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## **UNICOMPARTMENTAL KNEE ARTHROPLASTY** **23HR OBSERVATION**

### **Rehab Protocol**

Last Revised: JAN 2014

#### **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 walker, ambulating 50 feet

#### **POSTOP Day 0 & Day 1**

1. EXTENSION-BASED: NO CPM, UNLESS OTHERWISE SPECIFIED
2. Rapid rehab protocol includes multi-modal pain management: scheduled non-narcotic analgesics, minimal narcotic use, regional or spinal anesthesia & avoidance of PCA pumps.
3. Transfer from bed - chair TID
4. Instruct 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).
5. Begin ambulation as tolerated with a walker, WBAT.
6. Knee immobilizer to be worn for patient safety until motor blockade from femoral nerve block wears off.
  - PT to assess quad function and DC immobilizer accordingly
7. 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
- 8. Begin manual PROM for flexion – BID
- 9. Instruct in self ROM exercises – flexion and extension
- 10. Ensure patient has walker, 3-in-1 commode & shower chair for home
- 11. Verify Home Health Nursing & Physical Therapy are schedule to see patient within 24 hours of them arriving home after discharge.
- 12. Outpatient PT will begin AFTER first clinic visit, which is generally 14 days post-op.
- 13. D/C to home

**HOME HEALTH AT LEAST 2 WEEKS AFTER D/C (CONTINUE AT LEAST 6 WKS IF Pt IS HOMEBOUND)**

- 1. PT: 4 days/wk x 3wks; home safety evaluation.
- 2. SN: 2 days/wk x 2wks for: NV checks, dressing checks & med rec
  - a. DVT prophylaxis: generally ECASA 325 daily x 3wks [other: xarelto 10mg daily x 3wks or lovenox SQ QD x 3 wks if decreased renal function]
  - b. Knee high TED hose to bilateral LEs x 4 wks
  - c. May have portable SCDs – if present, to be worn for 3 wks.
  - d. Bone Health: Vit D & calcium
  - e. Dressings: Aquacel silicone
    - i. water-proof: showers OK, no baths
    - ii. NOT to be removed until POW 2 in my office
    - iii. call if >60% strike-through or broken seal
  - f. Staples will be taken out in my office at POW 2

**OUTPATIENT STATUS: GENERALLY AT POSTOP WK 3; > IF Pt. HOMEBOUND THEN CONTINUE HH**

**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: \_\_\_\_\_**

- 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 or 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 - 6 Post-operative (OUTPATIENT)**

1. Begin Treadmill for gait if prosthesis is cemented
  - A. Emphasize heel - toe gait
2. Concentrate on any lacking in ROM
3. Cryo PRN
4. Progress with strengthening from wks 1-2
5. D/C walker & graduate to cane (quad or standard) if balance & coordination permit

**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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