

**Unicompartmental Knee Arthroplasty
Rehabilitation Protocol
Dr. Levene
Revised 10/2018**

BEFORE SURGERY:

1. Patient receives and reviews written information booklet regarding Unicompartmental Knee Replacement
2. Patient has recent (less than 1 year old) x-rays to include AP, lateral and merchant & valgus stress views
3. Patient has preoperative medical clearance by primary care or internal medicine
4. Patient has preop teaching regarding anticipated therapy course
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
7. Patient identifies people who will be available to assist with needs at home after discharge

HOSPITAL/ASC STAY

Day of Surgery

1. Spinal block (or regional nerve block) preferred
2. Initiate DVT prophylaxis (Aspirin or Xarelto) by POD #1 at least 12 hours post op
3. Oral pain meds
4. Ambulation with crutches or walker, weight bear as tolerated (WBAT). Begin as soon as possible after surgery (limited only by N/V, motorblock, uncontrolled pain)

First & 2nd Post Op Day

1. Continue rehab: ambulation transfers, quad control and ROM
2. Discharge home if adequate pain control & cleared by PT if not already home. Home health PT visit if eligible. Rest and elevate limb on pillows. OK to ambulate briefly every 1-2 hours and then return to rest. OK to sit up with knee bent for meals.

3rd 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 or bath)

AT HOME

1. 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 arc quad sets and 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. Spin on stationary bike (NO resistance) when range of motion allows (>95 degrees)
2. 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. After staple removal, no dressing required.
 - b. Wash with soapy water, and then blot to dry in shower. NO submersion under water until staples are out (i.e. no bath, pool or hot tub)

3. Call Dr. Levene (or on-call PBJC doctor) right away for:
 - a. Fever over 101.5 degrees
 - b. Uncontrolled pain
 - c. Severe calf pain or swelling
 - d. Increasing or foul-smelling wound drainage
 - e. Redness or splitting at wound site
 - f. And all other concerns call 307-745-8851 OR 307-742-2141 after hours
4. Go to the ER immediately for:
 - a. Fever greater than 103 degrees
 - b. Chest pain or shortness of breath
 - c. Obvious wound infection

ANTICOAGULATION: Xarelto 10 mg, Qday x 15 days after surgery or Aspirin 325 mg one per day x 1 month based on risk stratification protocol

2 WEEKS POST OP

1. Staples removed (see above)
2. Continue full weight bearing status
3. Stationary bike when adequate knee flexion obtained
4. Focus on SLR and quad sets
5. Wean from assistive devices per PT discretion

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.