

Welcome to Springfield Hospital Physiotherapy

Pre-Operative Assessment

Springfield Hospital Physiotherapy

Tel: 01245 234045



Total Knee Replacement

A total knee replacement replaces the rough worn surfaces with new, smooth artificial surfaces.



What To Expect

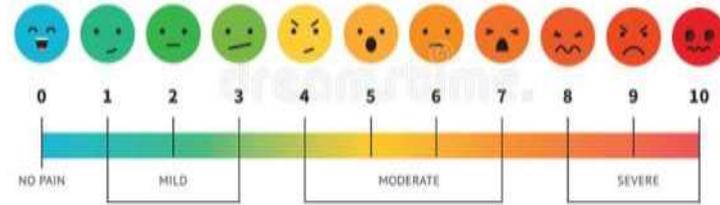
- You will have an incision down the front of your knee.
- You will have either soluble sutures or clips dependant on your consultant's preference.
- For the first 24 hours post operation you will have a slightly bulkier dressing and occasionally drains.
- The wound will be covered with a light shower proof dressing by the time you go home.



Pain

- It is normal to feel some degree of pain following an operation.
- To help to control this you will need to take regular pain relief medication. This will be provided for you throughout your stay.
- If you feel that your pain is not still well controlled, you are able to request additional pain relief.

PAIN MEASUREMENT SCALE



- It is important that you communicate to the nursing or physio staff if your pain is not well controlled.
- In order for you to perform your exercises successfully and to mobilise, your pain will need to be well managed.

Medication

- Simple painkillers e.g. Paracetamol
- Anti-inflammatories e.g. Ibuprofen
- Stronger drugs e.g. Morphine, co-codamol
- Medication to control nausea



How To Manage The Symptoms

- Swelling – elevation + ice packs
- Stiffness – exercises
- Muscle weakness - exercises



Patient Goals Prior To Discharge

- To be able to do your exercises at least 3 times a day.
- To be able to get in and out of bed and a chair on your own.
- To have a good walking pattern with your walking aid.
- To safely walk up and down a step or stairs, if appropriate.



Enhanced Recovery

- Shorter hospital stay– usually discharged once all physiotherapy goals have been achieved.
- Discharged day 1 post- operatively.
- Enables you to return to normal living sooner.



Exercises

- It is up to you to perform the exercises regularly in order to get the most from your new knee.
- The post-operative exercises can be found in your booklet. Please ensure you bring this booklet with you when you come in for your operation.
- It is beneficial to start exercising before your operation. The exercises that follow should be performed at least once a day. If any of the exercises cause you pain, please stop.



Pre-Operative Exercises



©Physiotools

Static Quads:

Lie on a bed with your legs out straight. Tighten the thigh muscles (quadriceps), and push the knee down into the bed.

Hold for 5 seconds, then relax.

Repeat 10 times.



©Physiotools

Inner Range Quads:

Lie on a bed. Roll up a large towel (or use a pillow/cushion/ball) and place it underneath your knee. Push down on the towel with your knee, and lift the heel off the bed to straighten the leg.

Hold for 5 seconds, then gently lower.

Repeat 10 times.

Straight Leg Raise:



©Physiotools

Lie on your back with your legs straight. Pull your toes up towards you, tighten the thigh muscles (quadriceps), and push the knee down into the bed. Keep the leg straight as you lift it off the bed, roughly 8 inches.

Hold for 5 seconds, then gently lower.

Repeat 10 times.

Bridging:



©Physiotools

Lie on a bed with knees bent. Tighten the buttock muscles and lift your bottom off the bed in a controlled manner. Gently return it to the starting position.

Repeat 10 times.



Seated Knee Flexion:



©Physiotools

In a seated position, slide your foot backwards as far as you possibly can do. You should feel a stretch in the thigh muscle. Hold for 20 seconds, then return to the starting position.

Long Arc Quads:



©Physiotools

In a seated position, bend your ankle and straighten your knee using your thigh muscles (quadriceps). Hold for 5 seconds, then gently return to the starting position. Repeat 10 times.



©Physiotools

Standing Knee Flexion:

Stand and hold onto a supportive, steady surface. Bend your knee and lift the foot off the floor.

Hold for 5 seconds, then gently return to the starting position.

Repeat 10 times.



©Physiotools

Heel Raises:

Stand and hold onto a supportive, steady surface. Rise up onto tiptoes on both feet to strengthen the calf muscles. Gently lower back down. Repeat 10 times.



Mini Squats:



©Physiotools

Stand and hold onto a supportive, steady surface. Slowly bend your hips and knees, trying to push your bottom backwards. Go as low as is safely and comfortable to do so, and then stand up again, tightening your buttocks as you do.

Repeat 10 times.

Please do not continue if any of these exercises give you pain



Equipment

- You will require a pair of elbow crutches. We will provide these and teach you how to use them when you come for your face to face appointment.
- If you already have a pair of crutches or walking sticks, please bring them with you to your appointment.
- Ice will be provided for you on the ward. You will require an ice pack/bag of frozen peas to use at home.

Additional Equipment

Your physiotherapist will identify any aids you may need:

- Toilet raise
- Leg lifter
- Grabber
- Long handled shoe horn
- Long handled bath brush/sponge



What To Bring

- Toiletries
- Comfortable nightwear
- Loose fitting day wear
- Enclosed slippers - not mules or flip flops
- Comfortable enclosed shoes
- Any entertainment material (books, magazines)
- Medication in original packaging



Prepare Your Home

- Remove loose rugs and mats.
- Clear away cords and clutter that might be a trip hazard.
- Ensure clear pathways around your home.
- Move frequently used items to waist level.
- Have a lamp by your bed.
- Keep your mobile phone with you.



Prepare For Home

- Prepare and freeze meals or stock up on ready meals.
- Arrange help for domestic tasks if needed.
- Arrange for help from a family member or a friend to assist with personal care and other tasks (e.g. changing surgical stockings) if you live alone.
- Speak to the nurse or physiotherapist if you have no support at home.



Reducing Your Risk Of Developing A Blood Clot

- Compression stockings
- Pneumatic compression devices
- Drug treatment anticoagulants – injections or tablets
- Exercises
- Drink plenty of water



Sleeping

- You are likely to have disturbed sleep, especially for the first 4-6 weeks post- operation.
- You can sleep on your back or on your side with a pillow between your knees.
- **Please do not put a pillow under your knee**, keeping it in a bent position.



Driving

- Check with your consultant after the operation that you are ready to drive – this is usually after your 6 week follow up appointment.
- Check that you are covered by your insurance company.



Follow-up Appointments

- You will be provided with an appointment for a telephone consultation at day 3/4 after your surgery.
- If you have any concerns prior to your appointments please do not hesitate to contact us.
- You will be reviewed by your consultant at approximately 6 weeks post-operation.
- Appointments may be by telephone or video calls.

Contact The Hospital If You Experience

- Excessive pain not relieved by painkillers.
- Excessive swelling in your leg.
- Wound that becomes hot, sore, red or oozy.
- Calf pain – may be a sign of DVT.
- Dial 999 if you experience chest pain or shortness of breath.

Please write down any questions or concerns
that you may have.

We will aim to answer these when we see you
before your operation.

Stay Safe



Ramsay
Health Care