

POST OP TOTAL KNEE REPLACEMENT DISCHARGE PROTOCOL

The incision with the Dermabond tape should be covered with saran wrap or Aquaguards when showering. Once the incision is healed and the Dermabond tape/dressing is removed in 2 weeks after discharge date, the patient may get in the shower to bathe and get the incision wet.

Take 325 mg aspirin daily for 4 weeks for deep venous thrombosis (blood clot) prophylaxis.

Patient may resume anti-inflammatory medications 3-4 days post-op. Celebrex can be resumed immediately post-op.

Wear TED hose X 6 weeks (at least 4 weeks); use knee immobilizer when in bed as otherwise as instructed.

Aggressive range of motion exercises. I am NOT concerned about twisting, pivoting, or crossing their legs.

Patient is WBAT and may advance to cane, then to independence as they can tolerate. They must stay on the cane if they have a significant limp.

May ride in the front seat of car. May drive after 4 weeks if able.

May be out of bed as much as tolerated. If knee swells significantly, then they must elevate. (There is nothing magic about 30 minutes).

Home Health for Physical Therapy - 5 X week 1st week and then 2-3 X a week for next 5 weeks.

Patient is given their first follow-up appointment at their pre-op visit. Routine follow-up is at 6 weeks, 3-3 ½ months, and at one year. Occasionally a 6 month visit is indicated.

Durable Medical Equipment – Walker and 3-1 Commode/Shower Chair.

FOR REVISION TKR

Protocol as above except:

WB status to be determined on an individual basis. If they are WBAT (weight bearing as tolerated), they may be progressed as above.

Standard precautions with NO twisting, pivoting, or crossing their legs.

PATIENT SIGNATURE DATE/TIME

NURSE SIGNATURE DATE/TIME

POST OP TOTAL HIP REPLACEMENT DISCHARGE PROTOCOL

The patient may get in the shower to bathe. Cover incision with tegaderm dressing X 2 weeks and then remove tegaderm dressing and wash without dressing.

Routine Total Hip Replacement precautions X 6 weeks.

Take 325 mg aspirin daily for 4 weeks for deep venous thrombosis (blood clot) prophylaxis.

Patient may resume anti-inflammatory medications 3-4 days post-op. Celebrex can be resumed immediately post-op.

Wear TED hose X 6 weeks (at least 4).

Patient is WBAT and may advance to cane, then to independence as they can tolerate. They must stay on the cane if they have a significant limp.

May ride in the front seat of car as long as precautions are not broken. NO driving X 6 weeks.

Supine Active/Active Assisted Abduction allowed.

No Active Abduction Exercises in side lying or standing positions x 6 weeks

No active abduction exercises X 6 weeks.

May lie on unaffected side with a standard pillow between their legs.

May be out of bed as much as tolerated. If they swell significantly, then they must elevate. (There is nothing magic about 30 minutes!)

Home Health Physical Therapy 5 X week 1st week and then 2-3 X week X 5 weeks.

Patient is given their first follow-up appointment at their pre-op visit. Routine follow-up is at 6 weeks, 3-3 ½ months, and at one year. Occasionally a 6 month visit is indicated.

FOR REVISION THR

Protocol as above except:

Some patient may have an abduction pillow. If so, they must use it X 6 wks.

WB status to be determined on an individual basis. If they are WBAT, they may be progressed as above.

Standard precautions (i.e.: hip flexion to 90 degrees is allowed).

PATIENT SIGNATURE DATE/TIME

NURSE SIGNATURE DATE/TIME