

RALEIGH ORTHOPAEDIC THERAPY SERVICES

Take Away Points About Your Total Knee Replacement:

1. This is a major surgery to your body. You will have pain, swelling, decreased endurance and weakness after your surgery. All these will take time to improve but they will improve. You can expect your knee to take up to a year to feel “normal.”
2. It is important that you learn to walk “normally” again after your surgery. This means you will be using a walker for a time. Most will use a walker for a few weeks then transition to a cane. Your transition will depend on many factors such as pain, balance and strength.
3. Pain control is essential to your recovery. Your doctor will prescribe you pain medications and monitor your dosage and amount. Don’t be afraid to take your pain medications. You will be able to do more in therapy to help progress your knee function.
4. Your pain will be worse at night, which is normal. Sleep can be difficult after your total knee surgery. It will be hard to find a comfortable position; however, you should not put anything under your knee. If you want to use a pillow, make sure your entire leg is elevated from the foot with the leg straight, and not just under your knee. Keeping a pillow under your knee will keep your knee bent for prolonged times. This can make your ability to straighten you knee difficult and stiff.
5. If you have increased swelling, tenderness, redness or severe pain in your calf or have shortness of breath or a racing heart you are to seek medical attention. This can be a sign of a blood clot. You can reduce your risk for a blood clot by moving your ankle around; up, down and circles. Getting up and walking also helps reduce the risk of blood clots.
6. If you have a significant increase in redness, discharge, temperature and pain at your incision or you have a temperature above what your MD has recommended you may have an infection. Contact your MD or call the triage line of your MD.
7. You can expect to return to most activities in 3-6 months. Typically, you can drive when your knee can bend at least to 90 degrees, you are not taking narcotic pain medications during the day and are able to press the brake pedal quickly and firmly.

Steps:

Use hand rail, you will take one step at a time up and down

Step up with non operative leg, then bring the operative leg up to join it

Step down with the operative leg, then bring the non operative leg down to join it

Remember, if you can take one step, you can take ten steps!

Transfers (sitting down/up) If seats are too low, you may need to use a cushion.

Chairs/elevated commode: To sit, back up to the chair, move the operative leg forward. Reach back for the armrests and lower yourself slowly to the seat. To stand, move to the front of the chair, move the operative leg forward. Use the arms to help lift yourself up out of the chair to a standing position.

Car: Have the passenger seat moved all the way back and up high. Back up to the seat, move the operative leg forward and reach back to the seat to use your arms to help lower yourself down. You may need help with the leg for the first few days.

In/out of bed: Sit on the side of the bed by backing up to the bed and moving the operative leg forward and using your arms to help lower you to the bed. As you turn to move onto the bed, you can use a strap, cane handle, or leg lifter to help lift the operative leg. You may need help for the first few days moving the operative leg.

Pre op home check: Before surgery, practice getting in and out of chairs, car, bed, and on and off the elevated commode using the above principles. Practice steps using the above principles. Practice the exercises given to you. The more prepared you are before surgery, the less anxious you will feel coming home from the hospital or surgical center. Have ice packs ready and waiting.

Be sure you have an able bodied friend/family member who will be able to help you in and out of the car and into the house after your discharge from the hospital or surgery center.