

Patient's Guide to Outpatient Total & Partial Knee Replacement



"At Flagstaff Bone & Joint, Expect Orthopaedic Excellence and Exceptional Care."



Patient's Guide to Outpatient Total & Partial Knee Replacement

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Preparing for Success

At this time, you and your physician have agreed that you are a good candidate for an outpatient knee replacement. We want you to be well prepared for your upcoming surgery. It is important to understand what is happening throughout this process in order to ensure your knee replacement is a positive experience and leads to a better quality of life.

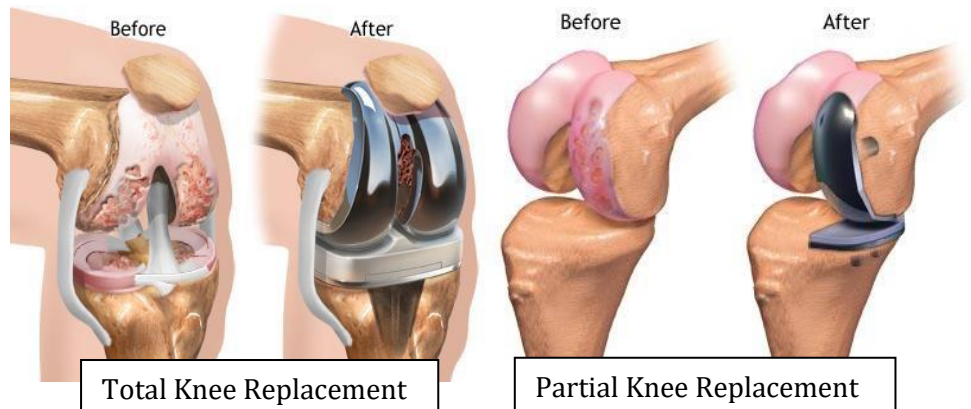


The first step in this process is to arrange for a responsible adult to be your coach. Choose someone who can attend pre-surgical visits, take you home after surgery, and help you once you have returned home. We encourage you to share all the information in this packet with your coach and support group who will be assisting you during this process.

The successful outcome of this procedure is dependent on your commitment, involvement, and dedication. OUR GOAL IS TO ENSURE YOU HAVE THE BEST POSSIBLE EXPERIENCE AND RESULT. Please review and complete all information and forms that are given to you. This will help us better understand your current health status, lifestyle, and goals. Flagstaff Bone and Joint is dedicated to helping you improve your quality of life.

Outpatient Knee Replacement- *What is it?*

An outpatient knee replacement is performed at an ambulatory surgery center and the patient returns home the same day instead of staying overnight. The surgeon resurfaces the damaged compartments of your knee and replaces the damaged areas with an artificial covering. The surgery can eliminate knee pain and allow for a complete recovery at home for patients who are good candidates.



How long will surgery take? The surgery takes approximately an hour and a half. You should plan to be at the surgery center for about four to five hours.

How is the knee resurfaced? An incision is made on the front of the knee. The damaged ends of the bones are then cleared away. The surfaces are prepped and shaped to hold the new components. The new components are aligned and secured to the thigh bone and shin bone.

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Total and Partial Knee Replacement

Advanced osteoarthritis of the knee is often visualized on x-ray imaging. You will have x-rays prior to your surgery as well as after your surgery. Below are images showing how the knee looks on x-ray imaging before and after surgery.

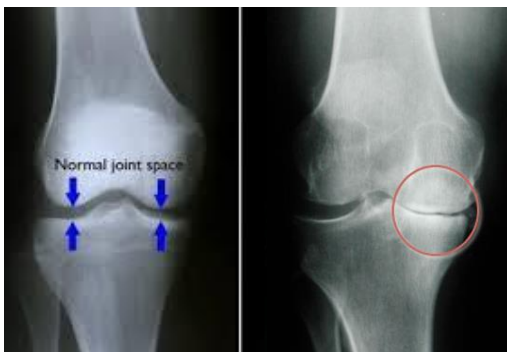
BEFORE: Advanced Knee Arthritis



AFTER: Total Knee Arthroplasty



BEFORE: Advanced Single Compartment Knee Arthritis



AFTER: Partial Knee Arthroplasty



Anesthesia

What type of anesthetic will I have? The decision for the type of anesthesia is ultimately made by the surgeon and/or anesthesiologist. Usually, you will receive a spinal block with sedation rather than general anesthesia. A nerve block is also given via injection which numbs the leg from the hip down. In addition, medications for pain may also be administered.

What is the role of the anesthesia team? The anesthesia team provides comfort during the procedure, helps you return to an alert state, and provides safe and satisfactory pain relief for mobility, physical therapy, home exercises and your return to work.



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What are the Risks of Surgery?

Here are some of the possible complications that are associated with a knee replacement surgery and the precautions we take to ensure the safety of our patients.

Infection: There is always inherent risk of infection with any surgery. Your pre-admission testing results will confirm you have no active infections prior to undergoing surgery. All patients undergo a course of oral and IV antibiotics, which are administered pre- and post-operatively. You will be sent home with a course of oral antibiotics when discharged.

Blood clots: To reduce the risk of blood clots, you will be asked to pump your feet and exercise your ankles to increase circulation following surgery and during your recovery. After surgery you will take aspirin as prescribed by your surgeon. This will help to further prevent blood clots. If you have a prior history of blood clots, a stronger blood thinner may be prescribed. You will wear a compression stocking on your non-surgical leg for 2 weeks.

Pneumonia: We recommend taking deep breaths regularly following surgery and coughing frequently to prevent any congestion from building up in your lungs, which can lead to pneumonia. You may be sent home with an incentive spirometer, which helps you practice taking deep breaths.

Bladder Infections: Occasionally patients can develop a bladder infection. It is very important to drink plenty of fluids during your recovery to help prevent this type of infection from occurring. Urinary retention (inability to empty bladder) may occur after spinal anesthesia.

Contact our office immediately at (928) 773-2280 if you have not been able to urinate within 6 hours following surgery.

Numbness: You will experience mild numbness over the knee, lower part of your leg, and/or the incision following the surgery. This is completely normal and expected following surgery. When you undergo this surgery, the nerves around the knee joint are injured. As these nerves heal, you may experience a tingling sensation. It is possible you may experience permanent numbness in a small area around your incision. This will not affect the function of your new knee. It is very rare to have permanent weakness or numbness in the knee because of trauma to the nerve.

Severe complications: It is VERY RARE to have severe complications. However, there is a small possibility the complications stated above or from anesthesia could result in death. If you have any questions or concerns, please address them with your surgeon and anesthesiologist.



Preparing for Surgery

Scheduling

Most insurance companies will require pre-authorization prior to scheduling your surgery. Our surgical scheduling staff will obtain authorization from your insurance company and check eligibility as needed. Expect that this could take a minimum of one week depending on the insurance company. When we receive an approval from your insurance company, you will be contacted by a surgical scheduler to discuss available surgery dates. The scheduler will also schedule other important appointments such as your pre-operative appointment, 2-week, 6-week, and 3-month post-operative follow up appointments.

Medications

Please inform our office if you are currently taking any of the medications listed below. You need to stop taking these medications a specific number of days prior to your surgery. Your prescribing physician will ultimately determine when you stop these medications. Below are the general guidelines for each.

- Coumadin **5 days**
- Eliquis/Xarelto **72 hours prior to surgery**
- Aspirin **7 days**
- Methotrexate **2 weeks**
- St. John's Wort **2 weeks**
- Prescription diet pills **2 weeks**
- All vitamins and supplements **7 days**
- Anti-inflammatory medications **7 days** (*Advil, Ibuprofen, Aleve, Naprosyn, Relafin, Diclofenac, Meloxicam, Celebrex*)
- Hormone replacement therapy **7 days**

Pre-Operative Testing

You will be required to go to a laboratory or diagnostic center for basic pre-operative testing. The tests ordered may include blood tests, nasal swab tests, and electrocardiogram (EKG). These tests will be ordered at your pre-op visit, or sooner, and are expected to be done the same day at a designated outpatient service facility.

IMPORTANT: Your surgery may be postponed if there is a change in your health status. If you begin experiencing a fever, rash, or cold, call our office immediately at (928) 773-2280.

Medical History and Health Status

Prior to your surgery you will be asked questions regarding your medical history and health status. Below are examples of common questions you will be asked at your pre-op appointment:

Clearance Questions for Surgical Intervention:

Do you have any health problems such as:

- Diabetes, heart disease or high blood pressure
- Current dental infections
- History of pulmonary disease
- History of deep vein thrombosis (blood clot) or pulmonary embolism
- History of bleeding disorders and/or taking anti-coagulant medications
- History of kidney disorders
- History of autoimmune disorder

If Clearance Is Needed Prior to Surgery:

1. Your medical provider or surgical scheduler will inform you what medical clearances are required.
2. The surgery scheduler will order and fax clearance requests to your physician.
3. You will need to contact the appropriate physician (your cardiologist, nephrologist, rheumatologist, pulmonologist, etc.) to arrange for clearance.
4. You will need to contact the surgery scheduler with the appointment date you have scheduled with your physician.
5. You will not be scheduled for surgery until clearances are received. Ask your physician to have the report faxed to our office at (928) 773-2281.

If you have any questions/concerns, you may portal message us or call our office at (928) 773-2280.

Pre-Operative Visit Expectations

You will have a pre-operative visit 2-3 weeks prior to surgery. During this visit you can expect the following:

- Review your current medications and discuss which medications you will discontinue before surgery.
- Discussion of all necessary prescriptions for post-operative medications.
- Review of any pre-operative diagnostic studies for surgery clearance.
- Review of clearance information from your primary medical physician and/or specialist.
- You will be prescribed a knee immobilizer and walker. You will meet with our DME (durable medical equipment) Technician and s/he will provide you with the correct products. **Be sure to bring these items with you on the day of surgery!**
- Per request, you can use a prescribed non-rolling walker or single-prong cane which can be ordered at your pre-op appointment.
- Other DME items are available but are not covered by insurance. Below are items that may also be helpful following surgery.
 - Cold therapy units are available as a cash pay only item for \$155.00. This unit is utilized at home after your surgery. If you would like to purchase a cold therapy unit, ask the DME Technician during the fitting of your immobilizer. If you decide to purchase a cold therapy unit after your pre-op appointment, call our office at (928) 213-6231 to connect with our DME Technician.
 - Other post-operative, cash pay items to consider include a raised toilet seat and a shower chair. If you are interested in these items, please ask your medical provider for more information at your pre-op appointment.
- Prior to your surgery, you will need 1 session of formal pre-operative physical therapy. During this appointment you will learn about the home exercise program you will be performing both pre- and post-operatively. You will learn pre- and post-operative precautions, practice gait training with a walker, and learn what preparations to make in your home prior to surgery. This therapy session can be attended at Flagstaff Bone and Joint or another therapy clinic of your choosing. Flagstaff Bone and Joint provides the option of this appointment either in person or via telehealth.
- The surgery center will call you 2-7 days before surgery to provide you with your surgery arrival time and perform a pre-operative assessment to review your health history.

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Preparing Your Home

Please review and complete the following list of items prior to surgery. This will ensure a smooth transition from the surgery center to your home.

- Make sure you have an armchair with a firm cushion you can sit on.
- Following surgery, you may have swelling in your foot. Consider having a bigger shoe or non-skid sock/slipper to accommodate swelling.
- Prepare meals ahead of time.
- Arrange for pet care if needed.
- Have a comfortable rest area with tissues, phone, TV, remote control, etc., nearby.
- Have a flat, firm mattress in place. (Water beds are not recommended after your surgery.)
- Have a sufficient supply of your prescription medications available.
- Pick up all rugs and ensure all electrical cords are out of the way to avoid accidental falls.
- If you are by yourself for part of the day, have a portable phone and/or personal alarm with you to call for help in case of an emergency.
- Set up transportation for your follow-up visits.
- Consider obtaining a higher toilet seat and shower chair.
- Place night lights in bathrooms and dark areas.
- Place non-skid surfaces such as bathmats in your tubs and showers.
- Be prepared for only sponge baths the first 2 weeks. Your incision must be kept completely dry for the first 2 weeks.
- Put fresh linens on your bed.



Preparing for Surgery

Three Weeks Prior:

1. Confirm you have a pre-operative appointment scheduled.
2. Stop all anticoagulants, fish oil, anti-inflammatories, aspirin, vitamin E, and supplements.
3. Confirm you have scheduled pre-and post-operative physical therapy appointments.
4. Begin your pre-surgical exercises.
5. **STOP SMOKING!!!** (if you have not already)
- Bring your knee immobilizer brace and walker to your pre-operative physical therapy appointment.
- Your first post-operative physical therapy appointment should be scheduled 3-5 days after surgery.

Two Days Prior:

1. Continue your pre-surgical exercises to build strength and stamina in your surgical leg.
2. Pack everything you need to bring with you to the surgery center:
 - Knee immobilizer brace and walker
 - Extra pair of loose pants or shorts
 - Non-slip shoes/slippers
 - Tote bag for all your belongings
 - Photo ID and Insurance Card
 - Cases for contact lens, glasses and dentures



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Preparing for Surgery

Day Before Surgery

- Refrain from eating or drinking after midnight. This includes mints, gum, or water. Your surgery may be cancelled or delayed if you do.
- Eat a 'regular' portion sized dinner the day prior to your surgery, no large quantity meals.
- Take all routine medications except those already stopped – if there is any question about which medications to take, please check with our office at (928) 773-2280.

Day of Surgery

- Shower with chlorhexidine soap given at pre-op visit.
- Wear comfortable, loose fitting clothing.
- Do NOT use any lotions, talcum, perfume, nail polish, or make-up.
- Take heart and blood pressure medications with sip of water. Do not take insulin or diabetes medications unless otherwise instructed.
- Do not have anything to eat or drink, including mints, gum, or water.

Remember to Bring the Following Items with You:

- Knee Immobilizer brace and walker
- Photo-ID and insurance card
- Case for dentures, contacts, and glasses
- Extra pair of loose shorts/pants
- Non-slip shoes/slippers
- Tote bag for your belongings

Family member or significant other must accompany you to the surgery center.



Surgery Day– What to expect

Pre-operative

- You will sign the surgical and anesthesia consent forms.
- The IV will be started and pre-op sedatives and antibiotics will be administered.
- A nerve block will be performed by the anesthesiologist.
- The knee will be shaved and prepped with betadine or hibiclens.
- Your surgeon will meet you and your family in the pre-op area.
- Your surgeon will confirm and mark the surgical site and allow you to ask any last questions.
- You will be transferred to the Operating Room.

Post-operative Recovery

After the surgery is completed, the anesthesiologist will gradually bring you out of sedation. You will be transferred to a recovery room, where you will wake up with the knee immobilizer on your knee. You will wear the knee immobilizer when you leave the surgery center. You will have a compression stocking on your non-surgical leg.

You will then be monitored in the recovery area for a few hours. The nurses will monitor your vital signs and keep you comfortable. They will administer any medications necessary for your post-operative pain and/or nausea. The medications administered at the surgery center and the nerve block should provide excellent pain relief. You will be discharged home once we are sure you are stable and comfortable.

Immediately following surgery, you will be allowed to put full weight on your leg. A physical therapist will instruct you in walking with your walker. You will need to start frequently moving the knee, bending and straightening, following surgery. It is important to move the knee as much as possible and avoid resting it or leaving it partially bent for long periods of time. The physical therapist will review your post-operative exercises and remind you how to keep your knee moving. Most people can return to work doing seated duties within 1-2 weeks as tolerated.

Pain Management

Our primary goal following your surgery is to keep you as comfortable as possible. We will ensure your pain is assessed from the time you leave the operating room until you leave the surgery center. Our nurses will frequently be asking you to rate your pain on a scale of one to ten. This will help us determine if your current method of pain control is adequate. Medical staff can use oral or injected pain medications to relieve pain that is not well controlled.

For 24 hours after anesthesia, and while taking narcotic pain medication, you are deemed to be under the influence of drugs: do NOT drive, run machinery, drink alcohol, smoke, or make final decisions during this time.

Discharge Home

When the medical staff determines you are stable and ready, you will be discharged to return home.

Discharge checklist:

- All home medication prescriptions have been provided.
- Necessary equipment has been acquired:
 - Knee immobilizer
 - Walker
 - Cold therapy unit, if purchased
- Post-operative appointment scheduled.
- Pain is well managed.
- You can ambulate safely to the car with your walker.



Managing Your Surgical Incision

Incision Site:

Keep your incision clean and dry. Wear clean clothing and use clean bedding to avoid infection. Follow the instructions below to manage the bandage over your surgical incision. A surgical team member will have applied a specialty bandage and an ace wrap to your knee following surgery. Please remove the ace wrap and assess the surgical knee for excessive redness, swelling, bruising, drainage, or other signs of infection. Do not apply any creams, lotions, or ointments to the surgical knee.

Specialty Bandage:

Please keep the bandage in place until your 2-week post-operative visit in the office. If drainage covers the entire specialty bandage before your post-operative visit, it should be removed. If you feel the specialty bandage needs to be removed, call your medical provider or consult with your physical therapist at your next session. S/he will assist in removing the specialty bandage and instructing you in further dressing of the surgical incision.

Incision Site Drainage:

If bloody drainage is noted coming from the wound after you return home, call your surgeon immediately at 928-773-2280!

If drainage increases:

- Your doctor may instruct you to stop or change your blood thinner medication.
- Keep your knee in the knee immobilizer brace.
- Discontinue exercising the leg and/or attending physical therapy.

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Call Our Office immediately at (928) 773-2280 if any of the following problems arise:

- Chills or fever above 101 °F
- Trouble breathing or chest pain
- Severe side effects from your medications such as nausea, vomiting, rash, and/or itching
- Pain not relieved by oral pain medication
- Sudden increase in leg pain and swelling in the calf
- Inability to urinate or empty bladder
- Signs or symptoms of infection such as excessive redness, drainage, or swelling of the knee
- Discharge that has an offensive odor
- Pulling apart or opening of the incision

IF YOU FEEL THAT YOU NEED URGENT MEDICAL HELP, PLEASE GO TO THE NEAREST EMERGENCY ROOM.

Post-Operative: First Night

- Keep the surgical dressing dry and intact.
- Wear your compression stocking.
- Take Aspirin as prescribed by your surgeon.
- Take your prescribed pain medication every 4 hours for the first 24 hours.
 - Take first dose immediately upon arriving home, unless otherwise instructed.
 - Pain medications will not take away all the pain but should increase your comfort level.
 - Take pain medication with food, allowing 30-45 minutes for the medication to be effective.
- If prescribed, take Meloxicam at 6:00 pm.
- The muscles in your leg could still be weak from the nerve block for approximately 24 hours following your surgery.
- Always use the knee immobilizer and walker for ambulation until instructed by your physical therapist to discontinue use.
- Wear your knee immobilizer only while walking and sleeping. Remember to take off the immobilizer when you are sitting and to perform your exercises.

Safety Guidelines

Toilet Use

- In public, use handicapped restrooms that accommodate people with disabilities. These should have additional support such as grab bars.
- Do not attempt to use your walker to help pull yourself up to a stand. It is not stable. You should push up from the seat or railing and reach forward with one hand at a time to your walker.

Bathing

- You may NOT shower until you are seen at your 2-week post-operative visit.
- Keep the knee clean and dry until you are seen for your 2-week post-operative visit.
- Do not use hot tubs, bathtubs, pools, or soak in water until the incision is completely healed and you are cleared by your physician, about 6 weeks post-surgery.
- During sponge bathing, ensure all surfaces inside and outside of your shower are non-slip. Consider using non-slip safety shower mats to decrease your risk of falling. A shower chair is also advisable.
- Use a long-handled sponge/brush to wash/dry your legs.
- When getting into the shower stall for sponge bathing, place your walker into the shower for support. Step in with the surgical leg first. If you cannot fit your walker, you can step in backwards using your strong leg first.

Additional Precautions

- Use your walker when you are walking or standing.
- Secure or move any electrical wires and phone cords out of the way, avoid small pets, and remove throw rugs to minimize your risk of falling.
- Do not lift or carry things while walking.
- Do not drive until instructed to do so by your medical provider.
- Ensure that you have adequate room at the side of your bed to walk.
- Avoid pivoting on your surgical leg.
- Do not overexert yourself.
- Avoid slippery or unstable surfaces.
- Consider wearing an apron or jacket with several pockets to allow you to keep your hands free.
- Use a small grocery bag tied to your walker. This will make it easier for you to hold your belongings.
- Avoid reaching far overhead or down low.
- To minimize your risk of injury, slide any containers, bowls, dishes, pots, and pans along the counter; do not carry them.

Post-Operative Instructions

Day One Post-Operative

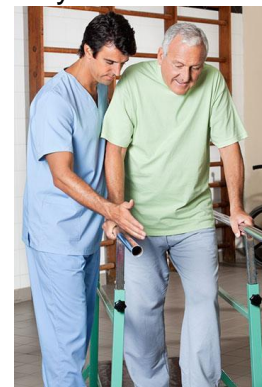
- Drink plenty of fluids and eat a healthy diet.
- Bowel management: take an over-the-counter laxative, pain medications are constipating.
- Take aspirin as prescribed by your surgeon to further help prevent blood clots. Patients with a history of blood clots may be prescribed a daily dose of Eliquis instead.
- Take Meloxicam, if prescribed.
- Take your pain medication as prescribed by your surgeon.
- Wear your compression stocking.
- Perform post-operative physical therapy exercises at least 2x/day.
- Use the knee immobilizer when walking and sleeping.
- Elevate and ice your knee every two hours.

Day Two Post-Operative

- Continue fluids and a healthy diet.
- Continue laxative to prevent constipation.
- Continue to take aspirin as prescribed to further help prevent blood clots.
- Continue to take Meloxicam if prescribed.
- Continue pain medication as prescribed.
- Wear your compression stocking.
- Continue to perform post-operative physical therapy exercises at least 2x/day.
- Continue to ambulate with walker and knee immobilizer.
- Elevate and ice knee when not walking.

Day Three - Through Your Post-Operative Appointment

- Continue to take aspirin as prescribed to further help prevent blood clots.
- Continue to take Meloxicam if prescribed.
- Wear your compression stocking.
- Begin formal outpatient physical therapy rehabilitation and continue your home exercise program.
- Elevate and ice knee frequently throughout the day.



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Post-Operative Mobility Instructions

REMINDERS FOR ALL PATIENTS:

Follow all recommended precautions for at least 2 weeks post-operatively.

Safe Use of Your Walker: When using your walker, try to maintain an upright posture and put as much weight as tolerated through your surgical leg. Do not grab the walker with both hands for support when coming from a seated to a standing position. It is not stable. When standing up from a toilet, chair, or bed, push with one hand off the bed/chair and grab the walker with the other hand as you come to a standing position. In the bathroom you can use a grab bar and/or counter to help push yourself to standing. When sitting down, you should back up until you feel the front of the chair on the back of your legs. Reach down with one hand and slowly start to lower yourself, reaching back with the other hand as you sit.

Getting In and Out of Bed: When getting into bed, sit on the edge of the bed as you would sit in a chair. Scoot your buttocks back across the bed until your thighs are fully on the bed. Rotate your body slightly as you lift your non-surgical leg onto the bed. While lifting your surgical leg up onto the bed, finish rotating your body, so you are straight on the bed. You may have to assist your surgical leg by grabbing the knee immobilizer with your hand or hooking your non-surgical leg under the surgical leg and swinging them together onto the bed. Try to get into bed with the non-surgical leg first and out of bed with surgical leg first. Use sheets and pajamas made of a slippery fabric to make maneuvering in bed easier.

Car– Back Seat: The rule of thumb is: if surgery was performed on your right leg, enter the vehicle on the passenger side, if surgery was performed on the left leg, enter the vehicle on the driver's side. Back up to the open rear car door with your walker. Lower yourself safely into the seat as instructed above (how to safely sit using a walker) and scoot yourself across the back seat. We recommend having pillows available in case you want to position yourself in a semi-inclined position.

Car– Front Passenger Seat: Push the passenger seat back as far as possible. Back up to the seat using your walker and lower yourself safely into the seat as instructed above (how to safely sit using a walker). Assist your surgical leg into the car by grabbing your brace with your hand and turning your trunk to sit straight in the seat.

Managing Stairs:

When going up stairs or a curb, remember the phrase “up with the good and down with the bad”. Step up with your non-surgical leg while using the handrail for support and bring your surgical leg up to complete the step. Step down with your surgical leg first, lowering yourself with your non-surgical leg and using a handrail for support. Bring your non-surgical leg down to complete the step. You may use a walker, as shown in the image, for curbs or single platform steps. Do not attempt to use a walker on multiple stairs. Use a handrail and/or cane for support instead.



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Two Week Post-Operative Visit

During the post-operative office visit with your surgeon or physician assistant you can expect the following:

- Surgical incision assessment
- Review of physical therapist's reports
- Evaluation of functional status and pain levels
- Range of motion assessment
- Permission to discontinue compression stocking
- Permission to resume activity as tolerated

Although you may feel that you are doing extremely well at this point, it is important to attend your routine follow-up appointments at 6 weeks, 3 months, and 1 year from the date of your surgery.

Appropriate Activity

Walking every day per your therapist's recommendation is strongly encouraged. Start with short walks every two hours and increase the distance as you are able. Walking will help you regain the strength and function of your knee. Follow your therapist's guidelines for exercise and other activity. High-impact activity, running and jumping, is generally discouraged after a knee replacement.



Long Term Care of Your New Knee

The components of your new knee joint are the result of extensive research, but like any device, its life span depends on how well you care for it. To ensure longevity of your new knee, it is important you take care of it appropriately.

Sports and Activities: Your new knee is designed for activities of daily living and lower-impact sports. Lower-impact activities including walking, cycling, and swimming are highly recommended to stay active and in good health. Higher impact activities including running, jogging, jumping, repeated climbing and heavy lifting may compromise the function and longevity of your new knee and should be avoided.

Infection: The joint components of your new knee are made of metal, which the body considers a foreign object. While your body will not reject the new joint, if you develop an infection, bacteria can gather around the metal components, infecting the joint. If you become sick with an infection or high fever, you should contact your primary care physician immediately.

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Long Term Care- Continued

Surgical Procedures: If you schedule any surgical procedure in the future, no matter how minor, you must take antibiotics both before and after surgery. Make sure to inform your surgeon of your partial or total knee replacement.

Dental Procedures: It is important that you take antibiotics before you have any dental work, including routine cleanings. Bacteria in your mouth can scatter throughout your bloodstream and accumulate around the metal components of your new knee, causing infection. You must let your dentist know about your partial or total knee replacement.

Please call our office on 928-773-2280 to obtain a prescription for antibiotics prior to any scheduled dental appointments/procedures.



Additional Instructions:

Please remember you cannot go to the dentist or have a colonoscopy for 3 months following surgery. Once released by your medical provider for these procedures, you must take antibiotics 1 hour prior to your dental procedure or colonoscopy. Our office will provide the antibiotic prescription and will provide refills as needed. To prevent infection in your partial or total knee replacement, this antibiotic precaution must be done for life. An infection in other parts of your body can harm your new knee, so remember to contact your medical provider if you have any signs of infection including but not limited to a urinary tract infection, sinus infection, deep cut, animal bite, etc.

Should you have any additional questions or concerns, please contact our medical team through the patient portal or call us at (928) 773-2280.

Physical Therapy Exercises for Partial and Total Knee Arthroplasty

The following exercises will be reviewed with you during your pre-operative physical therapy session and directly after your surgery, before being discharged from the surgery center. Please remember to perform the exercises 2-3 times per day following your surgery. This will require you to remove your knee immobilizer. Your physical therapist will progress your exercises during your post-operative rehabilitation, which should start 3-5 days following surgery. It is important to perform these exercises until you are instructed to discontinue them by your therapist.



Physical Therapy Exercises

The following exercises will help your recovery from your Partial or Total Knee Replacement. These exercises and stretches will improve your range of motion and flexibility and restore your strength post-surgery.

1) Ankle Pumps



Alternate between pointing your toes and flexing your foot upward at the ankle. We recommend that you have your leg elevated to decrease post-operative knee swelling.

Repeat 20 times.

2) Quad Sets (knee push-downs on towel)



Sit or lie down on your back. Straighten your surgical knee out in front of you and press the back of your knee into the ground or small towel by tightening your thigh muscles. Hold a muscle contraction, pressing the back of knee down, for 3 seconds, then release. Maintain a normal breathing pattern, do NOT hold your breath.

Repeat 20 times.

3) Gluteal Squeezes



Lie on your back, and squeeze and hold your gluteal/ buttocks muscles for 3 seconds and release. Always maintain a normal breathing pattern, do NOT hold your breath.

Repeat 20 times.

Physical Therapy Exercises- Continued

4) In & Out Heel Slides (hip abduction/adduction)



While laying on your back, slide your surgical leg out to the side, while keeping the toes pointed up and knee straight, not allowing your feet to roll to the outside. Then bring your leg back to the starting point, keeping the toes up the entire time.

Repeat 20 times.

5) Straight Leg Raise



Lie on your back with the unaffected knee bent, and foot flat. Lift the opposite leg up 12 inches while contracting your thigh muscle. Keep the knee straight and toes pointed up. Relax, and then repeat.

Repeat 20 times.

6) Heel Slides



Lie on your back on a couch or bed. Slide the heel of your surgical leg toward your bottom, then straighten your leg back out, and repeat.

Repeat 20 times.

Physical Therapy Exercises- Continued

7) Seated Hamstring Stretch



Sit on couch or chair with your leg extended. Gently lean forward and pull the ankle up. Stretch until you feel a pull. Hold position for 20-30 seconds. Keep back straight. Relax.

Repeat 5 times.

8) Seated Knee Flexion



Sitting on chair with the affected leg outstretched, gently slide the affected leg underneath chair. While keeping your hips on the chair, try to bend the knee as far as possible. Plant your foot and move your bottom forward on the chair. Hold for 5 seconds each time.

Repeat 20 times.

9) Seated Knee Extension



Sit in a chair, straighten the knee as much as you can without lifting your thigh from the seat, and without leaning back.

Repeat 20 times.

Physical Therapy Exercises- Continued

10) Seated Knee Extension Stretch



Prop the foot of your operated leg up on chair. Place towel roll under ankle and ice pack over knee. Put 5-10 lbs. of weight on top of knee (a 5-10 lb. bag of rice works well).

Sit in this position for 20 minutes.

Note: It is ok to bend the knee occasionally to get some relief. This exercise will be uncomfortable, but it is VERY important.