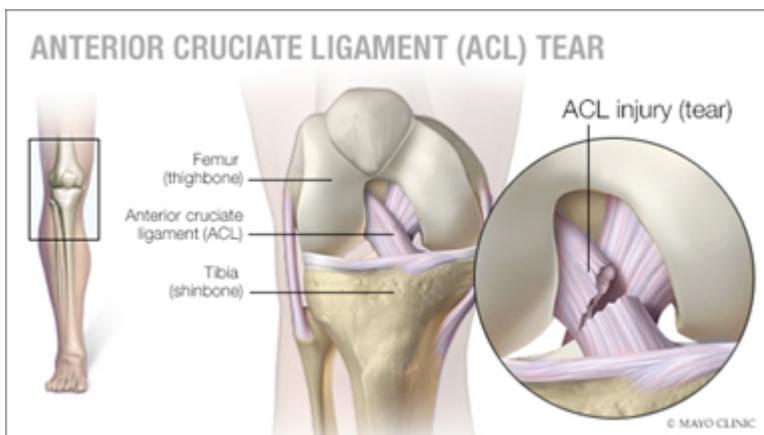


ACL Injuries and Conservative Rehabilitation: do you need to have surgery?

Australia currently has the highest rates of ACL rupture in the world with 20,000 injuries annually. This is partly due to the nation's choice of sports but may also be attributed to early sport specialisation in children and young teens. Currently, 35% of people who rupture their ACL will not return to their pre-injury level of sport within 2 years post-operatively.



Your ACL is a ligament in the middle of your knee joint that provides support and stability, particularly during change of direction or when a force is pushed the knee from the outside inwards. If either of these happen quickly and with the leg on a 'wrong' angle – the ligament can rupture or tear.



For some time now, almost all ACL ruptures would go on to have surgery, particularly if they want to continue playing sports. But there may be another option...

Conservative (non-surgical) treatment of ACL injuries has been the second, much less popular choice for rehabilitating ACL injuries throughout history. For some time, it has been theorised that not repairing the ACL would result in increased wear to the joint and increased osteoarthritis in the long term. Recent evidence has cast doubt on the increased prevalence of osteoarthritis in conservatively managed ACL ruptures and appears to show that functional improvements and return to sport may be just a good in the long term!

Your ACL has mechano-receptors inside it that help to tell your brain what position your knee is in. When the ligament is ruptured the brain loses these receptors and it is therefore harder to control the knee position. The loss of these mechano-receptors contributes to the instability that is felt. These receptors do not come back with placement of a graft during surgical repair. The exercises that are given during rehabilitation to help improve neuromuscular control are a large part of what improves stability in the knee over the 12 months post-injury.

So far, great conservative outcomes have been seen across a multitude of sports – skiing, surfing, running, snowboarding and cycling to name a few. You certainly don't 'need' an ACL to complete most activities and the medical field is wondering whether this approach will slowly encompass more sports as we become more confident in the science!

At this stage, if you play a high-risk sport (such as AFL, rugby, netball and basketball) and you are wanting to return to play, surgery is still recommended. Remember that surgery is only 5% of the 'fix' though and at least 12 months of hard exercise-based rehabilitation lie ahead in order to safely get back!

Food for thought.

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