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POSTERIOR CRUCIATE LIGAMENT RECONSTRUCTION Post-Operative Care

1. WOUND CARE

After the surgery you will have a padded crepe bandage on your knee, you can remove the bandage 48 hours after the surgery.

There are plastic dressings under the crepe bandage, some blood staining on these is normal. If there is heavy blood staining or leaking you can contact us or you can get your GP's practice nurse to change the dressings.

You can shower with these plastic dressings on, although you should not point the water straight at them or soak them in a bath.

The sutures used are absorbable and do not need to be removed. The dressings stay on until you are seen in clinic.

Icing of the knee is helpful following surgery - especially in the first 72 hours. Use a bag of crushed ice or frozen peas for up to 30 minutes, 4-5 times per day.

2. ACTIVITY

You will be in a range of motion brace that will limit your motion from 0-90 degrees. When in the brace, you can mobilise "Touch weightbearing" - this means you need crutches and should not put weight through your operated leg when walking - you can touch your foot to the ground only. You need the brace and crutches for 6 weeks.

Although the incisions are small, your knee has undergone major surgery. During the first week ensure you get adequate rest and limit walking to what is necessary.

Elevate as much as possible and avoid long periods of time with the leg down.

3. PHYSIOTHERAPY

Physiotherapy is an important part of your recovery, and should start within the first six weeks following your surgery. Simon Young will discuss this with you.

FOLLOW UP

Wendy will typically arrange a follow up appointment 2-3 weeks after the surgery, please liaise with her to ensure the date and time is suitable for you.

If you have any concerns prior to your appointment please
phone 09 521 9849 or email ortho@axissportsmedicine.co.nz

After hours or if the query is urgent you can contact
Simon Young on 021 616 183 or email simon.young@auckland.ac.nz

PHYSIOTHERAPIST QUICK NOTES

Posterior Cruciate Ligament Reconstruction

GENERAL GUIDELINES

No open chain hamstring work.
Caution against posterior tibial translation (due to gravity or muscle action)
Maximise prone exercises, place rolled towel under proximal tibia during supine exercises
Assume 12 weeks graft to bone healing time

BRACE

0-90 for 6 weeks then discard.

WEIGHT-BEARING

Touch down weight bearing for 6 weeks with two crutches.
After 6 weeks weight-bear as tolerated.

PHASE ONE

EARLY POST OPERATIVE (0-4 WEEKS)

RICE, TWB with crutches. Ankle pumps, quad sets, SLR, patella mobilizations, AROM + PROM with patient PRONE, extension exercises, Instruct patient on self-administered PROM with brace on, with the emphasis on supporting the proximal tibia.

PHASE TWO

RANGE OF MOTION/STRENGTH/BALANCE (4-12 WEEKS)

Continue phase 1 exercises, closed chain quads, mini-squats, squats, step-ups, exercycle, proprioception.
Can use pool if wounds fully healed.

Discard brace at 6 weeks and begin WBAT. Aim full ROM by 6 weeks, contact Simon if concerns.
Continue closed-chain exercises progression focusing on regaining strength.

PHASE THREE

FUNCTION - RUNNING, JUMPING, HOPPING, LANDING (3-5 MONTHS)

Continue previous exercises, begin light running when able.
Towards end of phase begin Running/jumping/hopping landing drills, jump rope okay.

PHASE FOUR

SPORT SPECIFIC TRAINING AND RETURN TO SPORT (5-12 MONTHS)

Progressive plyometrics, incline plyometrics, running, hopping, skipping, sport specific drills.
Aim full training for at least one month prior to return to sport.

Many thanks for your help with the rehabilitation. If you have any concerns or would like to modify the protocol for an individual patient, please feel free to contact me anytime.

Phone 021 616 183 or email simon.young@auckland.ac.nz