



Matthew Gotlin, MD
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REHAB PROTOCOL: Total Knee Replacement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Weightbearing as tolerated

Ambulation Training with assistive device as needed

Gait training: slowly wean off assistive devices as gait normalizes to avoid development of a persistent limp

Stair training

AROM/AAROM/PROM of knee and hip

Quadriceps strengthening: straight leg raising, quad sets, terminal knee exercises

Patella mobility

Comments:

Frequency: 2-3 times per week

Duration: 12 weeks

Signature: _____

Date: _____

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