

TOTAL KNEE / PARTIAL KNEE ARTHROPLASY PROTOCOL

Please note: This general rehabilitation protocol is created to simply be used as a guideline. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists.

Rehabilitation Objective Goals:

1. Management of pain and swelling.
 2. A normal quad set.
 3. AROM of 0-120 degrees.
 4. MMT of 4+/5 to 5/5 for quadriceps and hamstrings.
 5. Quality gait cycle with good heel-toe pattern and with appropriate step length and width.
 6. Good eccentric motor control of knee.
 7. Assistive device as required based on safety, balance and quality of gait.
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Rehabilitation Functional Goals:

(These goals can vary greatly and should be individualized at time of initial evaluation; they can be based on patient's prior level of function, overall medical history, restrictions and precautions and the patient's specific goals. Here are some general functional goals.)

1. Patient independent with sit to stand transfer from standard chair with no arm supports.
 2. Patient able to get in and out of a car independently.
 3. Patient able to ascend and descend standard ramps with or without assistive device, independently.
 4. Patient able to walk 1/2 mile, with or without assistive device, independently.
 5. Patient able to ascend and descend 12 steps (8" step) with one rail, independently.
 6. Patient able to pick an object from off the floor, independently.
 7. Patient able to step on and off a curb (6" curb) with or without assistive device, independently.
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General Considerations:

1. Start the rehabilitation process as early possible based on physician's order.
2. Ensure the patient's pain is being managed and if not, communicate with referring physician.
3. Ensure patient has an understanding and is compliant with his/her anticoagulation medication(s) as prescribed by the physician.
4. At time of initial evaluation and ongoing always evaluate for signs and symptoms of infection and/or DVT's.
5. At time of initial evaluation and ongoing always evaluate for distal pulses.
6. Providers should be vigilant in this evaluation process and quick to contact physician or refer to emergency department if provider feels an infection, arterial occlusion and/or DVT is present.
7. Early in the rehabilitation process, ensure patient is diligent with a home cryotherapy program.
8. Ensure patient's vitals are stable.
9. Until permitted by physician, educate patient not to soak new incision in the tub or pool.
10. Encourage patient to be compliant with the overall rehabilitation process.

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Post-Op	0-2 wks	2-4 wks	4-6 wks	6-8 wks	8-10 wks	10-12 wks
Modalities: Pain/edema management	Cryo IFC K-Tape	MH/Cryo IFC K-Tape	PRN	PRN	PRN	PRN
A/AA/PROM Patella Mobs	Goal: 0-100	Goal: 0-120	Goal: 0-125	Advance ROM to Pt's tolerance.		
Isometric Ex: Quad sets Ham sets Glut sets Abd/Add sets	Begin as early as possible based on physician's orders	Advancing hold times and reps Complete in lying and standing	Advancing hold times and reps Complete in lying and standing	Advancing hold times and reps Complete in lying and standing	Advancing hold times and reps Complete in lying and standing	Advancing hold times and reps Complete in lying and standing
Isotonic Ex: Hip 4 ways SAQ LAQ Ham curls	Begin as early as possible based on physician's orders	Progress these exercises to PRE's	Progress weights and reps	Progress weights and reps	Progress weights and reps	Progress weights and reps
PRE's/Machines	PRE's – Low weights if tolerated and with good control.	Cont. to advance PRE's Machines: Leg press, Ham curl and Hip 4 way.	Cont. to advance PRE's and machine resistance to Pt's tolerance	Cont. to advance PRE's and Machine resistance to Pt's tolerance	Cont. to advance PRE's and Machine resistance to Pt's tolerance	Cont. to advance PRE's and Machine resistance to Pt's tolerance
Closed Chain- Emphasis on both concentric and eccentric knee control.	Heel toe raises Mini squats	Forward/Lateral step-ups Wall sits Advancing squats. Focus on eccentric control	Advance step height Strong emphasis on eccentric control	Cont. to advance closed chain exercise	Cont. to advance closed chain exercise	Cont. to advance closed chain exercise
Conditioning	UBE	Bike UBE	Bike Treadmill Elliptical Swimming Other(s)	Bike Treadmill Elliptical Swimming Other(s)	Bike Treadmill Elliptical Swimming Other(s)	Bike Treadmill Elliptical Swimming Other(s)
Gait/A-Device: WBAT, unless ordered differently by physician. Stairs	WW- Emphasis on heel toe gait cycle and normal gait width. Step to Step Approach with rails	Weaning from WW to cane. Working to increase to normal stride. Progress to step over step approach with rails	Weaning from A-devices but emphasis on quality of gait Weaning from use of rails	Increase speed of gait. Uneven surfaces Different footwear Advance step height	Cont. Gait and stair training.	Cont. Gait and stair training.
Balance	Multi-directional wt. shifts	Single leg stance, progress to foam. Rocker board	Side stepping Backward walks Low light Quick turns	Advance balance challenges	Advance balance challenges	Advance balance challenges

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1-877-353-4704

5 Convenient Locations:

- ITT West – Shelly Drive
- ITT at HMI – 120 Hospital Drive
 - ITT Homer City
 - ITT Blairsville
- BCC at ITT West – Shelly Drive

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