Knee Rehab Pros

INSTRUCTIONS & FAQs

RIET Protocol Using the Positioner

Put Your Best Foot Forward
With the Right Rehab Process & Tool

CORRECT USE DOES WHAT SURGERY AND EXERCISE ALONE CAN NOT DO:

✓	✓	✓	✓
Keep your knee in the correct position	**Prevent swelling**	**Regain maximum range of motion**	**Do the activities you love again**

HOW TO USE THE POSITIONER

Placement

1. Place the positioner just about anywhere you will be sitting or lying such as a couch, bed, or recliner.
2. Place your recovering leg in the positioner with the bottom of the foot lined up with the end of the positioner.
3. Use it while you're sitting or lying, and especially while sleeping.
4. Use it as much as possible to speed recovery, relieve pain, and improve your results.

Timing

If you have recently undergone knee surgery, like a knee replacement, keeping your leg elevated using the Positioner for the next 2 weeks is crucial for reclaiming maximum knee function.

If you are not ambulating, exercising, or going to the restroom, we recommend you keep your leg elevated in the Positioner. If you can tolerate sleeping with the Positioner, it is recommended. Sleep is important. If you cannot sleep with your leg in the Positioner, then remove it from under your leg and ensure you get adequate sleep.

After 2 weeks, utilize the Positioner for 30 minutes or longer when your leg starts to swell. For example, use it after therapy or after being out for extended periods. There is nothing wrong with taking breaks; however, the more you use the Positioner, the more you can control your swelling to achieve the best results.

FAQs

Should my heel hang over the edge of the Positioner?
No, you want to keep the bottom of your foot flush to the end of the positioner. The purpose of the Positioner is not only to control your swelling but to encourage your knee to straighten.

Can I use the Positioner in a recliner?
Yes. The benefit of the Positioner is its portability. You can use the positioner in bed, couch, recliner, etc. If using the Positioner in a recliner, recline the head of your chair back and avoid being in a "V-shaped" position to prevent swelling at your waist.

What if the Positioner is too long?
You can cut the thin side of the positioner that is designed to be under your hip. We have found an electric knife cuts smoothly through the foam. If you don't have an electric knife, sharp scissors will work.

Will limiting mobility for the first 10 days cause an increase in DVTs?
Limiting walking to only bathroom trips for the first 10 days might make you worry about the risk of developing blood clots in your legs, known as Deep Vein Thrombosis (DVT), or other complications like lung clots (PE) or pneumonia. However, our data indicates that the chance of experiencing a DVT in our care is actually lower than the usual rates, which range from 0.6% to 3%. To help prevent these issues, we recommend doing ankle pumping exercises as often as you can and knee exercises four times a day. Even though you'll be moving less during these first 10 days, you'll still be encouraged to get out of bed and move around, albeit for a shorter duration than usual. This approach helps keep you safe while minimizing the risk of complications.

"Thank you! I had my first total knee done about 9 years ago and I like it now, but it was a difficult time after surgery. My other knee surgery was done a couple of months ago and the only thing that changed was that my surgeon was now using the Positioner. Not only was the pain afterward much less, but my function returned much much quicker. I was walking normally by 1 month and can easily go up and down stairs. It took many months for me to be able to do that after my first knee"

- Sue H. | *Knee Surgery Patient*

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FACILITY IMPLEMENTATION PLAN
RIET Protocol Using the Positioner

Implement A Post-Operative Plan That Drastically Improves Your Knee Surgery Results

SURGERY PREPARATION

Ensure Positioner and RIET Protocol Guide are placed in the patient's aftercare room.

SURGICAL PROCEDURE

Conduct your surgical procedure.

IMMEDIATE POST-OPERATIVE CARE

Rest

Optimize the time spent in Positioner, ideally only removing for bathroom breaks and exercises. Try to limit walking to 5-10 minutes at one time.

Ice

Apply ice with compression.

Elevate

Place the Positioner under the patient's leg as soon as possible after completion of surgery, ideally in OR, keeping their knee about their heart.

Therapy

Exercises should begin in the recovery room (PACU) and performed four times a day.
Click here for the exercises.

BEFORE D/C

1. Review exercises with the patient. **Click here for the exercises.**

2. Send patients home with a Positioner to seamlessly follow the RIET Protocol for the next 10-14 days.

    The first 10-14 days are designed to prevent swelling. The most important part of the initial healing is minimizing swelling because swelling/effusion causes shut down of quads, stiffness in motion, and increased pain. Swelling/effusion is nearly impossible to reverse, try to prevent it.
3. Send patients home with Positioner Instructions **linked here.**
4. More aggressive PT with a therapist should begin on days 10 to 14.

Notes for the first 10-14 days:

- Patients should be limited to bathroom breaks only.
- If they need to take a break from the Positioner, try to do so by lying flat.
- Soreness tends to peak on days 2-5 and begins to lessen from there.
- Walking is initially performed with a front-wheeled walker.

GOALS

The goal of knee replacement is to reduce/eliminate pain and improve function. This includes good quad control, normal gait, reciprocal ascending and descending of stairs, and returning to activities they love - lifting grandchildren, golfing...

First 2 Weeks: Prevent Swelling

Immediately following surgery, patients limit swelling by proper **r**est, **i**ce/compression, **e**levation, and **t**herapy (RIET).

- Optimal elevation and extension are accomplished with the Positioner making the return of terminal extension much more effective. By limiting swelling the flexion and quad control will return much quicker
- Therapy focuses on bending, straightening, and thigh/quad strengthening up to 4x a day.

At 2 Weeks:

The knee should be almost entirely straight and bending to 115 degrees.

By 2 months: Full terminal extension

The knee is straight, bending to at least 120 degrees, and walking normally.

WHERE SOME PROGRAMS FALL SHORT

1. **Patients up and walking**

Although this works for THA, it fails in the knee. Walking causes the knee to be in a dependent position encouraging swelling. Swelling causes more pain, slower return of quad function, and stiffness with motion. The initial gait patients use is poor and the habits they develop during this time will need to be reversed.

2. **Patients encouraged to bike**
   Cycling fails in the knee because it encourages swelling during the acute phase. After the first 10-14 days, it's fine but prior to that often leads to a stiff, swollen knee. Swelling causes more pain, slower return of quad function and stiffness with motion.

3. **Patients sitting in a chair**
   Sitting immediately following surgery encourages swelling which causes more pain, slower return of quad function, and stiffness with motion. Patients should be in a lying position with their leg elevated for a large majority of the first 10-14 days.

4. **Utilizing a CPM**
   The CPM keeps the knee elevated but allows the leg to externally rotate making terminal extension difficult. The CPM is also heavy and hard for caretakers to move. Controlling the swelling is the key, when the swelling is controlled the flexion returns much more easily, and the Positioner provides optimal swelling prevention. Patients are typically more compliant using the Positioner over a CPM machine.

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