



# Rehabilitation after knee replacement

## Total and partial (unicompartmental) knee replacement

This guide explains what to expect in the weeks after a total or partial knee replacement. Partial knee replacement follows the same programme, and many patients progress a little faster. Everyone recovers at their own pace, and your physiotherapist will tailor the exercises to you.

### At a glance

|                         |                                                                                               |
|-------------------------|-----------------------------------------------------------------------------------------------|
| Weight bearing          | Full weight bearing from the day of surgery, using crutches or sticks for balance and comfort |
| Walking aids            | Usually reduced over 2-6 weeks, as your walking becomes steady                                |
| Brace                   | Not usually needed                                                                            |
| Driving                 | Usually around 6 weeks, once you can perform an emergency stop safely                         |
| Work                    | Desk-based work often 4-6 weeks; physical work often 8-12 weeks                               |
| Normal daily activities | Most by around 3 months; improvement continues for up to a year                               |

## Your recovery, stage by stage

### In hospital **Day 0-3**

- You will usually get up and walk with the physiotherapists on the day of surgery or the next morning.
- You can put full weight through the leg unless you are told otherwise.
- Before going home you should be able to walk safely with your walking aids, manage stairs if needed, and do your exercises independently.

### Early recovery **Weeks 0-2**

- Do your exercises 3-4 times a day, little and often.
- Focus on getting the knee straight and steadily increasing the bend. Many people aim for about 90° of bend by 2 weeks.
- Expect swelling and bruising. Elevate the leg and use ice packs to help.
- Take pain relief regularly, especially before exercising.

### Building strength **Weeks 2-6**

- Outpatient physiotherapy usually starts in this period.
- Walk a little further each day and reduce your walking aids as your balance and confidence allow.
- Add sit-to-stand practice, step-ups and exercise-bike work when your physiotherapist advises.
- Your wound will be reviewed and clips or stitches removed at around 10-14 days if needed.

## Returning to activities **Weeks 6-12**

- Most people are walking without aids by this stage.
- Return to driving, work and low-impact exercise such as swimming, cycling and walking, as advised.
- Some swelling, warmth and stiffness are normal and can continue for several months.

## Longer term **3-12 months**

- Strength, stamina and comfort continue to improve for up to a year.
- Low-impact activities such as walking, cycling, swimming and golf are encouraged. Discuss higher-impact sports at your follow-up.

## Early exercises

### Ankle pumps

Point your feet up and down briskly, 10-20 times every hour while awake. This helps circulation and reduces the risk of blood clots.

### Straight leg raise

Tighten the thigh muscle, then lift the straight leg about 15 cm off the bed. Hold 5 seconds, lower slowly. Repeat 10 times.

### Knee straightening stretch

Rest your heel on a rolled towel so the knee is unsupported, and let it straighten for 5-10 minutes. Do not place a pillow under the knee.

### Static quads

Lying or sitting with the leg straight, tighten the muscle on the front of the thigh to push the back of the knee down. Hold 5 seconds, relax. Repeat 10 times.

### Heel slides

Lying on your back, slide your heel towards your bottom to bend the knee, then straighten it again. Repeat 10 times.

## Looking after yourself

### Wound care

Keep the dressing clean and dry. Stitches or clips are usually removed at around 10-14 days. Do not soak the wound in a bath, pool or hot tub until it has fully healed.

### Pain relief

Take your pain relief regularly in the early weeks, as prescribed, particularly before exercising. Reduce it gradually as the pain settles.

### Swelling

Rest with the leg raised, and use an ice pack wrapped in a towel for 15-20 minutes several times a day. Swelling can last for weeks or months and is common.

### Blood clot prevention

Follow the hospital's advice on blood-thinning medicine and stockings. Keep moving, do your ankle exercises, and drink plenty of fluids.

**Sources.** This guide is based on Mr Umar's practice and is guided by NICE and British Orthopaedic Association (BOA) guidance: NICE NG157: Joint replacement (primary): hip, knee and shoulder; NICE NG89: Venous thromboembolism in over 16s - reducing the risk; British Orthopaedic Association (BOA) - guidance and patient information.

## When to seek urgent help

**Call 999 or go to A&E if you have chest pain, sudden breathlessness or cough up blood.**

Contact the hospital where you had your operation straight away (or NHS 111 out of hours) if you have:

- Pain, swelling or tenderness in the calf
- The wound becomes red, hot or increasingly painful, or leaks fluid after the first few days
- A temperature above 38°C, shivering or feeling generally unwell
- A sudden increase in pain or swelling, or you cannot put weight on the leg as advised
- New numbness, tingling, coldness or weakness in the leg or foot



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### Questions about your recovery?

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*This is general guidance. Always follow the specific instructions from your own surgical and physiotherapy team, as your programme may differ.*

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