



SPORTS SURGERY CLINIC
*Specialists in Joint Replacement, Spinal Surgery,
 Orthopaedics and Sport Injuries*



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Total Knee Replacement
Post-Operative Advice
 Physiotherapy Department

www.sportssurgeryclinic.com

INTRODUCTION

The knee is the largest joint in the body, made up of the lower end of the thighbone (femur), the upper end of the shinbone (tibia), and the kneecap (patella). The ends of these three bones are covered with articular cartilage, a smooth substance that protects the bones and enables them to move easily.

The menisci are located between the femur and tibia. These C-shaped wedges act as “shock absorbers” that cushion the joint. Large ligaments hold the femur and tibia together and provide stability.

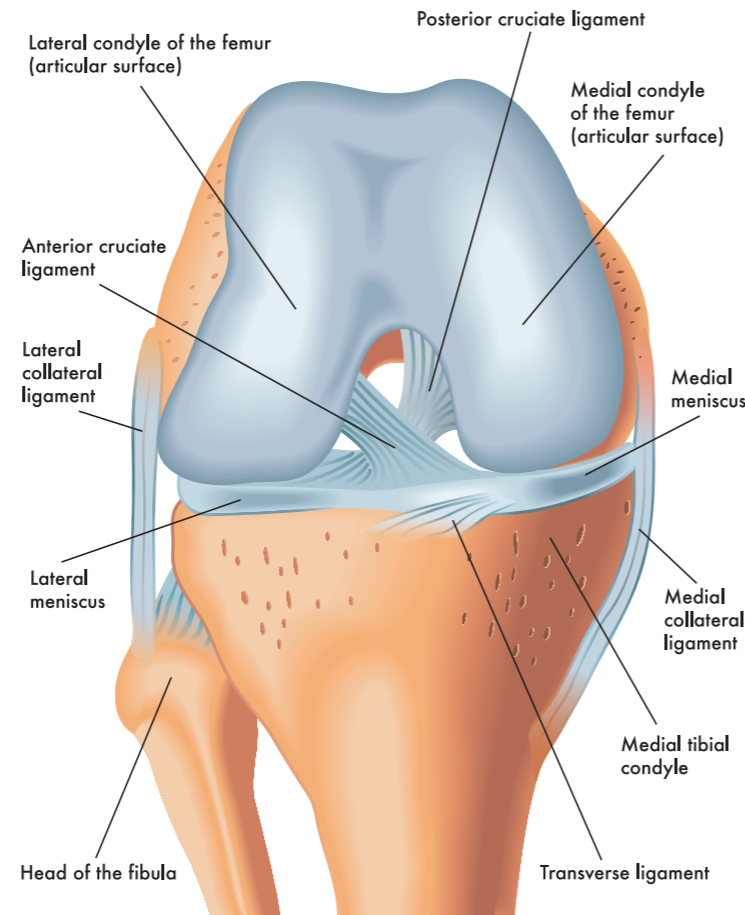
In an arthritic knee joint, the cartilage that cushions the bones of the knee softens and wears away. The bones then rub against one another, causing knee pain and stiffness.

What happens in a Total Knee Replacement?

The damaged cartilage surfaces at the ends of the femur and tibia are removed along with a small amount of underlying bone.

The removed cartilage and bone is replaced with metal components that recreate the surface of the joint.

A plastic spacer is inserted between the metal components to create a smooth gliding surface.



It is important in the initial stage after your surgery that you follow the RICE regime, as explained below.

While it is important to “RICE” the knee, it is also safe for you to walk with your crutches, as demonstrated by your physiotherapist, starting with short distances and progressing as tolerable.

You can take as much weight as you can comfortably tolerate through your operated leg. You will use your two crutches for at least 3 weeks, at which stage you will be advised to wean off them, as you regain your normal walking pattern.

Your physiotherapist will advise and guide you in this regard.



REST

Rest as much as possible for the initial 24 hours. You can walk small amounts and do your exercises as recommended.



ICE

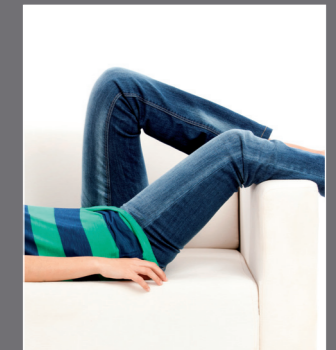
Wrap an ice/cold pack in a thin towel, and keep on top of your knee for 20 minutes 3 times daily.

Continue for 14 days or until the swelling subsides.



COMPRESSION

Your knee may be supported by a Tubigrip™ dressing during the day, which should be taken off when exercising and at night time.



ELEVATION

Keep your knee elevated as much as possible for the initial 24 hours. When lying down, place a towel under your heel. When sitting, keep your leg on a footstool in front.

REHABILITATION EXERCISES

Perform the exercises outlined 3 times daily, repeating each exercise 10 times. This will help minimise muscle wastage and assist in regaining range of movement in the early stages after your surgery.



Ankle exercises

Move the ankle up and down and rotate in a circular motion. Continue for approx. 30 seconds every waking hour.



Buttock exercise

Tighten the muscles in your buttocks and hold for 10 seconds. Repeat 10 times.



Knee straightening and strengthening

Push the back of the knee down into the bed. This will help to activate the (quadriceps/thigh) muscles around the knee. Hold for 5 seconds. Repeat 10 times.



Straight leg raise

Bend your un-operated leg. Push the back of the operated knee down into the bed and contract the quadriceps (thigh) muscles. Keeping the knee straight, lift the whole leg about 6 inches off the bed as demonstrated. Repeat 10 times. Aim to hold for 5 seconds.



Knee bends

Bend the knee gently and hold for 5 seconds. You may use a towel anchored around the thigh to aid the movement. Repeat 10 times.



Assisted knee bend

Sitting comfortably, use your good leg in front of your operated leg to gently slide your operated leg back towards the chair. Hold this position for 5 seconds and relax. Repeat 10 times.



Assisted knee bend

Sitting comfortably, gently slide your operated leg back towards the chair. Hold this position and slide your buttocks forward on the chair. Hold for 5 seconds and relax. Repeat 10 times.

From Day 2, you will begin the following exercises:



Active knee flexion (sitting)

Sitting comfortably, slide the heel of your operated leg back towards the chair. Hold this position for 5 seconds and relax. Repeat 10 times.



Knee Extensions

Sitting comfortably, with your knee flexed, keeping your thigh on the chair, slowly straighten your knee aiming to have the leg as straight as possible. You should tighten your quadriceps muscle throughout this movement. Hold for 5 seconds and relax. Repeat 10 times.

Stretching

It is important the muscles at the back of your operated leg do not become tight after your surgery. This can restrict your range of movement.



Hamstring stretch

Sitting at the edge of your chair, gently straighten your operated leg out in front. Keeping your back straight, slowly lean forward from your hips until you feel a stretching sensation in the back of your thigh/knee. Hold for 15 seconds and relax. Repeat 5 times.



Calf stretch

Stand at arm's length from the wall. Place your operated foot behind your good foot, in a walking position. Slowly bend the front leg forward, keeping your back knee straight and your back heel on the floor. Hold your back straight and your hips forward. Don't rotate your feet inward or outward. Hold for 15 seconds. Repeat 5 times.

Balance



Weight Transfer

Stand with your legs slightly wider than hip width apart, feet parallel and pointing forwards. Make sure you have a chair/table in front for support if needed. Slowly transfer your weight from one leg to the other.



Balance

Stand with your legs slightly wider than hip width apart, feet parallel and pointing forwards. Make sure you have a chair/table in front for support if needed. Slowly transfer your weight forward onto your toes and backwards onto your heels - keeping the soles of your feet on the floor at all times.

To use the QR code, simply download a free scanner from your smartphone app store. Start the app, point the camera at the code and you will be directed to the videos on the Sports Surgery Clinic's Youtube channel. If you do not have a smartphone, you can simply type www.youtube.com/user/sscdublin into any web browser.



WITHOUT CRUTCHES

Going up stairs

Lead with the good/stronger leg
↓ ↓
Followed by the operating leg

Coming down stairs

Lead with the operated leg
↓ ↓
Followed by the good/stronger leg

IF USING CRUTCHES

Going up stairs

Lead with the good/stronger leg
↓ ↓
Followed by the crutch
↓ ↓
Followed by the operated leg

Going down stairs

Lead with the crutch
↓ ↓
Followed by the operated leg
↓ ↓
Followed by the good/stronger leg

FREQUENTLY ASKED QUESTIONS

Q Is it normal to have pain/swelling after my surgery?

A It is normal to have a certain degree of swelling and associated discomfort for the initial period post surgery. This should be controlled by pain and anti inflammatory medication in addition to regular icing.

Q Do I need physiotherapy following my surgery?

A In order to return to your best possible function you need to see a chartered physiotherapist for a course of treatment following your operation. You should make an appointment to see a chartered physiotherapist within 10 days of hospital discharge.

Q Will I be able to walk after my surgery?

A Yes. You will use two crutches or a walking aid to assist with your walking. You are advised to start with short distances regularly, and progress as you feel able. Your physiotherapist will guide you in this regard.

Q When can I drive after my surgery?

A Driving can usually be performed once you are independently mobile and no longer using your crutches, providing the knee is pain-free and you have sufficient strength to control the foot pedals and make an emergency stop. It is also a good idea to check the terms of your car insurance, as some policies state that you must not drive for a specified period after an operation.