

Post-Operative Treatment Plan

Total Knee Arthroplasty — De-Identified Adult Case

Multidisciplinary Orthopedic Care Team

April 11, 2026

NOTICE: This document contains Protected Health Information (PHI) subject to HIPAA regulations. Unauthorized disclosure is prohibited. Handle and store in compliance with 45 CFR Parts 160 and 164.

Patient Information

Case ID:	TKA-2025-0042	Age/Sex:	67 y/o Female
BMI:	29.4	Allergies:	Sulfa (rash)
Dx:	Primary OA, R knee M17.11	Severity:	KL Grade IV
Procedure:	R TKA (27447), med. parapatellar	Implant:	Cemented PS
Anesthesia:	Spinal + femoral block	EBL:	250 mL; no complications
Comorbidities:	HTN (Lisinopril 10 mg), T2DM (Metformin 1 g BID), Osteoporosis (Alendronate 70 mg/wk + Ca/Vit D).		

Treatment Goals (SMART)

- **Pain:** NRS $\leq 4/10$ at rest by POD 3; $\leq 2/10$ at 6 wks [**Evidence: AAOS CPG 2023**]
- **ROM:** $0^\circ/90^\circ$ by 2 wks; $0^\circ/115^\circ$ by 6 wks; $0^\circ/125^\circ$ by 12 wks
- **Mobility:** Walker transfers POD 1; 150 ft ambulation by discharge; cane 6 wks; device-free 12 wks
- **Function:** KOOS Pain ≥ 75 by 3 months; return to community activities

Core Interventions

- **Multimodal analgesia:** Scheduled acetaminophen + celecoxib; oxycodone PRN taper ≤ 2 wks; cryo
- **VTE prophylaxis:** ASA 81 mg BID \times 4 wks + SCDs + early mobilization
- **Rehabilitation:** PT starting POD 0; phased progression over 12 wks (see Sec. 3)
- **Glycemic control:** BG QID inpatient; target 140–180 mg/dL; resume metformin with meals

Critical Decision Points

- **VTE red flags:** Calf swelling, chest pain, tachypnea \rightarrow urgent duplex/CTA
- **Wound:** Erythema > 2 cm, purulent drainage, temp $> 101.5^\circ\text{F}$ \rightarrow ortho contact < 24 h
- **Sulfa allergy:** Avoid sulfonamide antibiotics; celecoxib safe (no cross-reactivity)
- **Fall risk:** Osteoporosis + post-op instability; enforce walker/cane use; home safety eval

1 Discharge Medication Plan

Medication	Dose	Frequency	Duration	Notes
Acetaminophen	1000 mg	Q6H scheduled	4 weeks	Max 3 g/day
Celecoxib	200 mg	BID	2 weeks	With PPI below
Pantoprazole	40 mg	Daily	While on NSAID	GI prophylaxis
Oxycodone	5 mg	Q4-6H PRN	Taper ≤ 2 wks	Wean 25%/3 days
Aspirin	81 mg	BID	4 weeks	VTE prophylaxis

Continue home meds: Lisinopril 10 mg daily, Metformin 1000 mg BID, Alendronate 70 mg weekly, Ca/Vit D.

2 Monitoring Parameters

Inpatient Monitoring (POD 0–2)

- **Vitals:** Q4H (HR, BP, SpO₂, Temp, RR) — flag MAP <65 or temp >101.5°F
- **Pain:** NRS at rest and with activity Q4H; goal $\leq 4/10$
- **Neurovascular:** Distal pulse, sensation, motor Q4H $\times 24$ h, then Q shift
- **Wound:** Dressing integrity, drainage character/volume; reinforce only, first change POD 2
- **Labs:** CBC and BMP POD 1; BG QID; transfuse if Hgb <7 g/dL (or <8 if symptomatic)
- **VTE:** SCDs while in bed; early ambulation POD 0; Homans sign assessment daily
- **I&O:** Strict until foley removed (goal POD 1); monitor for urinary retention post-spinal

Outpatient Monitoring Schedule

- **2-week visit:** Wound check, staple/suture removal, ROM assessment, pain review, medication reconciliation
- **6-week visit:** AP/lateral radiographs, ROM goniometry, gait assessment, advance activity level
- **3-month visit:** KOOS score, functional assessment, discharge from PT if goals met
- **6-month & 1-year:** Radiographs, implant surveillance, long-term function assessment

3 Phased Rehabilitation Protocol

3.1 Phase I — Acute Inpatient (POD 0–3)

- PT 2 \times /day: Ankle pumps, quad sets, SLR, edge-of-bed knee flexion
- Weight-bearing as tolerated with walker; ambulate 50–150 ft by discharge
- CPM or active-assisted ROM 0–90° as tolerated
- Cryotherapy 20 min Q2H while awake; elevation when resting
- **Discharge criteria:** Pain controlled on oral meds, ROM $\geq 80^\circ$, safe transfers, voiding independently, wound stable

3.2 Phase II — Early Recovery (Weeks 1–6)

- Outpatient PT 3 \times /week: progressive ROM, closed-chain strengthening, gait training
- **Week 1–2:** WBAT with walker, ROM target 0°/90°, quad/hamstring isometrics, heel slides
- **Week 3–4:** Transition to cane, ROM target 0°/110°, mini-squats, step-ups
- **Week 5–6:** Stair negotiation step-over-step, stationary bike, single-leg balance

- Home exercise program: 2×/day (ROM + strengthening); daily walking program 10–20 min
- Opioid taper complete by week 2; transition to acetaminophen/NSAID only

3.3 Phase III — Strengthening (Weeks 7–12)

- PT 2×/week: functional training emphasis
- ROM target: full extension to $\geq 125^\circ$ flexion
- Progressive resistance: leg press, wall squats, resisted terminal knee extension
- Balance and proprioception: single-leg stance, perturbation training
- Low-impact cardio: stationary bike 20–30 min, aquatic therapy if available
- Community reintegration: outdoor walking, light gardening

3.4 Phase IV — Return to Activity (Months 4–6+)

- Independent home program; PT discharge when goals met
- Full activity without device; permitted: walking, cycling, swimming, golf, gardening
- Avoid high-impact sports, deep squatting/kneeling on hard surfaces; annual follow-up with radiographs

4 Patient Education & Safety

When to Seek Immediate Care

- Fever $>101.5^\circ\text{F}$, increasing redness/warmth/drainage at incision
- New calf pain, swelling, or redness (possible DVT)
- Sudden chest pain, shortness of breath (possible PE — call 911)
- Inability to bear weight or feeling of knee “giving way”

Key Patient Instructions

- Ice and elevate 20 min every 2 hours while awake for first 2 weeks
- No driving until off opioids, ROM adequate for pedal control, and cleared by surgeon (~4–6 wks)
- Shower OK 48 h after dressing removal; no submersion (bath/pool) until wound fully healed (~3–4 wks)
- Dental prophylaxis antibiotics for 2 years post-TKA per ADA/AAOS joint statement

5 HIPAA Compliance & Signatures

De-identified per HIPAA Safe Harbor (45 CFR §164.514(b)(2)). All 18 PHI identifiers removed. Case ID is randomly assigned with no link to medical records. For clinical demonstration only — not an active medical order.

Attending Orthopedic Surgeon

Date

Physical Therapy Lead

Date

Patient / Authorized Representative Date