COMPREHENSIVE GUIDE TO PRE- AND POST-SURGICAL MANAGEMENT AFTER ACL RECONSTRUCTIVE SURGERY

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Understanding Anterior Cruciate Ligament (ACL) Tears

The anterior cruciate ligament (ACL) is one of the major ligaments in the knee joint, playing a crucial role in providing stability and controlling rotational movements. However, ACL tears are relatively common, particularly among athletes involved in sports that require sudden stops, changes in direction, or jumping. Understanding ACL tears is essential for individuals experiencing knee pain, healthcare professionals, and those seeking preventive measures. An ACL tear occurs when the ligament is overstretched or completely ruptured, usually resulting from a non-contact injury, direct trauma, or a combination of both. Non-contact injuries often involve sudden deceleration or pivoting movements, while direct trauma occurs when a forceful blow impacts the knee joint from the front or side.

Symptoms of an ACL tear can vary but commonly include a popping sound or sensation at the time of injury, immediate pain and swelling, limited knee range of motion, instability or a feeling of the knee "giving way," and difficulty bearing weight on the affected leg. It is crucial to seek medical attention if an ACL tear is suspected to obtain an accurate diagnosis through a physical examination, imaging tests such as an MRI, and potentially, arthroscopy.

Understanding the causes and risk factors associated with ACL tears can help individuals take preventive measures. Factors such as poor neuromuscular control, muscle imbalances, inadequate warm-up or conditioning, inappropriate footwear, and biomechanical abnormalities can increase the likelihood of an ACL tear. Engaging in proper training, incorporating neuromuscular training programs, maintaining good overall physical fitness, and using appropriate protective equipment are crucial in reducing the risk of ACL tears.

Understanding anterior cruciate ligament tears is essential for recognising the symptoms, seeking appropriate medical attention, and implementing preventive strategies. By promoting awareness of ACL tears, individuals can take proactive steps to protect their knee health, healthcare professionals can provide timely and accurate diagnoses, and athletes can adopt strategies to minimise the risk of these debilitating injuries.

Preparing for Surgery

Unfortunately even with good preventative strategies, major injury including ACL rupture still occurs. One of the main treatment for this injury is orthopaedic surgery. Preparing for surgery is an essential part of the anterior cruciate ligament (ACL) reconstruction process. Adequate pre-operative preparation can help optimise surgical outcomes, minimise complications, and facilitate a smooth recovery. Here are some key steps to consider when preparing for ACL reconstruction surgery:

Consultation with Healthcare Professionals:

Schedule a consultation with an orthopaedic surgeon who specialises in knee injuries and ACL reconstruction. Discuss your medical history, current symptoms, and any concerns you may have. This is an opportunity to ask questions, understand the surgical procedure, and establish realistic expectations.

2 Pre-Surgical Assessments and Testing:

Your surgeon may request various tests to assess your overall health and ensure you are a suitable candidate for surgery. These tests may include blood work, X-rays, MRI scans, and electrocardiograms (ECG) if necessary.

3 Physiotherapy Evaluation:

A pre-operative physical therapy evaluation is crucial for assessing your knee's current condition and identifying any pre-existing strength or mobility deficits. The Physio can provide exercises to optimise muscle strength, improve range of motion, and prepare you for post-operative rehabilitation.

Pre-Operative Instructions:

Follow any pre-operative instructions provided by your surgeon or surgical team. This may include restrictions on eating or drinking before the surgery, medications to avoid, and guidance on when to stop certain supplements or medications.

5 **Preparing the Home Environment:**

Before the surgery, make necessary arrangements at home to ensure a comfortable and safe recovery environment. Arrange for someone to assist you during the initial post-operative period, gather necessary medical supplies (crutches, ice packs, etc.), and make adjustments to accommodate limited mobility.

6 **Lifestyle Adjustments:**

Make necessary lifestyle adjustments to support the surgical and recovery process. This may include quitting smoking, improving nutrition, and managing any chronic conditions or medications that may affect the surgery or healing process.

Mental and Emotional Preparation:

Prepare yourself mentally and emotionally for the surgery and the recovery process. Stay positive, seek support from friends and family, and engage in relaxation techniques or activities that help reduce stress and anxiety.

8 **Communication with Surgeon and Surgical Team:**

Maintain open communication with your surgeon and surgical team. Inform them of any changes in your health or concerns you may have leading up to the surgery. Clear communication ensures that everyone is on the same page and can address any last-minute questions or concerns.

Remember, every individual and surgical case is unique. It is important to closely follow the instructions provided by your healthcare team to ensure a successful surgery and recovery. By adequately preparing for ACL reconstruction surgery, you can contribute to a positive outcome and a smoother rehabilitation process.

Importance of Physiotherapy in Pre-Operative Phase

The pre-operative phase of anterior cruciate ligament (ACL) surgery is a critical period where physiotherapy plays a crucial role in optimising patient outcomes. Physiotherapy intervention during this phase focuses on several important aspects that contribute to a successful surgical procedure and facilitate post-operative rehabilitation. Here are key reasons why physiotherapy is essential in the pre-operative phase of ACL surgery:



Pain and Swelling Management:

ACL tears are often associated with pain and swelling, which can limit range of motion and impair muscle function. Physiotherapy interventions, such as modalities (e.g., ice, electrical stimulation), manual lymphatic drainage, and specific exercises, can help reduce pain and swelling, improving the overall condition of the knee joint before surgery.

2 Restoring Range of Motion:

Maintaining or restoring knee range of motion is vital for a successful surgical outcome. Physiotherapists employ techniques such as joint mobilisations, stretching exercises, and proprioceptive neuromuscular facilitation (PNF) techniques to restore optimal knee joint flexibility and prevent post-operative stiffness.

3 Strengthening Surrounding Muscles:

Strong muscles surrounding the knee joint provide stability and support, which is essential both before and after ACL surgery. Physiotherapists prescribe specific strengthening exercises targeting the quadriceps, hamstrings, hip abductors, and core muscles. Strengthening these muscles pre-operatively can help compensate for the ACL deficiency and contribute to a more stable knee post-surgery.

4 Enhancing Proprioception and Balance:

Proprioception, the body's awareness of joint position, is often impaired following an ACL injury. Preoperative physiotherapy includes exercises aimed at improving proprioception and balance control. By enhancing these neuromuscular skills, patients can better adapt to post-surgical changes and reduce the risk of re-injury.

5 Education and Patient Preparation:

Physiotherapists play a crucial role in educating patients about the surgical procedure, expected postoperative rehabilitation protocols, and realistic recovery timelines. They can address patients' concerns, clarify doubts, and prepare them mentally and emotionally for the surgery, which can positively impact their overall experience and compliance with post-operative rehabilitation.

6 Preparing for Post-Operative Rehabilitation:

The pre-operative phase allows physiotherapists to establish a baseline assessment of the patient's physical condition and functional abilities. This assessment helps in tailoring the post-operative rehabilitation plan and setting appropriate goals for each individual. Pre-operative physiotherapy also includes educating patients about post-operative exercises, the importance of adherence, and the expected challenges they may encounter during rehabilitation.

Physiotherapy in the pre-operative phase of ACL surgery is essential for pain management, reducing swelling, restoring range of motion, strengthening muscles, improving proprioception, educating patients, and preparing them for the post-operative rehabilitation journey. By actively involving patients in their pre-operative care, physiotherapy can contribute significantly to optimising surgical outcomes, facilitating recovery, and achieving the best possible functional outcomes for patients undergoing ACL reconstruction surgery.

Preparing Mentally and Emotionally for Surgery

Preparing mentally and emotionally for knee ligament reconstruction, such as anterior cruciate ligament (ACL) surgery, is crucial for a positive surgical experience and successful rehabilitation. While physical preparation is essential, addressing the mental and emotional aspects is equally important. Here are some strategies to help you prepare mentally and emotionally for knee ligament reconstruction:

Gather Information and Understand the Procedure:

Educate yourself about the surgical procedure, the expected recovery process, and the potential challenges you may face. Understand the goals and potential outcomes of the surgery, as well as any potential risks or complications. Gathering accurate information can alleviate anxiety and help you feel more in control.





Communicate with Your Healthcare Team:

Maintain open and honest communication with your surgeon and healthcare team. Address any concerns or questions you may have, and seek clarification regarding the procedure, rehabilitation protocols, and expected outcomes. This communication will help alleviate any fears or uncertainties you may be experiencing.

Build a Support System:

Seek support from your family, friends, or a support group who have gone through a similar experience. Share your thoughts, concerns, and emotions with them. Their encouragement and understanding can provide reassurance and help alleviate anxiety.

Practice Relaxation Techniques:

Incorporate relaxation techniques into your daily routine. Techniques such as deep breathing exercises, meditation, mindfulness, and visualisation can help reduce anxiety and promote a sense of calmness. Practice these techniques regularly before the surgery to establish a routine and build resilience.



Maintain a Positive Mindset:

Focus on maintaining a positive mindset throughout the process. Surround yourself with positivity, inspirational stories, and success stories of others who have undergone similar surgeries. Visualise a successful outcome and imagine yourself returning to the activities you enjoy.

Set Realistic Expectations:

It is important to set realistic expectations for your recovery. Understand that the rehabilitation process takes time and patience. Be prepared for ups and downs along the way and celebrate small victories. Having realistic expectations will help you stay motivated and focused on your goals.

Seek Professional Support:

If you are experiencing significant anxiety or emotional distress, consider seeking professional support. A psychologist, counsellor, or therapist can help you manage any fears, anxiety, or emotional challenges related to the surgery. They can provide coping strategies and support throughout the process.



Remember, it is normal to feel a range of emotions before undergoing knee ligament reconstruction surgery. By addressing your mental and emotional well-being, you can create a positive mindset, reduce anxiety, and better cope with the challenges that may arise during the surgery and rehabilitation process.

The Surgical Procedure: ACL Reconstructive Surgery

Anterior cruciate ligament (ACL) reconstructive surgery is a common procedure performed to repair a torn or ruptured ACL in the knee joint. The ACL is one of the major ligaments responsible for providing stability and preventing excessive forward movement of the tibia (shinbone) relative to the femur (thighbone). When the ACL is injured, surgical intervention may be necessary to restore stability, function, and reduce the risk of further knee damage.

Here is an overview of the key aspects of ACL reconstructive surgery:

Indications for Surgery:

ACL reconstructive surgery is typically recommended for individuals who have experienced an ACL tear or rupture that causes significant knee instability, limits daily activities, and impacts participation in sports or physical activities. The decision for surgery is made based on a combination of clinical assessment, physical examination, patient symptoms, and imaging studies (e.g., MRI).

2 Surgical Techniques:

ACL reconstruction can be performed using different surgical techniques. The most common approach involves using a graft (either autograft or allograft) to replace the damaged ACL. Autografts are typically harvested from the patient's own tissue, such as the patellar tendon, hamstring tendons, or quadriceps tendon. Allografts involve using donated tissue from a cadaver. The choice of graft depends on factors such as patient age, activity level, surgeon preference, and the patient's overall knee condition.

Anaesthesia and Incision:

ACL reconstructive surgery is commonly performed under general anaesthesia, which allows the patient to be asleep during the procedure. The surgeon makes small incisions around the knee to access the joint.

Graft Placement:

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The damaged ACL is removed, and tunnels are created in the tibia and femur to insert the graft. The graft is positioned in the anatomical position of the original ACL, using fixation devices (such as screws, interference screws, or sutures) to secure the graft in place.

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Rehabilitation and Recovery:

Following ACL reconstruction surgery, a comprehensive rehabilitation program is essential for optimal recovery. Physical therapy and rehabilitation focus on regaining knee range of motion, reducing swelling, restoring strength and stability, and gradually reintroducing functional activities. The duration and intensity of rehabilitation depend on various factors, including the graft type, patient's progress, and the surgeon's guidance.

6 Return to Sports and Activities:

Return to sports and physical activities is a gradual process that requires meeting specific criteria and clearance from the surgeon and physical therapist. The timeline for return to sports varies for each individual and is influenced by factors such as graft healing, muscle strength, proprioception, and overall rehabilitation progress. Athletes typically undergo sport-specific training and conditioning programs to ensure a safe and successful return to their chosen activities.

It is important to note that ACL reconstructive surgery is not without risks or potential complications, such as infection, bleeding, graft failure, or persistent instability. However, advancements in surgical techniques, rehabilitation protocols, and post-operative care have significantly improved outcomes and success rates.

Overall, ACL reconstructive surgery aims to restore knee stability, improve function, and allow individuals to resume their desired activities with reduced risk of further knee injuries. The procedure, in combination with a well-structured rehabilitation program, plays a crucial role in helping patients regain confidence, return to an active lifestyle, and minimise the long-term impact of ACL tears.



Potential Complications and Risks

ACL reconstruction surgery is generally safe and effective, but like any surgical procedure, it carries potential complications and risks. It's important to be aware of these risks before undergoing the surgery. Here are some potential complications and risks associated with ACL reconstruction of the knee:

Infection:

Although uncommon, there is a risk of developing an infection at the surgical site. Signs of infection may include increased pain, redness, swelling, warmth, or drainage from the incision. Prompt medical attention is required if infection is suspected.

2 Graft Failure:

The graft used to reconstruct the ACL may not heal properly or may become unstable over time. This can lead to persistent instability, knee pain, and the need for revision surgery.

Persistent Instability:

In some cases, despite surgery, the knee may continue to feel unstable or give way. This may occur due to factors such as poor surgical technique, inadequate rehabilitation, or reinjury.

4 Stiffness:

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Following ACL reconstruction, some patients may experience stiffness in the knee joint. This can be due to scar tissue formation or inadequate rehabilitation. Physical therapy and exercises can help minimise stiffness.

Nerve or Blood Vessel Injury:

There is a small risk of damaging nerves or blood vessels near the surgical site, which can result in numbness, tingling, or circulation problems. However, this is relatively rare.

Deep Vein Thrombosis (DVT):

DVT is the formation of blood clots in deep veins, commonly in the lower leg. Prolonged immobilisation after surgery can increase the risk of DVT. Preventive measures, such as early mobilisation and blood-thinning medications, are often employed to minimise this risk.

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Postoperative Pain:

Pain and discomfort are common after ACL reconstruction surgery. Adequate pain management strategies, such as medication and physical therapy, are usually prescribed to help control pain during the recovery period.

8 Scarring and Cosmetics:

Surgical incisions can result in visible scars. While efforts are made to minimise scarring, the extent and appearance of scarring can vary among individuals.

General Anesthesia Risks:

Anesthesia carries inherent risks, such as allergic reactions, respiratory problems, or adverse reactions to medications. These risks are generally low but should be discussed with the anesthesiologist prior to surgery.

It's important to note that while these complications and risks exist, they are relatively uncommon. Surgeons take precautions to minimise these risks and closely monitor patients during and after surgery. Adhering to the prescribed rehabilitation program and following post-operative instructions can help reduce the likelihood of complications and improve overall outcomes. It's crucial to discuss any concerns or questions about potential risks with the surgeon before undergoing ACL reconstruction surgery.

Post-Operative Rehabilitation and the Role of Physiotherapy and Exercise

After ACL reconstruction surgery, immediate postoperative care is crucial for a successful recovery. This involves monitoring the patient's vital signs, checking the surgical site for any signs of infection or bleeding, and ensuring proper wound care. The patient may be placed on pain medication and given instructions for managing post-operative swelling and discomfort. They may also be fitted with a knee brace or immobiliser to provide stability and protection to the surgical site.

Pain Management and Medications:

Effective pain management is essential in the post-operative phase. Patients are typically prescribed pain medications to help control pain and discomfort. These medications may include analgesics or nonsteroidal anti-inflammatory drugs (NSAIDs). It is important for patients to follow the prescribed dosage and schedule and report any uncontrolled pain to their healthcare provider.

The Importance of Early Rehabilitation:

Early rehabilitation plays a critical role in the recovery process following ACL reconstruction surgery. Rehabilitation usually begins shortly after the surgery, aiming to minimise swelling, restore range of motion, and prevent muscle atrophy. Early mobilisation and gentle exercises are encouraged to maintain joint mobility and prevent complications associated with immobility.

Seek Professional Support:

Physiotherapy is an integral part of post-operative care after ACL reconstruction. A structured rehabilitation program is designed by a physiotherapist, taking into account the individual's specific needs and goals. The program typically consists of progressive exercises and modalities to address pain, swelling, strength, stability, and functional abilities.



Range of Motion Exercises:

Range of motion exercises are initiated early in the rehabilitation process to restore flexibility and mobility in the knee joint. These exercises may include passive range of motion exercises initially, followed by active-assisted and active range of motion exercises. The goal is to regain full knee extension and flexion gradually.

Strengthening and Stability Exercises:

As the healing progresses, strengthening exercises are introduced to improve muscle strength around the knee joint. These exercises focus on the quadriceps, hamstrings, hip muscles, and core stability. Progressive resistance exercises using bodyweight, resistance bands, or weights are incorporated to build strength and stability.

Proprioception and Balance Training:

Proprioception and balance training are important components of ACL rehabilitation. These exercises aim to improve the patient's ability to sense joint position and control movements, reducing the risk of re-injury. Balance exercises can include single-leg stance, wobble board exercises, and dynamic balance drills.

Gradual Return to Weight-Bearing Activities:

The rehabilitation program guides the patient in gradually returning to weight-bearing activities. Initially, partial weight-bearing with the



assistance of crutches or a walker may be recommended. The progression to full weight-bearing is based on the individual's recovery, graft healing, and the surgeon's guidelines.

Manual Therapy:

Manual therapy techniques, such as soft tissue mobilisation, joint mobilisation, and manual stretching, may be employed by a physiotherapist to address specific limitations, tightness, or muscle imbalances. These techniques help optimise tissue healing, improve joint range of motion, and enhance overall functional outcomes.

It's important to note that the specific post-operative care and rehabilitation protocols may vary depending on the surgeon's preferences, the patient's progress, and individual factors. The guidance and supervision of a qualified healthcare professional, such as a physiotherapist, are crucial in implementing an appropriate and personalised rehabilitation program to optimise recovery after ACL reconstruction surgery.

Risks of ACL Reinjury

Despite surgical repair and rehabilitation, there is still a risk of ACL reinjury. Some factors that contribute to the risk of reinjury include:

a Graft Healing:

The newly reconstructed ACL graft takes time to fully heal and integrate with the surrounding tissues. During this healing phase, the graft is vulnerable to reinjury.

Muscle Weakness and Imbalances:

Persistent muscle weakness, particularly in the quadriceps and hamstrings, can increase the risk of reinjury. Imbalances between these muscle groups can negatively impact knee stability.

c Return to Sports Too Early:

Premature return to sports before achieving sufficient strength, neuromuscular control, and confidence increases the risk of reinjury.

Sports-Specific Demands:

Certain sports or activities involve dynamic movements, pivoting, cutting, and landing, which can place significant stress on the knee joint. Engaging in these activities without proper training and technique increases the risk of reinjury.

Preventing re-injury

ACL reinjury is a concern following ACL reconstruction surgery, especially for individuals who wish to return to sports or highdemand physical activities. It's important to note that every individual's recovery and rehabilitation process is unique and should be tailored to their specific needs and goals. To reduce the risk of ACL reinjury and promote a successful return to sports, several strategies should be considered:

Comprehensive Rehabilitation:

Following surgery, a structured and progressive rehabilitation program is essential. It should focus on regaining muscle strength, flexibility, neuromuscular control, balance, and proprioception.

Sports-Specific Rehabilitation:

Incorporating sports-specific exercises and drills into the rehabilitation program is crucial. This helps the individual develop the necessary movement patterns, agility, and biomechanics specific to their sport, reducing the risk of reinjury during sports-related activities.



Neuromuscular Training:

Implementing neuromuscular training programs, such as landing mechanics.

Gradual Return to Sports:

prepared for the demands of sports.

Proper Technique and Form: | Return to Sports:

Emphasizing correct technique and form during sports-specific movements is essential. This reduces excessive stress on the

Protective Bracing:

risk activities or sports can provide additional support and



Before an individual returns to sports, it is essential to undergo functional testing to assess their readiness and evaluate their ability to handle the demands of the sport. This may include physical performance tests, such as hop tests, cutting and

pivoting tasks, and balance assessments. Establishing specific return-to-sport criteria based on objective measures helps ensure that the individual is adequately prepared and reduces the risk of reinjury.

Education and Injury Prevention Programs:

and preventive measures is important. Athletes should be

Enhance Performance), can be incorporated into training

educated on proper warm-up techniques, landing mechanics, and ways to minimize excessive stress on the knee joint. Injury prevention programs, such as FIFA 11+ or PEP (Prevent Injury,

routines to reduce the likelihood of ACL injuries and reinjury.

Functional Testing and Return-to-Sport Criteria:

Psychological Support and Counselling:

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Psychological support and counselling play a vital role in an athlete's recovery and return to sports. Addressing any fears, anxieties, or mental barriers related to the injury and reinjury is crucial for optimal rehabilitation. Sports psychologists or mental health professionals can provide strategies to manage stress, improve focus, and enhance mental resilience during the recovery process.

Long-Term Conditioning and Maintenance:

ACL reconstruction is just one part of the journey. Long-term conditioning and maintenance of strength, flexibility, and neuromuscular control are essential to prevent reinjury. Incorporating ongoing strength and conditioning exercises, regular flexibility training, and periodic sport-specific drills into the training routine can help maintain the progress achieved during rehabilitation and reduce the risk of future ACL injuries.

It's important to remember that the prevention of reinjury and successful return to sports after ACL reconstruction require a multidisciplinary approach, involving collaboration between surgeons, physical therapists, strength and conditioning specialists, sports psychologists, and the athletes themselves. This comprehensive approach ensures that both the physical and psychological aspects of recovery are addressed, setting the stage for a safe and successful return to sports activities.





Congratulations on completing this guide to ACL recovery. Good luck with your surgery.





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