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ORTHOPAEDIC SURGERY
FRACTURES
JOINT REPLACEMENT
SPORTS MEDICINE

TOTAL KNEE ARTHROPLASTY PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be weight bearing as tolerated with a rolling walking or other piece of medical equipment as seen fit by the surgeon. Patient may progress from a walker to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.
- Patients will have staples or Steri-strips over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.
- The patient may shower with a waterproof bandage over the staples. No soaking in the bathtub.
- TED hose should be work during waking hours and removed at night time. They will need to be worn for 6 weeks post operatively.
- Patient should ice frequently throughout the day with legs elevated to decrease excessive swelling.
- Do not use weight machines until at least 3 months after your surgery.
- No driving for 6 weeks after surgery with right knee; 4-6 weeks with left knee.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon.

TOTAL KNEE ARTHROPLASTY PROTOCOL

PHASE 1: INITIAL PHASE

Post-Op Day 4 – 3 weeks

- Bike
- Heel slides
- Quad Sets – may be done with Russian for VMO activation
- Glut sets
- Short arc quad
- 4 way Straight leg raise
- Large arc quad
- Clamshells
- Calf Stretch
- Hamstring stretch
- Knee extension stretch
- Calf raises
- Marching
- Hamstring curls
- Mini squats
- Step Ups
- Manual therapy – patella mobilization, PA/AP tibial mobilizations (grade I/II)
- Modalities – ultrasound, interferential current

**Range of motion should be approximately 5° - 105° by the end of this phase

PHASE 2: INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- AROM 0°-120°
- Add weight to straight leg raises up to 2#
- TKE with theraband
- Step Ups
- Step Downs
- Single leg stance
- Wall sits
- Manual Therapy – tibial mobilizations (grade I-III), fibular AP/PA mobilizations

PHASE 3: ADVANCED PHASE

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Increase weight with leg raises up to 5#
- Walking program – begin at ¼ mile and gradually increase
- Upper body machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle. NO treadmill walking due to compression on the new joint.
- Golf – may begin chipping or putting at 6 weeks, driving at 3 months, and then slowly progress into a full game

PHASE 4: FINAL PHASE

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using leg weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, tai chi, Theraball exercises
- NOT recommended – running/jogging, high impact aerobics, jumping/rope or plyometrics