



Total Knee Arthroplasty Rehabilitation Guidelines

What patients do *OUTSIDE* of therapy has a greater impact on recovery than what is done *IN* therapy
Formal pre-op therapy not required but included when ordered by physician

Phase	Goals	Treatment
Acute Care POD 0-2	<ul style="list-style-type: none"> • Reduce swelling • Prevention of flexion contracture • Appropriate progression of physical activity • Pain control • Safe ambulation • Safe transfers • Increase knee mobility and quad activation 	<ul style="list-style-type: none"> • Review incision and bandage care, support consistent medication plan • Cold application, compression, elevation, ankle pumps • Instruct in proper positioning to prevent flexion contracture • Instruct in use of assistive device (AD) for safe gait • Transfers – bed and car • Instruct in mobility exercise – (heel slides, seated passive knee extension) • Instruct in light strengthening – (quad sets, SAQs, LAQs and SLRs assisted for comfort)
*OT consult included before discharge		
1-2 weeks 2-3 x/wk	<ul style="list-style-type: none"> • Reduce swelling and control pain • Prevention of flexion contracture • Increase knee mobility • Quad activation • Quad and LE strengthening • Quality gait with AD • Unassisted knee extension and SLR 	<ul style="list-style-type: none"> • Cold, compression and elevation • Knee mobility – 0-90 or greater expected at end of 2 weeks • Patellar mobs • Gait – give guidance for intermittent walking distance, frequency and AD • Strengthening – 0-7 days gentle quad activation, after 7 days greater quad activation <ul style="list-style-type: none"> • NMES as needed • Assisted and unassisted knee extension and SLR - work toward reduced lag • Begin low level closed chain – Short step up, terminal knee extension
*OT consult after return to home		
2-4 weeks 2-3 x/wk	<ul style="list-style-type: none"> • Reduce swelling and control pain • Prevention of flexion contracture • Appropriate progression of physical activity • Increase knee mobility and strength • Normalize gait and begin walking without AD • Begin stairs with step over pattern • Improve proprioception 	<ul style="list-style-type: none"> • ROM – 0-100 degrees or greater expected - consistent progress each week • Edema control – should be reduced from 1-2 weeks and remain reduced with activity • Patellar mobs • Encourage walking over longer distances in safe environments at home • Begin balance and proprioception exercises as able • *Advance mobility exercise – Stationary bike with elevated seat and no resistance • *Advance strengthening – step height increase, eliminate lag, leg press
*Exercise may be advanced except when the following occur: decreased ROM, increased swelling, increased pain rating, and decreased ability to walk short distances		
4-6 weeks 1-3 x/wk	<ul style="list-style-type: none"> • Minimal fluctuation in swelling with activity • Normalized gait without AD • Increase knee mobility and strength • Knee extension and SLR without extensor lag • Increase functional activities • Stairs with step over pattern 	<ul style="list-style-type: none"> • Knee mobility – 0-120 degrees or greater expected • Gait – Increase walking distance to ½ mile with normal gait pattern if able • Strengthening – advance open and closed chain strengthening- step downs • Higher intensity strengthening is recommended – Knee extension, leg press • Aquatic therapy may be considered upon surgeon approval and guidelines • Blood flow restriction may be considered upon surgeon approval and guidelines • Advance proprioception exercise
6-12 weeks 0-2 x/wk	<ul style="list-style-type: none"> • Progress functional strengthening • Increase knee mobility • Normalize gait and duration • Stairs with smooth step over pattern 	<ul style="list-style-type: none"> • ROM – 0-125 degrees or greater expected • Advance walking up to 1 mile with normalized gait if able • Progress intensity of previous exercises • Encourage walking over longer distances in safe environments at home
12 weeks +	<ul style="list-style-type: none"> • Independent with home exercise program • Return to recreational activities with emphasis on low impact 	<ul style="list-style-type: none"> • Discontinue supervised therapy • Instruct in maintenance/progression of ROM and strength

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process.
 Progress may vary based on specifics of injury and procedure.

