

ACL Injuries

Frequently Asked Questions

How do I know if my child tore their ACL?

Most athletes report a “pop” at the time of injury, followed by pain and swelling. Your physician will perform a physical exam and may order an MRI to confirm the tear.

Can my child avoid surgery?

While some cases can be managed without surgery, young athletes who want to return to sports usually benefit most from ACL reconstruction to prevent further injury.

What is a “growth plate-friendly” reconstruction?

This refers to a surgical method that rebuilds the ACL without disturbing the growth plates, helping to avoid leg length discrepancies or growth issues.

Will my child need physical therapy?

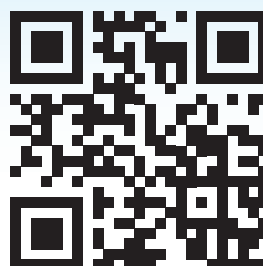
Yes. Post-operative rehabilitation is essential for recovery. Your care team will outline a program focused on strength, flexibility, and return-to-sport milestones.

How long before my child can return to sports?

Recovery times vary, but return to sports typically occurs around 9 to 12 months after surgery, depending on healing, strength, and compliance with rehab.

Can ACL injuries be prevented?

Yes. Neuromuscular training programs that focus on landing techniques, core stability, and strength have been shown to reduce injury risk in athletes.



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Integrity, credentials, commitment, and the use of advanced technology are what make our physicians distinct and the best choice for your child's orthopaedic care!



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The anterior cruciate ligament (ACL) is one of the major ligaments in the knee. It helps stabilize the joint and prevents the shin bone (tibia) from sliding forward or rotating on the thigh bone (femur).

ACL injuries are common in sports that involve rapid direction changes, such as soccer, basketball, and football. Each year, hundreds of thousands of athletes experience ACL tears. Adolescent athletes are at increasing risk due to early sports specialization and year-round competition.

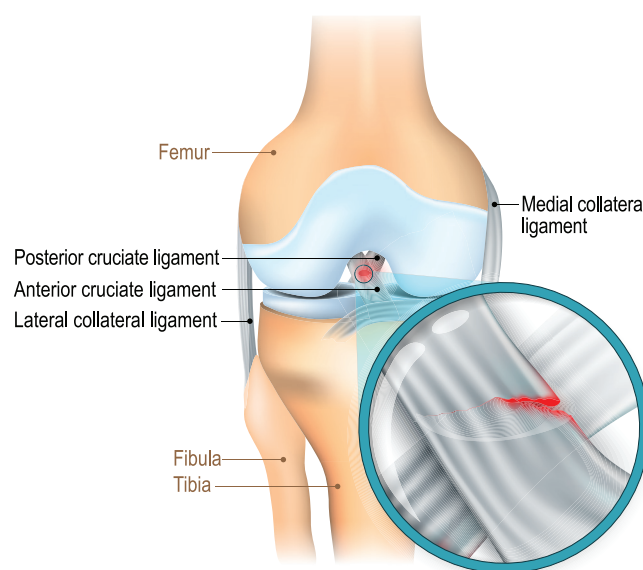
What Happens When the ACL is Torn?

When the ACL tears, the knee becomes unstable. Without reconstruction, it may “give out” during activity, leading to additional injury to the cartilage or meniscus. Athletes with torn ACLs often experience swelling, pain, and a noticeable “pop” at the time of injury.

Diagnosis

An ACL injury is typically diagnosed through:

- Clinical examination (including a Lachman’s test)
- Medical history
- Imaging (MRI to confirm the diagnosis and identify any additional injury)



Treatment Options

Treatment depends on age, growth stage, activity level, and the severity of the injury.

Non-surgical management and bracing may be considered for incomplete tears or low-demand activities, but often result in recurring instability. In active children and adolescents, surgery is usually recommended for complete tears to stabilize the knee and prevent long-term damage.

Our physicians perform different ACL reconstructions depending on age, growth stage and activity level.

Safe Surgical Options for Growing Athletes

ACL reconstruction is safe and effective—even in growing children—when performed using techniques that protect the growth plates. These procedures:

- Rebuild the ACL while minimizing risk of growth disturbance
- Allow young athletes to return to sports safely
- Help prevent damage to the knee’s cartilage and meniscus

A special X-ray called a “bone age study” is used to assess skeletal maturity and determine the safest surgical approach.

Our Approach to Pediatric Knee Injuries

At Children’s Orthopaedic and Scoliosis Surgery Associates, our board-certified pediatric orthopaedic surgeons are experienced in treating ACL injuries in children and teens. We use advanced imaging, growth-sensitive techniques, and a team-based approach to ensure the best outcomes.

From diagnosis to rehabilitation, we’re here to guide your child’s recovery and safe return to play.