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## UNICOMPARTMENTAL KNEE ARTHROPLASTY (UKA) 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 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 limp.
- **Wound care:** Patients will have staples, surgical glue or steri-strips over the incision.
  - **Drs Price, Popham, Griffin and Salamon** - If being sent home the same day as surgery, remove the post-surgical dressings 48 hours after surgery.
  - **Drs Schaper, Nawab, Rueff, Smith, and Ellis** - If being sent home the same day as surgery, remove the post-surgical dressings 5 days after your surgery.
  - **If staying overnight in the hospital** – post-surgical dressings will be taken care of by the nursing staff in the hospital and wound care instructions will be given upon discharge.
  - Staples will be removed 10-14 days after surgery. The Surgical Glue and Steri-strips will fall off over time. Patient may shower after 72 hours with the waterproof dressings, but will need to cover the dressings that are not waterproof. Once the dressings are removed, do not submerge the incision under the water until it has healed at approximately 4 weeks post-op.  
\*\*\*Please call the office if any new redness or drainage appears around the incision.
- TED hose/Compression garments should be worn during waking hours and removed at night time. They can be worn for up to 6 weeks post operatively.
- Patient should ice frequently throughout the day with legs elevated to decrease swelling.
- Do not put pillows under the knee. Put the pillow or towel roll under the calf/heel to help regain extension.
- No driving for 6 weeks after right knee surgery; left knee surgery may drive sooner if not taking narcotic pain medications. Discuss with surgeon or therapist.
- Patient will attend home health PT for the first 1-2 weeks post-op. Transition to out-patient physical therapy 2-3x/week for an additional 6-8 weeks or until patient is released by the surgeon.
- 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.

### PHASE 1: INITIAL PHASE

EASTPOINT OFFICE  
13151 MAGISTERIAL DRIVE, SUITE 200  
LOUISVILLE, KENTUCKY 40223  
Telephone 502-587-1236  
Fax 502-587-0126

BOOKKEEPING DEPARTMENT  
5120 DIXIE HIGHWAY, SUITE 103  
LOUISVILLE, KENTUCKY 40216  
Telephone 502-587-7269  
Fax 502-587-0318

SOUTHEND OFFICE  
5120 DIXIE HIGHWAY, SUITE 103  
LOUISVILLE, KENTUCKY 40216  
Telephone 502-449-0449  
Fax 502-449-3277

Post-Op Day 2 – Week 2 (Home Health PT- Focus on early ROM, swelling reduction and pain control)

- Ankle Pumps
- Quad Sets – may be done with NMES for VMO activation
- Gluteal sets
- Knee extension stretches
- Heel slides
- Short arc quads (SAQ's) on towel roll
- Supine SLR's (focus on independent leg raise first and then eliminating extension lag)
- Side lying hip ABD
- Seated knee flexion stretches
- Standing heel raises
- Standing toe raises
- Calf stretches
- Hamstring stretches
- \*\*Range of motion should be approximately 0° - 110° by the end of this phase

Weeks 2-4 (Start out-patient PT after 2 weeks of Home Health PT)

- Continue with early Phase 1 exercises
- Focus should be regaining ROM, reducing swelling/inflammation, and eliminating extension lag with gait and SLR's
- 4 – way SLR's
- Knee extension stretches > supine heel props > prone leg hangs
- Cycle for ROM only
- Wall slides (supine with foot on wall)
- Standing knee flexion/Hamstring curls
- Hip ER/Clamshells
- Long Arc Quads (LAQ)
- Hamstring Isometrics on ball > Bridges on ball
- Standing TKE's with theraband
- Manual therapy – patella mobilization, PA/AP tibial mobilizations (grade I/II)
- Modalities PRN – NMES, IFC E-stim, Vasocompression, Cryotherapy

## **PHASE 2: INTERMEDIATE PHASE**

Weeks 4-6 (Expectations of AROM of 0°-120°+)

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

- Add weight to straight leg raises up to 2#
- Mini squats

- Standing Marches
- Core strengthening as tolerated
- Step Ups
- Step Downs
- Single leg stance/balance retraining
- Wall sits/squats
- Manual Therapy – tibial mobilizations (grade I-III), fibular AP/PA mobilizations
- Modalities PRN

### **PHASE 3: ADVANCED PHASE**

Week 7 – 3 months

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

- Increase resistance with hip exercises
- Walking program – begin at ¼ mile and gradually increase
- Upper body machines
- For cardiovascular fitness – elliptical, walking outside or on a track, aquatic exercise, cycle.
- 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, exercise ball exercises
- As Surgeon allows at a later date – running/jogging, high impact aerobics, jumping rope or plyometrics
- h impact aerobics, jumping rope or plyometrics