Controversy about treatment of the knee with anterior cruciate laxity


Abstract: A complete tear of the anterior cruciate ligament represents the initiation of a clinical syndrome characterized by a continuum of functional disability. The authors present here a risk factor checklist, based on statistics drawn from their previous articles, to identify those patients at significant risk for future joint arthrosis. Risk factors are grouped under the categories of activity level, symptoms, clinical laxity, meniscal damage, lower limb alignment, tibiofemoral crepitus, patellofemoral factors, rehabilitation, and patient compliance. They also present their subjective and functional rating system in which six activity levels are related to pain, swelling, and giving way. The functional disability of the anterior cruciate insufficient knee is activity-level related. Thus, activity levels must be rigorously and comprehensively defined for adequate appreciation of the degree of existing disability. The authors also examined the reasons for the conflicting opinions on the functional disability of the anterior cruciate ligament syndrome that exists in the literature. Differences in subjective and objective rating systems; failure to specifically define preinjury and postinjury activity levels and associated symptoms; and different populations as to laxity, giving way episodes, and type of athletic activity (jumping, twisting activities versus light recreational pursuits) are but a few of the important differences that make comparisons between studies often invalid. Long-range treatment guidelines are necessary for management of the acute and chronic anterior cruciate ligament insufficient knee.