

1. Dressing:

Change your dressing two days after surgery. Some light bleeding and drainage is normal. Change the dressing as needed. Showering is permitted 2 days after surgery & the incision may be washed with soap & water, but no submerging or bathing is allowed until 2 weeks. Keep a clean dressing on the incision until your follow-up appointment.

2. Medication:

You will be given a painkiller _____ to be taken 1-2 pills every 4-6 hours as needed. Do not drink or drive while on pain medication. Do not take additional Tylenol based pain medications while on this medication.

You may also be given an anti-inflammatory medication _____ to be taken following surgery as directed.

Take an aspirin (325 mg) once a day to help lower the risk of blood clots unless you are already on a blood thinning medication.

3. General Instructions:

Apply ice to the knee (20min on /off) and elevate to reduce swelling. It is normal for swelling in the knee to persist for several weeks following surgery.

If you notice any signs of infection such as increased pain, redness, swelling or fever >100.5° F, call the office immediately.

If you develop any calf or thigh pain, increased swelling, chest pain or shortness of breath, call the office immediately or go to the ER as these may be symptoms of a deep venous thrombosis (blood clot) in the leg.

4. Follow-up appointment:

Call the office at 949-8945 to schedule an appointment for 10-14 days after surgery.

5. Other Instructions:

*If you have any problems or concerns following surgery,
please call our office at (616) 949-8945.*

Weeks 0-2

You may be full weight bearing following surgery, walking as much as tolerated with crutches if needed. Only light activity is allowed at this point with an emphasis on restoring full range of motion and limiting swelling in the knee. Ice the knee and use a compressive Ace wrap as needed to limit swelling. **Work on achieving full active range of motion** (full extension and progressive flexion) comparable to your good knee.

Exercises: Straight leg raises, heel slides and active terminal extension exercises (10 repetitions 10 x day), increasing as tolerated. Goal is to limit activity to a level that does not cause swelling or pain in the knee, focusing on obtaining full motion.

Week 2-4

Goal is to achieve full range of motion comparable to the other knee with no swelling at this point. Low impact in-line exercises (stationary bicycle, Stairmaster, treadmill) and therapy may begin for strengthening of the quadriceps (knee extension) & hamstrings (knee flexion). Activity and exercise tolerance may be gradually increased as long as it is not causing swelling in the knee.

If increased swelling in the knee occurs, you are doing too much and should taper back activities until the swelling resolves.

Weeks 4-8

Goal is to work on strengthening the leg which will protect the knee and graft from further injury. Near full strength comparable to the other leg should be achieved before returning to full activity or sports. Emphasis should be on proprioception training, light impact drills and agility drills, but full contact and pivoting drills are still restricted.

After 8 weeks

Gradual progression is allowed from light impact drills to full activity if strength & motion have been restored. Full return to sports typically takes 4-6 months but depends on individual progress.