

UNICOMPARTMENT KNEE REPLACEMENT Rehabilitation Protocol

GUIDELINES

- All times are to be considered approximate, with actual progression based upon clinical presentation.
- Patients are full weight bearing with the use of crutches, a walker, or a cane to assist walking until they can demonstrate good walking mechanics.
- Early emphasis is on achieving full extension equal to the opposite leg as soon as able.
- No passive or active flexion range of motion greater than 90° for the first two weeks.
- No two-legged biking or flexion exercises for at least two weeks. Well-legged biking is fine.
- Regular manual treatment should be conducted to the patella and all incisions, so they remain mobile.
- Early exercises should focus on recruitment of the vastus medialis obliquus (VMO).
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process.

POST-OP: WEEK 1

Goal: allow the medial arthrotomy to heal and decrease swelling

- Icing, elevation, and aggressive edema control (i.e., circumferential massage, compressive wraps).
- Straight leg raises exercise (standing and seated), passive and active ROM exercises.
- OK to gently bend knee < 90° 1-2x per day.
- Initiate quadricep/adduction/gluteal sets, gait training, balance/proprioception exercises.
- Well leg cycling and upper body conditioning.
- Soft tissue treatments and gentle mobilization to the posterior musculature, patella, and incisions to avoid flexion or patella contracture.

POST-OP: WEEKS 2-4

- Continue with home program, progress flexion range of motion, gait training, soft tissue treatments, and balance/proprioception exercises.
- Incorporate functional exercises as able (i.e., seated/standing marching, hamstring carpet drags, hip/gluteal exercises, and core stabilization exercises).
- Aerobic exercise as tolerated (i.e., bilateral stationary cycling as able, UBE, pool workouts once incisions are healed.)

POST-OP: WEEKS 4-6

- Follow-up with doctor for 4 weeks post-op
- Increase the intensity of functional exercises (i.e., progress to walking outside, introducing weight machines as able).
- Continue balance/proprioception exercises (i.e., heel-to-toe walking, assisted single leg balance). Slow to normal walking without a limp.

POST-OP: WEEKS 6-8

- Add lateral training, exercises (i.e., lateral steps, lateral step-ups, step overs) as able.
- Incorporate single leg exercises as able (eccentric focus early on).
- Patients should be walking without a limp and range of motion should be $< 10^\circ$ extension and $> 110^\circ$ flexion.

POST-OP: WEEKS 8-12

- Incorporate activity specific training (i.e., household chores, gardening, sporting activities)
- Low impact activities until after week 12.
- Patients should be weaned into a home/gym program with emphasis on their activity/sport