



“ Last month we covered physical therapy’s role in effectively treating Patellofemoral Pain Syndrome (PFPS) in our discussion of sports related injuries associated with the knee. This month we want to cover ACL injuries and the importance of physical therapy in avoiding and treating this condition. ”

- John Paszkiewicz, PT, MS, COMT

ABOUT THE AUTHOR

John Paszkiewicz Physical Therapist

I have been a physical therapist for 15 years and have been rehabilitating athletes in Bowling Green for over 15 years. I am an athlete and I understand competition and the passion of athletes to excel.

At Results we develop a personalized program for our patients that allows them to return to sports quickly and keep them directly involved in their sports during the recovery process. During this time we continually focus on educating the athlete on their injury, what the causes are, and how to prevent recurrence.



The cruciate ligaments, ACL (anterior) and PCL (posterior) are designed to stabilize the knee against front-to-back and back-to-front forces. The two ligaments connect the thighbone to the large bone (tibia) below the knee. They control rotation and translation of the knee. The ACL is more susceptible to injury than the PCL. Injuries typically occur during twisting or cutting, a blow to the knee, or when landing improperly.

What are the common symptoms of an ACL injury?

Feeling as though you do not always have a “controlled/stable” knee with running or jumping are often signs of an ACL injury. Sharp pain with immediate swelling of the knee, pain and stiffness in the knee, feeling as though/or experiencing your knee buckle with walking or any activity are all potential signs of an ACL injury.

Who is more at risk for an ACL injury?

There is a higher risk of ACL injuries for female than male athletes. Females tend to land with a “knock-knee” motion of the leg and tend to have greater knee extension when cutting. This leads to greater stress on the cruciate ligaments than the muscle system. They are 2-10 times more likely to suffer a non-traumatic ACL injury than males in sports such as basketball or soccer.

Males tend to have greater quad strength and muscle force to limit the shear loads to the ACL. However, males tend to be involved in more “contact” sports, such as football and have a higher rate for ACL injuries from unseen loads when hit in the knee, (mostly from the side and behind).

How do you help prevent an ACL injury?

Screenings by a trained medical professional will be the best way to assess for ACL laxity/insufficiency. Do not wait for an ACL tear to occur. Prevention is the best option to keep a healthy ACL and stay in the game. Whether or not there has been an injury to the knee, a physical therapist can perform a full assessment of the knee. ACL insufficiency can lead to altered proprioception, increased quad activity, and increased tibial bone shearing, putting the meniscus at risk. General knee injuries can cause swelling which will inhibit muscle function thus placing you at a greater risk of having an ACL injury if not appropriately addressed. ACL insufficiency can also lead to altered joint mechanics and change the loading forces of the knee, which can result in damage to the cartilage.

Strengthening of the leg muscles will help with ACL protection but the speed of a muscle contraction will have a greater impact in decreasing the risk of an ACL injury. A physical therapist should be establishing a specific training program for you individually or work with your team to decrease the risk of ACL injuries/tears to keep you in the game throughout your HS and college careers.

What if I already have an ACL injury?

An ACL injury does not always mean surgery. You can refer yourself to see a physical therapist for an evaluation without a prescription from a physician. At Results Physiotherapy we can have you in for your appointment the same day in most cases. Early intervention with physical therapy before surgery is proven to shorten the rehabilitation process, and significantly reduce the overall cost of treatment.



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