

Therapy Guide following Knee Replacement Surgery

**Occupational Therapy & Physiotherapy
Community & Therapy Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



Information for patients and visitors

Following your Operation

After being in the recovery room, you will return to the ward and spend some time on your bed. Your knee will be bandaged and you will have the intravenous line still in your arm, an oxygen mask or nasal cannula in place and, you may also have a PCAS (patient controlled analgesic system) for pain control.

While on bed rest you should perform the following exercises hourly when awake:

Deep breathing - Take nice deep, slow breaths in through your nose and out through your mouth. Do at least 2 or 3 before having a strong cough to keep your chest clear.



Ankle Exercises - Pump your feet up and down and make circles with your ankles 5-10 times to keep the blood moving in your legs.



Muscle contractions - With legs straight. Pull your toes towards you, push your knees down into the bed and tighten your thigh muscle. Hold for 5 seconds then relax. Repeat 10 times.

Muscle contractions – Squeeze buttock muscles together. Hold for 5 seconds then relax. Repeat 10 times.

These may be checked by a member of the Physiotherapy or Nursing teams.

You may have some discomfort at the incision site and painkillers will be given to you. If your pain is not controlled, please tell someone sooner rather than later.

You will be encouraged to get out of bed and begin mobilising as soon as possible following your operation, usually the next morning. You will be shown the best way to get out of bed by one of the therapists or nursing staff.

A member of the Physiotherapy team will show you the best way to walk and will help you until you feel confident.

Initially you will have a walking frame to help you. As your walking improves you will progress onto crutches or sticks as appropriate.

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The initial walking sequence is:

- Move walking aid first
- Move operated leg
- Move un-operated leg

Then repeat the sequence.

If you forget the sequence stop, regain your balance and start again.

You will quickly be encouraged to walk in a normal pattern. This means stepping one foot in front of the other and bending your knee when lifting your foot off the floor. Your walking will be corrected by the therapists.

Swelling often causes your knee to be stiff and painful. To help reduce this swelling, elevate your leg and use an ice pack on your knee. You should continue with this at home. If you don't have an ice pack, a bag of frozen peas or crushed ice can be used. Ice should always be wrapped in a towel to prevent ice burns to the skin.

Apply for 20-30 minutes at a time. This can be done every 2 hours.

Occupational Therapy

Following your surgery, the Occupational Therapist may see you depending on your circumstances. They will provide you with advice / education on how to perform everyday activities safely and independently.

Following knee replacement surgery, there is usually no need to use equipment such as a raised toilet seat or dressing aids.

You will be encouraged to perform personal care activities as independently as possible and to dress in casual daywear.

In addition, the Occupational Therapist may practice bed, chair and toilet transfers with you to ensure you can manage safely and independently.



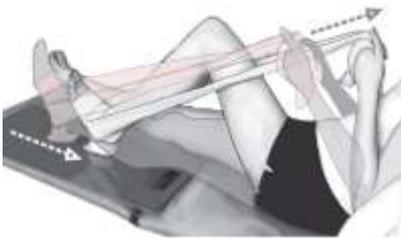
Information for patients and visitors

Your basic knee exercises

Below are the exercises you need to do to improve the mobility and strength of your knee. A member of the Physiotherapy team will teach you these exercises and work with you until you become confident to do them yourself.

Your thigh muscles may feel tired or sore after your exercises. This is all part of the strengthening process.

Sitting up in bed:



Either put a band around your foot and a doughnut under your heel or use your hands behind your knee. Bend your knee as far as possible. Gently pull the band or use your hands to stretch the bend a little further.

Sitting up in bed:



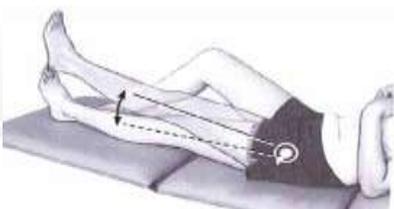
Pull your toes towards you, push your knee down into the bed and tighten your thigh muscle. Hold for 5 seconds then relax.

Sitting up in bed:



Put a rolled up towel under your knee. Keeping your knee on the roll, lift your foot off the bed and straighten your knee.

Sitting up in bed or lying:



Tighten your thigh muscle and lift your leg a little way off the bed, keeping your knee as straight as possible. When lowering try to get your calf to touch the bed before your heel does. This keeps your knee straight.

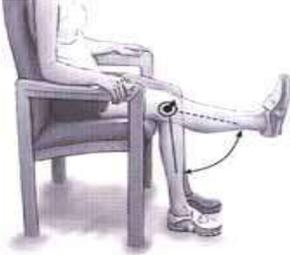


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Sitting in a chair:



Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for 5 seconds then slowly relax your leg back down. You can also practice bending your knee in the chair by sliding your foot back along the floor. Hook your un-operated leg in front of it to stretch it back a little further.

Steps and stairs

Before discharge a member of the Physiotherapy team will show you how to go up and down the stairs, or a step if you are unlikely to be using stairs. The sequence is the same for both.

Walking upstairs



- One step at a time
- Stand close to the stairs
- Hold handrail with one hand and crutches / sticks in the other hand
- First step up with the un-operated leg
- Then bring up your operated leg
- Finally bring up your crutches or sticks

Walking downstairs



- One step at a time
- Stand close to the stairs
- Hold handrail with one hand and crutches / sticks in the other hand
- First place crutch or stick down
- Then step down your operated leg
- Finally step down the un-operated leg

Your therapist may adjust this technique to suit your own needs.

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At Home:

Once you are at home, it is important to continue to exercise as you have been advised and also to increase your walking distances gradually. Aim to return to normal levels of activity. Do your exercises little and often. If you experience any increase in pain on exercising then ease off a little.

Follow up Physiotherapy may be arranged for you at a local hospital to progress your mobility and exercises but it is your responsibility to work independently of the Physiotherapists as well.

Please discuss any hobbies or pastimes you have with your Physiotherapist, who will be able to advise you when to restart them.

Pain and Swelling Control



Keep taking your medications and using ice packs, as needed.

Use the ice for 20 minutes, while elevating your leg as shown. If your knee is still stiff after a few weeks, you may benefit from using heat on your knee before your exercises. This may help you to stretch your knee more easily. Do not put the heat or ice directly on your skin.

Wound Care and Infections

There is always a small risk of infection in the first 6 weeks after surgery. Things to look out for include:

- New excessive swelling and pain (pain not from your exercises)
- Increased redness, heat or leakage from your wound
- Generally feeling unwell or having a raised temperature

If concerned see your GP.

Once your wound has healed, if your scar is tight or bumpy gently massaging down and around the scar for 5 minutes 2-3 times per day may help. Speak to the Physiotherapist for instruction on the specific techniques and make sure you wash your hands well before massaging.



Information for patients and visitors

Walking and Steps / Stairs

Continue to walk regularly, increasing the distance you walk as tolerated. It is important you walk outdoors. Gradually stop using your sticks or crutches as able or as advised by your Physiotherapist.

In addition to walking normally, try walking sideways and backwards to help your balance. Using a mirror to watch your walking will also help you to see if you are using your knee bend properly and allow you to correct it.

By 6 weeks you may be walking with a single stick. Using your stick in the opposite hand to your knee replacement is recommended. After 6 weeks, progress to walking on uneven ground such as walking in the park or on the beach.

Don't be surprised if you cannot climb stairs normally until 6-10 weeks after the surgery. You may need to practice stepping up and down with your operated leg to improve confidence in using it.

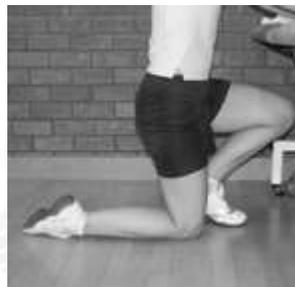
The following exercises will help with your walking, balance and stairs. You can try any of them you feel capable of doing, but your Physiotherapist may ask you to work on specific ones.

Exercises

The exercises started in hospital are important to continue for the movement and muscle strength of the knee. After two weeks, additional exercises should focus on any problems you are having with your knee. These will be prescribed by your Physiotherapist at your 2 week follow up appointment.

Advice on getting up and down from the floor

After 3-4 weeks getting up and down off the floor can be done as shown in the pictures below, if needed. Use the support of a chair to help with the lowering and standing. Your stronger leg should be used in front for the lifting and lowering. Getting up is the reverse of the pictures shown of getting down.



Returning to Activities

Gradual return to normal activities should be encouraged at this time.

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Before your 6 week follow up appointment with the Hospital Doctor

You may still need to avoid:

- Kneeling on your operated knee until your wound is healed
- Twisting or pivoting on the operated knee
- Resting with a pillow under your knee
- Driving (unless your doctor or physiotherapist has said you may drive)

You may try:

- House work and domestic activities. Some things may need to be done sitting down or modified, especially if you still need to use your walking aids, or find standing for periods of time difficult.
- Returning to work, if you have a fairly sedentary or desk type job. More physical jobs should be avoided until after the first 6 weeks from surgery. If you require a medical certificate for work, please ask while on the ward and then speak to your GP (family doctor) for additional ones
- Doing stairs normally. Don't be surprised if you cannot do stairs normally until 6-10 weeks after the surgery
- Swimming (see the previous page)
- Low Impact Exercise Machines (Stationary Bikes, Crosstrainers, Elliptical Trainers, Steppers and Rowers) under guidance by your Physiotherapist
- Golf (starting with pitching and putting and only mid-swing strokes) under guidance by your Physiotherapist

Other Advice

- If your new joint becomes red and hot, or your wound becomes inflamed or leaking, stop your exercises and arrange an appointment to see your GP
- If you have sudden onset of calf pain with associated swelling, slow down your activity and arrange an appointment with your GP
- If you notice any changes in frequency of urine or pain on passing urine then arrange an appointment to see your GP
- If you need to see your dentist then inform them that you have had a knee replacement in the last 6 months



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After your 6 week follow up appointment

You should continue to avoid:

- High impact activities such as running and jumping.
- Activities which will force the bend of your knee too far (although rare, dislocation of a knee replacement can happen in some cases, if you bend your knee too far).

You may try:

- All domestic tasks you would normally do
- Driving, if you haven't already been told you can
- Dancing
- Bowls
- Exercise classes (let your instructor know you have had a knee replacement)
- Speed walking
- Skating
- Tennis or other court sports (not high impact, but gentle movements using the arms rather than jumping)

There will continue to be some variance even between the specialists in what activities you can and cannot do following your knee replacement. One medical study found that a knee replacement allowed a significant increase of sporting activities at a 5 year follow up of patients, yet some doctors don't encourage this level of activity.

The most important thing to remind yourself is that you have had the operation to decrease your pain and improve the quality of your life. It is important you make the most of this improved quality of life, balancing it with a current accepted life of joint replacement being up to 20 years.



Information for patients and visitors

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.



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Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

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