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UNICOMPARTMENTAL KNEE REPLACEMENT PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be weight bearing as tolerated with a crutches or walker initially. Patient may progress from a walker/crutches to a straight cane when they can demonstrate equal weight distribution, adequate balance, and limited Tredelenburg gait or limp.
- Patients will have staples or Steri-strips over their surgical incision. Staples will be removed at 10-14 post-operatively, then Steri-strips will be applied for 7 days. When the Steri-strips are removed at approximately 21 days post-op, begin scar massage.
- The patient may shower avoiding excessive water over the incision. No soaking in the bathtub.
- TED hose may be used if there are circulation issues.
- Patient should ice frequently throughout the day with legs elevated to decrease excessive swelling.
- No driving for 6 weeks after surgery with right knee; 4-6 weeks with left knee. Must be off narcotic pain meds to drive.
- Patient will attend physical therapy 2-3x/week for the first 6 weeks or until patient returns to the surgeon further orders to be written.

UNICOMPARTMENTAL KNEE REPLACEMENT PROTOCOL

PHASE 1: INITIAL PHASE

Post-Op Day 1 thru the first 3 weeks

- Ankle pumps

- Heel slides
 - Quad Sets – may be done with Russian for Quadriceps activation
 - Glut sets
 - Short arc Quads
 - 4 way Straight leg raise
 - Large arc Quads
 - Clamshells
 - Calf Stretch
 - Hamstring stretch
 - Knee extension stretch
 - Calf raises- focus on equal weight bearing
 - Marching
 - Hamstring curls
 - Bike (for ROM if tolerated)
 - Mini squats
 - Step Ups
 - Manual therapy – patella mobilization, PA/AP tibial mobilizations (grade I/II)
 - Modalities – ultrasound, interferential current
- **Range of motion should be approximately 5° - 110° by the end of this phase

PHASE 2 : INTERMEDIATE PHASE

Weeks 4-6

Continue with previous or modified versions of previous exercises, but may add:

- AROM 0°-120°

- Add weight to straight leg raises up to 2#
- TKE with theraband
- Step Ups
- Step Downs
- Single leg stance
- Wall sits
- Manual Therapy – tibial mobilizations (grade I-III), fibular AP/PA mobilizations

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PHASE 3 : ADVANCED PHASE

Week 7 – 3 months

Continue with previous or modified versions of previous exercises, but may add:

- Increase weight with leg raises up to 5#
- Walking program – begin at 1/4 mile and gradually increase
- Upper body machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle.

NO treadmill walking due to compression on the new joint.

- Golf – may begin chipping or putting at 6 weeks, driving at 3 months, and then slowly progress into a full game

PHASE 4 : FINAL PHASE

3 months +

Continue with previous or modified versions of previous exercises, but may add:

- Begin using leg weight machines
- Recommended activities – elliptical, cycle, walking, aquatic exercise, low impact aerobics,

yoga, tai chi, Theraball exercises

- NOT recommended – running/jogging, high impact aerobics, jumping rope or plyometrics