

Orthopaedic Connection

ACL Injuries – Treatment

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Transforming patient information into patient understanding.

Last time we tried to give you an overview of knee ligaments and certain ways they can be injured. We also went over symptoms of the injury and how the diagnosis is made.

Once I have made the diagnosis by history, careful knee examination, plain x-rays and probably an MRI study, the time has arrived to begin treatment.

A word first about the patterns of knee ligament injuries and their severity. They come in a wide variety of injuries. All shapes and sizes so to speak. Treatment has to be individualized in each case. There is no cookbook approach.

It is not based solely on MRI findings and treatment is not always surgery.

If you have “torn ligaments” as patients say, why isn’t it always surgery? Go back to what I said about patterns of injury. Often the ligament is stretched or partly torn on MRI. Exam may reveal swelling, but the knee feels stable on exam. That is, it doesn’t seem loose compared to the other side on examination. This knee may be capable of recovery by rest, crutches, knee immobilizer and eventually physical therapy rehabilitation. Knees that remain tight or “stable” are protected to decrease pain and swelling until a better exam can be done. Then, if the knee is still stable and doesn’t wobble, a good knee brace is obtained to further protect and support the healing process. Then the knee enters the rehabilitation phase, which can last for months.

It depends of course of the severity of the injury and the person’s power of healing. It also depends on age and the person’s own healing powers.

I guess the bottom line is you don’t treat the x-ray (MRI), you treat the patient.

In cases where the injury is more serious and the ACL is completely torn and the patient is a young athlete, surgical repair is much more likely. At one time surgery was done urgently in the first several days to a week and we actually repaired the strands of the ligament. No one does that any more. (Yesterday’s gospel is today’s heresy.)

We wait at least a few weeks for all swelling and inflammation to subside. In the meantime the patient typically would have obtained our prescription stabilizing brace and would be doing prescribed exercises to preserve as much strength in the knee and thigh as possible. Other injury to the knee such as torn cartilage may have occurred too, but this is something that is treated when the ligaments are repaired.

Waiting has improved results of surgery greatly. There is a much more natural knee environment present when you do the operation to reconstruct ligaments in a few weeks or beyond. But during that time bracing and knee protection and strengthening are all important.

As in everything we do in Orthopaedic Surgery there are different ways to do the same thing i.e. repair the knee.

To do justice to surgical treatment and have you understand the different operations, I would like to do that next week. I think you will get a lot more out of it.

My patients put their trust in me and what I do improves the quality of their lives.

Office Website and Gratiot County Herald Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains 1) The Website Library of Information 2) Your Orthopaedic Connection 3) GCH Archive of all previous articles.

You will be amazed at all the helpful information it contains.
All of the information pertains to everything I treat in the office and hospital.
Be well. Good health, good life, all the best to you.

Dr. Haverbush