

## TOTAL KNEE REPLACEMENT

### Phase I (week 0 – 2)

- WBAT with walker/crutches/cane. Emphasize normalized gait pattern with knee straight at heel strike prior to weight shifting onto toes. Emphasize normalized hip and knee flexion during swing phase of gait.
- Flexibility- Long sit hamstring, calf stretching using towel
- Immediately emphasize importance of regaining full knee extension using towel roll/pillow heel prop under ankle. **ABSOLUTELY NO PILLOW DIRECTLY UNDER KNEE CREATING AN UNDESIRABLE BENT KNEE FLEXION CONTRACTURE**
- Patellar mobilizations all directions
- Strengthening:
  - Quadricep sets
  - SLR's X 4 planes
  - Ankle pumps
  - Gluteal Sets
- ROM from 0 - 90° (PROM/AAROM). Teach sitting over bed or high table using other leg to lower and push back to 90 degrees
- Stationary bicycle immediately for AAROM/AROM
- Ice therapy for swelling and pain control. Educate 20 minutes every 2 hours daily.
- Maintain clean surgical incisions to allow wound closure
- Modalities PRN to decrease pain, swelling, and decrease muscle spasms in posterior knee

### Phase II (weeks 2 – 6)

- Progress to FWB when swelling decreased and have good quad extensor mechanism for a normalized gait pattern
- Gradually progress ROM to tolerance (goal is to achieve flexion ROM as indicated by OR digital picture)
- Full revolution ROM on stationary bicycle and for cardiovascular fitness
- Continue stretches (hamstrings, gastrocnemius)
- Progress to functional activities such as shuttle leg press, step up, step down, lateral step downs, mini-squats, side-stepping)
- Continue with patellar mobilizations. Progress with scar massage when incisions are fully healed.
- Modalities PRN to decrease pain and swelling

### Phase III (weeks 6 – 12)

- Progress gait training and functional activities
- Progress muscular strength and endurance
- Progress muscle flexibility
- Emphasize dynamic lower extremity balance and proprioception program



Home to the Texas Rangers