Anterior cruciate ligament (ACL) injuries are the most common knee injuries reported in the United States (Evans & Nielson, 2019). Although we commonly hear about people tearing their ACL, what exactly does this diagnosis entail?

**Anatomy**

The ACL is a thick band of connective tissue located within the knee joint that prevents forward movement of the tibia in relation to the femur (Evans & Nielson, 2019). ACL sprains and strains typically occur as a result of acute trauma during sports and other activities that involve sudden changes in direction, rapid stopping, or jumping and landing abnormally (Evans & Nielson, 2019). You may potentially hear or feel a “pop” and experience the feeling of your knee “giving out” during the time of injury (Evans & Nielson, 2019).

Physical therapists, as human movement specialists, are highly qualified to aid in your ACL injury recovery and rehabilitation. Following ACL reconstruction surgery, rehabilitation often takes between 9–12 months and may even include a period of prehabilitation prior to surgery (van Melick et al., 2016). Physical therapy (PT) will encourage early postoperative movement to regain full motion in your knee and can help manage your pain (Logerstedt et al., 2017). After 4-6 weeks, PT will start to incorporate various exercises to improve strength and function performance to start working towards your goals of returning to the activities you enjoy most (Logerstedt et al., 2017). As with most injuries, recovery time will vary among individuals, therefore return to sport timing should be based on a battery of strength and hop tests, movement quality, and psychological readiness (van Melick et al., 2016).

**Prevention**

ACL injury prevention is highly recommended as routine practice. Some prevention exercises that should be implemented are squats, lunges, single leg squats, dynamic stretching, running (forward, backward, and zigzag), planks, bridges, and plyometrics. These exercises should be implemented in young athletes during pre-season and carried out throughout the season as well (Arundale et al., 2018). Knee-prevention sessions which include these exercises should last longer than 20 minutes and completed multiple times a week (Arundale et al., 2018). About 20% of young athletes experience a second ACL injury within 1 year of return to sport following rehabilitation (Gokeler et al., 2018). This increase in ACL reinjury reinforces the need for further ACL prevention.

**References:**


