



ROSENBERG COOLEY METCALF
THE ORTHOPEDIC CLINIC AT PARK CITY

Outpatient Rehab

2 weeks to 6 months post op

Important Information

- Following your 2 week post op appointment, a referral to an RCM recommended outpatient therapist will be made. This therapist will be familiar with the athletic knee implant protocol, and may have worked directly in clinic with Dr. Rosenberg.
- We encourage open communication with our therapists and expect them to notify us if you fail to make progress in your rehab program.
- Your range of motion goal for this time period should be a minimum of 0-110.
- Wean narcotic pain medication gradually by increasing the time interval between doses. Try to control post op pain exclusively with over-the-counter medication by 6 weeks post op. We recommend extra strength Tylenol every six hours if needed.
- You may discontinue use of the T.E.D. stockings after six weeks.
- You may resume driving when you are off of narcotic pain medications and when you no longer use crutches.

Rehab

- The approach to your therapy program should entail hands-on soft tissue mobilization and gradual ramping of exercises. Aggressive manipulation is not recommended, but gentle stretching emphasizing **repetition** and **frequency** (no brute force).
- Early emphasis on range of motion and flexibility exercises should be the focus. Knee cap mobility may be achieved with medial, superior, and inferior patellar glides (Figure 11). Your therapist should instruct you how to do these at home 6-8 times daily.



- Flexion is achieved best with chair slide exercises (Figure 12), again performed 6-8 times daily.



Figures 12a (left) and 12b (right). Slide your foot backward then keeping the foot planted slide your body forward on the chair.

- You may start a stationary cycling program. The lower you set the seat, the more your knee will flex.

- Extension is achieved with passive stretching while supine, walking backwards on a treadmill, and with use of a pilates ring (Figure 13).



Figures 13a (left) and 13b (right). Press knee down and move hands forward on ring.

- Other activities which should be prioritized include a walking program and pool therapy.

6 to 12 weeks post op

Important Information

- Transition entirely to a self directed exercise program.
- Work to achieve 0-120 degrees range of motion.

Rehab

- Gradually increase walking to 1-2 miles per day.
- Gradually increase stationary cycling to 15-30 minutes per day.
- The following strengthening exercises may be introduced by your therapist:
 - mini squats
 - toe raises
 - hamstring curls
 - leg press
 - hip isotonic
- Continue the flexion and extension exercises outlined above until you have achieved 0-120 degrees of motion. Again, repetition and frequency works best over brute force!

3 to 6 months post op

- Stretch daily to improve flexibility in your spine, hips and ankles.
- Do your best to walk smoothly without a visible limp.
- Begin adding activities like hiking gentle hills, performing light yard work (lifting up to 20-30 lbs.), and outdoor cycling (if safe).
- Return to golf safely by working on your short game around 3 months post op, playing 9 holes around 5 months post op, and 18 holes around 6 months post op.
- Plan on being cleared for 18 hole golf, skiing, racquetball, backpacking, river running, and similar activities at your 5-6 month post op appointment. Please wait to participate in these activities until you have received clearance.



General Information

- Develop healthy homo sapien habits:
 - Power walk and/or bike daily (you need cardio).
 - Gradually achieve and maintain an optimal body weight.
 - Eat a well-balanced diet and follow our anti-inflammatory nutrition guidelines.
 - Wear shock-absorbing shoes.
 - Consider pharmaceutical grade nutritional supplements like bi-daily Nutriex or equivalent.
- Expand your breathing volumes and strengthen your respiratory muscles
- Avoid stress and sleep well!

