Prevention of Anterior Cruciate Ligament Injuries

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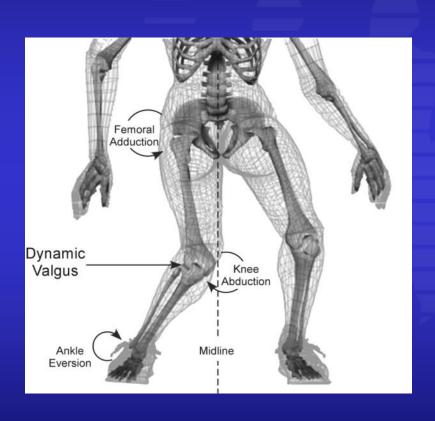
History of Injury



80% non-contact
Pivoting / side stepping
Landing on single leg



Mechanism of Injury







Prevention of ACL Injuries

- Not a random event
 - Preventable
- Extrinsic and Intrinsic Factors





Extrinsic Factors

- Competition vs. Practice
- Footwear and Playing Surface
 - Protective equipment
 - Meteorological conditions



Intrinsic Factors

Anatomical – Small femoral notch
 Posterior tibial slope

Neuromuscular

Strength, proprioception

Coordination, Technique, Fatigue

Sex – Female 4 – 6x risk c.f. Males



ACL Injuries in Females

- Small Notch
- Small Ligament
- Hormonal factors

ACL oestrogen receptors
Increased risk preovulatory phase of
menstrual cycle
Ligamentous laxity



ACL Injuries in Females

- Ligaments different mechanically less stiff, lower elongation to failure, lower load to failure
- Lack of neuromuscular /proprioceptive "growth spurt"



Biomechanical Factors

 Complex interaction between knee, hip, foot/ankle and trunk



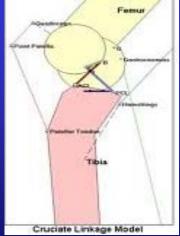


Knee

- Dynamic Valgus
- Low flexion Angle Increased ACL elevation angle, defxns hamstrings, Increased PT – tibial shaft angle, decreased

force absorption

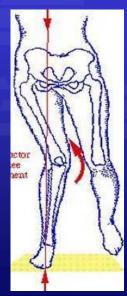
- Tibial Internal rotation
- Quads >> Hamstrings





Hip

- Adduction / internal rotation dynamic valgus at the knee
 - Low flexion angle decreased ability to absorb force
 - Weak abductors





Foot / Ankle

- Pronation / eversion
- Internal tibial rotation
- heel landing posture, dorsiflexion





Trunk

Center of mass passes laterally over the foot





Other Factors

- Perturbance / unplanned movement
 - Fatigue





Identification of Athletes at risk

Double Jump Test





Identification of Athletes at Risk Single leg Squat





Prevention ACL Injuries

- Education Downhill skiers 62% decrease
- Proprioception training Soccer 10 ACL c.f.
 70 in control group n 600 (Caraffa et al 1996)
- Neuromuscular training Basketball 89% reduction in ACL tears over 8 years (Henning 1990) knee flexion, multiple step deceleration, rounded cutting
 - 4-6 weeks to gain benefit

PEP Program

- Prevent Injury and Enhance Performance
- Santa Monica Ortho & Sports Med (Mandelbaum et al)
- No specialised equipment, 20min 3x /week
- Warm up
- Focus on avoiding movement patterns of risk
- 6 − 8 weeks to gain benefit



PEP Program

14 -18 yo female soccer players
 1041 PEP program
 1902 control

First year 2 ACL c.f. 32 in control (88%)
Second year 4 ACL c.f. 35 in control (74%)
Age and skilled matched, not randomised
(Mandelbaum, Silvers, Watanabe Am J Spts
Med 2005)



PEP Programme

- NCAA womens soccer 1 season
- Randomised

575 PEP programme

854 control

7 ACL in PEP group c.f. 18 in control

With increasing difference in second half of season

(Gilcrest, Mandelbaum, Silvers 2004)



Avoid ACL Injury

- Avoid hip adduction/ IR
- Increase hip flexion angles
- Avoid dynamic valgus at the knee
 - Increase knee flexion angles
 - Balance Quads and Hamstrings
 - Forefoot landing
 - Hip, knee, ankle in line
 - Multiple step deceleration
 - Rounded cutting



Avoiding ACL injury

Do something else





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Thank You





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