Arlington Orthopedic Associates

Jason K. Lowry, MD FAAOS

FL2145921 T0188705

http://www.jasonlowrymd.com/ http://www.arlingtonortho.com/



800 Orthopedic Way Arlington, TX 76015 p: (817) 375-5200 f: (817) 299-1789

2801 East Broad St Mansfield, TX

76063 2001 N. MacArthur Blvd Ste 630 Irving, TX 75061

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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