



## ACL Injuries

Injuries to the Anterior Cruciate Ligament (ACL) are very common. The vast majority are complete tears. This results in a permanent change in the way the knee works. Complete tears of the ACL do not heal. This is unique to the ACL due to its location inside the knee joint. Most other ligaments will heal with some protection, time and therapy - but not the ACL. Once the ACL is torn, patients may notice that the knee shifts, buckles, slips, "gives out" or that they just don't have the same trust in the knee that they had before. The inability of the ACL to heal and the permanence of the injury are among the reasons patients with a complete tear of the ACL have surgery.

Not all patients who have torn their ACL need surgery. The people who tend to have the most problems are those that engage in twisting, turning or jumping activities. Since the injury is permanent, the only thing that will reduce the possibility of re-injury is avoiding those activities. Some people will even say that the knee will shift or "go out" just with simple everyday activities. The more often the knee shifts, the more likely you are to injure the cartilage or cause arthritis. Non-surgical treatment consists of exercises, a brace and avoidance of activities that make your knee shift.

For those individuals that will return to high risk sports and have a fairly loose physical exam, the probability that there will be another injury is high and those patients are surgical candidates. Patients can return to sports about 4-6 months after surgery depending on the type and level of your activity. While the terms perfect, normal, and one hundred percent are rarely used after surgery, the usual outcome is a knee that moves well, is stable and allows patients to choose which sports they wish to try again.

Surgery for the ACL relies on putting a new ligament in its place. This requires a piece of tissue from just below your kneecap to be grafted to inside the knee. This is called an ACL reconstruction. The graft is held in place with screws or staples so that we can begin moving your knee quickly. This is done with arthroscopic assistance, but is a bigger procedure than just a knee scope. At the same time, any cartilage problems are taken care of as well. The cartilage will either be stitched or removed. Most patients spend one night in the hospital and go home the next morning. Crutches and a knee brace are used for 1-2 weeks after surgery and maybe longer if other associated procedures are performed at the time of surgery. Therapy starts the week after surgery. Time out of school will be about 1-2 weeks and time off work will depend on the type of work you do. Physical work may take 2 months, whereas office work can be 1-2 weeks. You may drive when you can walk with out crutches and feel stable to use your legs with driving. Surgery is an option for you to consider, it is elective in nature, meaning that this is not life or death and is meant to improve your quality of life. There is the potential for risks and complications that include but are not limited to: infection, anesthesia problems, instrument breakage, stretching out of the graft, problems from taking the graft and stiffness of the knee that may require further surgery to correct. You should carefully weigh the options including non-surgical treatment mentioned earlier. Consider the risks and benefits of both non-surgical and surgical treatment. You may obtain another opinion. Make sure that all of your questions have been answered. If you decide to have surgery, please call and this can be arranged.

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