

## Rehabilitation Services Total Knee Arthroplasty Protocol

Interventions Progression	Interventions/Education
<p><b>POD 0:</b> Hospital</p> <ul style="list-style-type: none"> <li>• Edge of bed/ chair with nursing or therapist</li> <li>• Physical therapy (PT) evaluation to be initiated if patient is in room by 4 pm</li> </ul> <p><b>POD 1:</b> Hospital</p> <ul style="list-style-type: none"> <li>• PT evaluation if not done POD 0</li> <li>• Initiate bed mobility, transfer training, gait training.</li> <li>• Start TKA exercise program and issue handouts.</li> <li>• Communicate with nursing if patient is safe to transfer/walk with nursing.</li> <li>• PT BID sessions.</li> <li>• Occupational Therapy will be consulted on a case by case basis for adaptive equipment and activities of daily living training.</li> </ul> <p><b>POD 2:</b> Hospital</p> <ul style="list-style-type: none"> <li>• Continue bed mobility, transfer training, gait training, and therapeutic exercises.</li> <li>• Fit assistive device</li> <li>• Start stair training (if applicable)</li> <li>• AROM goal: 0-90 degrees.</li> <li>• Quadriceps/ Hamstring strength: 3/5</li> <li>• Quadriceps lag up to 10 – 15 degrees</li> <li>• Hospital Discharge</li> </ul> <p><b>POD 3 - 6:</b> Outpatient Clinic</p> <ul style="list-style-type: none"> <li>• 2 – 3 outpatient sessions</li> <li>• Fit assistive device (if not done while in hospital)</li> <li>• Progression of transfer training (lower chair, floor and/or car)</li> <li>• Gait training on stairs, curbs and with a cane or without an assistive device</li> <li>• Balance and coordination training.</li> <li>• Progression and review of home exercise program</li> </ul> <p><b>Outcome Measures (Hospital and Clinic)</b></p> <ul style="list-style-type: none"> <li>• Visual analog Scale</li> <li>• AMPAC 6 clicks score</li> <li>• Gait Speed</li> </ul>	<p><b>Exercises/ Interventions</b></p> <ul style="list-style-type: none"> <li>• AAROM and AROM knee flexion / extension <ul style="list-style-type: none"> <li>○ Seated knee flexion stretch</li> <li>○ Supine or seated knee extension stretch</li> </ul> </li> <li>• Isometric quadriceps strengthening <ul style="list-style-type: none"> <li>○ Supine and sitting Quad sets</li> <li>○ Standing terminal knee extension</li> </ul> </li> <li>• Hip strengthening; <ul style="list-style-type: none"> <li>○ Standing and side lying hip abduction</li> <li>○ Supine Hip flexion</li> </ul> </li> <li>• Balance and coordination training if necessary</li> <li>• Neuromuscular reeducation with adjunct electric stimulation for Quadriceps (if necessary)</li> <li>• Lower extremity strengthening gradual progression with closed kinetic chain activities.</li> <li>• Gait training progression to cane, stairs/ curbs</li> <li>• Advanced transfer training (car, bathroom, floor, etc)</li> <li>• Self-care/ Home management education/ training</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Pain/ Edema management ( ice packs, limb positioning and elevation, tolerance to pain medicine)</li> <li>• Teach scar massage and gentle patella mobilizations</li> <li>• Gait safety and progression to least restrictive device</li> <li>• Home exercise and walking program</li> <li>• Patient Education Materials: <ul style="list-style-type: none"> <li>○ Rehabilitation after Knee Replacement MC2111-36</li> <li>○ Total Knee Surgery Home Instructions MCJ6623</li> <li>○ Bathroom Safety Equipment MC0263</li> <li>○ Home Safety Suggestions MC0496</li> <li>○ Using a cane MC1900-01</li> <li>○ After your knee surgery: A guide to daily activities (AOTA)</li> </ul> </li> </ul> <p><b>Precautions/ Notes</b></p> <ul style="list-style-type: none"> <li>• Weight bearing as tolerated with walker or crutches, unless otherwise directed by physician.</li> <li>• Evaluate quadriceps control while standing on side of bed prior to initiating step.</li> <li>• Use safe patient handling while transferring or ambulating patients.</li> <li>• ROM measurements: <ul style="list-style-type: none"> <li>○ Extension to be measured in supine</li> <li>○ Flexion to be measured in sitting on edge of bed or chair.</li> </ul> </li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.