Total Knee Post Op Protocol

Physician name: Blake Schultz MD

Office: 2224 Walsh Tarlton Lane, Suite 200, Austin, TX 78746 Phone: 512-485-0546, opt 2(direct), 512-439-1000

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General orders

- Physical therapy frequency: 6 visits in the first 14 days. Call physician if more than 6 visits are required.
- Post-op appointment around 14 days of the surgery date.
- Assist with scheduling of out-patient physical therapy before discharging from home healt
- Anticoagulant: ASA 81 mg BID, unless otherwise stated
- TED hose: thigh high, leave on until post-op visit.
- Dressing: Aquacel dressing. Will be removed at the post-op appointment. Replace if 50% soiled.
- Weight bearing precautions: WBAT.
- Assistive device: rolling walker / TED hose.
- Shower / bathing: cover incision when showering — do not soak.

Evaluation visit

- ADL and Home safety assessment
- Ambulation with walker, Stair training with step-to pattern.
- Begin post-op therapeutic exercise as below.

Post-op exercises

- Supine: ankle pumps, multi-angled quad sets (straight leg, towel under knee, towel under heel), short arc quads, heel slides, hip abduction, SLR x 4 (focus on strong quad set and eliminating quad lag).
- Stretching — knee extension: active / passive therapist stretch, towel roll under heel in supine, hamstring stretching.
- Stretching — knee flexion: active / passive supine therapist stretch, seated knee flexion.
- Standing: hip extension, hip abduction, hip flexion, heel raises.
- ADL retraining.

1 week post-op

- Progress ambulation to cane when the patient achieves 75%+ weight bearing.
- Gait training for increasing weight shift and weight bearing onto the TKR lower extremity with fully extended knee, decreasing circumduction, increasing knee flexion with ambulation.
- Continue post-op exercises and progress as able (see interventions below).
- Achieve full knee extension.
- Good / stable quad set and quad control.

1–2 weeks post-op, or PRN once goals have been met

- Begin transition to outpatient therapy or discharge (if appropriate).
- Continue all above therapeutic exercise and progress.
- Begin balance / proprioceptive training.

Progressive therapeutic exercises

- Stationary bike pedals.
- Progressive quad strengthening.
- PNF patterns with resistance above knee.
- CKC knee extension with manual resistance (leg press).
- CKC terminal knee extension with resistance (standing).
- Resistance to SLR in all planes (resistance applied above knee until strong quad set and no quad lag noted).
- Gait training: backwards walking and / or heel walking to promote full extension.

Note: specific doctor orders take precedence over standard protocol. The therapist is to use professional judgment and discretion when assigning new interventions and progressing treatment according to the patient's ability.