

# Dr Aziz Bhimani

HIP & KNEE SURGEON

www.wollongongorthopaedics.com.au

## Post-Operative Instructions-Posterior Cruciate ligament +/- Anterior Cruciate Ligament Reconstruction

1. Remove crepe bandages 24-48 hours after your surgery. Leave the dressings intact and keep clean and dry until your post-operative appointment.
2. Wear the long thigh high compression stocking on the affected leg for at **least 2 weeks** post-surgery to help reduce the swelling in your knee.
3. Elevate your leg when resting to help reduce swelling.
4. Use an ice pack on your knee 3 or more times a day for 10-20 minutes to assist with swelling and pain.
5. Weight bear as tolerated with 2 x crutches. Your knee will be in a hinged brace locked in full extension to keep your leg out straight for 6 weeks. If you must take off your brace briefly, it is important that your leg remains out straight and does not bend.
6. Rehabilitation begins the day after your surgery. You should have an appointment already booked with your Physiotherapist who will guide you through your exercise program. Attached is Dr Bhimani's physiotherapy protocol for your reference, these are not meant to be strict and your progress may be faster or slower depending on the response of your knee.
7. Take your pain medication. You will have had some local anaesthetic in your knee from surgery, however when this wears off you may experience pain. You will have been given a prescription for pain medication. Have this filled before going home so you have it on hand when you need it. Dr Bhimani advises his patients to take their prescribed analgesia and anti-inflammatory regularly for at least 2-3 weeks before starting to wean. Taking adequate pain relief will assist you with your exercise program and return to normality.

### Post-operative appointment

Please call 02 42299116 to make a follow up appointment 10-14 days from the day of surgery. At this appointment your sutures will be removed, your progress assessed and expectations discussed.

### Warning Signs

Please contact Dr Bhimani's office or seek medical advice if you experience any of the following:

Fever, chills, persistent discharge from your incisions, increasing pain or excessive bleeding.

# Posterior Cruciate ligament +/- Anterior Cruciate Ligament Reconstruction

## Protocol for Physiotherapists

This program is a guide for physiotherapists, it should be adjusted to the individual taking into account pain, pathology, work and other social factors.

Dr Bhimani advises that supervised Physiotherapy should commence the day after surgery. If you have any concerns please do not hesitate to contact Dr Bhimani through his office on 02 42299116.

**NOTE: ALL EXERCISES MUST BE COMFORTABLE AND NOT CAUSE AN INCREASE IN SWELLING.**

### Stage 1 (0-4weeks)

#### *Goals:*

- Wound healing (keep dry)
- Gain full extension
- Reduce swelling
- Reduce pain
- Promote muscle control

#### *Treatment Guidelines*

- Pain and swelling reduction with ice, compression stocking, intermittent pressure pump, regular rest and elevation.
- Activate Quads
- WBAT with 2 x crutches in ROM knee brace locked in full extension, teach stair techniques in hospital.

### Stage 2 (4-6 weeks)

#### *Goals:*

- Maintain full extension
- Minimal pain and effusion
- Initiate ROM exercises (under supervision only)
- Promote activation of Quadriceps muscle
- Avoid hamstring strain
- Full weight bearing in ROM knee brace locked in extension

#### *Treatment Guidelines*

- Daily scar massage
- Continue modalities to reduce pain and swelling
- Prone passive ROM exercises 0-60 degrees under supervision only
- Quad rehab.

### Stage 3 (6 -12 weeks)

#### *Goals*

- Full weight bearing, normalise gait
- Regain full ROM
- Improve strength and muscle control
- Improve coordination and proprioception
- Avoid patella tendinosis

#### *Treatment Guidelines*

- Unlock brace at 6 weeks and wean from brace over the next 3-4 weeks.
- Gait training
- Improve quads strength, avoid open chain quadriceps exercises.
- Assess PF articulation, treatment and patella taping if necessary
- Gluteal and hamstring stretches
- Strength and proprioception exercises
- Introduce gym-based equipment
- Gentle pool exercises can begin, avoid breast stroke

### Stage 4 (3-6 months)

#### *Goals*

- Full active range of motion
- Normal gait
- Improve strength and muscle control
- Develop confidence in the knee
- Regain proprioception and agility
- Avoid PF Irritability

#### *Treatment guidelines*

- Increase strength by step work with resistance, leg presses, squats and weights
- Progress through half speed, three quarter speed and stop/start running. (Do not attempt full speed running, pivoting or side stepping). Progress to large figure 8s and gentle zigzags. Avoid stepping and jogging down hills.
- Work on mini trampoline for proprioception.
- Swimming (no breast stroke) and cycling should continue.

**NOTE: If returning to sports will need to have all mile stones met and be cleared by Physiotherapist and/or Dr Bhimani.**

## Stage 5 (6 months plus)

### *Goals*

- Preparation for a safe return to sporting activities.

### *Treatment Guidelines*

- Increase strength by open chain leg extensions. Increase by 3 kg as progress is made. Aim to reach 25kg for high grade athletes.
- Progress to full running, pivoting, side stepping, cutting and jumping.
- Work on fitness, power and endurance.
- Plyometric exercises.
- Quadriceps 100% strength
- Hamstrings 80-90% strength
- Begin limited sports practice sessions. If coping with 2 full practices return to full sport.

**NOTE: Most patients take approximately 12 months to rehabilitate well enough to return to sport although some patients may return earlier with a dedicated rehabilitation program.**