

# ACL TEAR

## What is the Anterior Cruciate Ligament (ACL)?

A very common knee injury is an anterior cruciate ligament (ACL) tear. The ACL is a ligament that runs diagonally in the middle of the knee. This ligament prevents the tibia (or shin bone) from sliding forward in front of the femur. It also provides some rotational stability to the knee. ACL tears typically occur during a sudden plant or twist at the knee and are typically seen in athletes who participate in high demand sports such as soccer, football, basketball and skiing.

A complete rupture of the ACL will result in a knee that is loose or unstable. Multiple episodes of giving way may result in additional damage to the knee such as meniscus tears or cartilage injury. Many patients can return to activities with or without surgery. Patients that desire to return to activities that involve cutting, twisting, and sudden stop and starts may want to consider surgery.

## Conservative Care

Non-Operative management of ACL tears is a viable option for many patients. In fact, most patients are able to avoid surgery with physical therapy and bracing. Long-term studies suggest that a non-operative approach may lead to similar outcomes as surgery for certain patients. A "wait and see" approach is also appropriate. In this case, patients attempt conservative treatment and consider surgery if they are still experiencing instability of the knee.

## Surgery

Surgery is reserved for patients who have failed conservative treatment, who are involved in high demand running and cutting activities, or who have active lifestyles. The surgery is done mostly arthroscopically (through a camera), with additional incisions dependent on graft selection. Graft options will be discussed with your surgeon. Patients will return home the same day after surgery. Any associated injuries such as cartilage damage or meniscus tear(s) are addressed at the same time as the ACL reconstruction is performed.

## Risks of Surgery

The risks of surgery are very small given the minimally invasive nature of the procedure. The major risks include bleeding, infection and stiffness or loss of motion of the knee. The surgery is typically performed under a general anesthetic with a possible nerve block. On the day of surgery, your anesthesiologist will discuss with you the details of the recommended anesthetic.

## Postoperative Care

You will receive a detailed ACL packet from the hospital or surgery center upon your discharge after surgery.

## Postoperative Rehabilitation

Most patients with sedentary desk type jobs can be expected to return to work 2 weeks post surgery. Physical therapy may begin typically within 3 to 5 days following surgery. By 4 to 6 weeks most patients can discontinue their crutches and brace. Light jogging on a treadmill may begin at 4 months after surgery. Planting, pivoting, and jumping from the operative leg is not allowed for a minimum of 6 months postoperatively.

## Surgical Outcomes

Most patients return to sporting activities between 9-12 months, though full recovery may take 12 to 18 months. It is important to understand that although many patients may feel they can get back to normal sporting activities early, the reconstructed graft is still healing and is susceptible to re-tear prior to 9 months post-surgery. Though commonly performed and quite successful, the overall failure rate is between 8 and 12%. Associated injuries such as meniscal tears and associated cartilage damage play a very large part in the long-term outcome of the knee, especially arthritis.

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