

Total Knee Arthroplasty

Precautions:

- If an uncemented prosthesis is used, patient may be PWB for 6 weeks
- Dr. Antonacci ONLY: Restrict to shallow, functional squats and lunges within pain-free limits forever.

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation (ice, IFC)
- Edema: Cyrotherapy, elevation, and/or compression stockings
- Gait:
 - Ambulation with walker, WBAT, unless otherwise noted by physician
 - Mobility training in hospital
- ROM:

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- AROM/AAROM/PROM of ankle, knee, and hip
- PROM goal 0 90 degrees prior to D/C from hospital
- Exercises: Quad/ham sets, SAQ, Heel slides, SLR, Hamstring stretching

Phase II (5 days – 4 weeks post-op)

- Wound care: Continue to monitor for signs of infection and begin scar management techniques when incision is closed
- Modalities: Continue prn
 - Russian stimulation for quads prn
- Edema: Cryotherapy, elevation, and/or compression stockings
- Gait: Ambulation with assistive device, WBAT, unless otherwise noted by physician
 - ROM: By 4 weeks, 0-100 degrees, emphasis on full extension
 - If at 4 weeks flexion is <90 degrees, notify physician team
- Strengthening: Continue as Phase I
 - Begin low resistance open and closed chain strengthening within WB restrictions

Phase III (4 weeks – 10 weeks post-op)

- Wound care: Observe for signs of infection. Continue scar mobilizations
- Modalities: Continue prn
- Edema: Cryotherapy, elevation, and/or compression stockings as prescribed by physician
- Gait: By 4-6 weeks, increase to FWB
- ROM: Maximize ROM
 - By 6 weeks, 0 120 degrees
 - At 6 weeks post-op, notify physician's office if < 120

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- Exercises:
 - Increase resistance of closed chain strengthening
 - o Progress activities to improve function including stairs, normalizing gait, and ADLs
 - o Possible RTW with physician restrictions
 - Progress HEP or exercise routine at fitness center
 - Stretching of hamstring, calf, and quad

Phase IV (10+ weeks post-op)

• Progress strength to allow ambulation of community distances, all home ADLs, and increased work activities if needed

Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edeition. Philadelphia: Mosby; 2003.
- 2) Wilk KE, Reinold MM, Andrews, JR. Rehabilitation Following Total Knee Arthroscopy. Winchester, MA: Advanced Continuing Education Institute, 2010.