

Partial Knee replacement – Useful Information

You are allowed to bend your knee as pain allows following your partial knee replacement, for the first 5 days please do not force the knee to bend. After the 5 days you can encourage your knee to bend further.

DO NOT put a pillow under the knee.

Complete all the exercises 2-3 times a day as pain allows.

Elevate your leg when resting to reduce swelling.

You can ice your knee 4-5 times a day for 10-15 minutes to reduce swelling. When icing, frequently check the skin for any irritation. If the skin appears irritated, remove the ice pack and do not ice for the rest of the day.

You will be fully weight bearing unless told otherwise.

You can return to driving in 6 weeks. You must be able to perform an emergency stop and control the clutch in a hill start manoeuvre. If unsure please seek guidance from your physiotherapist or consultant's team.

It is normal for mild irritation and swelling to occur as exercise intensity increases. This will decrease over time. You may also experience some bruising at the back of the thigh and down the front of the shin, this is normal but please contact us if you have any concerns.

Keep on top of your pain relief. If pain is interfering with the exercises, take your pain relief 20 mins before starting the exercises.

If you have any questions or concerns, within the first 5 days, following your partial knee replacement, then please contact the therapy team on: 0300 614 4178

You will also be referred for a face to face physiotherapy appointment that aims to start at around 2 weeks post discharge.

Your safety after your surgery is our priority. Please do not walk without supportive footwear on and with the mobility aid given to you by your therapist. You must be supervised the first time you get out of bed. This may be with the nursing or therapy team. If you are unsure about what to do, please use your call bell and ask for assistance.

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your physiotherapist.

Contact Information:

If you have any questions regarding your surgery, please call

Day surgery:

0300 6144130

0300 6144131

Treetops Ward:

0300 6144160

Physiotherapy:

0300 6144178

If you have any questions regarding your outpatient physiotherapy appointment, please call:

Wexham Park Hospital Physiotherapy

0300 6140540 Option 2

Email address: fhft.physiooutpatientswph@nhs.net

Heatherwood Hospital Physiotherapy

0300 6140540 Option 3

Email address: fhft.physioclericalteamwph@nhs.net

Frimley Park Hospital Physiotherapy

0300 6133396

Email address: fhft.therapies@nhs.net

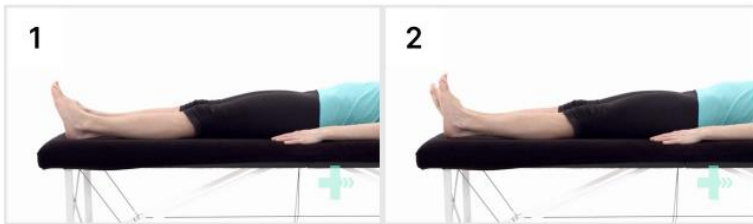
Fleet Community Hospital Physiotherapy

01252 813800 option 3

For translation of this leaflet or for accessing this information in another format please contact one of our physiotherapy departments.

1. Isometric quads supine

1 Set / 10 Reps / 5 s hold

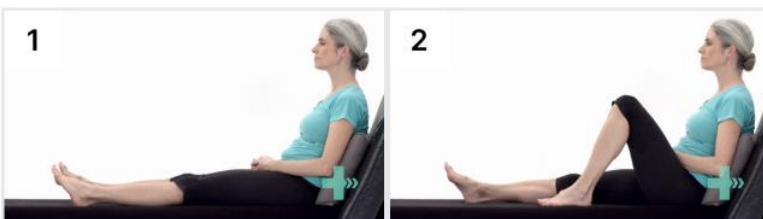


Lie on the bed.

Stretch out your leg and press the back of your knee downwards until you feel your thigh muscles tighten.

2. Active knee flexion in long sit

1 Set / 10 Reps / 5 s hold



Start in a seated position with your legs stretched out.

Bend one knee and bring your foot in as close as possible towards your buttocks.

Hold, and then return to the starting position.

From day 5 after your operation you can begin to increase your knee flexion. With each repetition try to encourage the knee bend further to increase your range of movement.

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3 Sets / 1 Rep / 120 s hold

3. Passive knee extension stretch supine

Lie on your back with the foot of your affected leg resting on some pillows. Make sure there is a gap between your leg and the bed as you rest here, trying to straighten the knee as much as you can.

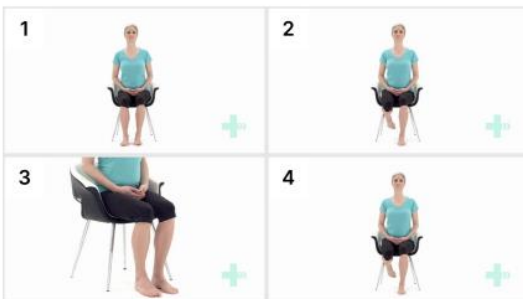


1 Set / 10 Reps / 5 s hold

4. Seated knee flexion

Sit in a neutral posture, your shoulders back and down. Pull your heel back towards the chair as far as you can go. Relax to the neutral position and switch sides. Pull your heel back and relax.

x3 a day



3 Sets / 1 Rep / 120 s hold

5. Passive knee extension stretch sitting

Sit upright in a chair, and place the heel of your affected leg on a stool or table. Make sure there is a gap between your foot and your hip as you try to straighten the affected knee as much as you can. Stay in this position and hold as directed.

Every 2 hours



1 Set / 10 Reps

6. Heel raises

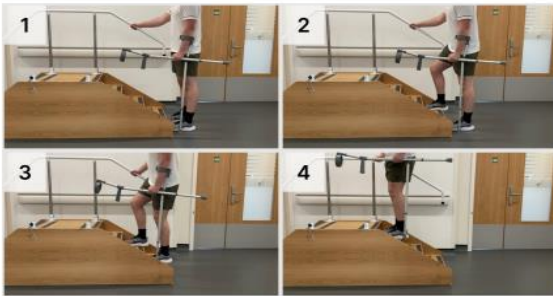
Hold on to a solid object with your legs hips width apart. Keeping your knees straight, rise up on to your toes, and control the movement as you lower back down.

x3 a day



In partnership with the Ministry of Defence

1 Set / 1 Rep



7. Going up the stairs x1 rail

If there is a rail, hold onto it with one hand.

Give your spare crutch to someone, or you may hold it in a 'T' shape on the outside of the crutch you are holding.

If there is no rail, you can use two crutches

Walking up the stairs:

Stand at the bottom of the stairs.

Push through the crutch and rail and step your unaffected leg on to the first step.

Then bring your affected leg onto the same step.

Finally, lift the crutch up to the same step.

Repeat the pattern until you get to the top.

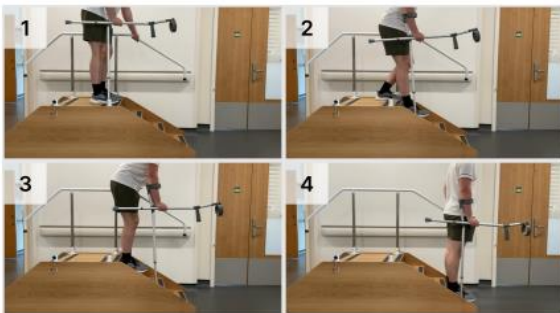
You may also find this mnemonic helpful:

A - able

B - bad

C - crutch

1 Set / 1 Rep



8. Going down the stairs x1 rail

Stand at the top of the stairs.

Take your crutch down to the first step.

Step your affected leg down to the same step.

Finally, bring your unaffected leg down onto the same step

Repeat this pattern until you get to the bottom.

You may also find this mnemonic helpful:

C - crutch

B - bad

A - able

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