

Knee Arthroscopy & ACL Reconstruction

Patient Name: _____ Date: _____

Findings

Operation Performed

Post operative Care

- Mobility:** You may put full weight on your leg, however you may be limited by pain. You will need crutches and they are available from the hospital.
- Dressings:** Keep the outer bandage on for 1 to 2 days if it stays dry and clean. After this you can remove it. To keep the outer bandage dry please shower with a plastic bag. Once removed the underneath dressings are waterproof but if soiled see me or your GP to get them changed as soon as possible.
- Sutures:** You will have a buried, dissolving skin suture that does not need to be removed.
- Analgesia:** A prescription has been provided by either myself, my assistant or my anaesthetist for analgesics. Please be aware that codeine containing products such as Panadeine Forte may cause constipation and drowsiness and should be used sparingly and with a high fibre diet eg. Metamucil.
- Rehabilitation:** Post-operative physiotherapy and home exercises are very important after surgery. Please follow the instructions shown later. You will be referred to formal physiotherapy after you have been checked by me for adequate wound healing.
- Follow-up:** You will need to contact Orthopaedic Clinic Sydney on 02 9233 3946 to arrange a follow-up appointment to see me at around 10 to 14 days.

Driving a car: You are not allowed to drive a car home after today's procedure. It will take around 6 weeks for you to regain knee control to be safe to drive a car.

When to Worry:

- If you think you have an infection,
- abnormal bleeding,
- a wound problem,
- a bandage that is too tight and cutting off your circulation,
- new numbness and tingling
- or any other emergency

please contact the rooms immediately or failing that go back to hospital, see your GP or go to Bankstown Hospital Emergency Department.

Additional instructions:

I look forward to seeing you again at your next appointment.



Dr Jonathan Herald
Orthopaedic Surgeon

After Your Arthroscopic ACL Reconstruction

You'll spend a brief time in recovery following arthroscopy. Once you're home, take it easy. Since arthroscopy needs only small incisions, you can expect less scarring and pain and often a quicker recovery than after open surgery.

In the Recovery Room

After arthroscopy, expect to have your knee bandaged and elevated. An ice pack is put on to help reduce pain and swelling. Pain medication may be given either orally or through an IV (**intravenous**) line. A nurse will monitor your temperature, blood pressure, and heartbeat. When you're awake and alert, the nurse will help you get ready to go home.



The incisions will be stitched, stapled, or taped. Your knee will be bandaged.



Move your feet in the recovery room to improve circulation and help prevent blood clots.

Going Home

You may be able to go home two or three hours after arthroscopy. Because the anesthetic and pain medication may make you sleepy, you'll need to arrange ahead of time to have someone drive you home. Before leaving, make sure you have any prescriptions or home care instructions you'll need until your first follow-up visit with your surgeon.

Using Crutches

When you first stand on your leg, your knee may throb or hurt. To reduce the weight on your operated leg and limit discomfort, your surgeon may suggest you use crutches. If possible, try out your crutches beforehand, so walking will be easier the day of arthroscopy.



Wear a skirt or loose pants that will fit comfortably over your bandaged knee.



Your Home Recovery

At home, elevate your knee, exercise, and follow your surgeon's instructions. To check your progress, your surgeon may see you one or two times during the first few weeks after arthroscopy. **Call your surgeon if you have bleeding, pain uncontrolled by pain medication, fever, numbness, or shortness of breath.**

Relieving Pain

Don't dangle your leg for long periods. Elevate your knee above heart level to reduce swelling and pain. Ice and rest can also help. During the first two days after arthroscopy, ice your knee for 20 to 30 minutes a few times a day. Straighten your knee several times a day while you heal.

Showering

Wait to take your first shower until you are able to stand comfortably for 10 to 15 minutes. Cover your leg with plastic to avoid getting your bandage and incisions wet, which increases your chance of infection.



Cover your leg with a plastic bag tied above your dressing.



Exercising

Building up the muscles that support your knee and improving joint mobility are the best ways to speed recovery. Your surgeon may have you try limited walking and do each of the exercises at right several times a day. Use slow, steady movements and always exercise both legs to keep your muscles balanced. Ask about low-impact exercises like swimming or bicycling.

Quadriceps sets



Tighten your front thigh muscles (quadriceps), pressing your knee toward the floor. Hold for 5 to 10 seconds; then relax.

Straight leg raises



Lift your leg 8 to 12 inches, keeping your knee straight. Hold for 5 seconds. Lower your leg slowly back to the ground.

Heel slides



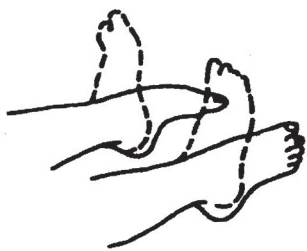
Bend your knee and slide your heel toward your hip as far as you can. Hold for 5 seconds. Slide back down until your knee touches the floor.

Using Physical Therapy

Depending on your needs, your surgeon may refer you to a **physical therapist**, a specialist in the rehabilitation of joints. A physical therapist can design a personalized exercise program to help improve your muscle strength and joint function.



Personal Exercise Program



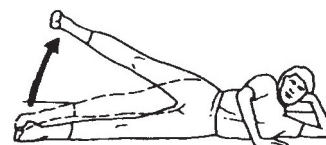
Move your ankles up/down
Repeat 10 times.



Lying on your back with one leg straight.
Ensure you have a good co-contraction. Lift
your leg straight up from the bed, then lower
slowly.
Repeat 10 times.



Lying on your back with legs straight.
Bend your ankles and push your knees down
firmly against the bed.
Hold 5 secs. Repeat 10 times.



Lying on the unaffected side raise the leg up
then slowly lower. Ensure you have a good co-
contraction.
Repeat 10 times.



Place a wedge or rolled towel under your knee.
Push your heel into the bed, tightening the
muscles at the back of the thigh.
Hold 5 secs. Repeat 10 times.



Lying on the affected side, with the good leg
crossed in front. Raise the affected leg up and
then slowly lower. Ensure you have a good co-
contraction.
Repeat 10 times.



Slide your heel towards your bottom, bending
your knee.
Repeat 10 times.



Lying face down raise your leg up off the bed.
Ensure you have a good co-contraction.
Repeat 10 times.

ACL Reconstruction Guidelines

Post-op

- NWB/PWB with brace as per doctors orders
- Be aware of concomitant meniscal repair
- Cocontractions in lying
- Knee flexion/extension on powder board
- Circulation exercises

0-2 weeks

- PWB with brace/crutches
- Achieve full extension in first week – use of heel roll
- Knee flexion to 90°
- Cocontractions at 0, 10°, 30° in lying
- Patello-femoral mobilisations

2-4 weeks

- Standing squat against wall 0-30°
- Standing hip flexion, abduction, extension
- Standing/prone hamstring curls (tibia in ER)
- Wobbles/controlled flicks
- VMO with hip adduction
- Heel slides
- Calf raises (bilaterally)
- Exercise bike once 100° flexion (control by good leg)
- Prone hang for terminal extension (passive 0-500g weight)
- Scar massage
- Start proprioception eg. 2 leg standing balance, eyes open/closed
- ? tibial rotation if decreased ROM and especially if meniscal repair

4-8 weeks

- Knee flexion to 100° (active), 120° (passive)
- Stationary bike – mild resistance
- Step up/down
- Calf raises
- Half squats
- Flicks/wobbles
- Proximal stability
- One leg standing balance/balance board – avoid tibial rotation
- Pool walking, progress to jogging
- Closed chain leg press to 60°

9-11 weeks

- Unilateral knee bends
- Freestyle swimming
- Stairmaster
- Rowing machine
- Weight bearing knee flexion to 75°
- Mini-tramp drills (jumping, hopping)
- Multidirectional walking (forward, backward, side to side, figure 8, braiding)
- Hamstring strengthening
- Increase resistance/time on bike

3 months

- Commence light jogging on flat ground (not down hill)
- Skipping
- Commence high level proprioception skills
- Lateral step ups
- Step work on higher steps
- Step ups/calf raises with hand weights

4-5 months

- Full ROM especially extension
- No knee effusion
- Good stability
- Agility: high knee running, run on slopes – across/up/downhill
- Squats not > 90°
- Bike to tolerance
- Mini-tramp jogging
- Treadmill jogging – low jog with low incline
- Backwards walk, jog – 50 m intervals
- Figure 8
- Lateral shuffle
- Sprints
- Cutting 45°, 60°, 90° angles
- Backward running
- Jump rope
- Sports specific endurance

6 months

- Training up to 80%
- No contact/tackling, no inside passing
- Increase jogging speed and distance, add hills
- Sports specific skills eg. figure 8 running
- High level proprioception eg. side slides
- Pool work eg. flutter kick, flippers
- Leg press, leg curls
- Half squats with resistance

10 months

- 100% hamstring strength, >85% quads – return to sport
- Return to controlled activities, specific sports

12 months

- Return to sport