FITNESS & EXERCISE

How to Exercise After a Knee Replacement

Your new knee needs movement, patience and protection; here is how to rebuild activity without treating recovery like a race.

Step 1: Learn the moves that matter

The operation is over. Now the work has moved into your home, where a short set of exercises can feel less dramatic than surgery but matters enormously to how you recover. You may be impatient to walk farther, return to familiar activities or prove that the new joint works. The first job is quieter: learn the exercises you were given and do them correctly.

A physical therapist should teach you exercises designed to strengthen the knee and help it bend. These are not decorative extras to fill the weeks after surgery. What you do at home contributes substantially to the success of the operation, and the exercises need to be done regularly. They are the centre of early recovery, not something to replace with a more ambitious workout of your own.

Your exact exercises belong to your rehabilitation plan. The available guidance does not provide one universal routine, progression test or timetable that is right for every new knee. Age, general health and usual activity level can all affect the risk of problems after surgery. That is why somebody else's fast progress is not a useful prescription for yours.

This stops being a general exercise question when you are unsure whether an exercise belongs in your plan or you are concerned about a possible surgical problem. Infection, blood clots, nerve damage and scarring that restricts bending are among the recognised risks after knee replacement. Contact your health care provider rather than trying to exercise through a concern. For this step, you need the exercises taught by your physical therapist and a clear understanding of how to perform them.

Step 2: Accept the walking aid

A cane or walker can look like evidence that you are not recovering quickly enough. It is better understood as part of the recovery itself. You may need one for several weeks after surgery, even while you are doing your exercises and becoming more mobile. Using support is not the opposite of progress; it is one of the ways movement becomes possible during this stage.

Some people go home on the day of surgery, while others remain in hospital for a few days.

Those different beginnings are a reminder that recovery does not have one starting line. You should also expect your return to ordinary tasks to unfold separately: driving, for example, may remain off the table for several weeks, and your doctor should tell you when you can start again.

Many people who follow their recovery instructions return to nearly all normal daily activities within three to six weeks. That is a broad description, not a deadline. It does not mean every person should abandon a walking aid, reach the same degree of bending or take up the same activities at the same moment. A population-sized window cannot tell you what your knee should do this afternoon.

Use the cane or walker for as long as your recovery instructions call for it. Do not turn giving it up into a private test of courage. The useful question is not whether you can manage a few unsupported steps; it is whether changing the way you walk fits the plan set by the clinicians overseeing your recovery. This step takes the cane or walker you have been advised to use.

Your new knee does not need a test. It needs a plan you can actually follow.

Step 3: Choose movement the new knee can live with

Once the immediate recovery phase begins to give way to ordinary life, exercise changes purpose. You are no longer only trying to get through the aftermath of an operation. Regular physical activity becomes part of protecting the replacement and keeping yourself moving. But an artificial knee is not the same as a normal, healthy knee, even when it hurts less and works better than the damaged joint did.

Walking, biking and swimming are the low-impact activities identified as good options after knee replacement. They give you ways to be active without deliberately adding the impact of jogging, running or jumping. The distinction matters because the replacement has metal and plastic parts attached to bone, creating new, smooth joint surfaces but not recreating the original knee.

The goal of knee replacement is to relieve pain and improve movement. Most people can move better with less pain once they have recovered. That welcome change can make it tempting to treat the operation as permission to do anything the knee will tolerate in the moment. The longer view is different: the new joint needs regular activity, but it also needs protection from high-impact exercise.

A replacement does not last forever. After 15 to 20 years, its artificial parts may become loose or worn, and another operation may be needed. That does not tell you exactly what any individual knee will do, and it is not a reason to avoid movement. It is a reason to choose the

forms of movement specifically described as suitable and to leave jogging, running and jumping out. This step takes a place to walk, a bicycle or access to a pool.

Step 4: Make next week realistic

The hardest adjustment may be accepting that successful exercise after knee replacement is not a heroic comeback. It is a series of ordinary choices: doing the rehabilitation exercises you were taught, using support when it is still required and choosing low-impact activity when you are ready for broader movement. None of those choices needs to look impressive to do useful work.

Staying at a healthy weight and getting regular physical activity are both part of protecting a replacement knee. The guidance here does not supply a weight target, an exercise dose or a fixed schedule, so this is not the place to invent one. Your recovery instructions should decide what is appropriate now; the long-term principle is simply to keep activity in your life without turning it into repeated high impact.

Your operation may have replaced all the damaged parts of the joint or only part of it. Your health, age and activity level may differ sharply from those of another person who had the same broad procedure. Let those facts take the pressure off. You do not have to borrow a neighbour's milestone, compete with an online recovery story or upgrade your rehabilitation because it feels too modest.

On Monday, choose one approved low-impact activity for the coming week and confirm with your health care provider or physical therapist that it fits your current recovery stage. Then prepare what it takes: your prescribed cane or walker for walking, a bicycle for biking, or access to a pool for swimming. Keep your rehabilitation exercises alongside it. Your new knee does not need a test. It needs a plan you can actually follow.

Where this comes from

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  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/kneereplacement.html
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