

TOTAL KNEE ARTHROPLASTY

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ACUTE CARE STAY	OUT-PATIENT THERAPY			NOTES:
<p>Ankle Pumps Quadricep Sets Straight Leg Raises Heel slides Short Arc Quads Long Arc Quads Extension Prop Flexion: manually assisted, edge of bed, sitting in chair. Goal 0-90°. Progress as able.</p> <p>Bed Mobility and Transfers</p> <p>Gait training: WBAT (unless otherwise noted by MD) with assistive device.</p> <p>Stairs</p>	<p>1-2 weeks post-operative **see note on right regarding progression of all phases** Continue post-op exercises. Increase repetitions, focus on quality and technique. Biofeedback or NMES for quadriceps training.</p> <p>AROM, AAROM and PROM to knee. Goal 0-100°. Progress as able.</p> <p>Flexibility: Hamstrings, Calf</p> <p>Hip Strengthening: stand, supine, side lying</p> <p>Terminal Knee Extension in standing.</p> <p>Gait training: Assistive device to promote non-antalgic gait.</p>	<p>3-6 weeks post-operative</p> <p>Continue ROM, Goal 0- 120°. Progress as able.</p> <p>Isotonic quadriceps strengthening.</p> <p>Isotonic hip strengthening.</p> <p>Continue flexibility; add quadriceps, hip flexor, gluteals, piriformis, as needed</p> <p>Stationary Bike</p> <p>Terminal Knee Extension in standing with tubing</p> <p>Total Gym, double leg, low level</p> <p>Double leg balance/proprioception</p> <p>Gait activation</p> <ul style="list-style-type: none"> - March - Sidestep - Backwards <p>Gait training: progress as tolerated.</p>	<p>7-12 weeks post-operative</p> <p>ROM 0-120°</p> <p>Progress strengthening of Quad and Hip groups</p> <p>Total gym with single leg</p> <p>Mini-squats</p> <p>Wall sits</p> <p>Step-ups forward and lateral</p> <p>Balance, higher level</p> <p>Address functional activity demands.</p> <p>Gait training: D/C assistive device when gait is non-antalgic</p>	<p>Important:</p> <p>This protocol should be interpreted as a continuum. If a patient is progressing ahead of the time schedules, advance them as tolerated. Progress to individual functional tasks dependent on lifestyle as tolerated.</p> <p>NOTE: **This protocol is specific to original total knee arthroplasty surgery and may differ if the knee has decreased bone quality, fracture, infection or if this is a revision of the arthroplasty.** Please consult MD.</p>
<p>Any Questions? Please contact: Northwoods Therapy Associates Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060</p>				