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Orthopedic Surgery & Sports Medicine

Total Knee Rehabilitation Protocol

Pre- op	When pre-op teaching is appropriate, gait training and post op exercise instruction should be done. Education on elevation and icing to decrease swelling.
Post op Exercises	**<u>See MD comments, Surgical notes and Referral for any deviations from the protocol.</u>**
Week 1-4	Goal of 0-105 degrees AROM/PROM. ROM exercise may include stationary bike without resistance, Supine active assistive wall slides, passive extension with or without added weight or passive overpressure. Therapist assisted flexion. Strengthening may include: short arc quad exercises, SLR, side lying ABD, step ups at 5-15 cm, standing terminal extension with band resistance. Patellar mobilization as indicated. Scar mobilization as indicated. Education on first visit about swelling prevention and elevation. Limit ambulation if causing excessive swelling.
Week 4-7	Continue ROM until milestones reached. (AROM 0-115) Continue to progress exercises until able to perform 3 sets of 10 reps with good control and correct form. May add leg press, 4-way hip exercises against resistance and climbing flight of stairs when able.
Week 8-10	Continue to work on ROM until milestone reached. (AROM 0-120) Progress gait training to normalize without device. Increase step height if patient has good eccentric and concentric control. Progress to other functional exercises as appropriate for patient.
Modalities	Use modalities when appropriate to facilitate increases in ROM.
Outpatient PT	The frequency and duration are determined by the patient's condition and rate of return of ROM and strength.
End point of PT	Return to full ADLs. Normalized gait without device. ROM milestones met or patient independent in self-management
Time Frame	4 Months