



TOTAL KNEE EXPECTATIONS

Let me start by saying thank you-thank you for the opportunity to take care of your arthritic knee and assist in restoring your health. It is a privilege that I do not take for granted. Together, with realistic expectations and considerable effort, we can both make it happen! Just remember, there are millions of patients who have gone through this before you and have achieved excellent results. It's a process, however, that progresses through three stages over the course of a year.

STAGE 1: FIRST 6 WEEKS

This Phase is the most trying for patients as fear of the unknown is difficult for people. Just realize that the rehabilitation is not rocket science. It's just effort, and the ability to "reconnect" with your knee. It's very difficult to actually hurt your new knee, but the effort required does make your knee hurt. That's ok, the more you push early on, the easier the whole process will be. Stopping at the point of pain and giving up will result in stiffness and less than desirable motion in the knee. You **must** push beyond your comfort zone, beginning from **day 1!**

TIPS: Relax rather than tense the muscles. The more you put in a relaxed effort the easier it progresses.

ICE BAG- Freezer bag with 1/3 rubbing alcohol and 2/3 water reinforced with a second bag makes an excellent reusable ice bag that molds to the knee. 20 minutes of icing per episode is plenty, several times a day. (Remember it's not rocket science, do what feels right)

MASSAGE- As the day progresses and tenderness eases up, massage the tissue around the knee and leg. Soften it up so it moves easier.

TED HOSE- Wear them. First two weeks are important to avoid swelling, these help in the effort. Most important while you're up during the day. Optional at night. Elevate leg on pillows while resting.

THERAPY- Most important but supervised therapy is a luxury. The movement exercises are for you to do every day on your own. Instructions provided by the physical therapist should be followed at your home and the greater the effort, the better the result.

CHAIR SLIDES- With foot pulled back and firmly planted on the floor, move your body forward slowly and steadily, increasing the bend at the knee. Hold for 10 seconds and breathe while relaxing the muscles of the thigh. Then go a little further followed by a 20-30 second break. Then repeat the process, each time getting a little more bend. If you do nothing else for the first 6 weeks, make sure this is done several times a day.

VITAMIN E- Apply to wound after first week, provided wound is not oozing at all. Helps soften the incision.

Use pain medication as needed. Some use them more than others but remember they have lots of side effects like constipation, nausea, drowsiness and bloating. The sooner you wean yourself the better but not at the expense of being miserable with pain.

Remember night time is not fun at least for the first 4-8 weeks. The knee does not like being in one position for too long. It will get better, just hang in there. Minimize daytime napping and use Benadryl 25-30 mg at bedtime and/or a pain pill.

STAGE 2: Life beings again

Patients are typically doing much better than **stage 1**. Most are sleeping better and off pain medication for the most part. An occasional pain pill if needed is ok. Stiffness after sitting still persists but it's quicker and easier to get moving. Swelling is improving but still present to some degree.

The endurance phase now begins. Exercise the knee in ways you can enjoy to exercise. Cycling (stationary or outdoor if you prefer) is excellent. Treadmill, walking, hiking, swimming, weights and other activities are fine. Golf can begin to resume a more normal routine as well. Chipping and putting is fine starting whenever you are off the cane during **stage 1**. Regular golf typically resumes during **stage 2**.

Slow and steady is the key but don't get lazy. Keep stretching the knee and don't lose what was achieved in **stage 1**. Remember, 110 degrees of flexion is important for most activities of daily living. Anything beyond that is icing on the cake. However, be realistic. If the knee was stiff before surgery it will typically lose a few degrees after surgery and will take great effort to improve upon pre-op motion. Anything is possible!

STAGE 3: The final phase

The last 6 months is where the knee improves in the "background". Generally, things are going well but do improve from month to month through the first year. I know we don't like to believe it, but it's true, it takes a year. At that point it's safe to say the knee is as good as it will be. Hopefully you will be mostly satisfied and love the absence of the nagging and persistent pain that drove you to go through with this. However, remember it's not your 20-year-old knee; it's

an artificial knee that will remind you of such. If all has gone as planned your activity level will be much improved and your pain greatly reduced. If so, we can call the process a success.

Also be aware that you are likely to experience a persistent click in the knee. It is the metal and plastic inside the knee and is completely normal and expected, not a defect! And yes, if you can tolerate the sensation of kneeling on your knee then it is fine to do so.

I hope this will help answer your questions that you will certainly have throughout the process. Please read it then read it again. Then refer to it when questions or doubts arise. I think it will help guide you and ease your fears. Also read the FAQ's page if anything else comes up.

****IMPORTANT-** Please schedule your outpatient physical therapy appointments with first appointment no later than 5 days after date of surgery. (Monday surgery, start PT on Friday and Wednesday surgery, start PT on Monday). Any barriers to outpatient physical therapy should be communicated to surgeon team for discharge planning resources.

Respectfully,

Your surgeon (and yes, I lived through this myself so rest assured I'm speaking from great depth and experience)