Total Knee Replacement

Charles Grimshaw, MD

In addition to the general total joint information packet provided, these pages will provide some extra details regarding the recovery process for total knee replacement. Having an excellent result is primarily centered around frequent knee motion exercises, along with reducing swelling, optimizing pain control and minimizing risk of complications as described in the general total joint information additionally provided.

- Exercises will be given preop to optimize strength and motion prior to surgery. This will aid in your post operative recovery.
- A cold therapy machine is recommended after surgery. Ice is a very important part of the recovery process and should be used as frequently as possible, especially in the early weeks. Less swelling results in less pain and better early range of motion.
- A CPM (continuous passive motion machine) will be ordered for you and should be delivered to your home prior to surgery. You will be given instructions on how to use it, including frequency and setting adjustments at delivery. The maximum total recommended duration of use is 3 weeks. This is not a substitute for actively engaging in therapy exercise.
- A walker should be used for all ambulation the first 2 weeks to prevent falls, as your leg will be weak. Your therapist will direct you on when the walker can be discontinued, and you can transition to a cane.
- Driving is not recommended for at least 3-4 weeks after surgery. To safely drive, you need to be off all narcotic pain medication and have recovered enough strength and motion in your leg to operate a vehicle
- Frequent post op appointments will be made to monitor your progress (day after surgery, 2 weeks, 6 weeks and 3 months)

Activity goals and expectations following knee replacement surgery

Getting into outpatient therapy as quickly as possible after surgery helps ensure the best possible outcome following your knee replacement. The following are guidelines to help you independently monitor your progress, along with your therapist.

- Week 1-2
    - Walk frequently around your home with the walker (up every 1-2 hours with 5-10 minutes of walking)
    - Range of motion goal 0-90. No pillow under the knee at night.
    - CPM machine as instructed
    - Posterior knee stretch-place a rolled towel under the ankle and work on full knee extension for 15 minutes. Repeat throughout the day.
    - Frequent quad sets and straight leg raise exercises throughout the day

- Week 3-6
    - Continue prior exercises and PT
    - Range of motion 0-100
    - Able to ascend/descend stairs one leg at a time
    - Transition from walker to cane. May walk in your home without assistive device if able
    - Discontinue narcotic pain medication, transition to over-the-counter medications as needed
    - Depending on job requirements, may return to light duty work
    - Resume driving as able and if approved by Dr. Grimshaw

- Week 7-12
    - Continue all prior exercises. May be discharged to home exercise only at this point, depending on progress
    - Range of motion 0-120
    - Walk independently
    - Resume work/activities of daily living

If you have additional questions, please call the office and we would be happy to help. Thank you for allowing us to participate in your care!

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