



Welcome and thank you for choosing Rebound Orthopedics and Southwest Washington Surgery Center as part of your team to restore your quality of active living.

We are committed to making your experience and surgery a success. This guidebook will provide information to help you and your coach prepare for your surgery. It will also provide information for you to use as a reference throughout your recovery.

Feel free to write notes, add personal information, or mark important pages for easy reference. We encourage you to keep any additional materials that you receive throughout this process in this guidebook. **Please bring this guidebook with you to your appointments and on the day of surgery.**

Important Contact Information

Rebound Orthopedics

www.reboundMD.com

TJ Program Coordinators:

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OP TJ Program Manager (360) 823-5871

Lindsey Larson RN, BSN, CMSRN
OP TJ RN (360) 825-5713

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Surgery Scheduling	(360) 449-1063
Appointment Line	(360) 254-6165
Billing Office	(360) 449-1129
Physical Therapy	(360) 449-8700

Southwest Washington Surgery Center

www.swsurgerycenter.com

Main Number	(360) 449-6300
Registration	(360) 449-6355
Business Office	(360) 449-6354

Rebound Clinics

Rebound Orthopedics Vancouver

Physicians' Pavilion
200 NE Mother Joseph Place
Suite 110
Vancouver, WA 98664

Rebound Salmon Creek

Medical Office Building
2121 NE 139th Street,
Suite 300 (BLDG A)
Vancouver, WA 98686

Rebound East Vancouver

3101 SE 192nd Avenue
Suite 103
Vancouver, WA 98683

Rebound Total Joint Center Vancouver

Physicians' Pavilion
200 NE Mother Joseph Place
Suite 305
Vancouver, WA 98664

Rebound Rose Quarter

One North Center Court
Suite 110
Portland, OR 97227

Rebound Lake Oswego

4811 Meadows Road
Suite 101
Lake Oswego, OR 97035

Rebound Physical Therapy

Rebound Physical Therapy Cascade Park

601 SE 117th Avenue, Suite 210
Vancouver, WA 98683

Rebound Physical Therapy Rose Quarter

One North Center Court, Suite 110
Portland, OR 97227

Rebound Physical Therapy Battle Ground

720 West Main St. Unit 102
Battle Ground, WA 98604

Rebound Physical Therapy Salmon Creek

Medical Office Building (BLDG A)
2121 NE 139th Street, Suite 325
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Rebound Physical Therapy Lake Oswego

4811 Meadows Road, Suite 101
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Rebound Physical Therapy Camas

315 NE 192nd Avenue
Bldg #3, Suite 310 B
Vancouver, WA 98684

Who are the members of my team?

Rebound Orthopedics and Southwest Washington Surgery Center work closely to provide the best individualized care for you. **Your team includes:**

- Coach
Your spouse, friend, or relative that actively participates in patient education and assists in the recovery at home.
- Orthopedic Surgeon
Performs your surgery and directs your care.
- Medical Assistant (MA)
A health professional that supports the surgeon and physician assistant in the clinic.
- Physician Assistant (PA)
Assists with your care before and after surgery working closely with the surgeon.
- Total Joint Program Coordinators
A registered nurse that coordinates your care from beginning to end. The total joint program coordinators teaches your class to prepare you and your coach for surgery and assists with any needs you may have.
- Nurse Practitioner (NP)
An advanced practice registered nurse that assists with your care before surgery.
- Anesthesiologist
A physician that administers medication during the surgery and controls your discomfort. You will meet your anesthesiologist on the day of surgery before going into the operating room.
- Registered Nurse (RN)
The registered nurse provides your direct care on the day of surgery, gives you medication, and teaches you and your coach about your care after surgery.
- Operating Room Team
The team that supports the surgeon during your procedure.
- Physical Therapist (PT)
The physical therapist helps you to become independent after surgery by teaching you exercises to increase your strength, how to use your assistive device, and how to follow safety precautions to prevent injury.

Healthy Knee Joint

The knee is the largest joint in the body. Three bones form the knee joint: the femur (thigh bone), the tibia (shin bone), and the patella (kneecap). The femur and tibia are held in place by thick tissue called ligaments, which offer stability. The patella is located in front of your knee where the femur and tibia meet.

In a healthy knee the ends of the femur, tibia, and back of the patella are covered with smooth articular cartilage. Articular cartilage allows the bones of the knee to glide easily and pain free. Between the femur and tibia is the meniscus pad, a thick cushion that acts as a shock absorber.

The knee is composed of 3 compartments: the medial (inner), the lateral (outer), and the patellofemoral (behind the knee cap). Osteoarthritis can affect one, two, or all three compartments.

Healthy Knee X-ray



When articular cartilage is healthy, an x-ray will show even space between the bones.

Arthritic Knee Joint



Arthritis is a term used to describe a condition where there is damage to the articular cartilage. When articular cartilage is damaged, an x-ray will show a loss of space between the bones.



Partial Knee Replacement Surgery

Partial knee replacement is an option when osteoarthritis is limited to one compartment of the knee. The operation removes the damaged bone and caps the end of the femur and tibia with metal surfaces. Between these surfaces is placed a polyethylene (plastic) component which acts as a stable platform to allow the knee to bend smoothly. Polyethylene does not show up on x-rays so there will appear to be space between the metal implants.



Total Knee Replacement

A total knee replacement is indicated when 2 or more compartments of the knee are damaged. This operation removes the damaged bone and caps the end of the femur and tibia with metal surfaces. Between these surfaces is placed a polyethylene (plastic) component which acts as a stable platform to allow the knee to bend smoothly. Polyethylene does not show up on x-rays so there will appear to be space between the metal implants. If there is damage to the patella, this area will be repaired and covered with a polyethylene surface.



Your Appointments Before Surgery

Your pre-surgical appointments are part of our commitment to ensure you have the best outcome. These appointments gather important information about your health and are necessary in order to proceed with your surgery. Rebound will schedule the following appointments for you and provide this information in your surgery packet. Please contact our office if you have any questions or concerns.

Physical Exam (Medical Clearance)

An evaluation by a Rebound medical provider is **required** to ensure that you are healthy for surgery. This appointment is scheduled about 3 weeks before your surgery. This allows enough time should you need any additional testing. **Please have your blood drawn and EKG completed at least one week prior to this appointment.**

What to expect at this visit:

- A physical exam
- Review of your medical history
- Review of any medications that you currently take (including over-the-counter medications and herbal supplements)
- Specific instructions on how to take your regular medications before and after surgery

Total Joint Class

This **required** class is important for you and your coach to learn about your upcoming surgery. This class is scheduled about 3 weeks before surgery and is presented by the total joint program coordinators. We ask that you **bring your coach** to this appointment.

What to expect at this visit:

- Discuss how to prepare for surgery, what to expect the day of surgery, and aftercare
 - Discuss medication management
 - Discuss preventing complications
-

Physical Therapy (Pre-hab)

This **required** training session will teach you and your coach about moving safely and becoming strong after surgery. This training is part of the total joint class that you will have scheduled for you **about 3 weeks** before your surgery.

What to expect at this visit:

- Review of exercises
 - Discussion about home safety (including stair training)
 - Discussion regarding equipment that you may need such as a front wheeled walker or crutches
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Pre-surgical Appointment with Your Surgeon or Physician Assistant

This appointment will be scheduled **about 1 week** before your surgery. This is a great opportunity for you to ask any questions you may have. **We recommend that you bring your coach with you so that they have an opportunity to ask questions as well.**

What to expect at this visit:

- Inspection of your skin
 - Sign your surgical consent
 - Receive prescriptions for medications that you will start taking **after** surgery
-



Your Coach at Home

Preparing and planning for surgery is important for a successful recovery after knee replacement. It is important that you arrange for someone to assist you (coach) at home after surgery. A coach can be a family member or friend who is healthy. We recommend your coach come with you to your appointments before surgery so that they have the opportunity to ask questions.

At a minimum, your coach should:

- Attend total joint class
- Be available on the day of surgery
- Be available for at least 3 days after your surgery

Coach's Role After Surgery:

- Drive you to and from your physical therapy appointments for the first several weeks until you are safe to drive
- Drive you to and from doctor appointments
- Coach you on exercises
- Help you move safely throughout your home
- Help keep track of any new medications that your surgeon has prescribed
- Help with meal preparation and chores

Preparing Your Home

Preventing Falls. To prevent falls, remove loose rugs and bath mats that might cause you to trip. Clear pathways and halls of any items that prevent you from being able to move with a walker safely throughout your home. Install night-lights in the bathrooms, bedrooms, and hallways so that these areas are well lit.

Stairs. You will be trained at your physical therapy training session prior to surgery on how to go up and down stairs safely. You must have a sturdy handrail in place on at least one side of your stairs.

Food. Prepare some meals ahead of time and have them in the freezer so that meal time is less stressful. Consider purchasing necessary food products prior to surgery to avoid having to go to the grocery store the first week after surgery.

Pet Care. Depending on the needs of your pet, you may need to arrange for someone to care for your pet for the first week after your surgery. If your pet normally sleeps in the bed with you, we ask that you have them lie on a separate blanket to prevent bacteria spreading to your incision after surgery.

Equipment

Front Wheeled Walker. After knee replacement surgery, most patients start out using a front wheeled walker. Contact the total joint program coordinators if you need a prescription for a front wheeled walker. A front wheeled walker can be purchased at most medical supply or large chain retail stores. A list of durable medical equipment locations are provided in the back of this guidebook.

Raised Toilet Seat. If you have a low toilet seat in your bathroom, consider purchasing a raised toilet seat. Raised toilet seats are not generally covered by insurance. A list of durable medical equipment locations are provided in the back of this guidebook.

Continuous Passive Motion (CPM). A CPM machine is sometimes an option that is used for patients after having partial or total knee replacement. It is a device that you place your surgical leg in while in bed to slowly bend and straighten your knee. There is no evidence that using a CPM improves outcomes after knee replacement surgery. Some patients find it helpful to use to elevate their surgery leg, prevent stiffness, and improve their comfort. The total joint program coordinators will discuss this with you in class if your surgeon orders a CPM machine.

Ice Packs. It is normal to have swelling around your knee after your surgery. Using some type of ice pack will help to keep the swelling controlled. There are many options available from making your own ice packs, to purchasing gel packs, or renting a cold therapy device. Additional information is provided on the next page.

Homemade Ice Packs. To make a homemade ice pack pour 3 cups of water and 1 cup of rubbing alcohol into a gallon size freezer bag. Close the freezer bag making sure to carefully squeeze any extra air from the bag. Double bag to prevent leaking. Let the homemade ice pack sit in the freezer for about 12 hours. We recommend you make at least four ice packs so that you can alternate them.

Gel Packs. 18" x 12" gel packs are available for purchase at Rebound Physical Therapy locations for approximately \$27.00. Gel packs can also be purchased at your total joint class.

Cold Therapy Device. An alternative to homemade ice packs or gel packs is a cold therapy device. This device uses active compression and adjustable cold therapy to help control swelling after knee replacement surgery. Most insurance companies do not cover the cost of a cold therapy device. A 2-week rental is approximately \$250.00. The total joint program coordinators will discuss this with you in class.





Preparing Your Body

Eat well. Good nutrition plays an important role in healing after surgery. A well-balanced diet includes fruits, vegetables, and protein. Foods that are high in protein include cottage cheese, yogurt, fish, chicken, and lean meats. Drink at least six 8 oz glasses of water each day to keep you hydrated.

Exercise. It is important that you are as active as your body will allow. You should continue to do simple exercises that will strengthen the rest of your body in preparation for surgery. We also encourage you to do the exercises in the physical therapy section of this book several weeks before surgery so that you become familiar with them.

Smoking. Nicotine increases your risk of complications during and after surgery. Nicotine can interfere with the healing process of your incision, makes your heart have to work harder, and increases your risk of infection. It is required by your surgeon that you completely stop using all nicotine/tobacco products at least 30 days before surgery in order to allow enough time for your body to heal.

Alcohol. If you consume alcohol on a daily basis, it is important that you discuss this with your surgeon. Alcohol can affect your recovery and increases complications after surgery.

Work. Discuss with your surgeon how much time you will need to be off of work in order to recover successfully after surgery. If you have any work related forms that need to be filled out by your surgeon, we ask that you give these forms to our front reception staff at any of our Rebound clinic locations for processing. **Please allow at least 7-10 business days** for your forms to be completed by our office.

Medications. You will receive specific instructions regarding any medications that you take on a regular basis at your physical exam (medical clearance) appointment. If you have any questions regarding your medications, please contact the total joint program coordinators.

A few things to remember:

- Stop taking all anti-inflammatories (meloxicam, Motrin®, Aleve®, Voltaren, ibuprofen, and Advil®) 7 days prior to surgery unless instructed otherwise
- It's okay to continue baby aspirin (81 mg) if it has been recommended by a doctor for your heart
- Stop taking supplements and vitamins 7 days prior to surgery unless instructed otherwise



Final Preparations for Surgery

Below is a list to help you prepare in the days leading up to your surgery. Contact the total joint program coordinators if you have any questions or concerns.

What to Bring to the Surgery Center

- | | |
|--|--|
| <input type="checkbox"/> Your guidebook | <input type="checkbox"/> Personal devices (eyeglasses, dentures, hearing aids) |
| <input type="checkbox"/> Loose comfortable clothing (t-shirt and loose shorts or pajama bottoms) | <input type="checkbox"/> Completed Hibiclens® tracking form |
| <input type="checkbox"/> Non-skid footwear | <input type="checkbox"/> Front wheeled walker |

3 Days Before Your Surgery

- | | |
|---|---|
| <input type="checkbox"/> Fill Prescriptions | <input type="checkbox"/> Ice packs are ready |
| <input type="checkbox"/> Confirm that your home is ready (loose rugs have been removed, handrail for stairs, meals prepared, furniture arranged safely) | <input type="checkbox"/> Working blood pressure cuff <u>IF</u> you take blood pressure medication |
| <input type="checkbox"/> Begin daily Hibiclens® showers per instructions | <input type="checkbox"/> Medications if staying locally the night of surgery and you are from out of town |

1 Day Before Your Surgery

- Drink plenty of fluids throughout the day
- Continue taking your daily Hibiclens® showers per instructions
- Southwest Washington Surgery Center will call you to confirm your check-in time. If you have not received a call by 5:00pm, please call (360) 449-6300.

Night Before Your Surgery

- Do not eat anything after midnight (this includes gum, hard candy, and lozenges)

Day of Surgery

- You may have approved clear liquids four hours prior to arrival. See approved list in your surgical packet.
- Take your Hibiclens® shower before arriving at Southwest Washington Surgery Center and bring your completed form
- Please come to Southwest Washington Surgery Center at the instructed time

Southwest Washington Surgery Center



Arrival & Registration

Southwest Washington Surgery Center is located on the 2nd floor of the Physicians' Pavilion in Suite 200. Please park on level C (red level) in the parking garage and take the walkway that connects to the Physicians' Pavilion building. The surgery center will be on your left after you enter the building. Proceed to the front desk where you will be greeted by our staff. After you check in, you and your coach will be escorted to the total joint suite.

Total Joint Suite

In the total joint suite you will meet the specially trained nurse that will be directly taking care of you.

What to expect:

- You will be asked to change into a hospital gown
- Have your blood pressure, temperature, oxygen level, and pulse monitored
- Have an IV (intravenous catheter) started to give you fluids and antibiotics
- Have your surgery area prepared by removing any hair with surgical clippers (we ask that you not shave your leg within 72 hours prior to surgery)
- Have your surgery area washed with Hibiclens® soap
- Take your first dose of medication
- Speak with the anesthesiologist and discuss medications that are used during surgery
- Speak with your surgeon and have your surgery area marked

Operating Suite

You will be taken to the operating suite by stretcher. The procedure usually takes 2 to 3 hours.

While in surgery, we ask that your coach wait in the surgery center lobby so that they can receive an update once surgery is complete.

What to expect:

- You will be assisted to our padded operative bed
- You will be connected to monitoring equipment
- You will receive medication through your IV that makes you sleepy



After Surgery

After surgery, our staff will take you by stretcher back to the total joint suite to recover.

What to expect:

- Your blood pressure, temperature, oxygen level, and pulse will be frequently monitored
- Your nurse will treat any discomfort or nausea
- Your nurse will monitor your surgery area and apply ice packs
- You will receive a second dose of IV antibiotic
- The surgeon will speak with you and your coach

Once you are more awake, your coach will be able to join you. With your nurse and coach at your side, you will be assisted in taking your first steps.

What to expect:

- The nurse will review your exercises with you and your coach
- Walk a short distance
- Sit up in the chair to eat lunch with your coach
- Review stair training



Discharge

Plan to be discharged home in the afternoon. In order to safely discharge home, your team will be sure you meet the following goals:

- Successfully walk using your walker
- Demonstrate safe use of the bathroom
- Able to tolerate lunch
- Any discomfort managed with oral medication
- Demonstrate going up and down stairs safely
- Demonstrate exercises
- Demonstrate safe movement in and out of bed

Discharge Instructions

Remember to follow your surgeon's instructions regarding diet, exercise, and medications. Your nurse will review discharge instructions with both you and your coach.

These instructions include:

- How to care for your incision
- Medications your surgeon has prescribed
- Physical therapy appointment
- Post-operative appointment with your surgeon's office
- What to watch for and when to call your surgeon

Call the total joint program coordinators if you have any questions or concerns.

The Road to Recovery

Medication Management

Although joint replacement surgery is designed to improve your quality of life, we expect that initially you will have some discomfort after surgery. Studies have shown that using a combination of medications, known as multimodal management, provides a better level of consistency in your level of comfort while reducing the amount of narcotic medication needed.

In addition to a multimodal approach, you will learn how to monitor your level of comfort by using a numeric pain scale. This information will be discussed in greater detail in the total joint class.

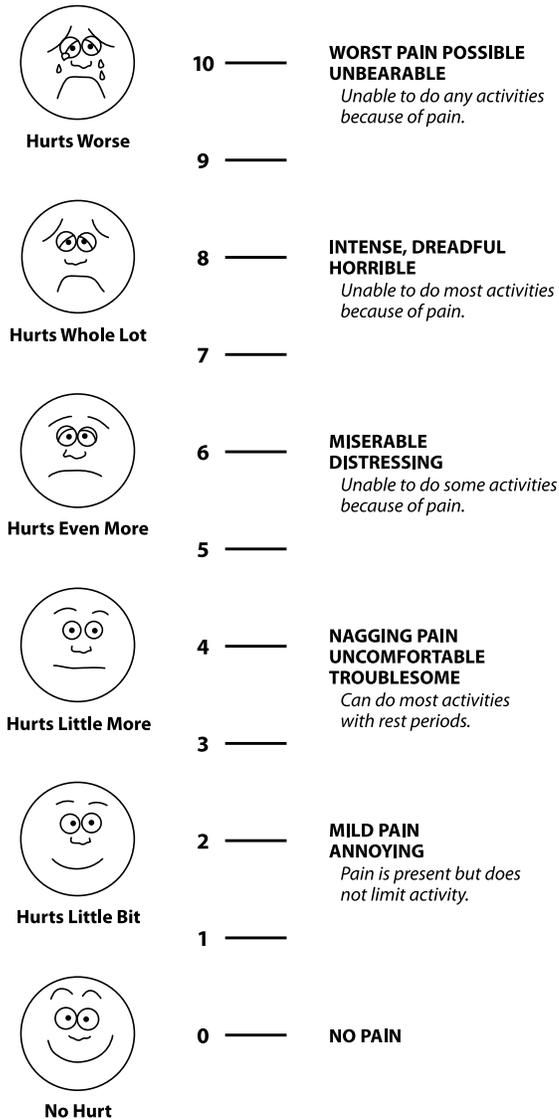
Pain Medication. Some medications will be prescribed on a scheduled basis and some will be prescribed to take if needed. On the day of surgery, you will receive a medication plan specific to you that will list your newly prescribed medications along with instructions.

Scheduled Pain Medication. Your surgeon will recommend that you take acetaminophen (Tylenol®) on a regular basis for the first two weeks after surgery. Acetaminophen is used for mild to moderate pain. Some over the counter medications may contain acetaminophen so it is important to read all medication labels. Your surgeon recommends that you not take more than 3000 mg of acetaminophen in a 24 hour time frame. Acetaminophen can be taken with or without food.

In addition to acetaminophen your surgeon may prescribe Celecoxib for the first two weeks after surgery. Celecoxib is a nonsteroidal antiinflammatory (NSAID) that works to decrease inflammation and help with pain control. It is important not to take any additional NSAIDs (Motrin®, ibuprofen, Advil®) without discussing this with your surgeon because this can increase your risk of complications.

Nonscheduled Pain Medication. A narcotic pain medication will be prescribed to you to take if needed after surgery. Narcotics are used to treat moderate to severe pain that is not responding to other type of medications and interventions (ice, elevating, walking). Narcotic side effects may include drowsiness, constipation, and nausea. You will be given instructions about medications that you can take to prevent constipation. To prevent nausea, it is recommended that you have a small snack prior to taking your pain medication. Contact the total joint program coordinators if you have any questions or concerns.

Pain Scale



Additional Methods

Ice. Ice not only numbs the surgical incision but also helps decrease the amount of swelling. The more swelling you have, the more discomfort you may have. We recommend that you apply ice at least 5 times a day over your incisional area for about 30-40 minutes. Make sure to apply a pillow case between your skin and the ice pack to avoid skin irritation.

Elevation. Elevating your lower leg above your heart on pillows helps to decrease swelling. We recommend that you do this at least 5 times a day at the same time you are icing.

Walking and Exercising. Your knee was made to move. Not moving your knee can increase your amount of stiffness and discomfort. The initial steps that you take may be a little uncomfortable, but you should notice with each step that walking helps to relieve pain.

Sleep. Sleep is important so that your body is able to recover and heal. It is not unusual for your sleep pattern to be interrupted the first several weeks after surgery.

Here are some helpful tips to remember:

- Avoid TV or computer use close to bedtime
- Go to bed at the same time every night
- Position yourself comfortably in bed
- Avoid late afternoon caffeine
- Consider taking an afternoon nap

Preventing Complications

Blood Clots

Blood clots can form in the veins when blood flow is weakened or blocked. You are at a higher risk of forming a blood clot for about 3 months after surgery in both of your lower legs.

There are several ways to prevent a blood clot from forming:

- Walking and changing position frequently throughout the day
- Doing your exercises as instructed by your physical therapist
- Using sequential compression devices (SCDs) on your lower legs on the day of surgery
- Wearing graded compression stockings on both of your lower legs after surgery as instructed by your surgeon to increase blood flow and lessen swelling

Medication to Prevent Blood Clots

In addition to the above, your surgeon will prescribe a medication known as a blood thinner or anticoagulant for a short time after your surgery. Anticoagulants help to prevent blood clots from forming in the veins by thinning the blood. The most common side effect of anticoagulants is bruising. There are different types of blood thinning medications. Most patients are prescribed aspirin after surgery. Notify your surgeon if you have an allergy to aspirin so that an alternative medication can be discussed.

Symptoms of a blood clot:

- Swelling in the thigh, calf, or ankle that does not improve with elevation
- Pain in the back of your knee that is getting worse
- Calf pain in either leg
- Tenderness in your calf area

Notify your surgeon's office if you have any of the above symptoms.

Go to the closest emergency room or call 911 for:

- Difficulty breathing
- Chest pain
- Fast heart rate

Constipation

Constipation is a common problem after knee replacement surgery. If left untreated, it can progress and cause not only discomfort, but also become a medical emergency. You are still at risk for constipation after surgery, even if you have never had problems before.

Causes of constipation include:

- Narcotic pain medication
- Anesthesia
- Dehydration
- Reduced activity/walking

How to prevent and treat constipation:

- Drink plenty of water
- Include fiber in your diet
- Be active
- Take medications as instructed

Take medications as discussed at your medical clearance appointment. These medications may include a stool softener such as Peri-colace® twice a day and a laxative such as Miralax® once a day. These medications can be stopped when you are no longer taking narcotic pain medication, having regular bowel movements, or if you start to have loose stool. Contact the total joint program coordinators for questions or concerns.



Pneumonia

After surgery, congestion from mucus in your lungs can occur. It is important to clear that mucus by frequently coughing and taking deep breaths to prevent pneumonia. Your nurse will coach you on coughing and taking deep breaths and show you how to use a special device called an incentive spirometer to help keep your lungs clear.

Surgical Infection

Although surgical infections are rare, it is important to prevent bacteria from entering your bloodstream. Bacteria can enter the bloodstream by a cut or opening in your skin, from major dental procedures, and other invasive procedures.

Signs of an infection:

- Persistent fever (greater than 100.5)
- Increasing redness, tenderness, or red streaks at the site of your incision
- Chills
- Increasing pain with both rest and activity
- Green thick drainage from your incision

Notify your surgeon's office if you have any of the above symptoms.

How to prevent an infection:

- Keep all cuts and scrapes clean and covered
- Wash your hands often with soap and water for at least 30 seconds or use an alcohol based hand sanitizer
- Wash your hands before eating, after using the restroom, and before and after caring for your incision
- Avoid submerging in water, hot tubs, and pools for 6 weeks until your incision has fully healed
- Inform your doctor who will be performing any future procedures on you that you have had a knee replacement

Your surgeon asks that you wait at least 3 months after surgery before having any dental work. This allows your body and incision time to heal. Prior to having any type of future dental work, your surgeon recommends that you take antibiotic pills to prevent an infection. A prescription can be called in to your pharmacy by your dentist or surgeon's office. Contact the total joint program coordinators for any questions or concerns.



Physical Therapy

Home Exercises and Outpatient Physical Therapy

A large part of working toward having a successful knee replacement is a combination of following your home exercise program and attending outpatient physical therapy. Your home exercise program will be taught to you before surgery, reinforced by your nurse on the day of surgery, and advanced by your physical therapist as you progress. Outpatient physical therapy is generally 1-2 times a week for about 6 weeks. The physical therapist is there to be your guide in reaching your goals and full potential. Your therapy will continue until you can walk without a limp and have good range of motion. You will need someone to drive you to and from outpatient physical therapy for the first several weeks until you are safe to drive. We encourage your coach to attend the first couple of sessions with you to help reinforce the therapist's recommendations.

Knee Replacement Initial Exercises

Ankle Pumps



Repeat 10 times | At least 6x a day

Setup This can be done lying on your back with your knees straight or elevated.

Movement Slowly pump your ankles by pulling your toes up toward your nose, then point toes down away from you towards the surface. Do both ankles at the same time.

Tip Continue doing ankle pumps until you are walking as much as you were before surgery. Start doing them again if you are on a long car trip or plane flight.

Quad Set



Repeat 10 times at least 6x a day | Hold 5 sec.

Setup This can be done lying down or partially sitting up with your surgical leg straight. This can be done with a towel roll under your knee or with nothing under your knee.

Movement Tighten the muscle on the top of your thigh.

Tip Keep the back of your thigh and buttock relaxed.

Knee Extension Stretch



Hold: 2 Minutes | Daily: 6x

Setup Begin lying on your back.

Movement Place the heel of your surgery leg on a towel roll. Relax your leg muscles. Hold this position for 2 minutes.

Seated Knee Flexion Slide



Repeat 10 times | Daily: 6x

Setup Begin sitting upright in a chair with your surgical leg straight and your other knee bent.

Movement Slowly slide the heel of your surgical leg backward as far as you can. Then return to the starting position and repeat.

Tip Make sure to keep your back straight during the exercise.

Goals and Activity Guidelines

While your physical therapy will be individualized for you and each person recovers at a different rate, below are some typical goals and timelines.

1-2 Weeks:

- Walk 300 feet without a limp while using your walker
 - Able to bend your knee to 95 degrees
 - Able to get your knee within 5 degrees of all the way straight (extension)
-

3-4 Weeks:

- Transition to a cane for walking
 - Walk short distances outside of the home with a cane
 - Able to bend your knee to 110 degrees
 - Able to get your knee all the way straight (extension)
-

5-6 Weeks:

- Walk 250 feet without a limp, pain, or an assistive device
 - Able to do 5 repetitions of going from a sitting position to a standing position without using your arms
 - Ascend and descend a flight of stairs using one rail safely with a normal gait and good control
 - Independent with home exercise program for motion and strengthening
 - Able to bend your knee to 120 degrees
 - Able to get your knee all the way straight (extension)
-

Travel

Riding in a Car

It is a good idea to stop about every 60 minutes to get out of your car and go for a short walk. This not only prevents stiffness but also decreases the risk of blood clots. Consider carrying ice packs with you if you anticipate being in the car for longer than a couple of hours.

Driving a Car

The data shows that after knee replacement surgery, it takes 4-6 weeks before people regain their normal reaction time for braking. For patients who have had right knee surgery, most are safe to drive around 4-6 weeks after surgery. For patients who have had left knee surgery, most are safe to drive around 4 weeks after surgery. Regardless of what knee you have had surgery on, you must be off ALL narcotic pain medication before you operate a vehicle. Talk with your surgeon to help you determine when it is safe for you to resume driving.

Travel by Airplane

Traveling by plane in the first few weeks after knee replacement surgery can increase your risk of blood clots. Talk with your surgeon for any specific questions related to travel.

How to get into the front passenger seat of a car after having knee replacement surgery.

Before surgery: If your car has low or bucket seats use pillows and/or cushions to raise the seat height so your hips are higher than your knees when seated. Using a garbage bag on the seat can help with sliding on the car seat.

- Have your driver push the seat back as far as it will go and recline the seat back approximately halfway.
- Back up until you feel the car seat with the back of your legs.
- Hold on to the car frame with your right hand and your walker/crutches with your left hand. Sit on the edge of the seat while extending your surgery leg. Be careful not to hit your head!
- Lean back while using the non-surgery leg to push yourself back into the seat.
- Slowly lift your surgery leg into the car. You may want to use a strap to help lift your leg.

Example using crutches and right knee:



Example using walker and left knee with strap assistance

