



Texas Orthopedics,  
Sports & Rehabilitation Associates  
www.txortho.com

### Post Op Instructions: ACL Reconstruction

After surgery you'll have several instructions. These instructions will be given to you in the office before surgery and reinforced by the nurse after surgery in the recovery area.

**Post operative appointment:** Make sure you remember the date/time of this appointment and if you don't have one scheduled, you should do this right away. You can call 512-439-1001 to make an appointment. Your incision will be checked and your stitches be removed. We'll also review what I found in surgery and evaluate your progress. If there are any non-urgent questions you think of during the several days after your surgery write them down and ask them at this time.

**Prescriptions:** These should have been given to you or called in to your pharmacy at the time of your pre-op visit. Make sure you have picked these up before surgery so you don't have to wait to get them after you've had your surgery.

I usually prescribe a narcotic pain pill, but some patients have problems with nausea after surgery. If you are one of these, please be sure to ask us to give you a prescription for an anti-emetic so you don't get caught without them.

Unless you can't take aspirin for some reason, I always ask my patients to take one baby aspirin every day for 3 months after the surgery in order to prevent blood clots or deep venous thrombosis (DVT).

**Brace:** When having my own ACL reconstruction, I decided to test out many of the braces recommended for this surgery. I came to the conclusion that the easiest one to use was the plain old knee immobilizer. This is what I recommend for you. I encourage you to remove the brace frequently for range of motion exercises (bending and straightening your knee – see below). When the brace has hinges and many complicated straps, this is difficult to do and patients end up leaving their brace on most of the time. This makes icing and exercise more difficult. When braces with hinges slide down they are not performing their ideal function. It's just easier to remove the knee immobilizer.

**I want the brace on at all times when you are up walking or standing.** You will also prefer to have it on at night. Use this brace for a month after surgery and discontinue its use early, *only if approved by myself or your therapist* when we know you have good quadriceps control.

**Exercise:** In most cases, after knee surgery I encourage my patients to begin moving their knee. If I don't want you to move your knee, I will most likely put you in some kind of a brace to keep you from doing so, or I will give you specific instructions on how I want you to exercise. But if there are no restrictions, I will want you to begin bending and straightening your knee as soon as you can tolerate doing so; the earlier the better. And like icing your knee, you can't do it too much. Exercising several times every day is important to your overall recovery. Don't wait for physical therapy or for this motion to just happen on its own.

- **Bending the knee (flexion):** you can do this by simply hanging your knee at the side of the bed or chair. Place your foot on the ground while sitting in a chair. Scoot way back in the chair, keeping your foot flat on the ground. Then scoot your foot back under the chair as far as your knee will tolerate the bending. Rest and take a deep breath. Then begin to scoot slowly forward, keeping your foot in place. With each forward movement there might be increased pain, so do it slowly.

You can also slide your heel up and down on the mattress while you are in bed. Sometimes your knee will feel restricted by swelling or a stretching sensation from your stitches. That's normal and will get better every day. I would like for you to get about 90 degrees of flexion by the time you come to your first office visit.

**(OVER)**

Austin: Northwest  
439-1000

Austin: Central  
439-1002

Cedar Park  
439-1009

Round Rock  
439-1004

Westlake  
439-1005

Marble Falls  
877-966-7846

- **Straightening the knee (extension):** Most patients can simply put their leg straight on the bed. If you can do this, then try to lift it straight up so you can tone the front muscles of your thigh. If you can't straighten your

knee all the way, then sit in a chair and put your heel on a pillow on another chair or a coffee table. Let your leg extend out across that space like a bridge. Then press gently but firmly on the front of your thigh to make the knee go as straight as the other side.

You can also open a telephone book, turn it upside down and spread it across your knee as a weight (Austin, Houston or San Antonio telephones work better than Dripping Springs phone books). Once you get your knee straight, you can tighten the muscles of the thigh to hold it there. It is important to get full straightening of the knee as soon as possible after surgery. Each day that goes by during which you don't straighten your knee makes it that much more difficult to do it later.

- **Straight leg raises:** Lay down on your bed. Bend the other leg to take pressure off your back. Put the affected leg out straight. Tighten the quadriceps muscles on the front of your thigh and try to lift your leg just a few inches off the bed. Hold it there for a full count and then rest it back on the bed. Do ten of these in a row if you can. Do several sets of these every day.
- **Weight bearing:** You will be given instructions on your weight bearing status. In most cases you will be "full weight bearing" or "weight bearing as tolerated." This means you can put as much weight on the leg as you are able. For some this means at first using crutches. They are only needed if you feel that you need them for support or balance or for pain control. But rest assured, if I instruct you to put full weight on your leg, it is because I feel that this will not harm your knee. You can use crutches if you so desire, but they are not necessary for your recovery.
- **Calf pumping:** This is not really an exercise. It is used to help prevent the development of blood clots (DVT) in your leg. After surgery, you are at a slightly increased risk of developing a DVT, especially if you have had surgery on your lower extremities. By flexing and extending your ankles up and down, you move the muscles in your calf. They in turn help move the blood in your legs and keep the blood from pooling which could result in the formation of a DVT.

**Activity:** After surgery on your lower extremity it is important to rest and elevate your leg. This helps control swelling. Swelling not only hurts, but an excessive amount of swelling can slow down your recovery and it can also contribute to the development of blood clots. Until I see you back in the office for your first post op visit, I would like for you to lie around, take it easy and elevate your leg as much as you can. I encourage you to get up to go to the bathroom, to the living room or kitchen when needed, but don't do any unnecessary tooling around. Don't go shopping, don't choose this time to clean house or mow the lawn. Try to avoid going on long trips, either by plane or car.

**Icing:** Please see my specific instructions on knee surgery icing.

**Dressing Changes:** Please see my specific instructions for knee surgery dressing changes.

**Returning to Work:** Please see those specific instructions too.