

Having a major surgery can be scary, but here at Palomar Health, we believe that if you understand the rehabilitation process after surgery, both anxiety and hesitancy going into surgery will significantly decrease. Let's walk through the steps involved.



Once a knee replacement is done, there are three parts to the rehabilitation process. These include (1) inpatient physical therapy – therapy received while still in the hospital, (2) home health physical therapy - therapy provided at your home, and (3) outpatient physical therapy – therapy performed outside of the home.

Each of these therapies has a different goal for your rehabilitation process. Your surgery will be performed in the hospital where an inpatient physical therapist will see you. The initial evaluation typically takes place on the same day of surgery, depending on what time the operation is performed. Dr. Katie Brosamer states, "Our goal as physical therapists in the inpatient setting is to promote functional movement, safety, and to maximize independence with bed mobility, transfers and ambulation to get our patients home or to their next level of care." It is during this therapy session that the physical therapist will get you standing and walking with your new joint for the first time. They will also discuss and teach you the proper way to get on and off the toilet, up and down stairs, and in and out of the car.

The next therapy received is performed inside your home. During this portion of the rehabilitation process, your goals are tailored more to you and your home. Dr. Ashley Garber describes home health physical therapy as, "focused on safety in the home, increasing knee range of motion, and general strength." Depending on the living environment, this can include a continuation of stair training, walking mechanics, and strengthening to increase confidence in your new knee and decrease the risk of falling.

Lastly, you will participate in outpatient physical therapy where the therapist will focus on progressing you further toward your goals and returning you to previous activities or hobbies. Therapy may include balance training, dynamic knee stability exercises, and progressing range of motion and strengthening of your leg, as needed. Here we will continue to increase your confidence in your new knee and help you gain the function you had before your surgery, as well as address any lingering pain.

Although these therapy settings are different, there is a continuum of care that makes the transition from one type of therapy to another seamless. No matter the setting, the focus is on your safety and providing you the education on how to safely and appropriately strengthen your new knee to get back to doing the things you love most.



**Lindsay Chesney**