

Post-Operative Instructions **ACL, PLC, PCL Reconstruction**

Day of surgery

- A. Diet as tolerated
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the third post-operative day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite.
- C. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

First Post-Operative Day

- A. Continue icing
- B. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. Unless otherwise noted, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
- C. Call our office to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office.

Third Post-Operative Day

- A. You may shower this evening. You MUST keep the extremity dry while showering. After showering, remove surgical bandage and apply fresh 4x4 surgical sponges/gauze to the incision and wrap with an ACE bandage. You will need to follow this routine for 2 weeks after surgery.

4-months Post-op

- A. Please call the number below to schedule a custom knee brace fitting. This functional knee brace shall be worn for 1 year after returning to sports.

Rehabilitation Protocol: ACL, PLC, PCL Reconstruction

Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

Early Phase (Weeks 0-2)

- **Weight Bearing and Range of Motion**
 - Touch down with crutches
 - ROM: A/AAROM 0-90° tolerated
- **Brace Use**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements**
 - Modalities as needed
 - Patella MOB; SLR's with electric stime.; co-contractions
 - estim; Cocontractions
 - **No Abduction of hip or leg at any time.**
 - **No Prone hangs.**
- **Goals**
 - a/aa/ROM: 0-0-90
 - Control pain/swelling
 - Quad control

Early Phase (Weeks 2-4)

- **Weight Bearing and Range of Motion**
 - 50% weight bearing with crutches and brace
- **Brace Use**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements**
 - Continue above
 - Scar mobilization
 - PROM 90°
- **Goals**
 - a/aa/ROM: 0-0-90
 - Control pain/swelling
 - Normal patella mobility
 - SLR x 30 (no weight)

Recovery Phase (Weeks 4-8)

- **Weight Bearing and Range of Motion**
 - WBAT with brace open to AROM
 - Discontinue crutches when normal gait
- **Brace Use**
 - At all times, open to AROM
- **Therapeutic Elements**
 - Continue above
 - Gentle hip abduction with no resistance below knee



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- Wall-sits 0-45
- Mini-squats with support at 0-45
- **No** carpet drags
- Pool therapy
- Treadmill walking by 8 weeks
- **Goals**
 - a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
 - SLR x 30
 - No effusion

Strengthening Phase (Weeks 8-12)

- **Weight Bearing and Range of Motion**
 - Full
- **Brace Use**
 - None
- **Therapeutic Elements**
 - Continue above with increased resistance
 - Step-downs
 - Treadmill
 - Stretching
 - Begin prone hangs and HSL
- **Goals**
 - Treadmill (walk 1-2 miles at 15 min/mile pace)

Reintegration Phase (Months 3-5)

- **Weight Bearing and Range of Motion**
 - Full
- **Brace Use**
 - None
 - If return to sport, fitting for custom brace by 5 months
- **Therapeutic Elements**
 - Slide boards
 - Begin agility drills
 - Figure 8's
 - Gentle loops
 - Large zig-zags
 - Swimming
 - Begin plyometrics at 4 months
- **Goals**
 - Treadmill (walk 1-2 miles at 10-12 min/mile pace)
 - Return to competitive activities

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____

Pasadena Orthopedics

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