



## **Postoperative Instructions Following Anterior Cruciate Ligament Reconstruction**

**Steve Bernstein, MD**

### **Medications:**

You have been given two prescriptions. The first is Naprosyn. This is an anti-inflammatory medication that I use to help minimize the swelling in order to facilitate an early return to motion. The Naprosyn should be taken as directed until you finish the prescription, usually about 10 days. If you develop stomach irritation, stop the Naprosyn and call my office to let me know. A second medication is called Dilaudid (hydromorphone). This is a narcotic that is solely for pain. It should be taken as needed, not regularly. It can also irritate her stomach and cause constipation. The quantity given to you should be more than enough. In fact, after a few days, most patients feel that they can switch over from the Dilaudid to just extra strength Tylenol which I would encourage.

### **Brace, Cryocuff, Home exercise:**

Your leg is wrapped up in a big bandage, ice pack, and brace. You should remain in the brace with dressing intact until the first follow-up visit. The best exercise to work on at home is to tighten your quadriceps (thigh muscle) and try to push your knee down into the bed or couch getting the knee as straight as possible. From there, you can begin working on straight leg raises with the quadriceps tight and the knee straight. Leave the brace locked in full extension. You may bear full weight on the operative leg in the brace with it locked in full extension once the block has worn off. The majority of patients return for their first postoperative visit without crutches. You should use the ice machine as much as tolerated until seen back in the office.

### **Follow-up:**

The incisions should remain clean and dry until at least your first postoperative visit with me usually within five days of surgery. You should call to schedule this appointment. When I see you on the first visit, I will remove the brace, change the dressing, inspect your wounds, and obtain x-rays of the knee to check the position of the bone tunnels. Your sutures will be removed 12 of 14 days after the surgery. I will see you at 5 days postop, 2 weeks, 6 weeks, 3 months, and for a final check between 4 and 6 months.

## **Physical Therapy:**

Patients require at least four months of physical therapy postoperatively. At the time you schedule your follow-up appointment with me, you should try to coordinate your first visit with physical therapy. I prefer patients rehabilitate at Summit Physical Therapy (in suite 1650 next to my office). The phone number for PT is (301) 654-5600. These are the therapists I work most with and are most familiar with my patients and protocols. If Summit is not convenient for you, let me know and we can make arrangements at another facility.

The best way to think about your therapy is for **the first six weeks, focus will be motion**. I am most concerned about extension or your ability to get your knee all the way straight. You can start right away trying to work on the big muscle in the front of the thigh (quadriceps) by attempting to do straight leg raises. I expect you to be able to do 20 straight leg raises by two weeks. Usually by that time, you have regained enough quadriceps control that we can remove the brace altogether. You can walk as much as you want in the hinged brace locked in extension for those first two weeks. When you are getting in and out of the car, sitting, or just want to work on bending your knee you may unlock the brace. By the end of the six weeks, you should have full range of motion with little swelling, no pain, and no limp.

**In the second six weeks, the focus will be strength**. By the end of these six weeks, you should have quadriceps and hamstring strength nearly symmetric to the other side. At 12 weeks, you start the return to function phase of therapy. This is when you can begin straight ahead jogging. Typically, at four months patients start jumping and agility type activities with plans on return to full activities without restrictions somewhere between four and six months.

## **Specific instructions for ACL reconstruction with meniscal repair:**

If a meniscal repair was performed at the time of your surgery, the recovery and rehabilitation in the first 4 weeks is slightly different. You will require the use of the Bledsoe brace for a total of four weeks. The brace will only allow from zero to 90° of flexion. You may weight-bear as tolerated without the use of crutches but you should remain locked in extension for ambulation for the entire four weeks. After four weeks, your physical therapy will resume as above. The purpose of prolonged bracing and limiting flexion is to protect your repair. The recovery time until back to playing sports or work is still 4 to 6 months with or without meniscal repair.