## TOTAL KNEE ARTHROPLASTY

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| Patient_ | <br> |      |
|----------|------|------|
| DOS_     | <br> | <br> |

| ACUTE CARE STAY                |                                | NOTES:  |                                |  |
|--------------------------------|--------------------------------|---|--------------------------------|--|
| ACUTE CARE STAT                | 1-3 weeks post-operative       | OUT-PATIENT THERAPY  1-3 weeks post-operative |                                | Important:                                   |
|                                | 1-3 weeks post-operative       | 4-0 weeks post-operative                      | 7-12 weeks post-operative      | important.                                   |
| Ankle Pumps                    | Continue post-op exercises.    | Continue ROM, Goal 0- 110°.                   | Progress ROM to 120° knee      | This <b>protocol</b> should be               |
| Quadricep Sets                 | Increase repetitions, focus on | Progress as able.                             | flexion. Maintain 0° extension | interpreted as a                             |
| Straight Leg Raises            | quality and technique.         |   |                                | <b>continuum</b> . If a patient              |
| Heel slides                    | Biofeedback or NMES for        | Isotonic quadriceps                           | Progress strengthening of      | is progressing ahead of                      |
| Short Arc Quads                | quadriceps training.           | strengthening.                                | Quad and Hip groups            | the time schedules,                          |
| Long Arc Quads                 |                                |   |                                | advance them as                              |
| Extension Prop                 | AROM, AAROM and PROM           | Isotonic hip strengthening.                   | Total gym with single leg      |  |
| Flexion: manually assisted,    | to knee. Goal 0-100°. Progress |   | 3.51                           | tolerated. Progress to individual functional |
| edge of bed, sitting in chair. | as able.                       | Continue flexibility; add                     | Mini-squats                    |  |
| Goal 0-90°. Progress as able.  |                                | quadriceps, hip flexor,                       | Wall sits                      | tasks dependent on                           |
| CDM C 0.1                      | Flexibility: Hamstrings, Calf  | gluteals, piriformis, as needed               | wan sits                       | lifestyle as tolerated.                      |
| CPM 6-8 hours per day.         |                                | Stationary Dilea                              | Step-ups forward and lateral   |  |
| Bed Mobility and Transfers     | Hip Strengthening: stand,      | Stationary Bike                               | Step-ups forward and faterar   |  |
| Bed Mobility and Transfers     | supine, side lying             | Terminal Knee Extension in                    | Balance, higher level          |  |
| Gait training:                 | Terminal Knee Extension in     | standing with tubing                          | Butunee, higher lever          |  |
| WBAT (unless otherwise         | standing.                      | Standing with tuoing                          | Address functional activity    |  |
| noted by MD) with assistive    | standing.                      | Total Gym, double leg, low                    | demands.                       | NOTE:  |
| device.                        | Gait training:                 | level   |                                | **This protocol is                           |
|                                | Assistive device to promote    |   | Gait training:                 | specific to original total                   |
| Stairs                         | non-antalgic gait.             | Double leg                                    | D/C assistive device when      | knee arthroplasty                            |
|                                |                                | balance/proprioception                        | gait is non-antalgic           | v  |
|                                |                                |   |                                | surgery and may differ if the knee has       |
|                                |                                | Gait activation                               |                                |  |
| Any Questions? Please contact: |                                | - March                                       |                                | decreased bone quality,                      |
| Northwoods Therapy Asso        |                                | - Sidestep                                    |                                | fracture, infection or if                    |
| Altoona, WI Chippewa Fa        | *                              | - Backwards                                   |                                | this is a revision of the                    |
| (715) 839-9266 (715) 723-5060  |                                |   |                                | arthroplasty.** Please                       |
|                                |                                | Gait training: progress as                    |                                | consult MD.                                  |
| March 2019                     |                                | tolerated.                                    |                                |  |
| IVIAICII 2017                  |                                |   |                                |  |