# Treatment Guide for Case Managers

## ACL Injuries

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### Mechanism of Injury:

Tears of the Anterior Cruciate Ligament (ACL) often result from low velocity, non-contact twisting injuries to the knee. A valgus–external rotation trauma or a hyperextension of the knee is a typical mechanism. ACL tears can also happen with seemingly minor injuries such as pivoting maneuver.

### Subjective symptoms:

**Acutely:**
- Pain
- Swelling
- Inability to weight bear
- Hearing a pop

**Sub-acutely:**
- Complaint of instability
- Painful giving-way
- Pain often if other structures are injured (i.e. meniscus, articular cartilage)

### Objective findings:

**Physical Exam:**
- +Lachman test
- + Pivot-shift
- + anterior drawer if associated meniscus injury
- KT-1000 > 5mm difference

**Imaging:**
- Plain x-rays
- MRI

### Natural History:

**Low demand patient:** can often compensate by activity modification and PT

**High demand patient:** almost always develops symptomatic instability. Has 20% risk per year of catastrophic meniscal damage

### Non-operative Treatment:

- PT
- Activity modification

### Operative Treatment:

- ACL reconstruction with:
  - Hamstring autograft
  - Bone-Patellar-Tendon-Bone autograft
  - Allograft

**Rehabilitation:**
- Pre-op PT for restoration of ROM and strengths
- Post-op PT

### MMI:

**Non-operative:**
- 6-8 weeks

**Operative:**
- 4-6 months

### Work status until MMI:

**Non-operative:**
- Light duty, avoid cutting maneuvers

**Operative:**
- Light duty, avoid cutting maneuvers