

Healing Anterior Cruciate Ligament Without Surgery

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BACKGROUND: Up to the moment, the total injury of the anterior cruciate ligament (ACL) in patients with an intense or professional sport activity needs surgical treatment.

In medical journals a high number of articles that choose surgical treatment because of failure of the orthopedic treatment can be found. The decision to reconstruct the ACL or to treat it nonsurgically is based on the following: patient's age, activity level, and associated injuries,. Those patients who choose a reconstructive surgery have possible risks and complications. Those patients who choose a nonsurgical treatment have to change their lifestyle to accommodate their injury. What happens if neither surgery nor manual therapy is provided to the patient? The retraction of the ruptured ACL. After rupture, the remnant is resynovialized. There is no tissue bridging at the rupture site and thus, ACL does not heal spontaneously.

METHODS: Eight patients with total tear ACL: five with associated as tear meniscus, postero-lateral capsule tear and Segond fracture and three patients without associated injuries. Four days to ten weeks passed since they had injury until they began the treatment.

In the clinical exploration we observe Lachman test ++ / +++. The meniscus is not explored because of its painful result in some patients. MRI is carried out after the injury in which the clinical diagnosis of total tear of ACL and also the associated injuries is confirmed.

The connective tissue treatment is carried out with the M.S. (Manual Surgery) technique twice a week for the first two months and once a week during the following two months, treating the connective tissue of the capsule, the anatomic ACL insertion sites and the expansions of the aponeurotic joints, that are fixed in the joint capsule and the synovia.

During eight weeks a knee brace is used limiting the flexion and extension from 30° to 80°. Two months after the injury, we confirm with MRI a recovery at 50% of the ACL.

Four months after the injury a new MRI is carried out in which the ACL is observed in all its length.

RESULTS: Five months after the injury the patients can continue normally with their sport activity. The ACL is restituted. The knee is stable again without the usual postsurgical consequences.

CONCLUSSIONS: We have proved that the tissue of the ACL has been restituted without surgery, carrying out the connective tissue treatment (100 % of the patients who have been treated).

The M.S. technique offers a new perspective on the understanding and treatment of ACL injury. This treatment avoids surgery's complications and the conventional nonsurgical consequences.

We are currently treating more ACL injury.



90% ACL tear

ACL 4 months later