

## Partial Knee Replacement

### *Core Rehabilitation Guidelines*

- 75% weight bearing for 2 weeks with goal of weaning off assistive devices by first visit
- Full weight bearing after 2 weeks
- Primary goal is to regain motion: full extension, and 90° flexion minimum by 2 weeks
- Wean off assist devices by 4 weeks if not sooner
- Post-op appointments with Dr. Ramkumar: 2 weeks, 6 weeks, 12 weeks, 6 months, 1 year
- Everyone will progress through the guidelines at their own pace.

### *Specific Timeline: Weeks 0-2*

- Precautions:
  - 75% weight bearing with assistive device (crutches or walker)
  - Wound care
  - No squats, lunges, Stairmaster, or deep leg presses
- Regaining Motion
  - Achieving full extension (knee straightening)
    - Place a rolled-up towel under the heel of your operated leg to suspend the knee like bridge.
    - Then, perform a quadriceps contraction to press your knee downward, in order to straighten the knee.
    - Hold for 10 seconds, and then repeat. Do this exercise 10 times per hour!
  - Achieving flexion (knee bending)
    - Sit in a chair and bend your operated knee as far back as possible
    - Then, use your other leg to help push the knee to bend more
    - Alternatively, keep your leg fixed on the ground and scoot your buttock forward towards the edge of the chair
    - Your goal for flexion is to bend beyond 90 degrees within 2 to 3 weeks of surgery.
- Assessment:
  - Precaution awareness, as listed above
  - Transfers and gait training with assistive devices
- Patient and family education
- Home Exercise Program
  - Ankle pumps
  - Quadriceps sets
  - Gluteal squeezes
  - Knee bending while sitting in chair as above
- Follow-up with Dr. Ramkumar for wound clearance, ROM check, and phase progression

### *Specific Timeline: Weeks 2-6*

- Precautions:
  - Full weight bearing
  - Wean off assistive device (crutches or walker) by week 4

- No squats, lunges, Stairmaster, or deep leg presses
- No pool exercises until 8 weeks
- Regaining Motion
  - Achieving full extension (knee straightening)
    - Place a rolled-up towel under the heel of your operated leg to suspend the knee like bridge.
    - Then, perform a quadriceps contraction to press your knee downward, in order to straighten the knee.
    - Hold for 10 seconds, and then repeat. Do this exercise 10 times per hour!
  - Achieving flexion (knee bending)
    - Sit in a chair and bend your operated knee as far back as possible
    - Then, use your other leg to help push the knee to bend more
    - Alternatively, keep your leg fixed on the ground and scoot your buttock forward towards the edge of the chair
    - Your goal for flexion is to bend beyond 90 degrees within 2 to 3 weeks of surgery.
- Assessment:
  - Precaution awareness, as listed above
  - Gait training weaning off assistive devices while weight bearing as tolerated
  - Reciprocal stair negotiation
- Home Exercise Program
  - Ankle pumps
  - Quadriceps sets
  - Gluteal squeezes
  - Knee bending while sitting in chair as above
  - Advance to following exercises
    - Limited straight leg raises (do not do this with any weights)
    - Pushing the operated knee to bend more with your other leg, while sitting
    - Placing the operated leg on a stair/step and leaning into the knee (to increase the bend)
    - Riding a stationary bicycle (without resistance) – you may have to put the seat higher so that you can turn the pedals all the way around
    - Walking and exercise in a pool after 4 weeks
  - Walking
    - Dr. Ramkumar recommends you walk as much as your feel comfortable (at least 2-3 times a day), trying to walk a little further each time. We want you to normalize your gait. You may walk inside or outside as you feel comfortable. As a rough guideline, patients can walk up to 1 mile at a time by 3 weeks after surgery. The best advice to you during your recovery is to listen to your body. That means that if you feel pain during an exercise or afterwards, you have probably overdone it.

### *Frequently Asked Questions After TKA*

#### **What symptoms are urgent and require a call to our office right away?**

- You should call our office right away if you:
  - Develop persistent fevers greater than 101.4 degrees that does not respond to Tylenol.
  - Persistent shaking chills and/or drenching night sweats
  - Notice excessive bleeding or drainage from the wound.
  - New redness around your incision that starts to spread.
  - Notice calf swelling with tightness and rigidity to the calf
- If you cannot reach the office and you develop any of the symptoms above go to the Emergency Room for evaluation.
- If you develop chest pain, sudden shortness of breath, or feel you are having a life-threatening emergency please call 911.

#### **When can I shower?**

- You will have completely cover the staples before showering, or wait until they are removed (10-14 days postop). You can wrap the incision with saran wrap or other water-resistant dressing and tape the edges to keep the incision from getting too wet. Do not immerse the incision under water for 3 weeks postop.

#### **When should I go to outpatient therapy?**

- As soon as you feel able to go to outpatient PT, or your home therapist tells you that you are ready, Dr. Ramkumar would like you to call the office so that we can get this started. It is important not to have any gaps in your therapy regimen. Dr. Ramkumar likes outpatient PT as soon as possible because there is more equipment to help get your knee bending.

#### **When can I drive?**

- You should not drive as long as you are taking narcotic pain medication regularly. For most patients, this would be about 6 weeks postop. You can ride in a car as a passenger before then, however.

#### **I feel “clicking” inside the knee, is this normal?**

- The clicking is a result of the artificial parts coming into contact with one another. This sensation can be unnerving at first, but is totally normal for partial knee replacement.

#### **There is a numb spot on the side of my knee, next to the incision, is that normal?**

- Yes, this is normal after partial knee replacement. There will be patch of skin on the outside of the knee, next to the incision, that has diminished sensation to the touch. This generally gets smaller and smaller as you recover, but there will likely always be a numb patch around the knee.

#### **Can I work out in the gym?**

- You can go to the gym and resume upper body workouts, as long as the knee is in a non-loaded position (you should be sitting, not standing, when using weights). You can resume lower body exercises under the guidance of your physical therapist, usually around 4-6 months but it may take up to a year for some to feel comfortable. Everyone has a different recovery profile.

#### **When can I return to work?**

- It depends on your occupation. It is never a mistake to take more time off in the beginning of your recovery, as it will give you time to focus on your knee – especially regaining motion. I recommend taking at least 2-3 weeks off after a total knee replacement. Keep in mind that you may still be using a cane by week 4, and it may be difficult to commute.

#### **When can I go to the dentist?**

- Please wait until 6 months after surgery, as the knee is still healing and there is increased blood flow to this area. Don't forget to take your antibiotics beforehand.

#### **Can I travel?**

- In general, Dr. Ramkumar prefers you do not fly until 2 weeks. If you are traveling by car, you should be sure to take frequent breaks so that you don't feel too stiff when getting up. On an airplane, Dr. Ramkumar likes you to wear compression stockings (if within 6 weeks postop) and take a walk every hour during the flight. Having an aisle and bulkhead seat will help you get more space.

#### **Can I have sex after surgery?**

- If you're not hurting, you can after 2 weeks once Dr. Ramkumar has checked your wound.

#### **Is bruising normal?**

- Yes. Bruising, as shown in the picture below, is very normal and most often not in the hospital but a few days after you return home. This bruising is from the surgery and gradually makes its way to the surface and turns into the black and blue you see. Very commonly this discoloration will march up toward your thigh and make its way down your leg to the ankle and even be noticed between your toes. This is normal and will take a few weeks to resolve. If the bruising is accompanied by any drainage, increased pain or severe swelling that does not improve with rest and elevation please call the office.



### **When should I change the bandage? When can I shower?**

- In general, you should never touch your antimicrobial bandage. The bandage should be left on until the first postoperative visit. You may shower with the bandage in place. Please cover this area with a garbage bag or saran wrap to prevent water from getting underneath any openings in the bandage seal that may not be visible to the naked eye.
- The only reason to change the dressing would be if it is saturated with blood or water. But, please contact our office before the dressing is removed.

### **How do I prevent blood clots?**

- We do several things after surgery to reduce your risk of developing a blood clot. You are on a blood thinner (aspirin 81 mg twice daily), and we encourage early daily walking.

