



# Knee Replacement After Leaving Hospital



**Dr Keith Holt**

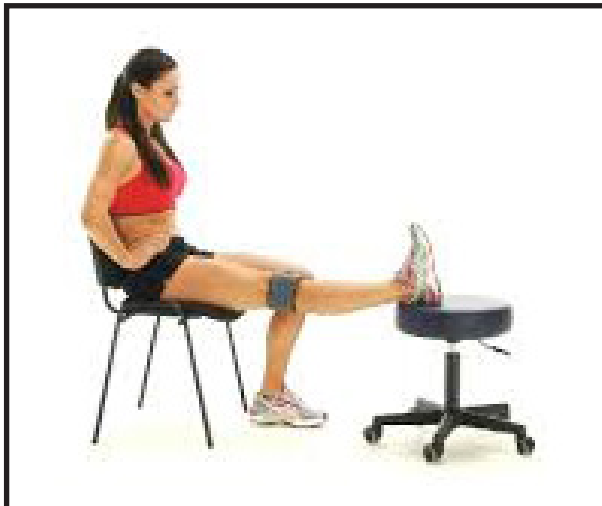
*The following is a short list of things that are important for your recovery following Knee Replacement. It is only a basic summary, and more detailed information can be found on the website listed below. If you cannot find the information you need there, please contact my office for further advice.*

## **Important Points**

- 1. The main aim of the first 6 weeks is to achieve near full extension and as much knee flexion as possible.** Full extension (getting the knee straight) can be achieved by putting the heel up on a coffee table or bolster and then letting the knee go down towards the floor. This is usually a passive exercise, but you can have someone gently help work the knee down if needs be. Achieving flexion (bending the knee) can be done in lots of different ways. It does not matter which way is used as long as the knee bends. In line with that thought, the easiest way of bending the knee is to sit on a firm chair and to let the leg hang down. To increase the bend, the other ankle can be put on the top of the operated ankle, and can be used to push it back. Usually holding this for 10- 15 seconds then releasing it. Repeat this a few times, 3 or 4 times a day, to try and improve the range each day. If you are easily getting to 90° by yourself, you do not need extra physiotherapy. If you cannot easily get to 90°, then it is very important to get help from a physiotherapist. If you cannot easily get to 90°, then it is very important to get help from a physiotherapist. If you do not have a good local therapist, you may like to consider going to Star Physio at the Outram street office, the Hollywood Functional Rehabilitation Clinic which is now in Nedlands, or you may ask Dr Holt for recommendations.
- 2. Do not overdo any exercise.** The aim of the first 6 weeks is to regain movement, not to improve strength. Too much exercise, including too much walking, will just make the knee swell: and this will reduce the range of motion. Rest is very important to allow the tissues to heal and to get the swelling down. This includes periods of elevation to the extent that the knee is at or above waist height. If you want to get in a swimming pool to help with the knee motion, it is possible after about 1 week if the wounds are dry and clean. Remember it is about knee flexion, not exercise. Do not aim to walk distances in the pool. Sit on the edge, swing the leg and let the water cool the knee. You can also use the steps to help the knee bend.
- 3. Make sure that you are taking enough analgesics.** Obviously, if you do not need these, do not take them. On the other hand, do not cease them if pain is preventing you bending the knee. Remember what the primary aim is. The sooner that flexion is achieved, the sooner that walking becomes more normal, the sooner the pain starts to get better.
- 4. If you need more analgesics, ring the office and they will be provided for you.** When you do this, the office staff will need a fax number for your chemist so that the script can be sent straight through. They will also need a name and address for your pharmacy so that the original script can be sent to them. This is a legal requirement. If you cannot get a script for some reason, look at the 'Pain Management after TKR' information sheet on the web site. One of the alternative options may be of help to you.
- 5. If you are having problems phone Dr Holt or his office for advice.** This is particularly the case if the wound or skin becomes red, if a suture starts to protrude through the skin or there are signs suggestive of a DVT (calf pain or tightness) or PE (chest pain, shortness of breath etc.) Most GP's are very good with

systemic problems, constipation, urinary problems and so on. What they are less well acquainted with are procedures such as knee replacement where it is important to know what is normal and what to do about it if it isn't. Rather than trouble your GP, or go to your local Emergency Department, it is preferable to contact Dr Holt or his office directly.

- 6. You will need to see Dr Holt for review at the 6 week mark** (about 5 weeks after leaving hospital). This can be arranged by phone (92124200), or by email ([keith.holt@perthortho.com.au](mailto:keith.holt@perthortho.com.au)).
- 7. More information can be obtained on all of this by looking on the website.** This includes information on knee replacement, pain management after knee replacement, manipulation of the knee under anaesthetic (MUA) etc. <<https://www.keithholt.com.au>>



**Getting the knee straight (extension)**  
Rest the foot on stool or similar. Let the leg relax and allow the leg to go straight.



**Getting the knee bent (flexion)**  
Sit on a hard chair or table, let the leg hang down, help it with the other leg.



**Using a skate board or similar**  
Sit on a hard chair, preferably not too high, then push the board back and forth.



**Leg raises / Leg extensions**  
These do help quadriceps strength but should be done judiciously.

#### **Questions or Concerns**

Please contact Dr Holt's office

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