



**Community Based Rehabilitation after Knee Arthroplasty  
(CORKA)**

Advice and Information Sheet

### **Aims of the leaflet:**

This information booklet aims to tell you more about what to expect following a knee replacement. It will provide advice on falls, exercise, wound care and information about local support services.

### **General advice**

A knee replacement is a major operation and at first you may tire easily. It is quite common to feel frustrated on days when progress seems slow. This is expected and you will gradually regain strength and stamina over the next few months.

### **Pain and Swelling**

Your knee may be painful and somewhat swollen for a number of weeks following replacement surgery. This is due to the surgery which causes swelling, a normal part of the healing process. The amount of pain and swelling varies from person to person but should decrease steadily in the weeks following surgery. There are a number of things you can do to help control your pain and swelling including:

- Taking your pain killers as prescribed. They help to control the pain whilst allowing you to keep moving your knee. As the pain decreases you will find you are able to take fewer pain killers until you can stop taking them altogether.
- Ice packs can help reduce swelling. Wrap a damp towel around a bag of ice or frozen peas and apply for a maximum of twenty minutes. Repeat 2-3 times throughout the day ensuring you leave at least twenty minutes between each application. If the wound is still numb when applying ice, make sure you check your skin every few minutes for increased redness, pain and peeling of the skin as this may indicate an ice burn.



Increased redness from an ice burn

- Continue to move your knee and carry out your knee exercises as this too will help to decrease swelling and pain. In particular, the quadriceps exercises issued by your therapist will help to pump the fluid in your knee away.
- Elevating the leg can also help; place a pillow or towel under your heel when you are lying down or at night. However it is important that you **avoid placing a pillow under your knee.**



## Wound management

It is important that you continue to check your wound to make sure it is healing correctly. Scars are a normal, necessary part of the healing process but can sometimes become problematic. You must look out for the following:

1. **Infection** - occasionally a scar can become infected, there are a number of signs of infection including:
  - Increased redness/tenderness/swelling of the wound
  - Oozing or drainage from the wound
  - Increased knee pain with both activity and rest
  - A persistent fever (temperature above 37.7 degrees)

If you notice any of the above symptoms you **must contact the GP immediately**. It is important we tackle infection quickly to avoid the joint becoming infected and the need for further surgery.

2. **Reduced flexibility** – The scar can stick to other soft tissues causing a restriction in your movement and function. It can also become discoloured, lumpy and hard. The appearance and flexibility of your scar can be improved using massage.



Total Knee replacement scar



Uni-Compartmental Knee replacement scar

## Massage

Once the stitches or clips have been removed and the scar is clean and dry it is encouraged that you begin to massage your scar. Massage will help the scar to become smooth, soft and flexible.

To massage your scar, use a moisturiser such as E45 or aqueous cream to help lubricate the skin surrounding the scar tissue. Massage the cream into the scar and surrounding areas. You should carry this out at least twice a day for three to five minutes. Massage can also help with sensation and discolouration. The massage might be uncomfortable but should not be painful in anyway.

## Expected symptoms

Following knee replacement the wound can become itchy. This is normal and often improves with time. Sometimes the skin is numb on one side of the wound; this again usually improves with time but you never get back full sensation. However, the loss of sensation tends to not cause any long term problems for most people. Massaging the scar can help with both these symptoms.

## Slips, trips and falls

We know that slips, trips and falls are more likely in the year after surgery as you are recovering. It is important that we minimise the risk of these occurring by improving your balance, strength and mobility but there are other simple things we know can help prevent falls. Ways to reduce your risk of falls

- Wear supportive shoes
- Have regular eyesight and hearing checks
- Use your walking aid/stair rail if needed
- Remove hazards e.g. loose rugs, wiring, toys on floor
- Use grab rails or other relevant aids on walls near the toilet, bath or bed as needed
- Ensure rooms are appropriately lit e.g.; turn on light at night if using bathroom.
- Perform regular exercise to maintain muscle strength in your legs and arms

However if you do fall and experience a new pain or difficulty mobilising you should contact your GP or seek help straight away.

## Walking

You should put as much weight as you are able to through your operated leg unless you are told differently. The distance and pace you are able to walk will increase with practice. When you are walking try to ensure that:

- You are wearing supportive footwear
- Both steps are of equal length
- You spend the same amount of time on each leg
- The heel of your foot touches the ground first
- When turning take small steps to gradually turn around instead of pivoting

## Walking inside –

When you are safe and able to walk without limping you could progress to using one crutch or stick indoors. You should hold the stick in the opposite hand to the side of the operation. If you are unsure about this, speak to your therapist for further advice.

## Walking outside –

When walking outside it is safer to continue walking with 2 crutches or sticks for around 6 weeks and even longer in some cases. Without the use of walking aids you may become tired, start to walk with a limp or come across unforeseen obstacles. It also helps to ensure other members of the public give you enough room when walking in busy or crowded areas.

If you find you no longer require two sticks or crutches you can progress to just using one stick or crutch from four weeks onwards. Your therapist can offer advice on reducing the use of your walking aids.



## Driving

Typically most people start to drive around six weeks after their knee replacement or as soon as they are able to perform an emergency stop comfortably. However you should check with your insurance company before you start to drive again.

## Getting in and out of a car

1. Park the car a few feet away from the kerb so you can stand at the same level as the car.
2. Put the seat back as far as possible to give you enough leg room. Recline the seat if you need to allow yourself plenty of room to adjust yourself.
3. To get into the car - Facing the kerb, carefully lower yourself down, pushing your bottom well back into the chair and sliding your operated leg forwards. Do not hold onto the car door. If you need support, hold onto the car frame or the seat behind you. Sit down gently.
4. Lean back. Then, bring your legs one at a time into the car.

## Kneeling

Kneeling is not recommended until at least 6 weeks or when the wound is fully healed and there is no swelling. After this point you can kneel as you feel able. Most people find kneeling uncomfortable and difficult. A good place to start kneeling is beside your bed or in your living room where you can use the support of a chair or bed to lower yourself down. Make sure you are kneeling on a soft surface or a cushion. Start with 5 to 10 seconds kneeling and gradually build up the amount of time you spend on your knee. However you will never be able to kneel right back to sit on your heels.



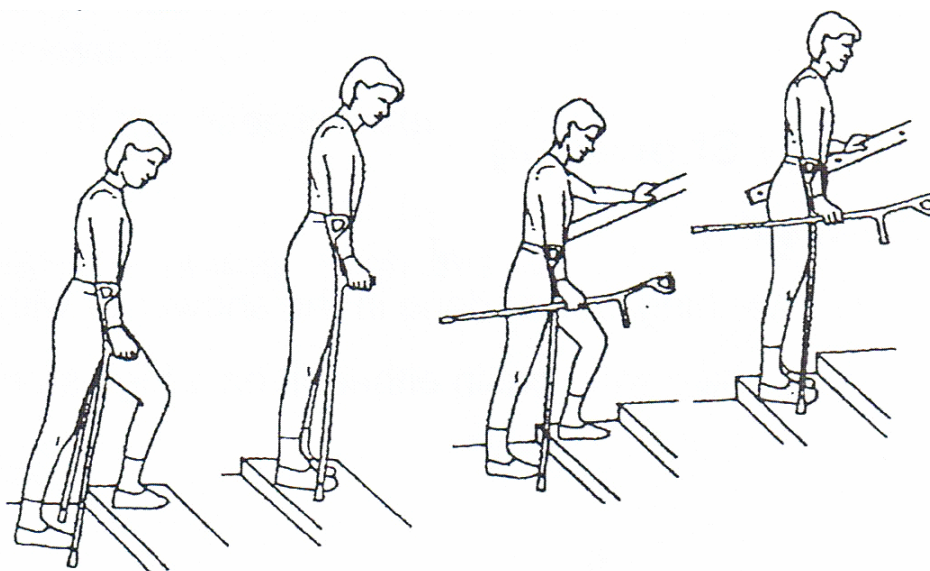


## Stairs

At first use a bannister if there is one available. Hold it with your nearest hand and in the other hand hold your crutches or sticks in a 'T' shape. The sequence is:

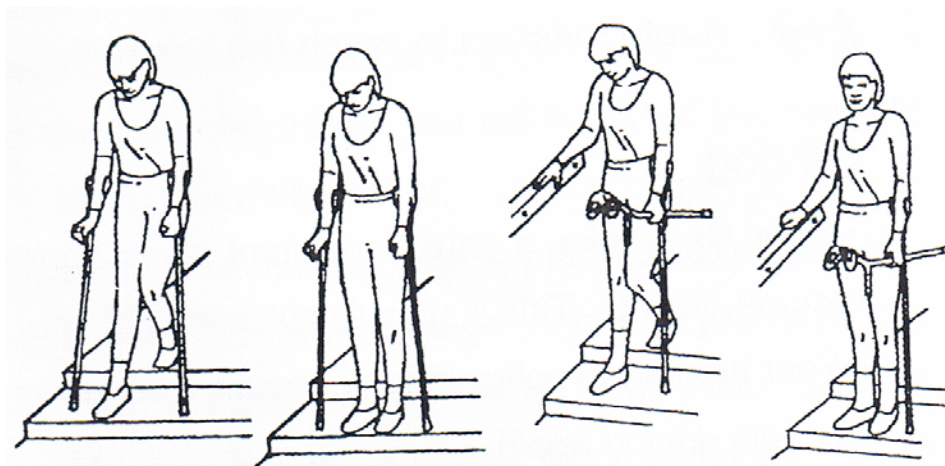
Going upstairs:

1. Non-operated leg (sometimes referred to as 'good leg')
2. Operated leg (sometimes referred to as 'bad leg')
3. Crutches / sticks



Going downstairs:

1. Crutches / sticks
2. Operated leg ('bad leg')
3. Non-operated leg ('good leg')



If there is no bannister or you come to a single step or kerb whilst outdoors, use one crutch or stick in each hand and follow the same sequence. Talk to your therapist about progressing stair climbing from both feet on the same step to one foot on each step.



## Exercise advice

As part of the community based rehabilitation programme you will have to complete a tailored exercise programme at home. The following advice tells you what to expect from exercise and how to safely exercise.

### What to expect

When starting your new exercise programme you may experience some pain or discomfort during or after exercising. This is completely normal and expected at this stage. If you find that you have continued or prolonged pain and are still concerned, contact your treating therapist.

### Tips for exercise

- Take your prescribed pain relief at least 30 minutes before carrying out exercises
- Ensure you have enough room to comfortably perform the exercises
- Set a point in the day when you will have enough time and energy to complete the exercises ensuring you don't rush them.
- Pace yourself with your exercises. Carry out some exercises in the morning and then task practice in the afternoon and not all at once
- Be realistic with your expectations and goals



## Return to work

As your knee recovers and your confidence builds you can consider returning to work. For those with a non-manual role this can be between 6 to 12 weeks. If you are returning to heavy manual labour discuss with your consultant when you would be able to return.

## Return to sport and leisure activities

For the majority of people following knee replacement it is advised you avoid jogging and high impact sports for the rest of your life. However your therapist will be best placed to advise you further on this. After surgery a gradual return to low impact sports and activities is recommended. The following guide sets out when you can expect to return to sport, additionally your therapist will be able to offer advice.

### From 4 weeks:

Once the wound is fully healed and the scar is comfortable

- Stationary bicycle – Have the saddle raised so that you can comfortably bend your knee to cycle. Start for a short time (5 minutes) and increase gradually
- Exercises in water or hydrotherapy can start once you are able to get into and out of the pool safely.
- Walking – Follow your walking programme to increase the distance you are able to walk.

### From 2 to 3 months:

Providing your consultant is happy with your progress after your 6 week follow up

- Progress to heavier housework or gardening gradually e.g. vacuuming, digging
- Cycling – Ensure you feel confident in putting your foot out to stop. Start on a level surface and gradually increase distance.
- Swimming – Front crawl and backstroke can start. Breaststroke may commence around 3 months or once you are able to comfortably carry it out.
- Bowling – gradually progress as able.

### From 3 months:

- Golf – Start with pitching and putting, then a short round before a full round.
- Dancing – start gradually and progress as comfortable.



## **Useful contacts**

If you have any queries or are unsure about any of the advice given in this booklet then please contact your therapist on:

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### **G.P. contact details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Support in your local area**

There may be other centres that offer equipment, mobility and transport services in your local area e.g. The British Red Cross. Ask your therapist to provide their contact details below.

Name of centre: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

For further advice and information on support groups in your local area contact Arthritis Care on their free helpline 0808 800 4050 or visit their website at <http://www.arthritiscare.org.uk/>