



## TOTAL KNEE ARTHROPLASTY PROTOCOL

### **6 WEEK GOALS:**

1. **AROM 0°-120°.**
2. Walk without a limp or device. We prefer patients use an assistive device rather than walk with a limp.
3. Stairs with a reciprocal pattern and handrail for balance only
4. Single Leg Stance  $\geq$  10 seconds
5. Stand from 17" chair without upper extremity assistance
6. No extension lag with Straight Leg Raise (SLR)

### **D/C INSTRUCTIONS FROM THE HOSPITAL:**

1. **Control Swelling**
  - a. **Ice** the front of the knee with Iceman unit and back of knee with gel pack or bag of ice as much as possible, while awake, during the first 2-3 weeks post-op. Ice as needed after this time. You may also try heat on thigh muscles (but not knee) after two weeks to help loosen tissue. Make sure to protect the skin while performing these activities.
  - b. **ELEVATE** legs above your heart for at least 30 minutes, 4-6x/day for the first 3 weeks.
  - c. **LIMIT** standing and walking (all weight-bearing activity) to **5-15 minutes** per waking hour **until 2 weeks post-op.** After 2 weeks, progress walking/standing to maximum of **20 minutes** per waking hour. Once 0°-120° AAROM achieved, pt. may gradually increase walking/standing per PT instructions.
2. Wear immobilizer 6 hours/day while resting for 4-6 weeks or until full extension is achieved at two subsequent therapy sessions. You may ice within the brace.
3. Gait – WBAT
  - a. Ambulate with assistive device for 2 weeks. Progress to cane and then to no assist device when patient is able to walk without pain or gait deviation.
4. Wear TED hose on both legs for 4 weeks during the day. Remove at bedtime.
5. Keep surgical bandage on for 1 week after surgery. It is ok to shower with bandage on, just pat dry after finishing shower. Remove bandage 7 days after surgery, wash over incisions with antimicrobial soap and water, pat dry. Replace with new waterproof bandage and keep incision covered for an additional week after surgery.
6. No resistance on cardio machines for 6 weeks.
7. No treadmill for 6 weeks.

### **PHYSICAL THERAPY: 2-3x/week for 6 weeks**

1. AAROM goal must be achieved prior to concentrating on strength, endurance, and balance. If you are having difficulty achieving ROM goals:
  - a. Limit standing activities and avoid cuff weights until 0-115 reached.
  - b. Consider returning to use of the rolling walker.
  - c. Increase frequency of posterior knee capsule stretches. Emphasize VMO activation in open and closed chain to promote 0\* knee extension.
2. **IF ACTIVE range of motion is not at least 5-105° by 3 weeks post-op, contact the surgeon's office.**
3. **MEASURE AAROM and PROM AT EACH TREATMENT SESSION! MEASURE AROM AT LEAST 1X/WEEK.**
4. Teach scar massage and teach patella mobilization at 3 weeks post-op. Recommend daily scar massage until patient is 3 months post-op.
5. NMES to VMO until patient can perform a SAQ over half foam roll and hold x 10 sec at 0 degrees extension- optional and up to PT discretion.

**PLEASE CALL US WITH ANY QUESTIONS**  
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