

Total Knee Arthroplasty Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III
POD 0-Week 1	Week 1-4	Week 4-Discharge
<p>**All exercise during rehabilitation to be performed to tolerance unless <u>2 or more</u> of the following are reported: 1) Subjective complaints of decreased walking endurance, 2) Soreness for 2 hours or greater following previous session, 3) Decrease in knee ROM by 5 degrees or more, 4) Increase in knee joint swelling of 2 cm or more, 5) NPRS of 2 points or more. <u>If 2 or more are reported, decrease intensity of follow up session.</u></p>		
<p><u>General Goals:</u></p> <ul style="list-style-type: none"> -Allow soft tissue healing -Reduce pain, inflammation and swelling -Increase motor control and strength -Increase independence with mobility -Independent SLR <p><u>Clinical Implications:</u></p> <ul style="list-style-type: none"> -Gait training with appropriate assistive device -Assess need for NMES 2x/daily for 15 contractions, starting POD2 if needed (biphasic 50 Hz for 15 sec with ramp of 3 sec and 45 sec rest). Consider home unit. -Exercises: quad sets, hamstring sets, SLR, heel slides, SAQ, ankle pumps, seated knee flex/ext, standing bilateral squats if tolerated. <p><u>Progression Criteria:</u></p> <ul style="list-style-type: none"> -Complete exercises 2x8 reps without fatigue -NPRS at rest < 5/10 on 0-10 scale -ROM 0-80 degrees 	<p><u>General Goals:</u></p> <ul style="list-style-type: none"> Allow healing/maintain safety -Reduce pain, inflammation, swelling -Increased ROM -Increase strength -Increase functional independence -Improve balance -Wean from assistive device <p><u>Clinical Implications:</u></p> <ul style="list-style-type: none"> -Initiate manual therapy techniques as needed -Continue NMES PRN -Exercise: A/AAROM to restore knee flexion and extension, SLR all planes, multidirectional stepping, marching or single leg stance, standing HS curls, wall slides < 90°, LAQ, bilateral leg press, TKE, single leg stance progression <p><u>Progression Criteria:</u></p> <ul style="list-style-type: none"> -Complete exercises 2x8 reps without fatigue -NPRS at rest < 5/10 on 0-10 scale -ROM 0-90 degrees 	<p><u>General Goals:</u></p> <ul style="list-style-type: none"> -Reduce pain, inflammation and swelling -Increase ROM -Increase LE and trunk strength -Improve balance <p><u>Clinical Implications:</u></p> <ul style="list-style-type: none"> -Continue manual therapy techniques as needed -Continue NMES PRN through 6 weeks -Exercise: unilateral leg press, wall slides to 90°, supine bridge, fwd lunges, sit <> stand, eccentric exercise -Advance proprioception: sidestepping, braiding, tandem walk <p><u>Criteria for Discharge:</u></p> <ul style="list-style-type: none"> -ROM 0->110° -Non-antalgic independent gait -Independent step over step stair climbing -Normal, age appropriate balance reactions