

Total Knee Arthroplasty Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Weight bearing as tolerated and no ROM limits. Early motion — extension first — and daily walking drive the outcome. Continuous passive motion is not used. Supervised PT 2–3x/week early, transitioning to a home program. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Extension 0°; flexion ≥90° by wk 2 - Walk daily; walker → cane - Quad activation; SLR without lag - Control swelling and pain	Precautions - WBAT with a walker or cane until gait is safe - No pillow under the knee; heel prop several times daily - No kneeling until the incision is healed and comfortable - Calf pain or swelling, wound drainage, or fever → contact the surgeon	Treatment Focus - Ankle pumps, quad sets, SLR, heel slides, seated flexion - Heel props/prone hangs for extension - Gait, transfer, and stair training - Ice, compression, elevation; NMES for quad activation
► Advance to Phase 2 when: wound healing, extension within 5° of full, flexion ≥90°, SLR without lag, walking household distances.			
Phase 2 Weeks 2–6	Goals - Extension 0°; flexion ≥115° by wk 6 - Cane → no device - Stairs and sit-to-stand with control	Precautions - Flexion <90° at 3 wks or <110° at 6 wks → notify the surgeon (manipulation works best before 12 wks) - Let swelling guide exercise volume	Treatment Focus - Stationary bike - Sit-to-stand, mini-squats, step-ups, leg press, TKE, bridges, hip abduction - Patellar and scar mobilization - Balance and gait drills; pool once the incision is healed
► Advance to Phase 3 when: extension 0°, flexion ≥115°, walking without a device, reciprocal stairs with a rail.			
Phase 3 Weeks 6–12	Goals - Strength, endurance, and balance - Return to work and recreation - Independent home program	Precautions - Low-impact activity encouraged (walking, cycling, swimming, golf, doubles tennis) - Discuss running and impact sport with the surgeon	Treatment Focus - Progressive resistance: leg press, step-downs, single-leg balance - Bike, elliptical, incline walking - Activity-specific training
► Full Release (typically 2-3 months): extension 0°, flexion ≥120°, normal gait without a device, reciprocal stairs, quad strength ≥80% of the other side, independent with home program, cleared by physician. Strength keeps improving for 6–12 months.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.