

The Patient's Guide to **TOTAL KNEE REPLACEMENT**



ADVANCED ORTHOPEDICS

THE PAIN STOPS HERE
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ADVANCED ORTHOPEDICS

2000 S. Mays St. #300
Round Rock, TX 78664

MAIN OFFICE	: (512) 244-4APC (4272)
TOTAL JOINT NAVIGATOR	: (737) 610-3177
OFFICE FAX	: (512) 244-2895
EMAIL	: orthopedics@advancedpaincare.us
WEBSITE	: austinpaindoctor.com

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WELCOME...

As we age, doing the things we love to do without arthritis pain often becomes challenging.

The knee joint is the largest joint in the body. It is the “hinge” joint of the leg. It’s the joint that allows the leg to bend and straighten. The knee joint is located at the meeting point of the thigh bone (femur) and the shin bone (tibia). The knee cap (patella) covers the area where the two bones meet.

During total knee replacement surgery, the damaged part of your knee is removed and replaced with an implant. This is done with a metal alloy on the end of the femur and tibia, with a medical-quality plastic inserted between them. Bone cement may also be used in the repair.

During total knee replacement surgery, a relatively thin amount of bone is removed from the end of the thigh bone, the top of the shin bone, and the underside of the kneecap. This creates bone surfaces that allow the implant to have a good fit. Most of the major ligaments and tendons of the knee are left in place so that the knee can bend and straighten, yet remains steady in position from side-to-side and front-to-back.

Although not a normal knee, a replaced knee provides relief from the arthritis pain. Most patients have a marked decrease in their pain with substantial improvement in function after a knee replacement, which allows them to remain active and enjoy activities that had been limited because of pain.

PRE-OPERATIVE INSTRUCTIONS

> BATHING

We recommend that all patients undergoing elective total joint replacement surgery shower with a disinfectant skin cleanser prior to surgery.

Cleansing your skin appropriately before surgery will reduce the amount of bacteria that naturally occurs on your skin and is one more way to reduce the possibility of infection following surgery. The recommended cleanser can be obtained at the time of your pre-operative orthopedic office visit or from a pharmacy.

1. Shower daily with Hibiclens® or other antibacterial soap (dial) for five (5) days before surgery.
2. Make sure your skin is wet prior to using the antibacterial soap or Hibiclens®.
3. Wash your entire body for five (5) minutes, paying special attention to the surgical area (operative leg).
4. Turn water off while washing to prevent rinsing the soap off too soon.
5. Wash your hair with your normal shampoo.
6. Dry off normally with a clean towel.

Reminder:

The night before surgery wash with Hibiclens®, which can be purchased at their local drug store. It is okay to put on your own clean clothes after you are finished with this procedure.

Additional Information:

Please check with your surgeon regarding eating and drinking the evening prior to and the day of surgery.

- Do not shave your leg or body for five (5) days before surgery.
- Do not use lotion on the operative leg during the five (5) days prior to surgery.

> DENTAL WORK

NO dental work 2 weeks before surgery.

If there is an emergency, such as a toothache or a broken tooth, call the clinic for instructions.

Antibiotics must be taken before you have any dental work done. Dental work is also discouraged for up to three months after surgery. You may be given a prescription for antibiotics at your pre-op visit or you can obtain an antibiotic prescription for routine dental work at the 6-week or 3-month follow-up.

PRE-OPERATIVE INSTRUCTIONS (cont.)

> EXERCISE

Exercising, up to the day before your surgery, helps improve your strength, range of motion and endurance. This helps lead to a successful outcome and recovery. Talk with your surgeon about a referral to physical therapy if you would like help developing an exercise program. In addition, see the exercises at the end of this guide.

Why is exercise so important to your recovery? Strengthening exercises for the hip or knee joint improves recovery. Upper body conditioning exercises help reduce muscle soreness and fatigue caused by the use of a walker crutches, a cane, or other aids. A walking or water exercise program increases endurance, flexibility, and overall strength.

> DIET & NUTRITION

Healthy eating and proper nutrition before and after your surgery aids the healing process. Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function. This can cause constipation after surgery.

Dietary Recommendations Include:

- Drink plenty of fluids and stay hydrated
- Increase fiber intake to help avoid constipation. Foods such as corn, peas, beans, avocados, whole wheat pasta and breads, broccoli, almonds
- Increase iron intake Foods such as lean red meat, dark green leafy vegetables, raisins, and prunes
- Increase Vitamin C intake to help your body absorb iron. Foods such as oranges, cantaloupe, and tomatoes
- Increase Calcium intake, which is needed to keep your bones strong. Foods such as milk, cheese, yogurt, dark leafy greens, and fortified cereal

MEDICATIONS



> PRESCRIPTION MEDICATIONS

There are a number of medications that should be stopped for a period of time prior to surgery. It is important that we have a current list to review with your surgeon and your primary care provider.

Below is a list of common medications that usually need to be stopped prior to surgery. Always discuss the stoppage of any medications with the physician that has prescribed the medication to establish a safe plan. Some medications require you to gradually decrease the amount of medication (weaning off) instead of suddenly stopping, and some require you to take a different medication until you are able to resume your normal treatment plan.

BLOOD THINNER & PLATELET INHIBITORS
3-7 Days Before*
Coumadin®, Aspirin, Heparin, Xarelto, Eliquis
7 Days Before
Plavix®

RHEUMATOLOGY MEDICATIONS
2 Weeks Before and 2 weeks After
Embrel®, Remicade®, Humira®, Kineret®
4 Weeks Before and 4 weeks After
Plaquenil®, Orencia®

BIRTH CONTROL
6 Weeks Before
All forms: pill, patch, injection, etc,

If you are on any medications for heart problems, lung problems, or high blood pressure, check with the medical doctor to see if you will need to take your medication on the day of surgery. It is okay to take other routine medications right up until the night before your surgery.

MEDICATIONS (cont.)



> OVER-THE-COUNTER MEDICATIONS

There are some non-prescription medications that should be stopped prior to surgery.

ANTI-INFLAMMATORY MEDICATIONS
7 Days Before
Ibuprofen (Motrin, Advil), Aspirin, Indocin, Naprosyn, Meclomen, Tolectin, Alka Seltzer, Bufferin, Anacin, and Pepto-Bismol

ANTI-INFLAMMATORY MEDICATIONS
14 Days Before
Examples: Arnica, Gingko Biloba, garlic or fish oil, etc.

You may take Extra Strength Tylenol, Tylenol with codeine, or Tylenol PM for pain control during this time. Please consult your doctor for any other alternatives.

WHAT TO BRING TO THE SURGERY CENTER

> CELL PHONE

If you are on any medications for heart problems, lung problems, or high blood pressure, check with the medical doctor to see if you will need to take your medication on the day of surgery. It is okay to take other routine medications right up until the night before your surgery.

> CLOTHING

Pajamas (knee length gown, robe or drawstring pants and top), loose fitting shorts/sweats, and T-shirts.

> A WALKER

Moving around may be difficult right after surgery. A walker will help to steady you as you begin to walk again.

> A POSITIVE ATTITUDE

Willingness to actively participate in your rehabilitation plays a crucial role in determining the successful outcome of your surgery! Throughout the course of your recovery keep in mind the end result... pain relief and a return to a more active lifestyle. Remember, you will have good days and difficult days during your rehabilitation. Don't get discouraged!! As time goes on, you will realize the benefits of joint replacement surgery.

WHAT TO LEAVE AT HOME

> VALUABLES

Cash, keys, credit cards, jewelry, or any other valuables.

> MEDICATIONS

Medications are provided by the surgery center. Only in specific circumstances will you need to bring your own medications.

HOME SAFETY PREPARATION

Setting up your home for your return before you have surgery will help keep you safe, make your life easier, and aid in your recovery. Listed below are suggestions for preparing your home for a safe recovery.

> CLEAR WALKWAYS

Move obstacles – such as throw rugs, extension cords, and footstools – out of your walkway.

Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker or crutches.

> SITTING

Sit in chairs that keep your knees lower than your hips. Choose a firm, straight-back chair with armrests. A dining room chair may work if you don't have other chairs. Add a foam cushion or folded blanket if you need to raise yourself up, but avoid sitting on a soft pillow. Also, avoid sitting in rolling chairs or recliners.

> CHILDREN/PETS

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep pets in another area of the house when you arrive home.

> ACCESSIBILITY

To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom, and bedroom, for example, food, medications, phone. It's a good idea to carry a cell phone or portable phone with you at all times during your recovery.

> STAIRS

It's okay to climb stairs without assistance, if you are able. However, you may need help with climbing stairs when you first get home. Consider installing handrails or make sure existing handrails are secure.

> LAUNDRY AND CLEANING

Get help with cleaning and laundry. Have a few weeks of clean clothes available.

HOME SAFETY PREPARATION (cont.)

> MEALS

Arrange for help with your meals and perishable foods (milk, salad, and fruits and vegetables). Freeze pre-made dinners before your surgery. Stock up on non-perishable foods (boxed, canned, and frozen).

> DRIVING

Do not drive until your surgeon tells you it is okay to do so. Absolutely do not drive while taking narcotic medications. Do not drive until you have regained the range of motion, strength, and reaction time needed to drive safely.

ADAPTIVE OR DURABLE MEDICAL EQUIPMENT

Below is a list of suggested items that can make your life easier and keep you safe. Most of the items can be found at a medical supply store or at pharmacies, home improvement stores, or thrift stores. These items should be purchased before your surgery, however before buying; we suggest you talk to either a physical or occupational therapist about your specific needs. It is highly recommended that you contact your insurance company to find out what is covered under your policy.

PERSONAL AIDS	PERSONAL AIDS
<ul style="list-style-type: none">• Walker (with 5 inch wheels, not a Rollators or walker with seat)• Cane• Reacher (or grabber)• Crutches• Sock aid• Long-handled shoehorn• Elastic shoelaces	<ul style="list-style-type: none">• Elevated commode seat• Toilet seat riser / Shower chair• Grab bar for shower / tub• Hand-held shower head• Long-handled bath sponge

MANAGING POST SURGICAL PAIN

> EXPECTATIONS

While we have made significant progress in understanding pain and have developed improved methods of dealing with surgical pain after total joint replacement surgery, the amount of pain one experiences varies from person to person. It is important to have reasonable expectations for pain control after surgery.

“Control” is the operative word here. “No pain” after total joint surgery is not a reasonable expectation. Our goal is to keep your pain level under control. This enables you to participate in your therapy and get adequate rest. Communication with the nursing staff is a very important part of achieving that goal. While some pain medication will be given to you on a regular schedule, the majority of it is on an as needed basis.

Taking pain medication 30 minutes prior to physical therapy sessions is a good way to help control your pain and be able to participate in your rehab. Another way is to take pain medications on a regular basis. It is much more difficult to get your pain back under control than to keep it under control by having a steady level of pain medication in your system. Work with the medical staff to find a plan that works for you. If you feel that your level of pain prevents you from participating in your rehab, please talk to your doctor.

> ALTERNATIVE OPTIONS

Applying ice to the incision and elevating your leg helps diminish inflammation and swelling, and as a result decreases pain. Participating in activities you enjoy, such as visiting with friends, watching TV, and reading, can help distract your mind from focusing on the pain. Changing positions and moving around can also help in decreasing your pain.

AFTER DISCHARGE

> NORMAL SENSATIONS

After surgery, your leg may feel/show:

- **HEAVY.** The muscles are weak after surgery. It will become easier to move as you continue to do your exercises.
- **LONGER.** Do not be alarmed. This happens to a few patients who have had a total hip replacement. The sensation will resolve usually by the 5th or 6th week. Continue to walk and weight bear through the operative leg.
- **TIGHT.** Your leg will be swollen for 1-2 months. Total hip replacement patients may experience swelling around the hip and possibly into the groin area and down to the knee. Patients will often feel stiff, especially with prolonged sitting. Total knee replacement patients may experience swelling around the knee and possibly down towards the foot and ankle. Performing the range of motion exercises can be difficult because of this tightness/swelling.
- **WARM.** Some warmth is normal, especially after walking or exercising.
- **NUMB.** Total knee replacement patients may experience numbness on the outside of the knee-cap usually the size of a 50-cent piece). Total hip replacement patients may experience numbness on the outside of the leg. Total knee/hip replacement patients may also experience numbness along the incision line.
- **“BAND AROUND THE KNEE”** for knee replacement patients. The “band-like” sensation usually subsides by 6 weeks.
- **BRUISING.** You may notice increased bruising along the back of your leg/knee for hip patients and down the calf/shin and into your foot/ankle for knee patients. This is accumulation of blood from the surgery. Often, it cannot be seen until 1-2 weeks from surgery, and may last 6 to 8 weeks.

> COMPLICATIONS

Call the Total Joint Navigator if you experience any of the following:

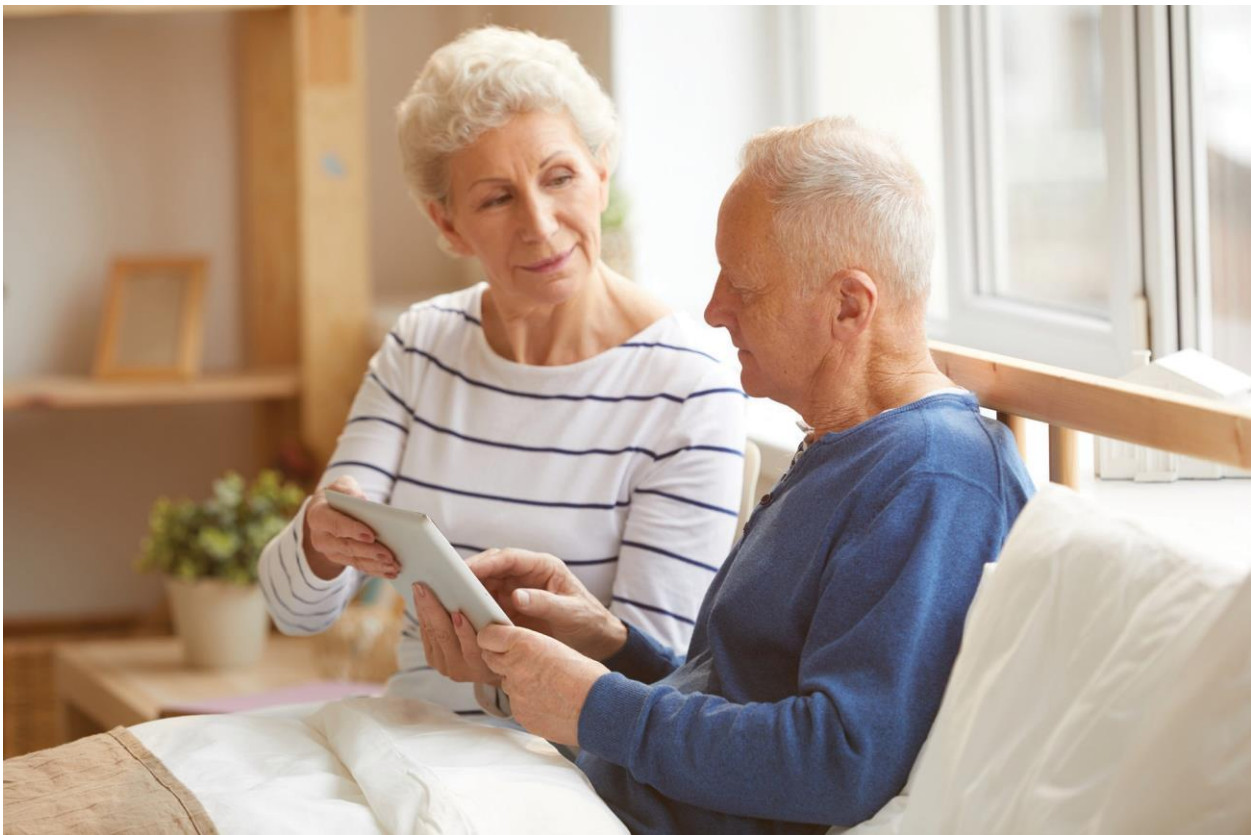
- Fever of 101 degrees or higher
- Drainage from the wound
- **Pain/redness in the calf or behind the knee***
- Swelling in the legs that does not go down with elevation (ankles higher than heart level)
- **Shortness of breath or chest pain***

PLEASE REMEMBER TO CALL THE TOTAL JOINT NAVIGATOR BEFORE GOING TO A LOCAL EMERGENCY UNLESS IT IS A MEDICAL EMERGENCY*.

AFTER DISCHARGE (cont.)

> HOME: POST-OP NIGHT OF SURGERY

- ▶ Keep the surgical dressing dry and intact.
- ▶ Take one Aspirin.
- ▶ Use Incentive Spirometer hourly.
- ▶ Take one Lyrica or Gabapentin if prescribed.
- ▶ Once nerve block starts to wear off, begin postop pain medication.
- ▶ Use Zofran (Ondansetron) as needed for nausea.
- ▶ Take one dose of an over-the-counter laxative to prevent constipation.
- ▶ OK to supplement prescription pain medication with Extra-Strength Tylenol – do not take more than 6 in 24 hours (maximum 3000 mg Tylenol).
- ▶ **Be careful getting in and out of bed and chairs** – Do not bend the hip past 90 degrees and do not cross the legs.



AFTER DISCHARGE (cont.)

> HOME: DAY ONE POST-OP

- ▶ Resume fluids, resume healthy diet.
- ▶ Continue use of Incentive Spirometer.
- ▶ Bowel management – Take an over-the-counter laxative – pain medications are constipating.
- ▶ Take one Aspirin twice a day to further help prevent blood clots.
- ▶ Take Lyrica or Gabapentin if prescribed.
- ▶ Take postop pain medication as prescribed.
- ▶ Transition to non-opioids medications as pain level allows.
- ▶ Continue post-operative exercises.
- ▶ Compression Stockings will stay on until you get back to baseline activity level.
- ▶ Out of bed to chair, ambulate with walker or cane.

> HOME: DAY TWO POST-OP

- ▶ Continue to diminish use of pain medication as tolerated.
- ▶ Continue use of Incentive Spirometer.
- ▶ Continue Aspirin twice daily – until one-month post-op.
- ▶ Continue Lyrica or Gabapentin if prescribed, until 7 days post-op.
- ▶ Ambulate with walker.
- ▶ Transition to cane if safe and stable.
- ▶ Continue fluids, resume healthy diet, continue laxative to prevent constipation.

IMPORTANT >>>>>>>>>CALL OUR OFFICE (737) 610-3177 >>>>>>>>>>>>>>>

- ▶ FEVER GREATER THAN 101 DEGREES
- ▶ INCREASED DRAINAGE, REDNESS OR SWELLING TO THE INCISION
- ▶ INCREASED HIP PAIN

AFTER DISCHARGE (cont.)

> HOME: DAY THREE POST-OP

- ▶ Continue Aspirin twice daily – until one-month post-op.
- ▶ Continue use of Incentive Spirometer
- ▶ OK to shower – remove dressing, then pat (DON'T RUB) the incision area dry with a dry, clean washcloth.
- ▶ Continue to diminish use of pain medication as tolerated.
- ▶ Continue independent exercise protocol.
- ▶ Continue Lyrica or Gabapentin if prescribed, until 7 days post-op.

> HOME: DAYS 4 THROUGH 13 POST-OP

- ▶ Continue home exercise program.
- ▶ Continue wearing compression stockings.
- ▶ Continue Aspirin twice daily - until one-month post-op.
- ▶ Post op office visit with your surgeon or his Physician's Assistant: Xray, incision check, assess progress in outpatient PT program, evaluation of functional status, level of discomfort.
- ▶ Resume activity as tolerated.

[illegible]

- ▶ CALF PAIN/ TENDERNESS OR LEGS SWELLING
- ▶ CHEST PAIN
- ▶ CHEST CONGESTION
- ▶ PROBLEMS WITH BREATHING OR SHORTNESS OF BREATH

AFTER DISCHARGE (cont.)

> WEEKS 1 TO 6 AT HOME

Our health team members are available to assist you 7 days a week. You or a family member can call and receive answers to general questions as well as instructions in the event of an emergency. Do not hesitate to call your surgeon's office regardless of the issue. During the first six weeks after discharge, you should be making progress week by week. Most patients are eager to report their progress at follow-up visits and are ready to move to the next level in their recovery.

Most patients can accomplish the following during the first six weeks after total joint replacement:

- Walk without help on a level surface with the use of walker, crutches, or cane as appropriate.
- Climb stairs as tolerated.
- Get in and out of bed without help.
- Get in and out of a chair or car without help.
- Shower using a tub bench— as long as there are no issues with the incision.
- Resume your activities of daily living including cooking, light chores, walking, and going outside the home. You should certainly be awake and moving around most of the day.
- Some patients return to work before the first follow-up visit. This is approved on an individual basis and should be discussed with your surgeon.

> PREVENTING INFECTION

Your new joint is artificial and does not have your body's natural protection against infection. It is possible to develop an infection in your artificial joint if antibiotics are not taken before certain procedures.

These procedures include:

- Dental procedures
- Colonoscopy/Sigmoidoscopy
- Cystoscopy/Genitourinary instrumentation
- Prostate and/or bladder surgery
- Kidney surgery
- Cardiac catheterization
- Barium enema
- Endoscopy

Before having any procedures, let the physician or dentist doing the procedure know you have an implant. He or she should provide antibiotics. You may also contact the surgeon who performed your joint replacement to obtain the appropriate prescription antibiotics, if needed.

AFTER DISCHARGE (cont.)

> ANTIBIOTIC PROTECTION FOR IMPLANTED JOINTS



TEETH CLEANING, FILLINGS:

AMOXICILLIN, 2 grams one hour prior to the procedure; 1 gram six hours after the initial dose. Alternative: (allergy to Amoxicillin or penicillin) EES (Erythromycin Ethyl-Succinate), 800 mg two hours prior to procedure, 400 mg. 6 hours after the initial dose.

DENTAL EXTRACTIONS, ROOT CANAL:

Same as #1 but continue every 6 hours for two days.

URINARY TRACT PROCEDURES

(CYSTOSCOPY, TRANSURETHRAL RESECTION OF PROSTATE (TUR):

AMPICILLIN, 2 grams plus GENTAMYCIN 80 mg IV or by injection 1/2 hour prior to procedure.

AFTER DISCHARGE (cont.)

> ANTIBIOTIC PROTECTION FOR IMPLANTED JOINTS (cont.)

GASTROINTESTINAL TRACT PROCEDURES,
SUCH AS COLONOSCOPY, SIGMOIDOSCOPY, ENDOSCOPY WITH BIOPSY:

AMOXICILLIN, 3 grams by mouth, one hour prior to the procedure then AMOXICILLIN, 1.5 grams by mouth six hours after initial dose.

Alternatives: VANCOMYCIN, 1 gram I.V. one hour prior to procedure, plus GENTAMICIN, 80 mg. I.V., one hour prior to procedure.

ENDOSCOPY WITHOUT BIOPSY, SIGMOIDOSCOPY, BARIUM ENEMA:

AMOXICILLIN, 3 grams by mouth, one hour prior to the procedure, then 1.5 grams 6 hours after the initial dose. Alternative: VANCOMYCIN, 1 gram I.V. one hour prior to the procedure.

SKIN BOILS, INFECTED LESIONS, PODIATRY PROCEDURES, SUCH AS NAIL CUTTING,
INGROWN TOENAILS:

DICLOXACILLIN, 500 mg. by mouth or KEFLEX, 500 mg. every six hours by mouth, until lesion has improved.

Alternative: EES, 400mg.

BREAST BIOPSY, PAP SMEARS:

Not needed.

SURGERY:

Inform the surgeon that you have had a joint replacement.

CARDIAC CATHETERIZATION:

Inform your cardiologist that you have had a joint replacement. We recommend that you have antibiotics before the procedure.

NOTE: AMPICILLIN, VANCOMYCIN, GENTAMICIN, GIVEN I.V. OR BY INJECTION, MUST BE ADMINISTERED AND PRESCRIBED BY YOUR TREATING PHYSICIAN.

POST-SURGERY SLEEP DISORDERS

After surgery, one of the most frequent complaints from a patient is, “I have trouble sleeping.”

There are several things that you can do to minimize this problem. After surgery when the body has undergone trauma, endured anesthesia and tolerated pain medications, the normal activity/rest pattern becomes disturbed. Your body may not recognize when it is tired. In the days after surgery you may notice that there are frequent interruptions day and night from nurses taking vital signs, giving medications, noises from foot compression pumps that produce a constant mild hum/whoosh sound, IV alarms beeping, monitors beeping, etc. The sleep pattern becomes a series of frequent naps with a short stretch of nighttime sleep.

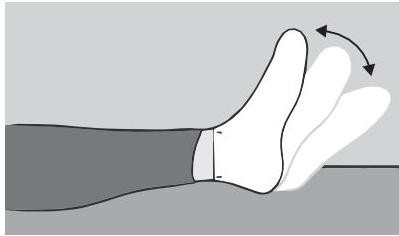
Here are some suggestions that may help you sleep:

- **Have a glass of warm milk or a banana.** These foods are high in the amino acid tryptophan, which may help you to sleep.
- **Relaxing activities** such as reading, playing solitaire, sewing, watching TV, or working on a jigsaw or crossword puzzle may help relieve anxiety and reduce muscle tension.
- **Avoid taking naps.** Naps should be taken in the later morning or early afternoon for no more than 2 hours. If you nap later in the day or early evening, you will be tired at your normal bedtime. You should try to plan your activities as near normal as possible. Get back on your pre-surgery clock.
- **Wake up early.** If you stay in bed longer in the morning you will create a new pattern of activity/rest. If you are used to getting up at 7 am, get up at 7 am, even if you just fell asleep at 5 am. Eventually, you will get yourself back on a more normal cycle.
- **Regular exercise,** particularly in the afternoon, can help deepen sleep. However, strenuous exercise right before sleep may prevent you from falling asleep by creating over-stimulation.
- **Avoid alcoholic beverages, caffeine, chocolate, heavy/spicy/sugary or sugar-filled foods** for several hours before bedtime. Avoid smoking before bedtime. Restrict fluids right before bed. If you are frequently awakened to use the bathroom, it will disturb your sleep cycle.
- **Make sure your bedding is comfortable.** The bedroom should neither be too hot nor too cold as this can keep you awake. Find a comfortable temperature for sleeping and keep the room well ventilated.
- **Eliminate noise** and eliminate as much light as possible.
- **Sleeplessness can be a side effect from the medication.** Ask your doctor or pharmacist about this possibility. Following joint replacement surgery, we do not routinely order sleeping medications as it can increase the risk of falling.

**ALWAYS FOLLOW THE ADVICE OF YOUR PHYSICIAN AND OTHER HEALTH CARE PROFESSIONALS.
THE GOAL IS TO REDISCOVER HOW TO SLEEP NATURALLY.**

TOTAL KNEE REPLACEMENT EXERCISES

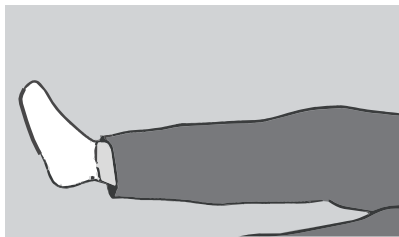
It's important to keep your body strong and flexible both before and after your joint replacement surgery. Following the exercise program presented below will help speed recovery and make doing everyday tasks easier and less painful during your rehabilitation period.



ANKLE PUMPS

1. Bend your foot up and down at your ankle joint.
2. Note: Keep on doing Ankle Pumps throughout the day, as it is most important exercise for leg blood circulation, prevents blood clotting and swelling.

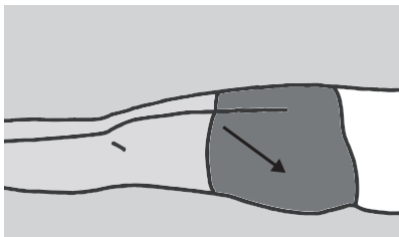
Repeat 10 times (1 set), 2 sets/day



QUAD SETS

1. Sit or lie on your back with your leg straight.
2. Tighten your quadriceps muscle on the front of the thigh.
3. This movement should press the back of your knee downward and the kneecap to move toward your hip slightly.
4. Attempt to slowly lift the heel off the floor at the peak of the contraction.

Repeat 10 times (1 set), 2 sets/day

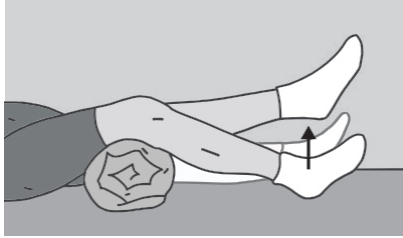


GLUTE SETS

1. Lie on your back with your legs straight.
2. Tighten your gluteal (rear end) muscles by squeezing together.

Repeat 10 times (1 set), 2 sets/day

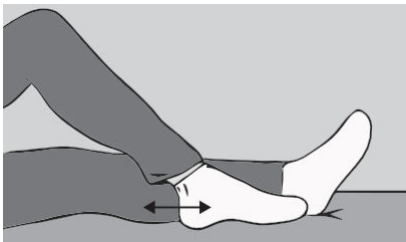
TOTAL KNEE REPLACEMENT EXERCISES (cont.)



SHORT ARC QUAD- SAQ

1. Place a rolled-up towel or object under your knee and slowly straighten your knee as you raise your foot.
2. Lower back down and repeat.

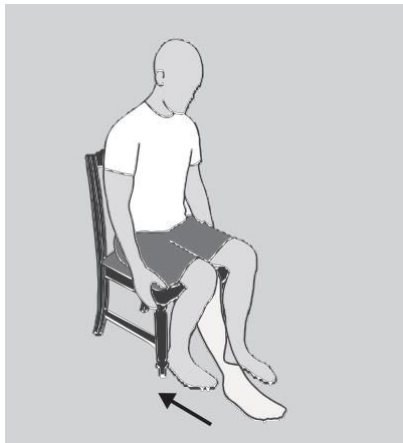
Repeat 10 times (1 set), 2 sets/day



HEEL SLIDES- SUPINE

1. Lying on your back with your knees straight, slide the affected heel towards your buttock as you bend your knee.
2. Hold a gentle stretch in this position and then return to the original position.

Repeat 10 times (1 set), 2 sets/day



SEATED HEEL SLIDES

1. While in a seated position and foot forward and rested on the floor, slowly slide your foot closer towards you.
2. Hold a gentle stretch and then return foot forward to original position.

Repeat 10 times (1 set), 2 sets/day

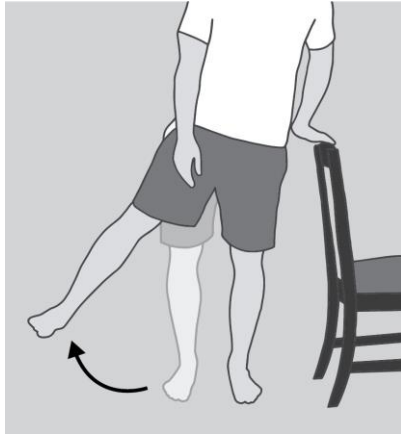


HIP ABDUCTION- SUPINE

1. While lying on your back, slowly bring your leg out to the side.
2. Keep your knee straight the entire time.

Repeat 10 times (1 set), 2 sets/day

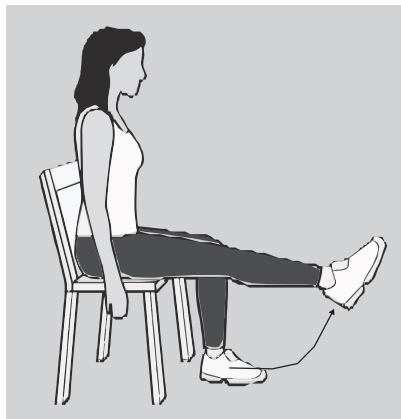
TOTAL KNEE REPLACEMENT EXERCISES (cont.)



HIP ABDUCTION- STANDING

1. Place a rolled-up towel or object under your knee and slowly straighten your knee as you raise your foot.
2. Lower back down and repeat.

Repeat 10 times (1 set), 2 sets/day



SEATED KNEE EXTENSION- LAQ

1. Sit at edge of chair, table or plinth table.
2. Lift foot of involved leg off the floor, feeling quad muscle tighten up.
3. It is okay if your knee does not completely straighten out at first, as long as you feel the muscle working.

Repeat 10 times (1 set), 2 sets/day

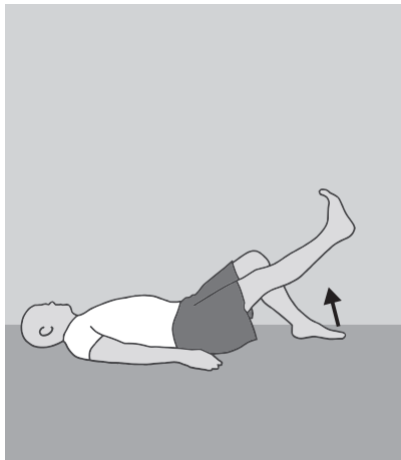


SINGLE LEG STANCE- SLS

1. Stand on one leg and maintain your balance.

Repeat 10 times (1 set), 2 sets/day

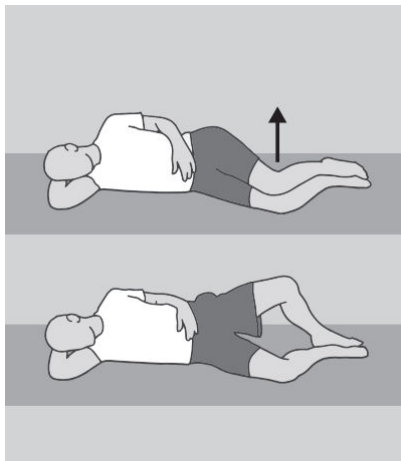
TOTAL KNEE REPLACEMENT EXERCISES (cont.)



STRAIGHT LEG RAISE

1. While lying on your back, raise up your leg with a straight knee.
2. Keep opposite leg bent with the foot planted on the ground.

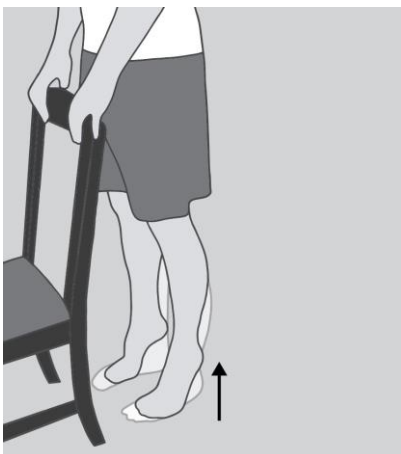
Repeat 10 times (1 set), 2 sets/day



SIDELYING CLAMSHELL- SLC

1. While lying on your side with your knees bent, draw up the top knee while keeping contact of your feet together.
2. Do not let your pelvis roll back during the lifting movement.

Repeat 10 times (1 set), 2 sets/day

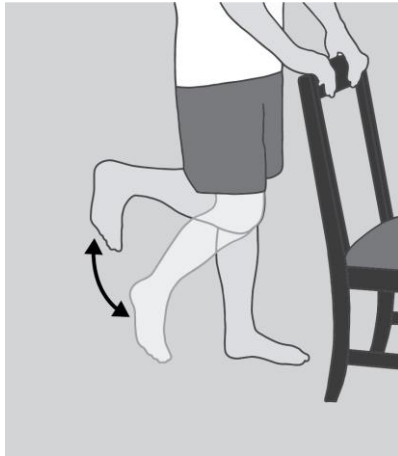


HEEL RAISES- CALF RAISES- STANDING- BILATERAL

1. Stand on one leg and maintain your balance.

Repeat 10 times (1 set), 2 sets/day

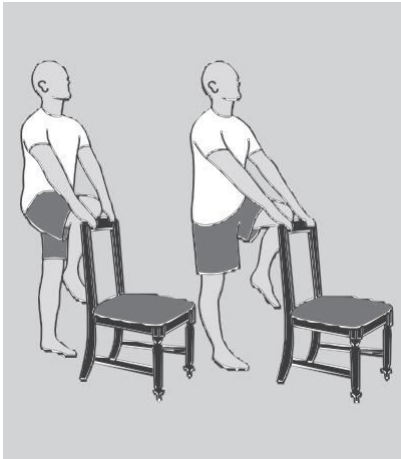
TOTAL KNEE REPLACEMENT EXERCISES (cont.)



STANDING HAMSTRING CURLS

1. While standing, bend your knee so that your heel moves towards your buttock.
2. Lower back down until first contact with floor and repeat.
3. Keep knees in line with one another.

Repeat 10 times (1 set), 2 sets/day



STANDING MARCHING

1. While standing, draw up your knee, set it down, and then alternate to the other side.
2. Uses your arms for support if needed for balance and safety.

Repeat 10 times (1 set), 2 sets/day

The Patient's Guide to

TOTAL KNEE REPLACEMENT

ADVANCED ORTHOPEDICS

2000 S. Mays St. #300
Round Rock, TX 78664

MAIN OFFICE : (512) 244-4APC (4272)

TOTAL JOINT NAVIGATOR : (737) 610-3177

OFFICE FAX : (512) 244-2895

EMAIL : orthopedics@austinpaindoctor.com

WEBSITE : austinpaindoctor.com



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