



Post-Operative Primary Total Knee Protocol

INSTRUCTIONS FOR HOME HEALTH

Anticoagulation:	Lovenox 40mg OR Xarelto 10mg OR Coumadin daily to maintain INR 1.8-2.5 QD for 2-3 weeks
PT/INR :	Only if on Coumadin
Suture/Staple Removal:	Taken out at 2 weeks after discharge from hospital at Doctor's Office
WB Status:	WBAT. Range of motion as tolerated for the operative knee.
PT to Assess:	Level of Strength, balance, ROM, work on extension and flexion as tolerated, coordination, transfers, mobility, and endurance. Patient's ability to perform ADL's, patient's home environment, and make recommendations for safety. Assess patient's pain level and understanding of pain relief measures.

PHYSICAL THERPIST TO INSTRUCT PATIENT/CAREGIVER:

Ted Hose:	Use if there is swelling/edema in the operative lower extremity
Showers:	Keep incision clean and dry
TKA Expectations:	0-120 degrees. Knee extension with leg elevated as tolerated per day with ice on knee and towel roll or pillow under ankle.
Walker to Cane:	Progress to contralateral cane as soon as safely possible
Driving:	Allowed when Left TKA patients no longer using narcotics. Right TKA patients allowed when able to move leg gas to break. In either case: Patient must go to empty parking lot with caregiver and be able to "slam on brakes"
Dressing Changes:	Dry sterile gauze with ACE wrap to knee every 1-2 days
Pain control:	Per W-10.
PT to Perform:	Therapeutic Ex/Activities to LE's, Gait training, transfer training, neuromuscular, work on full extension and flexion as tolerated
RN to Assess:	patient, emphasizing post op status, vital signs, lung sounds, pain, incision, medications, nutrition, appetite, and elimination
RN to Instruct:	Principles of anticoagulant therapy including medication dose, route, schedule, actions, side effects, contraindications, interactions and symptoms to report. Teach pain management, medication management, incision management and



	management of constipation per patient hospital discharge instructions.
RN to Perform:	Evaluation and education
RN frequency/duration:	PRN per assessment
Follow Up Visit:	Doctor will generally see you at 2 weeks, 6 weeks, 3 months, 6 months and 1 year after surgery
Communication:	Call if abnormal increased pain, edema, drainage, redness, positive Homan's sign, or temp > 101.5