



# Making the best of your new knee

**Good** physiotherapy is essential to gain the best potential from your new knee.

## BEFORE YOUR OPERATION

At the Droitwich Knee Clinic you will be seen by a physiotherapist before your operation to assess your pre-operative level of activity, joint movement and muscle strength. To discuss post operative routine and explain the recovery process so that you are prepared for the various stages you will go through.

This is a bony operation and bone in the leg takes approximately 3 months to heal. This doesn't mean that you will be incapacitated for this length of time, mobility will gradually improve week by week but during this initial period nature will tell you when enough is enough, you will be wise to listen. Exercise is vitally important to regain movement and strength, however there is a fine line between doing enough

exercise and overdoing it, your physio is there to help you find the optimum level of activity at each stage of recovery. The physios' role is largely advisory and supervisory, it is up to you to do your exercises regularly at home.

During the initial phases, exercise should be little and often, 5-10 minutes of specific exercises done 5-6 times daily are better than 40-50 minutes in one go. Activities such as walking, standing or pottering about the house and garden are also exercise and should be interspersed with formal exercises and REST. Too much exercise, particularly activities involving standing or pottering may irritate the knee and result in aching, increased swelling or a feeling of heat. If this occurs you will not have caused damage but you need to allow the inflammation to settle and perhaps slow down a little.

## IN HOSPITAL

Immediately after your operation you may wake up to find your leg on a CPM (continuous passive movement) machine, this may be left on overnight.



Most people find this quite comfortable and are able to sleep without a problem. The machine moves the leg very slowly and prevents the knee becoming too swollen or stiff and it also helps to get your circulation moving again.

You will get out of bed for the first time the next day, the physio will help you and depending how you are, you may take a few steps and sit out in the chair for a short while. You will be encouraged to bend the knee yourself and begin bracing exercises for the quadriceps (the muscle on the front of your thigh). You will be asked to do these basic exercises regularly through the day (usually hourly) and additional ones will be added as you progress, so that you can exercise both in the chair or on the bed.

## CRUTCHES

Initially you may walk with a frame but you will quickly progress to crutches when you have adequate balance and muscle control.

Crutch Sequence:

- Crutch
- Operated Leg,
- Un-operated Leg

At this stage it is important not to overdo things and cause the knee to swell, swelling makes knee bending more difficult and prevents the thigh muscle working efficiently.

Exercises are designed to gradually increase bend (mobility exercises) and to strengthen muscles (strengthening exercises) and you will be expected to regularly do both types.

You will also be asked to spend a few minutes with just your heel supported, to allow the knee to straighten fully. This is called an extension stretch and needs to be done 4/5 times a day (many people have not been able to do this properly for some time before surgery; in this case you must persevere with the stretching to achieve full extension - the knee is designed to be straight when you walk on it)

## GOING HOME

The average length of stay following a total knee replacement is 8 days, but can vary by 1-2 days either way depending on the individual. If you have a unicompartmental replacement then your stay could be as short as 4-5 days. Whichever operation you have, you will be walking independently with crutches or sticks, able to safely negotiate stairs and have at least 90 degrees of knee bend before you are discharged. The physio will also go through a home exercise programme which you will be expected to continue with. If you live locally, appointments will be arranged for you to come for physiotherapy, usually once or twice weekly to begin with. If you live some distance away then it is advisable for you to make contact with a local physio prior to surgery (your GP will recommend someone in your area).

## AT HOME

Initially it is sensible for you to follow a similar daily routine to that in hospital. Rest is still important; length of time spent on your feet and distance walked needs to be increased gradually. If, at the end of the day, your knee feels tight, warm or particularly achy, this is nature telling you that you have perhaps pushed things too much. No harm done but reduce activity slightly to let the knee settle and then build up again slowly.

Remember that too much standing, or being on your feet and just 'pottering' about the house and garden, are activities which are likely to irritate the knee in the early weeks. Joints prefer movement rather than being static especially when weight-bearing.

### Stairs sequence:

**Upstairs:**  
Un-operated leg followed by operated leg and crutch together



**Downstairs:**  
Operated leg with crutch, followed by un-operated leg.



Going for short walks is good and you can progress by gradually increasing the distance you walk, do the same distance more often (twice a day instead of once), or try to do the same distance slightly quicker.

Your physio will progress your specific mobility and strengthening exercises when you are ready. As a rough guide you could ride a static bicycle at two weeks (although you may not get the pedals all the way round immediately), have the saddle high and minimal resistance initially; you will probably progress to normal stair climbing at 3-4 weeks (going up will be sooner than coming down), and you should be safe to drive at 4-6 weeks. These are a guide only everyone is different and individual progress will vary.

Most patients make rapid progress in the first few weeks, however it is common for this to slow, usually at around 4-6 weeks. Many people describe reaching a plateau, don't get depressed if this happens it is normal, soon passes and improvement moves on again.

By approximately 3 months you will be largely back to normal activities but improvement continues for at least 1 year.

Finally, work hard, listen to advice and be sensible, then you will reap the benefits of your new knee and improved function in the minimal of time.

