ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

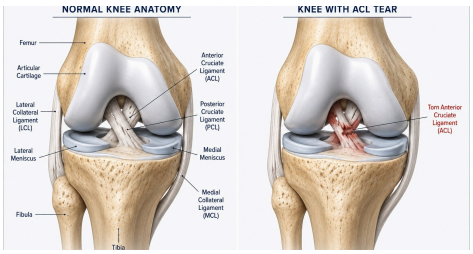
(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

KNEE CONDITION

ACL Tear

Anterior Cruciate Ligament Injury — Patient Condition Guide



Normal knee anatomy vs. a torn ACL · for education; your anatomy may differ

OVERVIEW

The anterior cruciate ligament (ACL) is one of the main stabilizing ligaments of the knee. An ACL tear happens when the ligament is stretched beyond its limit or torn, most often during sports that involve sudden stops, pivots, jumps, or direct contact to the knee. It is one of the most common significant knee injuries in athletes and active adults.

ANATOMY

The ACL runs diagonally through the center of the knee, crossing the posterior cruciate ligament (PCL) to form an "X" pattern. Along with the menisci and collateral ligaments, the ACL controls rotational stability and keeps the shin bone (tibia) from sliding too far forward relative to the thigh bone (femur).

SYMPTOMS

- A sudden, sharp pain at the moment of injury
- An audible or felt "pop" in the knee
- Rapid swelling within the first few hours
- A sensation that the knee is unstable or "giving way"
- Loss of full range of motion
- Difficulty putting weight on the leg

DIAGNOSIS

Diagnosis starts with a detailed history and a hands-on exam, including specific stability tests such as the Lachman and pivot-shift tests. MRI is used to confirm the tear and check for associated injuries to the meniscus, cartilage, or other ligaments. X-rays may also be taken to rule out an associated fracture.

TREATMENT OPTIONS

Treatment is individualized based on activity level, degree of instability, and any associated injuries. Options range from structured physical therapy and bracing for lower-demand patients, to ACL reconstruction surgery for athletes and active

individuals who want to return to pivoting sports or who have ongoing instability. Reconstruction rebuilds the ligament using a tendon graft.

RECOVERY TIMELINE

- Weeks 0–6 (with reconstruction): swelling control, motion restoration, brace weaning
- Months 2–6: progressive strengthening and balance training
- Months 6–9: sport-specific and agility training
- Months 9–12: return-to-sport testing and clearance, based on strength and functional milestones rather than time alone

FAQS

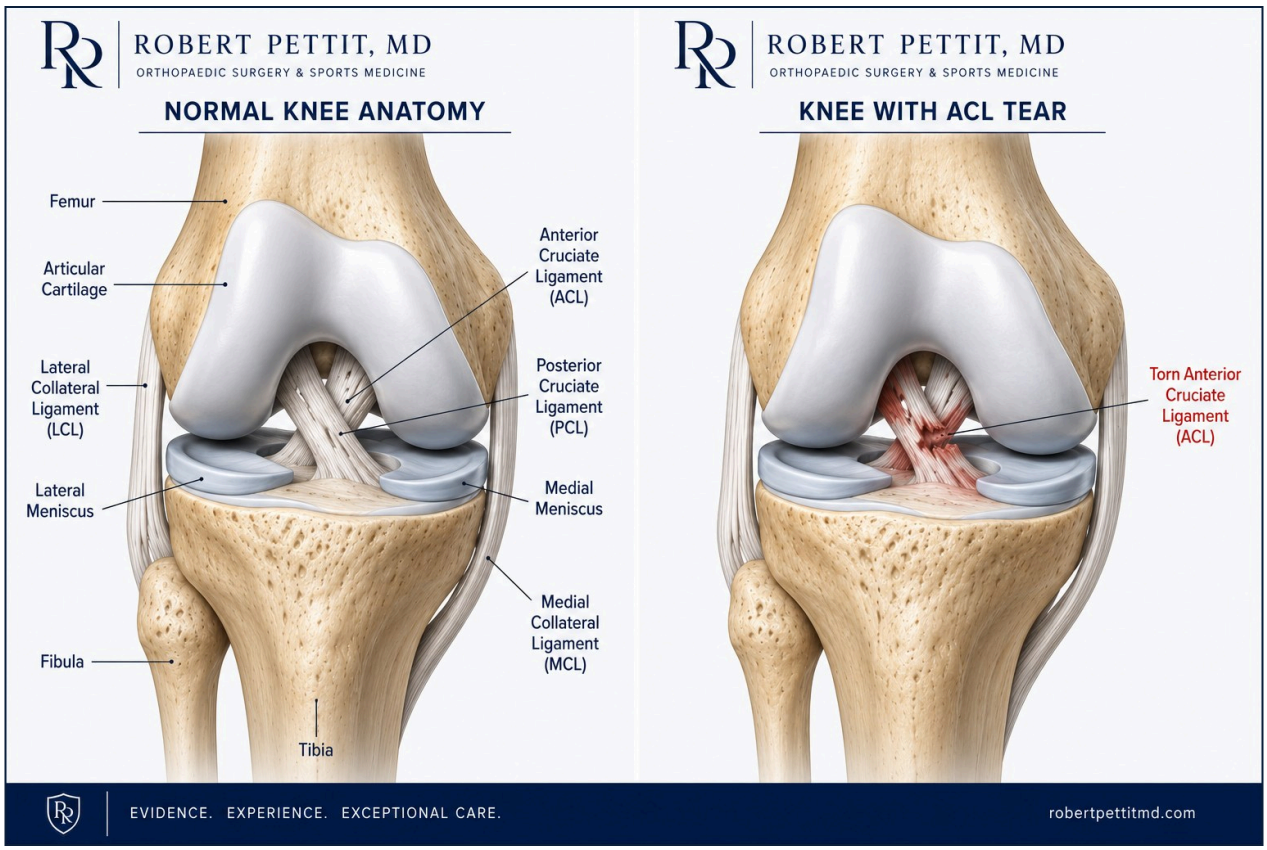
Q Do I need surgery for every ACL tear?
Not necessarily. Treatment is individualized based on your knee stability, activity goals, and associated injuries.

Q How long until I can walk normally?
Most patients walk with a brace and crutches within days and wean off assistive devices over the following weeks.

Q Can I return to sports after an ACL tear?
Most athletes return to their prior level of sport after appropriate treatment and rehabilitation, though timing and outcomes vary by individual.

SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/acl-tear.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.



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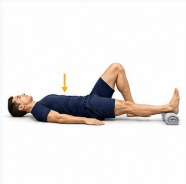
HOME EXERCISE PROGRAM

ACL (Anterior Cruciate Ligament) Tears: Exercises & Strengthening

“Prehab” before ACL surgery improves results after it: restore full motion and wake up the quad now.

Stop and call the office at (513) 354-3700 if any exercise causes sharp pain, swelling, numbness, or symptoms that worsen into the next day. This general program does not replace an individualized plan from Dr. Pettit or your physical therapist.



Quad Set

10-second holds × 10, 2 sets daily

Sitting or lying with the leg straight, tighten the muscle on top of the thigh, pressing the back of the knee toward the floor. Hold, then relax.

Straight Leg Raise

2 sets of 10, daily

Tighten the thigh, lock the knee straight, and lift the entire leg about 12 inches. Lower slowly with control.

Heel Slides

10 reps, 2–3 times daily

Lying on your back, slowly slide your heel toward your buttock as far as comfortable, then slide back out.

Calf Pumps

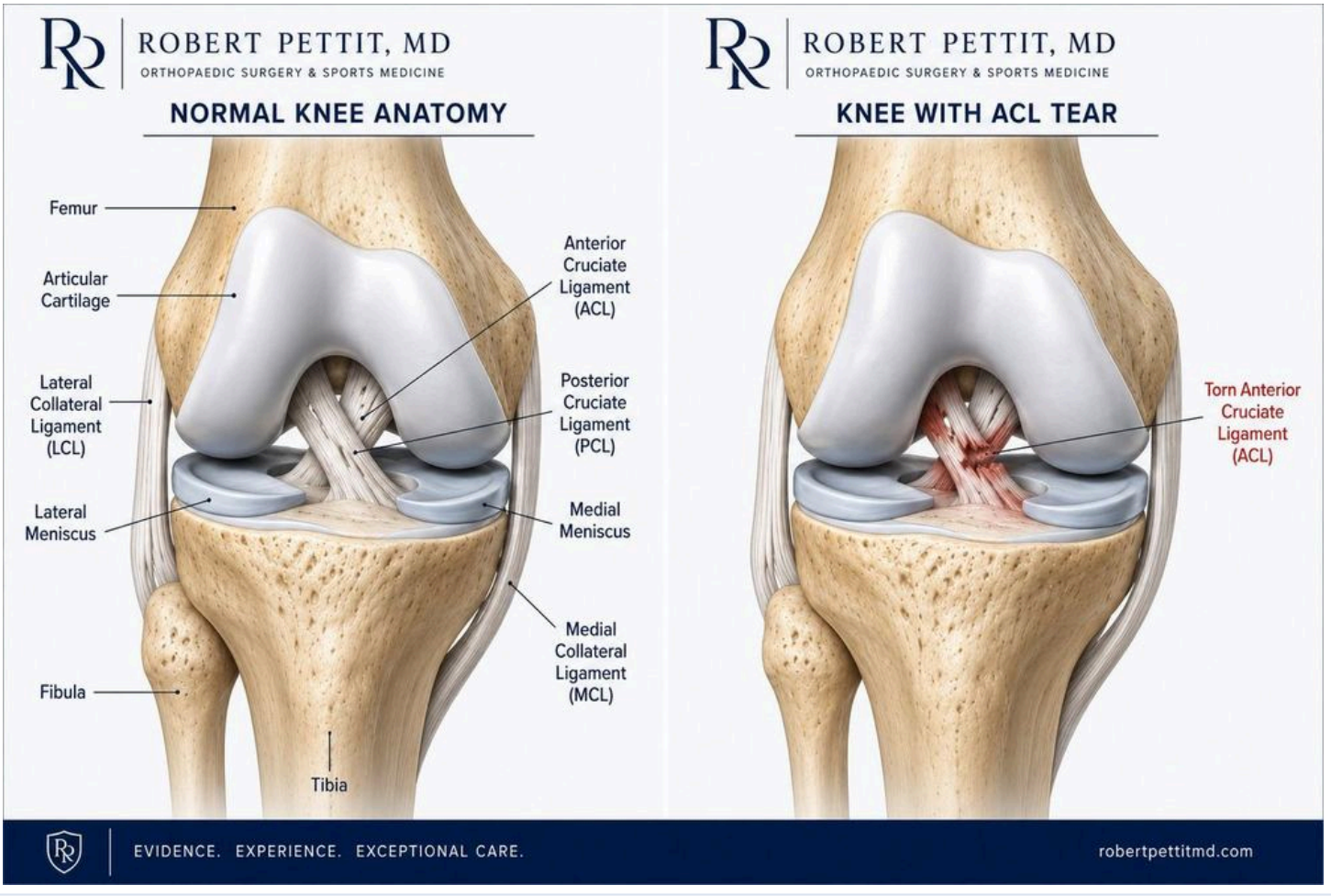
10 reps each direction, hourly

Point the foot away from you, then flex it back toward you, keeping the leg straight. Promotes circulation.

Knee Flexion & Extension

10 reps, 2–3 times daily

Seated, slowly bend the knee as far as comfortable, then straighten fully. Move through a pain-free range.



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