Total Knee Arthroplasty Post-operative Instructions

The rehabilitation following total knee replacement can be highly customized depending on the patient. The below are intended to be guidelines that will be modified by your therapy team as dictated by your specific situation. Generally, pre-op ROM dictated post-op ROM. But strength can recover as knee pain improves.

---Dr. J Toman

INPATIENT STATUS

1. > 60 degrees of knee flexion
2. <10 degrees of knee extension
3. Independent with all transfers
4. Educated on individual home exercise program: should be able to repeat 4 exercises w/o assistance
5. Independent with ambulatory device; 50 feet with SBA

Day 1
1. Transfer from supine – sit (bed – chair) BID
2. Instruct in importance of Cryotherapy

Day 2
1. Continue transfers to include standing with walker
2. Begin ambulation as tolerated. Verify WB status before ambulating
3. Begin general strengthening exercises (these will be hard to do, but good to practice for home environment):
   - Quad sets
   - Gluteal sets
   - Hamstring sets
   - Ankle pumps
   - SLRs (eccentrically for hip flexion if patient can not perform concentrically)
   - Heel slides
4. Begin manual PROM for flexion – BID
5. Increase CPM to 90 degrees as tolerated
6. Instruct in self ROM exercises – flexion and extension

Day 3
1. Continue general strengthening exercises/AROM exercises
2. Increase ambulation to a useful distance, i.e. bathroom, chair
3. Increase CPM to 90 degrees as tolerated
4. Continue PROM/AROM (push flexion) – BID
5. Ensure patient has individual ambulatory device for home and outpatient PT arranged.
OUTPATIENT STATUS

General Goals
- Knee extension
- Functional flexion - >110 degrees
- Normalized gait with or without device
- Increase strength – >20 reps of all exercises

Week 1
1. Verify all exercises patient was doing as Inpatient and modify for Home Program
   Should be independent with all mat exercises to include SLRs, SAQs, Heel slides, and wall slides
2. Check specific precautions given by surgeon
   There may be some instances where aggressive ROM or strengthening will be prohibited for a time
   Check with my office at SouthActive for any questions.
3. Focus on ROM – AROM/AAROM/PROM
   A. Extension – use heel prop in supine
      Add weight as tolerated
      Heat PRN
   B. Flexion – Technician assisted
      Wall slides if tolerated
      CPM on Biodex for more aggressive approach
      Bike
4. Total gym or equivalent (level 7 – 9)
5. Begin partial squats with balance support
6. Standing knee flexion with balance support
7. Patellar mobilization when scar is stable
8. Electrical Stimulation PRN
9. Cryo PRN

Week 2
1. Begin restrengthening
   Quad machine
   Hamstring machine
   Total Gym at higher levels
   Leg Press
   Bike (resistance as tolerated)
2. Continue focus on passive extension
3. Discontinue specific post-op anticoagulation
4. At this point, you should be off routine pain medications

Week 3 – 4-6
1. Begin Treadmill for gait if prosthesis is cemented
   A. Retro can be use if patient is lacking extension
   B. Emphasize heel – toe gait
2. Concentrate on any lacking in ROM
3. Cryo PRN
4. D/C walker/crutches to cane (quad or standard) as permitted by surgeon

At Discharge from PT
1. Recommended activities to continue
   A. Stationary bike
B. Stationary skiing – Nordic track
C. Walking
D. Swimming
E. Water aerobics
F. Ballroom dancing
G. Golf

If at the 6 or 12 week visit these goals in terms of ROM have not been obtained, I may recommend a Manipulation under Anesthesia of the knee to prevent arthrofibrosis.