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## ACL Reconstruction with meniscal repair or resection

Updated March 2020

### **CRUTCHES AND WEIGHT BEARING:**

- Crutches should be used for balance and for assistance while learning to walk in the normal "heel-toe" pattern. Once you can walk normally you may discontinue crutches usually by 2 weeks.
- You are allowed to fully weight bear unless instructed otherwise.
- Certain meniscus and cartilage repairs require non-weight bearing – your surgeon will tell you

### **BRACING:**

- Wear your hinged knee brace locked in full extension at ALL times during the first 2 weeks, except while showering and working on range of motion exercises.
- From 2-6 weeks, continue to wear your hinged knee brace only while ambulating.
  - If you had a meniscal repair, limit knee flexion to 90 degrees while ambulating for 6 weeks.
  - If you did not have a meniscal repair, use your brace unlocked – no restriction to motion

### **WOUND CARE:**

#### **Bandages:**

- If you find that the dressing is too tight, unwrap the tensor bandage and rewrap it looser.
- On post op day 5 you can remove your dressing. Leave white strips in place, if you have them.

#### **Shower:**

- You may shower at post-op day 5 once your bandages are off. Do not cover incision.
- Keep out of direct spray of the water, and pat dry.
- Keep white strips on your incision, they may fall off in the shower.
- **NO soaking in bathtub/hot tub or pool for first 2-3 weeks and all scabs are gone from the incision.**

### **SIGNS AND SYMPTOMS OF INFECTION:**

- Excessive or worsening pain, increased redness around the incision sites, drainage from incisions that looks like pus and/or is foul smelling, if fever runs above 38.5°C.
- If any of the above symptoms occur call Central Alberta Orthopedics at 403-309-2001 or go to the emergency department right away.

### **CONTROL OF PAIN AND SWELLING:**

#### **Pain Medication:**

- For the first few days take your pain medication and anti-inflammatories regularly as instructed, then wean as tolerated. Avoid taking pain medications on an empty stomach, as it can make you nauseated.

#### **Cold Therapy:**

- If you have a cold therapy machine, use it as much as possible.
- If you don't have a cold therapy machine, you can remove outer bandage to ice for 20-30 minutes, at least four times for several days. You may use it more frequently as needed. It will help in reducing pain. Avoid placing ice directly on bare skin to prevent frostbite and give a break of 30 minutes in between sessions. Place ice over knee, thigh and hamstrings.

#### **Elevation:**

- Keep leg elevated **above the level of your heart** as often as possible with a pillow under your calf, NOT under the knee.

### **PREVENTING BLOOD CLOTS**

- Make sure you get up and walk around as much as possible; mobilizing prevents clots.
- Take the blood thinner your surgeon prescribed.

### **Signs and Symptoms of Blood Clots:**

- Severe and worsening pain and swelling in the calf muscle.
- Chest pain and/or shortness of breath.
- If any of the above symptoms occur call Health Link at 8-1-1 or go to the emergency department right away.
- **Blood clots, if left untreated, have the potential to become LIFE THREATENING.**

### **DRIVING:**

- If surgery on RIGHT KNEE you are restricted from driving for 6 weeks post-surgery,
- If surgery on LEFT KNEE you are restricted from driving for 2 weeks post-surgery (automatic transmission)
- You may return to driving a vehicle (non-commercial) when you are no longer affected by pain, under the influence of pain medications, able to **fully weight bear on right leg for automatic transmission and both right and left legs for standard transmission**, and you must also be confident that you can react appropriately in an emergency.

### **FLYING:**

- You are advised to avoid flying within 4 weeks of surgery as it increases your risk of blood clot.  
**Due to the anesthetic, for the next 24 hours: Do NOT drive, sign legal documents, provide child care on your own or consume alcohol.**

### **EXPECTED RECOVERY:**

- Back to sedentary duties by 2-6 weeks post-op
- Back to medium or modified duties by 3-6 months post-op
- Back to heavy labour or sports by 6-9 months post-op

### **PHYSICAL THERAPY:**

- You will see a physiotherapist at your 2 weeks post-op follow-up appointment

#### **Goals:**

1. **Reduce inflammation and swelling**
2. **Range of motion: Full hyperextension to full flexion by the end of 3<sup>rd</sup> week**
3. **Quadriceps muscle activation**
4. **Gait retraining**

### **POST OPERATIVE KNEE EXERCISES (MAY START 1<sup>ST</sup> DAY AFTER SURGERY):**

1. Ankle pumps
2. Knee range of motion:
  - i. Flexion: Slide heel along bed toward buttock while lying on back. Use your other leg to help if needed.
  - ii. Extension: Place a roll beneath ankle to passively stretch your knee into extension. Low load, long duration
3. Quadriceps contraction with knee straight and leg supported
4. Straight leg raises
5. Hip adduction – ball or pillow squeezes between knees
6. Calf stretches – sitting with knee straight, pull back on toes and foot with a towel or belt

#### **Perform all exercises 2-3 times per day on both legs as tolerated.**

- Other ROM exercises as tolerated (heel slides on wall; passive flexion in sitting using other leg to push, gentle contract-relax knee flexion and extension).
- Stationary bike
- Normalizing gait with and without crutches