

UNICOMPARTMENTAL ARTHROPLASTY PROTOCOL

Phase I (Days 1 to 3)

Goals:

- DVT prophylaxis and early mobilization
- Instruction in ankle pumps, quadriceps sets, hamstring sets, and gluteal sets
- Instruction in AAROM/AROM heel slides, with stable post-surgical wound
- Initiate WBAT with FWW

Phase II (Days 4 to 14)

Goals:

- Continue DVT prophylaxis, decrease pain and swelling, strengthening of kinetic chain, emphasize increased mobility
- Begin outpatient PT ASAP
- Reinforce use of TED hose and prophylactic medication, as directed by surgeon
- Continue with Phase I exercises, progressing from OKC initially to CKC exercises
- Add SLR's in all planes, as tolerated by patient
- SAQ's
- Hook lying hip abduction and isometric adduction
- Heel raises
- Hamstring curls
- Terminal knee extension exercises
- Balance/proprioception exercises
- Double leg shallow squats
- Sit to stands
- Forward step-ups on 4" step
- CKC gait exercises, emphasize heel-toe progression
- Begin half-revolution stationary bike stretches, x 5 min; progress to full revolutions
- Initiate self-long sitting gastroc/soleus stretches, hamstring stretches, AA heel slides
- Initiate gentle patellofemoral mobilization in mediolateral and super-inferior directions and gentle PROM
- PROM Goal 0-105
- Ice and modalities as needed for pain and inflammation

Phase III (Weeks 2 to 4)

Goals:

- Initiate scar mobilization once the incision has healed
- Continue use of TED hose and prophylactic medications, per surgeon
- Continue with Phase II exercises, progressing to more CKC exercises. Begin to increase volume and resistance levels
- Add side-steps
- Leg press
- Multi-place standing SLR's
- Modified anterior lunges
- Continue progression of balance/proprioception exercises for concentric/eccentric control
- No weighted LAW's

Progress self-stretching and mobilization techniques as dictated by patient progress
Continue PF mobilization and PROM Goal 0-115
Ice and modalities as needed for pain and inflammation

Phase IV (Weeks 4 to discharge)

Goals:

Independent HEP, restore functional independence and facilitate full return to activity
Discharge TED hose, 4 to 6 weeks with surgeon approval
Continue with aggressive scar mobilization, PF mobilization and PROM
Continue with Phase III exercises, progress volume and intensity
Instruct in endurance pool program
Reinforce and facilitate independence with self-management techniques at home

Discharge Criteria:

Non-painful AROM, 0-115 or WNL's, compared to contralateral side
Normal heel-toe gait pattern, featuring normalized extensor mechanism function, without assistive device over a distance
MMT grade 4+/5 or higher, when compared to contralateral side, completely stable and well-healed surgical wound
Independence with HEP