

TOTAL KNEE ARTHROPLASTY POST-OPERATIVE PROTOCOL

PHASE I – INCREASE ROM, MUSCLE FUNCTION & PAIN MANAGEMENT

WEEKS 0-2:

- Weight-bearing as tolerated
- Ice and modalities to reduce pain and inflammation
 - Rehabilitation Goals:
 - If necessary, with the use of an assistive device (crutch, cane, etc), progress walking distance towards ½ mile focus on heel strike and knee flexion during gait
 - Work towards increasing ROM to pre-surgery levels or above (0-130)
 - Active extension with no lag
 - Exercises:
 - Quad sets, straight leg raise, heel slides, prone hamstring curls, sit to stand squats, 5 minutes on stationary bike with no resistance (if able to get off & on, able to increase minutes as pain tolerates)
 - Precautions:
 - Keep an eye on incision for separation or infection (increasing redness, drainage, fever over 100 F)
 - Keep an eye out for blood clot (increased calf tenderness, calf tightness, pitting edema, flu-like symptoms = contact physician ASAP!)
 - Rehabilitation should be within pain tolerance
- Follow up with physician 2 weeks post-operative:
 - Staple removal
 - Steri-strip application
 - Review surgical photos
 - Get PT script

PHASE II – INCREASE ROM, MUSCLE FUNCTION & NORMALIZE GAIT

WEEKS 3-6:

- Weight-bearing as tolerated
- Ice and modalities to reduce pain and inflammation
 - Rehabilitation Goals:
 - Begin walking short distances without an assistive device (crutch, cane, etc)
 - Work towards increasing ROM to pre-surgery levels or above (0-130)
 - Progress strengthening exercises towards bodyweight, normalizing gait, reciprocal gait while using stairs, sit to stand while bearing weight equally
 - Exercises:
 - Manual therapy as needed
 - Quad sets, short arc quads, straight leg raise, single leg balance, multidirectional step-ups
 - Precautions:
 - Increased ROM should be done with minimal assistance from physical therapist



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- Single leg balance exercises should be done with caution (TKA pts have a 25% fall rate within 1 yr. post-op)
- Rehabilitation should be within pain tolerance
- Follow up with physician 6 weeks post-operative:
 - Get x-rays
 - ROM check (goal is to be 0-130/135)
 - Review kneeling precautions
 - Prophylactic antibiotic for dental work x2 years post-op

PHASE III – NORMAL ROM, NORMAL GAIT, TRANSITION TO HEP

WEEKS 6-12:

- Weight-bearing as tolerated
- Ice and modalities to reduce pain and inflammation
 - Rehabilitation Goals:
 - ROM to pre-surgery levels or above (0-130)
 - Normal gait with no assistive devices
 - Stairs with reciprocal gait for 1-2 flights
 - Exercises:
 - Continued lower extremity strengthening, emphasizing quads, hip, and core
 - Emphasis on affected side during movements such as sitting to standing
 - May transition to home exercise program between weeks 6-8 with PT approval
 - Return to sport 3 months post-operative
 - Precautions:
 - Repeated lifting over 50lbs is discouraged to limit the possibility of re-injury
 - Single leg balance exercises should be done with caution (TKA pts have a 25% fall rate within 1 yr. post-op)
 - Continue fitness activity even after formal PT has ended
- Follow up with physician 1 year post-operative:
 - Get x-rays
 - Prophylactic antibiotic for dental work x2 years post-op