

Ask the Expert

Dear Dr. Milne,

Q: My daughter is a club soccer player. She is 16 years old. Two girls on her team have torn their ACL this year. What can we do to prevent this?

John, 46, Ladue

A: John, Thanks for the question. You have touched on a hot button issue in youth sports over the last few years – ACL tears in females.

The ACL or anterior cruciate ligament is a structure in the middle of your knee that prevents your tibia (shin bone) from sliding forward under your femur. It is a common injury in sports like football, soccer, basketball and skiing. Most people associate this injury with males since a torn ACL in a professional athlete usually makes ESPN or the newspaper and means the end of the season for the athlete.

The reality is that more males tear their ACLs than females (as more males participate in high exposure sport, BUT females tear their ACLs at a rate 3 to 9 times more often per hour of activity). Soccer and basketball have the highest rates in these injuries for girls.

Theories on why this occurs are being investigated. Organized pre-participation training that emphasize strengthening, flexibility and proper jumping and landing techniques have been shown to decrease injury rates in a few recent studies.

Coaching clinics, sports training facilities, and soccer clubs in St. Louis have begun adopting these principles in preseason and offseason workouts.

Most ACL tears are “non-contact” injuries. i.e. the player is alone on the field when they cut or twist and hear or feel a “pop” in their knee. They usually require assistance off the field and the knee will swell over the first 30 minutes or so. An exam by the team trainer or doctor usually reveals the diagnosis in the first minutes after the injury.

Icing and rehab are the first steps in treatment. An MRI is generally ordered to confirm the diagnosis, but more importantly to look for associated injuries, like meniscal tears or articular cartilage injuries.

Surgery is typically recommended to reconstruct the ACL from the patients own patellar tendon or hamstring tendon, or from donor tissue. The ligament itself cannot be repaired thus necessitating a new ligament to be “constructed”.

This injury usually ends the season for an athlete, but after surgery and rehab they are back on the field in 6 months or so.

View our website for animation regarding this injury and video segments from recent local news segments on this injury.
www.STLsportsdoc.com

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