

## **ANTERIOR CRUCIATE RUPTURES**

### I. Acute Ruptures of the Anterior Cruciate Ligament

An ACL tear is the rupture of a ligament that helps stabilize the knee

Patient with ACL tears present with a history of direct trauma to the knee of the patient or of an injury involving torsional or angular forces.

The Protocol for the management of acute injuries to the knee notes two separate sets of circumstances which require orthopaedic referral and, namely, these are “clinical evidence of gross ligamentous instability” and “the initial presence of a tense hemarthrosis or the development of a recurrent hemarthrosis.” These are diagnostic features of acute ruptures of the anterior cruciate ligament.

#### A. Diagnostic Tests

1. Plain x-rays to rule out associated fractures.
2. MRI – to confirm the diagnosis and/or to determine associated meniscal or ligamentous pathology.

#### B. Nonoperative Treatment

1. Splint/brace/crutches
2. Ice/elevate/compress in dressing
3. Analgesics, NSAIDS, Tylenol
4. Physical therapy
  - Weight bearing as tolerated
  - Range of motion
  - Progressive strengthening
5. ACL Bracing for higher risk activities
6. Question long-term bracing

Duration of this treatment program is 4 to 6 months

#### C. Operative Treatment

1. ACL Reconstruction
  - Graft options, surgeon, and patient preference
2. Post op physical therapy
  - Weight bearing as tolerated
  - Range of motion
  - Strengthening
  - Functional rehab

Duration of treatment – 6-month minimum

II. Chronic Rupture of the Anterior Cruciate Ligament

Clinical features include a history of remote injury from which full recovery never occurred, or for which surgical treatment was either not done or was not successful. History of recurrent effusions and/or demonstrable instability with likelihood of secondary traumatic arthritic changes.

Nonoperative and operative options similar to those outlined for acute ruptures.

**PROTOCOL HISTORY:**

Passed: 6/9/1998  
Amended: 3/22/2011  
Amended: 9/27/2022