



CHILDRENS ACL AVULSION

This is an avulsion injury to the intercondylar eminence where the tibial attachment of the ACL is disrupted.

Non-operative treatment

- Patient in long leg plaster
- 10-20° knee flexion
- NWB

Plaster removed at 6 weeks

- Gradually increase knee flexion and extension
- Begin gentle lower limb strengthening exercises
- Progress weight bearing to full
- Progress exercises to increase lower limb strength and return to all activities
- Check regularly that there is no increasing laxity on Lachmann and anterior drawer
- Avoid open chain exercises initially

Operative Treatment

If the avulsed fragment does not heal then it needs to be surgically fixed back into place with screw fixation. This is usually done arthroscopically but occasionally an open procedure may be required.

On ward

- Patient will need to be in a long leg plaster with slight knee flexion
- NWB for 6 weeks

2 weeks

- Return to clinic for removal of sutures and new long leg plaster applied

6 weeks

- Plaster removed and long lever brace fitted
- Out-patient physiotherapy now commences to regain range of knee motion and graduated strengthening programme for lower limb
- Weight bearing progressed from PWB to FWB by 3 months post-operative
- Avoid open chain exercises initially

At 3 months:

- No restriction to activities
- Gradual increase in difficulty of all exercises
- ACL laxity monitored



Patient Information

ACL reconstruction can be required if the avulsed fragment does not heal in its original position. If this happens, the ACL will have increased laxity and surgery is considered for those that have instability on sporting activities or activities of daily living.

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