



## TOTAL KNEE ARTHROPLASTY

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Weeks 0-4</b> 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
<b>Weeks 4-6</b> PT 2-3x/week HEP 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
<b>Weeks 6-8</b> PT 1-2x/week HEP 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
<b>Weeks 8-12</b> 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

## 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 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 dressing/Dermanet in 1 week

### **Dr. Surma**

- Remove dressing in 1 week

## Telehealth:

### **Dr. Surma:**

- Optional after at least 3 in person visits