

## 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</p> <p>AROM, AAROM and PROM as tolerated, Goal 0-120°</p> <p>Bed Mobility and Transfers</p> <p>Gait training:                      WBAT (unless otherwise noted by MD) with assistive device.</p> <p>Stairs</p> <p>Cryotherapy to control swelling &amp; inflammation</p>	<p><b>1-3 weeks post-operative</b></p> <p>Continue acute exercises. Increase repetitions, add resistance, focus on quality and technique.</p> <p>NMES – Biphasic Current                      250-400 usec, 35-80 pps                      Initially: 5 sec on/25 sec off for 5 min                      Progress to: 10 sec on/20 sec off for 10 minutes</p> <p>AROM, AAROM and PROM as tolerated, Goal 0-120°</p> <p>Flexibility: Hamstrings, Calf</p> <p>Isotonic Hip Strengthening: stand, supine, side lying</p> <p>Overball Knee Extension</p> <p>Gait training:                      Assistive device to promote non-antalgic gait.</p> <p>Cryotherapy &amp; Modalities as appropriate</p>	<p><b>4-6 weeks post-operative</b></p> <p>Continue isotonic quadriceps &amp; hip strengthening</p> <p>Continue flexibility: add quadriceps, hip flexor, gluteals, piriformis, as needed</p> <p>Continue ROM as tolerated, Goal 0-135°</p> <p>Stationary Bike</p> <p>Mini Squats</p> <p>Sportcord Knee Extension</p> <p>Total Gym (double leg; stress symmetry)</p> <p>Double leg balance/proprioception</p> <p>Step Ups (4" - 6" step)</p> <p>Gait activation</p> <ul style="list-style-type: none"> <li>- March</li> <li>- Sidestep</li> <li>- Backwards</li> </ul> <p>Gait training: Progress. D/C assistive device when gait is non-antalgic.</p>	<p><b>7-12 weeks post-operative</b></p> <p>Continue ROM as tolerated, Goal 0-135°</p> <p>Progress quad and hip strengthening</p> <p>Total gym (single leg)</p> <p>Progress double leg balance/proprioception advance to single leg</p> <p>Chair squats (add depth based on functional demands)</p> <p>Wall sits</p> <p>Lunges</p> <p>Lateral Step Ups</p> <p>Step Downs</p> <p>Address functional activity demands.</p>	<p><b>Important:</b></p> <p>This <b>protocol</b> should be interpreted as a <b>continuum</b>. 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>Any Questions? Please contact:  <b>Northwoods Therapy Associates</b>                      Altoona, WI      Chippewa Falls, WI                      (715) 839-9266      (715) 723-5060</p>			<p><b>NOTE:</b></p> <p><b>**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</b></p>	
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