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Total Knee Arthroplasty Rehabilitation Protocol

Phase I (1-3weeks)

Goal:

- Protect reconstruction
- Increase range of motion
- Control pain and swelling
- Improve gait
- Prevent muscle atrophy

Precautions:

- Immediate weight bearing with assistance of walker. CPM use during hospital stay.
- If used, staples and/or stitches will be removed at your first or second pos-op visit. Often, a clear bandage
 will be used allowing for visualization of the healing incision. Maintain a clean dry area around the
 incision sites.
- Contact MD with any signs of abnormal calf pain, fever, chills, or shortness of breath

Therapeutic Exercise: (Begin formal physical therapy within two weeks after surgery)

- Ankle pumps/alphabets
- Quad sets/ Straight leg raises
- Isometric hamstring contraction at varying degrees of knee flexion, progress to isotonic as motion increases.
- Incorporate stationary biking with no resistance as soon as motion allows
- Patellar/Joint mobilization
- Heel slides, prone hangs, seated leg extension (2-3 times per day)

Criteria for progression to phase II:

- 1. Knee ROM 0-100deg by week 3
- 2. Good quad and hamstring contractions
- 3. Progress to next phase with pain and swelling as a guide.

Phase II (4-8weeks)

Goals:

- Return to normal gait
- Maintain full range of motion
- Increase difficulty of resistance training

Precautions:

• Wean from walker as tolerated

Therapeutic Exercise:

- Gait training
- Initiate aquatic therapy as wound healing allows
- Initiate squats, leg press, and bridging
- Include hip external rotation exercises
- Begin proprioception exercises
- Continue hamstring/quad/calf stretching 2-3 times per day

Criteria for progression to phase III:

- 1. Normal gait
- 2. Full range of motion

3. Minimal joint swelling or pain after activity

Phase III (8-12 weeks)

GOALS:

- Increase cardiovascular conditioning as needed
- Improve balance training

Therapeutic Exercise:

- Progress activities from phase II
- Increase focus on single leg strengthening
- May begin walking program as tolerated
- Maintain stretching program

Criteria for progression to phase IV:

- 1. Single leg balance for full 30 seconds
- 2. Patient able to tolerate 30 min.cardiovascular exercise with bike treadmill, or elliptic trainer
- 3. Patient maintains full ROM

Phase IV (3 months and beyond)

Therapeutic Exercise:

- Begin multi-directional movement patterns
- Maintain exercise regimen
- Maintain stretching program

Criteria for return to activity:

- 1. MD Clearance
- 2. Single leg leg press and hamstring curl within 90% strength of contralateral leg
- 3. Equal thigh/calf girth