

Clinical Practice Guideline Overview

Management of Anterior Cruciate Ligament (ACL) Injuries

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This clinical practice guideline is intended to be used by orthopaedic surgeons and physicians managing both skeletally immature and skeletally mature patients who have been diagnosed with and ACL injury of the knee.



Literature Review

5,530 abstracts reviewed **1,111** articles recalled for full review 324 articles included after full text review and quality analysis



Strong and Moderate Guideline Recommendations*



Strong evidence A relevant history should be obtained, and a focused musculoskeletal exam of the lower extremities should be performed when assessing for an ACL injury.



Strong evidence When surgical treatment is indicated for an acute isolated ACL tear, early reconstruction is preferred because the risk of additional cartilage and meniscal injury starts to increase within 3 months.



Strong evidence In patients undergoing intraarticular ACL reconstruction single or double bundle techniques can be considered because measured outcomes are similar.



Strong evidence When performing an ACL reconstruction, surgeons should consider autograft over allograft to improve patient outcomes and decrease ACL graft failure rate, particularly in young and/or active patients.



Moderate evidence When performing an ACL reconstruction with autograft for skeletally mature patients, surgeons may favor BTB graft failure or infection, or hamstring to reduce the risk of anterior or kneeling pain.



Moderate evidence Training programs designed to prevent injury can be used to reduce the risk of primary ACL injuries in athletes participating in



Moderate evidence ALL reconstruction/LET could be considered when performing hamstring autograft reconstruction in select patients to reduce graft failure and improve short-term function, although long-term outcomes are yet unclear.

Address	Date
Strong	Evidence
ACL tear	rs indicated
for surg	ery should
be trea	ated with
ACL reco	onstruction
rather t	han repair

because of the lower risk of revision surgery.

MD_____





Future Research

Consideration for future research is provided for each recommendation within this document are based on the work groups clinical experience and perceived need for better guiding data.

Learn More at OrthoGuidelines!

* Please visit **OrthoGuidelines.org** to view the limited and consensus options for this guideline.

