Impa\textit{c}\textit{t}ful Statements
Anterior Cruciate Ligament Injuries

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the Management of Anterior Cruciate Ligament Injuries Clinical Practice Guideline:

1. ACL reconstruction should be performed in young active adult patients with an ACL tear.
2. ACL reconstruction, when indicated, should be performed within five months of injury to protect the articular cartilage and menisci.
3. Bone-patellar tendon-bone or hamstring-tendon grafts should be used in patients undergoing intra-articular ACL reconstruction using autograft tissue, as the measured outcomes are similar.
4. Functional knee bracing after isolated ACL reconstruction should not be routinely used as there is no demonstrated efficacy.
5. Neuromuscular training programs could be used as they could reduce ACL injuries; however, the number of athletes needed to treat to prevent one ACL injury is very high (109)

The following guideline recommendations are the basis of the impactful statements:

1. Moderate evidence supports surgical reconstruction in active young adult (18-35) patients with an ACL tear.
2. When ACL reconstruction is indicated, moderate evidence supports reconstruction within five months of injury to protect the articular cartilage and menisci.
3. Strong evidence supports that in patients undergoing intra-articular ACL reconstruction using autograft tissue, the practitioner should use bone-patellar tendon-bone or hamstring-tendon grafts, because the measured outcomes are similar.
4. Moderate evidence does not support the routine use of functional knee bracing after isolated ACL reconstruction, because there is no demonstrated efficacy.
5. Moderate strength evidence from pooled analyses with a small effect size (Number Needed to Treat=109) supports that neuromuscular training programs could reduce ACL injuries.