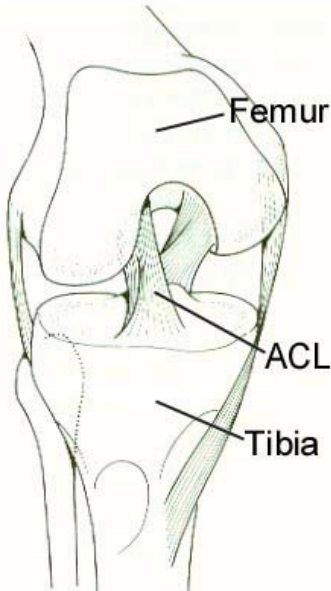


ATHLETE'S EDGE

ACL Injuries

Sports that involve pivoting, stops and starts, or contact between players have a higher risk of ACL injuries. Usually, if you tear your ACL, there is considerable pain, swelling that occurs quickly, and occasionally a "pop" sensation.



A ligament is a rope-like structure that holds two bones together. In your knee, there are four main ligaments. The ACL (Anterior Cruciate Ligament) acts to prevent the tibia (shin bone) from shifting forward in relation to the femur (thigh bone), and also helps to prevent rotational movements between these two bones. ACL tears can be complete or partial ("stretching"). Special tests such

as magnetic resonance imaging (MRI) may be required to diagnose an ACL tear. X-Rays are usually done to make sure that you have not sustained any bone injury.

1. The initial treatment of an ACL tear consists of frequent icing and nonsteroidal anti-inflammatory medications (e.g., naproxen). Physiotherapy is very important in regaining your knee range of motion and preventing excessive muscle wasting.



2. A physician may prescribe a temporary brace for the first two weeks to protect your knee.

3. Once your knee starts to settle down, the physiotherapist will show you some particular strengthening (especially hamstring strength) and balance exercises (see pg 2) which are very important in the rehab of your knee. With appropriate treatment of an isolated ACL tear, there will be decreased pain and swelling. Unfortunately, the torn ACL does not heal or "tighten up". Once an ACL is completely torn, it stays torn.



Unfortunately, an ACL-deficient knee does not function properly. If you return to a contact sport or a sport with a lot of pivoting (hockey, football, soccer, basketball, etc.) your knee will probably give out again.

Every time your knee gives out (knee instability), you risk causing other damage to your knee such as cartilage tears, and possibly long-term problems such as osteoarthritis.



A twenty year-old soccer player can end up with arthritis in her knee only three years after initially injuring and failing to treat her ACL tear.



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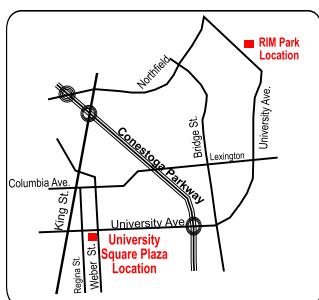
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Since 1986, over 65,000 active athletes and individuals have relied on the experience and expertise of the medical and therapy staff of WSM.

4. To try to prevent this knee instability, a physician can prescribe a special custom-fit ACL brace which can be used on a daily basis in the rehab period and later to help to prevent knee instability in high-risk situations such as pivoting or contact sports. In general, these braces are well-tolerated since they are custom-fit and made of strong light-weight materials such as titanium and carbon-fibre.



5. However, you may require surgery to reconstruct your ACL, the closest to getting your knee back to normal. If your sport does not involve any pivoting (e.g., road cycling) then you probably will not need surgery unless your knee gives out during daily activities. Surgery is usually the best option for individuals who play hockey and other pivoting and contact sports. You will have to be very dedicated to working hard at physiotherapy for several months after surgery to help ensure a successful outcome.

Although an ACL tear is a big injury, it is not the end of the world. With appropriate treatment, most athletes are able to return to the same level of activity enjoyed prior to injury.



Balance Exercises

