



Tyler P. Welch, M.D., FAAOS
www.SeacoastSportsSurgeon.com

1900 Lafayette Road
Portsmouth, NH
(603) 431-1121

16 Hospital Drive
York, ME
(207) 363-3490

Postoperative Instructions, Physical Therapy Protocol **MAKO** Knee Replacement

General Guidelines:

- A physical therapist will see you prior to your surgery to educate you on home exercises, ensure that your assistive device (crutches) fits properly, instruct you on proper walking, and review the discharge plan.
- After being discharged home, you will receive 7-10 days of home health PT to help with functional activities, range of motion, and strength
- The nerve block should wear off approximately 12-24 hours after surgery.
- You may remove the bandages on Day 2 (after surgery). You may shower starting on Day 2, but avoid directing water directly on the incision.
- Continue TED stockings for 5-7 days.
- Use ice for 20 minutes 4-6 times per day.
- You may place all of your weight on the affected leg.
- You will follow-up with Dr. Welch or one of the physician assistants 7-14 days after surgery.

Medications (may change depending on your medical history):

- Aspirin 81 mg. 2 times/day to prevent blood clotting
- Oxycodone 5 mg 1-2 tabs every 4 hours as needed for pain
- Celebrex 200 mg 1 tab daily for anti-inflammatory
- Ketorolac 10 mg 1 tab every 6 hours for anti inflammatory (for 5 days maximum)
- Colace 100 mg 2 times/day for stool softener
- Oxycontin 10 mg 1 tab every 12 hours for pain

Physical Therapy Protocol:

Days 1-7 post-op:

- Please emphasize quadriceps muscle firing, passive and active-assist ROM, pain and edema management, and gait training
- Goal is > 90 degrees of knee flexion and full knee extension by 1 week post-op

1-3 weeks post-op:

- Goals:
 - Achieve knee ROM 0-110 degrees
 - Minimal knee effusion
 - Continue gait training with assistive device until no limp present
 - Appropriate quad muscle and hip (abductors/ER/flexors/core) strength
- Exercises may include: stationary bike, quadriceps muscle sets (SLRs, mini-squats), heel slides, standing hip ROM
- Frequency: 2-3 x/week

3-6 weeks post-op:

- Goals:
 - Knee ROM 80-100% of contralateral knee
 - 5/5 quadriceps muscle strength
 - Normal gait without device
 - Negotiating stairs with reciprocal gait (step over step)
 - Return to work by 6 weeks
- Scar massage / patellar mobilization / modalities to improve ROM
- Exercises may include: single leg balancing, single leg squats, further isometric and concentric exercises (core/hip/quad/hamstrings) with resistance as tolerated
- Continue low impact cardiovascular work (stationary bike)
- Frequency 2x/week

6-12 weeks post-op:

- Goals:
 - Normal gait for > 1 mile
 - Appropriate muscle strength and endurance
 - No pain with activities of daily living
- Exercises may include: double and single leg strength and balance exercises, concentric and eccentric hip/knee strengthening with resistance, sport specific activities
- Continue low impact cardiovascular work (stationary bike)
- Frequency: 1x/week

PT Discharge Criteria:

- Maximum knee ROM
- Return to prior level of function
- Independence with HEP