ABSTRACT

The anterior cruciate ligament (ACL) is the most commonly reconstructed ligament of the knee. Most often, the goal of surgical reconstruction is to recreate stability within the knee and prevent joint degeneration. To date, clinical studies have not demonstrated the ability of various reconstruction techniques in establishing complete knee stability when comparing rates of osteoarthritis. Rates of osteoarthritis commonly resemble those of knees which have not be reconstructed and in this light, may not demonstrate a successful outcome. As modern medicine continues to develop and in the understanding of underlying biological processes grows, some surgeons have turned their attention back to an ACL repair technique. The purpose of this clinical commentary is to discuss the parameters associated with a phase progression for an isolated ACL repair. Physiological healing time frames, along with objective clinical assessment, following a criterion-based progression is described in accordance with post-operative healing parameters to serve as a reference for a rehabilitation specialist.

Level of evidence: 5

Key words: Anterior cruciate ligament, periodization, rehabilitation, repair, return to sport