

Anterior Cruciate Ligament Injury



A L C H E M Y
I N M O T I O N

Risk Factors

Females 3x more likely than males

Playing change of direction or pivoting sports

Past history of ACL injury 15% more likely to reinjure

Specific measures of bony geometry of the knee joint

High BMI

Increased ligamentous laxity (hypermobility)

Poor jumping & landing mechanics

Management Options

Conservative Management

Not all ACL injuries need surgery – 50% of patients can cope without their ACL for at least 5 years post injury.

There is a battery of tests completed by physiotherapists to help determine whether conservative management is worth pursuing.

Physiotherapy includes individualised strength and neuromuscular rehabilitation

Surgical Management

Pre-op strengthening results in better knee function & likliness of returning to pre-injury sport

Surgery must be accompanied by progressive rehab programme involving strength, balance, range of motion & return to sport progressions

Imaging

Xray – knee joint integrity + bony injury

MRI – ligaments, tendons, bones & cartilage. Used to diagnose an ACL injury.

Ultrasound – tendons & ligaments outside the knee joint.

References: See Website

Who to see

KATE KENNEDY – Physiotherapist

REBECCA WOOD – Physiotherapist

LAUREN CAMERON – Physiotherapist