

Post-Operative Instructions

Knee Arthroscopy, ACL Reconstruction with Quadriceps Tendon-Bone Autograft and Meniscal Repair

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. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- 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. Weight-bearing is toe-touch only for 6 weeks. At 4 weeks, you can bear as much weight on the affected leg as you can tolerate.
- C. Call our office @ 626-517-0022 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at pasadenaorthopedics.com.

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply 4x4 (or similar size) waterproof bandage to these wounds prior to showering and when showering is complete apply fresh waterproof bandage. Please ensure that the bandage is large enough to completely cover the incision. You will need to follow this routine for 2 weeks after surgery.

Rehabilitation Protocol: Knee Arthroscopy, ACL Reconstruction with Quadriceps Tendon-Bone Autograft and Meniscal Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Toe touch weight bearing in brace locked in full extension for the first two weeks, then toe touch weight bearing with brace unlocked until 6 weeks post-operatively.
- **Hinged Knee Brace:**
 - Locked in full extension for ambulation and sleeping (**Weeks 0-2**)
 - Unlocked for ambulation (toe touch only), but kept on while sleeping (**Weeks 2-6**)
- **Range of Motion:** No flexion greater than 90 degrees at any time.
- **Therapeutic Exercises**
 - No deep bends for first 4 months
 - Quad/Hamstring sets and heel slides
 - Non-weightbearing stretch of the Gastroc/Soleus
 - Straight-Leg Raise with brace in full extension until quad strength prevents extension lag
 - **No Hamstring Stretching Until 6 Weeks Post-op**

Phase II (Weeks 6-12)

- **Weightbearing:** As tolerated – discontinue crutch use
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion:** Maintain full knee extension – work on progressive knee flexion
- **Therapeutic Exercises**
 - No deep bends for first 4 months
 - Closed chain extension exercises
 - Hamstring stretching, toe raises, balance exercises
 - Progress to weightbearing stretch of the Gastroc/Soleus
 - Begin use of the stationary bicycle

Phase III (Months 3-8)

- **Weightbearing:** Full weightbearing
- **Range of Motion:** Full/Painless ROM
- **Therapeutic Exercises**
 - No deep bends for first 4 months
 - Begin hamstring strengthening
 - Advance closed chain strengthening exercises, proprioception activities
 - Begin use of the Stairmaster/Elliptical
 - **Can Start Straight Ahead Running at 3 Months**



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Phase IV (Months 8-10)

- Continue with strengthening (quad/hamstring) and flexibility
- Begin cutting exercises and sport-specific drills
- Maintenance program for strength and endurance
- **Return to sports at 10-12 months**

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____