

TOTAL KNEE/UNI-COMPARTMENTAL ARTHROPLASTY PROTOCOL

POST-OP WEEK 1-2:

Home Expectations:

1. Use CPM a minimum of 3 times daily at least 1 hour each session.
2. Surgical dressing may be changed per discharge orders. Keep clean, dry and covered at all times until post op visit.
3. Anti-Coagulation:
 - a. TED stockings worn on bilateral legs all day, but removed at night.
 - b. Xarelto 10 mg taken once daily.
 - i. Post op day 1 given in hospital.
 - ii. Post op day 2-15 given as an outpatient Rx picked up at your pharmacy.
 - c. Aspirin 325 mg taken twice daily.
 - i. Post op day 16-29.
4. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

Therapy Goals:

1. Range of Motion: 0 degrees extension, 90 degrees flexion minimum (work to tolerance up to 120 degrees).
2. Initiate PROM focus on terminal knee extension, flexion as tolerated up to 120 degrees.
 - a. Utilize bike, belt pulls, heel slides.
3. Strengthening:
 - a. Straight Leg Raise (SLR)
 - b. Quad sets
 - c. Short Arc Quads (SAQ)
 - d. Heel slides
 - e. Ankle pumps
 - f. Initiate gait and transfer training
4. Gait:
 - a. Use a walker at all times until Physical Therapy has advanced to the least restrictive device.
5. Heat can be used to assist in PROM only if ROM is not at goal (Therapist to determine need, but no heat to be used at home).

POST-OP WEEK 2-6:

Home Expectations:

1. Use CPM a minimum of 3 times daily at least 1 hour each session until CPM is returned.
2. Anti-Coagulation:
 - a. TED stockings worn on surgical leg through 3 weeks post op.
 - b. Aspirin 325 mg twice daily X 14 days, Post op days 15-29 (Start when Xarelto has been completed).
3. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling.
4. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

Therapy Goals:

1. Range of Motion: 0 degrees extension, 120 + degrees flexion.
2. Continue PROM/AROM: emphasize terminal knee extension to achieve normal ROM.
 - a. Exercises as above and advance to functional activities.
3. Strengthening:
 - a. Multi-hip
 - b. Closed chain activities
 - c. Knee flexion/extension
 - d. Balance/proprioception activities
4. Gait:
 - a. Gait training with progression to least restrictive device determined by therapy progress and weight bearing status.
5. Heat can be used to assist in PROM only if ROM is not at goal (Therapist to determine need, but no heat to be used at home).

POST-OP WEEKS 6-8:

Home Expectations:

1. Follow up with your Orthopedic Surgeon at 6 weeks post op.
2. Resume normal recreation and functional activities as tolerated.

Therapy Goals:

1. Continue PROM/AROM: emphasize terminal knee extension to achieve normal ROM.
2. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
3. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.

Home CPM Settings

1. Use your CPM 2-3 times per day for a minimum of 20 minutes (preferred one hour) each session
2. Initial motion settings: -5 to 50 degrees or the last flexion (bend of the knee) setting used in the hospital
3. Goal at 1 week: -5 to 90 degrees
4. End goal: -5 to at least 120 degrees
5. Increase the flexion 5 to 10 degrees each time you use the CPM as tolerated

This protocol provides you with general guidelines for the rehabilitation of Total/Uni Compartmental Knee Arthroplasty. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's order take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.