

Active after ACL surgery

Shannon Dillon is a junior in public health studies at the University of Washington and a forward on the Husky Women's Soccer team. She was excited to be back in the game this year after spending nine months on the bench recovering from an ACL (anterior cruciate ligament) tear.

"I was tackled during practice by a teammate last fall and tore my ACL. It wasn't painful initially. I heard it pop and then it got really swollen," Dillon recalls.

ACL tears are more common in people who play soccer and basketball and four to eight times more prevalent in women. They cause immediate discomfort and knee swelling.

"Left to their own devices, they might begin to feel quite normal after a few weeks," says

Dr. Roger Larson, UW associate professor of orthopaedics and sports medicine, who performs nearly 200 ACL reconstructions each year.

"Without an intact ACL, however, the knee would tend to collapse with maneuvers such as pivoting or rapid changes of direction."

Arthroscopic ACL reconstruction is now an outpatient procedure that involves harvesting a portion of the patellar tendon or a hamstring tendon and transplanting it into the knee to create a new ACL. Recently, tendons harvested from

tissue donors have been used as ACL substitutes, thus avoiding the injury caused from harvesting the patient's own tendon. The new ligament restores stability and function to the knee.

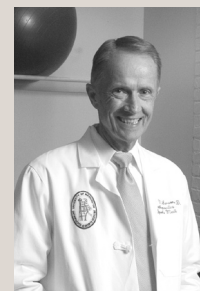
After surgery, patients use crutches for about two weeks then embark on a graduated rehabilitation program. Patients are usually back to most activities in about six to 12 weeks but must avoid high-level pivoting sports for about six to nine months.

Dillon had surgery on Nov. 2, 2004 followed by several months of rehabilitation. She swam and biked before she could run again. "Cutting side to side across the field took longer to come back to than running in a forward motion did."

She began playing soccer again in August 2005 and wears a special brace to protect her knee while playing.

"I think Dr. Larson is doing an awesome job. I had full confidence that he and his team would make sure that I was back in the game, but they didn't rush me," Dillon says.

For more information about arthroscopic ACL surgery, call the Bone & Joint Surgery Center at 206-598-4288 or the UW Sports Medicine Clinic located in the Bank of America Arena at 206-543-1552. Care for Husky athletes and the public provided. www.orthop.washington.edu.



Dr. Roger Larson

What's a knee?

The knee is the junction of the femur (thigh bone) and the tibia (leg bone), a simple yet intricate structure designed to allow the leg to bend and rotate. Without knees, you can't jump, run, or even pedal a bicycle. Four ligaments provide alignment and prevent abnormal motion. The lateral collateral (LCL) and medial collateral (MCL) ligaments run along the outside and inside of the knee. The anterior cruciate (ACL) and posterior cruciate (PCL) ligaments are near the center of the joint and are positioned to keep the tibia from sliding forward or backward. Two pieces of cartilage fit between the bones that help cushion and absorb shock, and are frequently injured when the ACL is torn.

