MOUNTAIN
ORTHOPAEDICS

Total Knee Arthroplasty Rehabilitation Protocol

DOS

- All patients participate in a comprehensive joint program protocol which addresses pre- and post-operative pain control and rehabilitation. Patients are in private rooms in an area of the hospital dedicated to joint replacement. In hospital, rehab takes place in this area in a comfortable setting for patients and family. All patients have received a spinal anesthetic, femoral, and/or sciatic nerve block to help with postoperative rehab and to achieve superior pain control. All patients will be up out of bed with assistance the day of surgery and will have initiated use of a CPM machine. They have received a narcotic, Tylenol, Anti-emetic, Coumadin, antibiotic, and an NSAID postoperatively as part of a comprehensive joint program protocol. PCA machines are rarely used and narcotic use is minimized due to the effectiveness of this program. Expectations: Most patients will be discharged on POD #2. A few patients are discharged on POD #1 or #3.

POD #1- #3

- OOB to chair twice a day.
- Walker/crutch ambulation WBAT operated limb.
- Start CPM 0-120**°**. Daily goal of 120**°** flexion.
- Ankle pumps, Knee ROM, Quad sets.
- Initiate stair climbing instructions.
- Advance to crutches is patient is able and comfortable with this advancement.

Knee ROM:

- Aggressive passive extension stretches 4 times per day.
- Passive, active assistive, and active flexion as tolerated. Goal of 0-100**°** cold prior to hospital discharge.
- Ankle Pumps, quad sets, and straight leg raises.

****** Anticipate D/C from hospital around day 1,2 or 3. Prior to discharge, patient should demonstrate full understanding of home program including CPM use.

****** Patient should have O.T. eval. for home aids (reachers, graspers, toiled risers).

POD #6-#30

- Closed chain exercises initiated with above weight limits.

- ROM Goal:
    - 0-110° cold by two weeks post-op.
    - 0-120° cold by four weeks.
    - 0-135° maximum expected (more or less depending on thigh size).
- N.B. If patient is not achieving the above goals with ROM, notify us immediately!

** Emphasize extension as aggressively as ACL Rehab.

** Extension is the most critical motion.

Week 1-6

- Continue crutch protection or cane is directed by MD.
- Initiate stationary bicycle as soon as possible: Goad 15-20 minutes three times (minimum) weekly.
- Advance to aggressive closed-chain program.

Week 6-24

- Advance to unprotected WB if no limp. If limp present, use cane for two additional weeks.
- Gait training to abolish limp.
- Continue home program of exercise and conditioning daily.
- Stationary bicycle 20-30 minutes per day.

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