

David Anderson, MD David Winecoff, PA-C

## **Total Knee Replacement (TKA) Post Operative Protocol**

This protocol provides you with general guidelines for recovery and rehabilitation after a Total Knee Arthroplasty.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

\*\*\*Therapists- Please fax initial assessment and subsequent progress notes directly to TCOI at 952-944-0460

## Phase I: Immediate Post-operative to 2 weeks

- Average length of stay in hospital is 3 days
- Post discharge options include the following:
  - o Discharge home with family and outpatient physical therapy.
  - Transitional rehabilitation center for 7-10 days before going home, followed by outpatient physical therapy.
- Physical therapy is ideally attended three times a week for three weeks following discharge
  from the hospital. This can be done in an outpatient setting or with the physical therapist
  visiting the home of a home bound patient. For patients who go to a transitional rehabilitation
  center, daily physical therapy is automatic.
- Patients, who are not on anticoagulation prior to surgery, currently receive Lovenox anticoagulation 1 time a day for 2 weeks following surgery to prevent blood clots.

## Phase II: 2 weeks to 4 months

- First post-op visit with Physician Assistant @ 10-14 days post-op.
  - Wound and medication check, range-of-motion assessment, and suture removal.
- Physical Therapy- We prescribe outpatient physical therapy three times a week for three weeks following discharge from the hospital. Your therapist may recommend additional supervised visits which we will approve on their recommendation. Once your formal physical therapy visits are complete, you are still expected to continue with home exercises for four months following the surgery to gain maximum recovery.
- Total Knee Goals- Out goal is for 120 degrees of knee flexion and this will come gradually over the first two to three months following surgery. Extension is hard to achieve beyond four weeks. Our goal for extension is completely straight, or 0 degrees, by three to four weeks of the surgery. We recommend use of the knee immobilizer splint at night for the first two to four weeks to help maintain full extension. Your motion will be assessed at the first postoperative appointment to make sure you are making good progress.

- Patients generally use a walker or crutches for 3 weeks post-op and if they have sufficient strength and balance, they move to a cane for 2 more weeks.
- By 6 weeks following total knee replacement, patients generally walk without a cane, feel about 75 percent recovered and may travel.
- For patients with a right knee replacement, we do not recommend driving until you are 1 month out from surgery. In order to drive you must be off your narcotic pain medication and "able to safely operate your vehicle". This means being able to stomp on the break when necessary. Your therapist can help you gauge when you are ready.
- We do not recommend going to the dentist in the first 3 months following your joint replacement unless absolutely necessary. Even routine cleanings put you at an increased risk of infection. Antibiotics will be prescribed by our office for all future dental visits, even cleanings.

## Phase III: 4 months +

• Routine post-op visits are generally at 6 weeks, 3 months, 6 months and then annually thereafter.

Protocols are available on websites: <a href="www.tcomn.com">www.tcomn.com</a>
Please contact me with any questions. David Winecoff, PA-C. 952-456-7124