

Total Joint Restrictions and for how Long?

Mark Johnson PT

THA-Weight Bearing Restrictions

- **Almost all THA patients are allowed to be WBAT right away.**
- **A walker is used for balance and safety only as long as the patient feels they need it.**
- **Transition to a cane if needed(usually around a week)**

THA-Walking Restrictions

- **Walking distance varies greatly depending on the patients pre-op abilities**
- **Short frequent walks the first week, usually just household distances**
- **Walk a short distance every waking hour during the day**
- **Do 2-3 longer walks a day the first week**
- **THA patients should be on a progressive walking program throughout the recovery. Measure distance/time and increase daily.**

THA Motion Restrictions

- Officially there are no motion restrictions for both anterior and posterior THA
- Studies showed that patients that were given motion restrictions following a THA had lower functional scores than those that were given no restrictions.
- No statistically significant differences in dislocation rate
- Patients are told to be careful with extreme bending lifting and twisting for the first 3 months but NO hard ROM stops

But is a dislocation still possible?

- **Yes but it is very rare**
- **Limited lumbar mobility or spinal fusion increases risk**
- **What changed?**
- **A) Pre-op assessment of higher risk patient**
- **B) Implant design- dual mobility**
- **C) Improved Pre-op education**

Some people are just higher risk!!



THA- Bending, Lifting and Twisting

- **The first 3 months is the greatest risk**
- **Pre-op education for safe methods of bending, lifting and twisting**



Proper sit to stand transfer

Always scoot to the front of the seat before attempting to stand

Wrong!



Right!



Sleeping Restrictions

- **Whatever is comfortable**
- **Do not have to elevate at night**
- **A pillow between knees when sidelying but no Abduction pillow anymore!**
- **Can lie on surgical side when it is comfortable**



TKA-Weight Bearing Restrictions

- **WBAT right away**
- **Use of a walker as needed (average is around a week) may transition to a cane if needed**



First week restrictions

- **DO NOT MAKE THE KNEE ANGRY!**
- Focus should be more on swelling and inflammation management than ROM/strengthening
- Ice packs/ice machine almost constantly the first week
- Elevate 20 minutes out of every waking hour “toes above your nose”
- Compression wrap -wear the first week but encourage re-wrapping throughout the day to keep it fresh
- Controlling the inflammation= controlling the pain

TKA-Walking Restrictions

- **Walking distance varies greatly depending on the patients pre-op abilities**
- **Short frequent walks the first week, usually just household distances**
- **Walk a short distance every waking hour during the day**
- **Do 2-3 longer walks a day the first week**
- **The most common method of “overdoing it” after a TKA, is walking too much without elevating and icing often enough**

TKA- Sleeping Restrictions

- **Patients do NOT have to have their leg elevated all night while sleeping unless it's comfortable**
- **Prolonged elevation can lead to excessive posterior knee pain or can aggravate sciatica**
- **If patients are waking up throughout the night and are struggling to get comfortable, sometime the best thing to do is walk for a few minutes then lie back down.**

TKA Exercises Restrictions

- **Start slow the first 7-10 days**
- **The first weeks priorities are:**
- **1) get the swelling and inflammation under control (ice, elevate, compression)**
- **2) walk short distances every hour to prevent DVT**
- **3) Start exercises “gently”**
- **4) 90 degrees flexion by their 2 week apt is a good goal**

TKA-Biking Restrictions

Biking is a great activity for ROM following a TKA

Usually need at least 90 degrees of flexion to make a full revolution

Usually can begin 1-2 weeks post op

Place tension to low and gradually adjust seat as motion improves



Both TKA and THA-Driving Restrictions

- 1) Patients should be off of narcotic pain medication, have approval from surgeons team, and check with their insurance company
- 2) Common sense goes a long ways-right or left L/E, city or rural conditions, etc..



Both TKA and THA- Swimming or hot tub Restrictions

- The incision has to be healed sufficiently to reduce the risk of infection before being submerged in water.
- Usually at the 6 week apt most incisions are healed enough to safely swim



Both TKA and THA-Return to work Restrictions

- **Highly dependent on the type of work**
- **TKA's need to be able to elevate and ice throughout the day so if their job cannot accommodate that, 6 weeks off may be average**
- **Ultimately it comes down to what the surgeon allows**

Both TKA and THA- Sports/running Restrictions

- **Historically patients have been told to avoid repetitive running and jumping due to the concern of rapid poly wear and need for early revision**
- **The new generation of high density cross linked polyethylene is much better and some studies feel that it may last 40-50 years**
- **Time will tell.....**
- **Highly dependent on surgeons approval**
- **Factors to consider- was the patient participating in this activity before surgery?, How often and for how long will they be doing that activity?, Have all the soft tissue healing and rehabilitation parameters been met?**

TKA and THA- riding a horse, ATV, motorcycle, etc..

- **Generally not for at least 6 weeks pending surgeon approval**
- **Lot of variables.....**
- **Highly dependent on the patients pre op abilities and intentions post op.**
- **Rodeo or gentle trail riding?**
- **Dirt bike or street bike?**
- **Do they have an elevated platform to use to get on a horse?**
- **How often and how long are they intending on doing this activity?**

QUESTIONS?

THANK YOU!