

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 & likeliness 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