

# Physical Therapy after Knee Replacement

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A successful outcome in Knee replacement is very dependent on the success of the rehabilitation. Excellent initial care after surgery can make all the difference in the world in the patient's pain level, confidence and success. Please don't hesitate to contact me with any questions or concerns regarding any of my patients. You are in the best position for early recognition of any developing problems.

No two patients are going to have the same experience after a Knee replacement, and to some extent the treatment has to be individualized. I recognize the skill and talent of Physical therapists. I know that we will have some great results and share some grateful patients if we can communicate well and are on the same page with respect to goals.

## **Knee Replacement Early Rehabilitation**

The most important initial rehabilitation goals after a knee replacement are to maximize the ROM while minimizing swelling. In the first few weeks this is more important than progression of ambulation.

The knee replacement is done with a posterior cruciate retaining prosthesis which allows for high angles of flexion only limited by the posterior soft tissue contact and allows for full extension. Our goals are to maximize the ROM by controlling the swelling and encouraging the patient to actively work on motion many times a day on their own. I have found that early full weight bearing is beneficial, but only if that weight bearing is done with the knee in full extension on heel strike and with good quadriceps control. If the patient had a pre-op flexion contracture, full extension can easily take four weeks to achieve. If the weight bearing is done on a flexed knee the patient will be walking on the toe causing overuse and cramping of the calf and quad. This unfortunately will also increase the swelling in the knee and in turn handicap the patient in their efforts to achieve full extension. If not corrected, the patient may develop a habitual limp. The early use of a single crutch or a cane (first few weeks) is counterproductive to the patient's progress unless he/she has zero degree extensor lag. I will tell all of my patients to expect use of a walker or two crutches for four weeks. I will let them use a cane if they progress faster as many do. I remind them that our goals are for full range of motion and the highest levels of function long term. A little extra attention to detail from the start and emphasis on maximizing early range of motion will lead to the best result with the least amount of frustration.

## **Rehab Progression**

The remainder of the knee rehabilitation is in accordance with standard protocols, progressing as tolerated with open and closed chain PRE's, Nustep and stationary bicycle, and proprioceptive training. I encourage the patient's to return to walking for exercise as soon as they have normal walking mechanics with no limp. Please call if you have questions or other recommendations.