

# STEVEN CHUDIK MD

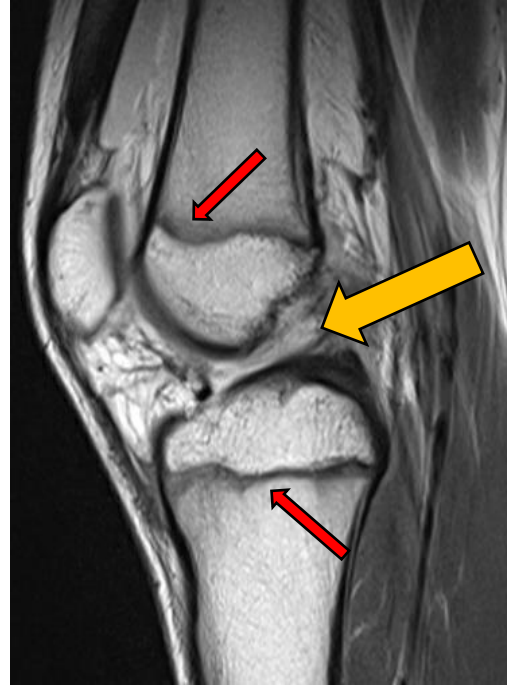
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## SHOULDER, KNEE & SPORTS MEDICINE

### Pediatric Anterior Cruciate Ligament (ACL) Tear

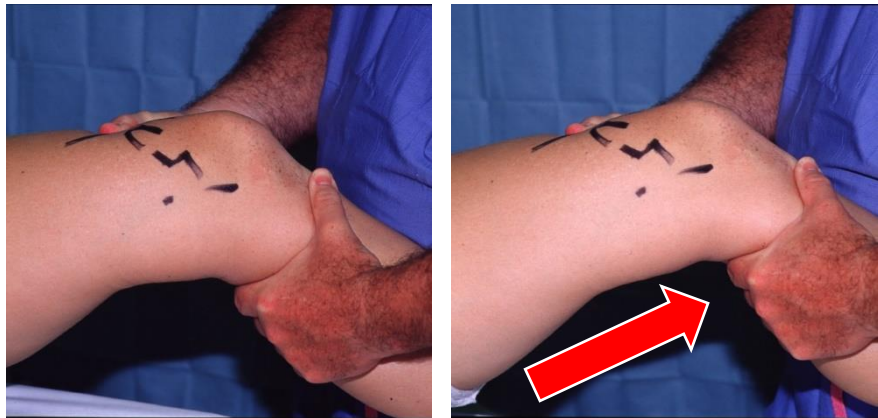
An anterior cruciate ligament (ACL) sprain is a tear of one of the four major ligaments of the knee. The ACL is a ropelike structure in the center of the knee that helps maintain the normal relationship of the femur (thigh bone) and the tibia (leg bone). When torn, the ACL does not heal and the knee can be unstable (shifts or gives way) during sports that require pivoting, changing direction (cutting), jumping, or landing. About half the people who tear their ACL also tear their meniscus in their knee. ACL tears in pediatric patients pose an extra challenge in that typical surgeries to reconstruct the ACL can injure the open growth plates around the knee and affect normal growth.

The diagnosis of an ACL tear is usually made on physical examination, but MRI can be helpful, especially when the patient is too swollen or guarded to allow a thorough examination. The MRI also is needed to diagnose any associated meniscal or cartilage damage.



MRI showing a torn ACL indicated by the gold arrow on a patient with open growth plates visual at red arrows.

Before (left) and after (right), pictures of a Lachman maneuver performed on a knee revealing abnormal anterior (forward) shifting of the tibia (shinbone) on the femur (thigh bone) indicating a tear of the ACL.



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### Frequent Signs and Symptoms

- Pop or tear heard or felt at the time of injury
- An inability to continue playing after the injury
- Large amount of swelling in the knee noticed within six to eight hours after the injury (often within three hours)
- Inability to straighten knee after an injury
- Knee instability, (shifting or giving way), particularly when trying to pivot, cut (rapidly change direction), or jump
- Swelling with repeated giving way
- Occasionally, locking (knee gets stuck intermittently) when there is concurrent injury to the meniscus.

### Etiology (Causes)

- 70 to 80 percent result from non-contact injury (landing awkwardly or cutting)
- Contact injury where the knee sustains a direct hit from another player such as getting tackled at the knee

### Risk Factors

- Sports that require pivoting, jumping, cutting, or changing direction (basketball, soccer, volleyball) or contact sports (football, rugby)
- Poor physical conditioning (strength and flexibility)
- Female gender (women have two and one-half to ten times higher risk than men)
- High playing surface to shoe friction coefficient or traction

### Prevention

- Appropriately warm up and stretch before practice and competition.
- Maintain appropriate conditioning:
  - Thigh, leg, and knee flexibility
  - Muscle strength and endurance
  - Cardiovascular fitness
- Train to use proper technique when cutting and landing.
  - There are specific ACL prevention programs that can lower the risk for injury.
- Use proper equipment (appropriate length of cleats for surface).



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### Outcomes

The ACL will not heal on its own, but most people can perform normal daily activities after an appropriate rehabilitation program. For young patients and those who want to return to sports, surgery is recommended. If left untreated, the patient is at risk for further injury to their meniscus and cartilage, due to knee instability. Younger patients also are at risk for early arthritis if the ACL is left unrepaired. Surgery to reconstruct the ACL while avoiding injury to the growth plate can result in a stable knee, prevent early progressive damage to the meniscus and cartilage and allow return to full activities.

### Potential Complications

- Recurrent instability episodes of instability (shifting or giving way)
- Further injury to the meniscus resulting from recurrent instability episodes (shifting or giving way) which can change the loading of the articular cartilage of the knee and cause premature arthritis
- Injury to other structures of the knee, including the articular cartilage, resulting in arthritis of the knee
- Injury to other ligaments of the knee
- Knee stiffness (loss of knee motion)
- Injury to the growth plate from surgery and growth abnormalities

### Treatment Considerations

Initial treatment is focused on returning the knee to its pre-injury status by reducing the pain and swelling and restoring the range of motion, strength, and gait. Walking with crutches until you walk without a limp is often recommended. Range-of-motion, stretching, and strengthening exercises may be carried out at home, although a referral to a physical therapist or athletic trainer is often recommended. If other ligaments are injured along with the ACL, Dr. Chudik may recommend a brace to help hold the knee stable.

For young active patients, surgery to reconstruct the ACL usually is recommended to allow return to activities and sport. Surgery also is appropriate for ACL injuries in young active children who have combined injuries to other ligaments, the meniscus, or the articular cartilage. Dr. Chudik developed a special technique to reconstruct ACL's in young patients to avoid injury to their open growth plates.



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### Possible Medications

- Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within seven days before surgery), or other minor pain relievers, such as acetaminophen, are sometimes recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.
- Pain relievers are usually not prescribed for this condition.

### Modalities

- Cold is used to relieve pain and reduce inflammation. Cold should be applied for 15 to 20 minutes every two to three hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage with a cloth between the ice and your skin to prevent burning /freezing your skin.

### Notify My Office if Symptoms Worsen



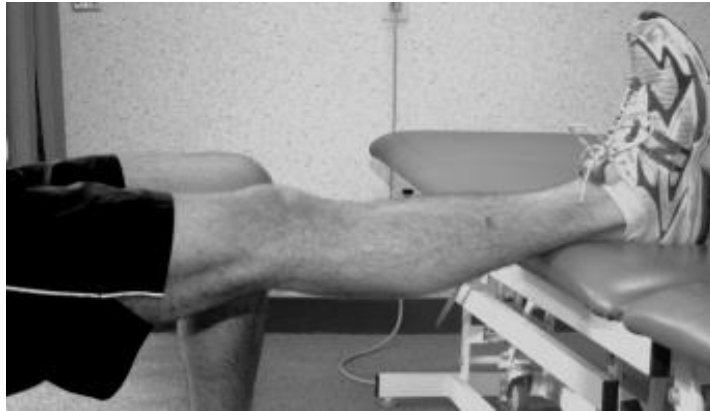
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### Simple Knee Exercises

#### Knee Extension (Straightening)



1. Sit with affected leg propped and the knee unsupported as shown. (A couch with a coffee table will work.)
2. Straighten your knee by contracting your quadriceps (front of thigh) muscles and by placing your hand on your thigh just above the knee and pushing down.
3. Hold this position for five to 10 seconds then repeat 15-20 times, two to three times per day.

#### Knee Flexion (Bending)



1. Lie on your back on the floor with your knee straight.
2. Place a medium sized ball under your leg. This exercise can be performed without a ball if not available or too difficult (wall or table slides with towel under foot).
3. Slowly bend your leg towards your buttocks. Gently bend until you feel a good stretch in the knee. You may support assist your knee by grasping your thigh with your hands.
4. Hold the stretch for three to five seconds then return to the starting position.
5. Repeat this exercise 10-15 times, two to three times daily.



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### Quadriceps Sets



1. Sit or lie on your back with the affected leg straight.
2. Tighten the muscles on the front of your thigh and push your knee down into the table.
3. Hold this position for five seconds then relax. Repeat exercise 10-15 times, two to three times daily.

### Quadriceps Short Arc Sets



1. Sit or lie on your back with the affected leg straight.
2. Place a rolled up towel or pillow under your knee allowing it to bend.
3. Tighten the muscles on the front of your thigh and lift your heel off the table.
4. Hold this position for three to five seconds then repeat 10-15 times, two to three times per day.



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### Isometric Hamstrings (Heel Digs)



1. Lie on your back and bend your knee to where you feel a stretch.
2. Contract your hamstrings (back of thigh) muscles, attempting to bend the knee while forcefully dig your heel into the floor or bed.
3. Hold this position for three to four seconds then relax.
4. Repeat this exercise 10-15 times, two to three times daily.

### Standing Calf Raises



1. While standing with the ball of your foot on the flat of a low stair, slowly raise both heels.
2. Hold this position for two to three seconds then return to the starting position.
3. Repeat this exercise 10-15 times, two to three times per day.
4. **Hold on to a railing for support and balance as necessary. If you are concerned about balance, you can perform these exercises on the floor while you sit in a chair or stand with your hands on a nearby wall.**
5. **Perform this exercise in your brace if provided**



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### Straight Leg Lifts



1. Lie on your back while keeping the affected leg straight.
2. Tighten the muscles on top of your thigh then raise the leg 12-18 inches off the floor.
3. Hold for three to five seconds then lower the leg to the starting position.
4. Repeat this exercise 10-15 times, two to three times per day.
5. **Perform this exercise in your brace if provided**

### Straight Leg Abduction (Side) Lifts



1. Lie on your side with the affected leg on top.
2. While keeping the leg straight slowly raise it 12-18 inches.
3. Hold this position for three to five seconds then lower the leg to the starting position.
4. Repeat this exercise 10-15 times, two to three times per day.
5. **Perform this exercise in your brace if provided**

### Straight Leg Extension Lifts





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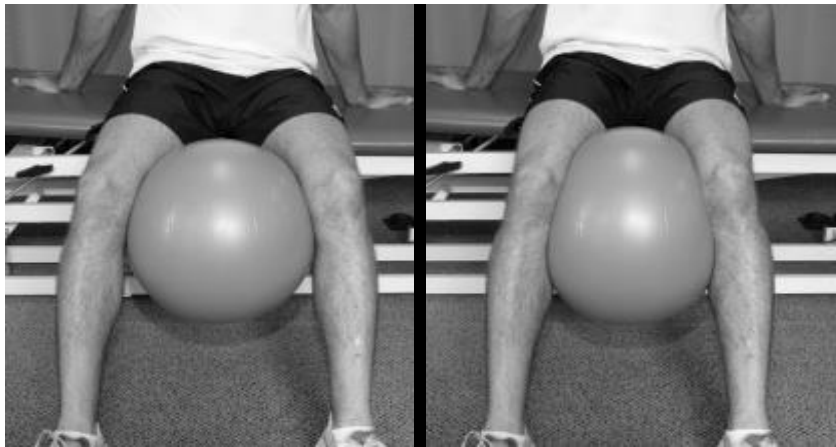
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1. Lie on your stomach as shown.
2. While keeping the affected leg straight raise it 12-18 inches
3. Hold this position for three to five seconds then lower the leg to the starting position.
4. Repeat this exercise 10-15 times, two to three times per day.
5. **Perform this exercise in your brace if provided**

### Hip Abduction (Ball Squeezes)



1. While sitting or lying on your back, place a medium sized ball or large pillow between your legs.
2. Squeeze the ball.
3. Hold this position for three to five seconds then relax.
4. Repeat this exercise 10-15 times, two to three times per day.

### Acknowledgements

Thanks to Larana Stropus, MS, ATC/L and Carmine Van Deven for their assistance in developing these post-operative instructions for Steven Chudik MD Shoulder, Knee and Sports Medicine Injury Clinic patients



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**SHOULDER, KNEE & SPORTS MEDICINE**

**Physical Therapy Prescription**

**Right/Left Knee ACL Reconstruction Preoperative Rehabilitation Guidelines**

**Patient Name:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

The following protocol should serve as a guideline in the rehabilitation of patients who have sustained an acute ACL injury and are electing to undergo ACL reconstruction. There are no time frames given and patients are allowed to progress as fast as safely possible. Goals of treatment are written in sequential progression.

It is essential for the patient to understand the importance of participating in the preoperative rehabilitation program. The goals of the preoperative rehabilitation program are to restore knee homeostasis, ROM, strength, and gait prior to surgery which in turn, optimizes the post-operative outcome and limits the risk of post-operative arthrofibrosis. Secondary goals are to educate and instruct the patient with regards to crutch walking, and the post-operative course and initial exercise program.

**Pre-operative goals:**

To restore knee homeostasis, ROM, strength, and gait.

To educate and instruct the patient with regards to crutch walking and the post-operative course and initial exercise program.

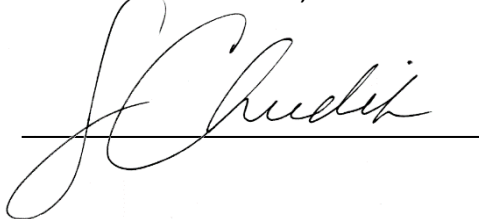
**Duration/Frequency:** Two to three times/week for four to six weeks

**Please instruct patients on safe methods of ambulation, bathing, and personal care.**

**Physical therapy notes:**

Dr. Chudik does **NOT** accept faxed or emailed progress notes. Please have the patient bring the notes to the next clinical appointment for review and signature.

Steven C. Chudik, MD

  
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### ACL Reconstruction Preoperative Rehabilitation Guidelines

#### Goals

1. Decrease pain and swelling
2. Improve joint nutrition through weightbearing
3. Initiate early motion to achieve physiologic hyperextension and 120 degrees of flexion
4. Initiate muscular control and lower extremity conditioning
5. Normalize gait (FWB with heel to toe pattern) and wean from crutches
6. Improve quadriceps control and lower extremity strength
7. Improve lower extremity balance and proprioception
8. General body conditioning

#### Objectives:

Prepare for post-operative course  
Teach proper crutch walking  
Instruct patient about timing and goals of rehabilitation  
Teach early post-operative exercises  
Schedule post-operative therapy to begin 2-3 days after ACL surgery

#### Activities

1. Ice, compression, elevation
2. Emphasize normal gait pattern with/without assistive device
3. Heel props, prone hangs, wall slides, heel slides, patellar mobilization/glides  
Exercise bike, half arcs to full AAROM with therapist
4. E-stim for muscle re-education

- Quad sets, ham sets, adductor sets  
Weight shifts: med/lat, ant/post  
mini-squats  
Prone/standing hamstring curls  
4-direction SLR
5. Gait training and treadmill walking
  6. Total gym, bilateral/unilateral squats and calf raises  
Step-ups (forward, retro, lateral)  
Step-overs  
Stool scoots, progress bilateral to unilateral  
Wall squats with Swiss ball  
4-direction SLR, add weights
  7. BAPS-limit medial excursion (towel under medial curve)  
Unilateral balancing on affected leg  
Progress with movement of uninvolved extremity, even to uneven surfaces, eyes open to closed  
Unilateral standing with uninvolved leg reaches (forward, backward, lateral)
  8. Upper body ergometry, treadmill, stair stepper

