

**TOTAL KNEE REPLACEMENT PROTOCOL
OUTPATIENT PHYSICAL THERAPY
Mark McDonald, MD**



POST -OP DAY 1 - DAY 14

INITIATE OUTPATIENT PHYSICAL THERAPY FOLLOWING D/C FROM HOSPITAL

WOUND CARE

Clean incision site, instruct patient to clean daily with rubbing alcohol

Apply sterile guaze pad and hold in place with TED Hose (do not use tape/bandaids directly on the skin)

GAIT TRAINING/ASSISTIVE DEVICE

Weight bearing per physician orders

Walker/crutches

TED HOSE

Operative leg x 4 weeks /non-operative leg x 2 weeks

THER-EX

Review HEP

Quad set

Glut set

SAQ

SLR

Hip Abd/Add

LAQ

Ankle pump

Heel Prop

Heel Slide

Manual stretching

Stationary bike

Standing heel raises

Lateral step ups

MODALITIES

Cryotherapy

E-stim (PRN)

Biofeedback (PRN)

IMMOBILIZER

Patient may be sent home from the hospital with the immobilizer on due to quad weakness.

Outpatient Physical Therapist to determine when patient has adequate quad control to ambulate without the immobilizer.

POST-OP DAY 15 - 28

THER-EX

Continue above exercises

Standing exercises

TKE's

4 way hip

Marching - SL balance

Hamstring curl

Continue manual stretching as needed for full flexion and extension

Proprioception exercises

GAIT TRAINING / ASSISTIVE DEVICE

Transition to cane as tolerating

POST-OP DAY 29-36

THER-EX

Continue above exercises, progress as tolerated

Independent with HEP at D/C

GAIT TRAINING / ASSISTIVE DEVICE

Progress to no assistive device as appropriate

Physician Signature