

# Physiotherapy following ACL Reconstruction



ST VINCENT'S  
PRIVATE HOSPITAL  
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.  
Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.  
Please ask if there is anything you are unsure about.

Your physiotherapist: \_\_\_\_\_

Phone: 07 **3326 3000**    Pager no. **0104**

Alternative contact: \_\_\_\_\_



Please contact your nurse  
if you require an interpreter.

# Physiotherapy following **ACL Reconstruction**

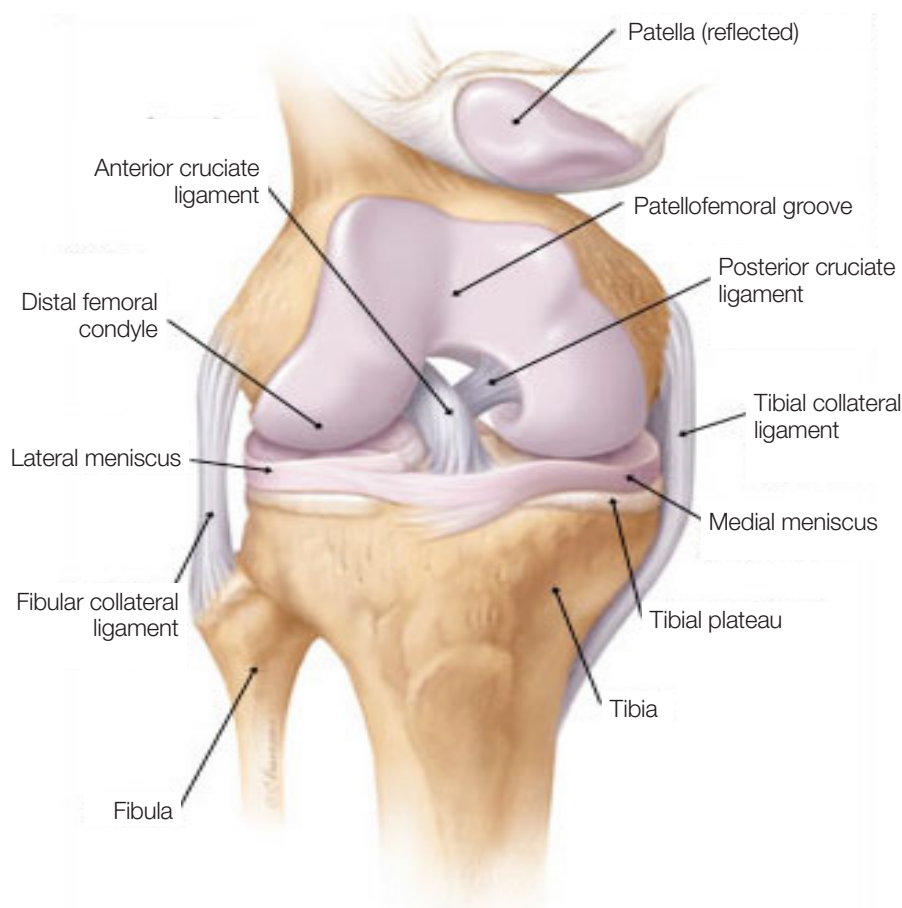
## Welcome to St Vincent's Private Hospital Northside

Our Hospital's Orthopaedic Physiotherapy Team will work with you to regain normal function after your operation.

They will provide you with advice and a home exercise program to enable you to continue your rehabilitation at home.

Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.



*'Arthroscopic surgery' refers to the surgical approach to your knee.*

# General post-operative advice: *for your safety and care*

## For the first 2-3 days

You must take care not to over-do-it or aggravate the healing process in the first few days following the surgery.

These first few days should involve:

- ☐ Relatively resting (only walk when you have to).
- ☐ Keep your leg elevated on a bed or couch. Have leg straight, not bent on a pillow.
- ☐ Icing your knee for 15-20 minutes every 3-4 hours.
- ☐ Gently perform the exercises outlined in this booklet.

## Recovery in the first two weeks after surgery

Following ACL reconstruction the main goals in the first two weeks are to:

- minimise and control swelling
- straighten the knee
- gently bend the knee if allowed
- gain good control of the muscles around your knee
- mobilise safely on crutches or a walking aid
- safely mobilise up and down stairs
- participate in home exercise program.

## Avoid 'open-chain' exercises

In the initial stages following an ACL reconstruction it is important to avoid 'open-chain' exercise – any exercise that involves straightening your knee against gravity.

Until otherwise advised by your surgeon or physiotherapist you should ensure that your foot is in contact with the bed/floor while exercising your knee. It is safe to lift your leg in and out of bed.

**Do not place pillows or towel rolls under your knee to sleep.  
It is important your knee rests fully straight.**



## Exercises: *immediate post-operative*

These exercises can be started on the day of your surgery and it is a good idea to practice them before.

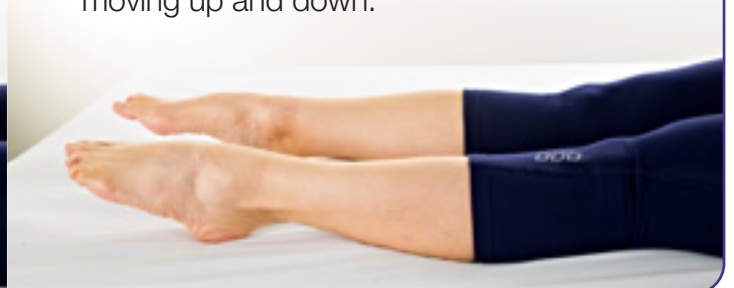
### ● Relaxed deep breathing

- Relax your shoulders and take a slow, deep breath in.
- Hold for three (3) seconds, and then slowly breathe out.
- After five (5) deep breaths have a strong cough.
- Repeat hourly when awake for the first two (2) days after your surgery.



### ● Foot and ankle pumps (*to help circulation and prevent blood clots*)

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



### ● Basic quadriceps exercise



*In splint if provided*

- Pull your toes towards your head.
- Use your thigh muscles to straighten your knee.
- Hold for 3-5 seconds.
- Repeat ten (10) times every hour when awake.

### ● Straight leg raise



*In splint if provided*

- Lying flat on the bed, pull your toes up towards your head.
- Activate your quadriceps muscle by straightening your knee, and then lift the leg up into the air.
- Repeat ten (10) times, every 2-3 hours.

## Exercises: *immediate post-operative* (continued)

### ● Hamstrings co-contraction at 0°

- Tighten the muscles at the front and back of your thigh; push your knee down and your heel into the bed.
- Hold for five (5) seconds.
- Repeat ten (10) times.



### ● Hamstrings/quads co-contraction at 30°

- Bend your knee to around 30 degrees.
- Tighten the muscles at the front and back of your thigh; pull your heel into the bed.
- Hold for five (5) seconds.
- Repeat ten (10) times.



## Exercises: *immediate post-operative* (continued)

### Knee bending

#### ○ Active Knee Flexion

- Sit in a chair with your foot on the floor, undo and remove your knee splint, slide your foot on the floor as far back as comfortable. Make sure that you are bending at the knee joint. Do not go past 90 degrees, a right angle.
- Repeat five (5) times, three (3) times a day.

#### ○ Only bend knee when sitting on toilet or in shower

- Mobilise to bathroom with splint on.
- Once sitting on toilet or shower chair, remove splint and let the knee bend naturally. Don't force the bend.
- Once finished, in the bathroom, replace the splint before mobilising again.



**It is CRUCIAL that you regain the ability to fully straighten your knee.**

### Will you need further physiotherapy?

Continue with the above exercises until your review with your surgeon. Your surgeon will advise you on further physiotherapy requirements.



# Safe use of crutches

Your physiotherapist will discuss crutch safety with you.

## Weight-bearing status

### ○ FWB – Full weight-bearing

You can place all your weight normally through your operated leg.

### ○ WBAT – Weight-bearing as tolerated

You can place as much weight through your operated leg as pain allows. As the pain eases place more weight through your operated leg until you are fully weight-bearing.

### ○ PWB – Partial weight-bearing

Place half your weight through your operated leg, and half your weight through your crutches as you walk.

### ○ TWB – Touch/Toe weight-bearing

You may place a very small amount of weight through your operated leg when walking. Imagine you are walking on an egg carton, but don't want to squash it. Usually this contact with the ground is enough to take the weight of your operated leg only (ie. balance on the ground), but without placing any additional body weight through your operated leg.

### ○ NWB – Non weight-bearing

You are unable to place any weight through your operated leg at all.





## Advice for placing weight through your operated leg

- Using crutches after the operation takes some pressure off the knee and helps to ensure you learn to walk without a limp. The idea is that you 'train' yourself to WALK NORMALLY using the crutches, so that you do not have a limp when you come off them.
- Often you can go onto using just one crutch (in the opposite hand to your operated leg) for short distances around the house. Continue to use the crutches for longer walks or if spending more time on your feet until you have no pain or limp or until your surgeon tells you.

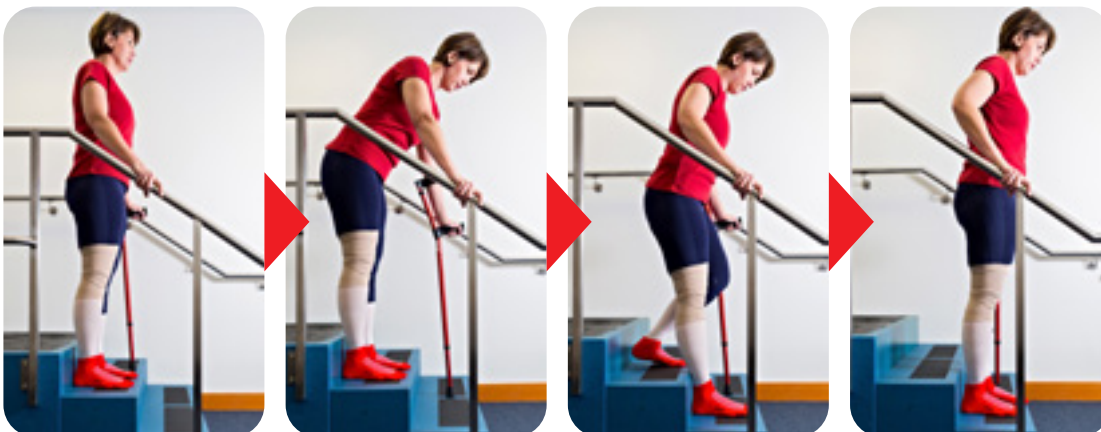
## Precautions when using crutches

- Ensure crutches are the correct height for you. Your physiotherapist can check this whilst you are in hospital.
- Use appropriate footwear (no loose footwear).
- Check the rubber stoppers at the bottom of the crutches are not worn away or damaged.
- If walking outside in wet conditions take extra care, and don't rush. Ensure rubber stoppers are dry when entering a building. They can potentially slip on hard floors.
- When turning, take little steps around, never pivot on one leg.

## Advice for managing stairs when using crutches

When you are in hospital, your physiotherapist will demonstrate how to go up and down stairs using crutches and you will practice with the physiotherapist present. If you have a rail, use the rail instead of a crutch on that side.

- **Going up stairs:** Good leg first, sore leg next, crutches (*all onto the same step*).
- **Going down stairs:** Crutches first, sore leg next, good leg last (*all onto the same step*).



It may help to remember the phrase "Good leg to heaven, sore leg to hell."

[illegible]



# St Vincent's Private Hospital Northside

627 Rode Road, Chermside QLD 4032

Phone: 07 3326 3000

Email: [svphn.enquiries@svha.org.au](mailto:svphn.enquiries@svha.org.au)

Website: [www.svphn.org.au](http://www.svphn.org.au)

 [@stvincentsprivatehospitalnorthside](https://www.facebook.com/stvincentsprivatehospitalnorthside)



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Developed in consultation with our consumers (May 2017)

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