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facts about physiotherapy and ACL reconstruction



1

Adolescent ACL rehab needs to reflect growth and development

Physiotherapists performing ACL rehab in adolescents should:

- consider skeletal maturity and protect the physis
- share decision-making with the surgeon, the young patient and their parents
- match loading to growth-related vulnerability
- expect fluctuating coordination during growth spurts
- use criteria-based progression and a conservative return to sport.



2

Adding a LEAP in primary ACLR can reduce graft failure

Current evidence suggests that a lateral extra-articular procedure, or LEAP, can:

- reduce the risk of graft rupture compared with isolated ACLR
- improve control of rotatory instability.

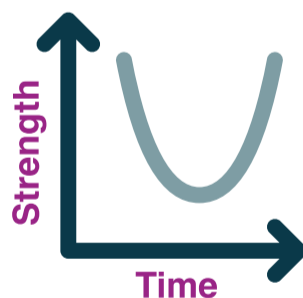


3

ACL grafts follow a maturation timeline

Physiotherapists planning a rehab program for ACLR should note that:

- the graft undergoes an initial breakdown after surgery as donor cells die off
- the tissue is weakest and most prone to failure 6–12 weeks after surgery
- delaying a return to play until the nine-month mark reduces reinjury risk by 51 per cent for every month waited.

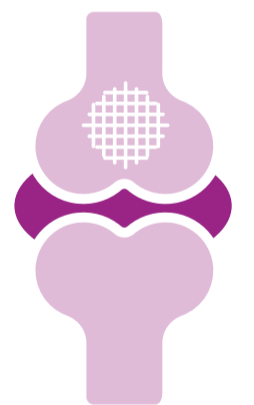


4

Different ACLR autografts have distinct strength deficit profiles

Optimal graft selection requires an individualised approach, guided by:

- patient anatomy
- activity demands
- occupational requirements
- rehabilitation capacity.



5

Psychological readiness is important in RTS following ACLR

To optimise an athlete's overall readiness to return to sport after ACLR:

- use validated assessment tools to measure psychological readiness in addition to physical recovery
- incorporate interventions aimed at addressing psychological barriers.



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