

ACL RECONSTRUCTION POST-OPERATIVE INSTRUCTIONS:

- 1) Leave dressings, ace wrap, and TED hose on day and night for 4 days. May remove dressings and shower on 4th postoperative day. Keep leg straight while in shower (OK to weight bear lightly). No prolonged immersion (bath, hot tub, pool) for 4 weeks—assuming surgical wounds are healed at that point.
- 2) Take pain medication around the clock for 24-48 hours, then as needed. After 48-72 hours, begin trying to limit narcotics to nighttime use only, and discontinue when pain is tolerable (sleeping not interrupted by pain). Take stool softener (colace) twice daily for 3-7 days (take as long as using narcotics). Non-narcotic analgesics: Tylenol is fine (many narcotics have Tylenol in them, be sure not to double dose or to exceed the maximum daily Tylenol dose of 4000 mg). Avoid NSAIDS (ibuprofen, Motrin, Naprosyn) for 1 month. Avoid aspirin other than single daily dose for DVT prevention (325 mg).
- 3) Wear Immobilizer day and night for 7 days, except you may open immobilizer when seated in order to more effectively ice the leg (on top of the dressings/ ace/ and TED hose). It is ok (not harmful to surgical repair) to bend the knee up to 90 degrees with the immobilizer brace off, for example, to sit on the toilet more comfortably, within the first week, as long as there is NO weight bearing on the leg AT ALL without the immobilizer on. Keeping the knee straight in the immobilizer at least 23 hours per day will give you the best knee extension to start physical therapy from (see #8 below)
 - a. May remove immobilizer at night starting after 1 week and when full extension achieved without difficulty.
- 4) Ice a minimum of 20 min, 3x daily x 2 weeks
If using Kodiak sleeve, or ice bucket, may ice continuously for 24 hours post operatively as long as no direct skin contact with cooling sleeve or ice. Direct contact can cause frost bite.
- 5) Expect swelling below then knee (down the shin to the ankle and foot) to be significant for 3 days, even with TED hose and ace wrap on, and with regular icing and elevation of the leg above the heart. If you can sleep with the leg elevated on pillows for the first week, that will help. Flexing your foot (moving toes up as far as they will go, then down as far as they go] 20 x per hour activates the “calf pump” which helps return venous blood to the heart and lessens swelling, as well as lessening your chance of blood clots in the leg.
Swelling will then recur whenever you are on you feet, or sitting with you leg dangling down for more than 3 – 4 hours over the first 2 weeks. Minimize swelling by wearing TED hose, or an ace wrap from ankle to thigh during daytime. Ice and elevate the leg in the evening and at night routinely (ideally

15 min 3x per day), but increase these if you notice the swelling recur. If the swelling does not diminish some by morning or after elevating the leg for 12 hours, contact your doctor. If allowed to weight bear as tolerated (WBAT) in straight leg brace, using crutches or a cane to walk distances longer than 20 yards will lessen recurrent afternoon and evening swelling.

- 6) Blood clot prevention (DVT)
 - a. Foot flexion (calf pump) exercises
 - b. Use TED hose or compressive ace wrap during daytime for 10 – 14 days
 - c. Take 1 aspirin (325mg) daily (if not allergic to aspirin) for 2 weeks, or until fairly mobile
- 7) Physical Therapy (PT)
 - a. Start PT on POD 5-7. If you do not have a physical therapist, call our clinic at 970 242 3535 and ask for my medical assistant Darilynn. She can set you up with one.
 - b. May start quadriceps activation sets and straight leg raises 24-36 hours postoperatively with straight leg brace on (as allowed by pain)
- 8) Priority of full leg extension
Even in knee immobilizer, leg may not be fully straight. Beginning on 2nd postoperative day, allow gravity to assist in straightening the leg by placing only your heel on a stack of pillows while lying on your back, for 30 minutes at a time. You may do this with the immobilizer on or off. A convenient time to do this is while icing the knee with the immobilizer open. As pain allows, try quad activation exercises and straight leg rises in combination with this. Initially you will notice a lag, meaning that your knee and thigh will lift up first, causing some bend in the knee, before you are able to lift your foot off of the pillow. If you try the same with your good leg, you will see this does not occur. One of your goals of therapy in the first month will be to eliminate this lag.
- 9) Weight Bearing
No meniscal tear: Weight bearing as tolerated with knee immobilizer or brace locked in extension. Use crutches for the first week to lessen pain and secondary swelling. Use crutches or a cane for an additional 3 weeks for distances longer than 20 yards to lessen secondary swelling.
Meniscal tear: precautions per you doctors instructions.
- 10) Driving
Right Knee: no driving for 4-6 weeks (leg in straight leg immobilizer and must be kept generally straight with any weight pressure)
Left Knee: May drive automatic transmission (non-stick shift) vehicle after 5 days if off narcotics. Expect difficulty entering and exiting the vehicle with leg brace on, and discomfort in car seat due to having straight leg brace on, but being unable to project leg straight out from seat (due to dashboard). Prolonged (>1 hour) driving not recommended in 1st 2 weeks. Comfort improves with change from straight leg immobilizer to hinged knee brace with 180-degree lockout, as the lockout can be changed to 90 degrees during driving once allowed by physical therapist. REMEMBER TO LOCK DOWN

THE BRACE AGAIN TO 180 DEGREES BEFORE ATTEMPTING TO WEIGHT BEAR OR WALK (If you brace has a hinge).