

# Knee Replacement Care Pathway After Discharge

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<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>	<b>Day 6</b>	<b>Day 7</b>	<b>Day 7</b>

### Goals

**The first two weeks after surgery is the most critical time for you to regain range of motion (ROM) in your new knee.**

**Your goal is to achieve ROM of 0-90 degrees by your two week follow-up appointment.**




- Straighten Leg (0 degrees)
- Bend Leg (90 degrees)

**Accomplish ROM Goal by:**

- ➔ Controlling pain and swelling
- ➔ Caring for your wound
- ➔ Doing your exercises


### Dos and Don'ts

**Do Not Rest with a Pillow Positioned Under Your Knee**




NO

**Rest with Your Leg Straight**




OK



OK













**Don't Sit for Long Periods with Your Feet on the Floor**



Avoid for Long Periods

**Control Pain and Swelling**

**Exercises (based on therapist discretion)**

<b>Take Pain Medication</b>	Take pain medication as directed by your surgeon for the first few days. Begin to wean off of pain meds as tolerated. (Decrease the number of pills or increase the time between pills.)	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication
<b>Take Blood Clot Medication</b>	Take medication to prevent blood clots as directed by your surgeon.	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>
<b>Ice your Knee</b>	Apply and ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
<b>Elevate your Leg</b>	Prop your leg when sitting throughout the day  Elevate your leg above your heart 4x/day for 20-30 minutes 	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Wear TED Stockings</b>	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore.	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>
<b>Care for your Incision</b>	Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision while you shower. Normal: Tenderness   Scabbing   Pink   Warm Not Normal: Pain   Drainage   Red   Hot   Fever > 101.5 deg	<b>Call 734-936-5780 if you experience:</b> Drainage from incision   Incision is redder   Incision is hotter Increased Pain   Fever over 101.5 degrees							
<b>Avoid Constipation</b>	Take a stool softener and laxative every day that you are taking pain medications   Eat a high fiber diet   Drink plenty of fluids (water)	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids
<b>Ankle Pumps</b>	Do 10 reps every hour 	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
<b>Thigh Squeeze</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Buttock Squeeze</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Heel Slides</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Straight Leg Raises</b>	3 times per day, work up to 5 reps 	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Lying Down Gravity Knee Bends</b>	6 times per day 	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Knee Extensions</b>	3 times per day, work up to 10 reps 	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Scotting Knee Bend</b>	6 times per day 	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Sitting Knee Extensions</b>	3 times per day, work up to 5 reps 	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Two-Chair Stretch</b>	3 to 6 times per day 	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3-6 times per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Range of Motion</b>	Track your ROM   Goal: 0 to 90 degrees by two week follow up appointment								

# Knee Replacement Care Pathway After Discharge

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<b>Day 8</b>	<b>Day 9</b>	<b>Day 10</b>	<b>Day 11</b>	<b>Day 12</b>	<b>Day 13</b>	<b>Day 14</b>	<b>Day 14</b>

### Goals

**The first two weeks after surgery is the most critical time for you to regain range of motion (ROM) in your new knee.**

**Your goal is to achieve ROM of 0-90 degrees by your two week follow-up appointment.**





- Straighten Leg (0 degrees)
- Bend Leg (90 degrees)

**Accomplish ROM Goal by:**

- ➔ Controlling pain and swelling
- ➔ Caring for your wound
- ➔ Doing your exercises

**Control Pain and Swelling**

<b>Take Pain Medication</b>	Take pain medication as directed by your surgeon for the first few days. Begin to wean off of pain meds as tolerated. (Decrease the number of pills or increase the time between pills.)
<b>Take Blood Clot Medication</b>	Take medication to prevent blood clots as directed by your surgeon.
<b>Ice your Knee</b>	Apply and ice pack for 20 minutes as tolerated throughout the day. (20 minutes on, 20 minutes off.)
<b>Elevate your Leg</b>	Prop your leg when sitting throughout the day  Elevate your leg above your heart 4x/day for 20-30 minutes 
<b>Wear TED Stockings</b>	Wear during the day and remove at night. Check skin daily to make sure you have not developed a sore.

Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication	Take Medication
Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>	Take Medication <input type="checkbox"/>
Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often	Ice often
Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Elevate leg above heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>	Check Skin <input type="checkbox"/>

**Care for your Incision**

Keep incision clean and dry. Do not use ointments or lotions. Do not take a bath. Cover incision while you shower.

**Normal:** Tenderness | Scabbing | Pink | Warm

**Not Normal:** Pain | Drainage | Red | Hot | Fever > 101.5 deg

**Call 734-936-5780 if you experience:**

Drainage from incision | Incision is redder | Incision is hotter  
 Increased Pain | Fever over 101.5 degrees

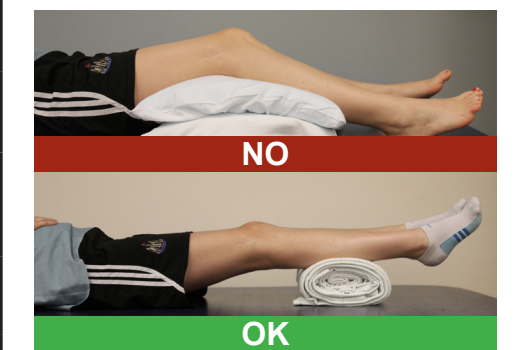
**Avoid Constipation**

Take a stool softener and laxative every day that you are taking pain medications | Eat a high fiber diet | Drink plenty of fluids (water)

<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids	<input type="checkbox"/> Stool softener <input type="checkbox"/> Laxative <input type="checkbox"/> High fiber diet <input type="checkbox"/> Drink fluids
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### Dos and Don'ts

**Do Not Rest with a Pillow Positioned Under Your Knee**



Rest with Your Leg Straight



Don't Sit for Long Periods with Your Feet on the Floor



**Exercises (based on therapist discretion)**

<b>Ankle Pumps</b>	Do 10 reps every hour 
<b>Thigh Squeeze</b>	3 times per day, work up to 10 reps 
<b>Buttock Squeeze</b>	3 times per day, work up to 10 reps 
<b>Heel Slides</b>	3 times per day, work up to 10 reps 
<b>Straight Leg Raises</b>	3 times per day, work up to 5 reps 
<b>Lying Down Gravity Knee Bends</b>	6 times per day 
<b>Knee Extensions</b>	3 times per day, work up to 10 reps 
<b>Scooting Knee Bend</b>	6 times per day 
<b>Sitting Knee Extensions</b>	3 times per day, work up to 5 reps 
<b>Two-Chair Stretch</b>	3 to 6 times per day 
<b>Range of Motion</b>	Track your ROM   Goal: 0 to 90 degrees by two week follow up appointment

10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour	10 Reps every hour
10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10 Reps 3x/day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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