socket to allow for a smooth gliding surface. Your orthopedic surgeon will decide which prosthesis will best meet your needs. When the surgeon is satisfied with the fit and function, the incision will be cleaned and covered with dressings. You may also find small drainage tubes to drain fluid from the wound after surgery. The tubes will be taken out before discharge.

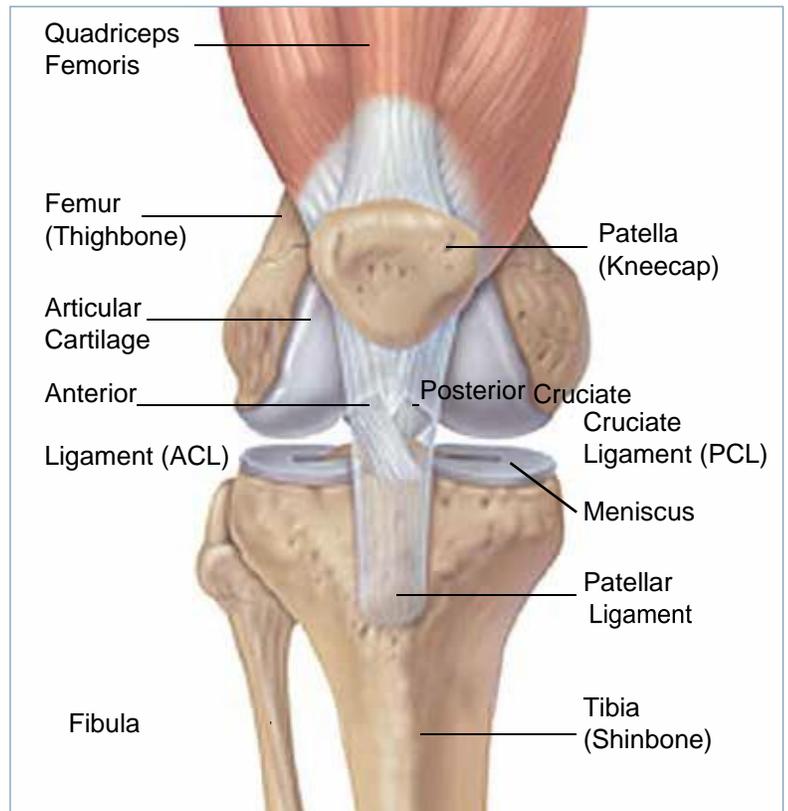


General Information

The Knee

A healthy knee bends easily and rotates slightly. The joint absorbs stress and moves smoothly, allowing you to walk, squat and turn without pain.

The knee is a hinge joint, formed where the thighbone (femur) and the shinbone (tibia) meet. The joint is covered with smooth tissue called cartilage, which absorbs stress, allowing the knee to bend easily. Muscles help power the knee and leg for movement, while tendons attach the muscles to bones and ligaments connect bones, bracing the joint.



General Information

What Is Knee Replacement?

Knee replacement surgery involves resurfacing the worn ends of both bones in a damaged joint and replacing them with artificial components, creating a new smooth cushion and a functioning joint.

There are two types of knee replacement, total and partial knee replacement. Up to three bone surfaces may be replaced with a total knee replacement: The lower ends of the femur, the top surface of the tibia and the back surface of the patella. The removed cartilage and bone from the femur and tibia are replaced with metal components that recreate the surface of the joint. These metal parts may be cemented or “press-fit” into the bone. The tibial component is typically a flat metal platform with a cushion of strong, durable plastic called polyethylene. The patellar component is a dome-shaped piece of polyethylene that duplicates the shape of the patella (kneecap). If joint damage is limited to just one or two compartments of the knee, a partial knee replacement may be performed. Your surgeon will determine the right course of treatment for you.



Partial knee replacement



Total knee replacement

Preparing for Surgery

Your Pre-Surgical Checklist

Planned Procedure: _____

Surgery Date & Time: _____ Arrive **3 hours** before your scheduled time

BEFORE YOUR SURGERY

Pre-assessment call – you will receive a call from a nurse at AHGL to assess your readiness for surgery. They will also make an appointment for pre-op testing registration. Adventist Health Glendale Outpatient Registration is located in the West Tower Main Floor.

Preop testing and registration appointment _____
 Required: Lab Work ___ Covid Testing. If ordered: _____ EKG ___ Chest X-ray
 ___ CT SCAN ___

Received: Wipes _____ Pre-surgical Nutrition _____

Mandatory pre-op education: Due to the Covid pandemic we are not able to provide in-person classes. Pre-operative education is provided on our website. Go to <https://www.adventisthealth.org/glendale/services/orthopedic-care/> then click on Required Pre-operative Education

Required:

1) Register – Note: Please be sure to enter your email. If you do not have an email, use the email of a family member or friend.

2) Read - HIP AND KNEE REPLACEMENT booklet

OR

3) Review presentation -JOINT REPLACEMENT PRE-OPERATIVE EDUCATION

If you have questions, please call Debra Guy (Nurse Navigator) at (818) 409-8235

Medical/Cardiac Evaluation from your doctor (as applicable) has been faxed and received by the surgeon's office. Evaluations due 14 days prior to surgery

Code Technology survey completed. -you will receive an email and/or phone call from Code Technology assisting you to complete a preop survey for reporting patient reported outcomes.

HEALTH OPTIMIZATION

Pre-Surgery nutrition -you will be given products with instructions to help your body prepare for surgery.

Preop strengthening exercises- refer to the Hip and Knee Replacement Surgery booklet for exercises that can be done 1-2 times a day to strengthen your muscles for surgery.

IF APPLICABLE

Quit smoking at least 30 days before surgery to improve healing and reduce the risk of infection after surgery.

Last A1c result reported- If you are a diabetic, make sure the surgeons office or preassessment nurse has the last A1c from your doctor.

POST OP CARE PLAN

Home Safety Evaluation and Post op Care plan - You will receive a call from the Nurse navigator to confirm you have a Care Coach to take care of you and that you have everything you need at home after you are discharged.

Post-op appt with: _____ Date/ Time: _____

Preparing for Surgery

We are ready to welcome our patients back and to continue enhancing your health and quality of life.

Covid Precautions at AHGL

To ensure your safety, we are following all CDC guidelines. Here are some of the general precautions we are taking:

- Screening our whole care team for fever and wearing masks at all times
- Social Distancing: patients will be 6 ft apart at all times!
- Screening and Testing all surgical patients for covid 19 before surgery and requiring masks be worn in the hospital
- Patients only in the Hospital. Visitors are NOT allowed entry

Covid Requirements for Surgery at AHGL

Preop Covid 19 Testing Requirements

- All patients scheduled for a surgical procedure will be required to be tested for COVID-19 three-five days prior to the scheduled procedure date.
- Covid Testing may be performed either at the hospital along with the other pre-procedure lab work or at an outside facility.
- Results on any testing performed outside the hospital must be submitted to the pre-assessment office prior to the day of the scheduled surgery by your surgeon's office.
- If covid testing results are not available, the day of your surgery there will be a delay until you are tested here, and the results received.
- Any positive covid test result will postpone your surgery unless it is deemed urgent by your surgeon based on hospital protocol

Day of your surgery

- Remember you, the patient, only can enter the Hospital. Visitors including family members are NOT allowed entry.
- Your family may wait in the car or return home if preferred. Your family will receive a curtesy call when you have recovered and are in the appropriate post op unit.
- Upon entering, a facemask or cloth face covering must be worn at all times, including walking from your car. If you do not have a mask or cloth face covering, one will be provided
- As you enter, staff will complete a screening and temperature check
- If you have any of the following, your surgery will be postponed unless it is deemed urgent by your surgeon based on hospital protocol
 - Suspected of having COVID-19
 - Recently confirmed Positive for COVID-19
 - Presence of fever ≥ 100 F or COVID-19 symptoms

Throughout your stay with us

- Frequently perform hand hygiene, i.e. prior to entry/exit of room, after restroom use, etc.
- Limit touching surfaces, etc.
- Comply with social distancing

Preparing for Surgery

Pre-Op Information

Advance Directives

- **Advance directives** are a means of communicating the patient's wishes regarding health care to all caregivers. Visit [AdventistHealth.org/Glendale](https://www.adventisthealth.org/glendale) to learn more.
- **Living wills** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.
- **Appointment of a health care agent** (medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you.
- **Health care instructions** are your specific choices regarding the use of life-sustaining equipment, hydration and nutrition, and use of pain medications.

Blood Donation

When a transfusion is needed, you may wish to donate your own blood, have family and friends donate blood for you or receive blood donated by the community. Inform your orthopedic specialist or physician of your wishes as soon as possible.

Hospital Care

Day of Surgery

It is important to be at the hospital at your expected arrival time three hours before your scheduled time. WEAR COMFORTABLE CLOTHES.

Where to Go

- Enter the East parking structure of Adventist Health Glendale on Wilson Terrace. (See map last page of this Booklet) Wear face mask or cover.
- Proceed to the Main Lobby of Physicians Medical Terrace (PMT) main floor to be screened and checked in for your procedure.
- Family members are not allowed to come into the hospital with you due to Covid precautions. Your family will be informed once surgery is done.

Surgery Duration

The surgery is approximately 2 to 2½ hours long. Some of this time is used by the operating room staff in preparation for surgery.

Anesthesia

Your anesthesiologist will meet with you before surgery. At that time, the anesthesiologist will examine you, discuss your medical history and determine the best plan for your anesthetic care. It is important to tell your anesthesiologist of any prior problems or difficulties you have had with anesthesia.

Recovery

After surgery, you will be transported to the post-anesthesia care unit (PACU) or the recovery room as you recover from the effects of anesthesia.

Expect to be hooked up to devices that will monitor your progress and check your vital signs such as your blood pressure, heart rate and respirations. After your stay in PACU, you will be transported to the appropriate unit. whether you are going home or staying at the hospital.

Hospital Care

What to Expect After Surgery

Nursing Assessments

Once in the appropriate unit after your surgery, your nurse will check on you frequently to monitor your vital signs, circulation, incision, level of consciousness and pain.

Fluids and Hydration

You will receive an IV infusing fluids and antibiotics as ordered by your doctor. It is important to drink plenty of fluids to prevent blood clots, elevated temperature and constipation.

Voiding

If you are having trouble voiding a catheter may be inserted to drain your urine.

Diet

Nausea after anesthesia is very common. It is important to inform the nursing staff if you are nauseous so they can give you medication to help manage your symptoms. Once your nausea has passed, you can start eating ice chips and taking small sips of water, then go on to eating a regular diet.

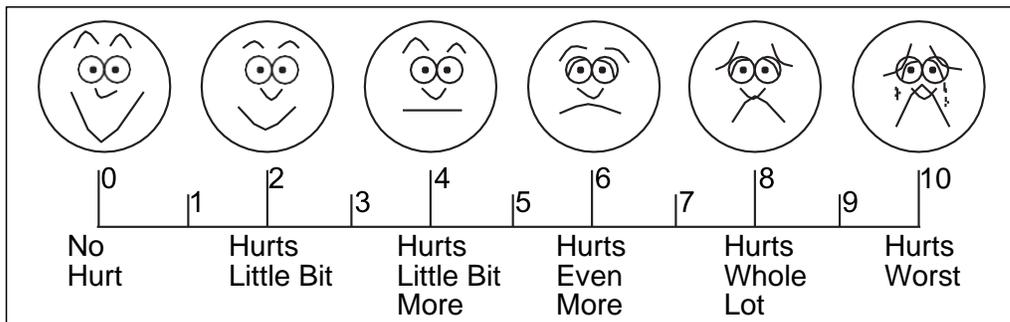
DIET TIPS: Drinking your pre surgical nutrition drink and increasing protein helps assist in healing; increased iron helps your blood count to recover (increasing energy); fiber and fluids help avoid constipation.

Pain Management

Our priority at AHGL is managing your pain. There are different ways that may help to control it. Speak to your doctor to plan your pain management.

Hospital Care

- **IV/IM Shots** - Shots given every 2-4 hours as needed for pain. You **MUST** let the nurse know you are in pain, as the shots are not scheduled.
- **Pills** - Usually starts with a mild narcotic to help control your pain.
- **Pain Scale** - Helps describe the level of pain you are experiencing. It is based on a scale of 0-10. It is our goal to keep your pain level at a four or below, or whatever is acceptable to you.



Pain Tips

Some pain is normal after major surgery, but it should not get in the way of activities such as deep breathing, turning in bed or progressing in your activities.

- Let your nurse know before your pain gets worse. It is easier to manage pain before it gets worse.
- If the pain medication is not working, let the nurse and your doctor know.

Therapy and Early Ambulation

Because it is important for your recovery for you to start moving as soon as possible, physical therapy will begin the day of surgery. A physical therapist will help you get out of bed and start walking. The therapist will also teach you exercises to strengthen your legs and how to go up and down stairs. Additionally, occupational therapists will work with you on activities of daily living, such as using the bathroom, bathing, dressing and grooming yourself.

Hospital Care

Equipment

You will be instructed to do breathing exercises (10 breaths every hour) with an incentive spirometer to prevent pneumonia.

You will have foot pumps or leg squeezers to prevent blood clots.

You may use a walker, raised commode or other equipment to assist in your daily activities.

Discharge Plan

Most patients are in the hospital for one or two days, then are discharged home.

Someone responsible needs to drive you home. You will receive written discharge instructions about medications, physical therapy, activities, etc. Take this notebook with you.

When you are ready to go home, Home Care Services may provide in-home physical and occupational therapy to make sure that your transition home is smooth. They can also send a nurse to assess any other needs as appropriate. A coordinator from Home Care Services will call to schedule a visit. ***For questions regarding your home visit, call Adventist Health Home Care Services at 818-409-8379.***

Follow-up Care

You will need to see your surgeon for a follow-up appointment after surgery. Your follow-up appointment is on: _____

Exercises

The following exercises should be done 1-2 times a day before and after surgery.

Strengthening Your Knee



1. Lie backside down on bed/couch.
2. Flatten knee by keeping your leg straight.
3. Press knee down towards bed/couch.
4. Breathe in, then breath out and relax.
5. Repeat 10-20 times.



1. Lie backside down on bed/couch with a rolled towel or blanket under thigh.
2. Lift foot, straighten knee.
3. Do not raise thigh off roll.
4. Hold for 5 seconds.
5. Relax and repeat 10-20 times.

Heel Slides



1. Lie backside down on bed/couch.
2. Slide heel, bending your knee, to your bottom.
3. Slowly straighten leg back down.
4. Repeat 10-20 times.

Strengthening Your Knee and Hip



1. Lie on your back, keeping the non-operated leg bent and foot flat.
2. Keep knee straight and point toes to the ceiling.
3. Lift operated leg up six inches.
4. Relax and repeat 10-20 times.

Exercises

The following exercises should be done 1-2 times a day before and after surgery.

Strengthening Your Arms



This exercise will strengthen you for walking with crutches and walkers.

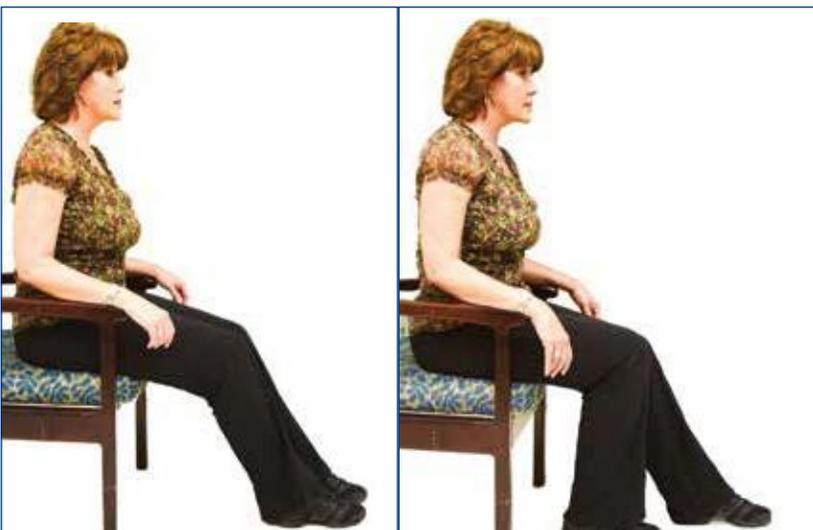
1. Sit at edge of an armchair.
2. Place your hands on armrests.
3. Place pressure on armrests and raise bottom up, like you are about to stand.
4. Relax back into chair and repeat 10-20 times.

Ankle Plantarflexion



1. Stand, holding onto a firm surface.
2. Lift heels and stand on your toes.
3. Relax and repeat 10-20 times.

Knee Flexion Stretch



1. Sit on a chair with back straight, feet flat on floor.
2. Bend operated leg underneath chair, as far back as possible.
3. Plant your foot by moving your bottom forward on the chair.
4. Hold 10-20 seconds.
5. Relax and repeat 10-20 times.

Exercises

The following exercises should be done 1-2 times a day before and after surgery.

Hip Abduction and Adduction



1. Lie on back, slide leg out to side.
2. Point toes to ceiling and keep knee straight.
3. Bring legs back together.
4. Repeat 10-20 times.

Knee Extension



1. Sit with your back straight.
2. Straighten knee.
3. Relax and repeat 10-20 times.

Range of Motion and Strengthening Exercise



1. Flex toes toward knees.
2. Push foot forward as far as you can to fully stretch calf muscles.
3. Relax and repeat 10-20 times FOR BOTH FEET.

Exercises

The following exercises should be done 1-2 times a day before and after surgery.

Knee Flexion



1. Stand, holding onto firm surface.
2. Bend operated knee behind you.
3. Return to standing position.
4. Relax and repeat 10-20 times.

Quarter Squat



1. Stand, holding onto firm surface, with feet shoulder-width apart.
2. Bend knees at a 30-45 degree angle.
3. Return to upright position and repeat 10 times.

Lying In Bed – Keep Knee Straight



Caution: DO NOT bend knees low enough to cause pain.

1. **DO NOT** put pillow directly under knee.
2. Place small pillow under ankle.
3. Knees should **STAY STRAIGHT**.

Personal Care

Precautions and Home Safety Tips

How to Get Into a Car



1. Put car seat back all the way.
2. Back up until you feel the car touch the back of your leg.
3. Reach back for car seat and lower yourself down. Keep operated leg straight in front and duck your head to avoid hitting door frame.
4. Turn frontward, lean back, then lift operated leg into car.

How to Get Out of a Car



1. Recline seat back all the way.
2. Turn body slowly, lifting legs out of car first.
3. Move forward, slide operated leg out in front.
4. Hold walker or crutch firmly with one hand and push off car seat with other hand.
5. Stand by putting weight on hands and non-operated leg. Regain balance before moving.

Personal Care

Toilet Transfer



You may need a raised toilet seat or a three-in-one bedside commode for the first several weeks after surgery, or as directed by your physician.

Sitting down on the toilet:

1. Take small steps to turn your back to the toilet. **DO NOT** pivot or twist knee.
2. Back up to toilet until you feel it touch the back of your leg.
3. If using a commode with armrests, reach back for both armrests and lower onto toilet.
4. If using a commode without armrests, keep one hand on walker while reaching back for the toilet with the other and lower onto toilet.
5. Slide operated leg in front when sitting.

Getting up from the toilet:

1. If using a commode with armrests, use them to push up. If no armrests are available, place one hand on the walker and use the other to push off the toilet seat.
2. Regain balance before reaching for the walker.

Getting Dressed/ Undressed



Putting on pants and underwear:

1. Make sure you're sitting down.
2. Use reacher or dressing stick to grab/guide waistband over foot. Put operated leg in first, then non-operated leg.
3. Pull up pants over knees, within easy reach.
4. Stand with walker in front to pull your pants up the rest of the way.

Taking off pants and underwear:

1. Back up to the chair or bed where you will be undressing.
2. Unfasten pants and let them drop to the floor, then push underwear to knees.
3. Lower yourself down, keeping operated leg straight.
4. Use reacher or dressing stick to undress non-operated leg first, then operated leg.

Personal Care

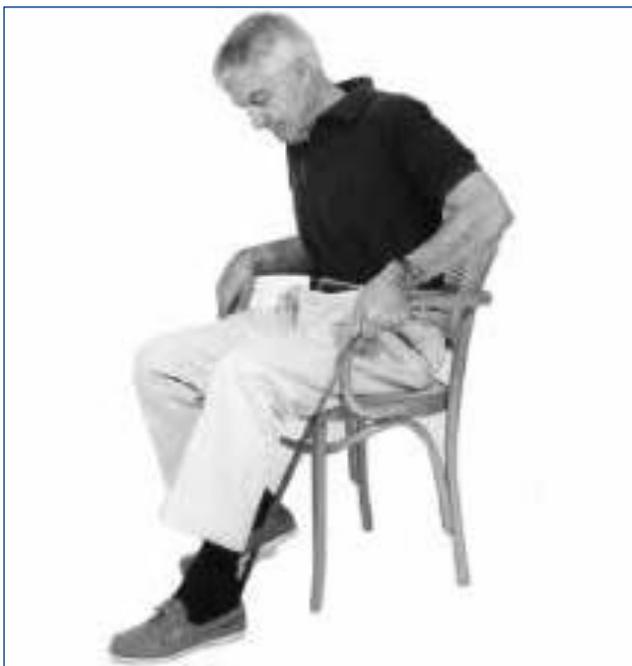
Sock Aid



Use a sock aid if you are having difficulty reaching your feet.

1. Sit down.
2. Slide sock onto sock aid with toe completely tight at the end.
3. Hold the cord and drop the sock aid in front of your foot.
4. Slip foot into sock aid.
5. Keep knee straight, point toe and pull sock on.
6. Keep pulling until sock aid pulls out.

Using a Long-Handled Shoehorn



1. Use a long-handled shoehorn to slide your shoe in front of your foot. Bend your knee as much as possible without causing pain.
2. Place shoehorn inside shoe against back of the heel. The curve of the shoehorn should match the curve of your shoe.
3. Lift leg and place your toes in your shoe. Lean back if necessary.
4. Step into shoe, sliding your heel down the shoehorn.

NOTE: Wear sturdy slip on shoes or shoes with Velcro closures or elastic shoelaces.

DO NOT wear high heels or shoes without backs.

Home Care

Caring For Yourself At Home & Preventing Complications

Equipment

Your physical and occupational therapists will recommend any necessary equipment, such as a walker, cane, shower chair or commode. This equipment will be delivered to the hospital before discharge or to your home. There is no need to buy them ahead of time.

Caring for Your Incision

- Keep your incision clean and dry.
- Do not get your incision wet until you have been instructed to do so.
- Avoid soaking your incision in a tub bath, hot tub or participating in water activities until instructed by your surgeon to do so.
- Notify your surgeon or nurse if there are any signs of INFECTION:
 - Increased drainage
 - Redness
 - Pain
 - Odor
 - Heat around the incision

Driving

You will not be able to drive for the first few weeks after surgery unless otherwise instructed by your doctor.

Sexual Activity

You may resume sexual activity, with CAUTION, once your surgeon clears you. If you have any questions about observing precautions, do not hesitate to ask your surgeon.

Home Care

Medication Management

Pain Medication

- Take your pain medication at least 30 minutes before your scheduled physical therapy.
- Change your position every 45 minutes throughout the day.
- Prescription pain medications contain narcotics, which can cause constipation. Increase fluid and fiber intake or use stool softeners or laxatives if necessary.

Blood Thinners

Surgery may cause blood to slow and clot in the veins of the legs. You may be prescribed blood thinners to prevent blood clots after discharge.

Depending on the type of blood thinner, you may need to get your blood drawn to check your blood-thinning level. You should watch for blood in the urine, nosebleeds, bleeding gums and excessive bruising, as these may be signs that your blood is too thin. Please call your physician if you have any of these symptoms.

Recognizing & Preventing Potential Complications

Blood Clots

Blood clots can form in a leg vein and in your lungs after surgery and can be very dangerous. Signs of a blood clot include pain in the back of the knee, warmth and excessive thigh swelling that persists even with leg elevation. Contact your orthopedic surgeon if you have these symptoms.

Home Care

Prevention of Blood Clots

- Blood thinners such as Coumadin, aspirin, Xarelto® or Lovenox prescribed by your physician.
- Foot and ankle pump exercises.
- Walking.

Living With Your New Joint

To ensure the health and effectiveness of your new joint, it is important that you care for your new hip or knee.

Joint Protection

All joint replacement patients need a regular exercise program to maintain their fitness and the health of the muscles around their joints. With both your orthopedic and primary care physicians' permission, you should be on a regular exercise program 3-4 times per week lasting 20-30 minutes each session.

Be sure to follow your surgeon and therapist's advice on using a walker, crutches or cane for a specified amount of time after surgery. Following this advice and the precautions given to you are important for the early healing of your new joint.

Sports and Activities

Your new prosthesis is designed for activities of daily living, NOT high impact sports. Walking, swimming, cycling and golf are recommended once cleared by the surgeon. High-risk activities such as skiing, running, jumping, rock-climbing and heavy lifting may compromise the long-term success and function of your new joint and may also increase the risk of fractures around the prosthesis.

Home Care

Dental Work and Other Surgical Procedures

To reduce the risk of infection, you may need to take antibiotics prior to having invasive tests and procedures. Inform the surgeon or physician performing these procedures so they can provide the prescription for your antibiotics.

Following your hip or knee replacement, it is important to let your dentist know that you have had joint replacement surgery. It is essential to take antibiotics prior to every scheduled dental appointment to reduce the risk of infection. Remind your dentist to provide you with a prescription for antibiotics prior to your scheduled dental appointment.

Follow-up Care

Routine follow-up appointments are very important after discharge. Expect to receive phone calls from the hospital to monitor your condition. The number of visits depends on your progress.

ADVENTIST HEALTH GLENDALE**Resources and References****Adventist Health Glendale**

1509 Wilson Terrace, Glendale, CA 91206

Phone: 818-409-8000

AdventistHealth.org/Glendale

Krames - The StayWell Company

Toll-free hotline: 800-333-3032

Krames.com

Joint Commission

One Renaissance Blvd., Oakbrook Terrace, IL 60181

General Number: 630-792-5000

Joint Commission Disease Specific Care Program: 630-792-5291

JointCommission.org

American Association of Orthopedic Surgeons (AAOS)

Phone: 847-823-7186

AAOS.org

American Association of Orthopedic Nurses (NAON)

Phone: 800-289-NAON (6266)

OrthoNurse.org

Pre-operative Total Joint Replacement

Please bring this book with you to:

- Every office visit.
- The hospital on admission day.



Acknowledgements

*This project was developed through the cooperation
and collaboration of the following:*

Adventist Health Glendale,
Orthopedics/Physical Medicine & Rehabilitation

Adventist Health Home Care Services

AHGL Orthopedic Surgeons

AHGL Orthopedic Nursing Team



Living God's love by inspiring
health, wholeness and hope.

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