

JOHN REDMOND MD

PHYSICAL THERAPY PROTOCOL
TOTAL KNEE ARTHROPLASTY

Week 0-2:

- Progressively increase knee ROM 0-135 degrees.
- Strengthen with quad sets, SLR, supine abduction, heel slides, and ankle pumps.
- Ambulate WBAT to FWB with walker.
- Treat lower extremity edema with rest and elevation.

Week 2-6:

- Increase knee ROM 0-135 degrees.
- Improve quad control and strengthen with 4-way SLR, SAQ, LAQ, and progress to closed kinetic chain exercises as tolerated.
- Joint and soft tissue mobilization to surrounding tissues as needed.
- Begin stationary bike when 100 degrees of knee flexion is achieved.
- Ambulate without assistive device when gait compensations are minimal.
- Treat lower extremity edema with rest and elevation.
- With return to normal activities involving prolonged standing or walking, treat lower extremity edema with knee-high TED hose when out of bed.

Week 6-12:

- Progress to independent home exercise program to include lower extremity strengthening, flexibility, proprioception, and general conditioning.
- Monitor patients as they return to normal activities for overuse syndromes.
- Gait training to eliminate any residual limp.
- Return to sport-specific activities as per MD office after 12 weeks post-op.