

ACL Injuries

Body Part

Knee

Condition:

Partial or complete tear of the anterior cruciate ligament

Summary

The anterior cruciate ligament (ACL) is found in the knee, and plays an important role in stabilising the knee joint. Injuries to the ACL commonly occur when pivoting, decelerating, changing direction, landing from a jump, or a combination of these movements. ACL injuries are common in sports, particularly AFL, netball, basketball and soccer, and are more common in females than males.






Symptoms:

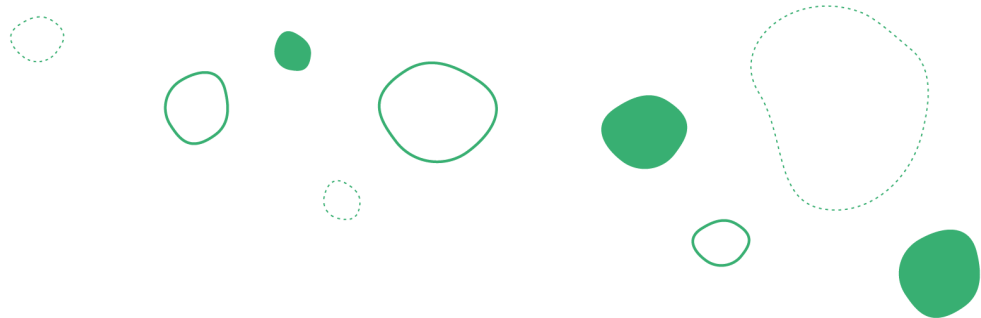
An ACL injury will be painful immediately (whether a partial or complete tear), however, a complete tear will often become less painful within 5-10 minutes. It is common to hear or feel a 'pop' or 'crack' in the situation of a complete tear. Most people will be unable to continue the sport or activity due to a feeling of instability in the injured knee, as well as acute inflammation in the joint causing pain and swelling. It can be difficult to assess an acute knee injury in the first couple of days due to swelling and pain, examination is much easier after a few days of allowing pain and swelling to subside.



ABN. 22 128 992 834
ACN. 128 992 834
Vitality Rehab trading as Gen Health Hamilton

132 Thompson Street
Hamilton
VICTORIA 3300
Phone: (03) 5571 9923
Fax: (03) 5572 1334
www.genhealthhamilton.com.au
admin@genhealthhamilton.com.au

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Treatment:

Treatment of ACL injuries depends not only on the extent of the injury (as other structures in the knee may also have been damaged), but also the person who has injured their knee, as their goals of treatment and expected outcomes will be different.

In every case of ACL injury, physiotherapy is a key component of recovery, with treatment focusing on restoring normal movement, strengthening the muscles around the knee and improving stability and control of the knee, to allow the injured person to return to activity and/or exercise, and reduce the likelihood of re-injury. As well as being a part of the rehabilitation from ACL injury, physiotherapy plays a crucial role in preparing the joint for surgery (if indicated) with 'prehab'. Evidence suggests a minimum of 12 weeks of 'prehab' prior to any surgical intervention.

Surgery is suitable for some, but not all, people with an injured ACL. This involves using another tissue to create a graft, which acts like (but not exactly the same) as an organic ACL. Commonly used tissues include hamstring tendon, patella tendon, and quadriceps tendon; less commonly a synthetic graft is used.

Prognosis:






ACL recovery is variable depending on the extent of the knee injury, whether surgery is undertaken or not, and individual characteristics of the injured person. Return to competitive sport and/or exercise should be based on the individual's ability to complete a range of sport-specific drills and assessment tasks. It is widely accepted that return to running should not occur prior to 12 weeks post injury or surgery, and that return to contact sport will be a minimum of 12 months.

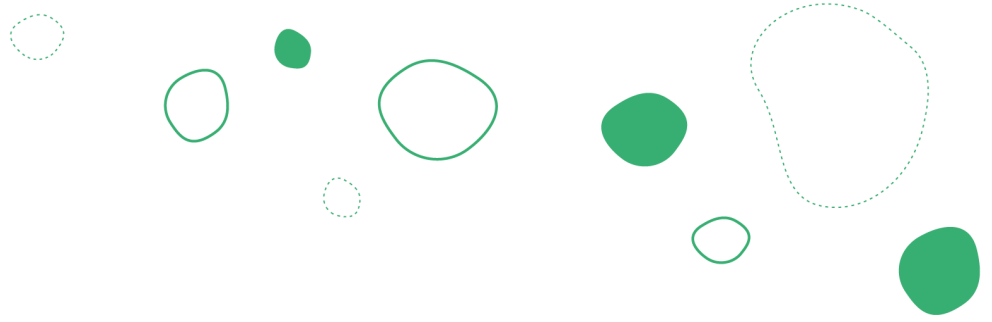
Risk of re-injury depends largely on the injured person. Important factors contributing to re-injury of the ACL include: completion of appropriate rehabilitation (not returning to sport/exercise too soon), maintaining ongoing knee-specific exercises, chosen sports/activities to participate in (high-risk vs low-risk), just to name a few.



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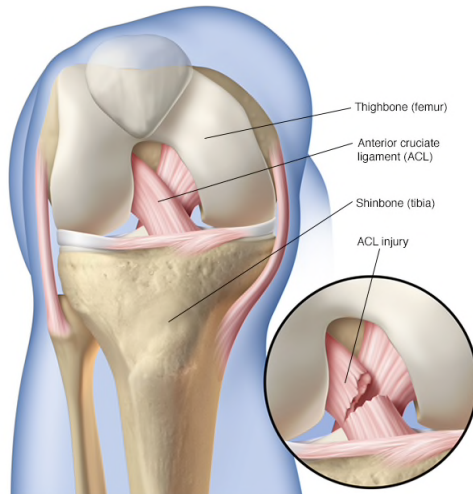
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Further information:

For further information, please contact our friendly team at Gen Health.



Picture Link:





<https://www.mayoclinic.org/diseases-conditions/acl-injury/symptoms-causes/syc-20350738>



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