Arlington Orthopedic Associates

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ARLINGTON ORTHOPEDIC ASSOCIATES, P.A.

LIFE IN FULL MOTION

TOTAL KNEE ARTHOPLASTY

Rehab Protocol

Last Revised: Oct 2012

INPATIENT STATUS

GOALS PRIOR TO D/C

1. > 70 degrees of knee flexion
2. <-10 degrees of knee extension
3. Independent with all transfers
4. Educated on individual home exercise program: should be able to repeat 4 exercises w/o assistance
5. Independent with ambulatory device; 50 feet with SBA

Day 1

1. Transfer from supine – sit (bed – chair) BID
2. Instruct in importance of Cryotherapy & gaining terminal extension (prevent flexion contracture: highly discourage pillows under the knee while in bed & educate nursing staff to not gatch up knee/middle portion of bed, do place pillows under heel while seated & in bed).

Day 2

1. Continue transfers to include standing with walker
2. Begin ambulation as tolerated. Verify WB status before ambulating
3. Begin general strengthening exercises:
    A. Quad sets
    B. Gluteal sets
    C. Hamstring sets
    D. Ankle pumps
    E. SLRs (eccentrically for hip flexion if patient can not perform concentrically)
    F. Heel slides
4. Begin manual PROM for flexion – BID
5. Increase CPM to < 40 degrees

6. Instruct in self ROM exercises – flexion and extension

Day 3

1. Continue general strengthening exercises
2. Increase ambulation to a useful distance, i.e. bathroom, chair
3. Increase CPM to < 50 degrees
4. Continue PROM/AROM (push flexion) – BID

Day 4

1. Continue general strengthening exercises/AROM exercises
2. Increase aggressiveness with manual PROM for flexion – BID
3. Increase distance with ambulation
4. Increase CPM to <70 degrees

Day 5

1. Continue Day 4 plan
2. Increase CPM to <90 degrees as tolerated
3. Ensure patient has individual ambulatory device for home
4. If patient is Active Duty, sign out a walker(if not using crutches) on a hand receipt
5. Schedule outpatient treatments for next working day if patient is continuing rehab with hospital staff. Evaluation by Physical Therapist to be conducted ASAP
6. If patient is not D/C on Day 6, continue with Day 4 plan until D/C

OUTPATIENT STATUS

GOALS FOR OUTPATIENT REHABILITATION D/C

1. Terminal knee extension
2. Functional amount of flexion - >110 degrees
3. Normalized gait with/without device
4. Increase strength – 20 reps of all exercises

DATE OF SURGERY- _____

Week 1 Post-operative: First Day as Outpatient - _____

1. Verify all exercises patient was doing as Inpatient and modify for Home Program
    A. Should be independent with all mat exercises to include SLRs, SAQs, Heel slides, and wall slides
2. Verify any precautions given by surgeon
3. Focus on ROM – AROM/AAROM/PROM

A. Extension – use heel prop in supine
    1. Add weight as tolerated
    2. Heat PRN
B. Flexion – Technician assisted
    1. Wall slides if tolerated
    2. CPM on Biodex for more aggressive approach
    3. Bike

4. Total gym (level 7 – 9)
5. Begin partial squats with balance support
6. Standing knee flexion with balance support
7. Patellar mobilization when scar is stable
8. Electrical Stimulation PRN
9. Cryo PRN

Week 2 Post – operative DATE - _____

1. Begin aggressive strengthening
    A. Quad machine
    B. Hamstring machine
    C. Total Gym at higher levels
    D. Leg Press
    E. Bike (resistance as tolerated)

Week 3 – 4 Post-operative

1. Begin Treadmill for gait if prosthesis is cemented
2. Retro can be use if patient is lacking extension
3. Emphasize heel – toe gait
4. Concentrate on any lacking in ROM
5. Cryo PRN
6. D/C walker/crutches to cane (quad or standard) as permitted by surgeon

Upon D/C DATE - _____

1. Continue aggressive strengthening exercises
2. Verify all progress with Goals for D/C

DAY of D/C

1. Recommended activities to continue
    A. Stationary bike
    B. Stationary skiing – Nordic track
    C. Walking
    D. Swimming

E. Water aerobics
F. Ballroom dancing
G. Golf

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