



Orthopedic care.

CMH ORTHOPEDIC & SPINE CENTER  
**TOTAL KNEE INSTRUCTIONS**

1155 W. Parkview St., Suite 2D, Bolivar  
417-777-2663 • [citizensmemorial.com](http://citizensmemorial.com)



## General Overview of Total Knee Replacement

- Knee replacement prosthetics are constructed of metal and plastic and therefore differ from a natural joint. While they relieve pain, they will have their own characteristics.
- Recovering from surgery requires significant work and is typically aided by skilled physical and occupational therapists.
- A home exercise program prior to surgery and postoperatively is critical.
- Most people need at least 6 weeks of therapy following knee replacement. During the post-op period, you can expect knee pain, but it will be a different type and should continue to improve.
- The hospital stay is one to two days after surgery.
- In the hospital, the therapist will assist you in walking after surgery.
- It is helpful to have a family member or friend stay with you for the first two weeks.
- Driving is not permitted for three to six weeks.
- Ambulatory aids, such as walkers and canes, are used postoperatively. Social Services will assist you in obtaining them.
- Tobacco and nicotine use are known to impair the body's ability to heal bones and wounds. Recommendation is to STOP smoking 30 days prior to surgery.
- Patient education is available on our website. Visit [www.citizensmemorial.com/specialties/orthopedics](http://www.citizensmemorial.com/specialties/orthopedics). And then click "Patient Resources".

## Preoperative Checklist

- Pre-arrange transportation home the day of discharge.
- Have medication list & past medical history available upon request.
- The CMH Ambulatory Surgery Center will call before your surgery to confirm surgery time and instructions. If you do not hear from them before 3 p.m. the day before surgery, call 417-328-6580.

## Items to Bring From Home

- Shoes with rubber soles that can easily be slipped on without assistance.
- Clothes that are not restrictive
- Personal toiletries
- CPAP machine (if you use one at home)
- Walker
- Cell phone & charger

## Day of Surgery

- Make arrangements for a friend or family member to be in the waiting room during surgery and available to visit with the surgeon after surgery.
- A preoperative nurse will get you ready for surgery.
- Anesthesia personnel will talk to you about the anesthetic (most commonly spinal) and nerve blocks for post-op pain control.

- The surgeon will talk with you, answer any questions and identify the correct surgical site.
- After surgery, you will spend a short time in the recovery room and then be transferred to the nursing unit where you will meet the nursing and therapy teams.
- You will get up and walk the same day of surgery, or the following morning, with a walker. Therapy will be there to guide and direct care. You can walk and bear weight as tolerated. Nursing can assist you to the bathroom as needed.
- Physical therapy will place a CPM (Continuous Passive Motion) machine on your knee, directly after surgery, for two hours. This machine will move your knee to help improve your motion. It will be worn two hours at a time; for three to four times a day.

## During your hospital stay

- The surgeon or a physician assistant will see you daily while in the hospital. This is a good time to discuss any problems or pain issues.
- Anesthesia personnel will also make a visit to make adjustments to your pain control.
- Physical therapy will see you two times a day to work on walking, transfers, stair training, strengthening and improving the motion in your knee.
- Occupational therapy will see you daily to address personal hygiene, dressing and any other activity of daily living.
- Respiratory therapy will assist in deep breathing and keeping lungs clear.
- You will not be able to smoke or chew tobacco while on our smoke-free campus. Smoking and use of tobacco products slows the healing process and is discouraged after surgery.
- If a catheter was placed in your bladder, it will be removed during your stay. Notify nursing if any difficulty in voiding occurs after the catheter is removed. You will be required to void before leaving the hospital.
- To prevent blood clots, you will use medications and compression devices (SCD's) on your legs.



## Discharge from Hospital

- Discharge planning and arrangements for follow-up appointments will be made when surgery is scheduled. You will also receive confirmation from hospital staff upon discharge.
- Depending on your level of function and the care you will require at discharge, your options may include: home with outpatient services, home health or a rehab facility.
- If you selected a rehab facility after surgery, social services will make arrangements for transportation & admission to the facility.
- Physical therapy will be provided two to four times a week for up to 6 weeks following surgery.
- We strive for 90 degrees of flexion and ability to actively do a straight leg raise before discharge from the hospital.
- Nursing staff will assist you to your vehicle. Arrange to be picked-up in a vehicle that is easy to get in and out of.
- The knee will be somewhat swollen and warm after discharge from the hospital. It will slowly resolve over the next several weeks and months. Notify the medical team if it worsens.
- Medication and modalities will be provided, as needed, to help control pain.

## When You Go Home

- Elevation of the extremity after surgery decreases swelling, facilitates range of motion, decreases pain and decreases chances for blood clots. Do frequent sessions of lying down with three or more pillows under your foot or calf so that the ankle is above heart level. Avoid laying in bed with a pillow directly under your knee. Limit sitting to no more than two hours at a time..
- The dressing should be left in place until the first post-op visit, unless otherwise indicated.
- You will use a walker for walking at home. Your therapist will progress you to a cane when ready.
- When sitting, keep feet flat on the floor & avoid using a foot stool.
- If home health is chosen, your therapist & nurse will come to your home for treatment and you will need to remain home bound during this time.
- An ice pack can be placed on the knee for 15-20 minutes, as needed, to help control pain. Place ice pack in a pillow case before applying to knee.
- If outpatient therapy is chosen, you will need reliable transportation to drive you to each visit until you are off pain medication.
- Make sure your home is safe. This includes rugs/mats moved out of way, toilet stool risers in place, stairs should have handle bars for safety.
- Home exercises need to be done three times per day.
- The outcome of your knee will depend on the compliance you have with completing your home exercise program.
- Progress your daily activities within moderation to avoid set backs in your recovery time.
- Discuss with your therapist before you make any long travel plans during your recovery.
- It is recommended to have someone with you at all times for at least the first two weeks after surgery.
- Showering:
  - Keep dressing clean
  - Do not stay in shower for extended length of time
- Driving is not permitted for three to six weeks. A good test for driving is when you can climb up steps without a railing.

## Follow-up Care

### 2 Week Post-Op Appointment

- Follow-up in office with physician
- Dressing is removed, incision and swelling will be observed
- Gait, strength and range of motion will be assessed
- Pain management will be evaluated
- Follow up appointment will be scheduled
- Refills for pain medication will be addressed
- By this visit you should be walking distances safely with a cane or walker and have a minimum of 100 degrees of flexion

### 6 Week Post-Op Appointment

- Follow-up in office with physician
- X-Rays will be taken
- The same evaluations as the two week check
- Physical therapy should be complete
- Range of motion should be at 110 degrees or more. Should be negotiating stairs and walking in the community without a cane or walker.
- Discontinue aspirin and SCD's as directed by physician

### 6 Month Post-Op & 1 Year Post-Op

- Follow-up in office with physician for routine check
- Continue with daily home exercises and range of motion to be at 120 degrees or more
- X-ray may be ordered at the discretion of the provider

## Life Recommendations

- Antibiotics are recommended prior to dental or surgical procedures
- Inform medical and surgical providers that you have had a total joint replacement
- Running and jumping should be avoided and discuss kneeling with surgeon
- Total Joint Identification card may be obtained for travel purposes

## Medications & Pain

- First few weeks, try to take pain meds every four hours so you can stay behind the pain
- If you need a refill on pain medication, please call during normal business hours and give the nurses at least 48 hours notice. Call 417-777-2663.
- Stop all anti-inflammatories at least 10 days prior to surgery
- Over the counter products need to also be discussed with nursing/provider
- You will be on a blood thinner after surgery. This could be aspirin or a stronger medication.
- If you are placed on a stronger blood thinner such as Coumadin, Xarelto or Lovenox, your physician will direct you on dosage requirements.
- If it is determined you are at a standard risk of blood clots, you will be put on aspirin and SCD's (these go over your calf and pump up to help with circulation)
- Pain medications can cause problems with bowel movements. Stool softener or laxatives may be ordered to help with these conditions.
- Eat a well-balanced diet with plenty of fruits, vegetables and fiber to aide in bowel mobility

## **Things to Watch For**

- Very normal to notice a “click” in your knee at times, sometimes you can hear it or feel it
- Numbness beside the incision is very normal
- If any of the following changes in leg, hip or other medical concerns occur, call office at 417-777-2663.
  - Increasing pain
  - Redness
  - Increased drainage from the incision site
  - Pain in calf
  - Fever or chills
  - Shortness of breath
  - Chest pain
  - Fast heart rate
  - Numbness other than around incision site

**Please call our office with any questions or concerns:  
417-777-2663.**

# Total Knee Exercises

## #1 Range of Motion: Plantar/Dorsiflexion



With right leg relaxed, gently flex and extend ankle. Move through full range of motion. Avoid pain.

Repeat 25 times per set. Do 1 set per session. Do 3 sessions per day.

## #2 Strengthening: Quadriceps Set



Tighten muscles on top of thighs by pushing knees down into surface. Hold 5-10 seconds.

Repeat 10 times per set. Do 1 set per session. Do 3 sessions per day.

## #3 Strengthening: Straight Leg Raise



Tighten muscles on front of right thigh, then lift leg \_\_\_ inches from surface, keeping knee locked.

Repeat 10 times per set. Do 1 set per session. Do 3 sessions per day.

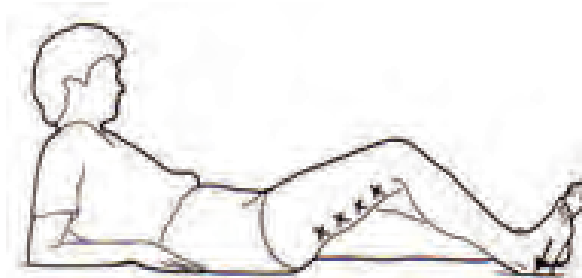
## #4 Strengthening: Terminal Knee Extension



With right knee over bolster, straighten knee by tightening muscles on top of thigh. Keep bottom of knee on bolster.

Repeat 10 times per set. Do 1 set per session. Do 3 sessions per day.

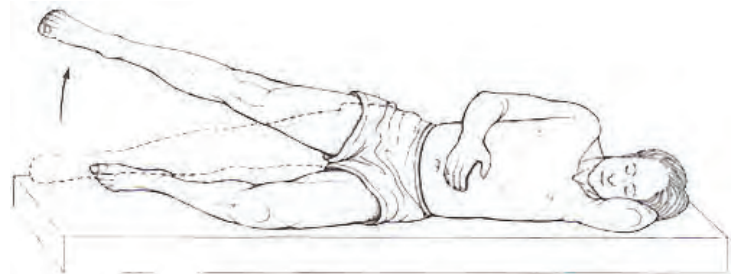
## #5 Strengthening: Hamstring Set



With right foot turned in, tighten muscles on back of thigh by pulling heel down into surface. Hold 5-10 seconds.

Repeat 10 times per set. Do 1 set per session. Do 3 sessions per day.

## #6 Strengthening: Hip Abduction (Side Lying)



Tighten muscles on front of right thigh, then lift leg \_\_\_ inches from surface, keeping knee locked.

Repeat 10 times per set. Do 1 set per session. Do 3 sessions per day.

Your goal will be to do 3 sets of 10 of each of these exercises daily. Start doing 1 set of 10 and if you have no muscle soreness by the next day, then you can increase your number of sets and/or repetitions. Please hold onto something sturdy (not a recliner or a light kitchen chair) to help you during these exercise. You will progress to these exercises as directed by your therapist.

### #1 Heel Raises



Push up onto toes. Keep your knees straight. You will feel this in your calf.

### #2 Mini-Squats



Bend at your knees like you are going to sit in a chair.

### #3 Kick Backs



Stand tall. Keep knee straight. Extend leg behind you.

### #4 Hamstring Curls



Lift foot off the floor. Do not move thigh forward.

### #5 Marching



Stand tall. March in place, alternating legs.

### #6 Kick Outs



Stand tall. Lift leg to the side. Keep toes pointing forward.