



Grade III - Complete Tear of the Anterior Cruciate Ligament (acute)

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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DIAGNOSIS: Your **diagnosis** is a complete (Grade III) tear of the anterior cruciate ligament (ACL).

INJURY or CONDITION: This **injury** is a total disruption of the most important stabilizing ligament in the knee. The anterior cruciate ligament is located centrally within the knee, behind the kneecap, making it difficult for the to specifically localize the injury.

CAUSE: The most common **cause** is a knee hyperextension with a twist (torsion) which occurs while the knee is momentarily unprotected by the surrounding musculature, especially your hamstrings. The injury typically occurs during sports such as skiing, basketball and soccer and may occur at surprisingly low force applications.

SYMPTOMS: Typical **symptoms** are a “pop” at the time of the initial injury followed by swelling which appears within the first 24 hours. Pain may be minimal initially if the ACL alone is damaged. Athletes who attempt to return to action may experience a second episode of instability (pivoting).

TREATMENT: Our standard **treatment** should include:

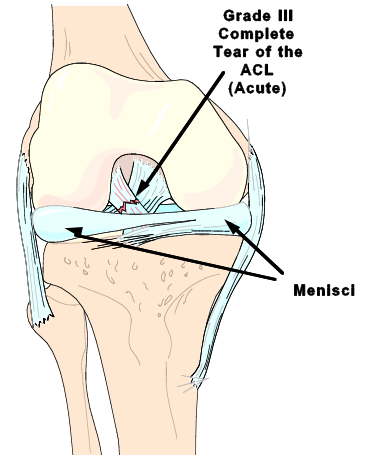
1. Ice, elevation and compression to control swelling.
2. Walking (weight-bearing) is preferable if muscular control of the injured leg is adequate.
3. Knee straightening (extension) and bending (flexion) are encouraged by gentle stretching, stationary cycling and/or pool therapy.
4. Arthroscopic surgery should be undertaken in young, active patients because the ACL will not heal unless surgically restored. A single hamstring tendon from the back of your thigh is the preferred graft.
5. In older or less active patients, exercise therapy like cycling with a toe-clip and bracing of the knee may be selected as optimal treatment, as long as instability is not present. This patient group should avoid aggressive sports in the future. If the shock-absorbing cartilages (menisci) are torn extensively, surgery may be required even in less active patients.

PRECAUTIONS: Important **precautions**:

1. Avoid excessive swelling in your knee, calf and ankle regions by conscientious elevation and frequent muscle contractions.
2. In cases where surgical treatment is necessary, make sure that early knee stiffness is improving prior to surgery. 120 degrees of flexion is recommended prior to surgery. Avoid aspirin.
3. Be sure you understand your injury and treatment thoroughly. Complete rupture of the ACL can affect knee function for a lifetime and can lead to osteoarthritis if not treated correctly.
4. Do not participate in jumping, cutting or twisting sports until you have recovered fully from you injury, and the doctor has cleared you to do so.

RECOVERY:

1. When arthroscopic reconstruction is necessary, walking in a protective brace is begins within 1-2 weeks of surgery. Optimal rehabilitation is staged for return to aggressive sports activities or heavy labor after approximately six months.
2. Expected **recovery** for those who do not need surgical intervention usually occurs in three months at which time swelling should be resolved and strength is usually recovered.



Front (anterior) view,
Knee bent, (flexed) at 45
(kneecap not shown)

