



UNICOMPARTMENTAL KNEE ARTHROPLASTY

23HR OBSERVATION

Rehab Protocol

Last Revised: JAN 2014

GOALS PRIOR TO D/C

1. > 70 degrees of knee flexion
2. <-10 degrees of knee extension
3. Independent with all transfers
4. Educated on individual home exercise program: should be able to repeat 4 exercises w/o assistance
5. Independent with walker, ambulating 50 feet

POSTOP Day 0 & Day 1

1. EXTENSION-BASED: NO CPM, UNLESS OTHERWISE SPECIFIED
2. Rapid rehab protocol includes multi-modal pain management: scheduled nonnarcotic analgesics, minimal narcotic use, regional or spinal anesthesia & avoidance of PCA pumps.
3. Transfer from bed – chair TID
4. Instruct importance of Cryotherapy & gaining terminal extension (prevent flexion contracture: highly discourage pillows under the knee while in bed & educate nursing staff to NOT gatch up knee/middle portion of bed & do place pillows under heel while seated & in bed).
5. Begin ambulation as tolerated with a walker, WBAT.
6. Knee immobilizer to be worn for patient safety until motor blockade from femoral nerve block wears off. - PT to assess quad function and DC immobilizer accordingly
7. Begin general strengthening exercises:
 - A. Quad sets
 - B. Gluteal sets
 - C. Hamstring sets

- D. Ankle pumps
 - E. SLRs (eccentrically for hip flexion if patient can not perform concentrically)
 - F. Heel slides
8. Begin manual PROM for flexion – BID
 9. Instruct in self ROM exercises – flexion and extension
 10. Ensure patient has walker, 3-in-1 commode & shower chair for home
 11. Verify Home Health Nursing & Physical Therapy are schedule to see patient within 24 hours of them arriving home after discharge.
 12. Outpatient PT will begin AFTER first clinic visit, which is generally 14 days postop.
 13. D/C to home

HOME HEALTH AT LEAST 2 WEEKS AFTER D/C (CONTINUE AT LEAST 6 WKS IF Pt IS HOMEBOUND)

1. PT: 4 days/wk x 3wks; home safety evaluation.
2. SN: 2 days/wk x 2wks for: NV checks, dressing checks & med rec
 - a. DVT prophylaxis: generally ECASA 325 daily x 3wks [other: xarelto 10mg daily x 3wks or lovenox SQ QD x 3 wks if decreased renal function]
 - b. Knee high TED hose to bilateral LEs x 4 wks
 - c. May have portable SCDs – if present, to be worn for 3 wks.
 - d. Bone Health: Vit D & calcium
 - e. Dressings: Aquacel silicone
 - i. water-proof: showers OK, no baths
 - ii. NOT to be removed until POW 2 in my office
 - iii. call if >60% strike-through or broken seal
 - f. Staples will be taken out in my office at POW 2

OUTPATIENT STATUS: GENERALLY AT POSTOP WK 3; > IF Pt. HOMEBOUND THEN CONTINUE HH

GOALS FOR OUTPATIENT REHABILITATION D/C

1. Terminal knee extension
2. Functional amount of flexion - >110 degrees
3. Normalized gait with/without device
4. Increase strength – 20 reps of all exercises

DATE OF SURGERY- _____

Week 1 Post-operative: _____

1. Verify all exercises patient was doing as Inpatient and modify for Home Program
 - A. Should be independent with all mat exercises to include SLRs, SAQs, Heel slides, and wall slides
2. Verify any precautions given by surgeon
3. Focus on ROM – AROM/AAROM/PROM
 - A. Extension – use heel prop in supine
 1. Add weight as tolerated
 2. Heat PRN
 - B. Flexion – Technician assisted
 1. Wall slides if tolerated
 2. CPM or Biodex for more aggressive approach
 3. Bike
4. Total gym (level 7 – 9)
5. Begin partial squats with balance support
6. Standing knee flexion with balance support
7. Patellar mobilization when scar is stable
8. Electrical Stimulation PRN
9. Cryo PRN

Week 2 Post – operative DATE - _____

1. Begin aggressive strengthening
 - A. Quad machine
 - B. Hamstring machine
 - C. Total Gym at higher levels
 - D. Leg Press
 - E. Bike (resistance as tolerated)

Week 3 – 6 Post-operative (OUTPATIENT)

1. Begin Treadmill for gait if prosthesis is cemented
 - A. Emphasize heel – toe gait
2. Concentrate on any lacking in ROM
3. Cryo PRN
4. Progress with strengthening from wks 1-2
5. D/C walker & graduate to cane (quad or standard) if balance & coordination permit

Upon D/C DATE - _____

1. Continue aggressive strengthening exercises
2. Verify all progress with Goals for D/C

DAY of D/C

1. Recommended activities to continue
 - A. Stationary bike
 - B. Stationary skiing – Nordic track
 - C. Walking
 - D. Swimming
 - E. Water aerobics
 - F. Ballroom dancing
 - G. Golf

A handwritten signature in purple ink, appearing to read "J. K. Lowry, MD". The signature is stylized and cursive.

Jason K. Lowry, MD