

**Additional information:**

- **Driving** – always check with your consultant and insurance company before driving.
- **Work** – you may return to light work as soon as you feel comfortable. If your work requires heavy duties, we recommend discussing with your employer and consultant before returning. Your GP can provide you with a sick note.
- **Sports and hobbies** – this will be guided by your outpatient physiotherapist, who can help you set goals to returning to sport.

**Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)  
Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

**Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King’s Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net). This document is intended for information purposes only and should not replace advice that your relevant health professional would give you. External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them. If you require a full list of references (if relevant) for this leaflet, please email [sfh-tr.patientinformation@nhs.net](mailto:sfh-tr.patientinformation@nhs.net) or telephone 01623 622515, extension 6927.

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**INFORMATION FOR PATIENTS**

**Knee MUA**



### What is an MUA?

MUA stands for manipulation under anesthetic. It is quite commonly required following a total knee replacement, when you were previously unable to achieve range of movement. Whilst under anesthetic, your knee will be taken through its full range of movement by the surgeon in order to reduce stiffness.

### What will happen after my procedure?

Once you are back on the ward, you will be placed in a CPM (continuous passive movement) machine. This encourages your knee to bend as far as tolerable, with the range of movement increased gradually. The length of time you will be using the machine is your surgeon's decision, but this will be outlined by your physiotherapist. It is important when using the CPM machine to:

- Take short breaks every 1-2 hours.
- Inform nursing staff of any pressure on your skin which the machine is causing.
- Keep on top of your pain relief.

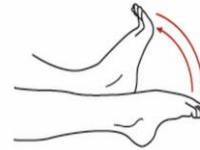
Once this has been completed, you will be reviewed by your physiotherapists for a walking aid for use while you recover. They will also teach you suitable exercises, which you will be expected to complete regularly. You may also be assessed on the stairs if required.

Once you are discharged from the ward, the outpatient physiotherapy department will contact you to arrange continuing your therapy.

### Important things to remember:

- It is crucial to continue your exercises provided in order to maintain the range of movement in your knee. If you leave these, it will be much harder to regain your movement.
- Mobilising is important. Begin by walking short distances often, gradually building this up.
- Elevation and ice is important in reducing swelling. Ice can be used throughout the day for a maximum of 20 minutes, with 1-2 hours breaks throughout the day. DO NOT use ice if you are diabetic or have poor skin condition.

### Exercises following your MUA



Briskly bend and straighten your ankles. This encourages blood flow throughout your leg. Aim to do for 30 seconds, up to 1 minute.



Seated in a chair, aim to slide your heel forward to extend your knee as far as able. Then slide it as far back as manageable.



Try to extend your knee and lift your foot from the ground. If able, aim to hold it for around 3-5 seconds.



With your knees bent as much as possible, alternately raise each foot off the floor.

We recommend you attempt these exercises 3-4 times per day, having ice, elevation and pain relief in between. Aim for 10 of each exercise.