A patient’s guide to physiotherapy exercises and advice following proximal tibia replacement
This booklet outlines the likely physiotherapy treatment you will receive while in hospital. Although timescales are given, these are approximate and will be different for each patient.

Exercise instructions are included but you must not commence any until taught and instructed to do so by your physiotherapist.

It is important to do your exercises regularly so as to maximise your range of movement and strength. It is not unusual for the exercises to cause some aching or discomfort but if they cause severe pain, please seek advice. Take your pain medication 30 minutes before exercising so it will be most effective in controlling your symptoms.
Day 1 onwards after your operation

Following your operation, your muscle on the front of your thigh needs time to recover and in order to do that you need to follow these points for six weeks:

- A brace must be worn at all times (night and day) to keep your knee straight
- You are not allowed to bend or straighten your knee actively by using your leg muscles
- You will be shown how to bend and straighten your knee without using your muscles by your physiotherapist. You will also be told if you are restricted in the amount of movement you are allowed to do and also if you are only allowed to move your leg whilst under supervision.
- You must not lift your leg in the air, you must use your hands or other leg to assist
**Brace**

The brace must be worn at all times, night and day. It can be removed on the bed to allow you to wash your leg, provided you do not bend your knee or lift your leg off the bed. It is also important that you continually monitor your skin under the splint to make sure that it does not rub or cause red areas. You may have a cricket pad splint or a hinge brace, that will be locked straight.
The physiotherapist will come and see you the day after your operation to help get you out of bed for the first time.

They will let you know how much weight you are allowed to put on your operated leg.

You will usually use a frame or elbow crutches to stand and walk. The nurses will also assist you in and out of bed for as long as you require assistance, but with practice and exercise you will soon be managing this yourself.

The physiotherapist will gradually help you increase the amount you walk.

The physiotherapist will also be monitoring the movement in your knee to make sure you are doing the exercises and regaining the movement necessary to allow you to go home.

The physiotherapist will teach you the following exercises.
Bed exercises

1. Lying in bed, take a slow deep breath in, feeling the air going into the bottom of your chest. Hold your breath in for three seconds then breathe out.

Repeat ____ times every hour.
Knee exercises - lying on the bed

2. Lying in bed, bend and straighten your ankles briskly.

Repeat ____ times every hour.

3. Lying in bed with your legs straight, push the back of your knees down against the bed, hold for five seconds then relax.

Repeat ____ times every hour.
4. Lying in bed, squeeze your buttocks firmly together, hold for five seconds then relax.

Repeat ____ times every hour.

5. Lying in bed with your legs straight, put a bandage around the bottom of your foot and hold the ends with both hands. Pull your toes towards you, feel your calf muscle stretching and aim to get your ankle bending to a right angle.

Hold ____ seconds, repeat ____ times.
You are not allowed to use your muscles to bend or straighten your knee, however, you can move your knee passively as shown below. Your physiotherapist will instruct you on the correct method for you.

You will also be told if you are restricted in the amount of movement you are allowed to do and also if you are only allowed to move your leg whilst under supervision.

6. You can let somebody bend and straighten your leg for you.

Repeat ____ times every hour.
7. You can bend and straighten your leg yourself by using your hands to help lift your leg up passively and push it down passively. 

Repeat ____ times every hour.

8. Or you can use a bandage to bend your knee by pulling on the bandage to help you bend your knee and then using the bandage to slowly lower your leg again whilst not using your knee muscles.

Hold ____ seconds, repeat ____ times.
Going home

Before discharge you will need to achieve the following goals:

- Be confident in the correct fitting of your brace
- Be independent and safe with your exercises
- Walk safely with the appropriate walking aid
- Climb up and down a step or stairs if appropriate for your home circumstances

On discharge from hospital you will be referred for on-going outpatient physiotherapy at your local hospital, or if you prefer, you can be seen for outpatient care by the RNOHT physiotherapy team at either Stanmore or Bolsover Street.
Stairs

Always go up and down one step at a time. If you have a handrail, then use it and hold your other crutch in your spare hand.

**Ascending stairs:**

Stand close to the step.

Step up with your good leg first.

Then step up with your operated leg onto the same step.

Lastly, bring up your crutches.
Descending stairs:

Stand close to the step.

Place your crutches down first.

Then place your operated leg down.

Lastly, place your good leg down onto the same step.
Questions

When can I return to driving?

Your physiotherapist will advise you when it is safe for you to return to driving. After approximately six weeks the brace will be removed, however, you need time to build the range of movement and strength in your leg before you return to driving.

Can I have a shower or bath?

Your occupational therapist will discuss any concerns with you. The splint must be worn whilst showering. You will then have to return to bed and keep your leg still whilst the brace dries.

When can I return to work/school/college?

This will depend on your job and needs to be discussed with your physiotherapist, doctor and occupational therapist on an individual basis.
When can I return to exercise?

To protect your prosthesis from loosening or fractures it is important that you avoid all contact and impact sports.

It may be possible to return, for example, to swimming, cycling or Pilates, PE but this should be discussed on an individual basis with your consultant or physiotherapist.

When is it safe to resume sexual relations?

Unless you find it painful, or your doctor advises you otherwise, it is safe to continue sexual relations with your partner. Generally a comfortable and safe position for both men and women is to be on their backs underneath their partner. If you wish to discuss this further, please speak to your physiotherapist.
Operation date: ...........................................................................................................

Consultant: .............................................................................................................

Ward: ...................................................................................................................... Ext: ........................................

Physiotherapist: ..................................................................................................... Ext: ........................................

Occupational therapist: ........................................................................................ Ext: ........................................

Weight bearing status: ..........................................................................................

Walking aid: .................................................. for .....................................................

Outpatient physiotherapy referral sent to: ............................................................

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Telephone: .............................................................................................................
If you have any comments about this leaflet or would like it translated into another language/large print, please contact the Clinical Governance Department on 020 8909 5439/5717.

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