



TOTAL KNEE REPLACEMENT REHABILITATION

What is a normal healthy joint?

The knee is a hinge joint which is made up of the femur (thigh bone), which articulates with the tibia (shin bone) and has the patella (kneecap) sitting on top of the femur. The knee joint also consist of many muscles tendons and ligaments that provide stability and strength around the knee. In a normal healthy knee, a small gap lies between the ends of each bone, which are covered with smooth cartilage. This cartilage allows the bones to move smoothly over each other and facilitates normal and pain-free movement.

What happens if I have Osteoarthritis?

Certain factors may place you at a higher risk of developing osteoarthritis such as:

- Age (older population)
- Gender (females > males)
- Previous history of joint injury/surgery
- Sports
- Bone Alignment

Osteoarthritis is defines by a progressive loss of cartilage that covers the ends of each bone. As a result the bones lie closer together and the cartilage can no longer provide smooth movement between the bones. As a result, the bones lie closer together, may cause:

- Pain particularly with prolonged inactivity
- Grinding upon movement

- Stiffness
- Swelling



What should I expect after having a TKR?

The main function of a TKR is to reduce pain and increase daily function. Full range of movement at the knee is the ultimate goal following a knee replacement, it is expected that you will be able to get 120 degrees of knee flexion and a straight knee. Following surgery you will be required to use crutches to regain a 'normal' walking pattern for the first 1-3 weeks post-surgery. Your walking pattern will be closely monitored by your Physiotherapist and you may progress from 2 crutches then to 1 crutch before completing getting rid of crutches.

Preparation for a TKR?

When preparing to have a TKR it is important to consider your home environment to make sure it is safe and easy for you mobilize around at home post TKR. You may need to rearrange your furniture so that your home is safe to move around with crutches. For a short period of time you may need to change rooms in the house to minimize the requirement to use your stairs at home. It is good if you can remove all mats/rugs that are on the floor as these can be a trip/slip hazard when recovering from a TKR. It's also good to consider getting a good chair that is firm and has a higher than average height so that it is easier to get on/off the chair post-surgery.









GENERAL PRE AND POST-OPERATIVE GOALS

Week	Goals
Pre-operative	 Optimise leg strength Optimise range of motion in knee Understand your post-operative recovery
0 - 4 days	 Discharge home safely Maintain wound integrity Manage swelling (elevate) Commence exercises Walking safely with crutches or walker
1 - 8 weeks Surgeon review generally at week 8	 Normalize walking (weaning off crutches) Improve walking endurance Leg strength and endurance Manage swelling and pain
9 + weeks	 Goal setting: What are we aiming to get back to? Developing ongoing exercise program for longevity of knee.



Recommended activity

- Bicycling (stationary)
- Bowling
- Croquet
- Ballroom Dancing
- Jazz Dancing
- Swimming
- Square Dancing

- Walking
- Golf
- Horseshoes
- Shooting
- Shuffleboard
- Horseback riding
- Aerobics (low impact)

In general, patients with knee replacements are encouraged to participate in low impact, low demand sports, and to avoid high impact, high demand sports.

Recommended activity with previous experience

- Bicycling (road)
- Canoeing
- Hiking
- Rowing

- Skiing (stationary and cross country)
- Tennis (doubles)
- Weight machines
- Speed walking

Activities not recommended

- Racquetball
- Squash
- Rock Climbing
- Soccer
- Tennis (singles)
- Volleyball
- Handball

- Football
- Gymnastics
- Lacrosse
- Hockey
- Basketball
- Jogging









Frequently Asked Questions

My surgery is only 1-2 weeks away, should I still have an appointment with a physio?

Yes – People who see their physiotherapist prior to surgery for education regarding use of crutches as well as prescription of exercises they should do before surgery and immediately after surgery have a better experience and recovery immediately post-surgery.

How active should I be after surgery? How far can I walk?

You should primarily be resting with ice on your hip/knee for pain and swelling with your leg elevated above your heart. You should be completing short regular walks – we generally ask people to do these as a "warm-up" or "cooldown" before or after their exercises. If you are increasingly sore/swollen after the exercises and walk - it was too much and you need to rest more/do less activity.

How many appointments will I need with you or my physio?

It varies depending on your recovery which is influenced by your pre-surgical strength, range of motion, gait/walking, surgery type and goals. However, most people require weekly to twice weekly physiotherapy for 6-8 weeks (recovery/healing phase) and then weekly to fortnightly physiotherapy for another 6-8 weeks. By this time we are aiming to have you back your normal day-to-day activities with less pain and improved function than before surgery!

Will the hospital provide me with crutches?

Yes. They can be rented/purchased from the hospital.

When can I drive again?

The general guidelines for driving an automatic car are:

Left knee - 4 weeks

Right knee - 6 weeks

*This is due to reduced reaction time that occurs in the leg following surgery.



When can I get in the pool?

This varies from person to person depending on their wound healing. You require clearance from your Nurse Practitioner prior to getting into the pool. A photo of the wound can be sent to them so that they can give you the OK to start exercising in the pool.

Why does my hip/knee feel hot?

The heat in your knee is a normal inflammatory response as your body is trying to heal in that area. This is best managed with pain relief medication as prescribed, rest, ice and elevation.

**Heat in the joint combined with other symptoms such as the wound oozing, fevers, increasing stiffness and pain in the joint can be a sign of infection. If in doubt please contact your nurse practitioner or the emergency department

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