

The following information has been written to assist you in your recovery after your knee replacement. Knowing what to expect in the first few days after the operation can be of great benefit. After reading through the information on this sheet, you can get a head start by practicing some of the exercises at home before you go into hospital.

Dr Clarnette will also have given you a sheet of exercises that will be the basis of your daily regime in hospital. If possible, begin these exercises before your operation where pain permits.

Following your surgery, your exercises are an important component of your rehabilitation. A Physiotherapist from the Wakefield Sports Clinic will come and see you on the day after your surgery. On that day, she will assist you with your exercises and help you get out of bed. It is important that you get out of bed as soon as possible after your operation, to maintain your circulation, regain movement and build on muscle strength. You will find that the pain you were having prior to your operation will have gone and will be replaced by a different type of pain from the surgery itself. Your physiotherapy will be timed with your pain relief to make things easier for you. It is important that you stay on top of your pain so that you can exercise regularly throughout the day. If you feel your pain is not well controlled, please advise Dr Clarnette, your nurse or physiotherapist.

When you get out of bed for the first time, you will use a frame. Most people leave hospital using one or two sticks. In most cases, you will be able to put as much weight as comfortable on your leg immediately after your operation.

Dr Clarnette will have explained the operation to you. The post-operative routine is similar for total knee replacements (TKR) and unicompartmental knee (UKR) replacements. As the unicompartmental procedure is less invasive, you will have a shorter hospital stay and quicker recovery. The exercises are similar and are equally important for both procedures.

The aim of the exercises are to:

- Strengthen muscles
- Regain knee movement
- Minimise swelling
- Allow walking without a limp

Before discharge from hospital we aim for:

- 90 degrees knee flexion (bending)
- Independent exercises and transfers in and out of bed
- Walking independently with a frame, crutches or walking stick(s)

The exercises can be quite difficult particularly in the first few days. You will not be able to do all of them at first. Do what you can and build gradually. Ice can also help with the pain and swelling and it is a good idea to use it after doing your exercises.

HOME CARE INSTRUCTIONS

KNEE REPLACEMENT

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In most instances, machines that bend and strengthen the knee (CPM or Continuous Passive Movement machines) are not required. They have not proven to be of any benefit if used routinely.

If however, you are having a lot of trouble with getting the knee bending yourself, Dr Clarnette may well suggest CPM is used on about the third or fourth day.

If you have questions about CPM please ask Dr Clarnette directly.

GENERAL INFORMATION

Walking – you will need to walk short distances regularly and this will gradually increase with time. Do not discard your frame until you can use a walking stick without limping. Your physiotherapist can advise you regarding this transition.

Steps and Stairs – when a hand rail is present use it. When going up stairs, use your good leg first and then bring the operated leg up to the same step. The opposite applies on the way down.

Driving – No driving is permitted for six weeks. After this, your surgeon can advise you regarding driving safety.

Showering – You will find getting in and out of the bath difficult for some time. You can stand in a shower or sit on a plastic shower chair or sit on a board over your bath.

Before you go home, your physiotherapist will help you to arrange any equipment you might need.

Most private health funds pay directly to the hospital for your physiotherapy visits. There is no gap for you to pay on your physiotherapy visits whilst in hospital (there are a few exceptions). On average Kate will see you four to five times. You will also need to do your exercise/walking with the nursing staff and when safe, independently.

After you go home from hospital, you may require continued physiotherapy. This is particularly important if you have not reached 90 degrees knee bending or full extension (knee straightening). It is important to regain this movement as quickly as possible. Hydrotherapy (exercise in water) can also be of great benefit to help with your movement, strength and confidence in walking. Kate will advise you if this is appropriate for you.

Please contact the Physiotherapist at the Wakefield Sports Clinic if you have any queries or concerns on 8232 5566 before your discharge.

HOME CARE INSTRUCTIONS

KNEE REPLACEMENT

Exercises are very important following total knee replacement. It is advisable to start these prior to surgery if possible, to familiarize and strengthen.

The aim of exercise is to:

- Strengthen muscles
- Regain knee movement
- Minimise swelling
- Allow walking without a limp.

You will see a physio post-operatively and will begin exercises and walking (with a frame) on day one.

You need to continue these exercises **three to four times daily**. Try **five repetitions** of each and build up to ten when able.

Ice can also help with pain and swelling. You will not be able to do all of these exercises at first. Do what you can and build up gradually.

Before discharge from hospital we aim for:

- 90° knee flexion (bending)
- Independent exercises and transfers in and out of bed
- Walking with a frame, crutches or walking stick.

Your physiotherapist can assist with organizing equipment ready for discharge.

1. ANKLE PUMPS

Pump both feet up and down and move them in circles. This helps prevent pooling of blood in the calf post-operatively.



2. FLEXION OF THE KNEE AND HIP JOINTS

Gently bend your knee up towards your chest keeping your heel on the bed and then straighten the knee out again.



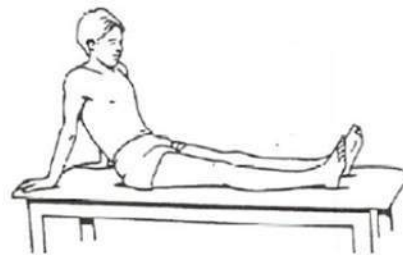
3. SEATED KNEE BENDING

Sitting on a chair or on the edge of the bed, slide your foot in and out as far as you can to bend the knee.



4. STATIC QUADRICEPS

Push your knee flat into the bed, tightening the muscle on the front of your thigh. Hold for five seconds.

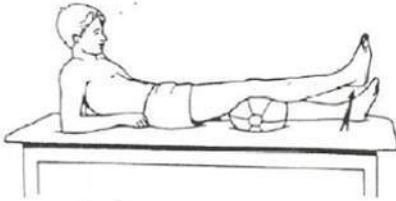


HOME CARE INSTRUCTIONS

KNEE REPLACEMENT

5. INNER-RANGE QUADRICEPS

With a rolled towel under knee, push knee flat into the towel and lift heel off the bed to straighten knee. Hold for five seconds and then slowly lower.



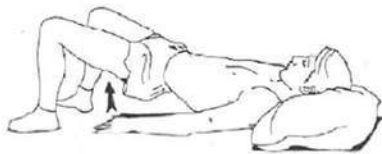
6. GLUTEAL CONTRACTIONS / BRIDGING

Static Gluteals:

Gently squeeze buttocks together, hold for five seconds.

Bridging:

Bend up non-operated knee and keep operated leg out straight. Push head, shoulders/elbows into the bed to lift your bottom off the bed. Hold for five seconds, then lower.



7. EXTENSION

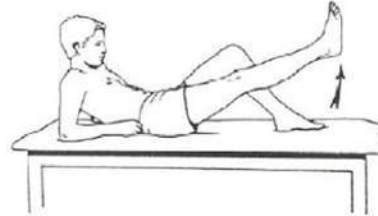
It is vital to get your knee straight as quickly as possible.

- Push knee down into bed (as in exercise 3).
- Place rolled towel under your heel.
- Try not to let the knee roll outwards when you are in bed.

8. STRAIGHT LEG RAISE

Start day 3 – 4

Lying on your back, brace your knee by bracing your quads and then lift the whole leg (keeping the knee straight), about 30cms off the bed. Hold for five seconds, then lower.



9. STANDING EXERCISES

In frame, leg out to the side and back (squeeze bottom).



GENERAL INFORMATION

Continue the exercises daily for 6 weeks post-operatively. You may also be advised to do hydrotherapy. You will start walking with a frame or crutches and then gradually progress to one walking stick held in the opposite hand.

If you are having problems with stiffness, swelling or pain that is not improving, then please call your physiotherapist.

Steps and stairs:

Where possible, avoid steps and stairs.

When a handrail is present, use it.

You cannot use a frame on stairs.

When going up stairs, use your good leg first ie. "good leg goes up towards heaven".

Going down, use the operated leg first.

