

## POST-OPERATIVE INSTRUCTIONS

### ACL Reconstruction

Dr. Adam O'Brien

#### MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
  - **Pain medication may cause constipation.** You may take an over the counter stool softener (docusate, senna, Miralax, etc) to help prevent this problem.
  - You should take these medicines with food or they may nauseate you.
  - You may not drive or operate heavy equipment while on narcotics.
  - Pain medication is refilled on an individual basis and only during office hours.
- If you have a nerve block, begin taking the pills as you feel your sensation returning to prevent a sudden onset of extreme pain (typically 6-12 hours after your surgery). **Do not wait until the block completely wears off.**
- DO NOT take any medication with ibuprofen, naproxen, or celecoxib for four weeks after surgery (this may impair tissue healing).
- Take one regular aspirin (325 mg) once a day for 14 days unless you have been prescribed Lovenox, are on another blood thinner, or have a history of stomach ulcers.
- If prescribed Lovenox or Xarelto for prevention of blood clots, begin the day AFTER surgery and finish all injections or pills.
- **Resume all home medications unless otherwise instructed.**

#### WOUND CARE and DRESSINGS

- Leave your white stocking and bandages on until first clinic visit
- Do not get your dressings wet. Incisions may not get wet until after your first postoperative visit. When showering (after dressings removed), let water run over the incisions and pat dry (no scrubbing). **No submersion of wounds (bath, hot tub, pool) until a minimum of 4 weeks after surgery.**
- To shower or bath with your dressing **and brace** still on, wrap the leg in a large plastic garbage bag with tape at both ends. After you remove your dressings, wrap with plastic wrap or use waterproof bandaging. Pat dry if knee gets wet.
- You may notice small spotting through your dressings, this is normal. You may place an additional bandage of this area. If it becomes saturated, it is ok to change the dressings entirely and replace them

#### BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **If you experience severe calf pain or swelling, call immediately (contact info).**

### **COLD THERAPY**

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

### **WEIGHT BEARING and CRUTCHES**

- Weight bearing as tolerated in locked hinged knee brace, unless otherwise specified by Dr. O'Brien
- Crutches will be needed initially for comfort unless instructed otherwise until you can walk with a normal gait (heel to toe walk).

### **BRACE**

- **The post-operative brace must remain on and locked in full extension at all times (other than hygiene, with PT or while on CPM) until first clinic visit**
- Straps can be loosened slightly at nighttime to aid in sleeping

### **CPM (optional)**

- The motion machine should be used **without** your brace for 4-6 hours a day in 1-2 hour increments as tolerated for 2 weeks until a goal of 90 degrees has been achieved comfortably. If you reach 90 degrees comfortably prior to 2 weeks, you may not require further use of the device and may return it.
- Start at 0-60 degrees and increase as tolerated up to 90 degrees unless instructed otherwise. If this becomes too painful, you may decrease the flexion to a tolerated degree.
- **DO NOT** sleep in the machine or exceed 90 degrees of flexion.

### **DRIVING**

- No driving until released to full weight bearing as tolerated and off all narcotics.

### **EXERCISES**

- Following surgery 3 main goals exist:
  1. Full knee extension
  2. Quadriceps activation and contraction
  3. Control of pain and swelling
- To help gain full knee extension, place a small rolled up towel under your ankle and push back of knee to touch the floor by contracting your quadriceps muscle.
- **DO NOT** put pillows under the knee while you sleep.
- Elevate your leg for several days to help with swelling.
- Physical therapy should start 1-3 days after surgery. It is a good idea to arrange this prior to surgery to avoid delays in rehabilitation.

## **EMERGENCIES**

- Please call if you notice any of the following (see contact info below):
  - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

## **FOLLOW UP APPOINTMENT**

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.

## **CONTACT INFORMATION**

- For surgery or prescription related questions or concerns, please contact:
  - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
  - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

## REHABILITATION PROTOCOL

Rehabilitation after this procedure is designed for patients with ACL reconstruction that anticipate returning to high level of activity postoperatively. Protocol specifications are similar for all graft types.

The protocol is divided into phases. Each phase is adaptable based on the individual patients and special circumstances. Progression to the next phase is based on clinical criteria and meeting the established goals for each phase.

	<b>Weight Bearing</b>	<b>Brace</b>	<b>ROM</b>	<b>Therapeutic Exercise</b>
<b>Phase I 0-4 Weeks</b>	FWB with crutches unless specified (wean crutches by 10-14 days)	Lock in extension when ambulating  Remove for exercise, CPM (optional).  Wean out of brace at 2-4 weeks	Goal 0-125°  Patellar mobility starting 2 wks	Quad sets, SLR, SAQ, patellar mobs, heel slides, mini squats, calf raises, hip abduction  Single leg balance, bicycling, wall squats, lateral band walks, core exercises
<b>Phase II 4-8 Weeks</b>	FWB	Functional brace	Full active ROM	Continue Phase I  Single leg leg-press, isolated hamstring curls, balance and proprioception, swimming at 6 weeks.
<b>Phase III 8-12 Weeks</b>	FWB	Functional brace	Full	Start treadmill as tolerated, progress isokinetic and proprioception, plyometric drills
<b>Phase IV 3-6</b>	FWB	Functional brace	Full	Progressive plyometrics, lateral

<b>Months</b>				movement  Sport specific drills  Consider timing for sports metrics testing and return to play
<b>Phase V 6+ Months</b>	FWB	Functional brace	Full	Increase strengthening, progress jogging, biking and interval sprints  Unpredictable cutting agility and contact drills  Sports metrics testing

**CRITERIA FOR RETURN TO PLAY:**

- Minimal pain with activity
- >75/100 on ACL-RSI survey
- Quad and Hamstring strength  $\geq 90\%$  normal
- 90% normal on single-leg hop test
- 95% normal on figure of 8, 5-10-5 Pro-Agility, and single-leg vertical jump
- Physician approval