

PHASE I

PHASE I: WEEKS 0-2

Activities:

- Ice, compression, elevation, limited modalities
- Manual therapy for patellar mobilization, soft tissue and edema management
- Gait training, progress to a cane and then no assistive device as safe, as long as quality of gait remains good and pt demonstrates good balance and safety awareness.

Exercise:

Emphasis on ROM and quad contraction

- Continue with HEP: Ankle pumps, quad sets, heel slides, SLR, SAQ, seated knee flexion stretch, propped knee extension stretch increasing to 10 min at least 2-3 times/day
- Add bicycle or NuStep for ROM as tolerated

Goals:

- Primary focus on ROM: knee extension to 0° & active flexion to at least 90°
- Edema management and multimodal pain management
- Improve voluntary quadriceps contraction
- Improve quality of gait
- Walk at least 300 feet 2-3 times/day and shorter distances hourly when awake
- Follow-up appointment with orthopedic surgeon approximately 2 weeks post-op
- Bandage to remain in place for 1 week post-op
- Patients should significantly limit household chores and activities due to excessive fatigue or potential for hypotensive episode.

PHASE II

PHASE II: WEEKS 2-4

Activities:

- Ice, compression, elevation
- Manual therapy for patellar and scar mobilization, soft issue and edema management
- Gait training, progress to a cane and then no assistive device as safe, as long as quality of gait remains good and patient demonstrates good balance and safety awareness.

Exercise:

If meeting ROM goals and pain well-controlled, progress HEP as tolerated.

- Standing exercises: heel/toe raises, hip abd, etc.
- Proprioception, balance training, hip and core strengthening
- Closed chain exercise: mini squats, step-ups and step-overs
- Bicycle, NuStep

PHASE II

PHASE II: WEEKS 2-4

Goals:

- Meet 1-2 week goals, specifically ROM goals. Primary focus on ROM and quad contraction.
- Achieve knee extension to 0° and knee flexion to >90°. We expect patients to achieve full knee extension and gain 5-10° of flexion each week. If this is not happening, contact the surgeon.
- Expect swelling and bruising to begin to decrease
- Normalize voluntary quad contraction
- Improve quality of gait to normal if possible
- Depending on pre-op mobility and function, walk ¼ mile at a time and up to a mile throughout the day. Continue hourly ambulation when awake.
- **Gradually** resume normal home activities such as cooking a meal or washing dishes
- Patients should expect to feel fatigued after activity

PHASE III

PHASE III: WEEKS 4-6

Activities:

- If meeting ROM goals, progress HEP to address more challenging functional activities and focus on a long-term exercise plan.
- Gait training, progress to no assistive device as safe, as long as quality of gait remains good and patient demonstrates good balance and safety awareness.
- D/C from formal PT or progress to HEP with periodic check-in to progress HEP

Exercise:

- Bike, NuStep, Elliptical, etc. No pool activity until 6 wks post-op and incision is fully healed.

Goals:

- Meet 2-4 week goals, specifically ROM goals.
- Maintain knee extension at 0° and achieve active knee flexion to 120-130°. We expect patients to maintain full knee extension and gain 5-10° of flexion each week. If this is not happening, contact the surgeon.
- Depending on pre-op mobility and function, walk ¼ to ½ mile at one time and up to 1.5 miles throughout the day.
- Resume activities such as light cleaning and grocery shopping.
- Patients should expect to experience improved energy levels, but will still fatigue more quickly than normal.



HOPE PHYSICAL THERAPY PROTOCOL

Post-Op Total Knee Replacement Therapy

PHASE IV

PHASE IV: WEEKS 6-12

Activities:

- Establish progressive HEP to meet any remaining strength, ROM and balance deficits.
Limited clinic visits.
- D/C from formal PT

Goals:

- Meet 4-6 week goals
- Maintain full active knee extension and active knee flexion to 120-130°
- Walk at least ½ to a mile at one time and 1.5 miles or more throughout the day.
- Resume regular daily activities.
- Expect energy levels to return to normal approximately 3 months after surgery.



TOTAL KNEE REPLACEMENT GOALS

2-6 WEEKS POSTOP

PHYSICAL THERAPY GOALS:

1. Full knee extension of 0 degrees and flexion of 120-130 degrees is your **primary** goal during this time. In order to best achieve this, the following stretches are required:



Knee Flexion (bending)

- Bend the knee to a point of discomfort. Hold stretch for 1 full minute.
- This will be felt over the top of the knee up to the thigh. Release. Repeat 10 times per session. Three sessions per day advised.



Knee Extension (straightening)

- Prop the heel only on a pillow, chair or coffee table so the rest of the leg is free. Allow the knee to straighten. Hold for up to 1-2 minutes. You may need to take a 30 second break. The stretch will be felt in the back of the knee. Repeat 10 times per session. Three sessions per day advised.

2. Ice 2-3 times per day for 30 minutes at a time.

3. Elevate your foot above the heart level 2-3 times per day for 1 hour at a time.

We expect you to gain 5-10 degrees of flexion each week. Please ask your physical therapist for your range of motion numbers at the end of each session. While building strength in your knee is important, the most important aspect of your physical therapy in the first 6 weeks is the range of motion.

PAIN MEDICATIONS:

- Most patients are off all narcotic pain medication by 3 weeks after surgery.
- You may need to use an occasional narcotic pain pill after 3 weeks to help with physical therapy or to help with pain at night while sleeping.
- All patients need to be off the narcotic pain medication at 6 weeks out from surgery. Patients who remain on narcotics after 6 weeks from knee replacement are at increased risk of long-term use and addiction. If you feel like you may be at risk of this, please discuss with us and we can provide additional assistance to get you off the pain medication.
- Continue to use Meloxicam, if prescribed, and Tylenol regularly to help manage pain.