



Dr Bu Balalla

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Suite 5, Level 2,

19 Kensington Street

Kogarah NSW 2217

Post-operative information

ACL reconstruction

On discharge:

Ensure you are steady on your crutches at the time of hospital discharge. Feel free to put your full weight on your operated knee, and bend the knee as much as you wish.

Please do not drive yourself home - please arrange for a taxi if a friend or relative cannot pick you up.

You will have been provided with a prescription for pain medication. Please commence these on the evening of your operation. There will be some local anaesthetic around your knee which lasts around 12 hours. You will experience a dull ache when this wears off. It is advisable to start your pain tablets before this pain starts.

An ice pack intermittently over the bandages can help with pain and swelling.

The day after surgery:

Remove the outer crepe bandages, leaving only the sticky white dressings underneath. You may shower with these dressings. Your wound will do best with the original sticky dressings in place, however if they begin to fall off later in the week, please replace them with the spares provided by the hospital. Your wounds should be covered at all times.

During the first week after surgery:

Ensure that you have confirmed the time of your follow-up appointment by calling my rooms on 9680 1315, if you have not already done so prior to surgery.

Purchase a simple knee sleeve from the chemist and wear this at all times, except during bathing. This sleeve should not have any supporting struts, inserts, or hinges. They are usually made of neoprene, like wetsuit material.

Make contact with a physiotherapist, and commence the protocol on the following pages. Your physio can download a copy of the protocol at:

<http://kneesurgerysydney.com.au/physios/post-operative-pathways>

You can reduce and cease your pain medications as soon as you feel able.

10–14 days after surgery:

I will see you for your first follow-up appointment. I will remove any stitches. You do not need to cover your wound after this time. I will also show you some images from your arthroscopy, and discuss the findings of the operation with you. We will discuss any further reviews or treatment at this meeting.



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Please contact Dr Balalla's rooms via phone or email urgently if you suffer from any of the following:

- › Worsening pain
- › Fevers or chills
- › Increasing redness around the incisions
- › Calf swelling or pain which worsens
- › Shortness of breath

This resource is provided by Dr Balalla for the information of patients who have had an arthroscopic ACL repair.

To discuss any concerns or the information above, please phone Dr Balalla's rooms on (02) 9680 1315, or email enquiries@drbalalla.com.au.

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Physiotherapy Protocol

ACL reconstruction

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Please give this protocol to your physiotherapist

STAGE	GOALS
<p>Week 0–2</p> <p>Discharge on day of surgery, or after overnight stay.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Decrease/control swelling and pain › full active and passive extension › 90° flexion › Ability to SLR › Full weight-bearing as tolerated 	<ul style="list-style-type: none"> › Active and active assisted knee flexion › Static and inner range quadriceps exercises › Straight leg raises › Ankle dorsiflexion/plantarflexion exercises › Mobilise weight-bearing as tolerated with crutches › Swelling management › Wean off crutches as pain allows › Gentle closed chain quadriceps exercises › Emphasis on alignment and co-contraction › Start basic proprioception, balance and co-ordination training › Core and hip stability exercises › Stationery bike with high seat, low resistance <p>Contraindications</p> <ul style="list-style-type: none"> › No resisted hamstrings or flicks for 4/52
<p>Week 2–6</p> <p>Review 10–14 days post op for removal of sutures and x-ray.</p> <p>Able to drive an automatic car if left knee has been operated.</p> <p>Aims:</p> <ul style="list-style-type: none"> › Full extension (normal/hyper-extension) and full flexion › Good activation of quadriceps and straight leg raise with no lag › Minimal pain › Mild/stable effusion › Normal gait pattern 	<ul style="list-style-type: none"> › Swelling management › Progress closed chain quadriceps exercises with co-contraction-double leg wall mini squats, sit to stand, lunges › Closed chain knee flexion exercises › Hamstring donor site management – soft tissue techniques, gentle stretching, concentric and eccentric exercises › Proprioception, balance and co-ordination training › Core and hip stability exercises › Once 100-degree flexion is achieved can start using a stationary bike <p>Precautions:</p> <ul style="list-style-type: none"> › Avoid oversteering fixation.

continued overleaf



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STAGE	GOALS
<p>Week 6–12</p> <p>Able to drive an automatic or manual car.</p> <p>Aims:</p> <ul style="list-style-type: none"> › ROM must exceed 90-degree flexion – if not refer back to clinic as may need manipulation <p>Graft is at its weakest</p>	<ul style="list-style-type: none"> › Straight line running › Normal bicycle › Leg press Hamstring curls › Continue proprioceptive training › Slide board/Wobble board/Lateral stepping <p>Contraindications:</p> <ul style="list-style-type: none"> › no cutting or pivoting activity <p>No open chain quadriceps exercises</p>
<p>Week 12–16</p> <p>Clinic review plus outcome scores.</p> <p>By 3 months the graft fixation is consolidated. At 4 months there is complete revascularization of the graft, laying down of collagen and gradual increase in strength.</p> <p>Commence sport-specific exercises.</p>	<ul style="list-style-type: none"> › Increase fitness › Gradual increase in resisted open chain/closed chain quadriceps (avoid pain) › Continue with proprioceptive training – increase rotational control › Sport-specific exercises e.g. ball skills, shuttle runs, skipping <p>No open chain quadriceps exercises</p>
<p>Week 16+</p> <p>Aims:</p> <ul style="list-style-type: none"> › Raise fitness targets and set new goals › Increase speed of balance reactions and improve co-ordination › Normal gait in running. › Good control of cutting, pivoting, stopping and starting if required 	<ul style="list-style-type: none"> › Initiate running – gradual paced change of terrain/gradient and duration › Progressive introduction of dynamic activity › Jumping/hopping › Change of direction; start single direction and progress to cutting, multidirectional and pivoting stopping/starting and acceleration/deceleration › Backwards running
<p>6–9 months</p> <p>Aims:</p> <ul style="list-style-type: none"> › Begin contact sports training 	<p>Prior to return to sports training:</p> <ul style="list-style-type: none"> › Satisfactory single limb dynamic control › 90% hop for height, length and cross over › 90% strength of non-involved limb › Confidence in knee › Return to activity › Non contact training initially

continued overleaf



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STAGE	GOALS
9-12 months	Return to contact sport

This resource is provided by Dr Balalla for implementation by a qualified physiotherapist. Every patient's condition is unique and this information may not represent the full physiotherapy management plan directed by Dr Balalla.

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