

The APA Sports and Exercise Physiotherapy National Committee Guidelines for ACL Injury Management

The Australian Physiotherapy Association is the peak body representing physiotherapists in Australia. The APA Sports and Exercise Physiotherapy National Committee aims to advance the management of people with acute knee injuries in Australia.

The APA Sports and Exercise Physiotherapy National Group, the APA Musculoskeletal National Group, the APA Advanced Practice (including ED) National Group, and the APA Orthopaedic National Group support the [Australian Orthopaedic Association and Australian Knee Society Consensus Position Statement on Non-Operative and Operative Management in Anterior Cruciate Ligament injury \(October 2021\)](#).

This ACL injury management guideline aims to integrate current research into practical management guidelines for the Non-Operative and Operative management of ACL injury by physiotherapists.

1. Early clinical examinations can be misleading. MRI and appropriate radiology investigations should be strongly considered for any acute knee injury that results in:
 - a. a feeling that the knee gave way, buckled or subluxed with either a contact or non-contact injury
 - b. the injured athlete leaving the field of play
 - c. the injured athlete hearing or feeling a pop or snap inside the knee
 - d. a mechanically locked knee
 - e. a paediatric athlete injury where an adequate history is difficult to obtain

(Medicare rebated MRIs for acute knee injury in those under 50 are available via GP referral)

2. Individuals with an ACL injury, any high-grade ligamentous injury, traumatic meniscal injury or traumatic chondral injury should have an urgent or semi-urgent orthopaedic review.
3. The decision to proceed with either delayed optional Anterior Cruciate Ligament Reconstruction (ACLR) or early acute ACLR should be made in conjunction with the patient, physiotherapist and orthopaedic surgeon or public hospital orthopaedic outpatient department. The final decision for management should be in the hands of the patient, who should be educated on the pros and cons of different management options, based on up-to-date clinical evidence.

Are you up to date on the latest clinical evidence in ACL injury rehab?

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