

# TOTAL KNEE ARTHROPLASTY 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 with crutches or a walker.
- Instruction in gait with appropriate assistive device (walker, crutches, etc.) as needed.
- Patients using CPM may need additional instruction for use, and once they are able to reach 90° for more that 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, and heel prop for extension as tolerated.
- Patient is started on 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.