

This protocol is to be implemented for my patient referred to home health unless there is an exception order at the time of facility discharge. The frequency for Physical Therapy (PT), Occupational Therapy (OT), and Skilled Nursing (SN) may be adjusted to fit into calendar week periods in order to meet regulatory requirements.

TKA Protocol

Instructions for Home Health

Anticoagulations:	81mg ASA 2x/daily x 6 weeks: Enteric coated aspirin (Ecotrin) or Xeralto.
Incision:	Closed with Dermabond skin glue. No staples/sutures. Keep clean and dry.
WB Status:	WBAT
PT to Assess:	Level of strength, balance, ROM, coordination, transfers, mobility and endurance. Pt's ability to perform ADL's/IADL's. Assessment of home environment, and make recommendations for safety. Assess pt's pain level and understanding of pain relief measures.

PT to Instruct Patient/Caregiver

Ted Hose (if needed):	Thigh high type worn daily (remove at night) until swelling decreases (minimum 2-4 weeks).
Knee Immobilizer:	Worn at night x 2 weeks to promote extension; not needed during day or with PT.
Showers:	Allowed 3 days post-op if incision healing appropriately and without drainage. Keep Mepilex dressing as dry as possible. Dressing stays on for 7 days post-op. Do not soak or submerge incision.
TKA AROM Expectations:	0 degrees extension to 80-110 flexion by 3 weeks; contact MD if pt not progressing or regressing prior to follow-up visit. Dr. Dua encourages slow, steady progress; do not push too fast.
Walker to Cane:	Progress to cane as soon as possible. Use cane until no evidence of Trendelenberg.
Driving:	May drive as soon as 2 weeks post-op. No narcotics prior to driving.
Dressing Changes:	Non-removable Mepilex dressing until post-op day 7 unless saturated. After removal apply sterile dressing only if needed. Incision is sealed with Dermabond glue. Call office with new drainage.
Pain Control:	Celebrex BID and Oxycodone/Norco/Dilaudid PRN for breakthrough pain. Gabapentin HS for first 7 days. Wean to Tylenol as tolerated.
Other:	OT evaluation for assistive devices and ADL training as needed.
PT to Perform:	Therapeutic Ex/Activities to LE's Gait training, transfer training, neuromuscular re-ed., patellar mobilization and soft tissue mobilization.
PT Frequency/Duration:	3 times weekly. Transition to outpatient therapy once patient safe to do so.
RN to Assess:	Only if indicated.
Communication:	Call if pt. presents w/ increased edema, drainage, redness, temp >101.2 degrees.
Follow Up Visit:	4 weeks post-op.

Physician Signature:	Vipul Dua, M.D.	Date Reviewed:
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