

Total Knee Replacement (TKR) Rehabilitation

The following leaflet provides a range of information to help you achieve the best recovery possible after your surgery. A big part of your recovery is exercising. It is very important to exercise your knee before and after surgery. We recommend that you try to practice some of these exercises before you come in for your surgery, to help build your strength and confidence. It is then very important that you start these exercises as soon as you can after your surgery.

Getting back on your feet as soon as possible:

Day 0 (Day of your operation)

Ideally, we would like all patients to try some walking on the same day of their operation. Many patients will be able to walk around their room and into the corridors, others may only manage by their bedside but the message is to try and get back on your feet as soon as you feel well enough to do so. You must seek assistance from your nurse or physiotherapist initially.

Day 1 (Day after your operation)

We hope today you will progress to walking into the corridors and hopefully start moving around without supervision, providing you and your physiotherapist feel you are safe to.

You should start trying to get back into normal habits such as sitting out in your chair for meals, walking to and from the toilet and practicing getting washed and dressed. Many patients will still need some assistance, so please use the call bell if you are not confident or safe to manage with something.

It is crucial that you are practicing the knee exercises regularly.

Often, getting in & out bed is one of the more difficult things to achieve, so do call for assistance if you can't manage safely on your own. Try not to spend too much time in bed during the day time, as this can cause the knee to feel stiff and make you feel like you are not progressing.

Day 2 (Second day after your operation)

Today we hope you are able to begin walking around the corridors independently. We will practice how to use the stairs safely, if this is something you need to do at home. It is a good time to practice getting on & off the bed and also practice how you will manage washing & dressing.

It is worth noting that many patients find today is the most difficult and painful day, so please don't be distressed if you are finding things more difficult that you had been. This is mainly due to the wearing off of the local anaesthetic used in surgery and the fact you are getting more active. This pain does not mean you have caused any harm.

Day 3 (Target discharge day)

By now you will have hopefully been practicing walking around the corridors independently, you'll be getting on & off the bed alone, you will be managing to get yourself washed and dressed without too much help and you will be preparing for going home. If you haven't already done so, we may need to practice the stairs with you, before confirming you are safe to go home.

Goals for discharge:

- Getting in & out of bed independently
- Walking independently with appropriate walking aid
- Practicing your exercises regularly
- Safe to manage the stairs, if you have them at home
- Clear about how you will manage washing & dressing at home
- Ensure you are clear about follow up arrangements
- To understand your medication and how best to use them

If you have queries about any of these issues, then please raise them as soon as possible with your nurse, physiotherapist or doctor as appropriate. If you are not sure who to speak to, just speak to any of the clinical staff who will pass the message on to the appropriate person.

Going home:

Wherever possible, patients are asked to make arrangements with family or friends to take them home after surgery. There is no specific restriction about being a passenger in a car, just as long as you can get in and out of the car carefully and safely.

A few tips to make getting in & out of a car easier.

- Move the seat right back and recline it slightly.
- A firm pillow or a few folded towels or blankets, will make the seat a bit higher.
- Take hold of the side of the car or reach behind to hold the seat, as you lower yourself back into the car.
- Sitting on to a plastic bag can make it easier to turn once on the seat.
- Take your time, think it through and you will be fine.



Mobility & exercise advice:

It is very important that you continue to practice your exercise programme for at least 6 weeks. The majority of patients will be referred for some follow up physiotherapy sessions after they have left hospital. Ensure your follow up arrangements are clear before going home.

Everybody will progress at different rates, depending on a number of factors such as their fitness pre-operatively, other medical conditions, confidence, pain control and their personal motivation & determination.

Initially, little and often is the best way to progress your rehabilitation. Patients tend to find that if they rest in one position (e.g. sitting, lying down) for too long, when they get up to move again, the knee feels stiff and sore, so it is a good idea to try and change your position fairly regularly. Having said this, many patients find they tire easily in the weeks after their surgery and it can be helpful to take a rest on the bed for a couple of hours in the afternoon, to enable you to relax fully and regain some energy. Resting on the bed can also help to keep leg swelling under control, if this is something that you are struggling with.

Build up the distances you are walking and the time that you are on your feet in a gradual manner. For example, if when you first get home, you are only able to manage 15 mins on your feet, then next time try to increase this by just a few minutes. And then next time by a few minutes more and so on. If you suddenly progress from 15 minutes to 60 minutes for example, you will not have done any harm but you are likely to find you will struggle with more pain and soreness.

Pain control

The important thing to remember is that pain after surgery does not mean you are doing harm. It is completely normal to experience pain after your operation and every patient experiences different amounts of pain. Some will have very little and some will have more. Immediately after the surgery, your pain should be very well controlled due to local anaesthetic used during surgery. This means you will be as comfortable as possible and will enable you to get back on your feet as soon as possible. However it is worth noting that this will wear off after approximately 24 hours, at which point you will begin to experience more pain. It is important to point out that this is completely normal and does not mean you have done any harm. You may well need to take some strong pain killers initially to enable you to get back on your feet quickly and then you will gradually wean off these drugs, as guided by the doctor or consultant. Make sure you spend time discussing the pain with your doctor & nurse.

Walking aids

Most patients will go home using two elbow crutches initially. However it is perfectly fine for you to try and walk with one crutch or stick, whenever you feel confident and safe to do so. Furthermore, you can start walking without a crutch or stick, whenever you feel safe enough. Many people will progress to just one walking aid around the home within a week or so however you are likely to use walking aids for anything up to 6 weeks, when walking around outdoors. These time frames are not exact and not critical either. The most important thing is that you walk safely, confidently and avoid limping. Do not hurry yourself on to one crutch or stick, if it makes you limp. When you use just one crutch or stick, this should be held in the hand on the opposite side to your operated leg.

Sleeping position

Your knee replacement will not be harmed by your sleeping position, so just try to sleep in your normal way. One thing worth mentioning is that you must not sleep with a pillow under your knee, as this would limit the straightening of your knee in the long term.

Washing yourself

If you have a shower you can walk or step into, it is ok for you to use this as soon as you feel safe enough to do so. If your shower is above the bath, we recommend you do not use this until around 4 to 6 weeks after your surgery, as this manoeuvre is much more risky and requires you to be very confident on your feet.

Some patients will resort to having a strip wash by the sink initially, until they are more confident and safe.

Dressing yourself

Initially it is safest to get dressed whilst sitting. Always try to dress your operated leg first. Initially you may need to use a long handled grabber to put underwear and trousers on, as shown in the pictures below. It may also be a good idea to use a long shoe horn to help with slippers and shoes.



Cleaning, Laundry & household activities

If possible, it is very useful to have help from family, friends or neighbours over the first couple of weeks after your surgery, whilst you are still finding your feet so to speak. Tasks such as loading the washing machine, emptying bins and cleaning can be tricky whilst you need to use crutches or sticks around the home. It is difficult to be too specific with this advice, as all patients will vary in their capabilities both pre-operatively and post-operatively. Your helping hand (grabber) can be useful to help with household tasks and whatever you decide to do, be sure to be careful and stop if you don't think you are safe to do something.

There are a number of organisations that can offer home help such as Bluebird care, Age UK, Red Cross, The Martlets, East Sussex Meals on wheels and many more. Please see contact details on the next page and discuss any concerns you have with your nurse or physiotherapist.

When can I drive?

Most patients are able to resume driving 6 weeks after your surgery. You should obtain clearance from your consultant or insurance provider before driving.

When can I fly?

Most patients are advised not to fly for at least 6 weeks after surgery. This is because sitting for prolonged periods in a cramped environment and surgery are both risk factors for developing blood clots in the legs, known as deep vein thrombosis (DVT). If you must fly before this time, be sure to discuss this with your consultant.

Sexual relations

When considering resuming sexual relations, you need to think carefully about the position of your new knee. It would not be a good idea to kneel on your new knee during the first few months of your recovery. Apart from this, the advice is to adopt a position that you find comfortable and does not place too much strain through your knee.

Possible suppliers of care and equipment that can help in your recovery

- **Martlets Care, Brighton** **01273 829 943**
- **Bluebird care** **01273 208 192**
- **Age UK Brighton** **01273 720 603**
- **British Red Cross, Hove** **01273 629 159**
Unit 7, St Joseph's Cl, St Joseph's Business Park, Hove, East Sussex BN3 7HG

- **Clearwell Mobility**

In store:

21 Albert Drive, Burgess Hill, RH15 9TN

Tel no. 01444 253300

18 Boundary Road, Hove, BN3 4EF

Tel no. 01273 424224

110 Warren Road, Woodingdean, BN2 6BA

Tel no. 01273 692244

Online: <http://www.clearwellmobility.co.uk>

- **NRS Healthcare**

Online: www.nrs-uk.co.uk

Tel no: 0845 121 8111

- **Essential Aids**

Online: www.essentialaids.com

Tel no: 01273 719 889

Bed exercises

Before surgery, practice this page of exercises at least once a day.

After surgery, begin practicing these exercises as soon as you feel able.

1. Bending your hip and knee

Lying or sitting up in bed, slide your operated leg towards you, bending at the hip and knee.

Bring the leg up as far as you feel is manageable and then slowly lower the leg all the way back down again.



Repetitions

10

Frequency

3-5 times per day

If spending a lot of time in bed, practice every hour

2. Strengthening your thigh muscles

Lying or sitting up in bed or sofa.

Now tense your thigh muscle, straightening your knee and pushing it firmly down into the bed.

Hold this contraction for up to 5 seconds and then relax fully before repeating.



Repetitions

10

Frequency

3-5 times per day

If spending a lot of time in bed, practice every hour

3. Circulation exercise

This exercise is to encourage blood flow and reduce your DVT risk.

Briskly move your ankles up and down.



Perform on both ankles, for 1 to 2 mins, **every half an hour**, whilst you are awake. You should continue this exercise until your mobility is back to your normal level.

Chair Exercises

Before surgery, practice this page of exercises at least once a day.

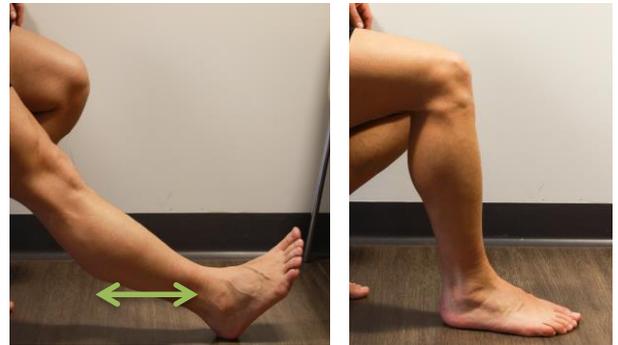
After surgery, begin practicing these exercises as soon as you feel able.

1. Bending your knee

Slide the foot of your operated leg towards you, bending at the knee, as far as your pain will allow.

Hold in this position for up to 3 secs and then push your foot away from you, straightening the knee.

You can use your opposite leg to help bend the knee further, as shown in picture.



Frequency

10

1 to 3

3 to 5 times a day

2. Straightening your knee

Sitting on the edge of a chair.

Place operated leg out in front of you, bring your foot up and allow leg to rest on its heel.

Now tense your thigh muscle and try to straighten the knee fully.

Hold this contraction for up to 5 secs and then relax fully.



Reps

Sets

Frequency

10

1 to 3

3 to 5 times a day

3. Straightening your knee

Whilst sitting, raise your operated leg up on to a stool or chair in front of you.

Make sure there is no support directly under your knee.

Now try to relax fully, allowing your knee to straighten under the weight of gravity.

Initially you may only be able to tolerate 1 or 2 minutes in this position



This is a resting stretch

Relax in this position for 5 to 10 minutes at a time

Repeat this 3 to 5 times a day

Advanced exercises

These are more difficult and you should make sure you are fully confident with the previous pages of exercises, before moving on to these.

Many patients won't manage these exercises during their hospital stay but will progress on to them later.

1. Inner range quads

Begin by sitting on a sofa or bed.
Place a rolled up towel under your knee.
Now tense your thigh muscle, straightening your knee, lifting your foot off the bed. Try to get the knee as straight as you can.
Your knee must remain in contact with the towel at all times.
Once achieved, hold for up to 3 secs and then carefully lower your leg back down to the bed.



Reps	Sets	Frequency
10	1 to 3	3 to 5 times a day

2. Knee extension

Begin by sitting on a chair.
Now tense your thigh muscle and try to straighten your operated leg out in front of you.
Try to get the knee as straight as possible and hold for up to 3 secs.
Then slowly lower the leg back down to the starting position.
Your bottom should not lift or move around the chair at all.



Reps	Sets	Frequency
10	1 to 3	3 to 5 times a day

3. Straight leg raise

Begin by sitting with your leg out in front of you, leaning on your hands.
Tense the thigh muscle on your operated knee, lift the leg a short way off the bed, hold for 3 secs and then relax, slowly lowering your leg back down.
Focus on keeping the knee as straight as possible and do not lift the leg any more than 10cm off the bed.



Reps	Sets	Frequency
10	1 to 3	3 to 5 times a day

Stairs

Be careful on the stairs. We recommend going one step at a time initially.

Stand close to the stairs and take hold of the hand rail or bannister.

Then place the crutch (es) into the hand furthest from the rail. If you have 2 crutches then the easiest way to manage is to place one crutch horizontal along the outside of the handle of the other crutch, holding it with your fingers.

If you have only 1 crutch, then simply use it carefully on each step.

If there is no rail or bannister, then follow the same technique below but using both crutches to help with your balance, instead of a hand rail.

Then complete the stairs as described below.

Going UP

Step up with your strongest (good) leg first,

then your operated leg

and then the crutch

Going DOWN

Place the crutch down on to the step below.

then take your operated (bad) leg down,

and then follow with your strongest leg.

- Continue to go one step at a time, until you no longer need the crutches and you feel safe enough.
- Stairs should not be too difficult to manage, as long as you use the correct technique and take your time!

Please note we can accept patient returned crutches if they are clean, safe and in a suitable condition to be reused by other people.

Follow up Physiotherapy

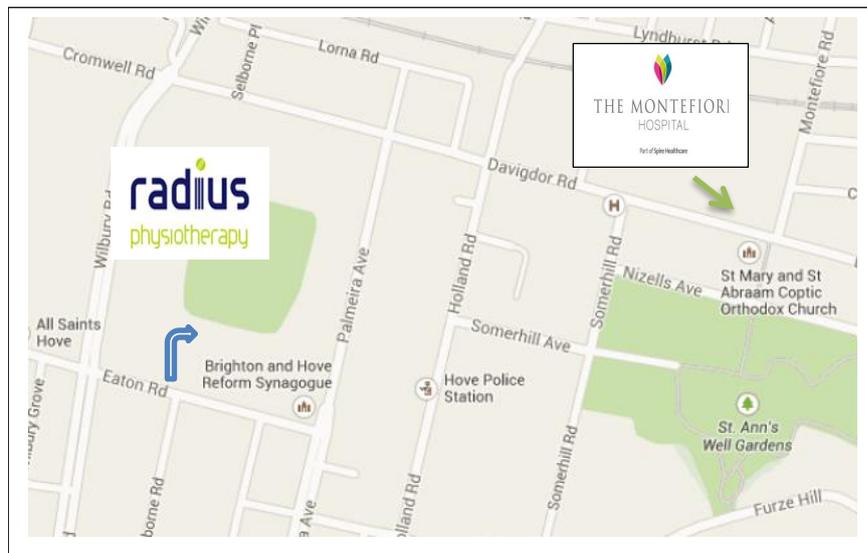
Not all patients will be referred for on-going physiotherapy treatment. This depends on your personal circumstances and your surgeon's preference. If you have been seeing a physiotherapist in the lead up to your surgery, then you should go back to that same physiotherapy clinic, to maintain continuity.

If you do not have a particular physiotherapist that you would like to see, then we will refer you to our **out-patient** clinic, at Sussex County Cricket Ground.

Out-patient clinic

Radius
physiotherapy
01273 827 122

The Sussex County
Cricket Ground,
Eaton Road, Hove,
BN3 3AN



In-patient physio dept.

The Montefiore
Hospital
01273 828116
2 Montefiore Rd,
Hove,
BN3 1RD

If you are coming to Radius for out-patient physio follow up, we aim to call you within 2 days of leaving hospital, to arrange this appointment.

If you have not heard from us within 2 days of leaving hospital, please give us a call at the out-patient clinic.