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### **REHABILITATION PROTOCOL**

#### **TOTAL KNEE ARTHROPLASTY**

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#### **Goals and Objectives**

1. Immediate achievement and maintenance of FULL EXTENSION.
2. Achieve 90 degrees FLEXION by 6 weeks, otherwise, MUA.
3. Achieve 120 degrees FLEXION by 3 months as soft tissues allow.
4. Advance from walker to cane by 4-6 weeks.
5. Discard assistive devices by 3 months as strength allows.
6. **Driving:**
  - a. Right knee: not for 6 weeks.
  - b. Left knee: when off narcotics (as long as car has automatic transmission; otherwise, patient must wait until 6 weeks or has adequate quadriceps control to use clutch). Between 4-6 weeks.

#### **0-3 Weeks**

1. Home health therapy, outpatient therapy or inpatient rehabilitation.
2. Anticoagulation with Xarelto daily or Eliquis twice a day for total 21 days.
3. CPM: settings -5 – Maximum flexion. Start at 60 degrees (or less based on intraoperative evaluation) and advance by 10 degrees daily as tolerated.
4. Quad sets: isometrics and straight leg raises unless contraindicated by intraoperative factors (i.e., tubercle osteotomy, extensor mechanism reconstruction, quad snip or lengthening).
5. Full weight bearing as tolerated unless otherwise indicated.
6. Active and active-assisted ROM.
7. Patellar mobilization.
8. Keep Incision clean and dry. Do not get wet. Do not remove staples. Cover with clean bandage.

### 3-6 Weeks

1. Home health and anticoagulation are discontinued.
2. Continue CPM at maximum settings.
3. Quad sets: isometrics, and straight left raises unless contraindicated by intraoperative factors (i.e., tubercle osteotomy, extensor mechanism reconstruction, quad snip or lengthening).
4. Closed chain quadriceps strengthening with weights.
5. Stationary bicycling.
6. Water exercise (walking, kickboard).
7. Advance from walker to cane as indicated.
8. Active and active-assisted ROM (MUA if patient does not achieve 90 degrees flexion).
9. Patellar mobilization.

### 6 Weeks to 3 Months

1. Continue quadriceps strengthening.
2. Core and pelvic girdle strengthening.
3. Discontinue assistive device as indicated.
4. Discharge to Home Exercise Program when goals met.

### Return to Work

1. Depends on patient's occupation.
  - a. **Sedentary:** wound healed; off narcotics, independent in ADL's with or without assistive device; job performance does not interfere with participation in physical therapy; workplace accommodations can be made to allow patient to elevate limb and make frequent changes in position.
  - b. **Active or Standing:** wound healed; off narcotics, independent in ADL's with or without CANE (unless patient was using walker at work prior to surgery); job performance does not interfere with participating in physical therapy; workplace accommodations can be made to allow patient to elevate limb when sitting or to take frequent breaks; patient is able to stand consecutively for more than 2 hours without pain, fatigue, or swelling.