



Is it possible to prevent ACL injury?

O. Şahap Atik, MD¹, İbrahim Kaya, MD²

¹President, Turkish Joint Diseases Foundation, Ankara, Türkiye

²Department of Orthopedics and Traumatology, Gazi University Faculty of Medicine, Ankara, Türkiye

Anterior cruciate ligament (ACL) injuries commonly occur in team ball-sports.^[1] However, it is still unclear how many of these injuries are preventable.

Ideal conditions for healing are mostly non-existent in one of the most common sports-related injury, and it is commonly associated with knee instability and decreased activity often leading to damage in the knee joint and with a six-fold increased risk of future knee osteoarthritis in the first 11 years.^[2-4]

Currently, there is no evidence-based argument to recommend surgical reconstruction alone as an optimal option to any patient who has ruptured ACL. Unfortunately, for some patients who return to their previous level of sports, the risk of subsequent ACL injury is 15-fold higher than that in the healthy population.^[5]

Due to the dynamic nature of the task, and the consequent neuromuscular demands at the knee, the landing phase of single-leg hop-for landing is known to stress the ACL.^[6]

Approximately 70% of all ACL tears occur with a non-contact mechanism, suggesting that a significant number of these tears can be avoided by intervening with prevention programs.^[7,8] Joint laxity, passive knee extension, and anterior-posterior knee laxity seem to be risk factors for the occurrence of a non-contact ACL injury, particularly in women.^[9,10]

Several ACL injury prevention programs focusing on the reduction in non-contact ACL injuries have been developed to target high-risk populations, such as female athletes.^[11]

Injury prevention is important for reducing long-term health consequences, such as disability, and minimizing the economic burden of treatment.^[12] Therefore, research on sports injury prevention strategies has been rapidly increasing.^[13]

Exercise training involves some combination strength, proprioceptive, balance, and neuromuscular training that is critical to improve athletic performance and preventing injuries.

In conclusion,

- A strict rehabilitation program for primary injury prevention strategy is necessary which consists of neuromuscular training, balance, landing, and change of direction to enhance dynamic knee motion control.
- There are some indications for non-surgical treatment; the same strict rehabilitation program.
- The strict rehabilitation program is necessary, as well prior to and after ACL reconstruction, to reduce injury recurrence.

Received: June 12, 2022

Accepted: June 12, 2022

Published online: July 06, 2022

Correspondence: O. Şahap Atik, MD, Turkish Joint Diseases Foundation, Mustafa Kemal Mah., Dumlupınar Bul., 274/2, C2 Blok, Ofis 5, 06900 Çankaya, Ankara, Türkiye.

E-mail: satikmd@gmail.com

Doi: 10.52312/jdrs.2022.57905

Citation: Atik OŞ, Kaya İ. Is it possible to prevent ACL injury?. Jt Dis Relat Surg 2022;33(2):263-264.

©2022 All right reserved by the Turkish Joint Diseases Foundation

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes (<http://creativecommons.org/licenses/by-nc/4.0/>).

REFERENCES

1. Montalvo AM, Schneider DK, Webster KE, Yut L, Galloway MT, Heidt RS Jr, et al. Anterior cruciate ligament injury risk in sport: A systematic review and meta-analysis of

- injury incidence by sex and sport classification. *J Athl Train* 2019;54:472-82.
2. Atik OŞ. What is the optimal time for return to sports after anterior cruciate ligament reconstruction? *Jt Dis Relat Surg* 2020;31:1.
 3. Atik OŞ. Surgical versus conservative treatment for torn anterior cruciate ligament. *Jt Dis Relat Surg* 2020;31:159-60.
 4. Snoeker B, Turkiewicz A, Magnusson K, Frobell R, Yu D, Peat G, et al. Risk of knee osteoarthritis after different types of knee injuries in young adults: A population-based cohort study. *Br J Sports Med* 2020;54:725-30.
 5. Paterno MV, Rauh MJ, Schmitt LC, Ford KR, Hewett TE. Incidence of contralateral and ipsilateral anterior cruciate ligament (ACL) injury after primary ACL reconstruction and return to sport. *Clin J Sport Med* 2012;22:116-21.
 6. Bryant AL, Newton RU, Steele J. Successful feed-forward strategies following ACL injury and reconstruction. *J Electromyogr Kinesiol* 2009;19:988-97.
 7. Boden BP, Sheehan FT, Torg JS, Hewett TE. Noncontact anterior cruciate ligament injuries: Mechanisms and risk factors. *J Am Acad Orthop Surg* 2010;18:520-7.
 8. Agel J, Olson DE, Dick R, Arendt EA, Marshall SW, Sikka RS. Descriptive epidemiology of collegiate women's basketball injuries: National Collegiate Athletic Association Injury Surveillance System, 1988-1989 through 2003-2004. *J Athl Train* 2007;42:202-10.
 9. Vauhnik R, Morrissey MC, Rutherford OM, Turk Z, Pilih IA, Pohar M. Knee anterior laxity: A risk factor for traumatic knee injury among sportswomen? *Knee Surg Sports Traumatol Arthrosc* 2008;16:823-33.
 10. Kramer LC, Denegar CR, Buckley WE, Hertel J. Factors associated with anterior cruciate ligament injury: History in female athletes. *J Sports Med Phys Fitness* 2007;47:446-54.
 11. Webster KE, Hewett TE. Meta-analysis of meta-analyses of anterior cruciate ligament injury reduction training programs. *J Orthop Res* 2018;36:2696-708.
 12. Abernethy L, Bleakley C. Strategies to prevent injury in adolescent sport: A systematic review. *Br J Sports Med* 2007;41:627-38.
 13. Leppänen M, Aaltonen S, Parkkari J, Heinonen A, Kujala UM. Interventions to prevent sports related injuries: A systematic review and meta-analysis of randomised controlled trials. *Sports Med* 2014;44:473-86.