



## Anterior Cruciate Ligament Reconstruction Surgery Expectations

The anterior cruciate ligament (ACL) is a “rope like” structure inside the knee that prevents the tibia (shin bone) from sliding forward on the femur (thigh bone). When the anterior cruciate ligament is torn, this allows extra motion in the joint, placing extra strain on the other stabilizers of the knee joint. This makes injury to other structures more likely.

ACL reconstruction is done by moving a tendon into the knee to replace the torn ligament. The tendon is most often harvested from the patella (knee cap), the tendon below the knee cap, and the tibial tubercle. In certain instances other tendons, such as one from a cadaver, may be used in the reconstruction. The graft usually takes 6 months to 1 year to heal into a mature ligament.

**Return to Sports:** 6 months – 1 year, or when strength, stability, and confidence have returned to your knee.

**Return to Walking:** 2 days to 1 month with crutches. When a meniscus (cartilage) is repaired along with the reconstruction, you will be required to use crutches for six weeks, ***no questions asked***, in order to protect the meniscus repair.

**Pre-Surgery:** Surgery will not be performed until the swelling is gone and range of motion has returned to your knee.

**Hospital:** Expect overnight hospitalization after the surgery. In most cases you will be discharged the morning after surgery. You will be given a range of motion machine (CPM) in the recovery room which will begin to move your knee for you. You will use this all night after surgery, progressing the motion until your knee bends 90 degrees. This machine will go home with you for 2-7 days. Your pain medication will be controlled by a pump (PCA) which will allow you to give yourself medication without the chance of overdosing. You will also have an ice-water circulating machine which you may use for up to 3 weeks after surgery.

### Post-Surgery:

**Knee braces:** For 6 weeks you will wear a brace from your groin to your ankle. The brace should be worn 24 hours a day (except when bathing) for 6 weeks. The brace will be locked in full extension for walking, but may be unlocked to allow motion at all other times. Once you regain control of the quadriceps muscle you may begin to unlock your brace for walking. ***Do not do this until I tell you to do this!***

After 6 weeks I will have you fit with a functional brace which will allow you to become more active and still have the support you need. This will need to be worn for all activities except sleeping and relaxing at home. ***This includes any time you are horsing around with friends!!!***

At 6-8 months, when you begin full activity, I may choose to reduce your bracing to just a neoprene sleeve depending on your individual circumstances.

**Wound care:** The dressing may become bloody, this is expected. We will change the dressing 48 hours after the procedure with the therapist or trainer. The TED hose should be worn for the first 2-3 weeks to help decrease swelling in the leg. These may be removed, washed, and reapplied as needed.

**Pain control:** As stated earlier, the pump will be available to you immediately after surgery. When you go home you will have a prescription for pain pills. Do not be afraid to take these for the first several days. The ice-water pump will also help significantly with pain control. If you have extreme nausea or itching with the medication, discontinue using it and call my office for instructions.

**Physical Therapy:** You will go to physical therapy several times per week for the first 4-6 weeks. At this point you should have all of your range of motion back and be ready to begin strengthening exercises. The number of therapy visits will decrease, but the number of workouts you do on your own at home will increase. A written protocol will be supplied to you at the time of your discharge from the hospital. You and your therapist should *follow this protocol carefully, and not vary significantly from it without first contacting me.*

**First 6 weeks:** Primarily focused on knee range of motion and patellar mobility

**Second 6 weeks:** Begin gentle strengthening, progressing to full activity in sports

**Criteria for Return to Sports:**

- 1) Full range of motion (both flexion and extension) to match the unaffected leg
- 2) Quadriceps strength at least 95% of the unaffected leg
- 3) Knee stability equal to unaffected leg
- 4) Confidence in your ability to return to sports

**Schedule of follow up visits:**

10 days, 6 weeks, 12 weeks, 6 months, 1 year, 2 years, and as needed in between.

If you have any questions regarding the planned procedure or rehabilitation protocol, please contact my nurse and she will help you or relay the question to me so that I can help you.

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or contact me by telephone at (806) 797-4985**