



## ACL Reconstruction with MCL Reconstruction

### Discharge Instructions-

#### **Comfort**

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). 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 3-5 days after surgery, as well as following PT sessions
  - Some patients may be provided an ice machine to go home with
    - This is dependent on the type of surgery you had and insurance approval
    - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
  - You may use ice 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

#### **Medications**

*\*\*Your post op medications were sent to the pharmacy we have on file prior to surgery\*\**

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

#### **1. Aspirin 81 mg:** For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

#### **2. Meloxicam 15 mg:** For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

#### **3. Zofran (Ondansetron) 4 mg:** For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

#### **4. Norco (Hydrocodone/Acetaminophen) 5-325 mg:** For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

#### **Other medications:** For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

#### **Activity**

*\*\*You will start PT 1-3 days following surgery\*\**

- Touchdown weightbearing only for 2-6 weeks with crutches



- Brace locked at 0 degrees for ambulation and sleeping
- **No ROM past 90 degrees the first 4 weeks**
- At your first post-op visit at 2 weeks post-op, we will determine when you can progress from TTWB
- **Start early ROM exercises post op day 1 [see last 2 pages for instructions]**
- 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.
- No driving until further notice. We will discuss this at your next appointment.

### Wound Care

*The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision*

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
  - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures
  - *Even after you remove the dressings, **you will still wear the brace at all times***
- You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air- *continue wearing the brace until cleared by our office*
  - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
  - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
  - The best thing for your incision is keep them covered, and as clean and dry as possible
  - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

### 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 to avoid any nausea/ upset stomach

### When to call your physician

*\*\*If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up\*\**

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

### Important contact information

nolanhornermd.com

Phone # 630.377.1188

Fax # 630.377.7360



**Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]**

*Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only*

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

**Physical Therapy Protocol**

***\*\*PT will start immediately post op\*\****

**PHASE I: Week 0-4**

***Precautions: Limit flexion as below and toe-touch weightbearing for the first 2-4 weeks if meniscal repair was performed. No open kinetic hamstring strengthening.***

ROM goals: 0-60 degrees with emphasis on full extension (weeks 0-2: 0-30 degrees, weeks 2-4: 0-60 degrees)

***Exercises***

- ROM:
  - Weeks 0-2: 0-30 degrees flexion
  - Weeks 2-4: 0-60 degrees flexion
- Patellar mobilization
- SLR supine with brace locked at 0 degrees, quad sets
- Ankle pumps
- Short crank 90mm ergometry

**PHASE II: Weeks 4-6**

***Begin to progress weightbearing and can d/c crutches to be WBAT when gait is nonantalgic after 6w. Unlock brace for weightbearing. No weightbearing past 90 degrees.***

ROM goals: 0-90 degrees with emphasis on full extension

***Exercises***

- ROM:
  - Weeks 4-6: 0-90 degrees
- Active knee extension from 40 degrees
- Standard 170mm ergometry if knee ROM > 115
- Leg press (80-0 degree arc)
- Mini squats/weight shifts
- Proprioception training
- Initiate Step Up program
- Avoid tibial rotation until 6w



PHASE III: Weeks 6-14

*D/C brace and wean from crutches at 6w*

ROM goals: Can begin working on regaining full ROM at 6+ weeks

*Exercises:*

- ROM:
  - Weeks 6+: Full ROM as tolerated
- Progressive squat program
- Initiate step down program
- Leg press, lunges
- Isotonic knee extension (90-40 degrees, closed chain preferred)
- Agility exercises (sport coordination)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

PHASE IV: Weeks 14-22

*Begin forward running, continue strengthening and flexibility program*

*Exercises:*

- Forward running program without pivoting/twisting when 8" step down is satisfactory
- Advance sport-specific agility drills
- Start plyometric program

PHASE V: Weeks 22+

*Advance plyometric program, return to sport as MD directed*



### ***Early Post-Operative Knee Home Exercises***

Regular exercises to restore range of motion and flexibility to your Knee and a gradual return to your everyday activities are important for your full recovery after shoulder surgery. The exercises detailed below should be completed daily as a part of your recovery routine.

- Please start these exercises post op day 1
- At least 3x/day
- 5-10 minutes per session
- Remove brace during exercises

#### ***Quad Sets***

- Lay on your back with a towel under your knee
- Tighten your quadriceps (group of muscles present on the front of the thigh) pushing your knee downward into the towel for 3-5 seconds then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.



### ***Heel Slides***

- Lay on your back, Slide your heel back toward your buttock as far as you can comfortably go
- Once you reach your limit, hold the position for 3-5 seconds, then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.



### ***Patellar Mobilization***

- Sit or lay down on your bottom or back with your legs straight out in front of you.
- Firmly move your patella (knee cap) side to side and in circular motions.



- Complete two sets of 1 minute each.
- Do 3 sessions a day.

