

TOTAL KNEE ARTHROPLASTY REHAB PROTOCOL

Patient Name: _____

Date: _____

Diagnosis: _____

DOS: _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 weeks

Phase 1 (0-2 weeks)

- Goals: Control swelling, quadriceps activation, restore neuromuscular communication loops, prevent kinesiophobia.
- Modalities: Compressive cyrotherapy, e-stimulation.
* Do not elevate beneath the knee with a pillow in a bent posture. This may encourage a knee flexion contracture.
- Weightbearing: Immediate weight bearing as tolerated. Use crutches for support.
 - Educate patient to recognize maladaptive limp and use assistive devices until gait is normalized.
- Brace: None
- ROM: Encouraged immediately.
 - Focus on early terminal knee extension: heel elevations, bridges, prone hangs, quad isometrics.
- Exercises: Heel slides, quadriceps/hamstring sets, SLR, planks, bridges, abs, gluteal strengthening, step-ups and stationary bike as tolerated.

Phase 2 (2-4 weeks)

- Weightbearing: Full
- Brace: None
- ROM: Once terminal extension is captured, progress to knee flexion exercises with a goal of 90° within 4 weeks.
 - Controlled knee lowering into flexion with the contralateral limb.
 - Cross-legged, passive assisted deep knee bending from a high chair, stool or tall mattress.
- Exercises: Progress Phase 1 exercises. Begin to add sport-specific exercises as tolerated. Cycling, elliptical, jogging; then progressing to running as tolerated.

Phase 3 (4-12 weeks)

- Frequency: Begin to wean appointments based on patient's progress and use home exercises rigorously.
- Weightbearing: Full
- Brace: None
- ROM: Full
- Exercises: Educate a home program. Advance sport-specific exercises as tolerated. Maintenance core, gluteal, hip and balance program.