After Your Total Knee Replacement

What to do in the first six weeks — and why it matters

The two most important things

There are only two things you need to focus on after your knee replacement:

1. **Swelling and inflammation control**
2. **Range of motion**

> **If you don't do #1, you won't get #2.**

You are in a race

There is a race between **you getting the motion your new knee requires** and **the scar tissue you are forming making your knee permanently stiff**. This race only lasts **8 to 12 weeks** — that is the whole window. Work hard starting the day after surgery; the instructions that follow are what win it.

The first two weeks: "bed jail"

For the first two weeks after surgery, you are in **bed jail**. This means keeping your **toes above your nose** at all times — except for **food, fire, bathroom, and therapy**.

Do this with **one pillow under your head and three pillows under your legs**, whether you are in bed, on the couch, or in a recliner.

A few things people get wrong about this:

- **You do NOT need to worry about elevation while sleeping.** You are welcome to, but I am more interested in you getting rest however you can.
- **Your knee can be bent or straight while elevated** — whichever is more comfortable. Some books insist it must be straight. I find that too painful, and as long as you work on straightening it several times a day, bending it while elevated is fine.
- **After the first two weeks**, elevate after activity or walking. Use your leg and knee swelling as the guide.

> **Formal physical therapy does not start until two weeks after surgery.** This is on purpose — the knee needs time to quiet down first. You are not idle: you do your own exercises ten minutes every waking hour (page 3). That is what makes therapy productive when it starts.

Controlling swelling

Swelling is managed six ways. Use all of them.

1. **Elevation** — toes above nose.
2. **Compression stockings.** Use a **below-the-knee** type. A tight band at the knee that is tighter than the calf will make the calf swell.
3. **Ace wraps.**
4. **Icing** — a cooling machine or ice packs. This helps *knee* swelling, not *leg* swelling.
5. **Anti-inflammatory medication** — this may be ibuprofen or a similar drug. If you cannot take drugs like ibuprofen, I may use prednisone, a steroid, to manage inflammation and knee swelling. **Take what is on your own written plan** — it is built around your health history.
6. **Controlling your overall activity** — see the step limits below. This is the one patients underestimate.

Your step limits, week by week

Most of us walk between **5,000 and 10,000 steps a day** without thinking about it. For the next six weeks, you will not.

Week	Steps per day	What that means
Week 1	Less than 750	Basically the bathroom and the refrigerator.
Week 2	Less than 1,200	Still bed jail.
Week 3	Less than 2,000	Bed jail is over — you are still restricted.
Week 4	Less than 2,750	
Week 5	Less than 3,500	
Week 6	Less than 4,500	Still nowhere near a normal day.
A normal day	**5,000–10,000**	For comparison only. Not a target.

These are ceilings, not goals. There is no prize for reaching them.

Patients who exceed these limits have more pain, more swelling, and more stiffness. Not occasionally. Reliably. Any phone or watch that counts steps will do — but you have to actually look at the number. Patients who guess are almost always over.

Gaining range of motion

Starting **the day after surgery**, begin the exercises below. Physical therapy may have given you others, but these are the most important in the first few weeks.

> **For 10 minutes every hour you are awake: work on extension (straightening) for 5 minutes and flexion (bending) for 5 minutes.**

You should also do **ankle pumps** frequently while lying with the leg elevated — point your toes down, then pull them back up toward you. They cost you nothing, they help move fluid out of the leg, and they lower your risk of a blood clot.

Straightening (extension) — 5 minutes

Getting the knee **completely straight** in the first 6 weeks is critical. If you don't, you will never walk properly and you will be less satisfied with your new knee. It is also a far more difficult problem for me to fix than a knee that won't bend.

Sit on a chair *right on the edge*. Place your hand on the upper part of your incision, just above the kneecap. **RELAX** your thigh, then press down to push the knee **FULLY** straight — until you tear up in your eyes a little, so you know you are pushing hard enough.

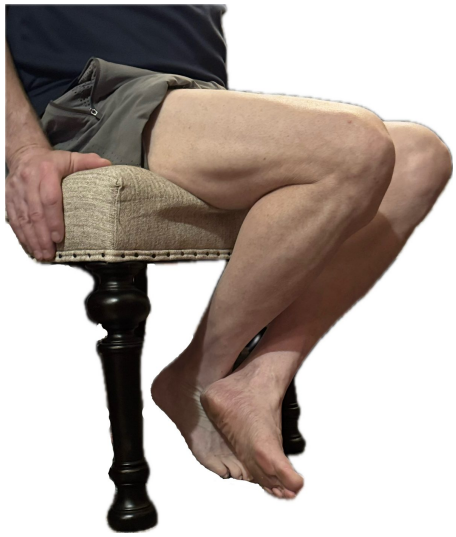
Hold 30 seconds. Relax 30 seconds. Repeat 5 times.

Extension: relax the thigh, press down, push it fully straight.

Bending (flexion) — 5 minutes

Work on getting the knee fully bent. Pull your foot back underneath the chair, using your other leg to pull it back. Make sure you are **on the edge of the chair** — otherwise the front of the chair limits how far you can bend.

Hold the bend 30 seconds. Relax 30 seconds. Start again.



Flexion: on the edge of the chair, use the good leg to pull the foot back.

You can overdo the exercises.
Too much will cause more swelling and more stiffness — the opposite of what you are trying to achieve. **Short, frequent exercise periods** are what prevent this. Ten minutes an hour, not an hour once a day.

Time your medication around your exercises

Take your pain medication — ibuprofen, Tylenol, oxycodone, or whatever else is on your plan — about **45 minutes to an hour before** you exercise. It will be far more effective that way. You won't always manage it — do your best.

Call the office if

- Your pain is not controlled even though you are following the plan
- You cannot keep your medications down
- You develop a rash or hives — **for trouble breathing or facial swelling, call 911**
- **Calf pain or swelling, chest pain, or shortness of breath — call immediately**
- Fever, spreading redness, or drainage from the incision
- You are unsure whether to take something, or you have fallen behind on the plan

None of these are a bother. Calling early is how small problems stay small.

> This handout summarizes your instructions. It does not replace the written medication plan you were given, which is based on your own health history. If the two ever differ, **follow your written plan and call the office**.