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ACL Reconstruction

FREQUENTLY ASKED QUESTIONS

Answers to the questions we hear most often **before** ACL surgery, plus exercises to prepare your knee. How well your knee moves and how strong your thigh is going into surgery strongly predicts how quickly you recover afterward.

BEFORE SURGERY

1 Why do we wait before doing surgery?

Operating on a swollen, stiff knee increases the risk of scar tissue and permanent stiffness afterward. We typically wait until these goals are met — usually a few weeks after the injury:

- The knee straightens **fully**, the same as your other knee
- The knee bends to at least about 120°
- Swelling has mostly gone down
- You can walk without a limp and do a straight leg raise without the knee sagging

2 What can I do to prepare?

Do the **prehab exercises** on this sheet every day, ice and elevate to keep swelling down, and avoid activities that make the knee give way. If you smoke or vape, stop — nicotine slows graft healing.

3 What activities should I avoid before surgery?

Avoid pivoting, cutting, jumping, running, and sports. Each time the knee gives way, the meniscus or cartilage can be damaged further. Walking, biking, and your prehab exercises are safe.

4 Which graft will be used?

The graft replaces your torn ACL. Common options are your own **patellar tendon**, **quadriceps tendon**, or **hamstring** tendons, or a **donor (allograft)** tendon. Dr. Reddy will recommend a graft based on your age, activity level, and sport, and review it with you before surgery.

5 Could anything else be done during surgery?

Yes. The meniscus or cartilage is often injured along with the ACL. Anything found will be treated during the same surgery. A **meniscus repair** (stitching the tear) slows your early recovery — longer crutch use and limited bending for 6 weeks — while a **meniscectomy** (trimming it) does not.

6 How long is surgery, and will I go home the same day?

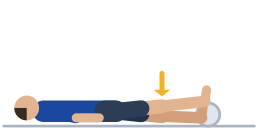
Surgery usually takes about 1½–2 hours. Almost all patients go home the same day. You will have general anesthesia, and most patients also receive a nerve block to numb the leg.

7 What should I have ready at home?

- Your **brace**, **crutches**, and **cooling unit** — we arrange these before surgery
- Practice walking on crutches, including stairs, before surgery
- Pillows for elevation, loose shorts, and a clear path to the bathroom
- Someone to stay with you the first night and help for the first few days
- Your first PT appointment scheduled for **3–7 days** after surgery

PREHAB EXERCISES — DO THESE DAILY BEFORE SURGERY

Move slowly and with control. Mild discomfort is OK; **stop any exercise that causes sharp pain, increased swelling, or the knee giving way**. Ice for 20 minutes afterward. Your therapist may add to or change these.

		EXERCISE	HOW TO DO IT	DOSE
1		**Heel props**	Sit or lie with the heel on a rolled towel or pillow and nothing under the knee. Relax and let gravity straighten the knee. Gently press the knee down.	**10 min, 3–4×/day**
2		**Prone hangs**	Lie face down with the kneecap just off the edge of the bed and the leg hanging straight.	**5–10 min, 2–3×/day**
3		**Quad sets**	Lying with the knee straight, tighten the thigh and push the back of the knee into the bed. Hold.	**10 reps × 5 sec, 3×/day**
4		**Straight leg raises**	Tighten the thigh first, then lift the straight leg about 12 inches. No sagging at the knee.	**3 sets of 10, daily**
5		**Heel slides**	Lying down, slide the heel toward the buttock as far as comfortable, then straighten fully.	**3 sets of 10, daily**
6		**Short arc quads**	Lying with a rolled towel under the knee, straighten the knee fully and hold.	**3 sets of 10 × 3 sec**
7		**Bridges**	Lying on your back with knees bent, squeeze your glutes and lift your hips.	**3 sets of 10, daily**
8		**Standing calf raises**	Holding a counter, rise up on both toes, then lower slowly.	**3 sets of 15, daily**
9		**Mini squats**	Holding a counter, bend both knees slightly — no deeper than 45° — keeping weight even.	**3 sets of 10, if pain-free**
10		**Stationary bike**	Seat high, low resistance. Only once you can bend the knee enough to pedal comfortably.	**10–20 min, daily**

WHAT TO EXPECT AFTER SURGERY

8 How painful is it?

ACL reconstruction is not pain-free. It is unlikely your pain will be 0/10 in the first 2 weeks. Elevation with the heel propped, ice, and taking your medications on schedule help the most.

9 Will I wear a brace and use crutches?

Yes. The brace stays **locked straight** for walking, standing, and sleeping until your quad control returns — usually 1–2 weeks. You may open or remove it when sitting or lying down. Most patients use crutches for **1–3 weeks**, or **6–7 weeks** with a meniscus repair.

10 When can I drive?

When you are off narcotic pain medication and out of the brace. **Right knee:** you must walk without crutches and be able to slam on the brake — typically 4–6 weeks. **Left knee** with an automatic car: often 1–2 weeks. Test it in an empty parking lot first.

11 When can I return to work or school?

Desk work or class: usually within 1–2 weeks, once off narcotics. **Physical or labor-intensive work:** you may be out 4–7 months.

12 How long is physical therapy?

About **9 months**, starting within the first week. Visits are more frequent at the beginning and taper off over time.

13 When can I return to sports?

9–12 months. The risk of re-tearing the ACL is highest in patients who return before 9 months. Before returning, you must pass **return-to-sport strength and movement testing** with your therapist — this lowers the risk of tearing the ACL in **either** knee.

Still have questions? Call our office at **469.800.7200**. After surgery, follow your post-operative instruction sheet — if anything here differs from it, the instruction sheet takes priority.