



# Consensus Position Statement on Non-Operative and Operative Management in Anterior Cruciate Ligament Injury.

Australian Orthopaedic Association & Australian Knee Society

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## Background

The Australian Knee Society is the peak body representing clinicians and researchers in the science of knee surgery and knee conditions in Australia with the aim of advancing the standard of surgery and management of conditions of the knee joint in Australia.

This consensus position statement deals with Operative and Non-operative Management in Anterior Cruciate Ligament (ACL) Injury.

It was achieved using a Delphi technique, a systematic structured communication technique to achieve consensus using members of the AKS present at the 2021 Annual Science Meeting as the expert panel in a two-round process. All statements received 80% consensus or greater in agreement.

1. Management of the ACL-injured should be an individualised shared clinical decision-making process approach between the treating medical clinician and the patient.
2. With Early Acute ACLR management, the ACL-injured undergo reconstruction without a trial of non-operative management.
3. Delayed Optional ACLR is a management strategy where the ACL-injured only undergo reconstruction if after a reasonable period of structured rehabilitation, they remain dissatisfied with the functional status of their knee.
4. Better predictive tools are required to predict which patients will be satisfied with Acute Early ACLR and which will be satisfied with Delayed Optional ACLR strategy.
5. The decision to proceed with either Delayed Optional ACLR or Early Acute ACLR should be made in conjunction with and under the supervision of an orthopaedic surgeon.
6. Timing of early ACLR should be based on clinical status rather than time from injury.



7. With an Early Acute ACLR management, a proportion of patients will undergo surgery who would have been satisfied with non-operative management.
8. When comparing Delayed Optional ACLR to Early Acute ACLR in randomised clinical trials of non-elite patients, both groups have similar patient-reported outcomes long-term, however, these have not been validated in those wishing to return to common Australian sports due to a lack of data.
9. Delayed Optional ACLR is contraindicated for patients with repairable meniscal tears, reparable osteochondral lesions, or obstructive meniscal tears.
10. With Delayed Optional ACLR management, approximately 50% will undergo ACLR at some stage due to dissatisfaction with the functional status of their knee.
11. Less active and older patients are more likely to be satisfied with a Delayed Optional ACLR strategy
12. Delayed optional ACLR has greater risk of clinical instability and secondary meniscal injuries, despite similar self-reported outcomes.
13. The role of Delayed Optional ACLR in those under 18 years is uncertain due to a lack of data and may place them at greater risk of future meniscal injury-related osteoarthritis
14. If ACL tears are managed non-operatively or operatively, structured self-directed or therapist-directed rehabilitation improves ACL-injured outcomes.
15. Younger, more active patients and those with greater tibial slopes are more likely to have repeated instability events
16. The role of ACL repair and ACL bracing are uncertain at this stage due to a lack of long-term data.
17. The optimum management of partial ACL injuries remains uncertain due to a lack of data.