

The majority of knee replacement patients experience a large reduction in knee pain following joint replacement surgery. They feel an increase in confidence in the joint for most daily activities. Although few people report a knee which feels completely “normal”, they can often return to activities they haven’t felt able to for years.

This prompts the Clinically Relevant Question:

CAN I KNEEL AFTER MY KNEE REPLACEMENT?

The short answer is “Yes” in most cases, and it is certainly a worthy aim of your rehabilitation. The range required is much the same as that needed for climbing and descending stairs, getting in and out of low chairs and comfortably getting off an average toilet.

There is no evidence that kneeling is harmful to your knee replacement. Some people are afraid of damaging the implant, but kneeling actually puts no more stress on your implants than the activities listed above¹.

However, there is a difference between “Can I...” – am I allowed? – and “Can I...” – am I able to?

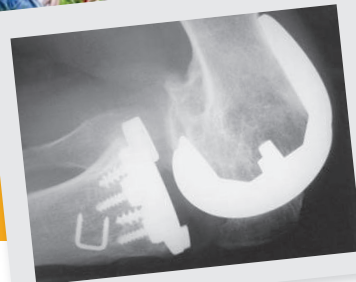
There is certainly no universal prohibition to kneeling after Knee Replacement Surgery, but some patients think it might be uncomfortable, some haven’t regained sufficient strength to kneel and get up again and some have been given advice not to by their doctor, Physio. or even by friends.

In one study, when patients were asked if they could kneel, just 37% answered “Yes”, but when actually observed, 80% were able². Also, many people don’t need to kneel over an average day, so they don’t!

Having said all that, there is certainly a proportion of patients who find it too difficult to kneel due to discomfort from the joint or the scar, not having enough range of movement or not having the strength, but this is of the order of less than 20%.

The best advice is:

- Work hard to optimise movement and strength
- Gradually practise kneeling with your Physio
- Use a cushion when you kneel (to protect against scar sensitivity), and
- Have a chair, stick or some other support around (at least at first) to help you get up.



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Case of the Month

A 46 y.o. immigrant presented with gradually increasing pain and disability from her left hip for ten years, but reporting a short leg and a limp for her whole lifetime.

XRays clearly demonstrated Developmental Dysplasia of the Hip (DDH) with severe degeneration of the “false joint” sitting above the true acetabular socket.

The Challenges?

- Restoring normal leg length by bringing down the centre of hip rotation to a more normal position.
- Constructing a stable joint with abnormal femoral anatomy and an anteverted femoral neck.

The Solution?

- Hip centre restored using an oversized cup prosthesis in the native socket with supplementary screws.
- Customisable femoral stem with fully adjustable neck anteversion.



REFERENCES

¹ Burnett, Palmer SH, Cross MJ et al. Ability to Kneel after total knee replacement. JBJS 2002; 84-B: 220-2

² Hassaballa MA et al. Observed kneeling ability...perception versus reality. Knee Surg Sports Traumatol Arthrosc 2004 Mar; 12(2): 136-9

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