



Rehabilitation Guidelines for TKA

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to check with the surgeon/operative report regarding progression. The therapist needs to take into consideration multiple patient specific characteristics including preoperative function, home environment, comorbidities, age, goals, and expectations. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used as a reference.

Notify the surgeon *immediately*** of any concerns for DVT, infection, excessive edema, or significant variation in expected progression/outcomes.

❖ **Pre-Op (if available):**

- Measure for and fit with ted hose
- Perform crutch/walker training and issue crutches/walker if needed
- Evaluation should be scheduled for 3-5 days after surgery unless patient planning to attend skilled nursing facility or receive home health therapy
- Post-op instructions and education from surgery date to initial physical therapy appointment
- If patient has significant amount of time prior to surgery, then may perform formal physical therapy until patient displays good understanding of home exercise program.

❖ **Phase I: 0-6 weeks**

- Goals:
 - Maintain integrity of prosthesis
 - Minimize pain and inflammation
 - Incrementally increase range of motion
 - Improve lower extremity strength
 - Patient education of progressions
- Precautions:
 - Keep incision dry and clean
 - Weightbearing as tolerated



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- If range of motion does not progress as expected be sure to communicate with physician
- Utilize ted hose 6 weeks unless otherwise instructed by physician
- Interventions:
 - 1st session assess incision
 - If covered with aquacell bandage, do NOT remove unless excessive drainage. MD will remove at 2 week followup appointment
 - AROM/PROM as tolerated
 - Progression based upon clinical assessment
 - Goal: 2 weeks 0-90 degrees
 - Goal: 6 weeks 0-110 degrees
 - Patella mobilizations
 - CPM: If prescribed by MD, educate patient on proper progression and use
 - Strengthening
 - Progression based upon clinical assessment
 - Gait training
 - Avoid compensations
 - Assess for cane if indicated to transition from walker/crutches
 - Continually progress home exercise program
 - Modalities as needed
 - Continually assess for diagnosis of DVT or infection
 - **Dr. Hecht patients only:** At MD 2 week post operative visit the MD will remove ½ of the incision staples, at beginning of 3rd post operative week, therapist will remove remainder of staples while utilizing universal precautions.

❖ **Phase II: 6-12+ weeks**

- Criteria to progress to phase II.
 - Good range of motion and adequate strength
 - Minimal pain/effusion
 - Normalized gait pattern
- Goals for Phase II
 - Protect prosthesis
 - Do not overstress healing structures
 - Progress to gradual return to functional activities and light work activities
 - **Note:** progression is time and criterion based and needs to progress per continuous assessment of patients impairments and functional limitation
- 6-12+ weeks
 - Progress ROM



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- Goal: 0-120 degrees
- Progress functional weightbearing exercises as tolerated
 - Goal:
 - Normalize gait patterns
 - Reciprocate stairs without compensating
 - Functional movements based upon patient needs/goals
- Progress balance/proprioception exercises

❖ **Phase III: 12+ Weeks**

- Goals for phase III:
 - Full range of motion
 - Good strength
 - Return to all ADLs, recreational, and work activities.
 - Advance all activities based upon individualized patient assessment and goals.

* *Close communication with surgeon is always necessary