

R. JOHN ELLIS, JR., M.D.  
LAWRENCE A. SCHAPER, M.D.  
MARK G. SMITH, M.D.  
G. JEFFREY POPHAM, M.D.  
AKBAR NAWAB, M.D.  
MICHAEL SALAMON, M.D.  
MATTHEW PRICE, M.D.  
DANIEL RUEFF, M.D.



ORTHOPAEDIC SURGERY  
FRACTURES  
JOINT REPLACEMENT  
SPORTS MEDICINE

## **UNICOMPARTMENTAL KNEE REPLACEMENT 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 crutches or walker initially. Patient may progress from a walker/crutches 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 avoiding excessive water over the incision. No soaking in the bathtub.
- TED hose may be used if there are circulation issues.
- Patient should ice frequently throughout the day with legs elevated to decrease excessive swelling.
- No driving for 6 weeks after surgery with right knee; 4-6 weeks with left knee. Must be off narcotic pain meds to drive.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon further orders to be written.

EASTPOINT OFFICE  
13151 MAGISTERIAL DR., SUITE 200  
LOUISVILLE, KENTUCKY 40223  
Telephone 502-587-1236  
Fax 502-587-0126

SOUTHEND MEDICAL CENTER  
5120 DIXIE HIGHWAY, SUITE 103  
LOUISVILLE, KENTUCKY 40216  
Telephone 502-449-0449  
Fax 502-449-3277

## **UNICOMPARTMENTAL KNEE REPLACEMENT PROTOCOL**

### **PHASE 1: INITIAL PHASE**

Post-Op Day 1 thru the first 3 weeks

- Ankle pumps
- Heel slides
- Quad Sets – may be done with Russian for Quadriceps activation
- Glut sets
- Short arc Quads
- 4 way Straight leg raise
- Large arc Quads
- Clamshells
- Calf Stretch
- Hamstring stretch
- Knee extension stretch
- Calf raises- focus on equal weight bearing
- Marching
- Hamstring curls
- Bike (for ROM if tolerated)
- 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° - 110° 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