

# TOTAL KNEE ARTHROPLASTY

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	<b>ROM GOALS</b>	<b>STRENGTH GOALS</b>	<b>FUNCTION GOALS</b>
0-1 week	<ul style="list-style-type: none"> <li>• CPM 0-90° on at all times in bed during hospital stay</li> <li>• Initiate AROM/PROM exercises: heel slides, sitting knee flexion/extension, ankle ROM</li> <li>• Daily ROM measurements: goal of PROM 0-90°, A/AROM 0-80/90°</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate strengthening exercises: supine quad set, hamstring set, glut set, SLR, SAQ, hip abduction/adduction, sitting TKE, sitting hip flexion, ankle pumps</li> <li>• Distribute HEP</li> </ul>	<ul style="list-style-type: none"> <li>• For discharge home: transfers independently; ambulate 50-150 feet using walker, WBAT; ascend/descend steps safely</li> <li>• For discharge to rehab: progress transfers, gait and stairs as able</li> </ul>
2-3 weeks	<ul style="list-style-type: none"> <li>• Continue heel slides, sitting ROM</li> <li>• Aggressive PROM into flexion and extension</li> <li>• Progress to standing and prone ROM exercises</li> <li>• Bike when flexion to 90°</li> <li>• Joint mobilizations/Patellar mobilizations</li> <li>• Soft tissue, myofascial and scar mobilizations</li> <li>• Daily measurements: goal of 0-110° AROM</li> </ul>	<ul style="list-style-type: none"> <li>• Complete quad set-augment with electrical stimulation as needed</li> <li>• Start closed kinetic chain exercises: heel raises, step ups, mini squats</li> <li>• Standing hip flexion, hip abduction/adduction, extension; progress with weights as tolerated</li> <li>• Initiate dynamic balance exercises when indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Use of ice and elevation</li> <li>• Monitor for swelling and infection</li> <li>• Gait training working on mechanics and transition from walker to cane as mobility improves</li> </ul>
3-8 weeks	<ul style="list-style-type: none"> <li>• Continue as above</li> <li>• Daily measurements: goal of 0-110°+ AROM</li> </ul>	<ul style="list-style-type: none"> <li>• Continue standing and CKC exercises, add weight as indicated</li> <li>• Progress balance and proprioception exercises (trampoline, BAPS, foam roll)</li> <li>• Aquatic therapy may be initiated</li> </ul>	<ul style="list-style-type: none"> <li>• Normal gait without assistive device</li> <li>• Floor transfers</li> <li>• Independent with all daily activities</li> </ul>
2-4 months	<ul style="list-style-type: none"> <li>• Continue aggressively as above to have/maintain full ROM: 0-120°+</li> </ul>	<ul style="list-style-type: none"> <li>• Increase difficulty of resistance and balance/proprioception exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Pain-free functional activity</li> <li>• Education on activities to avoid (loading knee, repetitive compression forces)</li> </ul>



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