# TOTAL KNEE ARTHROPLASTY REHABILITATION GUIDELINES

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| **Post-Op (0-2 weeks)** | |
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| OSMS Appointments | • Medical appointment at 2 weeks<br>• Physical therapy will begin as directed by your physician and as indicated on your physical therapy order |
| Rehabilitation Goals | • Full weight-bearing unless otherwise specified<br>• Full extension and 90 degrees of flexion by two weeks<br>• Formal PT initiated during the hospital stay. Physical therapy attendance is 2-3 times a week for 3-6 months<br>• Acute pain management<br>• Reduce swelling using ice packs or cryotherapy |
| Precautions | • Avoid kneeling for 6 months<br>• Avoid jarring/twisting movements while weight-bearing<br>• DC assistive device when appropriate LE motor control is achieved (no quad lag with SLR and no signs of quad inhibition)<br>• Do not get incision wet for 7-10 days |
| ROM Exercises | • 90 degrees of flexion by 2 weeks<br>• PROM/AAROM/AROM |
| Suggested Therapeutic Exercises | • ROM to begin immediately post-op at 0-60 degrees and advanced 10 degrees daily<br>• Quad activation<br>• Hip/glute open chain strengthening<br>• Crutch/gait training<br>• Weight-shifting/single leg balance, NMES to quadriceps<br>• Ice is used liberally to diminish swelling<br>• Weight-bearing is begun immediately unless restricted by the orthopedist<br>• Ankle dorsiflexion while supine |
| Cardiovascular Exercises | • Stationary bicycle for ROM (no resistance)<br>• Rocking chair for knee flexion |
| Progression Criteria | Once 90 degrees of flexion achieved, incision is well-healed, quad control is achieved and pain is tolerable |

| **PHASE II: after Phase I criteria met, usually 2-6 weeks** | |
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| OSMS Appointments | • Medical appointment at 6 weeks with films<br>• Physical therapy continues twice weekly |
| Rehabilitation Goals | • Independent ambulation with assistive device prn<br>• 120 degrees of motion expected by 6 weeks<br>• Continue quad/hamstring strengthening<br>• Increase functional exercise, balance, coordination, and endurance<br>• Maintenance of uninvolved side |
| Suggested Therapeutic Exercises | • Transition from oral narcotics to NSAIDs (Celebrex, Advil, Tramadol, Meloxicam, etc.)<br>• Mini-squats, modified step-ups and leg presses<br>• Ankle/hip and upper extremity strengthening<br>• After 6 weeks, ok to begin using heat modalities |

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| ROM/Stretching | • PROM (pain free): hip flexion, extension to neutral if contracture present<br>• Gentle PROM, flexion AAROM in supine per guidelines<br>• Upright bike for ROM (maintain hip flexion precautions by starting with higher seat)<br>• Soft tissue mobilization and scar mobilization once incisions are closed |
| Cardiovascular Exercises | • Stationary bike with resistance, swimming, Nu-step, elliptical, Stairmaster, Nordic track |

| **PHASE III: after Phase II criteria met, usually 6+ weeks** | |
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| OSMS Appointments | • Medical appointment at 12 weeks, with films<br>• Physical therapy continues weekly until goals are completed |
| Rehabilitation Goals | • Full, symmetric knee extension<br>• Lifelong preservation of knee function |
| Suggested Therapeutic Exercises | • Preserve ROM using stationary bike<br>  ○ OK to begin outdoor as weather permits<br>• Advance aerobic training as tolerated (walking, swimming, golf, hiking, Stairmaster, weight training, elliptical trainer)<br>• Advanced plyometrics |
| Progression Criteria | • Return to sports is allowed after 4 months<br>• Experienced cross-country skiing, doubles tennis, gardening and downhill skiing allowed<br>• Swelling in the knee is common for up to 18 months post-op and should be treated aggressively with ice/rest<br>• Return to high impact exercises such as running and jumping is discouraged<br>• A lifelong commitment to exercise is encouraged for maintenance of joint arthroplasty |