



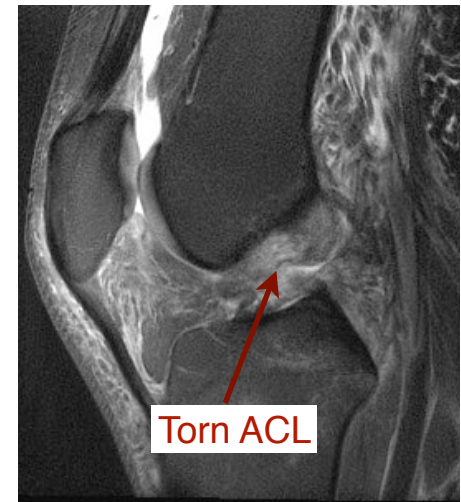
ACL Rupture

ACL injuries are fairly well known orthopedic injuries to anyone who follows sports. These injuries usually are season ending injuries and although most individuals are able to return to the same level of sport participation, not all are able to return to competitive sport.

ACL injuries can occur without significant injury to other structures in the knee, but often other injuries such as a meniscus tear other ligament injury or injury to the cartilage occur at the time the ACL ruptures.

With an ACL, the patient usually feels the ligament tear (or the knee give way) accompanied by immediate pain, swelling of the knee and difficulty putting weight on the leg. Patients evaluated by an Urgent Care or Emergency Department typically have the knee immobilized to prevent additional injury.

In addition to information about the event that led to the injury, the physical examination provides a great deal of information about the extent of injury. An MRI is ordered to evaluate associated injuries, and often Physical Therapy is used prior to reconstruction to regain muscle control and prepare the patient for surgery.



Here are some things to consider:

- The ACL does not heal on its own. Attempts have been made to assist healing with injections or with surgery to “repair” the ligament, but to date these have not been considered successful. Instead, surgery involves using a tendon to “reconstruct” the ligament, at which time injuries to additional structures such as a meniscus or cartilage can be addressed.
- Options for the ligament used in the reconstruction included a patient’s own patellar tendon, quadriceps tendon, or hamstrings. These same tendons as well as the Anterior Tibial tendon are options from a cadaver. There are pros and cons to each of these. Dr. Feinblatt will discuss these reconstruction options with you.
 - ACL reconstruction is performed as an outpatient procedure.
 - Recovery from ACL reconstruction takes a long time. Patients are usually feeling “ready to play” before the reconstructed ligament is ready. Physical therapy will continue after surgery at decreasing frequency until knee function has normalized.