STAGE 01 / DAYS 0-7

Settle & activate

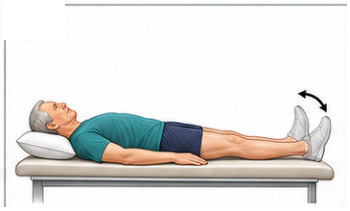
Protect the wound, manage swelling and start gentle movement.

Begin only after your surgical team clears you. Follow your prescribed weight-bearing limits; use your walker or crutches.

1 Ankle pumps

20 slow repetitions every hour while awake

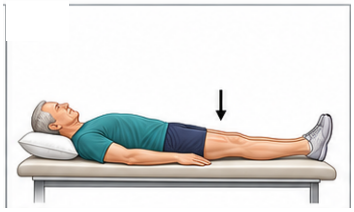
Lie or sit supported. Move both ankles up and down. Keep breathing normally.



2 Thigh tightening

10 repetitions • hold 5 seconds • 3 times daily

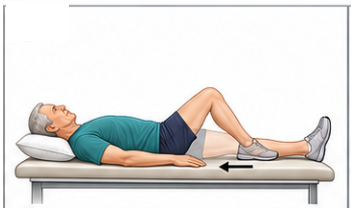
Lie with the leg straight. Tighten the front of your thigh and gently press the knee toward the bed. Relax fully.



3 Heel slides

10 repetitions • hold 3-5 seconds • 3 times daily

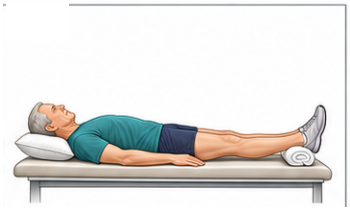
Lie on your back. Slide your operated heel toward your bottom, then slide it away. Stop at a comfortable stretch.



4 Heel-supported straightening

Hold 1-2 minutes • 3 times daily

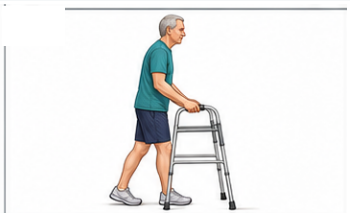
Rest your heel on a low rolled towel with the knee unsupported. Let the knee relax toward straight. Do not push down or add weight.



5 Short assisted walks

Start with 1-3 minutes • several times daily

Use your prescribed walking aid and help as needed. Take small, even steps. Stop before fatigue changes your walking.



NEXT STAGE: READY WHEN...

Pain is manageable, movement is improving, and you can get up and walk safely with your aid. Your physiotherapist should check thigh control.

RECOVERY TIP

Elevate the supported leg without keeping the knee bent. If approved, use a wrapped cold pack for 10-15 minutes; check skin. Ankle pumps do not replace prescribed clot-prevention medicine.

STOP & CHECK: Stop for sharp pain, buckling or dizziness. Reduce exercise if pain or swelling is worse next morning. Seek urgent assessment for new calf pain/swelling, fever or wound drainage. Call 911 for chest pain or sudden breathlessness.

Amitinder S. Dhaliwal, PT, ACCDN, CGIMS (UBC) | Registered Physiotherapist

© 2026 Physiguide. All rights reserved. • General education; individual assessment required.

STAGE 02 / WEEKS 1-4

Restore movement

Build knee control and make everyday transfers easier.

Keep Stage 1 knee bends and straightening. Add the exercises below as tolerated; the whole programme can be split into short sessions.

1 Seated knee bends

10 repetitions • hold 5 seconds • 2-3 times daily

Sit on a firm chair. Slide the operated foot back until you feel a gentle stretch. Ease forward again; do not force the bend.



2 Straight leg raise

1 set of 8-10 • once daily

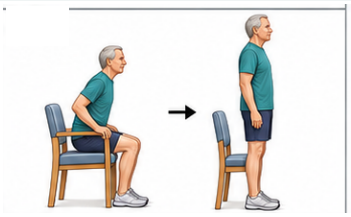
Lie down with the other knee bent. Tighten the operated thigh, keep the knee straight and lift 15-20 cm. Lower slowly. Skip if the knee droops or bends.



3 Sit to stand

1 set of 5-8 • once daily

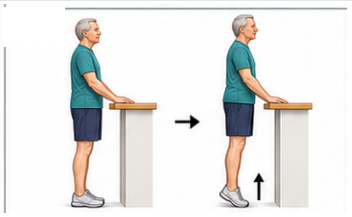
Use a high, firm chair against a wall. Lean forward and stand, using armrests as needed. Sit down slowly; avoid dropping into the chair.



4 Supported heel raises

1 set of 10 • once daily

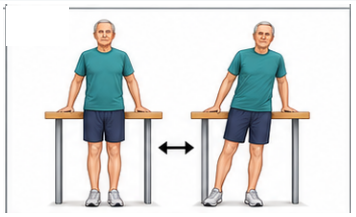
Hold a fixed counter. Rise onto both toes, then slowly lower. Keep your weight shared comfortably between your feet.



5 Supported weight shifts

10 gentle shifts each way • once daily

Hold a counter. Shift weight gradually from one foot to the other within your weight-bearing allowance. Keep both feet on the floor.



NEXT STAGE: READY WHEN…

Swelling settles after activity, the knee is getting straighter, and you can lift the leg without the knee bending. Standing and walking feel secure.

WALKING TIP

Increase one short walk at a time. Keep your aid until you can walk safely without limping or buckling. Use stairs only with the rail and technique taught by your therapist.

STOP & CHECK: Stop for sharp pain, buckling or dizziness. Reduce exercise if pain or swelling is worse next morning. Seek urgent assessment for new calf pain/swelling, fever or wound drainage. Call 911 for chest pain or sudden breathlessness.

Amitinder S. Dhaliwal, PT, ACCDN, CGIMS (UBC) | Registered Physiotherapist

© 2026 Physiguide. All rights reserved. • General education; individual assessment required.

STAGE 03 / WEEKS 4-8

Build useful strength

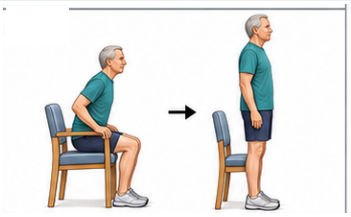
Improve chair rises, walking endurance and balance.

Continue daily knee mobility. Do strength exercises on 3 non-consecutive days per week. Start with one set if needed; hold a fixed support.

1 Chair rises

2 sets of 8-10 • 3 days weekly

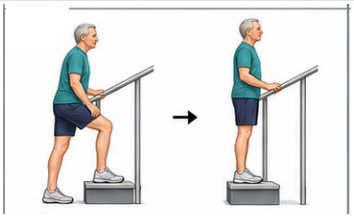
Stand from a firm chair and lower over 3 seconds. Use less hand support only when safe. Keep knees pointing in the same direction as your toes.



2 Low step-ups

2 sets of 8 • 3 days weekly

Use a stable 5-10 cm step and rail. Lead up with the operated leg, bring the other foot up, then reverse slowly. Do not pull yourself up with your arms.



3 Seated knee straightening

2 sets of 10 • 3 days weekly

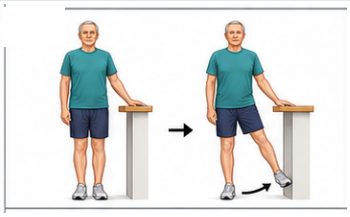
Sit tall. Slowly straighten the operated knee, pause 2 seconds, and lower. Start without a weight; add light resistance only after therapist review.



4 Standing side leg lift

2 sets of 10 each side • 3 days weekly

Hold a counter. Move one leg slightly out to the side with toes forward and trunk still. Return slowly; avoid leaning.



5 Balance + stationary bike

Balance: 3 × 20 seconds daily • Bike: 5-10 minutes daily

Balance with one foot just ahead of the other beside a counter. For cycling, use a high seat and no resistance; rock the pedals until a full turn is comfortable.



NEXT STAGE: READY WHEN…

You can rise from a chair and use a low step with control, walk with a steady pattern, and exercise without a lasting increase in pain or swelling.

PROGRESSION TIP

Rest 60-90 seconds between strength sets. Increase repetitions before resistance. Keep earlier exercises that address remaining stiffness; your therapist can simplify the programme.

STOP & CHECK: Stop for sharp pain, buckling or dizziness. Reduce exercise if pain or swelling is worse next morning. Seek urgent assessment for new calf pain/swelling, fever or wound drainage. Call 911 for chest pain or sudden breathlessness.

Amitinder S. Dhaliwal, PT, ACCDN, CGIMS (UBC) | Registered Physiotherapist

© 2026 Physiguide. All rights reserved. • General education; individual assessment required.

STAGE 04 / WEEKS 8-12

Control stairs & balance

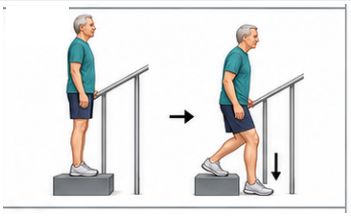
Build confidence with steps and longer daily activities.

Continue knee mobility daily. Choose a manageable strength session rather than adding every exercise from all earlier pages.

1 Slow step-downs

2 sets of 6-8 • 3 days weekly

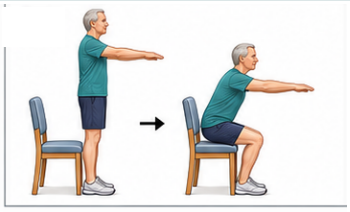
Stand on the operated leg on a 5-10 cm step, holding a rail. Bend that knee slowly to tap the opposite heel on the floor. Return; keep the knee aligned.



2 Squat to a chair

2 sets of 8-12 • 3 days weekly

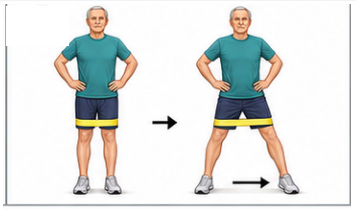
With a chair behind you, send hips back and bend both knees comfortably. Touch the seat lightly and stand. Add a small weight only when approved.



3 Side steps

2 rounds of 8 steps each way • 3 days weekly

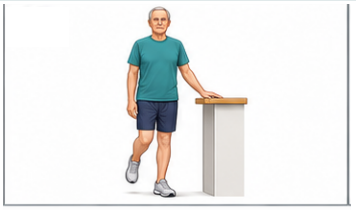
Step sideways along a counter, keeping toes forward and knees softly bent. Start without a band. Use a light band above the knees when control is good.



4 Single-leg balance

3 holds of 10-20 seconds each side • daily

Stand beside a fixed counter. Lift one foot slightly. Keep fingertips available and the standing knee soft. Do not practise with eyes closed.



5 Walk or cycle

15-20 minutes • 4-5 days weekly

Choose a comfortable pace; split the time into shorter bouts if needed. Build duration before adding hills or cycling resistance.



NEXT STAGE: READY WHEN…

You manage usual daily tasks and steps with good control, balance is improving, and longer activity does not produce a next-day flare. Confirm activity goals with your therapist.

STAIR TIP

Practise alternating feet only when you can control both ascent and descent. Continue using the handrail. Return to one step at a time when tired.

STOP & CHECK: Stop for sharp pain, buckling or dizziness. Reduce exercise if pain or swelling is worse next morning. Seek urgent assessment for new calf pain/swelling, fever or wound drainage. Call 911 for chest pain or sudden breathlessness.

Amitinder S. Dhaliwal, PT, ACCDN, CGIMS (UBC) | Registered Physiotherapist

© 2026 Physiguide. All rights reserved. • General education; individual assessment required.

STAGE 05 / WEEK 12 ONWARD

Return to activity

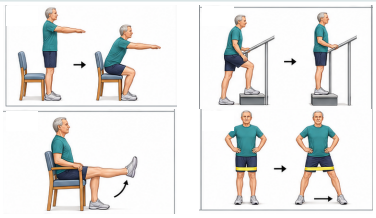
Maintain strength and gradually return to the activities you enjoy.

Recovery continues for months. These are starting targets, not deadlines. Agree on work, sport and activity goals with your surgical team.

1 Strength circuit

2-3 sets of 8-12 • 2-3 days weekly

Choose chair squats, step-ups, knee straightening and side steps from earlier pages. Increase load in small amounts while preserving smooth control.



2 Step and balance practice

5 minutes • 3-5 days weekly

Practise controlled step-downs and single-leg stance near support. Add gentle reaching only if steady; do not twist on a planted foot.



3 Low-impact endurance

Build toward 20-30 minutes • 5 days weekly

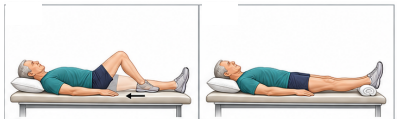
Choose walking or cycling. Increase one variable at a time: duration, pace or resistance. Pool exercise requires a fully healed wound and clearance.



4 Keep your knee moving

5-10 gentle bends + straightening • daily

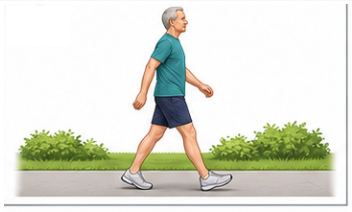
Use heel slides and heel-supported straightening if still stiff. Seek review if motion is declining or progress has stalled; do not force it.



5 Practise your own goals

Short, graded sessions • agreed with your therapist

Build tolerance for gardening, work or recreation in small steps. Plan breaks. Running, jumping and contact sports need specific surgical advice.



LONG-TERM SUCCESS

Keep a repeatable weekly routine. Increase difficulty only when technique is steady and symptoms return to their usual level by the next morning.

CLINICAL BASIS

General plan informed by AAOS OrthoInfo, Mass General Brigham and Brigham and Women's Hospital TKA guidance. Doses are conservative starting suggestions for individual adjustment.

AAOS Mass General Brigham Brigham and Women’s

STOP & CHECK: Stop for sharp pain, buckling or dizziness. Reduce exercise if pain or swelling is worse next morning. Seek urgent assessment for new calf pain/swelling, fever or wound drainage. Call 911 for chest pain or sudden breathlessness.

Amitinder S. Dhaliwal, PT, ACCDN, CGIMS (UBC) | Registered Physiotherapist

© 2026 Physiguide. All rights reserved. • General education; individual assessment required.