



P: (843) 353-3460 | F: (843) 353-3461

Posterior Cruciate Ligament Reconstruction Postoperative Instructions

Diet

- Begin with clear liquids and light foods (Jell-O, soups, etc.)
- Progress to your normal diet if you are not nauseated.

Wound Care

- Maintain your operative dressing, loosen bandage if swelling of the foot or ankle occurs.
- It is normal for the knee to bleed and swell following surgery – if blood soaks onto the bandage, do not become alarmed – reinforce with additional dressing.
- Remove surgical dressing on the 2nd post-operative day – if minimal drainage is present, apply waterproof band-aids over incisions and change daily.
- To avoid infection, keep surgical incisions clean and dry – you may shower by placing waterproof Band-Aids over incision areas. Please remember to change Band-Aids daily.
- NO immersion of operative leg (i.e. bath) *Brace may come off to shower.

Medications

- **Do not drive a car or operate machinery while taking the narcotic medication**
- Pain medication is injected into the wound and knee joint during surgery – this will wear off within 8-12 hours.
- Most patients will require some narcotic pain medication for a short period of time.
- Primary Medication = (Oxycodone)
 - Take 1 – 2 tablets every 4 – 6 hours as needed
 - Max of 12 pills per day
 - Plan on using it for 2 to 5 days, depending on level of pain
 - Ondansetron (Zofran) take as needed for nausea
 - Docusate sodium (Colace) as needed for constipation
- Meloxicam two times a day for 2 weeks
- Tylenol 1000mg three times a day for two weeks
- Aspirin 81 mg daily for two weeks
- Common side effects of the pain medication are nausea, drowsiness, and constipation – to decrease the side effects, take medication with food.
- If you are having problems with nausea and vomiting, contact the office to possibly have your medication changed, email/call Dr. Gehrman.

Activity

- USE CRUTCHES to maintain TOE TOUCH WEIGHT BEARING with the brace locked in full extension.
- Elevate the operative leg to chest level whenever possible to decrease swelling.
- Do Not place pillows under knees (i.e., do not maintain knee in a flexed or bent position), but rather place pillows under foot/ankle to elevate leg.
- Do not engage in activities which increase knee pain/swelling (prolonged periods of standing) over the first 7-10 days following surgery.
- Avoid long periods of sitting (without leg elevated) or long distance traveling for 2 weeks.
- May return to sedentary work ONLY or school 3-4 days after surgery, if pain is tolerable.

Brace

- Your brace should be worn fully extended (straight) at all times (day and night – except for exercises) until otherwise informed by the physician after the first post-operative visit.
- Remove brace for flexion (bending) exercises done in a non-weight bearing position, lying on your stomach.
- Remove brace for shower.

Ice Therapy

- Begin immediately after surgery
- Use icing machine continuously or ice packs (if machine not prescribed) every 2 hours for 20 minutes daily until your first postoperative visit – remember to keep leg supported while icing
- DonJoy Ice Machine “Game ready”/Vasothermic device may be used.
- Use unit as frequently as tolerated x 14 days
- Unit is programmed hour on/hour off continuous of compression and ice alternating
- If braced* - Loosen brace to avoid added pressure
- If issues with Ice Machine, please contact Dr. Gehrman’s office.

Exercise

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, and ankle pumps) unless otherwise instructed. Bending exercises should be done on your stomach 0-70 degrees.
- Discomfort and knee stiffness is normal for a few days following surgery – it is safe and, in fact preferable to bend your knee (unless otherwise instructed by physician).
- Complete exercises 3-4 times daily until your first postoperative visit – your motion goals are to have complete extension (straightening) and 70 degrees of flexion (bending) at your first postoperative visit unless otherwise instructed.
- Do ankle pumps continuously throughout the day to reduce the possibility of a blood clot in your calf (extremely uncommon).

- Formal physical therapy (PT) will begin 7-10 days after surgery. Please contact your PT location of choice after surgery to schedule appointments

Emergencies

- Contact Dr. Gehrman or his clinical assistant at (843) 353-3460 if any of the following are present:
 - Painful swelling or numbness
 - Unrelenting pain
 - Fever (over 101°F - it is normal to have a low grade fever for the first day or two following surgery) or chills
 - Redness around incisions
 - Color change in wrist or hand
 - Continuous drainage or bleeding from incision (a small amount of drainage is expected)
 - Difficulty breathing
 - Excessive nausea/vomiting
- **If you have an emergency after office hours or on the weekend, contact the same office number 843-353-3460 and you will be connected to our page service – they will contact Dr. Gehrman or one of his colleagues if he is unavailable. Do NOT call the hospital or surgical center.
- **If you have an emergency that requires immediate attention, proceed to the nearest emergency room.

Follow Up Care + Questions

- A member of Dr. Gehrman's team will call you 24 to 48 hours after surgery to address any questions or concerns. If you have not been contacted within 48 hours of surgery, please call the office at 843-353-3460.
- Typically the first post-operative appointment following surgery is 10-14 days following surgery.
- If you do not already have a postoperative appointment scheduled, please contact the office during normal office hours (843-353-3460) and ask for appointment scheduling.
- The first post-operative appointment will be with myself or one of the Physician Assistants. They will assess the wound, go over post-operative protocol, and answer any questions you may have regarding the procedure.

Post-Operative Rehabilitation Guidelines for Posterior Cruciate Ligament Reconstruction

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

0-3 Weeks:

- Weight Bearing TTWB, Brace locked at 0 degrees
- ROM (Prone only): Passive flexion 0-70 degrees,
- Active Assisted extension 70 to 0 degrees
- Patella mobilization
- Towel extensions, prone hangs
- SLR supine with brace locked at 0 degrees
- Quadriceps isometrics @ 60 degrees

3-6 Weeks:

- Progressive Weight Bearing TTWB to PWB (75%) with crutches
- Brace locked @ 0 degrees
- ROM (Prone only): Active Assisted extension 90-0 degrees
- Passive flexion 0-90 degrees
- Short crank (90mm) ergometry
- Leg Press (60-0 degree arc)
- SLR's (all planes): Progressive Resistance
- Multiple-angle Quadriceps Isometrics: 60 to 20 degrees

6-12 Weeks:

- D/C crutches when gait is non-antalgic (6-8weeks)
- Brace changed to OTS
- Initiate Forward Step Up program (6-8weeks)
- Leg Press, Mini-Squats (60-0 degree arc)
- Standard ergometry (if knee ROM > 115 degrees)
- AAROM exercises
- Stairmaster (6-8 weeks)
- Aquacisor (gait training)
- Retrograde treadmill ambulation
- Initiate Step Down Program (8-10 weeks)

12-20 weeks:

- Leg Press: Squats (80 to 0 degree arc)
- AAROM exercises
- Proprioception Training (Prop Board, BAPS)
- Lunges
- Advanced Proprioception training (perturbations)
- Agility exercises (sport cord)
- Versa-climber
- Retrograde treadmill running
- Quadriceps stretching

20-26 weeks:

- Start forward running (if descend 8" step satisfactorily)
- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Initiate plyometric program (if sufficient strength base)
- Functional Hop Test (>85% contralateral)

> 26 weeks:

- Continue lower extremity strengthening, flexibility, proprioceptive & agility programs
- Advance plyometric program
- Advance agility and sport specific program