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Discharge Instructions for ACL - PCL Reconstruction

Diet: Start out with liquids and progress to your regular diet as you tolerate.

Activity: Do not perform any strenuous activity or use limb to carry until cleared by your Doctor. You will continue to use crutches with full weight bearing for 2 weeks after surgery.

Brace: The knee brace is to be worn all the time for the first two (2) weeks, even when sleeping. It will be locked in full extension while walking for the first two weeks. The brace will be worn for a total of six (6) weeks.

Exercise: Perform all exercises instructed as much as tolerates until return visit. You should start formal Physical Therapy prior to your first post-operative appointment.

Pain Medication A prescription was electronically sent to your preferred pharmacy the day before your procedure. Take this medicine for severe pain only. You may also use Advil/Motrin, an over the counter medication if you choose. Any activity that requires precise thinking and accuracy must be avoided while on narcotics after surgery, which includes operating machinery and/or driving a vehicle.

Other Recommended Medications: It is STRONGLY advised that you take an Aspirin 325mg tablet (1 tablet) for 30 days following surgery to help prevent blood clots from forming.

**If you have allergies to aspirin or are taking other blood thinners then you are NOT Advised to take the Aspirin

Ice: Ice is an excellent source of pain relief, swelling, stiffness and inflammation. Use it for a 20 minute duration a few times per day. The ice pack should never be placed directly on the skin. It can be used for several weeks as needed.

Return Visit: Your post-op appointment with your Doctor has been scheduled and is listed in the paperwork that you should have received in the mail and on your discharge packet. If you need to change the date and/or time, please call (302) 655-9494.

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Emergency or Problems: DOS staff is available 24 hours a day in case you experience any problems once you leave the surgical facility. After hours, please call (302) 655-9494 for assistance.

Wound Care: Your incision is closed with sutures or steri-strips. It will usually drain or leak after you have returned home. Do not become alarmed unless you consider the volume or color of the drainage to be excessive. Starting on the second post operative day, you may remove your bandage and shower this evening as it states below. Do not remove steri-strips because these keep the incision closed and sutures in place.

Showering: You should never take a bath, use a hot tub, or go swimming until instructed to do so. You may shower only if you keep the incision completely dry. Waterproof dressings can be purchased at your local pharmacy. (ie Tegaderm)

Suture Removal: Your sutures or staples will be removed at 10 days to 2 weeks after your procedure.

Surgery Supply Info

Lower Extremity Surgery

- Be prepared that you may not be able to walk without assistance (use of crutch or crutches) for a period of time.
- Place to sleep comfortable, as climbing up and down stairs may be unreasonable for a few days (sleeping on a couch, downstairs bedroom, etc..)
- Waterproof bandages (Tegaderm) to cover your wound when showering. They can be found at your local pharmacy.
- Extra ice pack (one (1) pound of peas or corn works great.) Ice packs should not be placed directly on the skin.
- A means of transportation, you may be limited from driving for a period of time. Due to multiple reasons, not able to drive while taking Narcotics, unable to use your right leg, etc…
- Possibly use of a shower stool to have if unable to apply weight or balance on one of your legs.

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ACL-PCL Reconstruction Guidelines

Pre-Op Goals:

1. Restore full passive knee extension
2. Improve knee flexion
3. Restore quadriceps control
4. Restore normal gait (as close as possible)
5. Exercises
    a. Quadriceps Sets
    b. Straight Leg Raises (4 way)
    c. Heel Slides

Post-Op (Day 1-13)

1. Brace worn all times (except shower, exercises and Physical Therapy)
    a. Brace locked at full extension
    b. Non-weightbearing
    c. Crutches should be used when walking
2. Post-Op exercises should be performed that are given on the sheet.
    a. Want to get full extension as soon as possible
3. Ice 20 minutes every hour when possible

Week 2 – 6

1. Start Scar Massage
2. Continue to use Brace locked in full extension when weight bearing and sleeping
3. Perform good quad control (able to perform SLR)
4. Ice 20 minutes when possible
5. Progress in Physical Therapy

Week 7 – 12

1. Brace is unlocked
    a. Brace is discharged around week 8
2. Should be full weight bearing
3. Should be reaching full ROM
4. Start light strengthening
5. Biodex test week 12

Week 13 – 16

1. Protect healing grafts
2. Start **Controlled** activity
3. Walking program, begin bike and elliptical
4. Biodex test week 16

Month 4 – 6

1. Following may begin if APPROPRIATE
    a. Plyometric program months 4-5
    b. Running program months 4-5
    c. Agility drills months 5-6
    d. Proprioception test
    e. Functional test Month 6

Months 6 – 9

1. Gradual return to Full sports
2. Achieve normal strength and endurance

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POST OP KNEE EXERCISES

Ice knee as much as possible for 20 min on and 20 min off

Ice knee after doing exercises

Quad Sets

With leg as straight as possible, pull toes back towards you so they are pointing up into air. Tighten the muscles on top of the thigh (quads) by pushing the back of your knee into the table or floor as hard as you can. Hold for 10 to 20 seconds and repeat 10 times. Perform these 4-5 times a day, but more is better.

* You can sit up with back propped against a wall or lay on your back to perform*

Heel Slides

While lying on your stomach, Slowly bring your foot toward your buttock, DO NOT FORCE Hold for a count of 15 seconds and repeat 10 times. Perform 3-5 times a day.

*towel may be placed under thigh to *



Straight Leg Raises

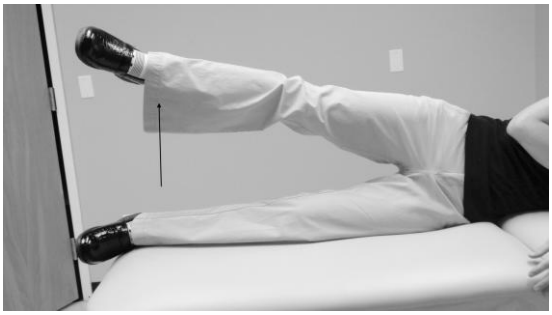
Lay on your back with good leg bent and injured leg straight. Pull toes back so they point up in the air. Tighten quad muscles by pushing back of knee to table. Keep leg tight and lift to match opposite knee. Slowly lower back to table. Should take a 2 second count to lift and 4 second count to lower. Relax your leg after completing one rep. Repeat 10 times, rest and repeat again for a total of 2 sets. Perform 2-3 times per day.



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Hip Abduction

Lay on your good side with the injured leg up in the air. Make sure that your legs are straight and toes pulled back towards you. Raise your injured leg straight up in the air. Do not rotate your hip or back to get higher (toes should not turn up to sky). Slowly lower leg back down. Should take a 2 second count to lift and 4 second count to lower. Repeat 10 times, rest and repeat again for a total of 2 sets. Perform 2-3 times per day.



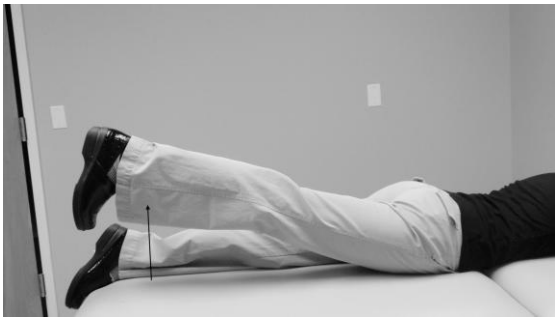
Hip Adduction

Lay on your injured side with the good leg crossed over and foot is flat on the table. For your straight leg – pull toes back towards you. Raise the injured leg up into the air. Slowly lower leg back down. Should take a 2 second count to lift and 4 second count to lower. Repeat 10 times, rest and repeat again for a total of 2 sets. Perform 2-3 times per day.



Hip Extension

Lay on your stomach. Raise the hurt leg straight into the air without arching your back. Slowly lower leg back down. Should take a 2 second count to lift and 4 second count to lower. Repeat 10 times, rest and repeat again for a total of 2 sets. Perform 2-3 times per day.



Hamstring curls

While standing or lying on stomach, You're your knee slowly, bring your heel towards your buttocks and then slowly lower back down. Should take 2 seconds to lift up and 4 seconds to return. Repeat 10 times, rest and repeat again for a total of 2 sets. Perform 2-3 times per day.

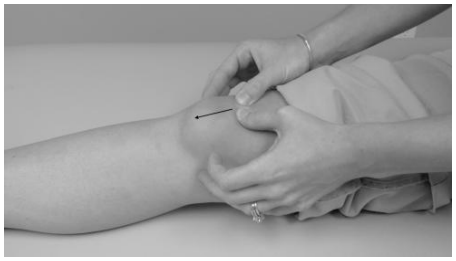
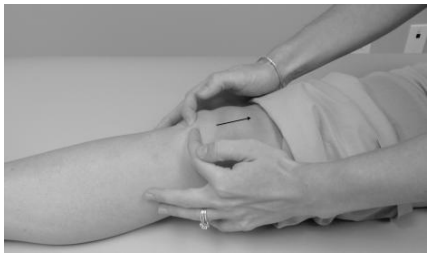


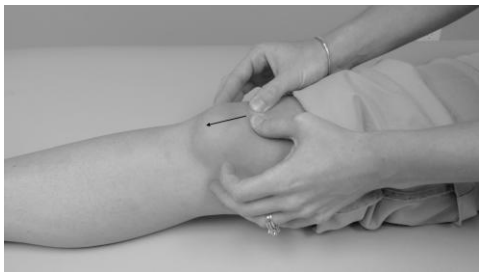
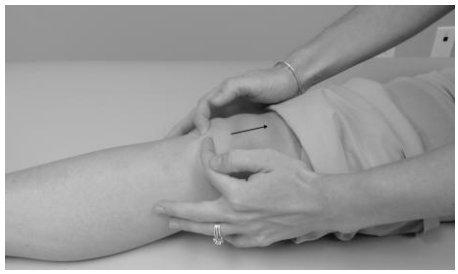
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Patella (Kneecap) Mobilization

With the leg straight and the thigh relaxed, place finger of each hand on either side of kneecap. Gently apply pressure to move the kneecap side to side then up and down for 2-3 minutes. Prolonged pressure may need to be applied to get the kneecap moving if it is stiff. Perform 4-5 times a day.

Wall Slides (if unable to do heel slides)

Lie on your back near a wall with injured foot on the wall. Slowly slide your foot down the wall by bending at the knee. Use opposite leg to apply pressure to shin to help bend the knee. Hold for a count of 15 sec and repeat 5 times. Perform 3-5 times a day

