



ACL and High Tibial Osteotomy

- IKDC, Koos, Lysholm scores taken

In Theatre

- IKDC, EUA Section and Rolimeter
- Cryocuff applied beneath cricket pad splint
- Arthroscopic procedure to reconstruct ligament
- High tibial osteotomy performed

Post-op

- Range of movement brace applied to be worn at all times
- Instructed on exercises in brace
- TAQ's
- Patellar mobilisations
- SLR
- Passive knee flexion on sliding board

Day 1

- Drains out
- Check chest
- CPM 0-90° first 24 hours if tolerated
- To remain **NON-WEIGHT BEARING** for 6 weeks
- Patient to expect some discomfort when mobilising from bone graft donor site
- Passive ROM exercises - brace set 0-90°
- No inner range quads like isolated ACL reconstruction

Day 2

- As day 1.
- Practice application / removal brace.
- NWB axillary crutches.
- Practice transfers / stairs with crutches.
- General leg exercises, hip abd / add and gluts.

Day 3

- As day 2.
- Discharge home if pain, wound and mobility satisfactory.
- OPD physio appointment.



Goals

- Able to apply brace correctly
- Safe on crutches and understands need to remain non-weight bearing
- Understanding of home exercises

2-6 weeks

- To remain non-weight bearing
- Gradually increase flexion to 90°
- Calf and gentle hamstring stretches
- Active hamstrings if comfortable

Goals

- Flexion to 90°

6 weeks

- Brace unlocked to allow full flexion
- Clinic appointment check X-ray
- Can commence PWB **only** if sufficient callus
- Gradually increase difficulty all exercises

12 weeks

- Clinic appointment check X-ray before allowed to PWB/FWB then progress as per ACL protocol
- Brace can be removed if there is satisfactory radiological/clinical union
- Progress to ACL class when can perform necessary exercises

No return to sport before 12 months

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