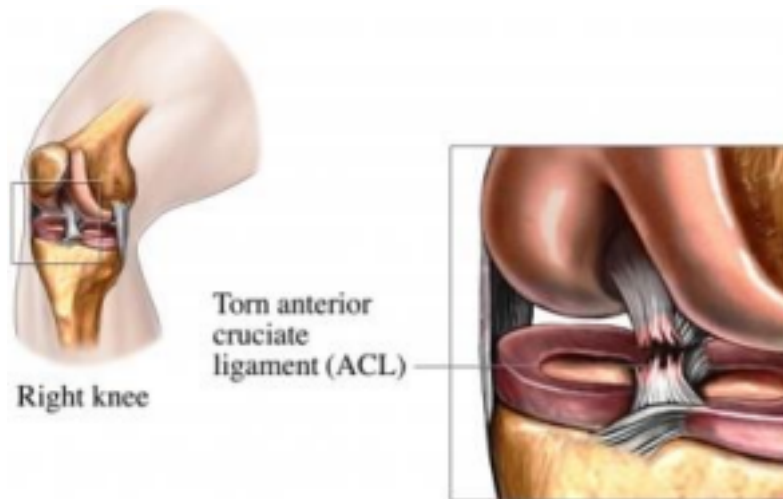


## ACL Tears!

### 8 Questions to ask and observations to make when “ruling in” an ACL tear



**#1. Watch the patient walk. A flexed knee posture is very common in patients with ACL tears. Click this link for a video of a patient’s flexed knee posture 2 days after an ACL tear: <https://youtu.be/satUKfLYgRk>**

**#2. “How did this happen”? Statements like:**

**“My knee gave out”**

**“My foot was planted and my body went into another direction”**

**“It happened when I was changing direction” are very common explanations regarding the mechanism of injury.**

**#3. Ask: “Was your foot planted”? Most ACL tears**

happen with a planted foot.

**#4. Ask: “Did you hear or feel a pop”? There is usually a distinct noise when the ACL tears.**

**#5. Do you notice effusion in the knee? ACL’s bleed when they tear and cause intra-articular swelling. To identify effusion, you should perform a “Brush test”. (Brush test video) <https://youtu.be/QT98uIQgN58>**

**#6. Ask: “Did it swell immediately or over a couple of hours”? ACL tears swell slowly, fractures swell immediately.**

**#7. Ask the patient to put a finger on the most painful area of the knee. Greater than 70% of patients who tear their ACL’s also tear the medial meniscus which often contributes to medial joint line tenderness.**

**#8. Does the patient have a positive Lachman’s or modified Lachman’s test? This is the most definitive clinical test you can do to evaluate the ACL integrity if all you have are your hands to evaluate the patient with. [For a video of how to perform these tests, click these links: https://youtu.be/P3iNyTBJUPQ](https://youtu.be/P3iNyTBJUPQ) (Lachman’s) <https://youtu.be/zrSUyw1W53Y> (Modified Lachman’s)**

### **How to manage acute ACL injuries**

**#1. Refer to an Orthopedic surgeon.**

**#2. X-ray to r/o fracture and possible avulsion of the ACL off of the tibia. Avulsions can be repaired arthroscopically if referred to the orthopedist quickly and do not require a full reconstruction.**

**#3. It is safe to start PT early for edema control, crutch teaching, and quadriceps re-education. Pre-hab works.**

**#4. Avoid immobilizers for long periods. They cause significant atrophy, often increase hip and back pain and stiffens the knee joint.**

**#5. Knee sleeves and elevation of the leg for edema control can be helpful. “Less swelling = less quad shut down”.**

**#6. Ice for pain.**

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**coaching** opportunities.

In Good Health,



Paul Marquis PT