Total Knee Arthroplasty Protocol

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A. Phase I (≈0-2 weeks post-op)
   1. Gait: WBAT using FWW or 2 crutches, wean to SPC as strength and gait quality indicate
   2. Brace: Some physicians use knee immobilizer, worn at night to maintain knee extension for ≈ 2 weeks.
   3. Cryotherapy – frequent
   4. Exercise
      a. Frequent low-load, long-duration (LLLD) work for both flexion and extension
      b. Early patellar mobilization
      c. Regain quad control
      d. Low level balance/proprioceptive work
      e. Begin scar massage/soft tissue mobilization at ≈ 2 weeks

B. Phase II (≈2-6 weeks post-op)
   1. Gait: SPC, wean off AD as strength and gait quality indicate
   2. Continue cryotherapy as needed
   3. Exercise
      a. Progressive OKC, CKC, Balance/Proprioceptive and gait stabilizing exercise
      b. Continue frequent LLLD ROM work
      c. Progressive non-impact cardio

C. Phase III (6 weeks post-op)
   1. Gait: Wean from AD as indicated
   2. Exercise (transition to HEP only as indicated)
      a. Long-term progressive OKC, CKC strength program
      b. Long-term, progressive balance/proprioceptive work
      c. Long-term non-impact cardio work