

Total Knee Replacement

Normally fully weight bearing on operated limb.

- Cryotherapy
- Analgesia PRN
- Pain pump Management
- DVT prophylaxis

Day 1:

Ensure good static quad contraction

Measure knee ROM

Adequate Analgesia

Teach day 1 exercises:

- Static quads
- Static Gluts
- IRQ
- SLR
- Heel slides in bed and chair
- Ankle Pumps
- Deep breathing exercises

Encourage patient to continue independently 3-4 times a day, and use of ice.

Mobilise with FASF FWB (unless specified in op note) Aim to mobilise to bathroom in AM, out to hall in PM.

Day 2:

Measure ROM

Check day 1 exercises

Teach Day 2 exercises:

- Mini squat
- Hamstring curl

- Calf stretch
- Heel hangs
- Lunge

Progress mobility to MPUF if safely mobilising with FASF in AM, increase mobility in PM with MPUF

Day 3:

- Measure ROM
- Check exercises
- Progress mobility to Walking stick x 2 as able, stair practice if applicable
- Aim discharge from physio if safe and independent.

Post op day 3-5.

Exercise bike (10-15 min) to be started with forward and backward pedalling with no resistance until enough ROM for full revolution.

Progression:

lower seat height to produce a stretch with each revolution.

AAROM:

ROM for knee flexion, sitting or supine, using other leg to assist.

Knee extension stretch with manual pressure or weights Strength;

Quad sets, straight leg raises with knee extension lag. Hip abduction, hamstring curls, step ups (5cm-15cm), wall slides to 45 degrees of flexion, 1-3 sets of 10 reps.

Criteria for progression. Patient can progress when able to complete and maintain control through 3 sets of 10 reps.

1 week onwards

Pain swelling

ICE as required.

Functional activities

Ambulation training with assistance devices as appropriate with emphasis on heel strike, push-off at toe -off and normal knee joint excursions. This can be repeated with a walking device.

When sufficient concentric and eccentric control is present ascending and descending stairs is permitted.