



Anterior Cruciate Ligament Reconstruction Post-Operative Instructions

The following is an outline of instructions and information for post-operative knee anterior cruciate ligament (ACL) reconstruction with hamstring graft. Although you may have been told different information from friends or others, please follow these instructions specifically and if you have any questions, contact our office. These instructions pertain to most ACL reconstructions. If your particular procedure and instructions differ, you will appropriately be informed by Dr Chien.

Activity/Weight Bearing (this section will be filled out by Dr Chien after your procedure, to let you know how you will mobilise after your operation, and how much weight you can put on your leg).

Left / Right Leg

- ☐ Full weight bearing as tolerated ☐ Partial weight bearing ☐ Non weight bearing
- ☐ with Crutches* ☐ with knee immobiliser

*Crutches

Please contact the hospital at which you are having your procedure for information regarding the supply of crutches.

Pain and Swelling:

It is normal to have pain and swelling in your knee after surgery. The swelling may last 2-3 weeks and the pain is variable. Acute pain, however, is usually relieved after the first 3-7 days after surgery. It is normal to see some bruising up to your thigh or down to your calf and ankle. Take your oral pain medication as directed for pain. If you have severe pain and swelling, or redness in your calf that persists, you should contact our office or your family doctor. Swelling can be minimised by doing the following:

- 1) Make certain your bandage is not too tight. If it is, you may loosen it.
- 2) Ice packs should be used to help with the pain and swelling in your knee. You should place a towel between the skin and the ice pack to avoid freezing the skin. You may use ice packs as frequently as necessary. This is generally continued for the first 1-weeks after surgery.
- 3) Elevate your leg so it is above heart level (i.e. if you are sitting, prop your ankle up on several pillows).

Dressing Care:

Keep your dressing clean and dry. There may be some bloody spotting on the dressing initially; this is normal. Excessive bleeding that soaks the dressing must be reported to our office immediately.

Remove bandage dressing 5 days after your surgery and replace waterproof dressing if necessary otherwise leave it until your post op visit



Do not apply anything to the wound (ointments, etc.) and only place a clean dressing over it with gauze and tape or Band-Aids.

Bathing:

Keep wound dry at all times. You may shower with a plastic bag covering your bandage. Once the bandage is removed the waterproof dressings are sufficient to protect the wound from water. Do not soak in water such as a bathtub, hot tub or swimming pool for minimum of 2 weeks.

Driving:

Do not drive unless cleared by Dr. Chien at your 6 week post-operative appointment. You must be able to comfortably use the brakes. You must be off all pain medication in general before you can be cleared to drive.

Getting back to work:

In general, for sedentary (office) work roles you can expect to return to work approximately 1 week post-surgery, and for manual work roles 2-3 weeks post-surgery is usually sufficient. Heavy manual activities (such as squatting and lifting large loads) may take up to 8 weeks to perform.

Going on Flights after Surgery:

Generally, flying is not allowed until 6 weeks after your surgery, due to blood clotting risks.

Flu Injection after surgery:

It is safer to wait for a period of 4-6 weeks post-surgery before having any flu injection.

Warnings:

Notify Dr. Chien immediately or present to the Emergency Dept if any of the following occur:

- **Excessive bleeding**
- **Excessive non-bloody wound drainage beyond the first 3-4 days**
- **Poor pain control**
- **Numbness or tingling of the foot not related to bruising**
- **Fever $>37.5^{\circ}\text{C}$ after postoperative day 3**
- **Increased redness along incision**
- **Calf pain or swelling**

Follow Up with Dr. Chien:

Usually, your post-operative appointment would have been booked for you prior to surgery. If you do not have an appointment please call to arrange one. If at any time after your surgery you feel you would like to come in earlier for your post-operative appointment, please call the office and arrange a time.



1-14 Days

Goals:

90 degrees flexion ROM (no more than 90 degrees)

Full passive extension

Independent quad contraction

Gait without crutches by end of week 2

Exercises:

Straight leg raises

From day 3 begin stationary cycle for ROM, strength, and cardio benefit

Initiate closed kinetic chain exercises, include toe and heel raises, dynamic terminal extension and partial squats

Hamstring contractions

Gait training to restore normal gait kinematics

Wound check and removal of sutures 10-14 days

2-6 Weeks

Goals:

Full knee extension

Flexion to 120

Normal gait cycle by weeks 3-4

Exercises:

Advance CKC program to step-ups, modified lunges

Initiate isotonic weight machines

- Leg extension 90-30 degrees
- Hamstring curls
- Leg press

Initiate proprioceptive program

Follow up with Dr Chien at around 6 weeks post operative

7-12 Weeks

Goals:

Full ROM

Prevent patella femoral pain with exercises

Exercises:

Continue with above program

Begin isokinetics and plyometrics at 70-80 total foot contacts at week 10



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3 Months

Begin running progression - straight line only

4-5 Months

Begin speed work at three-quarter speed progressing to full speed at various distances

Begin higher level plyos such as low depth jumps at 80-100 foot contacts

Begin agility exercises in forward and lateral patterns

6 Months

Progress to full participation with guidance by physiotherapist and surgeon