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Total Knee Arthroplasty Post-op Instructions and Rehab Guidelines

In general, most patients that are undergoing total knee arthroplasty will have functional deficits and weakness and therefore will need a more patient specific comprehensive rehab. Therefore, below are just general guidelines and may not be applicable to all patients and please use your judgement to treat specific deficits you believe need to be addressed. The first 2-6 weeks after surgery can be painful with increased knee pain and stiffness initially. It is important to increase your activity but slowly to not aggravate the soft tissues around the knee. NSAIDs, ice therapy, compression and rest can assist with this in the first few weeks.

HOME CARE INSTRUCTIONS AND ACTIVITY GUIDELINES

1. **Weight-bearing instruction:** You may place as much weight as you feel comfortable doing on the operated leg. Use crutches if weight bearing is painful. Use one or two crutches until your limp with walking is resolved.
2. Use an ice pack on your knee to for comfort to reduce pain for the first day or two post-operatively.
3. Drainage from the incision should stop very quickly after discharge. If drainage persists for more than 3 days please contact our office. If the drainage stops or reduces and then increases - please call our office.
4. You may resume normal diet when you have recovered from sedation.
5. Your incision is covered with a dressing that can stay on for 14 days. It is waterproof and can be worn in the shower. Do not scrub the dressing itself. If you notice that water has got into the dressing please call the office. Once the dressing is removed you can leave the area open or you may place a dry dressing over it.
6. Be patient – early in the healing process your knee may feel stiff. Understand that this is normal.
7. Begin the home exercise program (see attached) when comfortable.
8. Make sure to resume your pre-operative medication for associated medical problems once you are home. Patients with diabetes need to attentive to controlling your blood sugar around time of surgery and after surgery. Elevated blood sugars can predispose patients to risk of infection and other complications.
9. Transition to Outpatient Physical Therapy: You will need to work with a therapist after surgery. This should start within a week of your surgery

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ADDITIONAL IMPORTANT INSTRUCTIONS

Do not drive a car, ride a bike, or take public transportation until you are finished taking narcotic pain medications.

Do not drink alcohol, take tranquilizers, or medications not prescribed or allowed by your surgeon.

Do not make important decisions or sign legal documents while on narcotic medications.

Do no heavy lifting (more than 10 pounds) or playing of contact sports.

Call my office if your pain seems to be getting worse rather than better.

Only take over-the-counter or prescription medicines for pain, or fever as directed.

Make an appointment to see your caregiver for stitches (*suture*) or staple removal when instructed.

Keep all appointments as scheduled and follow all instructions

SEEK MEDICAL CARE IF:

You have persistent dizziness or feeling sick to your stomach (*nausea*).
You have a difficult time breathing or have a congested sounding (*croupy*) cough.

You notice redness, swelling, or increasing pain or warmth in the wound or joint.

There is pus (*purulent drainage*) coming from wound.

An unexplained oral temperature above 101° F (38.3° C) develops.

A foul smell is coming from the wound or dressing.

There is a breaking open of the wounds (edges not staying together) after sutures or tape have been removed.

You feel light-headed or faint.

SEEK IMMEDIATE MEDICAL CARE IF:

You develop a rash.

You develop swelling of your calf or leg.

There is shortness of breath, difficulty breathing, or chest pain.

You have any allergic problems.

You develop any reaction or side effects to medications given.

You have trouble eating or drinking.

Guidelines/Precautions:

- Generally WBAT
- Outpatient PT to start within a week from discharge
- Avoid too much activity too soon
- Use a walker for the first two weeks at minimum while walking, this decreases the stress on your knee

- Alternate between walking, sitting and bed rest with leg elevated; with decreasing bed rest as time after surgery passes.
- Avoid prolonged sitting, standing and walking
- Ice or cryotherapy is recommended during the first two weeks to decrease swelling and help with pain
- Continue occupational therapy recommendations and perhaps use “reachers”, long-handled shoe horns, long-handled bath sponges, etc.
- Avoid consecutive days of intensive ROM

Acute Phase Post-op day 1-2 weeks

- Improve and maintain ROM of the knee
- Decrease swelling, palliative manual techniques, manual edema control
- Gait, mobility, coaching and ADLs
- Active assist
    - Use other leg for knee flexion/extension while sitting, light manual assist for knee flexion/extension
- Active
    - Sitting knee flexion/extension
- Home exercises
    - Focus on reactivation and remedial strengthening of quads, core, hip and ankle muscles

Subacute Care (2-8 weeks)

- Continued edema management and monitoring of pain levels
- AAROM/AROM 0-105 or greater
- Normalize gait with and/or without assistive device
- Modified or independent ADLs
- Aquatic therapy at 4 weeks if incision healed
- Continue to stress avoidance of over-activity
- Avoid upright bike until AROM greater than 110
- Avoid prolonged sitting, standing and walking if exacerbates swelling
- PROM, AAROM, AROM
- Open- and closed-chain for core, hip, knee and ankle
- Step-up and step-down progression 2-4 inches

Subacute Care Weeks (9-16)

- AROM >120 deg of flexion
- Avoid reciprocal stair negotiation without adequate strength/control of involved limb
- Avoid running, jumping or plyometrics
- Bike, elliptical or treadmill for cardio
- Step-up and step-down progression 6-8 inches