

159 East 74 th Street, 2nd Floor New York, NY 10021	Aruna Seneviratne MD Tel: (212) 737 3301 Fax: (212) 737 4876 www.nycsportsmed.com	130 East 77 th Street, 5 th Floor New York, NY 10075
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Post Op Instructions Following PCL Reconstruction

Medications:

- A femoral nerve block is routinely used to minimize post operative pain. This will wear off within 8 to 18 hours.
- Most patients will need some narcotic pain medication such as Percocet (Oxycodone) or Vicodin (Hydrocodone). Take as directed on the bottle.
- Common side effects of pain medicine are nausea, drowsiness, and constipation. To minimize these side effects, take the smallest dose needed to control the pain. Take medications with food. If constipation occurs, take an over the counter laxative or stool softener.
- If you have severe nausea, or your pain is not controlled please call the office to have your medication changed.
- Do not drive a car or operate machinery while taking narcotic pain medications.
- Aleve or Ibuprofen (Advil, Motrin etc), can be taken in between narcotic pain meds to help with peaks and valleys of pain, and to reduce the overall amount of narcotic pain medication needed, and to increase the time interval between narcotic pain medication usage.

Diet:

- Begin with clear liquids and light foods such as broth, and jello
- Progressively normalize your diet if you don't experience nausea, vomiting, or bloating.

Activity:

- You may walk as tolerated. You will need to use crutches for the first several weeks.
- You may weight bear as tolerated unless otherwise instructed by Dr. Seneviratne.

Brace:

- The knee brace given to you immediately after surgery must be worn while walking and sleeping.
- It should be locked in extension (knee straight) for the first week.
- You may take the brace off when doing exercises after the first week.
- Brace hinges must be at the level of the kneecap.
- You may loosen or tighten the brace straps as necessary, but it should be snug.
- You will need to wear the brace for about 8 weeks.

Crutches:

- Use the crutches when walking as the physical therapist taught you in the hospital. Put as much weight on your leg as you can tolerate. When you feel comfortable walking without your crutches you may do so. This is usually occurs at about 6-8 weeks.

Exercise:

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, hip abduction/adduction, and ankle pumps).
- Avoid hamstring exercises such as heel slides.
- It is safe to bend your knee immediately after surgery – in fact it will enhance your recovery and decrease you pain.
- It is normal for your knee to be stiff for a few days after surgery.

Wound Care:

- Keep your operative dressing on for 48 hours. You may loosen bandage if excessive swelling of the foot and ankle occurs.
- Remove all cotton and yellow gauze 48 hours after your surgery. Please leave steri-strips (white paper strips) on your wound until you see the doctor.
- Reapply ACE bandage over a new gauze pad to cover the incision.
- You may shower 48 hours after surgery, however you must place a plastic bag over the brace while showering or you have the option to take off the brace to shower. Whatever you decide to do please

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use CAUTION!! Be careful not to slip, twist, or fall. A stool placed in the shower so you can sit is a great idea so you can stabilize your knee. Do not soak in a bathtub, hot tub, or pool until the doctor tells you it is O.K. to do so. Once you are done showering pat the wound dry and reapply a dry dressing as directed above.

Elevation:

- When you are not walking your leg should be straight with a pillow under your foot or ankle (not behind your knee). Try to elevate knee as much as possible to reduce swelling.

Ice/Cryotherapy:

- You should use the Cryocuff machine, the Gameready machine, or ice on the knee as often as possible (especially after exercising) to reduce swelling and discomfort.
- If using an ice pack, do not ice the knee more than 20 minutes at a time. Let the knee warm up before reapplication. Avoid getting your wound wet.
- If you have a Cryocuff or Gameready you may keep this on the knee continuously, but follow the instructions provided by the vendor of the machine.

Follow-up visit:

- You need to see Dr. Seneviratne about one week following surgery for your first post-op visit. At that time your sutures (stitches) will be removed. Please begin physical therapy 1-2 days after surgery. It is O.K. to start physical therapy prior to your first post-op visit in the office. Call the office to arrange this.

Common Concerns:

- Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.
- A sudden rush or feeling of fullness with pain when going from a sitting to a standing position in the knee is common after surgery.
- Bruising and/or swelling of the thigh, shin and ankle are common after surgery. This usually occurs 3-4 days after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve this discomfort it is best to ice the leg.

Please call if:

- If at any time you have discomfort, swelling, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
- Any oozing or redness of the wound, fevers (>101.3 degrees F), or chills.
- Any difficulty breathing or heaviness in the chest.

REMEMBER - these are only guidelines for what to expect following PCL surgery. If you have any questions or concerns regarding your knee please do not hesitate to call the office at any time.

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PCL and PCL/ACL Reconstruction Rehab Protocol

The intent of this protocol is to provide the therapist with a guideline for the post-operative rehabilitation course of a patient that has undergone a PCL or PCL/ACL reconstruction. It is not intended to be a substitute for appropriate clinical decision-making regarding the progression of a patient's post-operative course. The actual post surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a therapist requires assistance in the progression of a post-operative patient they should consult with Dr. Seneviratne.

Phase One (0-4 weeks)

- Decrease pain.
- Weight bearing as tolerated with crutches.
- Brace
 - 0-1 week - locked in full extension at all times.
 - 1-4 weeks – locked in full extension for ambulation, remove for exercises.
- Range of motion
 - 0-1 week – None
 - 1-4 weeks – Passive motion only limited to 60deg of flexion.
- Therapeutic exercises 1- 4 weeks
 - Straight leg raises, eccentric quad sets.
 - Avoid Hamstring strengthening.
 - Hamstring stretching is okay.
 - Theraband calf press, standing raises with knee in extension, and standing hip extension
 - Neuromuscular stimulation for quad activation.

Phase Two (4-12 weeks)

- Weight bearing – as tolerated, wean crutches after 6 weeks.
- Brace
 - 4-6 weeks – unlocked for gait training exercises.
 - 6-8 weeks – unlocked for all activities.
 - 8 weeks – discontinue brace.
- Range of motion
 - Maintain full extension and gain progressive flexion
- Therapeutic exercises
 - 4-8 weeks – gait training, wall slides, resisted hip strengthening with all weight proximal to knee.
 - No hamstring strengthening, stretching okay.
 - 8-12 weeks - resisted cycling, closed chain terminal knee extensions, leg press.

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Phase Three (12 weeks to 9 months)

- Weight bearing as tolerated
- Brace – none
- ROM – gain full and pain free motion
- Therapeutics
 - Treadmill – walking progress to jogging
 - Advance closed chain strengthening
 - Begin Hamstring strengthening at 4 months.
 - Slide board at 4 months.
 - Stairmaster, balance, and proprioception activities
 - Sport specific training at 6 months.

Phase Four (9 months and beyond)

- Maintain strength, endurance and function.
 - Backward running, cutting etc.
 - Running.
 - Initiate plyometric program.

Many thanks to Dr. Brian Cole, Rush University, Chicago, IL