OSF HEALTHCARE

TOTAL KNEE ARTHROPLASTY

Postop	Goals	Precautions	Exercises
Weeks 0-4 PT 2-3x/week HEP daily	Independent gait with or without AD (at least 40-80' first week) Independent SLR Independent transfers and bed mobility Swelling control PROM extension 0 deg PROM flexion 2 weeks: 90 deg 4 weeks: 105 deg (Consider measuring A/PROM each visit) Consider use of KOOS-ADL (15 MCID) or WOMAC (12 MCID)	WBAT Avoid excess residual pain, edema, prolonged soreness following activities/exercises Incision: keep occlusive dressing on in shower for 7 days Avoid baths and pools	NMES to quads ROM exercises (Ex. heel slides, heel prop, prone knee hang) Pre-gait exercises (Ex. Retro step, church pew) Open chain knee strengthening exercises (Ex. quad sets, SLR, hamstring curls) Functional strengthening (Ex. Sit to stands) Hip strengthening Ankle strengthening Hamstring and calf stretching Balance and proprioception exercises (initiate at 1-2 weeks) in multiple planes and base of support outside center of gravity Aquatic therapy as needed after appropriate wound healing Patella and tibiofemoral mobilizations as appropriate Cryotherapy, compression (consider Tubigrip), elevation
Weeks 4-6 PT 2-3x/weekHEP daily	ROM 0-120 Normalize gait pattern with reduced reliance on AD Reciprocal stair negotiation Consider use of TUG (2.3s MCID) and 6MWT (67m MCID)	WBAT - FWB	NMES to quads Continue ROM and strength exercises above with progressions (ex. step ups, step downs, mini squats) Static and dynamic balance exercises progressing to single limb and various surfaces Patella and tibiofemoral mobilizations as appropriate
Weeks 6-8 PT 1-2x/weekHEP daily	Full AROM Returning to normal activity Improving endurance		NMES to quads Continue progressions of above Ex: Progress squat/leg press, single limb squats with upper body support
Weeks 8-12 PT as needed HEP daily	Symptom free daily activities	No high mileage running No vigorous high impact activities or sports	Progress from low impact activities (walking, biking, swimming, golfing) to moderate impact activities (hiking, doubles tennis, skiing, weightlifting, horseback riding) Specific training if applicable Utilize Rich Berger's kneeling protocol for return to kneeling and encourage use of carpenter's gel knee pad or gardener's knee pad

Revision: July 2026

Medical Considerations

Reasons to contact physician's office prior to next scheduled appointment:

- Draining, erythema, excessive pain, and swelling
- Loss of AROM
- Failure of ROM progression
- Calf pain

Considerations for Manipulation:

- 90 degrees of knee flexion not achieved by 6 weeks with no progression or regression in ROM
- Then patient to undergo more aggressive interventions and if still not improving
- Considered performance prior to 8-week mark

Physician-Specific

Typical Schedule of follow-up visits with physician after surgery:

- **TKA / Total Knee Arthroplasty**
  - 3x/week for 2 weeks to get started – 60 minutes
- **Surgery days / When to start therapy**
  - **Monday / Tuesday** – Start Thursday or Friday of the same week
    (Always outpatient with Maurer or Kinzinger in ASC)
  - **Wednesday** – Start Monday or Tuesday or the following week
  - **Thursday / Friday** – Start Tuesday or Wednesday of the following week

OR

- As otherwise indicated in the patient's referral details

Typical Medications:

Dr Maurer
- oxycodone, tramadol, Tylenol, NSAIDs

Dr Surma
- oxycodone, tramadol, meloxicam, Tylenol

TED hose:

Dr Maurer
- Typically used for 6 weeks
- Can remove during sleep

Dr Surma
- No TED hose

Dressings:

Dr. Maurer
- Remove outer dressing at 1 week. If a Sylke Dressing (looks like mesh tape) is present underneath the outer dressing, please leave on until 2 weeks post-op. May remove at 2 weeks, but it is recommended that the patient removes this in the shower as the dressing being wet will help it peel off more easily.

Dr. Surma
- Remove outer dressing at 1 week. If a Sylke Dressing (looks like mesh tape) is present underneath the outer dressing, please leave on until 2 weeks post-op. May remove at 2 weeks, but it is recommended that the patient removes this in the shower as the dressing being wet will help it peel off more easily.

Telehealth:

Dr. Surma:
- Optional after at least 3 in person visits