

# TOTAL KNEE REPLACEMENT PROTOCOL

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Implementation and fixation of a prosthetic knee joint is accomplished by using either cement or porous in-growth to anchor the prosthesis into place. Weight bearing status is usually as tolerated per the patient *unless otherwise specified by the physician*. Throughout rehabilitation, especially in the early phases, monitor the patient for any inappropriate effusion, redness, or change in tissue temperature.

## IMMEDIATELY POST SURGERY:

- Minimizing swelling is of utmost importance, especially in this phase. Patients should be instructed in swelling management with use of ted hose, compression stockings, positioning, cryocuff, massage, etc.
- The patients should be weight bearing as tolerated in straight leg immobilizer until quad control is fair + or better; *unless otherwise directed by the physician*.
- Instruction in gait with appropriate assistive device (walker, crutches, etc.) as needed.
- If patient is using CPM may need additional instruction for use, and once they are able to reach 90° for more than 2-3 days they may D/C CPM (NOTE: Make sure the patient can maintain the range prior to D/C; medicare patient's cannot restart CPM use once D/C'd).

## DAY 2 – 3 WEEKS:

- Goal is to promote ROM in extension and flexion; initiate heel slides, sitting and standing knee flexion, heel prop for extension as tolerated.
- Patient is started on a basic knee strengthening program consisting of quad, hamstring, and glut isometrics. When tolerated by patient, add SAQ's, SLR, variable isometrics, bike, etc. (Progress strengthening only if edema is under control).
- Continue gait instruction and work on optimal gait patterns, D/C assistive device
- Patient education on precautions following their knee replacement; avoid kneeling on involved knee, twisting on involved knee with weight bearing per physician.

## 4 WEEKS – ADVANCED INDEPENDENT:

- Progress ROM to within functional limits (0-125°) or greater if tolerated. As the patient reaches their intended goals of ROM they are moved into a more advanced stage of rehab with supervision from therapist.
- Continue to progress strengthening of lower extremity as tolerated. Increase weights (leg press, ham curls, multi-hip, etc.), biking, and ambulation distances/times for endurance.
- Work on functional activities to progress patient to independence: stairs, transfers from floor, and specific functional needs per patient.

## ADVANCED INDEPENDENT:

- At this point the patient is instructed in a full workout program to be implemented on his or her own. The workout should include: warm-up/stretching, and endurance exercises.
- Each patient's program should be individualized to meet their specific needs.
- Implementation follow-up session 2-3 weeks after initiating the advanced independent.