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## UNICOMPARTMENTAL KNEE REPLACEMENT POSTOPERATIVE REHAB PROTOCOL

### General Considerations:

- For 2 weeks after surgery, your activity level is usually limited, however, you will be able to walk independently and use bathroom and kitchen facilities. You may leave the house once you feel safe using the walker or cane.
- You may begin driving - right leg in 4 weeks, left leg in 2 weeks.
- Within 6 weeks, you will have resumed most of your normal activities. Squatting and kneeling will come with time.
- Complete surgical healing takes 6-8 weeks. During this time some swelling and discomfort is normal and should be manageable with either the prescribed pain pills, over the counter Ibuprofen, Aleve or Tylenol, etc.
- After some time the knee tissues begin to soften and become more natural.
- You may notice a small area of numbness on the outside area of the knee incision. This may or may not resolve over time.
- **All times are to be considered approximate**, with actual progression based upon clinical presentation
- Patients are **full weightbearing** with the use of crutches, a walker or a cane to assist walking until they are able to demonstrate good walking mechanics.
- Early emphasis is on achieving full extension equal to the opposite leg as soon as able.
- No two-legged biking or flexion exercises for at least two weeks. Well-leg biking is fine.
- Regular manual treatment should be conducted to the patella and all incisions so they remain mobile.
- Early exercises should focus on recruitment of the vastus medialis obliquus (VMO)
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process.

### **WEEK 1:** Goal is to allow the medial arthrotomy to heal and decrease swelling.

- Visit your physician after hospital discharge to change dressing and review home exercise program 7-10 days after surgery.
- Icing, elevation, and aggressive edema control (circumferential massage, compressive wraps)
- Straight leg raise exercises (standing and seated), passive and active ROM exercises.
- ROM restricted to 90 degrees for the first week.
- Initiate quadricep/adduction/gluteal sets; gait training, balance/proprioception exercises.



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- Well-leg cycling and upper body conditioning
- Soft tissue treatments and gentle mobilization to the posterior musculature, patella, and incisions to avoid flexion or patella contracture.

**WEEKS 2- 4:**

- Continue with home program, progress flexion range-of-motion, gait training, soft tissue treatments, and balance/proprioception exercises.
- Incorporate functional exercises as able (seated/standing marching, hamstring carpet drags, hip/gluteal exercises, and Core stabilization exercises).
- Aerobic exercise as tolerated (bilateral stationary cycling as able, UBE, pool workouts once incisions are healed).

**WEEKS 4 - 6:**

- Increase the intensity of functional exercises (progress to walking outside, introducing weight machines as able).
- Continue balance/proprioception exercises (heel-to-toe walking, assisted single leg balance).
- Slow-to-normal walking without a limp.

**WEEKS 6 - 8:**

- Add lateral training exercises (lateral steps, lateral step-ups, step-overs) as able.
- Incorporate single leg exercises if able (eccentric focus early on).
- Patients should be walking without a limp and range-of-motion should be ~ 10° extension and ~ 110° flexion.

**WEEKS 8 - 12:**

- Begin to incorporate activity specific training (household chores, gardening, sporting activities).
- Low impact activities until after Week 12.
- Patients should be weaned into a home/gym program with emphasis on their particular activity/sport

**WEEKS 12 – 16:**

- Schedule a visit with the physician 3 – 4 months from your surgery date (unless indicated to come in sooner).