

## Dr Kumar Knee Replacement Protocol

Revised 6<sup>th</sup> April 2020

### Prehab

- quadriceps/VMO strengthening
- active knee ROM
- pelvic stability
- lower limb kinetic chain activation
- core strengthening
- cardiovascular fitness (stationary bike)
- **therapist monitoring for pristine skin surfaces**

### 0-2 weeks

- wound care, oedema management, ice and analgesia
- thromboprophylaxis (chemical, mechanical, ROM)
- WBAT (progress FASF – PUF – crutches – sticks as tolerated)
- full passive/active ROM (heels slides in chair, skateboard under foot)
- commence stationary bike once comfortable
- isometric/concentric/eccentric quads/hamstring contraction through ROM (VMO focus)
- regain coordinated muscle function

### 2-6 weeks

- stationary bike, progressively lowering seat to increase knee ROM
- body weight resistance training (stair climbing, squats, lunges, therabands)
- hydrotherapy at 4 weeks (**wound must be well-healed**)
- discard walking aids when confident
- gait retraining
- driving allowed at 6 weeks with operative leg when confident and off narcotic analgesia (eg, Endone, Oxycontin, Targin)

### 6 weeks-6 months

- progress to functional activities training
- increase stationary bike resistance as tolerated
- cardiovascular fitness with long walks/cycling/elliptical walking (30+ minutes at a time)
- focussed stretching program for entire lower limb kinetic chain



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**Integrated Orthopaedic Management**

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### **6 months-1 year**

- progressive improvement up to 1 year post-op

### **Timing of Dr Kumar's Post-Operative Appointments**

- **2 weeks (Clinical Nurse Specialist)**
- **8 weeks**
- **26 weeks (if required)**
- **1 year**