

Anterior Cruciate Ligament Tears

The problem

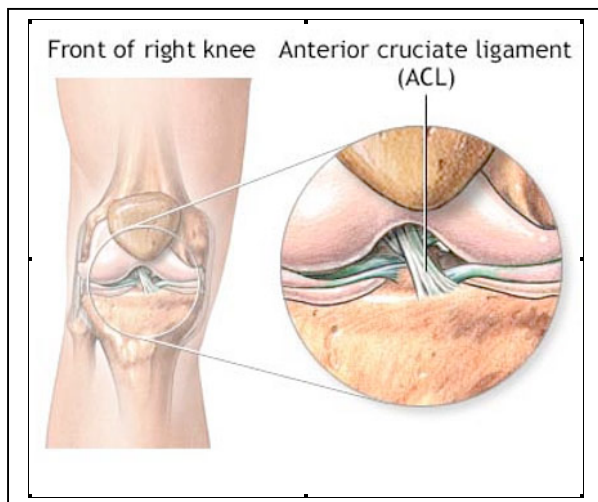
- The ACL is the stabilising ligament of the knee, and acts to prevent buckling of the knee
- The mechanism of injury is usually from a pivoting action on a grounded foot, usually during sport
- Injury can be as a partial or total rupture and management may change according to degree of damage
- When the ACL is completely torn, surgery is a strong possibility to reconstruct the ligament

Interesting facts

- A 'pop' or 'crack' sound is often heard during injury
- Usually there is initial pain, although with a complete tear the pain subsides quickly (within minutes) but the knee often feels 'unstable', and may give way
- Often ACL injuries can occur in combination with injuries to other structures such as the medial collateral ligament or medial meniscus

What you can expect/look out for

- Immediate swelling and bruising of the knee
- The knee will feel 'unstable' and may buckle or give way on you



Hints for self management

- Initial injury management is as for most soft-tissue injuries;
- Rest and immobilise, use crutches to assist with walking
- Ice for 20 minutes every 2-3 hours for the first 3 days
- Compress the area to manage swelling, with a bandage or tight leggings
- Elevation, as able, lying on your back with leg elevated
- Seek diagnosis by seeing your GP or visiting one of the experts at Sydney Sports & Orthopaedic Physiotherapy, and the decision to confirm with imaging such as MRI may be made at that time

Management options

- ACL tears require review by an Orthopaedic Surgeon
- The surgeon will discuss with you both conservative and surgical options
- With a partial tear or in an individual who does not play high-level sports, it may be decided to manage the knee non-surgically with physiotherapy and exercises – you will want to seek an expert knee physio to guide you through this process
- A full tear may be managed with a surgical reconstruction, using a patellar tendon or hamstrings graft, or more recently with a synthetic ligament (LARS)

More information

- A knee reconstruction will mean time away from sport and significant rehabilitation
- Return to sport in most cases is after 6 months

Contact the team at Sydney Sports & Orthopaedic Physiotherapy to speak directly to a specialised physiotherapist

P. 9252 5770 or E. reception@ssop.com.au

This handout was prepared by **Sydney Sports and Orthopaedic Physiotherapy** and is intended as a general information service. Please note that the information provided is not intended as a substitute for advice from your healthcare professional. If symptoms persist, please consult your physiotherapist or doctor.