



ACL RECONSTRUCTION

Overview

This is a protocol that provides you with general information and guidelines for the initial stage and progression of rehabilitation according to the listed timeframes. Specific changes may be made by the care team as appropriate given each patient's operative findings.

Questions

If you have any concerns or questions after your surgery, during business hours call **763-302-2231**. You may need to leave a message.

After hours 763-520-7870

Address

Maple Grove

9825 Hospital Drive, Suite 104

Maple Grove, MN 55369

Minnetonka

15450 Highway 7, Suite 100

Minnetonka, MN 55345

Robbinsdale

3366 Oakdale Ave. N Suite 103

Robbinsdale, MN 55422



POST OPERATIVE INSTRUCTIONS

DIET

- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet as tolerated.

WOUND CARE

- Leave operative dressing in place for 2-3 days. Loosen ACE wrap if swelling in foot/ankle occurs.
- Remove surgical dressings 2-3 days after your surgery. If minimal drainage is present, apply band-aids over incisions and change daily.
- Swelling and bleeding after surgery is normal. If ACE wrap becomes saturated with blood, reinforce with additional dressing.
- Keep your incisions clean and dry until you're seen back in clinic.
- You may shower as needed after surgery, but cover incisions with plastic bag to keep them dry. No immersion in water, i.e. bath.



More information

Blood clot (DVT) prophylaxis

- Deep vein thrombosis (DVT) is a serious condition because blood clots in your veins can break loose, travel through your bloodstream and lodge in your lungs, blocking blood flow (pulmonary embolism or PE).
- Symptoms: Swelling in the affected leg. Rarely, there may be swelling in both legs. Pain in your leg. The pain often starts in your calf and can feel like cramping or a soreness.
- Risk factors: smoking, obesity, pregnancy, oral contraceptive use, prolonged sitting and surgery
- To reduce this risk we recommend taking 325 mg Aspirin daily, if 18 yrs or older.
- Self care measures include: stop smoking, avoid sitting for long periods, and WALK.
- Deep vein thrombosis may sometimes occur without any noticeable symptoms.

MEDICATIONS

- Local pain medications were used at the time of surgery. This will wear off in 8-12 hours. If a local “block” medication was given, this could last longer.
- Most patients will require narcotic pain medications for short period of time following surgery. Take per MD request.
- If pain meds are causing nausea and vomiting, contact the office (763-520-7870)
- Do not operate or drive machinery while taking narcotic meds.
- Ibuprofen can be taken between narcotic medication doses to help alleviate pain.

ACTIVITY

- Crutches and knee immobilizer are needed after surgery.
- Elevate the operative leg above your chest whenever possible to reduce swelling.
- Do NOT place pillows behind your knee, but rather under your foot/ankle. This will maintain good extension of your knee.
- Do not engage in activities that increase pain/swelling in your knee such as prolonged standing, walking, sitting without leg elevated.
- No driving until instructed by surgeon.

BRACE

- Knee immobilizer is typically used after surgery.

ICE THERAPY

- Begin immediately after surgery.
- Ice machines can be used continuously, or ice packs every 2 hours for 20 minutes daily until post-op appointment. See page 9 for more information.

POST OP APPOINTMENTS

First post op visit (7-10 days)

Your first post-op appointment is about 7-10 days from surgery. You will see the PA to review your surgery and have the sutures removed. Please bring your operative pictures with you to this appointment to enhance your understanding of your surgery.

We will order an X-ray and refill medications as needed. You will be able to shower and get your incisions wet at this point.

****Subsequent appointments will be scheduled every 4 weeks.**

What to expect after surgery

- Swelling and bruising are very typical from knee to foot.
- Ambulation and stairs will be difficult for the first several weeks. This will become easier as your thigh muscle become stronger.
- Knee immobilizer should be worn for the first week or until thigh function returns.
- Pain medications will be needed for the first 1-4 weeks. Switch to ibuprofen or acetaminophen (if not contraindicated) as soon as possible.
- Ice and Elevation are important to reduce swelling.
- Physical therapy is generally initiated one week after surgery.
- Most patients return to work within a few weeks of surgery, unless your job is physically demanding, in which case patients may be kept out of work for a longer period of time.



PHYSICAL THERAPY

These exercises should be started the day after surgery. These will be all the required exercises until you are seen by your physical therapist in the office. It is important to begin working on range of motion right after surgery as this will help in your overall recovery.

HOME EXERCISES



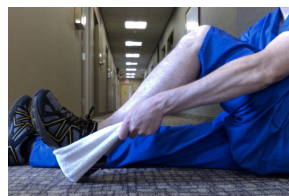
ANKLE PUMPS

3 sets of 15, at least 6 times per day
MOVE YOUR FOOT UP AND DOWN



HEAL SLIDES

3 sets of 10, 6 times per day
FLEX YOUR HIP AND KNEE. RETURN TO STRAIGHT POSITION.



KNEE FLEXION STRETCH

3 sets of 10, 6 times per day
PLACE TOWEL UNDER HEEL. PULL KNEE TOWARDS CHEST. HOLD FLEXED KNEE FOR 15-20 SECONDS. RETURN TO STRAIGHT POSITION.



KNEE EXTENSION

3 sets of 10, 6 times per day
PLACE TOWEL ROLL OR PILLOW UNDER KNEE. LIFT FOOT OFF FLOOR.



QUADRICEPS SETS

3 sets of 10, 6 times per day
PLACE TOWEL ROLL OR PILLOW UNDER HEEL. TIGHTEN THIGH MUSCLE AND HOLD FOR 5 SECONDS.



LEG LIFTS

3 sets of 10, 6 times per day
RAISE LEG OFF THE FLOOR 6 INCHES, KEEPING THE KNEE STRAIGHT.

REHAB PROGRESSION

PHASE I: Weeks 1-3 (RANGE OF MOTION [ROM])

CLINIC VISIT

- 7-10 days after surgery

WEIGHT BEARING (WB)

- Weight bear as tolerated (WBAT) with knee immobilizer and crutches immediately following surgery.
- Full WB with knee immobilizer and crutches.
- Full WB without knee immobilizer using crutches, working on heel-toe stride when ambulating.
- Full WB without crutches. Continue to work on normal gait—heel-toe lift off. DO NOT LIMP. Do not walk on toes or with bent knee. Establishing a normal gait early is important.

ROM

- Flexion as tolerated
- Regain/Maintain full knee extension
- ROM goal at end of 3 weeks is 120 degrees to full ROM with full extension.
- May use ice, kodiak ice machine, cryocuff, game ready during this phase to address swelling.

STRENGTHENING

- Initiate strength program to include quad sets along with Progressive Resistance Exercises (PREs)
- PREs: 3-way straight leg raises, prone knee flexion

MODALITIES

- Ice post exercise regimen

PROGRESSION CRITERIA

- Gain and maintain full extension (do not force hyperextension)
- Minimum flexion to 100 degrees
- Decrease swelling
- Progress toward independent walking
- Initiate strength program

PHASE II: Weeks 3-6 (Strength)

CLINIC VISIT

- 1 month post-op

WEIGHT BEARING (WB)

- Full WB without crutches
- Smooth gait pattern without limping
- Can begin backwards walking on treadmill once Full WB without knee immobilizer

ROM

- Continue Phase I exercises as needed
- Continue flexion as tolerated
- Attain/maintain full extension

STRENGTHENING

- Closed chain kinetic exercises
- Begin functional strengthening exercises
- Proceed with Active ROM exercises

CONDITIONING

- 3x/week for 20 minutes

PROGRESSION CRITERIA

- ROM: full extension with flexion to 130 degrees (or full flexion)
- Confident, smooth gait
- Begin functional strengthening

PHASE III: Weeks 6-12 (Power)

CLINIC VISIT

- As needed

ROM

- Full ROM to flexion and extension. Continue ROM exercises in Phase I and II as needed.
Discontinue ROM exercises when ROM is equal to both knees

PHASE III: Weeks 6-12 (Power) Continued

STRENGTHENING

- Continue previous exercises as needed and add advanced closed chain activities as function allows.

CONDITIONING

- 3x/week for 20 minutes on an exercise bike, with normal pedaling motion
- Initiate elliptical training as early as 8 weeks if adequate strength is present.

MODALITIES

- Ice post exercise regimen (up to 30 mins)
- Proprioception: progress from level planes, incline and mini tramp surfaces

FUNCTIONAL TESTING

- May initiate landing progression
- Unsupported landing on two legs: 10-12 weeks
- Unsupported landing on one leg: 12-14 weeks

PROGRESSION CRITERIA

- Attain full ROM
- Advance functional strengthening
- Walk up and down stairs consecutively using both legs easily
- Must be able to land with flexed knee and no valgus deviation at the knees

PHASE IV: Weeks 12+ (Agility)

CLINIC VISIT

- 3 month and 6 month post op visits

ROM/STRENGTHENING

**Exercise daily to maintain ROM and advance strength and function to return to regular activities

ROM: Daily

STRENGTH: 3x/week

RUNNING: WEEK 12 (AUTOGRAFTS), WEEK 16+ (ALLOGRAFTS, REVISIONS)

Running program: Start basic running program at 12 weeks (no swelling present. Leg strength and ROM full). Emphasis will be on normal running gait with full knee extension.

FUNCTIONAL TRAINING: 4+ MONTHS: Start only after Phase III complete. Must pass each stage prior to proceeding to the next stage.

STAGE 1:

(Start with both feet and progress to operative leg. Unsupported linear)

- Unsupported hopping in a box pattern
- Diagonal hopping
- Straight line hopping (4 hops forward, then backward)
- Zigzag hopping

STAGE 2:

- Hopping and running
- Landings
- jump off 2" height forward, backward, and both left/right
- Weight evenly distributed
- Resisted jogging-elastic band at waist
- Jog backwards, then forwards
- Progress to forward shuffles, Carioca

STAGE 3:

- Progress to running agility program (3x/week)

FUNCTIONAL TESTING: 4+ MONTHS (Twin Cities Orthopedics "ACE" program)

Outcomes testing: Single leg hop to determine function. Patient should have completed Stage 1 of functional training. Perform between 12-16 weeks after surgery. This must be completed prior to progressing the patient to functional training and sport specific training.

MODALITIES

- ICE (up to 30 mins after exercise)

PROGRESSION CRITERIA

- Advance agility and power training
- Achieve normal activities on uneven surfaces

ICE MACHINES



GAME READY



CRYOCUFF



POLAR ICE

Patients are not required to purchase any of these devices. They are only offered as a supplemental modality to help with pain control. Patients may use ice packs from home or any other cold therapy device

BENEFITS

- Portable ice machines
- Reduces pain and swelling
- Gives constant cold therapy

PRICE

- Call for prices

CONTACT

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