MAURY REGIONAL HEALTH

Total Knee Protocol

Overall Guidelines

- Monitor & protect incision/edema/drainage *(contact physician in case of signs of infection or blood clot)*
    - Any staple removal will be done in the surgeon's office, unless otherwise directed.
    - Occlusive waterproof dressing is to remain intact until patient's follow-up visit with their surgeon.
    - Contact surgeons for any excessive drainage outside the boarders of the surgical site dressing that compromise the adhesive seal.
- Mild increase in swelling is expected
- Educate & encourage regular icing for early post-op pain management & edema control.
- No heat for first 10 days near incision or longer if swelling is not subsiding normally or infection suspected.
- Tailor & carefully control speed of progression with individual responses to exercise to prevent excessive swelling, pain, or prolonged soreness following intervention.
- Develop an early mobility plan & teach patients the importance of appropriate progression of physical activity, based on safety, functional tolerance, and physiological response to optimize recovery & mitigate overdoing/exacerbation.
- Follow-up with surgeon is doctor specific (ranging 2-4wks post-op)

Week 1 Goal: Edema control, regaining full extension and quad control

- No pillow under knee night of surgery
- Weight-bearing as tolerated, walker/crutches
- Knee immobilizer (KI) to be used when ambulating, until patient can perform SLR independently w/o lag and no buckling with load through terminal stance phase
    - Doff w/sleep ok
    - Dr. Wad & Dr. Shirley don't typically require KI
- Encourage extension ROM and gentle stretching
- ROM 0-70* (0-60* for Dr. McCall), Active/AAROM only (no PROM for risk of too aggressive)

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Exercises:

- Quad Sets, ankle pumps, SLR, heel slides, propped extension
- Hip abd/add/IR/ER
- LAQ/SAQ
- Standing hip exercises
- Hamstring stretches (gentle) and curls to tolerance (within allotted range)
- Gait with appropriate assistive device

Week 2 Goal: same as week 1 and focus on control of LKC mechanics with functional mobility

- Continue to promote terminal knee extension ROM with goal of full extension with less than 5 degrees of passive extension
- Mild extensor lag with SLR
- ROM: 100*-105* (Limit Dr. McCall's patients to 90* flexion)
- Promote gait activity and progression from rolling walker if tolerated with good gait pattern/knee stability

Exercises (same as above plus):

- Step up variations
- Gait training activities
- TKE
- Resisted hamstring curls (except Dr. Shirley Pt's until week 4)
- Rocker board as tolerated
- Alter-G for gait training

Week 3 Goal: same as week 2, progressive knee flexion ROM and alternating gait pattern-stairs.

- Progression off rolling walker to no assistive device or can if needed
- Patient should have full passive extension or within 5 degrees
- Patient should have near full active extension
- ROM 110*-115*, progression into flexion ROM (McCall patients no longer have restrictions)
- Minimal extensor lag if any during SLR
- Progression into alternating pattern on stairs

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Exercises (same as above plus):

- Leg press
- Progression of gait training for normalized patterns
- SLS: Firm and foam pad if and as tolerated

Week 4 Goal: same as week 3, normalized gait pattern w/o AD (prn), safety and control, Independent with HEP.

- Patient should be at full extension
- ROM: progress to 125*+ (Patient should have at least 110* of flexion)
- Focus on eccentric control of quadriceps and gait pattern
- Patient should be weaning off any assistive device if and as appropriate
- Physical therapists should include motor function training (e.g., balance, walking, and movement symmetry) for patients who have undergone TKA.

Exercises (same as above plus):

- Same as above and:
- Downhill walking
- Descending steps
- Functional movements with good hip/knee alignment
- Hip mobility

Discharge guidelines for discharge from therapy include but not limited to: Normalized gait pattern, no assistive device, 0-110*+ ROM, safe with control through functional activities (transfers, gait, ADL/IADL), independence with individualized HEP.