

# **Total Knee Replacement – Useful Information**

The first two months post-surgery are crucial. The more work you put into exercising and walking in this period, the better the long-term outcomes.

Remaining active at home is important. Sitting or lying down for too long will cause your new knee to stiffen. It is essential that you use your knee by walking and exercising regularly.

You should aim to be active for 10 to 15 minutes every hour. Do not put a cushion under your knee. Although this is comfortable, it can severely affect the long-term outcome of the knee replacement.

Pain and discomfort are normal when exercising and walking. Ensure you take your pain relief as instructed.

Always use your walking aid when walking indoors and outdoors. Your Physiotherapist will give you advice on progressing your mobility.

Once your stitches/staples are removed and the wound is clean and dry you can begin scar massage. This is a crucial part of your rehabilitation. This can be discussed with your Physiotherapist.

Swelling is normal post operation and can last for months after, please discuss any worries with your physiotherapist/nursing staff. Ensure that you apply a cold compress to your knee 5-6 times a day for 15-20 minutes. As your skin may be numb post operation, please check frequently that your skin is not being irritated by the cold compress.

You cannot drive until at least 6 weeks post operation (unless you drive an automatic car and are having left knee surgery). PLEASE CHECK WITH YOUR PHYSIOTHERAPIST THAT IT IS OK TO DRIVE. To drive, you must be able to perform an emergency stop and control the clutch, in a hill start position.

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.





#### **FHFT Total Knee Replacement**

1 Set / 10 Reps / 5 s hold

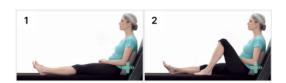
#### 1. Isometric quads supine

Lie on the bed.

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

x3 a day

1 Set / 10 Reps / 5 s hold



#### 2. Active knee flexion in long sit

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.

x3 a day

3 Sets / 1 Rep / 120 s hold

# 2

### 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

# In partnership with the Ministry of Defence



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



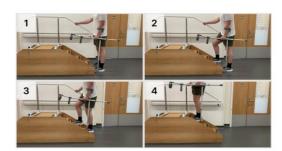
#### 6. Heel raises

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

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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