



## **ACL Reconstruction with MCL Reconstruction**

### *Discharge Instructions*

#### Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days.
  - You may use it 20 minutes on, 20 minutes off, as often as you wish.
  - Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you MUST take one 81mg aspirin daily for two weeks first to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** - A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. **Use only if needed.** Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

#### Activity

- Touchdown weightbearing only for 2-6 weeks
  - Brace locked at 0 degrees for ambulation and sleeping
  - No ROM past 90 degrees the first 4 weeks
  - At your first post-op visit at 2 weeks post-op, we will determine when you can progress from TTWB
- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
  - When resting, try to keep your knee elevated above the level of your heart.
  - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- No driving until further notice. We will discuss this at your next appointment.

#### Wound Care

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for at least 3-5 days post op.
  - Do not get the bandages wet the first 3-5 days after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.
  - If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 3-5 days post op.
  - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to [info@genesisortho.com](mailto:info@genesisortho.com)



- Even after you take off the bandages at 3-5 days post-op, you must continue to use the brace at all times.

#### Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

#### Call your physician if:

- You notice drainage on the cotton bandage or ACE wrap.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

#### *Physical Therapy Protocol*

##### PHASE I: Week 0-4

**Precautions: Limit flexion as below and toe-touch weightbearing for the first 2-4 weeks if meniscal repair was performed. No open kinetic hamstring strengthening.**

ROM goals: 0-60 degrees with emphasis on full extension (weeks 0-2: 0-30 degrees, weeks 2-4: 0-60 degrees)

##### *Exercises*

- ROM:
  - Weeks 0-2: 0-30 degrees flexion
  - Weeks 2-4: 0-60 degrees flexion
- Patellar mobilization
- SLR supine with brace locked at 0 degrees, quad sets
- Ankle pumps
- Short crank 90mm ergometry

##### PHASE II: Weeks 4-6

**Begin to progress weightbearing and can d/c crutches to be WBAT when gait is nonantalgic after 6w. Unlock brace for weightbearing. No weightbearing past 90 degrees.**

ROM goals: 0-90 degrees with emphasis on full extension

##### *Exercises*

- ROM:
  - Weeks 4-6: 0-90 degrees
- Active knee extension from 40 degrees
- Standard 170mm ergometry if knee ROM > 115



- Leg press (80-0 degree arc)
- Mini squats/weight shifts
- Proprioception training
- Initiate Step Up program
- Avoid tibial rotation until 6w

PHASE III: Weeks 6-14

*D/C brace and wean from crutches at 6w*

ROM goals: Can begin working on regaining full ROM at 6+ weeks

*Exercises:*

- ROM:
  - Weeks 6+: Full ROM as tolerated
- Progressive squat program
- Initiate step down program
- Leg press, lunges
- Isotonic knee extension (90-40 degrees, closed chain preferred)
- Agility exercises (sport coordination)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

PHASE IV: Weeks 14-22

*Begin forward running, continue strengthening and flexibility program*

*Exercises:*

- Forward running program without pivoting/twisting when 8" step down is satisfactory
- Advance sport-specific agility drills
- Start plyometric program

PHASE V: Weeks 22+

*Advance plyometric program, return to sport as MD directed*