PHYSICAL THERAPY PROTOCOL
TOTAL KNEE AND UNICOMPARTMENTAL REPLACEMENT
Dr. Bienz

A. GOALS
   a. Independent transfers.
   b. Safe, independent ambulation with assisting device including stairs.
   c. Written instructions for home program given.
   d. Independent with exercises or assistant trained PRN.
   e. CPM 0-90 or CPM home for dystrophic pain control prevention.
   f. Discharge planning for outpatient therapy follow-up as needed.
   g. Additions/revisions: _____
      _____
      _____
      _____

B. TREATMENT: Minimum 2 therapy sessions per in-patient day, including weekends.

   a. DAY OF SURGERY
      i. CPM
         1. Adjust CPM in PACU for involved extremity and begin running as tolerated. Set extension at 0 degrees as tolerated by patient. (Try to get to 60 degrees while spinal is working.) Teach patient how to change angle and speed.
         2. Place CPM beside notice.
         3. Send CPM home with patient if not at 0-90 degrees ROM by discharge or for dystrophic pain.
      ii. Goal Setting: Discuss and establish goal with patient and/or caregiver when patient is awake/alert.
      iii. Therapeutic exercise
         1. Quad sets, glut sets, ankle pumps 10 reps BID
      iv. Lock foot of bed in extension
      v. Obtain immobilizer if patient does not have one. Use for ambulation if patient unable to demonstrate quadriceps control.
      vi. Remove CPM from bed when not in use. Place pillow heel (not calf or knee) when sleeping if not using CPM and continue this practice throughout hospital stay and at home.

   b. FIRST DAY POST-OP
      i. CPM
         1. Use CPM a minimum of 8 hours per day
         2. Instruct patient/caregiver in CPM to use when awake/alert.
      ii. Therapeutic exercise
         1. Continue above, with addition of SAQ, SLR, heel slides, sitting knee flexion and standing knee flexion as tolerated BID.
      iii. Transfer training

1. Instruct in self assisted OOB/BTB transfers as needed (with knee immobilizer as prescribed).
2. Encouraged patient to be up in chair for meals.

iv. Gait training
1. WBAT with walker or crutches (immobilizer if needed).
2. Tilt table or parallel bars if needed.

c. SECOND DAY POST-OP: OK to remove dressing
i. Continue as above
ii. Therapeutic exercise
1. Encourage full knee extension with hamstring stretches and quad sets with can under ankle as tolerated.
2. Instruct patient and/or caregiver in homeexercise program.
3. Provide written home exercise program.
iii. Gait training
1. Continue as before, increasing distance and patient independence.
2. Stair instruction if tolerated.
iv. Wean from immobilizer when able to perform SAQ independently.

d. THIRD DAY POST-OP to DISCHARGE
i. Continue as above
ii. Out-patient referral
1. Provide referral for all patients
2. Give them a time and date of appt. (will need to be done Friday if that is DOS.

e. FOURTH DAY POST-OP
i. Expect discharge to home if patient tolerates (Day 1-3)
ii. Continue to progress therapeutic exercise and gait training until discharge.
iii. Review out-patient therapy referral as completed on second day pot-op.

C. CONTRAINDICATIONS: _____
_____
_____
_____

Date of Order: _____

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