



Total Knee Arthroplasty Guidelines

PREOPERATIVE

- ❖ Preoperatively the patient will receive gait training, instruction in post-op exercise program, evaluate strength and range; view video. Patient will receive a packet with written handouts of exercises and cold pack.

POSTOPERATIVE

- ❖ **Day of Surgery:** Get the patient out of bed by either Nursing or Physical Therapy

INPATIENT HOSPITAL GOALS: (Short term)

- Independent and safe with transfers/bed mobility.
- Independent and/or safe gait with walker/crutches increases to 100 ft.
- Independent and safe on steps.
- Knowledgeable of HEP & correct CPM usage if indicated.

❖ **POD 1**

- The patient performs exercises, receives bed mobility, transfer training and gait training (MD will specify weight-bearing status). Establish quad control as soon as possible.

❖ **POD 2**

- Patient will progress with exercises with emphasis on quadriceps control with goal to obtain full extension and flexion to 110°. When patient is stable, bring to department for gait training on stairs. The knee CPM (Continuous Passive Motion) initiated on POD two will be started with initial setting of 0 to 40° flexion

❖ **POD 3**

- Patient should be able to demonstrate independence with exercise program. Progress gait, bed mobility and transfer to independence. Time in CPM is 4 to 8 hours in a 24-hour period. Increase CPM 10° per day.

DISCHARGE PLANNING

- Patient may be discharged with Home Health, Out Patient Physical Therapy or Subacute Rehab. Have Social Services arrange to have CPM delivered. Patient receives instruction on how to set up the CPM and how to progress 10° daily.

OUTPATIENT GOALS:

- Independent and normal gait pattern
- Knee strength to WNL
- Knee range of motion up to 110° flexion in sitting to allow for independent ADLS.