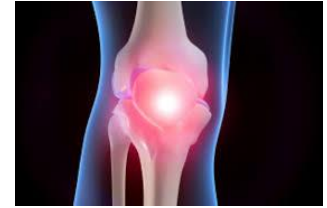


# Total Knee

## Home Exercise Program



### Overview:

- You should consider your surgical date as Day One of the repair process to alleviate your knee problem. The amount of work you put into your knee will be reflected in the speed and success of your recovery. While it's initially an uncomfortable process, pain will decrease over time.
- Once you return home, exercise is of primary importance to prevent complications, build strength, increase motion, and help you return to normal activities.
- Ideally, you should exercise 3 times per day, completing 10 repetitions of each exercise. Increase repetitions by 5 daily for each exercise, as tolerated, up to 30 repetitions for each exercise at each session.
- Many patients find a couch or bed a good place for exercise.

### Physical Therapy Choices at discharge:

Studies demonstrate best success with discharge to home and outpatient therapy; however, home design, transportations challenges, and varying family support sometimes necessitate other plans.

### Outpatient Physical Therapy (Preferred)

- You will live at home and go attend a therapy clinic 2-3 times per week, typically for 6-12 weeks, where care will consist of exercise, manual therapy (massage, tissue mobilization), and modalities (heat, cold). Home exercises will be advanced regularly.

### Home Health Physical Therapy (If specific criteria have been met)

- You will live at home and a Physical Therapist will come to your home 2-3 times per week, typically for a few weeks, before you are discharged and begin outpatient therapy.

UR Medicine-Noyes Health Rehab Centers:

<b>Noyes Memorial Hospital</b> 111 Clara Barton St. Dansville, NY 14437 (585) 335-4239	<b>Noyes Health Services</b> 50 E. South St Geneseo, NY (585) 991-6005
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### **Short Term Rehab (If specific criteria have been met)**

- You will live in a rehab facility, typically 2-3 weeks, until you are able to live at home and go to outpatient therapy.

### **Walking with a Cane or Crutch:**

A walker is often used for the first couple weeks to help you balance and avoid falls. A cane is then used for a few more weeks until good strength and balance skills have returned. The cane should be used in the hand opposite the operated knee. You are ready to use a cane when you can stand and balance without your walker, having your weight placed fully on both feet, and are no longer leaning on your hands while using the walker.



### **Stairs:**

The ability to go up and down stairs requires both flexibility and strength. At first, you will need a handrail for support and you will only be able to go one step at a time. For safety, the assistance of another person may be beneficial until you have regained strength and mobility. Stair climbing is an excellent strengthening and endurance activity. When going UP stairs, lead with the GOOD leg (non-surgical), and when going DOWN stairs, lead with the BAD leg (leg that was operated on). Remember:

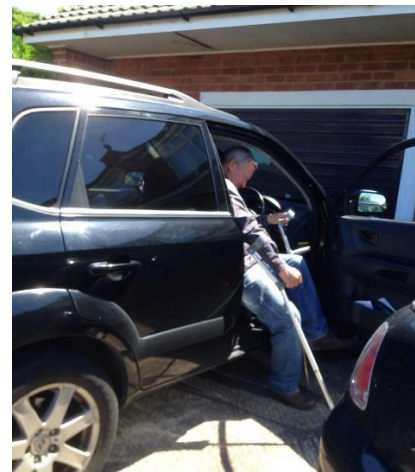


- Up with the good
- Down with the bad

### **Car Transfers:**

The front seat is preferable because it typically has more leg room, can be adjusted for comfort, and can allow the rider to more easily wear a seat belt.

1. Make sure the seat is as far back as possible. Back up to the car with your walker or cane and place your operated leg out in front of you.
2. Slowly lower yourself to the seat. Having the window rolled down and using the car doorframe or headrest for support may be beneficial.
3. Scoot back in the seat as far as you can, then swing your legs into the car. If the seat is low, recline the seat back and/or sit on a pillow to raise the seat height.



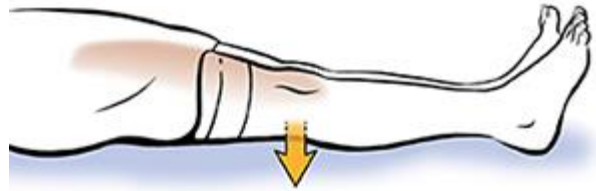
**Exercise:**

Exercise is critical to your recovery. Please follow the program below until modified by your Physical Therapist. Feel free to contact UR Medicine / Noyes Health Physical Therapy with any questions.



**Ankle Pumps:**

Bend both your ankles up and down.



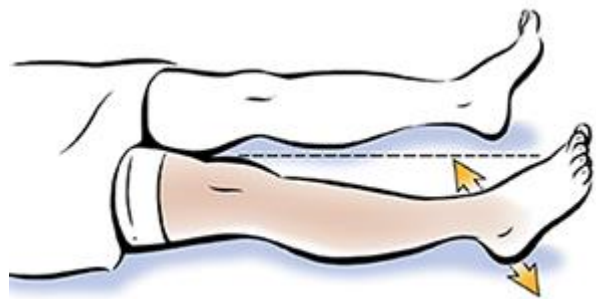
**Quad Sets:**

Tighten the muscles in the front of your thigh by pushing the back of your knee down into the bed. Hold for 5 sec.



**Straight Leg Raise:**

Bend your uninvolved leg with your foot flat on the bed. Raise your involved leg up (until it's even with the other knee), keeping your knee straight.

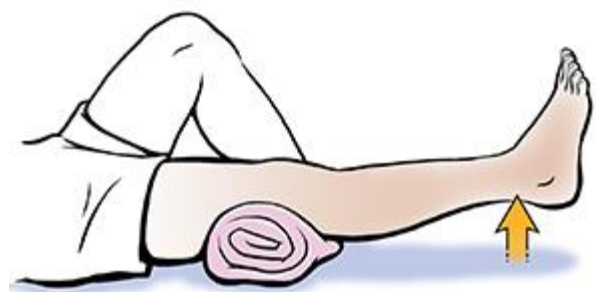


**Leg Slides:**

Slide your involved leg out to the side (keeping your toes pointed up). Slide your leg back to the starting position.



**Heel Slides:**



**Short Arc Quad:**

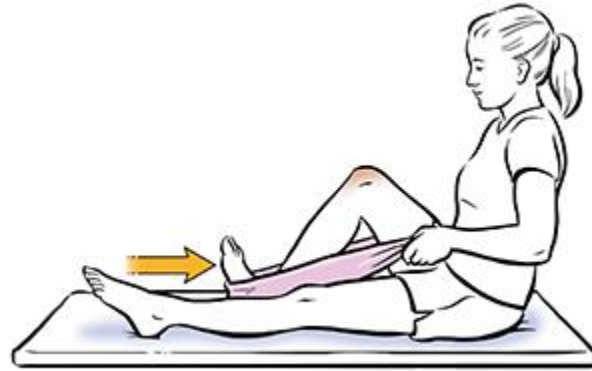
Bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed.

Lie on your back with a blanket rolled under your involved knee. Straighten your involved knee and then slowly lower down.



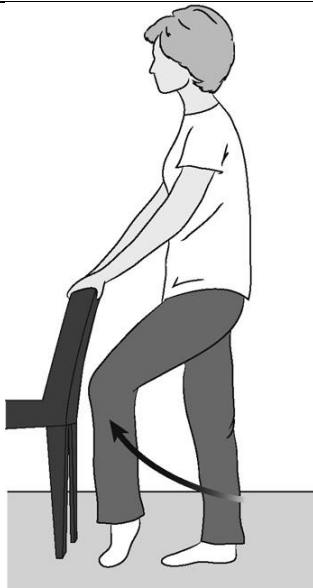
**Seated Kicks:**

Straighten your knee as much as possible and then slowly lower your leg down and relax.



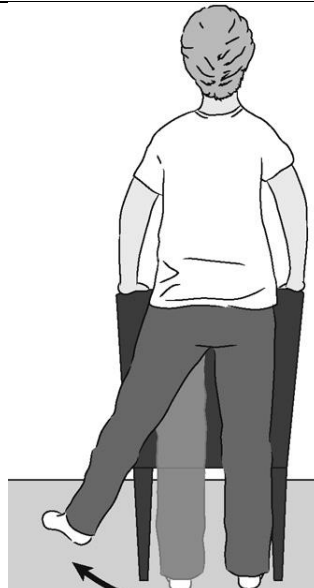
**Knee Bending:**

Bend your knee back as much as you can. Hold for 10 seconds and relax. You can do this in sitting or leaning on your bed.



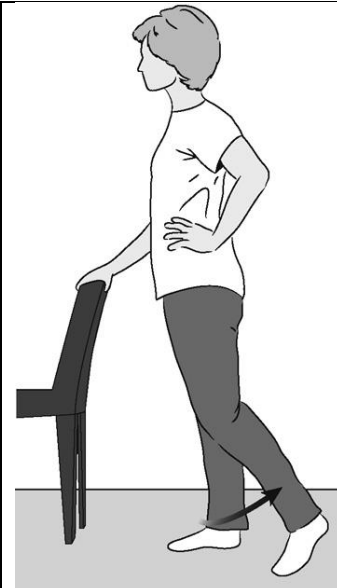
**Standing Knee Raises:**

Lift your operated leg toward your chest. Don't lift your knee higher than your waist.



**Standing Hip Abduction:**

Be sure your hip, knee and foot are pointing straight forward. Keep your body straight. With your knee straight, lift your leg out to the side. Slowly lower



**Standing Hip Extensions:**

Lift your operated leg backward slowly. Return your foot to the floor. Try to keep your back straight.



your leg so your foot is back on  
the floor.