

Specialist in surgery, orthopaedics, trauma surgery and sports medicine.

Specialist in accident injuries for German employer's liability insurance associations (medical referee). Inpatient doctor at Waiblinger Zentralklinik

Medical director Endoprosthesis department Waiblingen

Rehabilitation after an ACL reconstruction (semitendinosus) Implantation successful and stable under strain

Day of surgery

- Ice is applied to the local area immediately after the operation
- Keep the knee stretched
- Take tablets to reduce inflammation for several days
- Take painkillers if necessary (e.g. Tramal/Valoron)
- 1 injection daily to prevent thrombosis (until full weight bearing)

Day 1-2

- Redon drain is removed and bandage is changed
- Ice is applied to the local area for 20 minutes, several times per day
- Actively raise the leg whilst fully extended to a 0° position
- Stand up and train your leg to walk again with a partial load of approx. 20kg
- X-ray inspections
- Continuous passive motion machine

After day 3 Week 1 objectives:

Be able to physiologically put weight onto the leg using crutches, active S/B 0-0-90, avoid swelling

- Increase the weight put on the leg, controlled walking
- If the gait pattern is correct, the patient is allowed to walk without crutches
- Increase the amount of times the knee is bent both passively and actively up to the threshold of pain
- Intensive physiotherapy sessions (2-5 times per week)
- Ice is applied to the local area for 20 minutes, several times per day
- Climb stairs without crutches if muscles are stable
- Stitches are removed on day 10, DonJoy splint

After day 14 Week 2 objectives:

Be able to physiologically put weight onto the leg without crutches, active S/B 0-0-90, avoid swelling!

- Be able to freely increase mobility without inducing pain
- Front crawl and finswimming; aqua-jogging (if necessary)
- Light cycling on an ergometer bike

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Germany

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Mon-Fri

8am-12pm

Mon, Tues, Wed, Fri

3pm-5pm

Sat

10am-12pm

Appointment by arrangement

Emergencies and accidents that happened at work, school and whilst commuting

8am-6pm non-stop

Sport-related injuries

Inpatient and outpatient surgery

Knee osteoarthritis

- Cruciate ligament
- Meniscus
- Cartilage
- Joint replacement

Shoulders

- Stabilising
- Rotator cuff
- Impingement

Hips

Joint replacement

Elbows

Ankle joints

Fractured extremities

Hand and foot surgery

Accidents at work, school and whilst commuting



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6 weeks

Check-up at the clinic Week 6 objectives:

The patient can comfortably put weight on the leg with it being completely stretched and they can almost fully bend the knee

- Knee joint is not irritated and can be freely and actively stretched
- It is possible that ability to bend the knee could be reduced by up to 10°
- Full weight is put on the leg with a physiological gait pattern
- Perform increasingly more strength-endurance training and neuromuscular coordination exercises
- It is possible to go cycling and inline skating
- The patient should already be able to work

4 months

Check-up at the clinic (arrange an appointment) Week 16 objectives:

Knee joint is normal, being both stable and mobile on each side; muscles have been retrained; coordination is good

- Running/jogging (possible 14 weeks post-op)
- Light training in a specific type of no-contact sport
- e.g. throwing/catching/dribbling; light kicking practice/ jumping and throwing
- Increase the amount of neuromuscular coordination training performed in competitive circumstances (after 5 months)

6-12 months

Check-up at the clinic (arrange an appointment)

- Increase the strain put on the joint if stability is good and muscles and coordination are balanced
- Train in a specific type of sport
- Participate in competitive sport

Check-up at the clinic (one year post-op)

If the patient has suffered any additional injuries and/or undergone additional surgical procedures*, the rehabilitation will take place according to the schedule specified in the patient's individual operation report!

- *meniscal suturing and fixation
- *bone and cartilage injuries
- *torn medial collateral ligament or lateral collateral ligament
- *revision surgery (depending on intraoperative fixation)
- *posterior cruciate ligament injury

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