

Pt Sticker or, complete the following

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Anterior Cruciate Ligament (ACL) Injuries

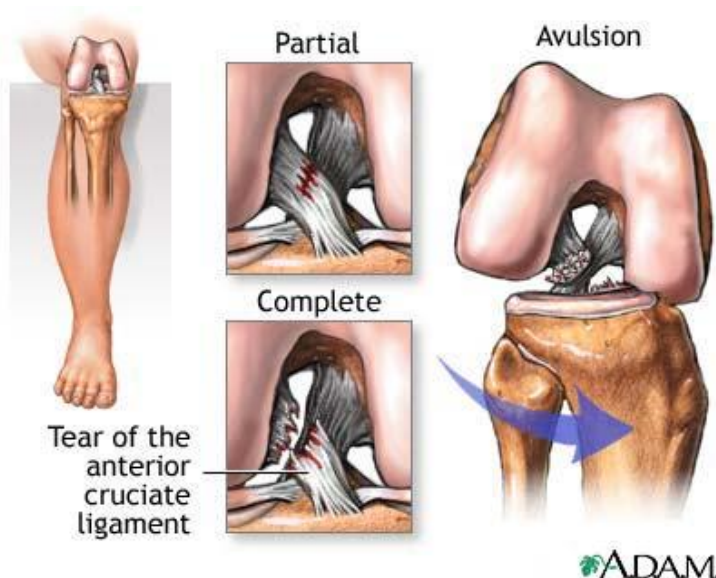
The anterior cruciate ligament (ACL) is a short ligament within the knee. It prevents excessive forward movement and rotation of the shin bone (tibia).

It is relatively passive during normal activities like walking, but is crucial for sports and activities involving side stepping and jumping.

Injuries

Injuries to the ACL are the result of forceful forward movement of the tibia or excessive inward rotation of the knee.

Injuries can occur during a sporting manoeuvre like side stepping or landing, or as a result of a contact injury like a tackle in rugby. The tear usually results in a snapping or popping sensation and pain followed by swelling of the knee. If it is injured in isolation of other structures you may be able to walk, but your knee may feel unstable. It is possible to sprain the ligament, but it is more common to rupture it completely.



Treatment

Best treatment for an ACL injury depends on the degree of tear (sprain vs rupture) and the level of activity you wish to return to. The ligament itself has a very poor blood supply and does not heal spontaneously like other injuries.

Most sprains can be treated with physiotherapy, which should restore normal function and allow a return to most sports. In the case of rupture if you don't want to return to side-stepping or jumping sports physiotherapy follow up may be all you need.

However if you have sprained or ruptured the ligament and require a stable knee for sports, work or other activities, it may be necessary to seek follow up with an orthopaedic surgeon.

Initial Management

It can be very difficult to accurately diagnose an ACL injury in the first day or two. Swelling, pain and muscle guarding reduces the sensitivity of the physiotherapy tests. However the mechanism of injury and other signs and symptoms will give the physiotherapist a good idea if it is a possibility.

They will organise you follow up to have it tested. It is important to begin treatment immediately despite your diagnosis.



25110 Advice or Information

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R.I.C.E is crucial over the first 2 – 3 days following an injury.

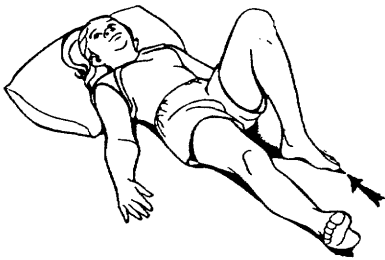
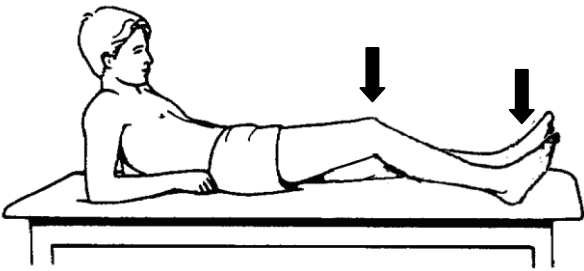
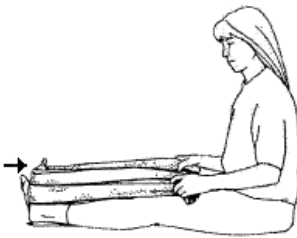
- R** – **Rest** the leg where possible. You may need to walk using crutches while it is painful and avoid rapid changes of direction.
- I** – **Ice** applied to the knee wrapped in a wet towel, 3-4 times daily.
- C** – **Compress** your knee with a bandage.
- E** – **Elevate** your leg in a well supported position above your heart to help with swelling.

You must begin taking weight through your injured foot as much as pain permits to prevent stiffness and assist healing.

It is important to avoid the following as they may delay recovery or worsen the condition by making the inflammation and pain worse:

H.A.R.M

- H** – **Heat** over the injured area.
- A** – **Alcohol** consumption, especially in the first week.
- R** – **Running** or other activities that will aggravate the injury.
- M** – **Massage** directly over the painful area.

<p>1. Knee ROM Bend and straighten you knee fully or as far as pain permits.</p> <p>Repeat 10 times Do 3 sets a day</p>	
<p>2. Hamstring and Quadriceps Co-Constrictions Bend your knee to about 30°. Dig your heel into the bed tightening the muscles at the back of your thigh (hamstrings). Then tighten the muscles at the front your thigh (quads). Your foot should not lift up.</p> <p>Hold for 10s Repeat 10 times Do 3 sets a day</p>	
<p>3. Calf Flexibility Sit with knee straight and pull your foot towards you until a comfortable stretch is felt in your calf.</p> <p>Hold for 20 seconds Repeat 3 times Do 2 sessions per day</p>	

It is recommended to adhere to the follow up plan provided by you ED physiotherapist.

Physiotherapist _____ **Signature** _____ **Date** ____/____/____
(Name & Designation)

If you have any concerns with this advice or exercises, please contact your physiotherapist

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