

Post-Operative Instructions ACL Reconstruction, Meniscal Transplantation, and Osteochondral Allograft Transplantation of the Femur

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 Gameready ice cuff can be used as per instructions.
- **C.** Pain medication as needed every 4 hours (refer to pain medication sheet).
- **D.** Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

Video instructions for your brace can be found at https://www.youtube.com/watch?v=jyRZkSyFBOQ

First Post-Operative Day

- **A.** Continue ice pack every 1-2 hours while awake or at least twenty minutes prior to and after exercise session.
- **B.** Pain medication as needed.

Second Post-Operative Day Until Return Visit

- **A.** Continue ice pack as needed.
- **B.** Unless otherwise noted, weight-bearing is toe-touching only for the first 4 weeks after surgery. After 4 weeks, 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 @ 646-501-7223 option 4, option 2 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 or contact us via the internet at www.newyorkortho.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: ACL Reconstruction, Meniscal Transplantation, and Osteochondral Allograft Transplantation of the Femur

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-6)	
Weightbearing:	
 Weeks 0-4: To 	oe touch weightbearing with crutches and hinged knee brace locked in extension dvance to WBAT with crutches (d/c crutches at 4 weeks post-op if gait normalized)
	worn for 6 weeks post-op
 Locked in full e 	extension for ambulation and sleeping – remove for hygiene (Week 1)
 Locked in full e 	extension for ambulation- remove for hygiene and sleeping (Week 2-4)
 Set to range from 	om 0-90° for ambulation- remove for hygiene and sleeping (Weeks 4-6)
	ace at 6 weeks post-op
	ntinuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks cle per minute - starting at 40° of flexion
	r day until full flexion is achieved (should be at 100° by week 6)
	and stretching under guidance of PT
Therapeutic Exercise	
o Patellar mobili	
	s, heel slides, straight leg raises, patellar mobilizations, co-contractions (Weeks 0-2)
	s and terminal knee extensions (Weeks 2-8)
	ace for first 6 weeks – then without brace
 No weightbeam 	ring with flexion > 90° during weeks 0-4
 Avoid tibial ro 	otation for first 8 weeks to protect the meniscal allograft
Phase II (Weeks 8-12)	
	htbearing as tolerated, unlock hinged knee brace
	vance to full/painless ROM (patient should obtain 130° of flexion)
Therapeutic Exercise	71 4
o Progress to clo	sed chain extension exercises, begin hamstring strengthening
 Lunges – 0-90° 	, Leg press – 0-90° (flexion only)
 Proprioception 	exercises
 Begin use of the 	e stationary bicycle
Phase III (Months 3-6)	
	weightbearing with normal gait pattern
• Range of Motion – Ful	
Therapeutic Exercise	·
<u>-</u>	quad and hamstring strengthening
o Focus on single	
o Begin jogging/	

o Plyometrics and sport-specific drills



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Phase IV (Months 6-12)	
Maintenance program for strengGradual return to athletic activi	gth and endurance ty as tolerated (9-12 months post-op)
Comments:	
Frequency: times per week	Duration: weeks
Signature:	Date: