

Recovery from Surgery

ACL reconstruction surgery is traumatic to the knee and a period of rest and recovery is required after the operation. Whilst it's tempting to want to get going and improve strength and range of motion, it's best to let the knee settle for the first 1-2 weeks with basic range exercises, quadriceps setting drills, ice and compression.

Typical exercises and management activities during this phase include regular icing of the knee and graft donor site (usually either the hamstrings, quad or patella tendon), compression of the knee and lower limb, basic quadriceps setting exercises, and gentle range of motion exercises to improve knee extension (straightening) and flexion (bending). Analgesics and other medications should only be used in consultation with your doctor.

The three most important goals of Phase 1 are:

- Get the knee straight (full extension)
- Settle the swelling down to 'mild'
- Get the quadriceps firing again

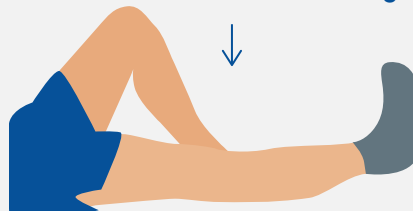


Phase 1

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Most important goals

Get knee straight



Settle the swelling



Get quadriceps firing



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Phase 1: Outcome Measures and Goals

Outcome Measure	Test Description & Reference	Goal	✓
Passive Knee Extension	Supine with a long arm goniometer (Norkin & White, 1995). Bony landmarks: greater trochanter, the lateral femoral condyle, and the lateral malleolus.	0°	○
Passive Knee Flexion	Supine with a long arm goniometer (Norkin & White, 1995). Bony landmarks: greater trochanter, the lateral femoral condyle, and the lateral malleolus.	125°	○
Swelling/ Effusion	Stroke Test (Sturgill et al, 2009) Zero: No wave produced on downstroke Trace: Small wave on medial side with downstroke 1+: Large bulge on medial side with downstroke 2+: Effusion spontaneously returns to medial side after upstroke 3+: So much fluid that it is not possible to move the effusion out of the medial aspect of the knee	Zero – 1+	○
Strength	Quadriceps lag test *variation (Stillman, 2004) With the patient sitting on the edge of a treatment bed, the therapist takes the relaxed knee into full passive extension. The patient is then required to maintain full active extension of the knee when the therapist removes support.	0 to 5 lag	○