

Patient Information Physiotherapy after Uni-Compartment Knee Replacement

Physiotherapy Department

Introduction

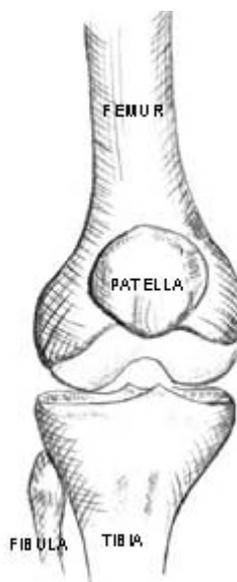
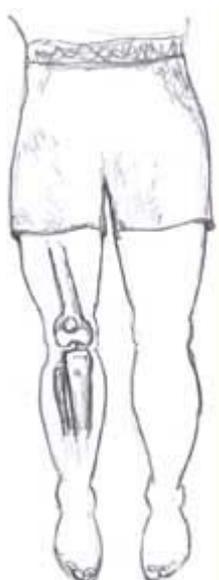
The aim of this booklet is to provide you with information about your operation and the treatment you will receive.

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 keep this booklet safe, to help you get the best possible result from your operation.

Your knee joint

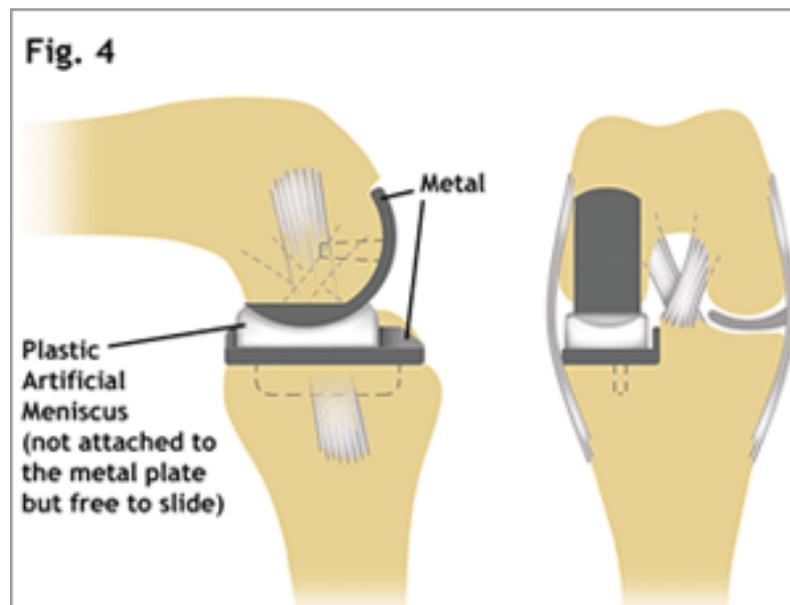
The knee joint is a hinge joint, formed by the lower end of the thighbone (femur) and the top of the shinbone (tibia). The kneecap (patella) is held in place over the centre of the joint by ligaments and muscles. Normal movement of the knee relies on joint stability, a smooth joint surface and good strong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

This operation is used to relieve pain, correct deformity and improve the function of the joint. Indications for surgery include, pain on one side of the joint and wear and tear on one side on x-ray. An artificial joint made of metal and plastic replaces one portion of the arthritic joint. This is usually, but not always fixed in place using special cement.



(Picture courtesy of Biomet)

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 uni-compartment 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 your knee exercises progressed. Once you gain in confidence and you are considered to be safe with your walking aid, you can start to walk around the ward unsupervised.

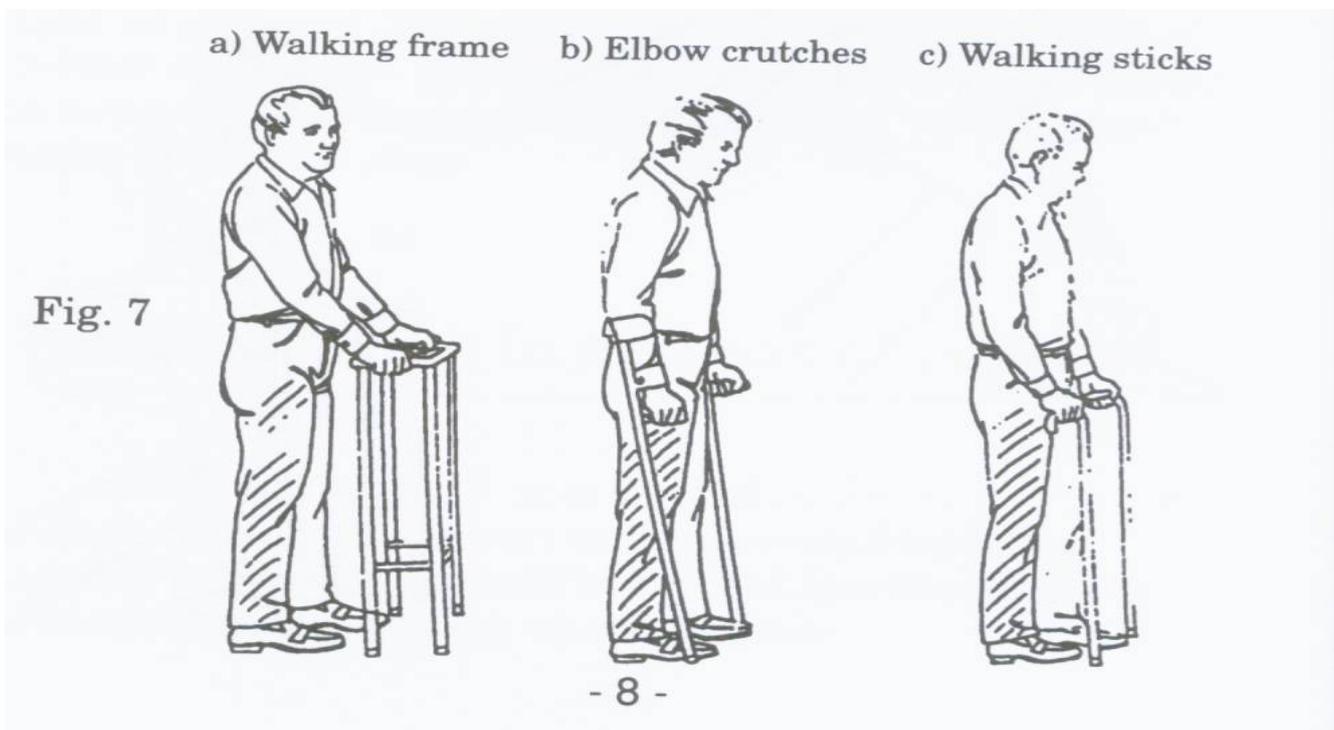
Remember regular practice in walking and exercise will speed your recovery.

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.



The sequence is as follows if you are **Weight bearing:** (able to put weight on your operated/weaker leg)

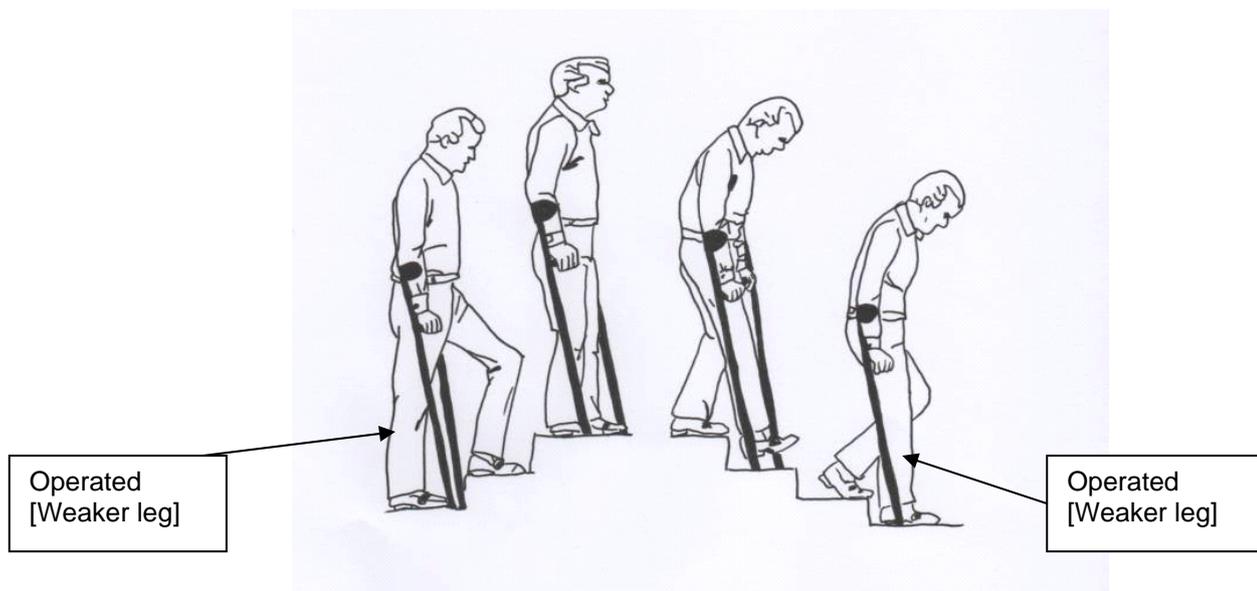
Always use the stair rail or banister if possible

1. Going up stairs

- Keep your sticks or crutches on the step below
- Step up with your **un-operated leg (stronger) leg**, then your **operated (weaker) leg** and then bring your sticks or crutches up onto the same step

2. Going down stairs

- Put your sticks or crutches first in the middle of the step below
- Step down with your operated (**weaker**) leg and then follow by your **un-operated (stronger) leg**.



Maintenance:

Please regularly check that the rubber ends of your crutches are not worn or clogged with dirt or stones, or that the tubes have any areas of damage. If you have a problem with your crutches return them to the department that issued them to you.

When you no longer need your crutches, please return them to your nearest physiotherapy department.

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 3-5 days after your operation.

If you need any further physiotherapy once you have gone home, this will be arranged for you at your local hospital.

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 surgeon at your 6-week check-up.