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
- Nutrition
- Functional testing, pain assessments
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.

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

**Your knee may take up to a year after surgery to, “feel normal.”**
Gait/Functional Mobility

- 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
- Stairs:
  - “Up with the good, down with the bad.”
  - One step at a time; if you can do one step, you can do ten steps.
- A GOOD HEEL/TOE GAIT IS ESSENTIAL!

Adaptive Equipment

- Elevated toilet seat
- Reacher
- Long Handled Shoe Horn/Sock Aide
- Shower chair/bench
- FIRM Seat cushions
- Car Cane
- Long handled bath brush

Adaptive equipment will be ordered through the hospital and/or home health care. 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
  - 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.
• **Any of all of the above require a call to your doctor 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 – 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.

  • Depending on insurance coverage there are devices that can assist in stretching if severe stiffness is a factor.

Therapy and Return to Function
Pain Scale

• Pain Scale: 0-10
  – 0 = NO PAIN
  – 10 = EMERGENCY ROOM PAIN
• Pain management with activity/during PT
• Use the 10 point scale to monitor tolerance to activities

Exercises to Expect/Practice

• Exercises
  – Ankle Pumps
  – Quad Sets
  – Heel slides: with and without towel
  – 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: <3-90
  – 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.

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 tasks such as pushing/pulling and lifting

• Factors that effect return to work
  – Pain
  – Swelling
  – Mobility

Nutrition

-- Eat a balanced diet before and after surgery
– Drink plenty of fluids and limit caffeinated drinks
– Vitamins and supplements should be used under the guidance of your surgeon. Many of these may have adverse affects/interactions with prescribed medications. Don’t listen to your friends or the infomercials on TV when it comes to medications, vitamins, or supplements.
Things To Consider

• 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?
• These can influence your recovery/progress from surgery. You can start rehab before your surgery!

You’ll Do Great!!

• The better you are before your surgery the better you are after.
• It’s not too late to start rehabbing your knee.

Pre-op sessions can address any additional concerns you may have:

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