

UNIVERSITY ORTHOPAEDIC CENTER, P.A.
Post-Op Total Knee Replacement
Dr Longobardi

<u>TIME LINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
<p>0-2 Weeks</p>	<p>Weight bearing:</p> <ul style="list-style-type: none"> • FWB w/walker or crutches. <p>ROM:</p> <ul style="list-style-type: none"> • 0 to 90 degrees or better before leaving hospital <p>Patient Education:</p> <ul style="list-style-type: none"> • Instruct in proper use of ice, moist heat, elevation • Quad setting (achieve good Quad set ASAP) • CPM to be used at home if ROM not progressing • Home Exercise Program (HEP) instruction • Gait training <p>Modalities:</p> <ul style="list-style-type: none"> • As indicated (including home units) <p>Ther Ex:</p> <ul style="list-style-type: none"> • Ankle pumps • Calf stretch w/ towel • Quad sets <ol style="list-style-type: none"> 1. E-Stim may be used for Mm facilitation 2. Biofeedback may be used for Mm re-education • Patellar mobilizations • Hamstring sets • Passive K' extension • Supine SLR's • TKE's (from 30 degrees) • Sitting AAROM K' flexion for quad stretch • K' extension AROM 90 to 0 degrees • Heel slides, supine wall slides, or stationary bike for ROM <p>See Page 2 for continued care</p>	<p>3x Week</p>

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2-6 Weeks	<p>Weight bearing:</p> <ul style="list-style-type: none"> • Progress WB-ing w/ appropriate device providing gait training to achieve a normal gait pattern • Progress to cane when normal gait is achieved or MD gives permission. <p>ROM:</p> <ul style="list-style-type: none"> • 0 to 130 degrees by 6-8 weeks post-op <p>Patient Education:</p> <ul style="list-style-type: none"> • Progress HEP w/ emphasis on ROM • Gait training w/ appropriate device <p>Modalities:</p> <ul style="list-style-type: none"> • As indicated <p>Ther Ex:</p> <ul style="list-style-type: none"> • Continue w/ above progressing AROM to PRE's • Quad: multi-angle isometrics • Prone or standing K' flexion • Hip abduction, adduction, extension • Initiate prone hangs or "bridge" w/ heel propped and weight above knee to achieve full extension. • Patellar mobilization • Stationary bike (no PF pathology on uninvolved LE should be present) • Aquatic therapy may begin once wound is fully healed and approved by MD <p>Re-assess:</p> <ul style="list-style-type: none"> • Strength, motor control, ROM for safety an ADL performance in preparation of discharge 	2-3x/Week
6-8 Weeks	<p>Ther Ex:</p> <ul style="list-style-type: none"> • Progress ROM and strengthening exercises • Continue aquatics if appropriate • Nordic Track • Step-ups • Step-overs • Evaluate functional deficits and begin functional activity training <p>See Page 3 for continued care</p>	2-3x/Week

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<u>TIME LINE</u>	<u>CLINICAL INTERVENTION</u>	<u>PT Rx</u>
8-12 Weeks	<p>Ther Ex:</p> <ul style="list-style-type: none"> • Progress strengthening and functional activity training • Continue aquatics if appropriate <p>Re-assess:</p> <ul style="list-style-type: none"> • Strength, motor control, ROM for safety in ADL performance in preparation of discharge 	1-2x/Week