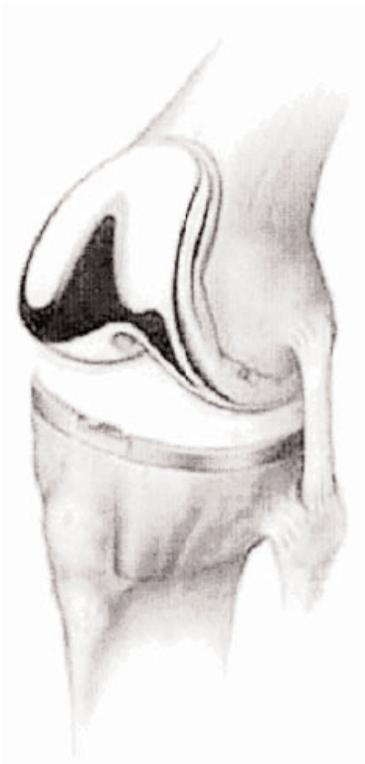


# Total Knee Replacement

Recovery and Rehabilitation



 WESTERN CONNECTICUT HEALTH NETWORK

**NEW MILFORD HOSPITAL**

AFFILIATED WITH DANBURY HOSPITAL

Physical Therapy Department  
(860) 350-7290

## Precautions and Activity Guidelines

### PLEASE READ THE FOLLOWING CAREFULLY:

Most of these instructions apply to the first 6-8 weeks after surgery. These are general rules and you should always check with your surgeon if you have any questions.

1. Elevate your leg if you have swelling around the knee. Remember you need to elevate your foot higher than your heart.
2. Ice, ice, ice!!! Apply a cold pack or zip-lock bag of ice covered with a damp towel. This should be applied before and after your exercises for about 10 – 15 minutes. You should apply your cold pack about four times a day if you have pain or swelling.
3. Avoid twisting your knee. Do not pivot on your operated leg. Take small steps to make a U-turn.
4. As a general rule, you should not keep your leg in the same position for more than 30 minutes at a time. This could cause it to feel stiff and ache. **Do not place a pillow under your knee!!**
5. After any surgical procedure it is important to pump your ankles up and down frequently to enhance circulation and avoid complications. **While awake, pump your ankles up and down (“step on the gas”) 50-100 times each hour.**
6. A pillow placed between your knees when lying on your side will support and avoid unnecessary pressure on your operated leg.
7. You may take a shower, but not a tub bath. A walk-in shower is preferable. Put a stool or chair in the shower if you need to sit. Keep incision area clean and dry. Cover staple/glue incision closures with waterproof barrier while in shower. Remove barrier after shower and ensure incision remains clean and dry.
8. Continue use of walker/crutches/cane until specifically discontinued by your physician/therapist.

## Walking:

Walking is your most important exercise.

- Walk 4-5 times a day, gradually increasing distance each time. (Remember your rest periods in bed with leg elevation. See “blood clot prevention.”)
- When walking or standing, you may bear full weight on your operated leg(s) unless told otherwise.
- Strive for natural, even steps and walk slowly.



When turning, do not rotate your hips or feet inward or outward.

Take small steps to complete a turn.

## Your Personal Exercise Program:

The following is a list of basic exercises you should continue to perform at home. The number of times you do each exercise depends on your capabilities. Your exercise program is not temporary, but continuous. It is an important part of the ongoing management of your total knee replacement.

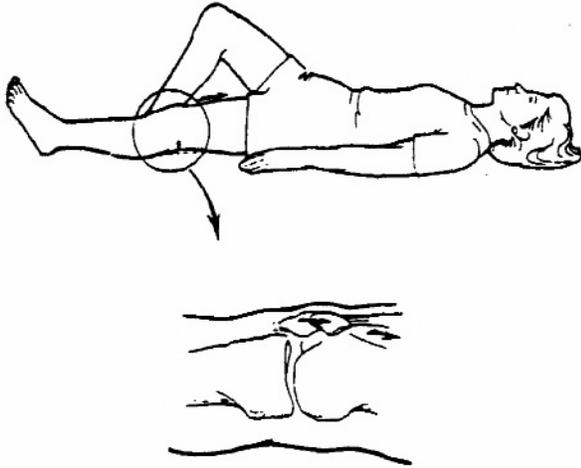
### DO NOT:

- Exercise if you are experiencing chest pain, nausea or dizziness. If you experience chest pain or persistent shortness of breath, seek medical attention immediately.
- Exercise past the point of pain. Pain is the body’s warning signal, telling you to rest. If one specific exercise causes pain or is extremely difficult, discontinue that one exercise and consult with your MD or therapist.
- Exercise if soreness from exercise persists for more than 48 hours. Consult your MD or therapist.

### DO:

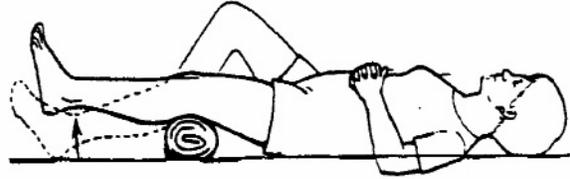
- Your exercises should be performed three times daily for 15 minutes.
- All movement should be slow and controlled. Remember that you should not hold your breath during the exercises.
- You should do 3 sets of each exercise beginning with 5 repetitions in each set. Increase the number of repetitions as able with a goal of completing 10 repetitions in each set.
- Rest in between each set of exercises.
- It is often helpful to apply a cold pack or ice bag to your knee after you exercise for 10-15 minutes.

## Initial Exercises:



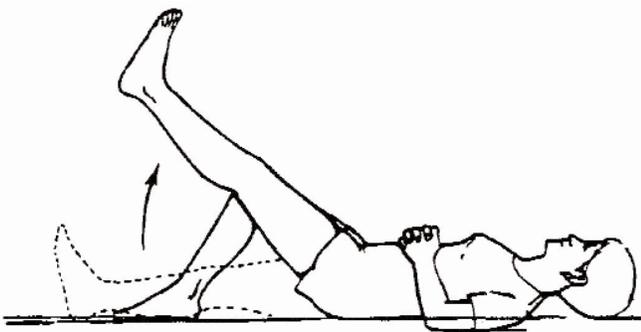
### Quad Sets / Extension - Exercise 1 of 4

1. Sit or lie on your back with operated leg straight.
2. Press the back of your knee downward.
3. This will tighten the muscle on top of your thigh and move your kneecap as shown.
4. Hold 5 seconds.



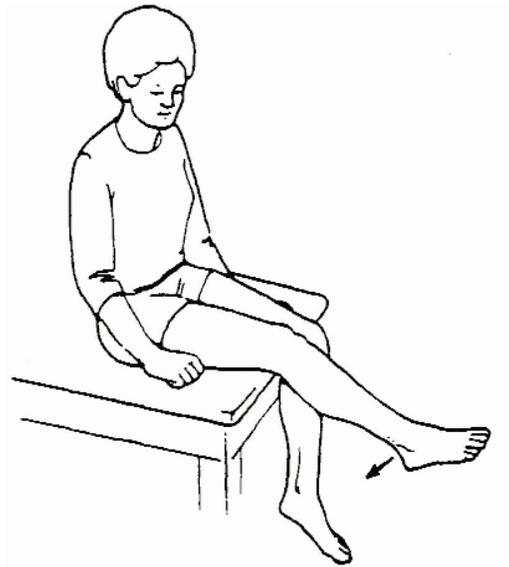
### Short Arc Quad / Extension - Exercise 2 of 4

1. Lie on your back with 4-6 inch roll under operated knee.
2. Raise heel off floor until knee is straight.
3. Hold 5 seconds and slowly lower.



### Straight Leg Raise - Exercise 3 of 4

1. Lie on back with operated knee straight and the other knee bent as shown above.
2. Keep the leg completely straight, then raise it to the height of the opposite knee.
3. Lower slowly.



### Knee Flexion - Exercise 4 of 4

1. Sit on the edge of a chair.
2. Try to bend your operated knee as much as you can. A towel placed on the floor under your foot can help you bend your knee.
3. Hold for 5 seconds, straighten.

## Standing Exercises:

### Hip Abduction - Active

1. Standing, hold onto chair. Raise operated leg out to side. Keep toes pointed straight ahead. Do not bend forward at the waist.
2. Repeat with non-operated leg.



### Hip Extension - Active

1. Standing, hold onto kitchen sink. Lift operated leg backward with knee straight.
2. Repeat with non-operated leg.



### Hip Flexion - Active

1. March in place.
2. Avoid bending hip greater than 90°.



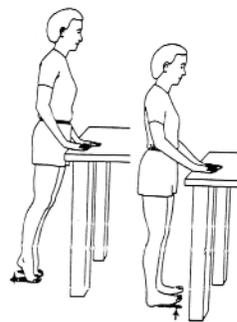
### Knee Extension - Active

1. Standing, hold onto kitchen sink. Bend knees halfway.



### Ankle Dorsiflexion and Plantarflexion - Active

1. Standing, hold onto kitchen sink, raise up on toes.
2. Rock back on heels, raising toes upward.



## Getting Up (from a chair, toilet, or bed):

1. First move to the edge of what you are sitting on.
2. Place your operated leg straight out in front to decrease pressure on your new knee.
3. Place one hand on the chair or bed and the other on the walker.
4. Straighten your non-operated leg as you stand.
5. Finally, move your operated leg under you and gain your balance.



## Using Your Walker:

Keep your hip properly aligned with the walker straight in front of you.

Do not put more weight on your operated hip than specified by your physician.

When holding onto the walker, your elbow should be bent at a 20-degree angle. If the angle is greater, the walker will not provide the maximum support. If your arms are straight, you will be inclined to bend over when walking.

1. Move the walker first; ensure it is flat on the ground.
2. Move the operated leg second.
3. Move your non-operated leg last.



## Using Your Cane:

You will hold the cane on the same side as your good leg.

1. Move the cane forward and out to the side.
2. Step with your operated leg.
3. Last, step with your good leg.

## Using the Stairs:

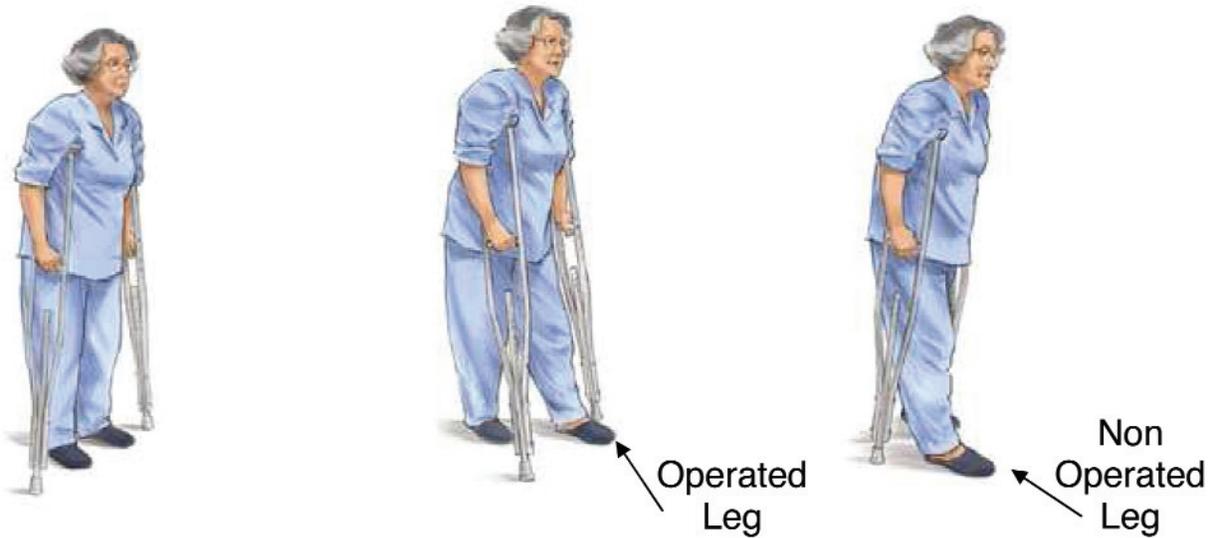
You will not be able to use your walker on the stairs. You should talk to your therapist about using a cane or a crutch(es).

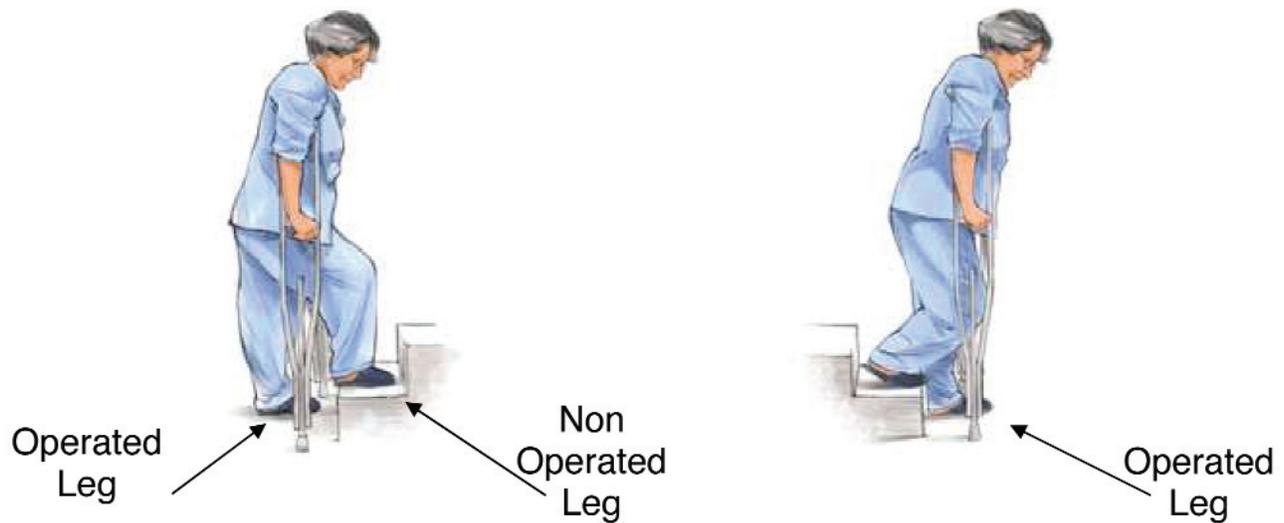
### UPSTAIRS:

1. The non-operated leg goes first.
2. The operated leg goes second.
3. The cane or crutch(es) go last.

### DOWNSTAIRS:

1. The cane or crutch(es) go first.
2. The operated leg goes second.
3. The good leg goes last.





### When You Get Home:

- Have someone pick up loose rugs.
- If you live alone, have someone check on you daily.
- Call your physician if there are any unusual symptoms such as severe pain, fever, chills, increasing wound drainage, etc.

### Driving

- You may go for short rides or to a restaurant 7-10 days after discharge from the hospital.
- No extended car trips for 4 weeks.
- Before driving in open traffic, test your driving skills in a large, empty parking lot.
- You may drive approximately 2 weeks after discharge if you have good control of your right leg, if your family is not afraid of driving with you and if you do not have any other conditions that may prevent you from driving (check with your family physician).

### Blood Clot Prevention

- Take enteric coated aspirin, 325mg, 1 tablet, twice a day (usually with breakfast and dinner) for one month after surgery to thin out your blood, or Lovenox as directed.
- During the first 10 days after surgery, do not sit in a chair for long periods of time (no more than 30 minutes at a time, 3-4 times per day).
- When not walking or exercising, you should be lying down in bed with legs elevated to prevent swelling, doing ankle pumps to prevent blood clots. You should be decreasing the time in bed in a gradual manner.

Acknowledgements

Pictures used in the packet were abstracted from the following: Your Total Knee, Zimmer