

Unicompartmental Arthroplasty Rehab Protocol

Description of Procedure: A bone and joint sparing resurfacing technique. The affected arthritic cartilage and a small amount of underlying bone in the affected compartment are removed and then replaced with metal and plastic components with attention to soft tissue balancing and alignment.

Safety Warning: Quadriceps weakness may persist many days. Until full quadriceps function is present, collapse and fall are risks to be avoided.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	Weight bearing as tolerated with use of two crutches. Once a straight leg raise can be performed without extension lag, progress to one crutch as tolerated and then full weight bearing with normalized gait pattern; no limping.	Brace is worn when ambulating until independent straight leg raise can be performed without extension lag	Goal: To achieve active range of motion as soon as tolerated	<p>1 to 4 Days: Prone hangs, heel props, heel slides, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed; standing, with two crutches for support, perform mini dips (0 to 20°); progress from majority of weight on non-operative extremity to operative extremity</p> <p>5 Days to 2 Weeks: Continue heel props and prone hangs; begin wall slides-mini dips to 30° in brace</p> <p>2 to 4 Weeks: Incorporate use of stationary bike (high seat, low resistance) and patellar mobilization exercises after surgical dressing is removed</p> <p>4 to 6 Weeks: Maintain full ROM; continue core exercise program; stationary bicycle; proprioceptive training; continue patellar mobilizations</p>
Phase II: 6 to 8 Weeks	Full weight bearing with normal gait	None	Full active range of motion	Begin walking program; increase endurance and strength; continue core exercise program and use of stationary bike