

PATIENT INSTRUCTIONS FOLLOWING ACL RECONSTRUCTION
DR. GRIMM

1. Use your crutches to help you bear weight as tolerated on your operative leg *unless* you had a meniscus repair performed. (If a meniscus repair was performed, you will need to be non-weight bearing for several weeks with your brace locked in position.) As you become more comfortable, you may put more weight on your leg and less on the crutches. Do not walk without the crutches until instructed to do so by your physical therapist.
2. You should already have a pre-arranged physical therapy appointment scheduled within 3-6 days following surgery. Leave your bandage in place until that time when it will be changed by your therapist. If it becomes displaced you can rewrap the ace bandage loosely, and then re-secure the brace with the velcro straps.
3. Keep your leg elevated whenever possible, especially during the first several days after surgery. It is very important to keep your knee fully straightened while in the brace (i.e. - in “full extension”), except when doing your motion exercises. Be careful not to place pillows behind the knee causing it to bend slightly. Rather, place them under your calf and foot to support the leg and keep the knee straight.
4. The cryotherapy unit (“ice pack & cooler”) is very helpful in reducing post-operative pain and swelling. Use the unit as instructed, being careful not to let the attachment tubes lay directly on uncovered skin. If you have any problems using the unit or it appears to be malfunctioning, please call (800) 526-2579 for assistance.
5. In addition to walking, there are specific exercises you will need to do frequently throughout the day to begin your recovery. These include “Quad Sets”, straight leg lifts, and range of motion exercises as demonstrated by the physical therapist prior to your discharge from the hospital. Please perform the exercises exactly as instructed by the therapist—the rehabilitation protocol has been developed to allow safe, early return to function without risking damage to your reconstructed ligament. There is nothing to be gained by trying to “exceed expectations”.
6. You will receive a prescription for a narcotic pain medicine that should be taken as directed if needed. (You may not need to have this filled depending on your discomfort). A non-prescription strength medication (e.g.- Tylenol, Ibuprofen, or Aleve) may be all that is required to control your discomfort.
7. You may begin to drive:
LEFT Leg Operated (automatic transmission) – 48 hours after your surgery, no narcotics.
RIGHT Leg Operated OR LEFT Leg Operated (Standard Transmission) – once you are able to bear full weight, and demonstrate good muscle control and motion in therapy (~ 4-8 weeks).
8. You should already have a follow up appointment scheduled with Dr. Grimm in 10-14 days. If there are any problems, call Dr. Grimm’s office at (585) 394-1960.

IF ANY OF THE FOLLOWING PERSIST, CONTACT THE OFFICE:

1. Pain that increases in intensity.
2. Increasing swelling in the knee, or drainage from the incisions.
3. Onset of numbness or tingling in the leg or foot.
4. Elevated temperature (fever) not associated with other illness.

David C. Grimm, M.D.
Canandaigua Orthopaedic Associates, PC
(585) 394-1960
www.DrGrimm.com