

TOTAL KNEE REPLACEMENT

Overview

This is a protocol that provides you with general information and guidelines for the initial stage and progression of rehabilitation according to the listed timeframes. Specific changes may be made by the care team as appropriate given each patient's operative findings.

Questions

If you have any concerns or questions after your surgery, please call us. Contact us via phone: **763.302.2231.** You may need to leave a message and we will get back to you as quickly as we can.

Address

Maple Grove

9825 Hospital Drive, Suite 104

Maple Grove, MN 55369

Plymouth

2855 Campus Drive Suite 660

Plymouth, MN 55441

Robbinsdale

3366 Oakdale Ave. N Suite 103

Robbinsdale, MN 55422



Post Operative Protocol

Phase I: Immediate post op to 2 weeks

Hospital stay

- Average stay in the hospital is 2-3 days after surgery
- Some patients may qualify for outpatient knee replacement. These patients are specifically selected based on various risk factors, and Dr. Arthur will make a determination if you are a candidate.

Discharge Options

- Home with family and outpatient physical therapy.
- •Home with home care and home physical therapy for about 1-2 weeks, then outpatient physical therapy.
- Transitional rehabilitation center for 1-2 weeks, then home with outpatient physical therapy

First post op visit (10-14 days)

Your first post-op appointment is 10-14 days from surgery. You will see the PA to and have the sutures removed. We will check your motion, order an X-ray and refill medications as needed.



More information

DVT prophylaxis

- DVT risk factors: smoking, obesity, pregnancy, oral contraceptive use, prolonged sitting and surgery
- To reduce this risk we recommend taking 325 mg
 Aspirin daily, if 18 yrs or older.
- Self care measures include: stop smoking, avoid sitting for long periods, and WALK.
- Signs of a blood clot include: Shortness of breath, chest pain/pressure, leg pain, swelling, warmth and redness

Pain medications

 We do NOT refill medications after 2:00 pm Fridays, or over the weekends. Call in advance.

Driving

 You will be allowed to drive once you are off narcotic medications, and you have enough leg strength. This generally occurs within a month of surgery. You will be able to shower and get your incisions wet at this point, if the incision is healing well.

What to expect after surgery

- Swelling and bruising are very typical from knee to foot. Compressive socks are okay to reduce swelling. Ice and Elevation are also important to reduce swelling.
- Ambulation and stairs will be difficult for the first several weeks. This will become easier as your thigh muscle become stronger.
- Pain medications will be needed for the first 4-6 weeks. Switch to acetaminophen (if not contraindicated) as soon as possible.
- Blood thinner medication (Coumadin) will be prescribed for 3 weeks after surgery. Then we use 325 mg Aspirin daily for one month.
- Physical therapy is ideally attended 3x/week for the first month. This can be done in outpatient facility. Patients who go to a rehab center will have therapy daily.
- Most patients return to work within 6 weeks of surgery, unless your job is physically demanding, in which case patients will be kept out of work for at least 12 weeks.

Phase II: 2 weeks to 4 months

Clinic Appointments

• We will see you back on a monthly basis to check your progress

Physical Therapy

- Physical therapy orders will be given to you after surgery. Therapy frequency is determined by your physical therapist. We would like to have you see a physical therapist until they discharge you from their clinic. Typically, they recommend 6 weeks of supervised therapy, then you are expected to work on your home exercises until 4 months after surgery to gain maximum recovery.
- Our goal is 120 degrees of flexion (or beyond) and zero degrees (fully straight) extension. This comes gradually over the first 8-12 weeks. **Extension is hard to achieve after 4 weeks**. We recommend using the knee immobilizer at night for 2-4 weeks to maintain full extension.

Other helpful information

• Patient use a walker or crutches for several weeks after surgery. Once strong enough, you may use a cane for another 2 weeks.

Phase II: Continued

Other helpful information

- By 6 weeks patients generally walk without assistive devices. Patients generally feel 75% recovered from surgery, and may travel at this time.
- **Dentist appointment** are discouraged after surgery until 3 months following your surgery. Even simple dental cleanings can increase your risk for knee infection. Antibiotics will be prescribed for future dental appointments up to 2 years after your surgery.
- **Driving** after surgery is recommend only when you are off narcotic pain medications and you are able to brake abruptly by stomping on the brakes. Your physical therapist can help you determine when you are ready.

Phase III: 4 months and beyond

Clinic Appointments

• We will see you back on at 6 months and I year after surgery. After that, we will see you on a yearly basis or as needed. X-rays will be performed yearly or if you return for another reason.

Physical Therapy

• Continue your exercises as you feel are needed. It may take 6-12 months for some patients to feel like they have made a complete recovery. So it is important to continue knee exercises until you are fully recovered.

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