



## Anterior Cruciate Ligament (ACL) Reconstruction Post Operative Rehabilitation Protocol

- Activity:** **Rest today.** Gradually return to more normal activities.
- While you are up, use your boot/crutches and/or immobilizer as instructed.
  - Limit use of operative extremity as instructed.
  - Exercise the toes/ankle (as permitted) to reduce stiffness and swelling.
  - Physical therapy in \_\_\_\_\_ days.
  - Weight bear as tolerated/PARTIAL weight bear/NO WEIGHT BEARING

**Diet:** Start with clear liquids, advance diet to regular as tolerated.

- Dressing:** **Do not remove dressing, unless otherwise instructed.**
- Keep clean and dry.
  - May remove dressing in \_\_\_\_ days, use bandaids as needed.
  - May shower with plastic bag for cover.

- Pain and Comfort:**
- Use pain medication as directed.
  - May use over-the-counter Ibuprofen as needed. Do not take with other anti-inflammatory medications or aspirin.
  - Ice area** 20 min/hr for next 2-3 days. Ice is important to prevent swelling and decrease pain. Cover ice bag with towel or pillowcase to keep dressing dry.
  - Use ice cuff** 5-7 days continuously as tolerated.
  - Elevate** the extremity to decrease pain and swelling for 72 hours.
  - Protect affected extremity from injury until normal sensation returns.

**Follow up:** Your next appointment is on \_\_\_\_\_ @ \_\_\_\_\_ with \_\_\_\_\_.

**Additional Instruction:** \_\_\_\_\_

**Call the office of Alaska Orthopedic Specialists at 907-771-3500 if you have:**

- **Excessive bleeding or drainage on dressing or cast.**
- **Toes that become blanched white or bluish, or new numbness\* or tingling.**
- **Dressing or cast that becomes wet.**
- **Questions or concerns.**

\* Our surgeons routinely use numbing medicine around the surgical site, which may cause numbness for 12-16 hours.

**\*\*If you develop leg pain, swelling or redness in your leg, shortness of breath or chest pain please call 9-1-1 as this could be an emergent condition.**



I have received a copy of the discharge instructions. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction.

Escort signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nurse signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### GOALS

#### Post-Operative Weeks 1-3

- Range of Motion (ROM): 90° flexion, full extension. No more than 90° flexion.
- Independent quadriceps contraction.
- Gait without crutches by end of week 2.
- Continue with postoperative program, and weight to straight leg raise if no extension lag.
- Bike for range of motion, strength, and cardio benefit. Pedal as tolerated.

#### Post-Operative weeks 4-6

- Range of Motion (ROM): 0-120° as tolerated.
- Normal gait by weeks 3-4.
- Continue with postoperative program as home exercise program.
- Advance closed kinetic chain program to include step ups and modified lunges.
- Initiate isotonic weight machines: leg extension 90-30°. Hamstring curls. Leg press.
- Initiate proprioceptive program, including single leg stance and balance board.

#### Post-Operative weeks 6-12

- Full Range of Motion (ROM).
- Swelling < 1-2 cm at mid patella.
- Prevent patellofemoral pain with exercise.

#### Return to Activity Guidelines:

Swimming:	Week 4
Treadmill Walking:	Week 4-6
Elliptical:	Week 4
Stairstepper:	Weeks' 6
Rowing:	Week 10
Outdoor Biking:	Week 12
Golf:	Week 16-20
Running:	Month 3-4
Skiing/Basketball/Tennis/Football:	Month of 6-8