APPENDIX A

Exercise and Physical Preparation Before Surgery

The exercises in this appendix do not replace personal instruction from your surgical team or your physical therapist. If different instructions have been given, the personal instructions take precedence. If it is not clear whether a particular exercise is suitable, ask before going on.

Before surgery, your knee is usually already painful, tender, or limited. Good exercise before surgery is exercise that can be done safely, that can be repeated over time, and that does not cause a significant flare-up in pain or swelling.

The goal is to prepare, not to overload.

General principles for exercise before surgery

Exercise within a tolerable range. You don't need to reach the edge of the pain. Gentle, controlled movement is better than forcing your knee to bend or straighten. Choose exercises you can repeat.

Short, consistent exercise is better than one large effort that aggravates your knee and prevents further exercise.

Preserve the quality of the movement. It is better to do a few repetitions calmly and with control than many repetitions with compensation, pain, or loss of control.

Take that day's condition into account. If your knee is already sore after walking, work, or errands, a shorter session may be enough. If the day has been quieter, you can sometimes exercise a little more.

Do not measure success by pain. Exercise does not need to prove strength. It needs to help your body prepare.

What to practice

Exercise before surgery can include a few simple goals: movement, basic strength, control, standing up and sitting down, safe walking, and preserving confidence in movement.

You don't need to do everything every day. Choose what suits the state of your knee and the instructions you were given.

1. Ankle pumps

Purpose
The goal is to preserve movement in your ankle, to encourage light muscle activity, and to get to know a movement that will be useful after surgery as well.

How to do it
Sit or lie in a comfortable position and move your feet up and down, as though pressing and releasing a pedal. The movement should be light, free, and without great effort.

Key points
Keep the movement small and easy. Ankle pumps suit most situations, both before surgery and after it, and you can repeat them often through the day.

2. Heel slides

Purpose
The goal is to preserve movement and to reduce unnecessary stiffness, not to fight your knee.

How to do it
Lying down or sitting, slide your heel gently toward your body, to the point where the movement is still comfortable, and then slide it back.

Key points
Move gently and do not force your knee. You don't need to pull hard, and you don't need to reach a large range.

3. Heel props

Purpose

The goal is not to achieve perfect straightening before surgery, but to preserve movement toward straightening and tolerance for the positions that will be needed later in your recovery as well.

How to do it

Lie down or sit with your leg resting comfortably, in a position that lets your knee come closer to straight without unnecessary pressure.

Key points

Before surgery it is sometimes difficult to straighten the knee all the way. Do not push your knee down. If sharp pain or a strong feeling of pressure appears, change position.

4. Quad sets

Purpose

Your quadriceps, at the front of your thigh, is very important for standing up, for walking, for straightening your knee, and for a sense of steadiness. You can begin practicing gentle activation of the muscle even before surgery.

How to do it

Sit or lie with your leg resting comfortably. Gently tighten the muscle at the front of your thigh, as though trying to straighten your knee a little toward the bed or the surface beneath you. Hold for about five seconds, then release, unless you were told otherwise.

The contraction should be clear and controlled, but not too strong and not painful.

Key points

If the exercise causes sharp pain in your knee or a significant flare-up afterward, reduce it or stop and ask your physical therapist for guidance.

5. Sit-to-stand

Purpose
Standing up from a chair is an everyday action that will be needed after surgery too. The goal is to practice control and confidence, not to wear your knee out.

How to do it
Choose a stable chair, preferably at a comfortable height, with armrests if needed. Place your feet steadily, bend forward a little, use your arms as needed, and stand up in a controlled way. Then sit back down slowly, without "falling" into the chair.

Key points
If you can do it safely before surgery, pay attention to the quality of the movement. You don't need to do many repetitions. If standing up from a low chair is very painful, start from a higher chair or ask your physical therapist for guidance.

6. Short walks

Purpose
If you can walk safely, a short walk can be part of your preparation.

How to do it
Choose a familiar route, a comfortable surface, and steady shoes. Choose a distance that also lets you get back comfortably, without a significant flare-up in pain or swelling.

If you use a cane or a walker, go on using it as needed.

Key points
You don't need to increase the distance just in order to get stronger. A cane or a walker is not a failure. It is a way to preserve steadiness, to reduce load, and to allow safe movement. If walking causes a significant flare-up in pain or swelling, ask your physical therapist about the right amount.

7. Breathing and settling

Purpose
Preparation that is not muscular can help too. Before surgery, tension, worry, or bracing sometimes appears.

How to do it
Practice calm breathing, let your shoulders soften, change position deliberately, or take a few minutes of quiet rest.

Key points
This does not replace physical exercise, but it can help you get to know your body's response better and enter the recovery period with a little more control.

How much to exercise
There is no single number that suits every situation.

How much you do depends on pain, fitness, age, underlying conditions, the state of your knee, medications, previous activity level, and the instructions you were given. In one case, a few minutes a day can be enough. In another, you can fit in several short exercises through the day.

A good rule is to start with a little, check how your knee responds, and then decide whether to continue with the same amount, to reduce it, or to add carefully.

What happens after the exercise is every bit as telling as the exercise itself.

If there is a clear flare-up in pain, an increase in swelling, a more pronounced limp, fear of movement, or greater difficulty the next day, the exercise load may have been too great, or the exercise may not be suitable right now.

The most important rule

Good preparation before surgery is not measured by an impressive exercise or a great effort.

It is measured by the ability to repeat safe, useful movement, at a pace that suits your knee that day, without making things worse and without undermining confidence.

Do what you can safely repeat.

Exercises for the Early Recovery Phase

This appendix presents basic exercises and movements that are common in the early recovery phase after surgery.

It does not replace the personal plan you were given by your surgical team or your physical therapist. If you have been given different instructions about exercises, the number of repetitions, frequency, restrictions, or pace of progress, your personal instructions take precedence.

Some of the exercises in this appendix may be familiar from Appendix A. That is not accidental duplication. The same basic movements come back after surgery too, but the goal, the amount you do, and the way pain, swelling, and fatigue are approached differ in the early recovery phase.

In the first days and weeks after surgery, the goal is not to force movement on your knee. The goal is to help your body begin to move again safely.

Good exercise at this stage should be gentle, controlled, and suited to the state of your knee that day.

The most important rule: exercise should help your body come back to movement, not turn movement into a struggle. Choose exercises that suit the instructions you were given. Good progress comes from safe movement you can repeat.

How to use this appendix

Use this appendix as a tool and choose the exercises that suit your current stage and your personal plan. Sometimes one or two exercises, a few times a day and in the right amount, are more important than a long list done while fatigued or in pain.

Each exercise has four parts:

Purpose—what the exercise is for.

How to do it—a basic way to perform it.

Key points—what to pay attention to, and the warnings that apply.

A simple way to start—an easier option to begin with, if it suits your situation.

The number of repetitions, how long to hold, and how often to exercise should fit the instructions you were given and your knee's response.

1. Ankle pumps

Purpose
To encourage light movement of your foot and ankle, to activate your calf muscles, to support blood flow, and to help your body begin to move gently at an early stage.

How to do it
Lie down or sit in a comfortable position with your leg supported. Move your foot up and down, as though pressing and releasing a pedal.

The movement should be light and free. You don't need to tighten hard.

Key points
Do not move too quickly. If you feel unusual pain, an unusual stretching sensation, or significant difficulty, slow down or stop.

Ankle pumps do not replace the instructions you were given, but they can be a simple part of beginning to move.

A simple way to start
Aim for about ten pumps every hour while you are awake, unless you were told otherwise. They matter most during long stretches of lying or sitting, when blood flow slows down.

2. Quad sets

Purpose

To help your quadriceps, at the front of your thigh, begin to work again. This muscle is important for straightening your knee, for walking, for standing up from a chair, and for a sense of steadiness in your leg.

How to do it

Lie down or sit with your leg resting comfortably. Gently tighten the muscle at the front of your thigh, as though trying to straighten your knee a little toward the bed or the surface beneath you. Hold for about five seconds, unless you were told otherwise, and then release.

The contraction should be firm but gentle. The goal is to wake the muscle up, not to fight your knee.

Key points

After surgery it is sometimes hard to activate the quadriceps because of pain, swelling, and your nervous system's response. This is common and is not a sign of failure.

Do not press hard if the contraction causes sharp pain or a significant flare-up. If it is hard to feel the muscle working, ask your physical therapist for guidance. Sometimes a small change of position or a light touch on the muscle can help.

A simple way to start

Start with a short, gentle contraction and then release completely. One good, gentle contraction matters more than the number of repetitions.

3. Glute bridges

Purpose
To gently activate your buttock and hip muscles and to support the control you need for standing up, standing, and walking.

How to do it
Lie on your back in a comfortable position. Bend both knees so that your feet rest on the bed or on the surface beneath you. Let your arms rest alongside your body. Gently tighten your buttock muscles and lift your pelvis a little off the bed.

You don't need to lift high. Hold for about five seconds, unless you were told otherwise, and then lower your pelvis slowly and with control. The movement should be small, calm, and controlled. The goal is not a high bridge or a hard strength exercise, but to activate the muscles safely and gently.

Key points
Do not do this exercise if it causes sharp pain in your knee, hip, or back. Do not force weight onto the operated leg, and do not try to lift your pelvis too high. If it is hard to keep control, if you feel an unpleasant pressure, or if the exercise makes the pain or the swelling worse afterward, stop and ask your physical therapist for guidance.

A simple way to start
Begin with a very small lift of your pelvis, even just barely clearing the bed. If that is too hard, start with a gentle contraction of your buttock muscles without lifting at all, and only then progress to a small lift, according to your ability and the instructions you were given.

4. Heel slides

Purpose
To encourage gradual bending of your knee, to preserve movement, to reduce stiffness, and to help your knee begin to move within a comfortable and safe range.

How to do it
Lie on your back with your leg resting on the bed or on a comfortable surface. Slide your heel slowly toward your buttock, to the point where the movement is still tolerable. Then slide your leg back to a more comfortable position. Use a towel or a strap around your foot only if your physical therapist has cleared it, and only gently, without pulling hard.

Key points
Do not force your knee to bend. Do not chase a particular number or range in the first days. The goal is safe, repeated movement, not maximum bending on every repetition.

A simple way to start
Slide your heel only part of the way, within a range that lets you breathe calmly and bring your leg back without a struggle.

5. Seated knee bends

Purpose
To work on bending your knee in a more everyday position and to prepare your knee gradually for sitting, standing up, getting into a car, and other activities.

How to do it
Sit on a stable chair, preferably at a comfortable height. Place the foot of the operated leg on the floor. Slide that foot gently backward so that your knee bends a little more, and then bring it forward again. The movement should be slow and controlled.

Key points
Do not use your other leg to force the movement. Do not try to beat the pain. If the chair is too low or the movement is too hard, use a higher chair or reduce the range.

A simple way to start
Begin with a small back-and-forth movement of your foot on the floor.

6. Heel props

Purpose
To help your knee come closer to full straightening, gradually. Straightening is important for walking, for standing, and for a sense of steadiness.

How to do it
Lie down or sit with your leg well supported. Place support under your ankle or under the lower part of your shin so that your knee can come closer to straight comfortably. The goal is to let your knee rest in a straighter position without pressing down on it.

Key points
Do not place heavy weight on your knee. Do not push your knee downward. Do not stay in a position that creates sharp pain, tingling, strong pressure, or a feeling that your knee is fighting back.

Important: Avoid resting or sleeping for long stretches with a pillow directly under your knee unless you were told otherwise. Brief support for comfort may be fine, but keeping the knee bent for hours can make full straightening harder to regain. If you want support for a longer period, place it under your ankle instead, so your knee can settle toward straight. Follow any different instructions your physical therapist or your surgical team has given you.

A simple way to start
Begin with short periods, in a position that is relatively comfortable.

7. Straight leg raises

Purpose

To strengthen control of your quadriceps and to practice lifting your leg while keeping your knee steady.

Check first: This exercise is not right for everyone in the first weeks after surgery. Do it only if your physical therapist has told you that it is part of your plan.

How to do it

Lie on your back. Bend the leg that has not been operated on so that the foot rests on the bed or on the floor. Tighten the quadriceps of the operated leg, keep your knee as straight as possible, and lift the leg a little off the bed. Then lower it slowly.

Key points

If you cannot control the leg on the way up or on the way down, or if sharp pain appears, do not continue with this exercise. Check with your physical therapist before trying it again.

The goal is control rather than height. Keeping your knee straight matters more than how far the leg comes off the bed.

A simple way to start

Before a full raise, practice the quadriceps contraction on its own. If the contraction is strong and your control is improving, ask your physical therapist whether it is time to progress to a leg raise.

8. Sit-to-stand

Purpose
To practice a central everyday action: moving from sitting to standing and back to sitting. This action is important for independence, for using the bathroom, for eating, for entering and leaving your home, and for the return to routine.

How to do it
Sit on a stable chair, preferably at a comfortable height and with armrests if you need them. Place your feet firmly on the floor. Move a little toward the edge of the chair, lean your body forward, use your arms as needed, and stand up in a controlled way. To sit down, get close enough to the chair to feel it behind your legs, reach for the armrests if there are any, and sit down slowly and with control.

Key points
Do not "fall" into the chair. Do not hurry. Do not try to stand up from a chair that is too low if that causes pain or leaves you feeling unsteady. If you need to use your arms, that is fine. The goal is standing up safely, not standing up perfectly without help.

A simple way to start
Choose a high, stable chair. It is better to stand up a few times with good-quality movement than to do many tiring repetitions.

9. Standing weight shifts

Purpose
To help your body get used to bearing weight on the operated leg again, to improve your confidence when standing, and to prepare your body for walking.

How to do it
Stand beside a stable surface, such as a countertop, a heavy table, or a railing, and hold on to it as needed. Gently shift a little weight from side to side without lifting your feet off the floor. The movement should be small, slow, and safe.

Key points
Do not do this exercise without support if your standing is not steady enough. Do not shift your weight suddenly. If you feel sharp pain, dizziness, or unsteadiness, stop.

A simple way to start
Begin with a very small weight shift, just to feel both feet on the floor and to practice standing safely.

10. Standing heel raises

Purpose
To activate your calf muscles, to improve your sense of steadiness when standing, and to help prepare your legs for walking.

How to do it
Stand beside a stable surface and hold on to it as needed. Gently lift your heels so that you come up a little onto the balls of your feet, and then lower your heels slowly back to the floor.

Key points
Do not do this exercise if it causes sharp pain, unsteadiness, or fear of falling. Do not come up too high. If your standing is still not steady, this exercise may be too early for you.

A simple way to start
Start with a very small heel raise while holding on to a stable surface with both hands.

11. Short-arc quads

Purpose
To encourage activation of your quadriceps and to practice straightening your knee through a short range while keeping control of the movement.

How to do it
Lie on your back. Place a rolled towel or a small bolster under the operated knee so that your knee is slightly bent and supported. Gently tighten the muscle at the front of your thigh and straighten your knee by lifting your shin and foot upward. Your thigh stays resting on the support, and only the part below your knee moves. Hold for about five seconds, unless you were told otherwise, and then lower your foot slowly and with control.

Key points
Do not force your knee to lock out.

Do not lift your whole leg off the bed.

Do not push through sharp pain or a clear flare-up.

If the exercise increases your pain or swelling, or leaves you with an unusual sense of effort, reduce the range or ask your physical therapist for guidance. Use the support under your knee only while you are doing the exercise. Do not leave it there for long periods unless you were told otherwise.

A simple way to start
Begin with a few repetitions within a comfortable, controlled range, according to the instructions you were given.

12. Breathing and settling

Purpose
To reduce bracing, to help your body settle before movement, and to improve your confidence before standing up, walking, or exercising.

How to do it
Before standing up, starting to walk, or doing an exercise that feels stressful, pause for a moment. Sit or lie comfortably. Take a few slow breaths, let your shoulders soften, and notice where your feet are and the direction you are about to move in. Only then begin the movement.

Key points
Calm breathing does not replace medication, physical therapy, a walker or cane, or medical treatment. It is a small tool that helps you enter movement in a calmer, more orderly way.

A simple way to start
Before standing up from the bed or from a chair, take two calm breaths, settle your feet, and only then begin to move.

How to tell whether the amount is right
The right amount is not determined only by the number of repetitions you do. It is also determined by how your knee and your body respond afterward.

The right amount usually leaves you feeling that the exercise was manageable, that the pain stayed within a reasonable range, that the swelling did not increase signifi-

cantly, and that you can go on with your day without a clear decline.

Your knee may be a little tender after exercise. That is not always a bad sign. But if the pain is sharp, if it keeps building, if the swelling increases significantly, if walking becomes harder, or if the following day is harder to manage, you may have done too much, or the exercise may not be suitable right now.

If that happens, there is no need to be alarmed. You can reduce the range or the number of repetitions, choose a simpler exercise, spread the exercise out through the day, or ask your physical therapist to adjust it.

Closing reminder

Come back to the central rule as you go: if an exercise helps you move safely and you can repeat it without a significant flare-up, it is probably serving your recovery.

Home Safety Checklist

The purpose of this list is not to turn your home into a hospital.

The goal is to prepare your home so that it will be easier and safer to move around in during the first days and weeks after knee replacement surgery. Good preparation can reduce the risk of falls, make standing up, walking, showering, and using the bathroom easier, and help you come home with less strain and less improvising.

Every home is different. An apartment with an elevator is not like a house with stairs. A wide bathroom is not like a narrow one. Someone coming home with a walker is not dealing with the same space as someone coming home with a cane. So go through the list according to the layout of your home and the instructions you were given, and if possible together with someone close to you or with your physical therapist.

Go through the list once before surgery and again after coming home. Sometimes what looks convenient before surgery feels different in the first days.

Main walking routes

Start with the routes where you expect to do most of your walking in the first days:

☐ From the bed to the bathroom
☐ From the bed to the main chair or recovery station
☐ From the main chair to the bathroom
☐ From the main chair to the kitchen
☐ From the front door to the resting area
☐ From the living room or recovery station to the bedroom

On every route, make sure that:

☐ There is a passage wide enough for a walker or cane
☐ There are no loose rugs
☐ There are no electrical cords on the floor
☐ There are no shoes, bags, boxes, or low objects in the way
☐ There is no furniture narrowing the passage unnecessarily
☐ There is good lighting, including in the evening and at night
☐ The route does not require holding on to a light, wobbly, or unstable piece of furniture

If a rug cannot be secured well, remove it for the first few weeks.

Recovery station and main chair

In the first days, prepare one comfortable, organized station where most of the important things are within reach. Check that:

☐ There is a stable, comfortable chair that is not too low

☐ The chair has armrests

☐ The seat is not too soft and does not sink too much

☐ There is room for your walker or cane beside the chair

☐ There is a small table or surface near the chair

☐ There is good lighting near the chair

☐ You can get from the chair to the bathroom by a clear, safe route

Set up beside the chair, as needed:

☐ Water

☐ Medications according to the instructions you were given

☐ A phone and charger

☐ A remote control, glasses, or hearing aids if you use them

☐ Tissues or wipes

☐ A notebook or a sheet for writing down medication times, questions, or symptoms

☐ The discharge instructions from the hospital

☐ Important phone numbers

☐ A cold pack, if your care team has recommended one

Do not put important things in a place that requires bending, reaching far, or getting up again and again.

Bedroom and getting up at night

Getting up at night can be more challenging because of fatigue, pain, stiffness, darkness, and sometimes the effect of medications. So prepare the way in advance.

Check that:

☐ The way from the bed to the bathroom is completely clear

☐ There is a night-light or a lamp that is easy to turn on

☐ Your walker or cane is within reach from the bed

☐ Your phone is within reach

☐ Closed-toe, supportive shoes are beside the bed

☐ There is no loose rug beside the bed

☐ There are no cords or small objects on the way to the bathroom

☐ The bed is not too low or too high for you to stand up safely

Shoes and foot safety

Shoes are part of safety. In the first days, walking in socks on a slippery floor or in loose slippers can increase the risk of slipping or of losing balance.

Check that:

☐ You have closed-toe shoes or stable slippers with good grip

☐ The soles of your shoes are not slippery

☐ Your shoes are not loose on your feet

☐ Your shoes are relatively easy to put on without great effort or deep bending

☐ Your shoes are kept in a fixed, accessible place

☐ You do not have to walk barefoot or in socks on a slippery floor

Bathroom and toilet

The bathroom is one of the most important places to prepare. It can be narrow, wet, and slippery, and it involves transfers that require standing up, turning, and sitting.

Check the way to the bathroom:

☐ The way is clear of obstacles

☐ There is good lighting

☐ You can get in with your walker or cane

☐ There is enough room to turn safely

☐ The door opens and closes without getting in the way of movement

Check the toilet area:

☐ The toilet is a comfortable height, or you have asked your physical therapist whether you need a raised toilet seat

☐ There is stable support for sitting down and standing up, if you need it

☐ You do not have to lean on a towel bar, door, unstable sink, or light piece of furniture

☐ Toilet paper and necessary items are within reach

☐ The floor around the toilet is dry and not slippery

Check the shower area:

☐ The floor is safe and as non-slip as possible

☐ There is no loose bath mat that can shift

☐ Soap, shampoo, and a towel are within reach

☐ There is enough room to get into and out of the shower safely

☐ You have asked your physical therapist whether you need a shower chair

☐ Grab bars are in place wherever there is nothing stable to hold on to, or you have asked about adding them

☐ There is a handheld showerhead, or you have asked your physical therapist whether one would help

☐ On the way out of the shower there is a stable, non-slip surface and a towel within reach

Do not lean on a glass door, towel bar, shelf, faucet, or piece of furniture that is not designed for support. If you need support, it must be stable and suitable for that purpose.

Kitchen and eating

In the first days after coming home, even simple food preparation can be tiring. Set up your kitchen so that you do not have to bend, reach, or stand for too long.

Check that:

☐ Useful utensils are at a comfortable height

☐ Basic food is in an accessible place

☐ You do not have to bend deeply or climb to reach important things

☐ There is somewhere to sit while preparing simple food, if needed

☐ Water and cups are within reach

☐ There is a way to prepare or heat simple food without standing for a long time

☐ The floor is clear and dry

☐ There are no cords or loose rugs in the kitchen area

If you are using a walker, do not carry dishes or hot liquids while walking. Ask for help or find a safer way, if needed.

Entrances, stairs, and elevators

The way from outside into your home can be especially challenging on the day you come back from the hospital and on your first outings. Check that:

☐ The way from the front door is clear

☐ There is good lighting at the entrance

☐ The key, code, or other way of opening the door is easy to reach

☐ There is no loose entrance mat

☐ You can open the door without letting go of your walker or cane

☐ If there are stairs, the handrail is stable

☐ The elevator, if there is one, has enough room for you to get in and out without feeling crowded or rushed

Medications, documents, and important phone numbers

In the first days, the essentials need to be available and clear. Keep these in one fixed place:

☐ Your medications, organized according to the instructions you were given

☐ A clear list of the medication names and times to take them

☐ The discharge instructions, prescriptions, and important documents in an accessible place

☐ The phone numbers for your clinic, hospital, and surgical team within reach

☐ A phone number for someone close to you or whoever is helping you at home

☐ A convenient way to ask for help if needed

Pets

If you have a dog, cat, or other pet in your home, think in advance about how to keep it out of your walking routes and how to keep it from startling you while you are standing up, walking, or coming into the house.

Check that:

☐ Food and water bowls are not on the main walking route

☐ Toys, leashes, or the animal's things are not scattered on the floor

☐ Someone can help with walking the dog in the first days, if needed

☐ You have a way to keep your pet away while you are standing up and during the first transfers

One important note:

Do not let a pet come near your incision, lick it, or touch the dressing area. Before caring for your incision or the dressing, wash your hands thoroughly and follow the discharge instructions.

Pets are part of your home and your routine, but in the first days it is important to reduce surprises and obstacles around your feet and to keep the area around your incision clean.

Closing reminder

A safer home is not a perfect home.

You don't need to change everything. Identify the places where you expect to walk, sit, stand up, shower, and rest, and reduce the predictable risks there.

After coming home, go through the list again. Sometimes it is only when you start moving around the house with pain, swelling, fatigue, or a walker that you understand what really needs to be moved, removed, lit, raised, or brought closer.

Questions for Your Care Team

An appointment with your care team can be short. Sometimes it is only after you leave the room that you remember the question that was really important.

This appendix is meant to help you come to the appointment better prepared.

You do not need to ask every question. Before each appointment, choose a few that suit the stage you are at.

It is better to come with a few clear, important questions than with a long list that there will not be time to go through. Coming with questions is not a sign of distrust. It helps you take part in the process more clearly and more confidently.

My questions for the coming appointment

Write down the most important questions for the coming appointment:

1. _____
_____
2. _____
_____
3. _____
_____

If there is time left:

1. _____
_____
2. _____
_____

Before you leave, make sure you can answer these:

☐ What is the main decision or instruction I received?
☐ What should I do now?
☐ What should I avoid right now?
☐ Is there anything I should prepare before the next stage?

Basic questions that suit almost any appointment

☐ What is the most important thing for me to understand at this stage?
☐ What should I expect in the next stage?
☐ What is my main goal until the next appointment?
☐ Are there any restrictions I should remember?
☐ Is there anything I should get in writing?

☐ Who do I contact if something is not clear after the appointment?

Before the decision about surgery

Ask these mainly at an appointment with your surgical team:

☐ Which operation do you recommend for me: a total replacement, a partial replacement, or another option?

☐ Why is this the right option for my knee?

☐ What in the imaging or the examination led you to this recommendation?

☐ What could change if I wait, and how quickly?

☐ Is there another treatment I should consider before I decide?

☐ Is there anything I should work on before surgery, such as strength, weight, or control of other health conditions, and does any of my medication need to change?

☐ Is there anything about my knee that could affect how fast I recover?

☐ Realistically, what can I expect from the surgery in my case?

Before surgery, the hospital stay, and going home

Bring these questions to your surgical team, the clinic staff, or the hospital staff:

☐ What will happen on the day of surgery?

☐ What type of anesthesia is planned, and who will explain it to me?

☐ Are there medications I should stop or change before surgery?

☐ Are there tests I need to complete before surgery?

☐ Are there instructions about fasting, drinking, or medications on the morning of surgery?

☐ How long does the hospital stay usually last?

☐ How do you decide when I am ready to go home?

☐ Will I need a walker or a cane at first?

☐ Will I need help at home in the first days?

☐ What should I set up at home before I come back?

☐ Which documents, prescriptions, or instructions will I receive at discharge?

☐ When is my follow-up appointment after surgery?

Medications, pain, and the incision

Bring these questions to your surgical team or the hospital staff:

☐ Which medications will I go home with, and what is each one for?

☐ When should I take each medication during the day?

☐ Are there medications I should not take together with the new ones?

☐ What should I do if the pain is not controlled despite the medications I was given?

☐ Am I going home on a blood thinner, and in what form—a pill or an injection?

☐ For how long do I take the blood thinner, and who decides when I stop?

☐ What should I do if I miss a dose?

☐ Which signs of bleeding or bruising should I report, and to whom?
☐ Which other medications, supplements, or foods should I avoid while I am on the blood thinner?
☐ How should I care for the incision?
☐ When can I shower, and under what conditions?
☐ Can the dressing get wet, or does it need to be protected?
☐ If I have sutures or staples, when will they be removed?

At the follow-up appointment after surgery

At the follow-up appointment after surgery, ask about how your recovery is going, about restrictions that remain, and about a gradual return to fuller activity. Not every question will suit every appointment, so choose only what is relevant to the stage you are at.

☐ Is my recovery moving at a reasonable pace?
☐ Is there anything in the examination, the imaging, or my movement that I should know about?
☐ Are there restrictions I still need to follow?
☐ Can I start driving again, and what needs to be in place first?
☐ Can I go back to work, and do you recommend a gradual return?
☐ Does my kind of work need any particular adjustments?
☐ Is there any activity I should avoid for now?
☐ When is my next follow-up appointment, and what should I watch for until then?

Closing reminder

There is no need to ask everything.

Choose the questions that suit the stage you are at, write them down in advance, and bring the list to the appointment. If an answer is not clear, ask for simpler wording or a practical example.

Clear questions help you understand what was decided, what the next step is, and what is important to do before the next follow-up appointment.

Tracking Sheet for Pain, Swelling, and Activity

Tracking is not meant to make you check every sensation through the day.

The goal is simpler: to see patterns and to understand how your knee responds to activity, rest, sleep, taking your medication as instructed, cold, elevation, and exercise. When the pattern is clearer, it is easier to adjust your day, to explain to your care team what is actually happening, and to make calmer decisions.

You don't have to use this sheet every day. It can help most in the first weeks at home, when the pain and swelling are confusing, or when you want to come to an appointment with a clearer picture.

Keep your tracking simple: the numbers are not the main thing, and the pattern matters more than the exact score.

Do not wait for the tracking sheet. If something changes sharply, flares up unusually, worries you, or does not match the instructions you were given, contact your surgical team right away.

How to use the tracking sheet

Fill in the sheet once a day or twice a day if that helps you see the difference between morning and evening. A short, clear note is better than a long diary you cannot keep up with.

The form on the next page has a line for each thing worth tracking: pain at rest, pain during movement, swelling, your main activity and walking for the day, the exercise you did, how you slept, any pain medication you took, and one short note about how the day went.

A simple, consistent assessment is enough.

Pain scale

You can use a scale of 0 to 10:

0—no pain

10—the strongest pain you can imagine

Separate two situations:

Pain at rest—how your knee feels while sitting or lying down.

Pain during movement—how your knee feels while walking, bending, standing up, going up or down stairs, or exercising.

The two measures are not always the same. Your knee can feel tolerable at rest but hurt more during movement. Sometimes it is the night that is harder, even if move-

ment during the day is improving.

Swelling scale

You can use a simple scale of 0 to 3:

0—no noticeable swelling

1—mild swelling

2—moderate swelling or a feeling of tightness

3—marked swelling, a feeling of heaviness or tightness that limits movement

This is not a precise medical measure. It is a practical way to notice whether the swelling is going up, going down, or staying about the same.

Daily tracking sheet

Copy or photocopy this sheet and use it on any day you want to track.

Date: _____

Morning

Pain at rest: _____ / 10

Pain during movement: _____ / 10

Swelling: _____ / 3

Sleep last night: _____

Short note for the morning: _____

_____

Evening

Pain at rest: _____ / 10

Pain during movement: _____ / 10

Swelling: _____ / 3

Short note for the evening: _____

_____

Once a day

Main activity today: _____

____

Walking today (minutes or number of walks): _____

Exercise done: _____

Pain medication taken today (name and times): _____

One functional note: _____

____

Your care team's guidance takes precedence.

Examples of useful notes

Keep the notes short. A note only needs to leave a marker that helps you understand what affected your knee.

Examples:

A note about the day might read: walked around the house several times, walked outdoors for a few minutes, used the stairs once, or sat with my leg down through a long meal.

A note about what else the day held might read: visitors for an hour, a home visit, or an exercise session with my physical therapist.

A note about how the knee responded might read: slept less well than usual, more swelling in the evening, settled after rest and cold, or the day after that activity was harder than usual.

You can also write a short personal note, for example: "I walked a little more, and in the evening there was more swelling." "After a quiet day the knee was less tight." "The bending exercise was hard today, but walking was better." Or: "The pain during movement went down, but the night is still hard."

How to read the sheet

Do not draw conclusions from a single day.

A hard day does not necessarily mean your recovery has stalled. A good day does not mean you should add a lot of activity all at once. Look at several days together and look for simple connections.

Notice, for example, whether the swelling goes up after busier days, whether a long walk affects the evening or the following day, whether rest, cold, or elevation helps your knee settle, and whether there is a particular activity that keeps coming up before a flare-up.

Notice small signs of progress as well: less pain during movement, less swelling in the evening, getting up more easily, steadier walking, better sleep, or faster recovery after activity.

The sheet is meant to help you see the wider picture, not to measure every day separately.

Closing reminder

Good tracking is tracking you can keep up without strain.

Write little, look for patterns, and bring the sheet to an appointment if it helps explain what is happening. You don't need to turn every pain into a number or every sensation into a task. The goal is clarity, not completeness.