

## **Dr. Allen Total Knee Arthroplasty Post-Op Protocol**

### **Phase I: Inpatient (1-3 days)**

- Typical post-op stay in the hospital is 1-3 days
- Depending on your progress you may discharge to home or a TCU
- You can bear full weight on your leg and walk immediately after surgery
- Physical therapy &/or nursing will have you walking the day of surgery
- A waterproof dressing is placed on the knee at the end of surgery
  - You can shower post-op day 2-3 (usually before your discharge)
  - No soaking the wound for 4-6 weeks
- Aggressive cryotherapy (ice or cooling packs)
  - Several times a day for the first few months
  - This will help with pain control and swelling
- A multi-modal pain regimen will be used to control your pain
  - Scheduled NSAIDs & Tylenol
  - Muscle relaxers
  - Opioids for break through pain
- Knee replacement and the subsequent therapy can be painful
- Adequate pain control in order to complete the exercises is crucial
- Aspirin 81mg BID for DVT prophylaxis (30 days total)
- Inpatient PT prior to discharge
  - ROM goals: 0-90°
  - Safely transfer in and out of bed/chair
- Ambulate 50-100 feet



- Safely ascend and descend stairs
- Independently complete a SLR

### **Phase II: Immediate Post-Op (Discharge-2 weeks)**

- First post-op visit at 2 weeks
  - Sutures or staples will be removed at this visit
  - Continue to cover wound until completely healed
- Range of motion: 0-105°
  - Full extension is the early goal
  - Heel props, heel slides, stationary bike
- Joint & patellar mobilizations as needed
- Strengthening
  - Quad sets, 4-way SLRs, terminal knee extensions
  - Closed chain exercises: mini-squats, leg press
- Gait training
  - Treadmill, retro-treadmill, step ups
- Aggressive cryotherapy modalities for pain and swelling
- Typically, 1 refill of post-op narcotic pain medicine is given if needed
  - Additional refills and may be a different, less sedating narcotic

### **Phase III: Early Post-Op (2-6 weeks)**

- Second post-op visit at 6 weeks
- Range of motion
  - 0-115°

- Continue all ROM exercises
- Flexinator if  $<90^\circ$  flexion
- Extensionator if  $>5-10^\circ$  flexion contracture
- Gait training
  - Wean from assistive devices if able
- Strengthening
  - Advance with repetitions and weight
- Proprioception
- Achieve independence with all self-cares and ADLs
- Finish Aspirin 81mg BID for DVT prophylaxis (30 days total)

#### **Phase IV: Late Post-Op (6-12 weeks)**

- Third post-op visit at 12 weeks
- Full, functional range of motion by 12 weeks
  - Goal:  $0-120^\circ$
  - MUA offered at 12 weeks if  $>5-10^\circ$  flexion contracture or  $<100^\circ$  flexion
- Normal gait
- Cardio
  - Swimming, biking, stair climber
- Continue strengthening, balance, and function activities

#### **Phase V: Return to Function (12+ weeks)**

- Return to normal function is between 3-6 months
- Returning to work



- Desk work can often be resumed around week 6
- Physically demanding work may take 10-12 weeks before you are ready
- Swelling may persist for 6-12 months
- Annual check-ups on anniversary of your surgery
- Lifetime dental antibiotic prophylaxis recommended