Altru Advanced Orthopedic Total Knee Arthroplasty or Unicompartmental Knee Arthroplasty Protocol

The intent of this protocol is to provide the therapist with a guideline for the post-op rehab of a patient who has had a total knee arthroplasty. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's rehab. The actual therapy plan of care must be based on the surgical approach, physical exam and findings, individual progress, any post-op complications, and/or co-morbidities. If a therapist needs assistance or has questions regarding the progression of a patient post surgically they should consult the referring surgeon.

	Treatment	**Goals**
Phase I: post-op day 1 to 1 week (Inpatient PT) • **WBAT with AD** • **Use of knee immobilizer brace as ordered** • **Keep incision clean and dry**	• CPM as ordered • Ambulation with assistance 2x/day, WBAT with AD • Stair gait training • ROM- PROM, AAROM, AROM • TKA exercises: quad set, ham set, SLR, supine hip abd, ankle pumps, heel slides 3x/day • Cryotherapy	• Independent transfers • Independent ambulation with AD • Improve ROM to ≥ 90° flexion • Improve ROM to full extension
Phase II: Weeks 1-3 **(Begin Outpatient PT or Home Health PT)** • **WBAT with AD** • **Monitor wound healing for signs of infection** • **Staples to be removed at 2 week follow-up in Ortho**	• Progressive PROM, AAROM, AROM: knee flex and ext. • Gastroc and hamstring stretching • Ankle, knee, and hip isometric and isotonic exercises • Progress to WB exercises, balance, proprioception activities as tolerated • Patellar mobilization as needed • Cryotherapy and NMES as needed	• Reduce pain and inflammation • Independent gait and transfers with device PRN • Improve ROM to ≥ 90° flexion • Improve ROM to full extension • Independent SLR, and SAQ • Reduce gait deviation with ambulation • Perform Timed Up and Go (TUG) and/or 6 minute walk test

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Phase III: Weeks 3-6 • **FWB** • **Monitor wound healing and scar mobility** • **Post-activity soreness should resolve within 24 hours**	• Stationary Bike: partial revolution then progress to full revolutions • 4-way SLR, leg press, wall slides, steps (front, lateral, and step down) • Functional: sit to stand exercises, gait training, lifting, and carrying activities • Balance Training: SLS, balance board • Cryotherapy and NMES as needed • Manual therapy: patellar mobs, scar tissue mobilization as needed	• Knee flexion ROM 90-120° • Full knee extension ROM • Independent gait with cane or without device • Good voluntary quadriceps control, no SLR extensor lag • Single leg balance 15 seconds, or ability to put on socks in standing
Phase IV: Weeks 6-12 • **FWB** • **Post-activity soreness should resolve within 24 hours**	• Stationary Bike: full revolutions forward and backwards • Front lunge, squats, increase previous exercises resistance and repetitions • Initiate overall exercise and endurance training (walking, swimming, biking)	• Knee AROM 0 to ≥120° • 4/5 to 5/5 strength for all LE musculature • Independent non-antalgic gait • Independent reciprocal stair climbing • Return to all functional activities without pain • Begin independent health and wellness activities and HEP • Retest Timed Up and Go (TUG) and/or 6 minute walk test