

Total Knee Arthroplasty

Physical Therapy Protocol

Keys to a Successful Outcome

- Pain > 4/10 = Hold progression
- Do not overload the knee with excessive walking or exercises too soon after surgery. It can cause the knee to swell more and become stiffer.

Phase	Brace	ROM Goals	WB	Exercises
0-1 wk	None	No specific number, nice and easy	WBAT*	Straight leg raises, heel-toe gait, full knee ext
Weeks 1-4	None	AROM Ext 0°, Flex 90°	WBAT	Stationary bike, isometric quads, hams, gluteal strengthening, single leg raise, mini squat
Weeks 4-6	None	AROM Ext 0°, Flex 105°	WBAT	Front/lateral step up/down, ¼ lunges, good voluntary quad control, stairs
Weeks 6-12	None	FAROM Ext 0°, Flex 115°	WBAT	Open/closed chain, begin endurance, balance and proprioception, improve strength; pool program
Weeks 12-16	None	FAROM	WBAT	Increase intensity/volume, increase duration, recreational goals; develop home gym program
Months 4-6	None	FAROM	WBAT	Ongoing strengthening 2-3x/week (quadriceps, hip abductors/extensors, hamstrings, calf); regular low-impact aerobic activity
Months 6+	None	FAROM	WBAT	Sustain strength, endurance, and joint health; prevent deconditioning; monitor for late stiffness or overuse symptoms and adjust program

* Walker or cane can be used as long as needed for safety

Patient Instructions

- Call MD for redness, drainage, or any evidence of surgical site infection
- When resting, keep your leg out on a chair or ottoman with nothing behind the knee to allow the knee to slowly straighten out

General Time Frames for ADLs

- Driving: 2-8 wks
- Desk/light return to work: 6-12 wks