

Preparing Your Home for Joint Replacement Recovery

By Rooted Motion Physical Therapy

Move Better. Live Rooted.

For anyone four to six weeks out from a hip or knee replacement, preparing the house.

Counting Backwards From the Date

You already have a date, which lets you work backwards rather than plan forwards. This sheet is arranged in the order the weeks will arrive, and almost everything on it is easier now than in a fortnight.

Most of what follows is about your house and your week, not your surgery. The surgical team owns the operation and the restrictions that follow it, and where their instructions differ from anything here, theirs govern.

Four Weeks Before: Decisions and Conditioning

Preparing physically before an operation, often called prehabilitation, has moderate certainty of evidence for better function at around six weeks after knee replacement. Beyond that point the evidence weakens considerably. The honest reading is that preparation buys you a better first six weeks rather than a better final result, and the first six weeks are the ones people find hardest.

There is a similar finding for education specifically. In one randomised trial, a single one-to-one preoperative physical therapy session meant patients met their functional milestones sooner and needed fewer sessions in hospital. It did not change their length of stay or their function scores at six weeks. Practising the movements beforehand appears to make the early days go more smoothly, which is worth having on its own terms.

This month

- ☐ Ask specifically what you will not be allowed to do in the first two weeks
- ☐ Ask what walking aid you will come home with, and practise with it if you can
- ☐ Start the exercise programme you have been given, now
- ☐ Agree who is staying with you, from when, and until when
- ☐ Arrange your follow-up rehabilitation before surgery, not after it

Two Weeks Before: The Route

The most useful thing you can do to a house is not to fix everything. It is to make one route work perfectly: bed, bathroom, kitchen, and the chair you will sit in. You will walk it many times a day on a leg that does not yet want to.

Clear the route

- ☐ Nothing on the floor along it that has to be stepped over
- ☐ Loose rugs removed. Cords moved behind furniture
- ☐ A light you can reach at each end, including from the bed
- ☐ Doors that stay open, or that you can open without letting go of a walking aid

Set the heights

- ☐ A chair with arms and a firm seat you can push up from
- ☐ The bed at a height where your feet reach the floor before you stand
- ☐ Daily items in the kitchen between hip and shoulder height

- ☐ A non-slip surface in the shower, and something fixed to hold
- ☐ No step stool anywhere in the plan

The Week Before: Remove Future Errands

Everything you do this week is a task you will not have to do on one leg.

1. Cook and freeze what you can, or arrange meals for the first two weeks.
2. Fill every prescription, and set up something that tracks what you took and when.
3. Do the laundry and the shopping, and put it all away at reachable heights.
4. Build a station beside the bed and another beside the chair: water, phone, charger, medication, something to read.
5. Put a bag by the door with what you are taking in, so the morning itself is simple.

What the First Weeks Actually Look Like

Recovery has a shape, and knowing it in advance takes a good deal of the worry out of it. After a knee replacement, thigh strength is typically at its lowest around the third day after surgery and then recovers in a roughly steady climb rather than a quick rebound. It is commonly still below its pre-surgery level at three months and still improving, not finished, at six. Age, sex and body mass all shift that curve.

Nothing about that pattern means something has gone wrong. It means the useful question at week three is whether you can do more than you could at week two, not whether you have arrived.

On where rehabilitation happens

You may be weighing home-based against clinic-based rehabilitation. For uncomplicated knee replacement in people with adequate support at home, home-based rehabilitation has been assessed as an appropriate first-line option, with function scores that did not differ meaningfully at ten weeks or at a year. A separate trial in over six hundred patients specifically chosen as being at high risk of a poor outcome also found no difference in function at twelve months. We have an obvious interest in that answer, so treat it as a starting point for a conversation with your surgical team rather than as our recommendation, and note that both findings assume adequate support at home.

Contact your surgical team promptly if, after surgery

- The wound becomes red, hot, or starts to drain, or you develop a fever
- Your calf becomes swollen, painful, or warm, particularly on one side only
- You have sudden shortness of breath or chest pain
- Pain increases sharply rather than gradually settling, or after a fall
- You cannot bear weight in the way your team told you to expect

The Rooted Motion Difference

- A home visit before surgery, so the preparation fits your actual rooms.
- A plan matched to your surgeon's restrictions, not a generic protocol.
- Rehabilitation in the house you are recovering in.
- Honest expectations about the shape of the first six months.
- Convenient concierge mobile physical therapy delivered where you are.

Surgery on the Calendar?

The weeks before are the easiest time to get this right, and the ones most often spent waiting. A visit now is worth several afterwards.

Move Better. Live Rooted.

Contact Rooted Motion Physical Therapy to schedule your one-on-one evaluation.

Educational disclaimer: This handout is for educational purposes and is not a substitute for an individual evaluation by a licensed healthcare professional. Seek prompt medical evaluation for severe pain, significant weakness, numbness, or symptoms following trauma.

Research Behind This Guide

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