

## Total Knee Arthroplasty

**\*\*DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

### Phase I: 0-7 days post-operatively

Phase I initiated in acute and sub-acute care setting.

#### Goals for Phase I:

1. Independent bed mobility and transfers
  2. Independent ambulation with assistive gait device
  3. Knee ROM 0°- 90°
- A. Transfer training: Work towards independence with supine to sit to stand, toilet transfers, tub transfers etc.
  - B. Gait training: Weight bearing as tolerated with assistive gait device. Progress towards independence with stair, curbs, ramps etc.
  - C. ROM: Work to restore full extension and at least 90° of flexion
  - D. Strengthening: Begin with isometrics, SLR, heel slides, short arc quads etc. Progress PRE's as tolerated
  - E. Soft tissue management: wound monitoring, swelling control, scar massage, patellar mobilizations.
  - F. Modalities: Pain, inflammation, swelling control, and muscle re-education as needed.

### Phase II: 1 – 8 weeks post-operatively

Phase II initiated in the outpatient clinic after patient has been discharged from the hospital.

#### Goals for Phase II:

1. Independent ambulation without assistive gait device
  2. Knee ROM 0°- 120°
  3. Good strength
  4. Normal ADL's
- A. Gait training: Progressively discontinue use of assistive gait device as strength and balance improves.
  - B. ROM: Aggressive ROM to restore functional knee motion. Implement knee extension board for prolonged low load stretching if extension ROM is not consistently progressing. Total end range stretch time = 1 hr/day.
  - C. Joint Mobilizations: Tibiofemoral joint mobs (ant/post), & patellar gliding (med/lat, superior/inferior)
  - D. Strengthening: PRE's as tolerated, weight bearing exercises etc.
  - E. Functional activities: Work toward normal ADL's (house cleaning, lifting, stairs etc.)
  - F. Soft tissue management: wound monitoring, swelling control, scar massage, patellar mobilizations
  - G. Tibio-femoral A/P joint mobs and Patellar superior/inferior mobs if ROM is not consistently progressing
  - H. Modalities: Continue as needed

### Phase III: 4 weeks to release

Phase III is designed for the patient who has had complications or slow progress with Phase II. The patient will continue with activities from phase II as needed.

- A. Aggressive ROM & Joint Mobs to restore normal accessory ROM and 0 - 120 degrees of physiologic ROM.