



Dr. Max Lincoln PT Protocol

Total Knee Arthroplasty

Week 0-2: Use immobilizer until patient is able to perform an active SLR. Progressively increase knee ROM 0-135 degrees. Strengthen with quad sets, SLR, supine abduction, heel slides, and ankle pumps. Ambulate WBAT to FWB with walker. Treat lower extremity edema with rest and elevation.

Week 2-6: Increase knee ROM 0-135 degrees. Improve quad control and strengthen with 4-way SLR, SAQ, LAQ, and progress to closed kinetic chain exercises as tolerated. Joint and soft tissue mobilization to surrounding tissues as needed. Begin stationary bike when 100 degrees of knee flexion is achieved. Ambulate without assistive device when gait compensations are minimal. Treat lower extremity edema with rest and elevation. With return to normal activities involving prolonged standing or walking, treat lower extremity edema with knee-high TED hose when out of bed.

Week 6-12: Progress to independent home exercise program to include lower extremity strengthening, flexibility, proprioception, and general conditioning. Monitor patients as they return to normal activities for overuse syndromes. Gait training to eliminate any residual limp. Return to sport-specific activities as per MD office after 12 weeks post-op.