
Wednesday, January 23rd from 8:00 – 10:00AM

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1. Introduction
   a. History of UKAs
      i. Introduction in the early 1970s.
         1. Early UKAs had high complications rate.
         2. Poor patient selection increased failure rate
      ii. Early implants were poorly designed compared to modern day UKAs
      iii. Early UKA complications now better understood
      iv. Implant design modification

2. Indications/Contraindications
   a. Typical clinical presentation
   b. Patient selection
      i. Indications
   c. Contraindications

3. UKA vs. TKA
   a. UKAs
      i. Associated with feeling of more “normal knee”
      ii. Decreased LOS
      iii. Substantial cost saving in comparison to TKA
      iv. Higher revision rate
   b. Patient satisfaction
   c. ROM results
   d. Advantages of UKA
   e. Disadvantages of UKA

4. Unicondylar surgical technique review (medial vs. lateral vs. patellofemoral)
   a. Medial
   b. Lateral
   c. Patellofemoral
   d. Role of ACL
   e. Biomechanical advantages of UKA
   f. UKA less invasive surgical procedure
g. UKA complications

5. PT and patient expectations for recovery s/p UKA
   a. Patients primary goal
   b. Patients expectations
   c. Return to play
   d. Typical sports following UKA

6. Pre-operative Education
   a. Enhances patient outcomes, satisfaction, success
   b. Pre-op PT
   c. May decrease pre-op anxiety
   d. May improve mobility in people with less support and less pre-op mobility
   e. Attendance at HSS

7. Phase 1- Acute Hospitalization
   a. Intra-op anesthesia and analgesia
      i. Spinal anesthetic
      ii. Saphenous nerve block
      iii. Intra-articular injection
         1. Steroid injection
   b. Post-op analgesia
      iv. Oral narcotics
      v. Anti-inflammatories
   c. Effects of anesthesia on post-op PT
      vi. Minimal risk of complications with spinal/epidural
      vii. FNB not typically used for UKA
   d. CPM- to use, or not to use
      viii. Evidence/Research

8. Anesthesia and Analgesia for UKR at HSS
   a. Spinal
   b. Saphenous nerve block
   c. Intra-articular injection
   d. Options for post-op medications for pain and nausea

9. Goals of Phase 1- Hospital Stay
   a. Unassisted transfers, ambulation with appropriate device
   b. Perform basic HEP independently
   c. ROM
   d. Precautions
   e. Clinical Criteria for advancement

10. Rapid Recovery Guidelines at HSS
a. **Day of Surgery PT**
   ix. Prioritizing who can be seen
   x. Staffing
   xi. Dangle, stand, ambulate, review therex, perform ROM
   xii. Educate on cryotherapy and elevation
b. **POD#1**
   xiii. Patient seen in AM by PT to progress as appropriate
   xiv. Review of HEP
   xv. Seen BID if necessary to clear to go home

11. **Functional Milestones Data Collection**

12. **Length of Stay**
   a. Evidence/Research
   b. Achievement of Functional Milestones at HSS and Length of Stay for UKA

13. **Goals of Phase 2**
   a. ROM
   b. Precautions
   c. Criteria for advancement

14. **Phase 2- Post-op weeks 1 thru 6**
   a. Cryotherapy
   b. Therex/HEP
   c. Soft tissue considerations
   d. Functional exercises
   e. Balance/proprioception
   f. Cardiovascular exercise, aqua therapy
   g. Driving

15. **Goals of Phase 3- Weeks 6-12: Return to Sport and Higher Level Activity**
   a. ROM, ADLs, Stair Negotiation, Symmetry
   b. Precautions
   c. Functional tests and measures

16. **Phase 3- Return to Sport and Higher Level Activity**
   a. Patellar mobility, ROM
   b. Cycling
   c. LE strength
   d. Step up, step down
   e. Cardio and retro treadmill
   f. Dynamic activities
   g. Activity specific training
   h. Evidence/Research
17. General Guidelines for TJA and Return to Sport
   a. Evidence/Research

18. Knee Society Guidelines for Sport Activities following TKA

19. Other Activities
   a. Return to work
   b. Kneeling
   c. Driving

20. Case Presentation:
   a. Patient Demographics/PMH
   b. Pre-op Evaluation
      a. Gait, ROM, Strength
      c. Day of Surgery: PT
     d. Post-op Day 1
        b. 1st Physical Therapy Session
        c. 2nd Physical Therapy Session
        d. Transfers, Ambulation, PT clearance and achieving functional milestones
     e. 6 week follow-up
        e. Gait, ROM Strength, Functional status

21. Survivorship
   a. Recent review of literature
      i. Finnish Study
   b. Younger patient population vs. older patient population
   c. Design Considerations for Successful UKA
      i. Fixed bearing vs. Mobile bearing designs
      ii. Clinical Results
     d. Minimizing failure with component positioning and alignment
     e. Navigation/Robotics
        iii. To Navigate: Pro's of Navigation
        iv. Not to Navigate: Con's of Navigation

22. Progression of OA/Failure
   a. Improper patient selection
   b. Patellofemoral/tibial/Compartment OA
      i. Overcorrection vs. Under-correction
   c. Polyethylene Wear
   d. Wear of Component
      ii. Fixed vs. mobile bearing component
      iii. Tibial wear
23. Revision of UKR
   a. Reasons for revision
      i. Component loosening
      ii. Malignment
      iii. OA of other compartments
      iv. Fracture of bone
      v. Pain
   b. Surgical complexities
      i. Revision rates for UKA to TKA
      ii. Recent revision procedures
         1. Survivorship following UKA conversions to TKA
   c. Instance of manipulation following UKA

References: