

YOUR TOTAL KNEE REPLACEMENT

General Guide to getting you back to
function.

Topics to Cover

- Walking, step climbing, functional mobility and using assistive devices
- Transfers in and out of chairs, car, bed
- Using adaptive equipment
- Pain management and Sleep
- Pre-op exercises
- Goals for therapy

What to Expect

- You are about to undergo a major operation
- You will have lower stamina and energy as well as post-op stiffness and pain
- You will not only be recovering from your surgery but from months/years of dysfunction in your knee
- Going in to surgery you likely have muscle weakness, stiffness, old habits of getting around (limping). You will need to re-learn much
- The good news is that every day/week you will notice progress

After Your Surgery

- Hospital Stay:
 - 1-2 days: discharge to home
- Outpatient Physical Therapy
 - Will begin 1-3 days after discharge from the hospital.
 - Therapy will focus on activities of daily living, gait and exercise.
- You will be using adaptive equipment following surgery such as a walker to prevent limping.

After Your Surgery Continued

- Therapy may last from 8-12 weeks (2-3x/week) from the time of your surgery.

Your ROM, strength, overall function and activities you want to return to will come into play when determining how much and how long you will need therapy.

Your_knee may take up to a year after surgery to “feel normal”.

Gait/Functional Mobility

- Full weight bearing as tolerated
- Getting in and out of bed, chairs and car
- Progress from walker to cane and when appropriate: no assistive device
 - Walker: use a minimum of 2 weeks to prevent development of a limp
 - Cane: hold the cane in the OPPOSITE hand as your operated knee
- Progression to cane/no assistive device depends on pain, balance and overall tolerance to full weight bearing
- Remove tripping hazards in the home
- A GOOD HEEL/TOE GAIT IS ESSENTIAL!

Steps

- Use hand rail, you will take one step at a time up and down
- Step up with the 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 Up/Down)

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
- 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
- Use 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

Adaptive Equipment

- Elevated toilet seat
 - Reacher
 - Long Handled Shoe Horn/Sock Aide
 - Shower chair/bench
 - FIRM Seat cushions
 - Car Cane
 - Long handled bath brush
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- Adaptive equipment will be ordered through the hospital. Many items may be found at your local pharmacy or medical supply store.

Pain Management

- Don't be afraid of your pain medication
 - Very important to your recovery
 - Medication 30 minutes – 1 hour prior to therapy sessions
 - Typically will take pain medication every 4 hours for the first 48-72 hours
- Other forms of pain management
 - RICE: rest, ice, compression, elevation
 - Ice 20 minutes before bed.
- Combating side effects of pain medication:
 - Take medication with food
 - Using an antacid
 - Request another medication
- **YOU ARE NOT JUST TREATING YOUR PAIN, YOU ARE TREATING YOUR FAMILY'S ANXIETY!**

Sleep

- DO NOT PUT PILLOWS UNDER YOUR KNEE.
 - Elevate the entire leg if needed, keeping the knee straight
 - Can cause knee flexion contracture if pillow is kept under knee
- Night time is the most reported time of discomfort after surgery.
- Poor sleep after knee replacement surgery is not uncommon.
- Take your pain medication and ice before bed.

Potential Complications



Blood Clots

- Important signs and symptoms
 - Legs: Severe pain in calf, redness, increased temperature and swelling
 - Lungs: extreme shortness of breath, racing heart
- Your doctor will address the potential use of routine post-op blood thinning medications.
- IF ANY SYMPTOMS OCCUR SEEK MEDICAL ATTENTION IMMEDIATELY

Infections

- Occurs in less than 1% of patients
- Signs of infection
 - Increasing drainage from the incision
 - Incision becomes very red and hot (some redness and heat around a healing surgical incision is normal),
 - Fever: check with you medical team, physicians have differing criteria for this.
- You may need an antibiotic prior to any dental or colonoscopy procedures.
- IF ANY SYMPTOMS OCCUR SEEK MEDICAL ATTENTION IMMEDIATELY

Swelling

- Mild to Moderate swelling is **NORMAL** for the first 6-8 months after surgery.
- Ways to reduce swelling
 - Elevating leg above heart and pumping ankles – 2-3 hours per day
 - Change positions
 - Compression stockings
 - Ice – should be applied for 20 minutes 3x/day.
 - Spacing out activity
- Swelling will contribute to stiffness

Other Possible Complications

- Severe Stiffness
 - If your knee is too stiff after 4-8 weeks after surgery a Manipulation may be indicated
 - Everyone heals differently – stiffness may be of no fault of your own.
 - If stretching is not done or not done enough.
 - You will need to work on knee range of motion despite discomfort

Therapy and Return to Function



Exercises to Expect/Practice

- Exercises
 - Ankle Pumps
 - Quad Sets
 - Heel slides
 - Straight Leg Raises
 - Calf stretch
 - Heel raises
 - Single leg stance

Goals

- Bending and straightening the knee will be addressed throughout the rehab process
- Range of Motion:
 - 2 weeks: $30-90$
 - 6 weeks: 1-120
 - Gross end goal: 0-120

Return to Activity

- Shower: 2 days after surgery. Allow water to run over the wound.
 - Depending on the dressing, may be able to shower in the hospital.
 - Pat the wound dry with a clean towel.
 - Do not submerge wound underwater in a bathtub, pool, lake, or hot tub.
- Driving:
 - No narcotic pain meds during the day
 - Approximately 90 degrees of flexion
 - Good reflexes – must be able to hit the brake firmly and quickly
- Can expect to return to most activities 3-6 months after surgery.
- Consult MD regarding specific activities such as high impact/torque exercise, golfing, swimming etc.
- Functional testing: measures functional balance, strength, and motion. Will assist you and the therapist determine readiness for certain activity/job tasks.

Return to Work

- Depends on the type of work
 - Sedentary work: 3-6 weeks from surgery
 - Physically demanding work: 8-12 weeks
 - Therapy can help simulate work or home tasks such as pushing/pulling and lifting
- Factors that effect return to work
 - Pain
 - Swelling
 - Mobility

Things To Consider: These can influence your recovery/progress after surgery

- How long have you been dealing with the pain in your knee?
- Do you have stiffness or lack of movement? And for how long?
- Do you feel weak or fatigue quickly?
- Do you limp or use an assistive device now?
- Have you fallen or feel off balance?
- Do you have any preexisting/chronic conditions such as obesity, diabetes etc that will affect your healing and overall health?

Pre Op Home Check

Before surgery practice:

- Getting in and out of chairs, car, bed, and on/off the elevated commode
- Steps

You'll Do Great!!

- 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 to 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