

# TOTAL KNEE ARTHROPLASTY PROTOCOL

**Dr Levene**

REVISED 2/15

## **BEFORE SURGERY:**

1. Patient receives and reviews written information booklet regarding Total Knee Replacement
2. Patient has recent (less than 1 year old) x-rays to include AP, lateral, merchant
3. Patient has preoperative medical clearance by primary care or internal medicine
4. Patient has preop teaching regarding anticipated therapy course and hospital stay
5. All blood thinning medicine is discontinued at least one week prior to surgery (e.g. aspirin, ibuprofen, etc.) Patients that are on chronic anti-coagulation will coordinate this with the internist
6. Patient will visit with Dr. Levene within one month preceding the date of operation

## **HOSPITAL STAY**

### Day of Surgery,

1. Spinal block (or regional nerve block) preferred
2. Start CPM

### First Post Op Day

1. CPM, 4-6 hours/day, Increase ROM as tolerated
2. Initiate DVT prophylaxis (Aspirin or Xarelto)
3. Transition to oral pain meds
4. Ambulation with crutches or walker, weight bear as tolerated (WBAT)

### Second Post Op Day

1. Continue rehab: Ambulation, transfers, quad control, ROM
2. Possible discharge home if adequate pain control & good progress with P.T.

### Third Post Op Day

1. First dressing change, continue daily dressing changes until staples removed

2. OK to shower and cleanse knee with soapy water; no submersion (such as hot tub, bath)

## **AT HOME**

1. CPM 4-6/hours/day. Increase range of motion in 3-5 degree increments as rapidly as tolerated until limits reached (0-120 degrees)  
Use for three weeks
2. Outpatient or home physical therapy
  - a. Active assist range of motion, Passive range of motion to achieve full extension and maximal flexion
  - b. Quad sets, Straight leg Raises (SLR), Short arch Quad sets, ankle pumps
  - c. Isometric hip girdle strength
  - d. Gait training, weight bear as tolerated, recommend crutches or walker until cleared by PT to use cane.
  - e. Discontinue immobilizer when able to SLR
  - f. Spin on stationary bike when range of motion allows
3. Staples out of incision and steri-strips applied at 10-14 days post op
  - a. Prior to staple removal, wound should be covered with sterile dressing at all times except to shower.
  - b. Wash with soapy water, then blot to dry in shower. No submersion under water until staples are out (i.e. no bath, pool, or hot tub)
4. Call Dr. Levene ( or on-call GCBJ Doctor) right away for: fever over 101.5, uncontrolled pain, severe calf pain or swelling, increasing or foul-smelling wound drainage, redness or splitting at wound site, other concerns; 307-745-8851 or 307-742-2141 after hours
5. Go to ER immediately for: fever greater than 103, chest pain or shortness of breath, obvious wound infection

**ANTICOAGULATION: Xarelto 10mg, Qday x15 days after surgery or Aspirin 325 mg One per day x 1 month**

If discharged on Coumadin: use for four weeks; to be monitored by internal medicine doctor

## **TWO WEEKS POST OP**

Staples removed (see above)

Out of immobilizer if good quad control

Continue full weight bearing status

Stationery bike when adequate knee flexion obtained

Focus on SLR and quad sets

Wean from assistive devices per physical therapy discretion

## **SIX WEEKS POST OP**

Begin theraband resisted closed chain PRE

Discontinue walking aides

**RECOMMEND NO HIGH IMPACT ACTIVITIES AS PERMANENT RESTRICTIONS; AVOID KNEELING FOR PROLONGED PERIODS**

**NOTE: EXPECT INCREASED WARMTH IN THE KNEE JOINT FOR UP TO A YEAR POST OP.**

**STRONGLY RECOMMEND USE OF ANTIBIOTICS PRIOR TO ANY INVASIVE PROCEDURES, SUCH AS DENTAL PROCEDURE OR ENDOSCOPY FOR LIFETIME. Please mention that you have an artificial knee to your dentist &/or medical doctor.**