

## Orthopaedic and Sports Injuries Services "OASIS"

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### Introduction

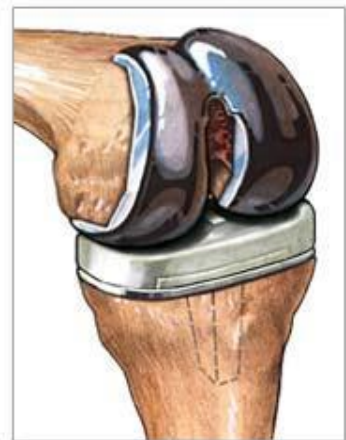
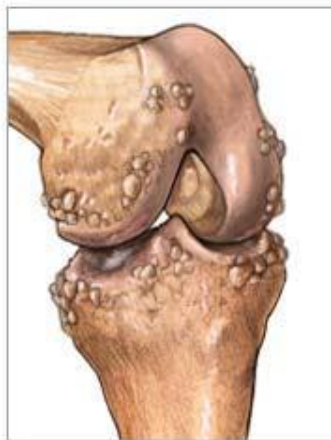
This information is provided by Mr M Shah Consultant Orthopaedic surgeon for patients following total Knee Replacement about the treatment you will receive.

This is only intended to be a guide, and the information may vary from patient to patient depending on the circumstances. How this information affects you will be discussed with you on a one-to-one basis by the staff involved in your care.

Please download this information or bookmark it, as you will need to refer to it from time to time whilst you are recovering from your surgery.

### Your knee joint

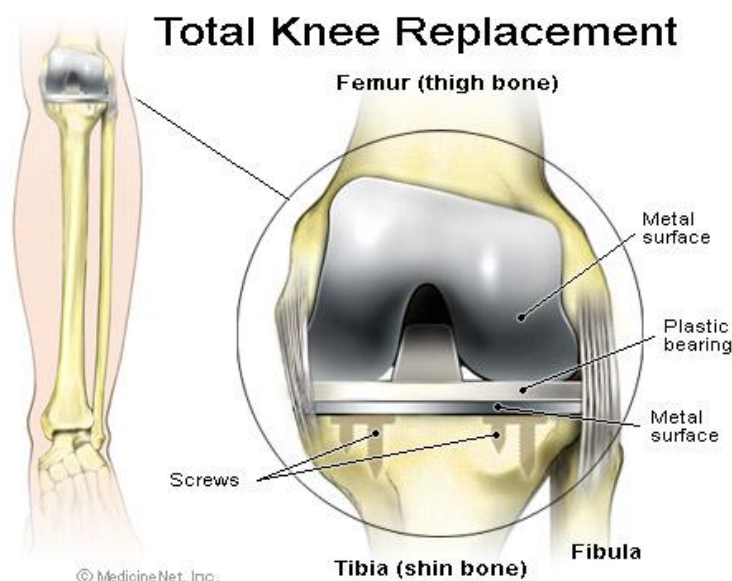
The knee joint is a hinge joint, formed by the lower end of the thighbone (femur) and the top of the shinbone (tibia). The kneecap (patella) is held in place over the centre of the joint by ligaments and muscles. Normal movement of the knee relies on Joint stability, a smooth joint surface and good strong leg muscles.



Arthritis is the wearing away of the protective covering on the bone ends (cartilage). In severe cases, the cartilage is worn away completely and bone underneath also starts to wear away. This causes roughening and distortion of the joint, resulting in painful and restricted movement and weakening of the muscles. In some cases the knee may turn in or out and feel unstable.

### What is a Total knee replacement?

This operation is used to relieve pain, correct deformity and improve the function of the joint. An artificial joint, made of metal and plastic replaces the arthritic joint. This is usually, but not always fixed in place using a special cement.



### Physiotherapy

Physiotherapy is a very important part of your post-operative treatment and will help speed up your recovery and discharge from hospital. After a total knee replacement your physiotherapy will consist of:

- ❑ Knee exercises to improve the mobility of the joint and strengthen the muscles surrounding it.
- ❑ Help in the early stages with moving from bed to chair, and advice on standing up and sitting down
- ❑ Gait training with progression of walking aids to improve walking pattern and to help you become independent enough for discharge.

## How to recognise us

### Physiotherapists

Navy trousers and white tunic with navy trim, or white polo shirt

### Physiotherapy Assistants

Navy trousers, blue tunic with navy trim or blue polo shirts.

## How to contact us

Physiotherapists are on the ward daily and can be contacted through the nursing staff if you have any queries.

## Before your operation

You will meet the physiotherapist responsible for your care. This may be in the pre-assessment clinic.

They may:

1. Ask a few questions about your mobility, general health, home circumstances etc.
2. Assess your knee movements and walking patterns.
3. Teach you the exercises that you will be doing after the operation.
4. Explain:
  - a) How you will progress following the operation.
  - b) When and how you will get out of bed, the walking aids you will use etc.
  - c) The criteria required for discharge.

## After your operation

With the physiotherapist's guidance you will commence your exercise programme that will consist of:-

1. Ankle exercises to prevent circulatory problems.
2. Breathing exercises to prevent chest complications after the anaesthetic.
3. Knee exercises to improve your joint mobility and muscle power.
4. Guidance on walking with appropriate walking aid.



### **As soon as possible/ the following day**

You will get out of bed with the help of your physiotherapist. Depending on your progress you may also walk short distances with the physiotherapist instructing you on the correct walking pattern. At first you will use a walking frame or crutches. You will also begin knee exercises to restore movement and improve muscle strength.

### **Subsequent Days**

The distance you walk will be increased and you knee exercises progressed. Once you gain in confidence and you are considered to be safe with you walking aid, you can start to walk around the ward unsupervised.

**Remember regular practice in walking and exercise will speed your recovery.**

### **Walking**

At first you will need to use a walking frame or crutches to ease the weight on the new knee. Some patients progress to using 2 sticks.

### **Walking sequence**

1. Walking aid moved forwards first.
2. Then the operated leg.
3. Finally the un-operated leg.



## Stairs

If appropriate, you will be taught to negotiate steps by your physiotherapist before going home.

The sequence is as follows:

- a) Going up stairs – un-operated leg (good) leg first, then operated (bad) leg, and finally sticks or crutches. Use banister or rail with free hand if possible.
- b) Going down – sticks/crutches first, then operated leg, and finally un-operated leg.

Going down is the reverse of going up. Your physiotherapist will show you how to hold your sticks/crutches.



## Going home

Once the professionals involved in your care (Surgeon, Nurse, Physiotherapist, Occupational Therapist) are happy that you are well enough, safe enough and able to manage you will be discharged. This is usually around 5 days after your operation.

If you need any further physiotherapy once you have gone home, this will be arranged for you by the Physios.

## Aims before going home

1. To lift the leg with no bend at the knee joint.
2. To bend the knee to as near 90 degrees as possible.
3. To be walking well with crutches or sticks.
4. To be able to climb up and down stairs.

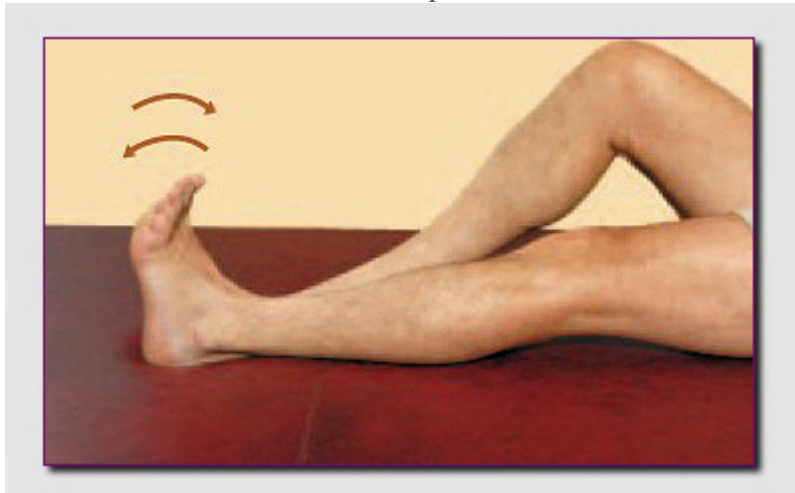
## When you go home

1. Try to avoid any twisting or kneeling in the early stages whilst the knee joint is healing.
2. Most patients limp after the operation and it takes approximately six weeks before you will be able to walk evenly.
3. Continue your exercises as advised by the physiotherapist.
4. If using one stick, it should be held on the opposite side to your new knee.
5. Do not be tempted to hold on to furniture when walking at home, as this may be dangerous.
6. Go for regular short walks, gradually increasing the distance.
7. Do not drive until you have seen the Mr M Shah at your 6-week check-up.

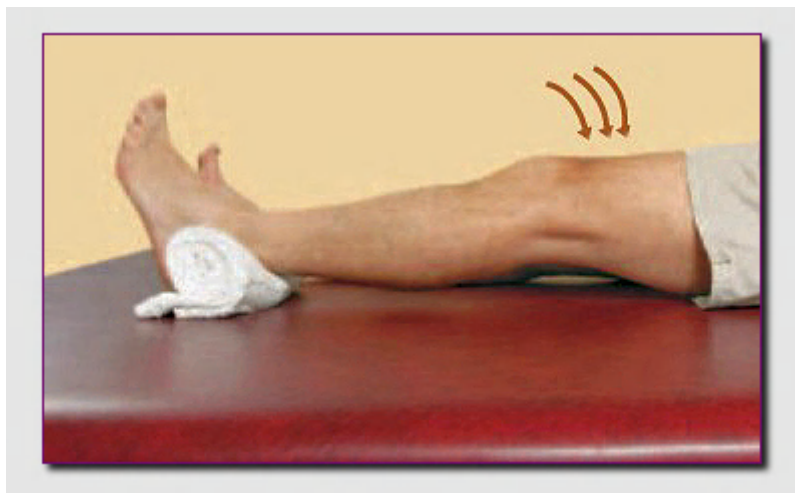


## Typical Home Exercises:

Instructions in your home exercise program may include some of the exercises shown below. Consult your therapist regarding the appropriateness of the exercises and the number of repetitions.

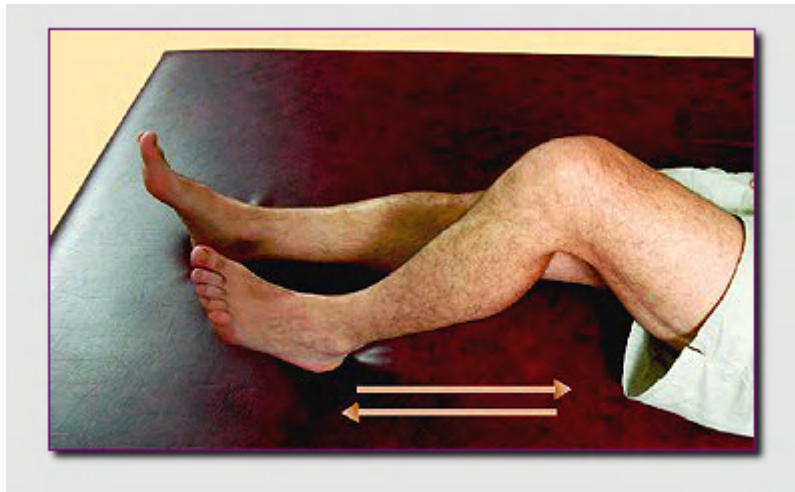


**Ankle Pumps:** Flex the ankle back and forth.

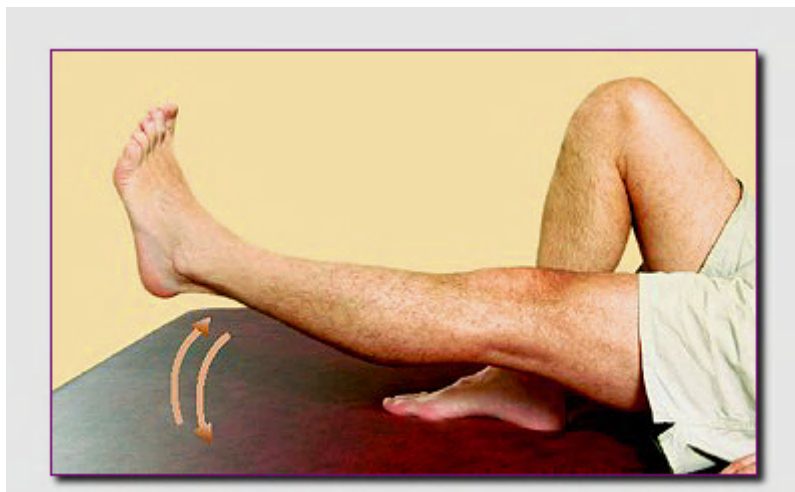


**Quadriceps Sets:** Tighten thigh muscles and hold for five seconds.

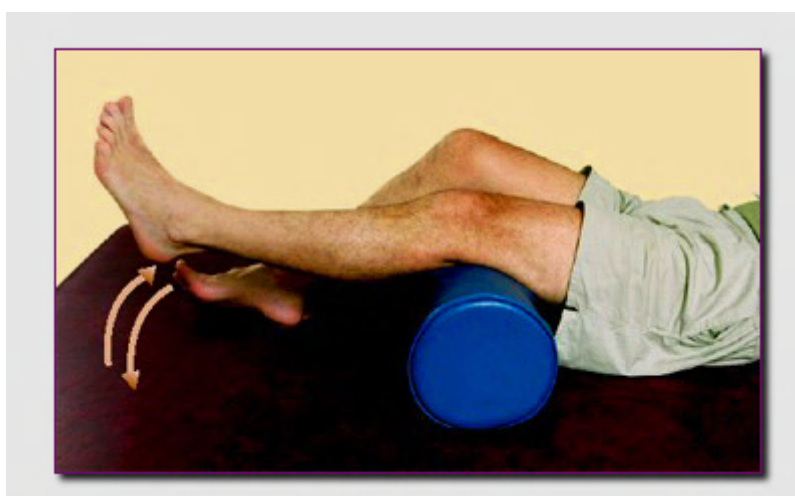




**Heel slides:** Flex your hip and knee, then return knee to the straight position



**Leg lifts:** Raise leg six inches above the floor, keeping knee straight.



**Knee extensions:** Place a pillow under your knee. Lift your foot off the mat.





**Knee flexion stretch:** Place a towel under your heel. Pull your knee toward your chest. Hold your knee in this flexed position for 15-20 seconds. Return knee to the straight position.

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