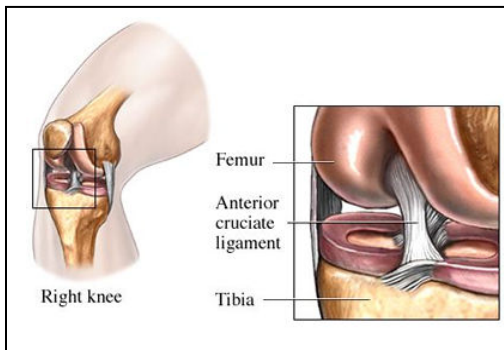


Knee Injuries – Anterior Cruciate Ligament (ACL)



Ligaments are made of strong fibrous tissue that connect bone to bone across a joint. The ACL (Anterior Cruciate Ligament) is one of the four most important ligaments in the knee joint. It connects the femur and to the tibia (lower leg). It is responsible for limiting rotational movements of the

knee as well as for restricting excessive forward movement of the lower leg.

An ACL tear occurs when this ligament is overstretched due to a sudden blow to the front (anterior) of the knee or by a sudden stop or twisting motion. In most cases, an ACL tear requires surgery to repair the damage. However, in the event of a partial tear, it is possible to avoid surgery depending on an individual's current/desired level of activity.

The main symptoms of an ACL tear are pain, swelling, a feeling as though the knee is "giving out", and, in some cases, a loud "pop". Following an ACL injury, one should avoid twisting the knee (e.g. planting the foot and turning the body) and impact to the knee, femur (upper leg), or tibia.

Arthroscopy is the surgical process designed to view the inner workings of a joint. It is a minimally invasive procedure that requires a small incision into the joint into which an arthroscope (a small, lighted, fiber optic tool used for viewing the interior of a joint) is inserted. In the event of an apparent ACL injury, arthroscopy may be suggested to determine the extent to which the ligament was injured. If

surgery is required to repair the damaged ACL, the ligament must be replaced.

Physical therapy may be recommended prior to ACL surgery in order to increase range of motion and to reduce swelling. It is also important to strengthen the joint and surrounding muscles at this time in order to help speed recovery after surgery. Once the ACL has been repaired, physical therapy is recommended to once again strengthen the leg and restore mobility.