

Dr. Klumb Total Knee

Phase 1- Early Protective Phase - Weeks 0 - 2

Goals for phase 1

- Pain and edema control
- DVT prevention
- Normalize muscle activation.
- Normalize gait pattern with proper lower extremity biomechanics
- Independence with ADLs

Post-Operative Physical Therapy

• 1st Visit to occur 2-3 days post op

Weight Bearing

- Full weight bearing following surgery, unless otherwise stated in OP note
- Use AD for 2 weeks post op, wean to SPC when safe

ROM

- 0-90 degrees by 2 weeks post op
 - Can progress further as long as soft tissue swelling is under control

Manual Therapy

- Start patellar mobilizations
- Scar massage when incisions are closed

Wound Care

• Wound should remain covered for the first 2 weeks

Edema Management

• Cryotherapy, 4-5x per day for 20 min each with leg elevated

Strengthening

- · Quadricep activation
- Immediate: Heel slides, SAQ, LAQ, SLR-4 ways, ankle pumps, bridges, glut sets
- 1-2 weeks post op: Step ups, mini squats/sit-stand, hamstring curls, prone hamstring curls, etc.

Neuromuscular Control

- DL balance progress to unstable surfaces
- NMES as needed to improve quad control



Phase 2 - Intermediate Phase - Weeks 2-8

Goals for phase 2

- Wean from assistive device.
- Restore full range of motion
- Tolerate ADLs with minimal pain

Ambulation

 Wean from assistive device when appropriate LE motor control is achieved. No quad lag with SLR and no signs of quad inhibition.

ROM

• 0-120 degrees is the goal, can progress past this if tolerated

Manual Therapy

Patellar mobilizations

Scar Management

• Scar mobilization as needed.

Edema Management

• Continue to ice and elevate as needed to control swelling and pain

Strengthening

- Wall squats, mini lunges forward and lateral, step ups -working to increase the height, 4 way hip, leg press, side steps with band, etc.
- Avoid aggressive strengthening till after 6 weeks

Neuromuscular Control

SL balance drills