

Robert Kollmorgen DO

TOTAL KNEE AND UNI-COMPARTMENT ARTHROPLASTY

Revised August 2017

Post-op Days 1 – 7

TED Hose x 6 weeks

Walker or crutches: **Primary** – Weight bearing as tolerated (WBAT)

Revision – 50% Weight bearing x 6 weeks

Bed mobility and transfers

Heel slides, AROM, AAROM, PROM as tolerated

Straight leg raise (SLR) x 4 in standing

Short arc quads

Calf pumping

Quad sets, Co-contractions quads/hams

Passive extension with heel on bolster or prone hangs

Ice and elevation – Pillow under ankle NOT knee

Goals

Independent with bed mobility and transfers

Independent ambulation 100 feet

AROM 5-90

Weeks 1 – 3

Walker or crutches:

Primary – WBAT, progress to cane and D/C when gait is normal **Revision** – 50% Weight bearing until 6 weeks post-op

Continue TED Hose and appropriate previous exercises

AROM, AAROM, PROM through full range as tolerated

Stationary bike for ROM

Patellar mobilization (teach patient)

Scar massage when incision healed (teach patient)

Electrical stimulation in full extension with quad sets and SLR

SLR x 4 on mat

Weight shifts and Mini-squats in parallel bars (0-45 degrees)

Stretches – Hamstring, Hip Flexors, ITB

Primary Only:

Wall squats (0-45 degrees)

Forward, retro and lateral walking in parallel bars

Double leg heel raises

Goals

ROM 0-110 degrees

No extensor lag

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Weeks 3 – 6

Primary – Cane as needed, D/C when gait is normal

Revision – Walker or crutches, 50% Weight bearing

Continue TED Hose and appropriate previous exercises

SLR x 4 on mat, add ankle weights as tolerated

Leg press (double leg) up to ½ body weight

Hamstring curl weight machine (double leg) with light weight as tolerated

Sitting knee extension (chair or mat) 90-0 degrees

Stationary bike for progressive resistance and time

Primary Only:

Forward, retro and lateral step downs (small to med step)

Single leg heel raises

Goals

ROM 0-120 degrees

Primary – Normal gait

Weeks 6 – 9

D/C TED Hose

Revision – Walker or crutches, Weight bearing as tolerated (WBAT)

– Progress to cane as tolerated, D/C when gait is normal

Continue appropriate previous exercises

Revision – Begin:

Wall squats (0-45 degrees)

Forward, retro and lateral walking in parallel bars

Forward, retro and lateral step downs (small to med step)

Double leg heel raises

Primary and Revision:

Standing SLR x 4 with Theraband bilaterally

Isometric knee extension at 0 and 60 degrees

Proprioception exercises – Single leg (stork) standing in parallel bars

Treadmill – Walking progression program

Elliptical trainer

Goals

ROM WNL and equal bilaterally

Revision – Normal gait

Weeks 9 – 12

Continue appropriate previous exercises

Leg press – Single leg

Hamstring curl weight machine – Single leg

Leg extension weight machine – Double leg, progress to single leg as tolerated

Hip weight machine x 4 bilaterally

Single leg heel raises

Practice sit-to-stand without using hands

Stair training

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Proprioception exercises – Double to single leg BAPS
 Cone drills – Side step, cariocas, elevated walking
 Pool therapy
 Quad stretches

Goals

Walk x 20 minutes
 Independent with stairs

Months 3 – 4

Discontinue supervised PT
 Resume all recreational activities as tolerated
 Encourage non-impact activities

Sport Activities Sports Not Contraindicated

Postoperative Initiation

Return to Previous Level of Activity

Swimming	Pool aquatic activity at 6 weeks if wound healed	1 year
Bowling	3 months	6 months
Golfing	Chipping and putting – 3 months Driving – 6 months	May begin at 6 months, Full activity at 1 year
Tennis doubles	6 months	1 year
Snow skiing	Greens/Blues 6 months	1 year
Horseback Riding	3-6 months if experienced	1 year
Bicycling	Stationary (at home) – 2 months Out door – 3 months	1 year

Sport Activities Not Recommended

Jogging / Running / Jumping
 Basketball / Football / Baseball / Soccer /
 Volleyball
 Waterskiing

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Division of Orthopaedics

Hip Preservation Surgery • Pelvis and Hip Reconstruction • Orthopaedic Sports Medicine

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