

Total Knee Arthroplasty Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

CPM: 2-3 times a day for 2 hours each session, increasing 5-10° a day				
	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I (Weeks 1-2)	WBAT with walker	None	Initiate ROM	Ankle pumps, heel prop, quad/hamstring sets, SLR, Heel slide, SAQ, LAQ, hamstring sets, hamstring and calf stretch, patellar mobilization **Monitor Incision **ICE/Elevate for swelling
PHASE II (Weeks 2-6)	WBAT progress to cane	None	Achieve full AROM/PROM 0-120°	ROM: prone hangs, flexinator/extensionator, stationary bike, PROM, scar mobilization Strength: progress open chain with weights to closed chain exercises (1/4 squat, heel/toe raises, TKE, 4 way hip band, leg press, etc.)
PHASE III (Weeks 6-12)	WBAT work towards no assistive device with normalized gait pattern	None	Full ROM	Progress Phase II exercises, proprioceptive exercises, TM, step ups (fwd/lat) and step downs, normalized functional activities/ADL's

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____