



ACL Repair

Discharge Instructions

**If concurrent meniscus repair, toe-touch weight bear using crutches with the brace set to allow 0-70 degrees of flexion for 4 weeks.*

Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

Activity

- Full weight bearing while wearing the knee brace set to allow from 0-70 degrees of flexion is allowed immediately.
 - Crutches may be helpful until full weight bearing can be tolerated.
 - ***If you had a meniscal repair, you may only toe-touch weight bear using crutches with the brace set to allow 0-70 degrees of flexion for 4 weeks.**
- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- Please keep the brace on while sleeping.
- No driving until further notice. We will discuss this at your next appointment.

Wound Care

- Your incisions are covered by several absorbent pads, a cotton dressing, and an ACE wrap.
 - You may loosen the ACE wrap if it feels too tight and rewrap it, but please leave the cotton dressing and other bandages in place.
 - They were applied under sterile conditions in the OR and we want to keep bacteria away from the incision.
- No showering until after your first post-op appointment.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery milestones:

PT will be 2-3x per week for at least 3 months, but you must do your exercises **daily**.

Overview

- Week 4 – brace is discontinued
- Week 6-8 – full range of motion is restored
- Month 3 – jogging in a straight line
- Month 6 – return to sport

Physical Therapy Protocol

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should occur 1-2 days after the day of surgery.

PHASE 1 – Week 1-4

Goals: Passive and active ROM are limited between 0-70 degrees for 4 weeks. The brace will be set to this ROM.

Precautions: Full weightbearing with crutches

Week 1-2

Goals: Flexion stretch to patients' comfort level is safe 2x per day immediately

Exercises

- Leg raises (with brace on) (lying, seated, and standing), quadriceps/adduction/gluteal sets, passive and active range of motion exercises within guidelines, well-leg stationary cycling.
- Gait training to normalize walking pattern
- Balance and proprioception exercises.

Week 2-4

Goals:

- Remove brace 4x per day for extension and flexion to full range as tolerated. Hold each stretch for 1 minute.
 - Do not push past comfort.
- Brace should be worn while sleeping for 4 weeks post op.

Exercises

- Incorporate progressive and gentle functional exercises (squats/knee bends, modified lunges, step-ups).
- Continue with pain control, range of motion, gait training, balance/proprioception and soft tissue treatments.
- Begin pool workouts after the incisions are healed and with the use of the brace.
- Begin two-legged aerobic exercises as range of motion allows
 - VersaClimber, stair machine, upper body ergometer, NordicTrac

PHASE II – Weeks 4-8

Week 4-6:

Goals: ROM from 0-110 degrees

- *Discontinue brace.*
- *Push for full ROM with emphasis on extension*

Exercises:

- Increase intensity of all exercises with focus on closed-chain, functional progression.
- Stationary and road cycling as tolerated.

Week 6-8

Goals: ROM 0-130 degrees

Exercises:

- Continue to increase the intensity of exercises (i.e. stretch cord resistance, adding weight, increasing resistance of aerobic machines).
- Add lateral training exercises.
- Begin to incorporate sport or activity specific training

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PHASE III: Weeks 8-12

Goals: Full ROM

Exercises:

- Progression of program of increasing intensity to sport specific tasks and activities of daily living.
- Continue to challenge balance; progress to increased dynamic tasks, BOSU ball, wobble board.
- Progress single leg activities.

PHASE IV: Weeks 12-24

Exercises:

- Incorporate bilateral jumping exercises once able to demonstrate adequate strength- start on trampoline or Pilates jump board. Watch for compensatory patterns with take-offs or landings.
- Continue to increase strength, endurance, balance, and sport specific training drills.

Month 6:

Goals: Gradual return to sport