



ORTHOPEDIC PARTNERS

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ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

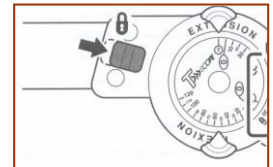
Post-Operative Instructions (Please bring with you to Therapy)

- Meniscus Tear

- | | | |
|-----------------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Medial | <input type="checkbox"/> Lateral |
| <input type="checkbox"/> Partial Meniscectomy | <input type="checkbox"/> Repair | |

Bracing

- The hinged knee brace should remain **locked for 24 hours** with the knee fully extended following surgery
 - 1) After 24 hours, you may unlock the brace which will allow you to bend and straighten your knee
 - There are no motion restrictions unless a meniscal repair was performed. If a repair was performed, then do **NOT** bend the knee past 90° of flexion unless specified by Dr. Piposar
 - 2) You may remove the brace to shower and bathe
 - 3) **At night, please keep the brace locked at 0° of extension**
- Unlock brace by sliding locking bar away from brace hinge.



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Pain Control and Ice

- For patients who received a regional pain block, the block lasts an average of 12-24 hours.
- A pain medication prescription will be provided prior to discharge.
- You may take the prescribed medication as directed.
- You should expect to experience minimal to moderate knee discomfort for several days and even weeks following the surgery.
- Patients often only need prescription narcotics for a few days following the surgery and then can switch to over-the-counter medications such as Tylenol, Advil, or Ibuprofen.
 - 1) Should you become constipated while taking the narcotic then you can take an over-the-counter stool softener for relief
- Ice bags and elevation should be utilized to decrease swelling and pain. Ice should be applied to the knee up to three times a day for 20 minute periods until swelling subsides

Wound Care

- If there is bleeding through the bandage, reinforce it with additional dressings for the first 48 hours.
- After 48 hours, remove the bandage. If the incisions are dry (no active bleeding) then you may leave the knee uncovered without a dressing. If the knee is still bleeding, place new sterile dressings over the incisions and change after an additional 24 hours. Please leave the Steri-strips on until follow-up.
- Showering is acceptable after 48 hours. You may get the wounds wet but do NOT scrub the incision sites.
- No swimming or tub bathing until cleared by Dr. Piposar at your first post-operative appointment

Rehabilitation/ General Post-op Care

- You will be able to put as much weight as tolerated on your leg utilizing crutches.
 - 1) **If you had a meniscal repair**, then you will be weight bearing on the affected extremity with crutches with your leg **LOCKED IN EXTENSION**
 - 2) **If you did NOT have a repair**, you may ambulate in your brace with it unlocked
- Start physical therapy during the first post-op week.
- **Take one 325 mg (full strength) Aspirin daily for 21 days** (unless <19 y/o or allergic) to prevent blood clots.
- Your first post-op appointment is 10-14 days following surgery. This is usually scheduled at your pre-operative visit. If not, then please call the office to schedule
- You may drive once you establish control of your operative extremity. If your right knee was operated on, this may take approximately 3-5 days to achieve. You may not drive under influence of pain medication.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).

Important Notes

- Peri-incisional numbness should be expected after any skin incision. Even the small incisions used for a knee arthroscopy.
- If you should experience the onset of calf pain during the post-operative period, please call our office or head to your local emergency room as this may be a sign of a blood clot. If you should experience shortness of breath or trouble breathing, call 911 and go directly to the Hospital.

Early Post-Operative Exercises

Start the following exercises as soon as you are able. You can begin these in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your post-operative pain.

Repetitions per set: 20

Sets of each exercise: 3

Sets per day: 3

Quad Sets - Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.

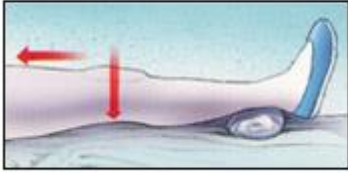


Straight Leg Raises - Tighten the thigh muscle with your knee fully straightened on the bed, as with the Quad set. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower.



Ankle Pumps - Move your foot up and down rhythmically by contracting the calf and shin muscles. Perform this exercise periodically for 2 to 3 minutes, 2-3x an hour in the recovery room. Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.

Knee Straightening Exercises - Place a small rolled towel just above your heel so that it is not touching the bed. Tighten your



thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for five to 10 seconds.



Bed-Supported Knee Bends - Bend your knee as much as possible while sliding your foot on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten.

Jonathan R. Puposar, MD

ACL RECONSTRUCTION Physical Therapy Protocol

Phase 1 (Weeks 0-2):

Goals: Minimize pain and swelling, regain full terminal knee extension, Flexion to 120° (unless meniscal repair performed)

Treatment plan:

- 1) Utilize CPM and electrical stimulation as directed by company representative and physical therapist.
 - Try to regain full range of motion with special focus on full extension
- 2) Swelling Control with ice and compression wrap
- 3) Initiate quadriceps and hamstring muscle activation and general leg control (see attached instruction sheet)
 - Quad setting, SLR, heel slides, ankle pumps
- 4) Weight bear as tolerated with crutches (unless meniscal repair performed)

Phase 2 (Weeks 2-4):

Goals: Full knee ROM in extension and flexion, progress quadriceps/hamstring strengthening

Treatment plan:

- 1) Continue with swelling control
- 2) Full knee ROM (half to full revolution on exercise bike)
- 3) Quad/hamstring strengthening program
- 4) Balance and Proprioception
- 5) Independent ambulation

Phase 3 (Weeks 4-12):

Goals: Full lower extremity strengthening/conditioning program, Agility and Plyometric drills, Full activity in gym

Treatment plan:

- 1) Progress CKC strengthening – lunges/ reverse lunges/ single leg squats
- 2) Full ROM – Full revolution on bike
- 3) Progress dynamic balance training

Phase 4 (Month 3-6):

Goals: Agility and Plyometric drills, Sports specific training,

Treatment Plan:

- 1) Progress lower extremity strengthening and control
- 2) Plyometric drills including lateral movements, quadrant exercise
- 3) Sports specific strengthening and conditioning
- 4) Treadmill/bike, light jogging
- 5) Transition to self-directed exercise program

Phase 5 (Month 6+)

Goals: Continue with home exercise program to maintain strength of lower extremity. Return to sports of choice and independent gym activity.

Treatment Plan:

- 1) Progress plyometric and agility training
- 2) Progress sport specific training
- 3) Fit for functional stability knee brace as needed

