



ACL Injury and Return to Sport

The title of this article is the #1 reasons I am a physical therapist today. I grew up with a ball in my hands ALL the time in a family where and at a time when youth sports were readily available but the societal and/or parental pressure to be the best or to get an athletic scholarship were not the extremes that they are today. I was relatively lucky suffering the usual injuries: sprained ankles, cuts and scrapes, Osgood-Schlatter syndrome, a urinalysis due to suspected blunt trauma kidney damage, hip pointers, muscle strains, and probable concussions. I was a 3 sport Varsity athlete in high school and played college football. Throughout my life playing sports I have missed the occasional practice but few games. Missing even a minute on the court/field/track was emotionally and physically painful. Watching my teammates/friends miss practices, games, or even seasons was frustrating. That pain and frustration is what interested me so much in how the body works, how it heals, and how it transitions to become bigger, better, and faster, in order to return to the world of physical competition. Therefore, I applied to and dedicated myself to the physical therapy profession.

Once I became a PT, I immediately immersed myself in everything to do with knee injuries. How to diagnose them, how to rehab them, how to prepare them for surgery, how to rehab them after surgery, and how to progress the athlete back into sports better, stronger, and with a decreased risk for re-injury.

Despite the fact that Anterior Cruciate Ligament (ACL) research is the #1 researched orthopedic injury, the number of ACL reconstructions (ACLR) over the past 20 years increased from more than 86,000 to more than 148,000. The fastest growing demographic over that time is the under 20 year old female athlete. Individuals with the greatest risk of an ACL injury are those who have already sustained a previous ACL injury. Estimates for the cost of an ACLR are between \$32,000 and \$50,000. Long term follow up studies have consistently shown increased wear-and-tear (ie cartilage damage) of post-ACLR knees.

Since ground breaking research in the mid-late 1990's showed reduced risk of ACL injury following a 6 week training program, we have learned much in how supervised jumping, landing, cutting, and strengthening programs help to protect the ACL once the athlete is competing on the field/court. We have good (not great) ways to evaluate athletes in order to determine which athletes are more likely to sustain an injury. We have good (not great) ways to test athletes in order to be as confident as possible that the athlete's risk for re-injury are as low as possible.

As you read this, I truly hope your son or daughter has been evaluated by a Sports

Certified Clinical Specialist to better understand if he/she is at an increased risk of injury. I truly hope your son or daughter had a complete and thorough Return-to-Sport evaluation which involved more than just ligament testing and some manual muscle testing. However, statistics (and years of experience seeing athletes of all ages and abilities) tell us that our athletes are not receiving these services. Why does it take a season or career ending ACL injury in order to ascertain the information and knowledge about proper training techniques and advice to reduce injury risk? Why do we continue to see athletes sustain a second ACL injury (most recently/notable Jamal Charles, KC running back) despite having terabytes of data supporting the importance of Injury Prevention Training and Return-to-Sport Testing?

We all need to do better. We need to do right by our athletes and their families, we need to do right by our community. We will do better!

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