

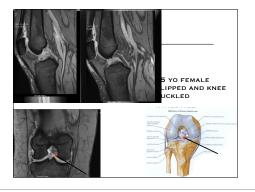
ACL RECONSTRUCTION ANATOMIC RECONSTRUCTION REHAB AND RETURN TO PLAY JEFFREY M. CONRAD, MD SPORTS MEDICINE AND SHOULDER SURGERY

	IN MEMORY OF ANGUS M. MCBRYDE JR, MD 224/1937-10/4/2018	
	DISCLOSURES	
	* None	
	OUTLINE	
	* ANATOMY	

- \* ACL INJURY IS A "SEXIST INJURY." WHY? \* SURGERY- HISTORY, "ANATOMIC ACL"
- + Postop
- + BIOLOGY OF HEALING

+ PHYSICAL EXAMINATION

- + PT
- •••
- + RTP
- \* REINJURY















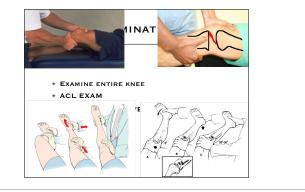
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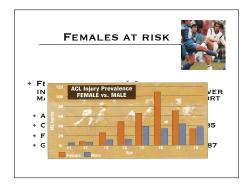
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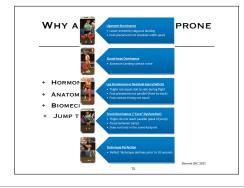
- + CONSISTS OF 2 BUNDLES
- \* STABILIZES THE KNEE
- \* PREVENTS ANTERIOR TIBIAL TRA
- \* PROVIDES ROTATIONAL STABILI



- + A LARGE EFFUSION IS COMMONLY SEEN
- \* OFTEN THE INJURY INVOLVES MORE THAN JUST THE ACL. \* SMALL FRACTURES OR BONE BRUISES OF THE TOP SURFACE OF THE TIBIA ARE COMMON.
- \* THE MENISCUS OR OTHER LIGAMENTS CAN BE
- INJURED AS WELL. \* MRI STUDY OF CHOICE
- \* TREATMENT OPTIONS: \* RECONSTRUCTION VS NONOPERATIVE

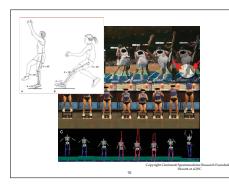












## ACL SURGERY

- \* THE GOAL OF THE SURGERY IS TO REPRODUCE OR RECREATE THE ORIGINAL ANATOMY
- \* ANATOMIC ACL RECONSTRUCTION
- USE A COMBINATION OF EXISTING ANATOMY OR ANATOMIC LANDMARKS
- \* TUNNEL POSITION IS KEY



\* AS TECHNIQUES SHIFTED TO A MORE MINIMALLY INVASIVE APPROACH THE TRANSTIBIAL DRILLING WAS PERFORMED MORE FREQUENTLY AND CONSIDERED THE GOLD STANDARD

 THIS SHIFT WAS THOUGHT "CHANGED THE ANATOMY" RECONSTRUCTION

