



## **Total Knee Arthroplasty**

### **Post-Operative Protocol**

Concentrating on mobility (100-130 degrees/or pre-op flexion) before strengthening will greatly increase the lifespan of the replacement.  
Determine desired functional level based on prosthesis, patient's prior activity level and goals, and clearance from physician

#### **Phase 1 – Aggressive Motion**

##### **Weeks 0-6:**

- Focus on mobility, not strength
- Minimize swelling/effusion. If swelling increases, work to decrease before progressing
- PROM and AROM activities, symmetric mm flexibility (ham stretch, heel slides, quad stretch)
- Patellar mobilizations, with emphasis on scar mobilization
- Quad sets (NMES, Biofeedback) progressing to SLR
- Driving ok for left leg when off narcotics, right leg around 4-6 weeks (depending on progression)
- \*Goals: 100°-130° of flexion or pre-op flexion, 0° of extension, 3x30 SLR flexion without extensor lag

#### **Phase 2 - Strength**

##### **Weeks 7-12:**

- Gait normalization
- Balance progression
- Squatting, step ups, shuttle, bridging progressions
- Core strengthening program
- Develop joint-friendly cardiovascular program
- \*Goals: Functional mobility, functional reach >10 inches, normal walking gait

#### **Phase 3 – Maintenance and Reintegration to Remaining iADL's**

##### **Weeks 13+:**

- Prepare for specific lifetime activities with a long term, functional program that protects the joint.
- Continue focus on cardiovascular and core conditioning
- \*Goals: functional return to iADL's, individualized to patient expectations