

Dr. Tomas Pevny

ACL Playbook



Valley Ortho

 VALLEY VIEW

Patient Name:
Date of Surgery:
Date & Location of First Follow-Up Visit at ValleyOrtho:
Date & Location of First Rehabilitation Appointment:
Patient Expectations for Surgery & Recovery 1. Pain Expectation: 2. Activity Expectation:

YOUR ACL RECONSTRUCTION PLAYBOOK

Thank you for joining our team at ValleyOrtho.

We feel you are the most valuable person in the surgery and recovery process. This Playbook is your guide to best prepare for and recover from your ACL reconstruction surgery.

Each member of your care team plays a valuable role and has been trained to assist you every step of the way.

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Meet Your Physician, Dr. Tomas Pevny, MD

Dr. Tomas Pevny is a board-certified, fellowship-trained orthopedic surgeon who specializes in knee and shoulder injuries, sports medicine, trauma, total joint replacement and joint preservation. He has treated thousands of patients in the Roaring Fork Valley and the world, taught seminars around the globe and helped train orthopedic fellows and residents. Dr. Pevny is a fourth-generation physician from a professional heritage that began in Czechoslovakia, where his great-grandfather was the surgeon general of what was then known as Austria Hungary.

After earning a bachelor's in biochemistry from Texas A&M, Dr. Pevny attended medical school at Baylor College of Medicine and completed residency at the University of Oklahoma Health Sciences Center. His passion for sports led him to the Rocky Mountain Sports Medicine Fellowship in Aspen; on completion of the program he joined Aspen Orthopedic Associates where he practiced for two-and-a-half decades.

When he isn't caring for patients Dr Pevny's likely outdoors enjoying his avocations, which include golf, skiing, biking and running. He and wife Lori are parents to three athletic children and the family often travels around Colorado and the U.S. for sporting and athletic events.

Meet Your Physician Assistant, Rachael Wymer, PA-C

Rachael Wymer – PA-C, is a certified physician assistant working with Orthopedic Surgeon Dr. Pevny at ValleyOrtho at Valley View. Rachael's medical training and education have focused on additional, specific orthopedics practice and she maintains membership in the American Academy of Physician Assistants.

Rachael got her master's in physician assistant studies from Shenandoah University in Winchester, Va. and completed an orthopedic-specific residency in Chicago at the Illinois Bone and Joint Institute. She attended Boise State University in Idaho as a scholar-athlete in the gymnastics program, where she earned her bachelor's in biology then a master's in exercise and sports studies.

"Gymnastics gave me exposure to orthopedics and it's where I've always wanted to be," says Rachael. "I love getting to know patients one on one and being a part of the patient care team. My passion is to help the weekend warrior and recreational athlete through their injury to restore function."



Meet Your Medical Assistant

Chris Croteau, PCT

Chris joined ValleyOrtho in April of 2021. Originally from Massachusetts, Chris has lived and in the Roaring Fork Valley since 2019. Chris graduated with BS in Biology from the College of Charleston in Charleston, South Carolina in 2018 and has 3 years of experience working in various clinical support roles in both Massachusetts and Colorado. Being an athlete since he was young, orthopedics have always been a particularly interesting field of medicine to him and he hopes to take the knowledge and skills he is developing here at ValleyOrtho to Physician Assistant school in the future. Chris's favorite part of working at Valley Ortho is working with Dr. Pevny and other staff to educate and empower patients throughout the treatment process. In his free time Chris is always outside and loves to bike, ski, and play volleyball.





ANATOMY & REPAIR OVERVIEW

Let's review what the anterior cruciate ligament (ACL) is and how we can help get you back to what you love doing.

The Knee

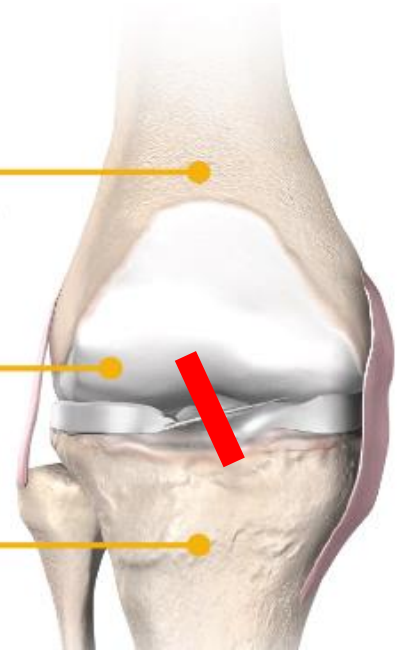
Where is the ACL?

The knee is made of 3 bones: The thigh bone (femur), the shin bone (tibia) and the knee cap (patella, not pictured). The ACL is a ligament deep in the knee that attaches to the underside on the back of the femur and crosses diagonally through the knee joint to attach at the upper part of the tibia. The ACL is represented by the red line in the picture on the right.

Femur (thigh bone)

Healthy Cartilage

Tibia (shin bone)



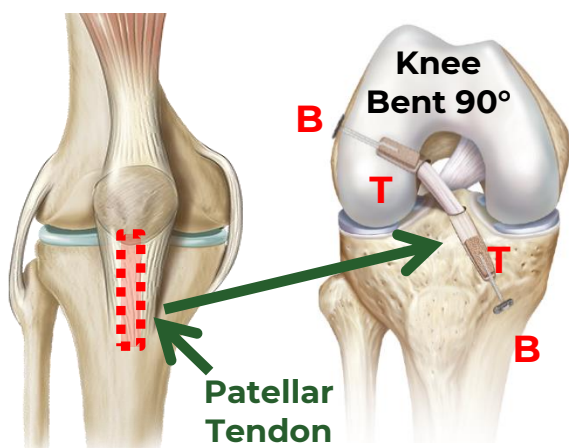
What Does the ACL Do?

The ACL helps stabilize the knee by preventing the tibia and femur from sliding or twisting on one another. It is especially important for stopping and starting motions, and when changing directions when walking or running.



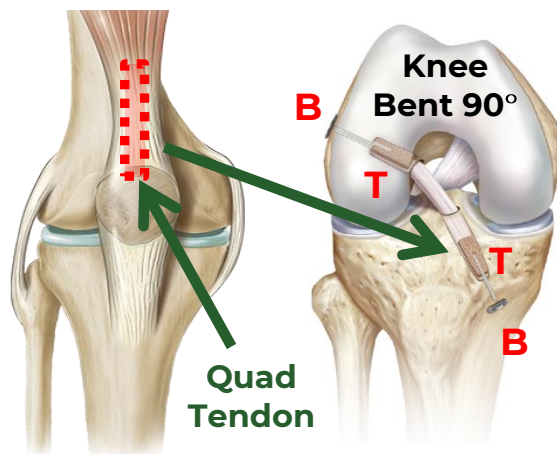
Detailed Reparative Options:

Dr. Pevny will first remove the damaged ACL and prepare 2 tunnels (T) for the new graft. Dr. Pevny will determine what type of graft is best for you. The three auto graft options for repair are taken and made from parts of your patellar tendon, your quadriceps tendon, or your hamstring tendon to recreate the ACL in your knee. Another option is to use a graft from a donor (cadaver). The chosen graft will be placed into the tunnels and anchored in place with a button (B) on the outside of the bones.



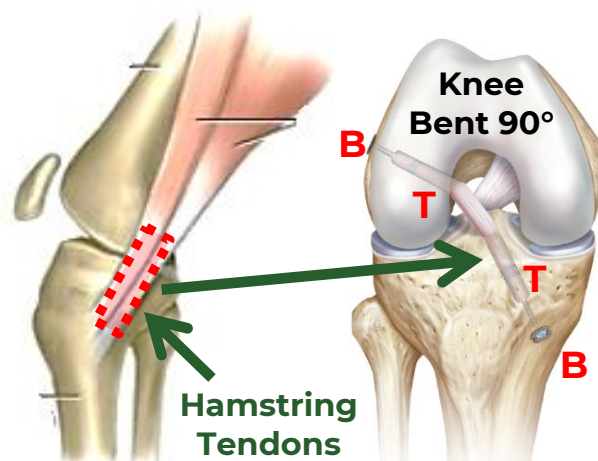
Bone Patellar Bone Graft:

A small middle portion of the patellar tendon with attached bone material from the tibia and the patella is removed from the surgical knee.



Quadriceps Graft:

A small middle portion of the quadriceps tendon and attached bone from the top of the patella is removed from the surgical knee.



Hamstring Graft:

A small portion of the hamstring tendons are removed from the surgical knee.



ACL RECONSTRUCTION TIMELINE

AT LEAST TWO WEEKS BEFORE TO SURGERY

- You will be referred to the physical therapy location of your choice *before* surgery to prepare your knee for surgery. Our PASS Program Pre-operative testing that is performed at Valley View Hospital is offered to give you the most accurate return to activity criteria. See pages 9, 14 and 26.
- Schedule your first physical therapy appointment for 2-5 days after your surgery.
 - Schedule therapy for twice a week for 6 weeks to start. See page 8 for details.
- Register yourself for our surgery department at OneMedicalPassport.com

ONE WEEK BEFORE SURGERY

- You will be contacted by the Pre-Anesthesia Clinic to schedule a specific date and time to complete a COVID-19 test and/or any other medical clearance needed before surgery.
- To minimize surgery and medication related constipation see page 23.
- **DO NOT** shave around the knee beginning 4 days before surgery.
- Prepare your home environment for a safe return as you will be using crutches for a few days. Refer to page 13 for more details.

THE DAY BEFORE SURGERY

- The Day Surgery Department will call after 2pm the day before surgery about:
 - What time you should plan to arrive at the hospital.
 - When to stop eating/drinking before surgery. See page 16 for more details.
 - Which medications to take the morning of surgery.
 - During this call, complete your “Surgery Instructions Sheet” on page 16.
 - Call (970)384-7166 if you do not hear from the nursing staff before 5pm.

THE NIGHT BEFORE SURGERY

- Remove any nail polish from your toes.
- Shower with provided cleaning sponge. Refer to page 15 for details.
- Enjoy dinner then brush your teeth and rinse out your mouth before bedtime.
- Put clean sheets on your bed, wear a clean set of pajamas.
- **DO NOT** smoke at this time. **DO NOT** resume smoking until the day after surgery.
- **DO NOT** allow your animals to be in your bed with you.

THE MORNING OF SURGERY

- Shower and repeat sponge cleansing process thoroughly. See page 15 for details.
- Do not shave or use any lotions on the surgical leg.
- If you usually take morning medications for your heart, blood pressure, lungs, seizures, and/or acid reflux, take them with a small sip of water without any food.

THE DAY OF SURGERY

- Arrive and register at the hospital at your assigned time.
- In Day Surgery, Dr. Pevny will meet you and prepare you for surgery.

THE DAY AFTER SURGERY

- Take your pain medications as needed for pain control.
- Follow your crutch instructions as described on page 10.
- Follow your cryotherapy, and exercise schedules on pages 11 & 22.

2-5 DAYS AFTER SURGERY

- You will begin outpatient rehabilitation to promote optimal knee healing by regaining motion, decreasing swelling and improving muscle control.

7-10 DAYS AFTER SURGERY

- You will return to Dr. Pevny's office to check the progress of your reconstruction, have your stitches removed and your bandage changed.

WEEK 1 TO WEEK 3

- Your surgical knee is likely to be uncomfortable during this phase. This is normal and expected as your tissues are healing quickly.
- Even though discomfort may still be present, we expect you to stop narcotic pain medication use by week 2. Refer to page 23 for pain medication information.
- You will use crutches to help you walk without a limp. You may put as much pressure through your knee as you are comfortable, see pages 9-10 for more crutch information. Your therapist will help you with your walking.
- We expect the motion, quadriceps control and pain levels to improve steadily. Refer to page 25 for more details on this phase of recovery.

WEEK 3 TO WEEK 12 (Pages 25 and 26 for more details.)

- You will be working hard to regain your balance and muscle control at your knee.
- You will progress your strength to start light hopping and perform your 12 week progress assessment at Valley View nearing the end of this phase.

WEEK 12 TO WEEK 20 (Page 25 for more details)

- You will continue with a progressive strengthening program and begin return to running activities in this phase.
- We expect that you may have muscle soreness as you increase work to improve the strength of your knee. This is normal.

WEEKS 20 TO WEEK 30 (Page 25 and 26 for more details)

- We do not expect you to be back to any competitive sports at this time as your knee endurance and strength improve to pre-injury levels.
- You should have near full strength and everyday function of your knee.
- As part of our PASS Program you will be taken through a series of return to full activity tests before your 6 month follow up visit with Dr. Pevny.



YOUR PRE-OPERATIVE TRAINING

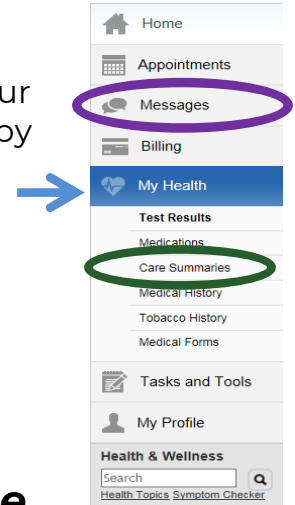
At ValleyOrtho, you are the most important player on our team. Our pre-operative training program is designed to help you participate in your healing like a pro.

1. Set Up Your Valley View Patient Portal

You should have received an email from us with a link to set up your patient portal account. If you cannot find the email we will be happy to send you another one, just let us know.

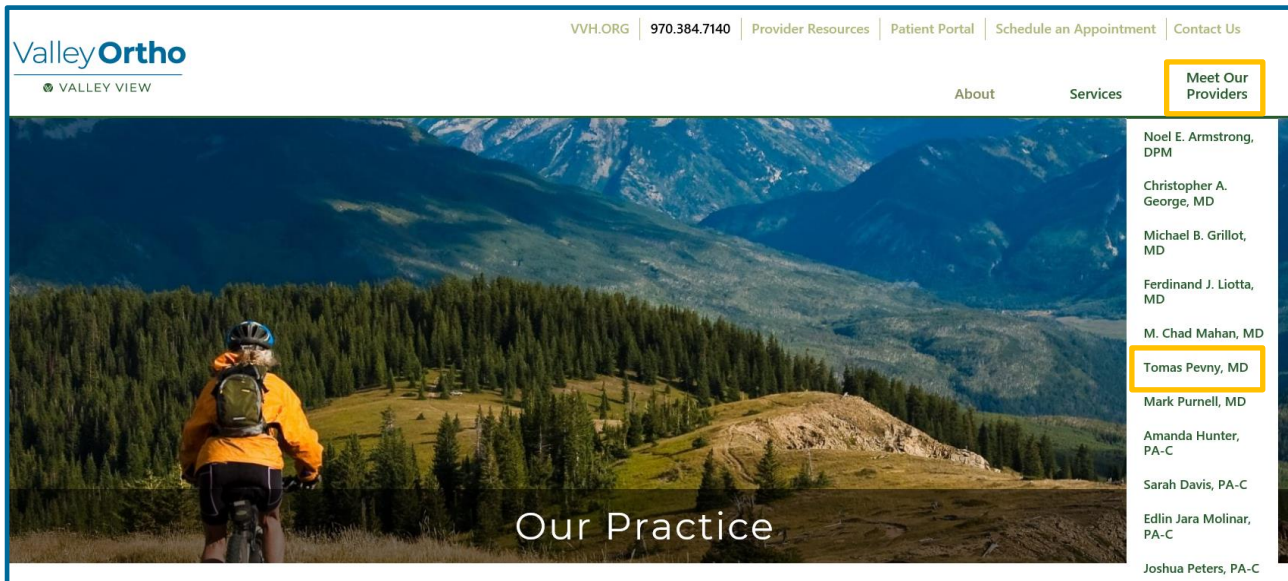
Benefits of the Portal

- Easily contact Dr. Pevny and his team using the **Portal Messaging Center**.
- Have access to your visit reports by clicking **“My Health”** on the left sided toolbar then click **“Care Summaries”**.



2. Access Your Patient Playbook on Our Website

Go to Vworthocare.org and select **Dr. Pevny's link**. The Patient Playbook can be found at the bottom of Dr. Pevny's page.



3. Schedule Your Therapy Appointments

- Schedule your first outpatient physical therapy appointment for 2-5 days after your surgery. Therapy will be twice a week to start. Schedule for six weeks initially.
- Your insurance may restrict the amount of visits you can attend per injury. You and your therapist will determine the best visit schedule for you.
- We expect you to be attending physical therapy in some fashion for 4-6 months.

4. Pain Education

Pain is an expected and necessary part of the healing process.

- It is normal to have pain when you wake from surgery.
 - It is also normal to feel an increase in pain 12-24 hours after surgery as the stronger medications used for surgery wear off.
- This early increase in pain does not mean there has been damage to the repair.
 - This is your nervous system becoming more efficient at sensing the healing that is taking place in your knee.
- Your nervous system will become less sensitive over time.
 - Participation in physical rehabilitation with appropriate rest and medication use will help with this process. Your therapist will guide you through the pain relieving strategies that will work best for you.

5. Understanding Your Surgical Nerve Block

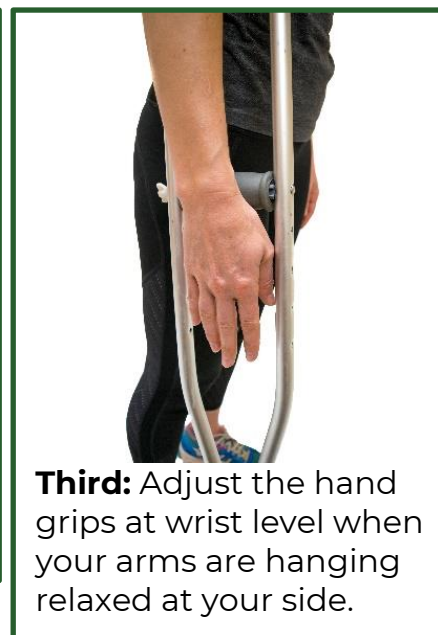
Dr. Pevny uses a nerve block during surgery for long lasting pain relief after surgery.

- The block allows for decreased opioid use for 48-72 hours after surgery.
- It gradually loses its effects so you know when to appropriately, and gradually, increase your pain medication use as you need.

6. ValleyOrtho's Premier Athletic & Sport Screening (PASS) Program

We want you to feel confident about returning to your desired activity level after your surgery. To ensure you are at your best you will be run through a series of physical tests performed at the Valley View Hospital location before your surgery, your 3 month and your 6 month follow up appointments with Dr. Pevny. This is a free Valley View Hospital safety measure to provide Dr. Pevny the information needed to best direct you on your safe return to activity. See the tests in more detail on page 26.

7. Crutch Fitting



ValleyOrtho



8. Crutch Walking: Weight Bearing as Tolerated

For 2 weeks, use the crutches to find the perfect amount of weight for you. You may progress to walking without crutches in the first week if you can do so without a limp, increased pain or swelling. It is normal to use the crutches for support for 2 weeks.

- If you limp or have increased pain using 1 crutch when walking, you still need to use 2 crutches when walking.
- If you limp or have increased pain without using a crutch when walking, you still need to use 1 or both crutches when walking.
 - Your outpatient physical therapist will help you with your walking pattern at your first appointment 5-7 days after surgery.






Walking pattern sequence for double or single crutch use:

- **Surgical Leg Stance Phase:** Lift the crutch(es) and the surgical leg off the ground at the same time. Bring the crutches/crutch and your surgical leg's heel forward and place them down in front of you at the same time so they are in line with each other. Put pressure through your hands (not through the armpits) to take pressure off of the surgical leg as your roll from your heel to press off of your toes.
- **Surgical Leg Swing Phase:** Drive the surgical knee forward in front of you with a comfortable bend (if not in a brace), then straighten the surgical knee fully and pull your toes up towards you, before you contact the floor with your surgical heel.

9. Choose Your Cooling Device

A medical device representative will call you to discuss your options before your surgery. Below are your cooling options to help you heal after your surgery.

The NICE1	Cryo Cuff	Cold Packs
 <p>**Best Choice**</p> <ul style="list-style-type: none"> Automatically cycles cold water. Programmable compression. No ice required. Costs approximately \$325 for a 2 week rental. 	 <ul style="list-style-type: none"> Cycle cold water by lifting and lowering cooler. Adds some compression. Need to exchange ice every 4-6 hours. No additional cost. 	 <ul style="list-style-type: none"> Need multiple packs for front and back of knee and chilling between uses. No compression. Can purchase in pharmacy

10. Quick Recovery Tips

These simple healing points can take your recovery from good to great. See

- Use cold therapy continuously for the first week as described on pages 20 and 22.
- Consistently follow the exercise schedule on page 22.
- Do everything to achieve and maintain a straight knee position.
- When able elevate your knee in a straight position above your heart.

11. Patient Reported Outcome Surveys:

Patient Reported Outcome (PRO) Surveys are a way for us to measure those things that matter most to you; decreasing your pain, restoring your function and productivity, and improving your quality of life. We want to know if we are meeting your needs during your recovery. By participation in the PRO surveys, you can help us understand how we are doing regarding your goals. This will allow us to best direct your care and the care we provide to your community.

What to Expect From Us:

- Prior to surgery, you will receive an e-mail or text link to a short survey to get your pre-operative baseline.
- You will receive this same survey (2-4 in total) by e-mail or text between 30 days and 1 year after your surgery.
- These new scores will be compared to your baseline score in order to evaluate your progress, as evaluated by the person that matters most – YOU!





You're Trained. Now What?

Any surgery can be daunting, but you can rest assured knowing that our team will walk you through every step on your big day.

The rest of this Playbook will explain in detail your pre-surgical, surgical and recovery process from start to finish. Use this as a guide to effectively complete the ACL Reconstruction Timeline on pages 5-6.

When you choose to have your ACL reconstruction surgery with ValleyOrtho and Valley View Hospital, our team is committed to helping you achieve the best surgical outcome possible so you can return to the lifestyle you love.

Contact Us

At each stage of your journey, before, during and after surgery, we're here to provide information and answer any questions you may have. Feel free to reach us quickly during business hours by messaging "Dr. Pevny" through your Valley View Hospital Patient Portal, or by phone at 970-925-4500. If something is urgent you don't have to worry about when you should call; an on call provider can answer your questions day or night by calling 970-925-4500.

The screenshot shows the 'Messages / Compose Message' page in the patient portal. The left sidebar contains navigation options: Home, Appointments, Messages (selected), Billing, My Health, Tasks and Tools, My Profile, and Health & Wellness. The main content area includes a 'Compose New Message' form with fields for Message type, Provider, Location, Subject, and Message. A note states: 'Messages sent to our office will receive a response within two (2) business days. If this is a time-sensitive or urgent concern, please contact our office directly via our TOLL FREE number at: 1 (844) 221-0510. All messages and communications with our office are confidential.' A 'Dial 911 in the case of a medical emergency.' warning is also present. The form includes a 'Back to My Inbox' link and a '* = Required' indicator.

IMPORTANT NOTE

If you happen to become ill within 2 weeks of your surgery, even with a simple cold, please contact us right away. We may need to reschedule your surgery until you are healthy again. Also, if you get a cut, scrape, rash, or sore on the knee scheduled for operation, please let us know immediately. A skin break could require rescheduling your surgery, due to a small increased risk of infection.

PREPARING FOR YOUR SURGERY

Give yourself a head-start on healing by following these more detailed surgery-prep tips from Dr. Pevny.

Prepare Your Body

- Continue (or develop) the healthy habits needed to support your healing. Eat healthy foods like fruits, vegetables, lean meats and whole grains. Increase the amount of water you are drinking daily and get plenty of rest.
- Reduce or stop all smoking, tobacco, and alcohol use.
- Exercise as much as your body can tolerate to maintain your muscle strength.

Practice Daily Tasks

- You will temporarily need to use crutches to move about your home. It is important to imagine how you will go about your day without being able to hold anything in your hands as you move from room to room.
- Before surgery, practice how you will get in and out of the shower with a stiff surgical knee that will not want to bend comfortably.
- You may also want to practice getting in and out of the passenger side of the car with a stiff surgical knee, adjusting the seat position now could save you some trouble when it's time to go home.

Prepare Your Home for a Smooth Transition

Make these changes to improve the convenience and safety of your home environment ahead of time.

- Create a clear path to the entrance of your home. Pick up throw rugs, tack down loose carpeting and remove electrical cords or other obstructions from walkways.
- Install a rubber mat, or non-skid adhesive, on the bottom of the tub or shower.
- Install night lights in bathrooms, bedrooms and hallways.
- If you will be returning home alone, establish a rotating support system that involves more than one person to help you with everyday needs.
- Plan for someone to drive you to your outpatient physical therapy appointments, the store, and other important destinations for the first 3-4 weeks.
- Introduce family pets to crutches before surgery. Strongly discourage them from being underfoot when you are up and moving as they can become a tripping hazard.
- It is best to sleep with the knee supported in a straight position elevated on pillows. It may be more comfortable but **DO NOT** support the knee in a bent position (by using a pillow behind the knee) as this will delay your recovery.





Prepare Your Knee

Dr. Pevny wants to make sure your knee to be in the best condition possible before surgery so that you can get the best result after surgery.

- This is why you might be referred to physical therapy before surgery:
 - To decrease any swelling from around your injured knee.
 - To regain appropriate strength to your quadriceps muscle.
 - To regain appropriate motion to your injured knee.
 - To normalize your walking.
 - To learn about initial post-operative exercises and healing strategies for after surgery.
- ValleyOrtho's Premier Athletic & Sport Screening (PASS) Program (page 26)
 - To set the best target to return you to your pre-injury activity level part of our process is to test the strength of your uninvolved knee before surgery.

Pre-arrange Your Finances to Reduce Stress

Our Patient Financial Services staff is happy to help all of our patients with their billing questions. If you have questions about billing, insurance, financial assistance or charges for healthcare services, please contact Patient Financial Services at (970)384-6890.

Pack for Your Hospital Visit

To stay comfortable during your hospital visit, we suggest you bring:

- Your ACL Playbook.
- Your cooling device if you have received it before surgery.
- Slip-on shoes with heel cup and rubberized soles.
- Comfortable elastic waistband pants or shorts that are easy to put on and take off over a likely swollen leg.
- Eye-glasses instead of contacts.
- Driver's license or photo ID, Insurance card/Medicare Card.
- Copy of your Advanced Health Care Directives.
- Cash or credit card to pay for discharge medications.
- A list of your daily medications, vitamins and herbal supplements, including the dosage and frequency, plus a list of medications you stopped taking in preparation for surgery.
 - Your own medication will be used **only** when the hospital pharmacy does not stock your specific medication and interruption in the use of that medication would compromise your care. Speak with Dr. Pevny if you feel your medications may fit these criteria.
- Your Cell phone/charger, books, magazines or other portable hobbies.
- A pair of crutches if you have them. These should be labeled with your name.
- **DO NOT** wear or bring any jewelry or any other valuables. This includes removing wedding bands and all piercings.



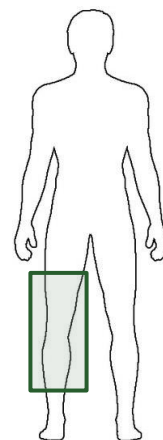
Prep Your Skin to Discourage Bacteria

Preparing your skin before surgery can reduce the risk of infection at the surgical site by reducing bacteria on the skin. You will receive scrub brushes with anti-bacterial soap from our clinic at your pre-operative appointment.

Please use the prescribed sponge to wash carefully before your surgery, following the steps below:

If you test positive for any additional skin bacteria you will be notified by ValleyOrtho and you will be instructed in additional skin and/or bacterial preparations to get you ready.

1. Wet your entire body with warm, **NOT** hot, water.
2. Wash hair with normal shampoo/conditioner. Wash your face and body with your normal soap, then rinse.
3. Wet the sponge provided then turn off the water.
4. Use the sponge side only and clean starting from the surgical shoulder working outward to include your chest, neck, back and down to your fingers. Be sure to scrub your surgical armpit with the sponge last. Avoid contact with your eyes, ears, mouth and directly on genitals. This process should take 3 minutes to clean.
5. Wait 2 minutes after this application before turning the shower back on and rinsing off.
6. Rinse off all of the soap from your body with **warm** water.
7. Dry with a clean towel and wear clean clothes to bed.



For best results, follow these additional instructions:

- Remove any nail polish from fingers and toes.
- Don't let the prescribed cleanser get into your eyes, ears, mouth or genitals.
- **DO NOT** use moisturizers, lotions or oils on the skin after beginning the cleansing regimen we provide.
- If you have persistent redness or itching, rinse the affected area, discontinue use of the wash, and call our office at (970)-925-4500.
- If you swallow the wash, call Poison Control right away: (800)-222-1222.

SPECIAL NOTE ABOUT SHAVING:

We ask that you **DO NOT** shave your surgical knee **for four days** prior to surgery. Dr. Pevny will inspect your surgical knee the morning of your surgery and will carefully shave the area at that time. If there are any breaks in your skin, your surgery may need to be rescheduled due to a risk of infection.



SURGERY INSTRUCTIONS SHEET

The Day Surgery staff will call you the day before your surgery with instructions. Complete this worksheet during that phone call.

Patient calls begin at 2pm one business day before the scheduled surgery date. This means Monday's surgical patients are called on the Friday before. You may contact the day surgery staff at 970-384-7166 if you have not received your instructions before 5pm one business day before your surgery date.

Fill in Your Personal Instructions Below:

Date of Surgery: _____

Check-in Time: _____

If you are late it may affect your surgery time, or result in rescheduling your surgery.

Surgery Time: _____

Eating Allowed Until: _____

Do not eat any food after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Allowed Until: _____

Do not drink anything after midnight before your operation unless otherwise instructed.

Approved Clear Liquids Include: Water, Sports Drinks, Sodas, and Strictly Black Coffee (**DO NOT add milk/cream/sugar/honey**).

Any Additional Eating and Drinking Instructions: _____

Medication Instructions: _____

Medications You are Told to **STOP** Taking Below:

FREQUENTLY ASKED QUESTIONS

Q. Can I work out after my surgery?

Early after surgery your exercise program should be modified to exclude putting a lot of weight or motion through your surgical knee. If you are in a brace, continue to wear it when you exercise. Upper body exercise is encouraged as soon as you feel able. Unless you have a partner to help you, you are limited to seated upper body machines initially because it will be difficult to carry weights in the gym on your own.

Q. How long until I can drive?

You are not able to drive while taking your narcotic pain medications. Driving after an ACL reconstruction is a safety concern. Be aware that driver's who require crutches to walk carry more liability. The ability to drive depends on whether surgery was on your right leg or your left leg, and the type of car you have. If the surgery was on your left leg and you have an automatic transmission, you could be driving as soon as you are off narcotics and can get into/out of the car comfortably. If your surgery was on your right side, your driving could be restricted as long as four weeks until you have the motion and strength needed to operate the pedals safely and efficiently.

Q. How often will I see Dr. Pevny following the surgery?

Your first postoperative office visit will be scheduled for 7-10 days after surgery, then 1 week after that first follow up appointment. After that, plan for appointments at one-month intervals. Your physical therapist will communicate with Dr. Pevny and his team regarding your progress.

Q. When can I Shower? Can I swim / submerge the incision?

Once you have removed your surgical dressing 48 hours after surgery you may shower. The stitches will be exposed and showering without covering the stitches is ok. Always use a clean wash cloth and do not scrub directly the incisions. Pat the incisions dry thoroughly after your shower, and then place band aids over the stitches to protect them. Before submerging the incisions we want the incisions to be fully healed and free from scabs, which takes 21 days on average. Please clear this activity with your therapist or doctor before you submerge the incision.

Q. Will I be in pain after surgery?

You will likely be in some form of discomfort after surgery. This is normal. It is your body telling you to slow down to heal. Our team will work you through this process, taking your comfort into consideration in everything that we do.

Q. Can I take off the steri-strips if they are coming off?

We encourage you to allow them to fall off. However, if they are "hanging on by a thread," you can gently pull them off.



Q. When will I be able to get back to work or school?

We recommend that you take 1-2 weeks off from desk work or school to help manage the initial swelling and start your rehabilitation off right. To return to work and school you should be a strong walker (with or without crutches), be able to maintain good pain control during a full day, and ensure swelling continue to decrease each day as you return to work and school. If your work is labor intensive, plan to take closer to 8 weeks off before returning to light duty.

Q. Do you recommend any long-term restrictions?

No. Be sure to follow all post-operative instructions and you should enjoy full motion and return to activity once you heal. It is important to continue your home program for at least 1 year after your repair to get back to your pre-injury strength level.

Q How long should I expect my repair to last?

Your ACL reconstruction should reach a comparable level of strength to a natural ACL at 9-12 months after your surgery date. When you regain your full strength and motion you will be at little to no increased risk for future injury than your uninjured side is now.

Q. How long will my recovery take?

Knee motion should be nearly restored within three weeks with regular physical therapy. With continued strengthening and balance exercises, both strength and function of your knee should dramatically improve after two months. As part of our included PASS Program with a physical therapist, you will have a progress assessment at approximately 3 months after surgery to best target your rehab program to your specific needs. With a continued strengthening program you will be ready to complete a full return to activity progress assessment with a physical therapist 6 months at the earliest to fine tune your final rehabilitation process. Dr. Pevny will look at those test results and talk with you about your return to activity timeline at your 6 month follow up visit. A repeat assessment is likely to meet appropriate strength levels to protect your new ACL with your chosen activity. When you return to recreational activity is based on how well you can protect your knee with your muscle strength and jumping / running abilities. You will likely be released to full activity around 9 months.

Q. How long do I wait before having dental procedures?

It is possible, in some situations, for bacteria from the mouth, teeth or gums to travel through the bloodstream and settle in a post-surgical site. In an attempt to prevent this occurrence representatives from the American Dental Association and the American Academy of Orthopedic Surgeons developed these guidelines:

- Refrain from any dental work two weeks prior to surgery.
- Refrain from dental work one month after surgery.
- Ask your dentist about having antibiotics prescribed and the timeframe for pre-medicating prior to any dental work to ensure safety.

YOUR SURGERY & HOSPITAL CARE

The Day of Surgery Game Plan

- The Valley View Valet is a free service. The Calaway-Young Cancer Center valet is open from 7:30AM to 5PM.
- You will stop at one of the hospital's registration desks 2 hours before your surgery time. From there, you'll be directed to the Day Surgery Department.
 - Registration at the Emergency Department entrance is always open.
 - Upper registration on the 2nd floor next to the Pharmacy is open from 7AM-3:30PM Monday-Thursday and from 8AM-2:30PM on Fridays.
- In the Day Surgery Department, our nursing staff will begin preparing you for surgery by starting an IV and ensuring that you're comfortable.
- Dr. Pevny will come and answer any additional questions you may have and mark the knee you are having repaired with a surgical marker.
- An anesthesiologist will meet with you to talk about general anesthesia and the nerve block you will receive for comfort.
- A nurse will take you into the operating room on a portable bed.
- Following surgery you will spend about an hour in the post anesthesia care unit (PACU) while your vitals normalize and your pain is controlled. You will be put into your chosen cooling device. Your family and friends will not be allowed to visit the PACU.
- You will return to the Day Surgery Department to rest and meet your family and friends.

Your Recovery in the Day Surgery Department

The duration of your hospital stay will be based on your vitals, progress, and safety. Most patients are discharged approximately 6 hours after their surgery.

- You will interact primarily with your day surgery nurse and patient care technician (PCT). Your nurse will be wearing Caribbean blue, and your tech will be wearing maroon.
- A nurse will assist you while getting in and out of bed and into the bathroom. He or she will also explain your discharge instructions. Do not try to get out of bed by yourself. They will help guide your movements, monitor pain and dizziness, and keep you safe from falls.
- A physical therapist will instruct you in your post-operative instructions that include your home exercise routine and proper crutch walking progression.
- You will be weaned off the IV pain medication and switched to an oral pain medication. You will experience some pain. The goal is to reduce your pain enough for you to rest without unwanted side effects.
- An IV will continue to deliver fluids into your system until you are eating and drinking well. Your nurse will help progress your diet after surgery.
- Your nurse will issue your prescriptions just prior to your check out.



AT HOME AFTER YOUR SURGERY

Monitor Your Healing

Healing after an ACL reconstruction can be uncomfortable but you need to know what signs of healing need immediate professional attention. An on call provider is ready to help you at all times. **Immediately call 970-925-4500 if you experience any of the following:**



- A fever over 101.5 degrees.
- An increase in bleeding from the surgical site.
- Worsening pain that is not controlled by medication or position changes.
- Worsening nausea or vomiting.
- Increased swelling that is not controlled by cold therapy or position changes.
- Increased redness around your incisions and/or cloudy fluid draining from the incision.
- Or if you get the feeling that something is just not right.
- **Call 911 with** Shortness of breath and/or chest pain symptoms.

If you have questions about upcoming appointments or medications, please message “Dr. Pevny” through your Valley View Hospital Patient Portal for the timeliest response.

Cold Therapy for Pain and Swelling

- Cycle the cold therapy 15 minutes on, then 15 minutes off for the first week. After the first week you can choose to use cold therapy as needed to manage your pain and swelling during the day.
- Apply your chosen cold therapy over a thin layer of clothing. After the first week you should use the cold therapy on the knee in a supported, straight, and elevated position.
- When using the Cryo Cuff or NICE1:
 - Always apply and remove the device from your knee **only** when the knee wrap is empty and the hose is unattached.
 - Check the Cryo Cuff every 2-3 hours that there is still ice in the unit so that your treatments are effective.
- Set the compression settings on the NICE1 to continuous or intermittent based on your preference. If it is too uncomfortable you do not need to use the compression settings.
- When using cold packs, place them on the front and back of the knee with an ace wrap
- Remove cold therapy when doing your scheduled extension and flexion exercises or to shower and dress.



Cryo Cuff



The NICE1



Cold Packs

Let Our Pros Help You Tackle New Challenges

Your outpatient therapist will help problem solve and address any challenges you may experience at home. Below are some tips to make life a little easier.

- Going Up and Down Stairs:** If you are using crutches, hold the handrail with one hand. Put both crutches in your other hand. Support your weight evenly between the handrail and your crutches and use “Up with the Good”, “Down with the Bad” sequence as above. Always move your crutches in conjunction with the surgical leg.
- Dressing:** Initially your surgical leg will be larger as it heals; it will be easier to wear loose fitting pants or shorts early on. You will likely need to sit on the edge of a chair or bed to put on your pants and socks. Slip-on shoes with heel cup and rubberized soles are recommended as bending your knee to tie your shoes may be difficult.
- Transportation:** You will not be able to drive yourself until you are completely off of your narcotic pain medications. Before getting into the passenger side of the car, push the car seat all the way back and recline it if possible. Back up to the car until you feel it touch the back of your legs. Reach back for the car seat and lower yourself down. Duck your head so that you don’t hit it on the door frame. Scoot back onto the seat and lift one leg at a time into the car. Use this sequence in reverse to get out of the car.
- Sleeping:** Keep your pain medication nearby as you may need it during the night. After the first week you may want feel the best sleeping with the leg elevated on pillows in a straight knee position.
- Pain:** Everyone has some pain after surgery, and you will be given prescriptions for pain medication to take home. Take ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) as directed by Dr. Pevny. Take your prescription medications as directed. The cooling system is also very helpful in reducing your pain in the first few days after surgery. See page 23 for more details.





Keep Your Recovery Moving Forward the First Week

Knee Extension Exercise: Perform this routine every hour on the hour, 8AM-10PM.

1. Remove the cold therapy from around your knee.
2. Place your heel on towel roll then place a 2 pound weight (or use hand pressure if you do not have a weight) on top of the shin just below the knee; allow leg to relax and hang into an extended position for 10 minutes.
3. Stay in the stretch position above and wrap a belt around the ball of the foot. Gently pull towards your body to stretch the calf. Hold this stretch 30 seconds then relax the belt. Repeat this 3 times.
4. Then perform 10 quad sets holding for 10 seconds each repetition. Perform with both legs at the same time to confirm that the correct muscle above your knee cap is pulling your knee cap up towards you. The Goal is to flatten the back of your knee into the bed while keeping your buttocks relaxed and only use the muscle on top of the thigh.
5. Replace the cold therapy.



Knee Flexion Exercise: Perform this routine every 3rd hour on the hour, from 8AM to 10PM.

1. Remove the cold therapy from around your knee.
2. Slide your heel towards your buttocks to 90 degrees or more for a moderate and pain free stretch. Hold this position for 5 minutes.
3. After the stretch above, use your hands to pull the knee toward your chest as far as comfortable, hold for 1 minute.
4. Replace the cold therapy onto your knee.



Ankle Pumps: While sitting or lying down, slowly push your feet forward (like a gas pedal) then pull them backwards. Do this with **both feet 1,000 times a day.**



Walking: Limit walking to household distances for the first week to help prevent increased swelling.

NOTE: Your outpatient physical therapist will progress your exercise program as you heal. These are just the beginning!

Manage Your Postoperative Pain

Your goal is to be completely transitioned from opioids to over the counter pain medications 1-2 weeks after surgery. Keep in mind that the goal of taking pain medication is not to be pain free after a major orthopedic surgery, but to be comfortable enough to get some sleep and participate in your physical therapy program. **IMPORTANT NOTE:** Please plan ahead as we need 24 hours to properly process any medication refill request and we do not refill medications over the weekend.

- **How to Wean Off of Narcotics:**
 - **Step 1:** Increase the amount of time between doses.
 - Example: Take a dose every 5-6 hours for 1-2 days. Then take a dose every 7-8 hours for 1-2 days.
 - **Step 2:** Start to reduce the dose amount.
 - Example: Decrease from 2 pills to 1 pill at each dose for 1-2 days.
 - **Step 3:** Start to transition to Tylenol
 - **DO NOT** take more than 3000mg of Tylenol in a single 24 hour period. You may take 650mg every 6 hours **OR** 1000mg every 8 hours at a maximum.
 - Please check your pain medication prescription for Tylenol or acetaminophen, if your pain medication contains Tylenol or acetaminophen then please do not take additional Tylenol.
 - Transitioning Example: During the day, replace a dose of narcotics with a dose of Tylenol for 1-2 days. Monitor for adequate pain relief.
 - Continue to replace narcotic doses with Tylenol until you are completely off of the prescription pain medication.
- Cold therapy is also very helpful in reducing your pain in the first few weeks after surgery. Refer to page 19 for details.

Address Any Postoperative Constipation

Constipation is one of the most common postoperative complaints, as it's a common side effect from anesthesia and narcotic pain medications. Constipation is having fewer than three bowel movements a week, and is associated with the following symptoms:

- Difficulty passing stool or incomplete bowel movements
- Bloating or swollen abdomen
- Hard or rock-like stool

Help keep your bowels regular by continuing your pre-surgical laxative protocol when you return home.

- Take MiraLAX twice daily: one dose (17 grams) in the morning and again in the evening, each with an 8 oz. beverage of choice.
- Introduce foods rich in fiber (36g/day).
- Increase daily water intake: drink at least 8 cups.
- Include fresh/dried fruits vegetables, whole wheat/oat bran, prune juice and/or oatmeal.



YOUR RECOVERY PROCESS

Steps to Get Back in the Game

The ultimate goal of your ACL reconstruction is to get you back to your pre-injury level of activity. Participation in your rehabilitation program is essential for a successful surgical outcome. The surgery is only a small part of your journey. Working hard to regain motion and strength in your repaired knee is the key to returning to your pre-injury activities.

Do not let anyone tell you that the rehabilitation portion of your recovery is easy. It will take hard work and dedication. We are here to guide your recovery towards the best possible outcome. Protecting your healing repair, and healing in the right position in the early phase is critical for your long term success.

Follow These Precautions For the Best Results:

- **For the First Week:**

- Do not rest the leg in a bent knee position after surgery for greater than 30 minutes at a time. Getting the knee into a completely straight position is very important for your recovery.



- Limit walking to household distances.

- **For Weeks 1-3:**

- Increase walking amount and weight bearing through surgical leg as much as you can without experiencing increased pain or swelling in your knee.
- Progress steadily to a normal walking pattern without the use of crutches. See page 10 for walking instructions.

If you are having concerns about your recovery you can reach out directly to Rachael Wymer PA-C at (208)484-6040.

EXPECTED PHASES OF RECOVERY

Note: there may be some slower progressions if you had a meniscus repair during your ACL reconstruction. Your therapist and Dr. Pevny will guide you appropriately through the process.

Phase I: Weeks 1 to 2 — Quadriceps and Swelling Control

- Your surgical knee is likely to be uncomfortable during this phase. This is normal and expected due to the swelling and large amount of healing that is taking place.
- Your job is to use regular cold therapy and your exercise schedule as described to decrease the swelling in your knee.
- Prescribed exercises and hands on therapy will increase knee motion and help decrease your pain and inflammation.

Phase II: Weeks 3 to 12 — Full Motion and Strength Building

- We expect you to regain full motion and normal everyday functional use of your surgical knee in this phase.
- As you work to build strength in your knee we expect you to stop narcotic pain medication use in the early weeks of this phase even though discomfort may still be present.
- Exercises and training in this phase are aimed to improve strength coordination and confidence in your surgical knee to return to light jumping tasks.

Phase III: Weeks 13 to 20 — Return to Running Program

- We expect that you will have minimal to no discomfort at this time at rest.
- We expect to be able to slowly return to a running program and sport specific training at a low intensity level if that was part of your pre injury lifestyle.
- We expect you to be back to 70% of your full strength at this time but aggressively working towards your full strength goal with your exercise program.
- You will slowly begin more complex plyometric training to ready yourself for return to light recreational activity under the direction of your therapist and Dr.

Phase IV: Weeks 21 to 30 — Recreational Activity Preparation

- You will not likely be cleared to contact sports at this time but will continue to integrate into sport specific training under the direction of your therapist and Dr.
- You will be cleared to full competitive return to sport when detailed return to sport criteria is met. At around 9 months full activity release will be discussed with Dr. Pevny regarding your recovery and chosen sport.





ValleyOrtho's Premier Athletic & Sport Screening (PASS) Program:

This is an additional, free, and mandatory service to make sure we are doing our very best to keep you as safe as possible while you recover and return to your desired activity level. Your baseline and progress assessments will be performed at Valley View Hospital in the Rehabilitation Services Department located on the 3rd floor.

Setting a Pre-Operative Baseline

We will be assessing the strength of your healthy knee to set appropriate goals for the full return to activity testing at 6 months. This testing will include the items 3-10 from the list of tests below.

12 Week Progress Assessment

This will be scheduled before your 12 week follow up visit with Dr. Pevny and includes:

<ol style="list-style-type: none"> 1. Range of Motion Measurements 2. Balance Test: Stork Test 3. Single Leg: Leg Press Strength Test 4. Single Leg: Hamstring Strength Test 5. Single Leg: Quadriceps Strength Test 6. Timed Single Leg Squat Test 7. Single Leg Hop Test 	
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Return to Full Activity Progress Assessment

This will be scheduled before your 6 month follow up visit with Dr. Pevny. Depending on your activity you will be required to run or bike to fatigue in the clinic before performing your return to sport test. Based on your desired activity level this test will additionally include a combination of the following tests:

<ol style="list-style-type: none"> 8. Timed Single Leg Side Hop test 9. Single Leg Crossover Hop Test 10. ACL Return to Sport After Injury Scale 11. Agility T-Test 	
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Set Up Your Follow-Up Visits with ValleyOrtho

Dr. Pevny and your outpatient therapist will be in constant communication regarding your progress. It is important to attend your ongoing care appointments to be certain that your ACL reconstruction is progressing properly. By conducting regular physical exams and reviewing your program, Dr. Pevny can identify any problems that may be developing even before you know it.

Schedule follow-up appointments at these intervals

Post-Surgery

- 7-10 days after surgery.
- 6 weeks after surgery.
- 3 months after surgery.
- 6 months after surgery.
- 9 months after surgery.

At ValleyOrtho, we appreciate your confidence, and we will do our best to keep earning it.

We are honored that you have chosen ValleyOrtho to help you regain your active lifestyle. We will be the first to wish you happy hiking, biking, skiing, climbing, gardening, and fishing with your repaired knee. In short, we would like nothing more than to help you get off the bench and back onto the playing field of your life.

Thank YOU!



VALLEY VIEW