THE ORTHOPEDIC CENTER OF ST. LOUIS | Dr. Charles S. Grimshaw, M.D.
JOINT RECONSTRUCTION & SPORTS MEDICINE

Post-operative supplement for ACL reconstruction: The first 2 weeks (Delayed Program)

Basic Goals

The goals of the first two weeks are simple and some of the most important to achieve the ideal result after ACL reconstruction. These goals include control of pain and swelling, regaining knee range of motion (especially extension), and re-establishing quadriceps muscle control. All of these are dependent on each other thus all are equally important. Success with all the above will lead to walking normally off crutches.

Day 1-3

Brace, Crutches, and Weight Bearing

You will wake up from surgery with a long leg brace that keeps your leg locked out straight. While the femoral nerve block is working, there is no muscular control in that leg which requires this brace be left on until the first therapy visit the day after surgery. So to be clear you must sleep in the brace until your first post op visit when further instruction will be given.

It is very important for the brace to be on with your knee locked out straight when you are up and moving around. We will unlock the brace and slowly increase range of motion at specific times during your rehabilitation.

Crutches are to be used at all times until you are instructed to walk without them. You will be toe touch weight bearing for approximately two weeks. This means you may touch your toe to the ground to balance when you are standing still but when propelling forward, this foot does not touch the ground. Typically at the second visit, you will be allowed to begin putting partial weight on the surgical side. This means that you may bear only 50% of your weight on that foot, usually for the next 1-2 weeks. It is very important you have good quad control and are able to fully extend the knee or else you will not be allowed to wean off the crutches. Generally, patients can expect to be on crutches for 3-4 weeks following a large meniscal repair.

Controlling Pain and Swelling

Controlling pain and swelling generally go hand in hand. Pain medicine, ice, and the continuous passive motion machine may all help pain and swelling if used correctly.

The first night after surgery it is important to stay ahead of the pain and taking your pain medicine routinely every 4 hours through the first night is recommended. I will discuss dosing schedule after surgery. Always eat a little something with your pain meds.

After the first night, pain meds should only be taken as needed. Pain meds are a double edged sword and you will feel better and eat better the sooner you can discontinue them for regular Tylenol.

Please do not take Tylenol (acetaminophen) and your pain meds together as the pain medicine already has Tylenol in it and this can be harmful to your liver.

Continuous passive motion (CPM) is also a pain relieving device if used correctly. Do not start the CPM until 24 hours after surgery as it can increase swelling if used too early. The CPM will come set at 0-30 degrees of motion and should be left there until your first clinic visit, at that time we will give you further instructions to advance the motion. CPM should be used to help control pain and generally for 3-4 hours a day in one hour sessions.

Do not overdo it the first several days as the more you are off your leg, with your leg elevated doing the simple tasks described above, the better your pain and swelling will be controlled.

If swelling is problematic and preventing range of motion or quadriceps function after the first week an aspiration of the swelling from the knee joint may be required.

Range of Motion and Quadriceps Control

Regaining full and normal range of motion after ACL reconstruction is absolutely the most important parameter predicting an ideal result and return to normal daily life and athletic functional activities. Extension stretching is also just as important to begin immediately following surgery. Progressing into more aggressive physical therapy and exercise programs may be delayed until normal range of motion and quad strength has been obtained.

Extension stretching should begin immediately in the post-operative period. This is best accomplished by rolling up towels to a diameter of 10-12 inches and propping your heel up on the rolled up towels whenever you are lying or sitting down, until it is easy to completely straighten your knee. This is important with all ACL procedures not just patellar tendon grafts.

Re-establishing quadriceps muscle function is the most important thing for re-gaining normal extension and in preventing scarring. If you cannot do good straight leg raises within the first week make sure you or your PT lets the office know. Quadriceps function also allows you to walk unsupported without crutches when you are given permission to do so. We encourage you to do as many quad sets and straight leg raises as possible in the early post-op period to optimize your surgical outcome. Your goal is 10,000 leg raises per day!

Please call our office at --- if you have any questions or concerns