



Rehab Protocol

Total knee arthroplasty

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Post-op recovery		First 2 weeks	Date
Goals	<ul style="list-style-type: none"> • Protect the knee and surgical incision • Recover from swelling and inflammation • Control of post-surgical pain 		
Precautions	<ul style="list-style-type: none"> • Walk short distances only • Use crutches for support 		
Recommendations	<ul style="list-style-type: none"> • Weight bear as tolerated using crutches for support • Rest and elevate as required • Ice the knee as desired – particularly in the first week • Range of motion exercises of ankle • Range of motion exercises of hip • Gentle movement of the knee from full extension to maximum flexion as pain and swelling allows 		
Suggested exercises	<ul style="list-style-type: none"> • Static quads contraction • Supine straight leg raise • Ankle pumps • Supine bed supported knee bend • Sitting supported knee bend • Sitting knee extension stretch – foot on floor • Supine knee extension – foot elevated/supported • Standing knee extension 		

Phase 1		Week 2 to week 6	
Goals	<ul style="list-style-type: none"> • Begin training to walk normally • Fully weight bear with crutches for support as required • Increase range of motion • Begin strengthening 		
Precautions	<ul style="list-style-type: none"> • Avoid long walks, cycles or exercise sessions that inflame the knee – shorter sessions – three times a day – is better. Allow the knee to settle and rest between sessions. 		
Recommendation	<ul style="list-style-type: none"> • When standing with your weight on the leg, push the both knees back into full extension – hold for 20 seconds (do this often) • When flexing your knee as far as you can – hold for 20 seconds • If able to – begin using an exercycle – short and gentle to begin with • Hip and gluteal muscle strengthening • Ankle range of motion and strengthening • When stable and safe – use one crutch (opposite to operated knee) • When stable and safe and gait improving, discard the use of crutches (better to walk well with crutches than 		

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	lurch and limp without)	
Suggested exercises	<ul style="list-style-type: none"> • Supine straight leg raise • Sitting supported knee bend • Supine knee extension – foot elevated/supported • Standing knee extension • Sitting knee extension stretch – foot on floor • Wall slide mini squat • Single leg stance – knee straight, knee flexed • Step ups • Double calf raises • Side leg raise – knee straight, knee flexed 	

Phase 2	Week 7 to week 12	
Goals	<ul style="list-style-type: none"> • Walk as normally as possible • Continue to increase range of motion • Strengthen knee, hip and ankle 	
Precautions	<ul style="list-style-type: none"> • Avoid long walks, cycles or exercise sessions that inflame the knee – shorter sessions – three times a day – is better. Allow the knee to settle and rest between sessions 	
Recommendations	<ul style="list-style-type: none"> • Use an exercycle. Increase session length slowly • When standing with your weight on the leg, push the knee back into full extension – hold for 20 seconds (do this often) • When flexing your knee as far as you can – hold for 20 seconds • Passive stretching to achieve full extension and flexion • Hip and gluteal muscle strengthening • Ankle range of motion and strengthening 	
Suggested exercises	<ul style="list-style-type: none"> • Wall slide mini squat • Double leg squats (0-60) • Sitting unsupported knee extension and flexion • Single leg stance – knee straight, knee flexed • Straight leg raise • Step ups • Double calf raises • Side leg raise – knee straight, knee flexed • Gluteal band exercises • Bridging with gluteal contraction • Exercycle – increasing resistance and training time 	

Phase 3	3 Months – 6 months	
Goals	<ul style="list-style-type: none"> • Gain full function and strength 	
Precautions	<ul style="list-style-type: none"> • None 	

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Recommendations	<ul style="list-style-type: none">• Passive stretching to achieve full extension and flexion• Squats• Concentrated full rehab program that includes strengthening of core, hip flexors, gluteal muscles, external rotators of the hip, quadriceps, hamstrings and calves. Neuromuscular control and co-ordination of leg	
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