

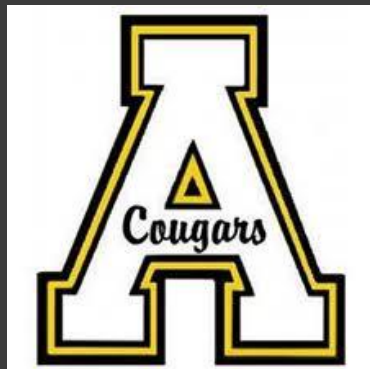
ACL Injuries in High School-Aged Female Athletes: Mechanisms, Screening and Prevention



Ashley Tortorici, SPT

Introduction

- ◎ Ashley Tortorici, SPT
 - Apex High alumni 2004
 - Appalachian State alumni 2008
 - Final year eDPT student: UNC-CH



Go Cougars!

Learner Objectives

- The audience will review and understand knee anatomy and ligament function
- The audience will understand mechanisms of ACL injury and risk factors specific to the female anterior cruciate ligament
- The audience will understand the benefits of preventing injury and impacts an ACL injury has on its victim

Objectives Continued...

- The audience will understand how to generally screen for increased risk of ACL injury
- The audience will be presented with current research surrounding ACL injury prevention
- The audience will understand and be offered an ACL injury prevention intervention program
- Prove what you know! 😊

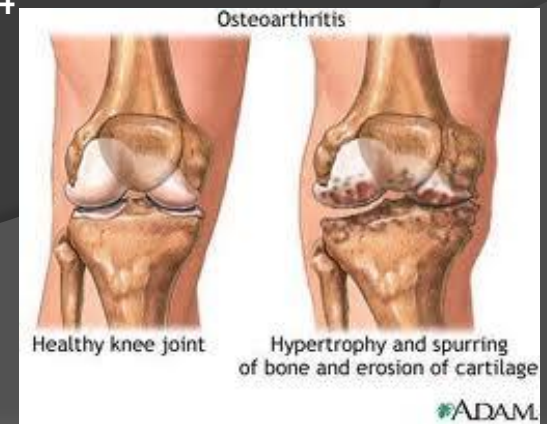
The Numbers



- Females are between **two and eight times more likely** to suffer an anterior cruciate ligament (ACL) injury compared to males¹
- Female athletes in the US are estimated to suffer 38,000 ACL tears yearly²
- The cost of surgery and rehabilitation following injury is estimated to be between \$17,000 – \$25,000 US dollars per injury³

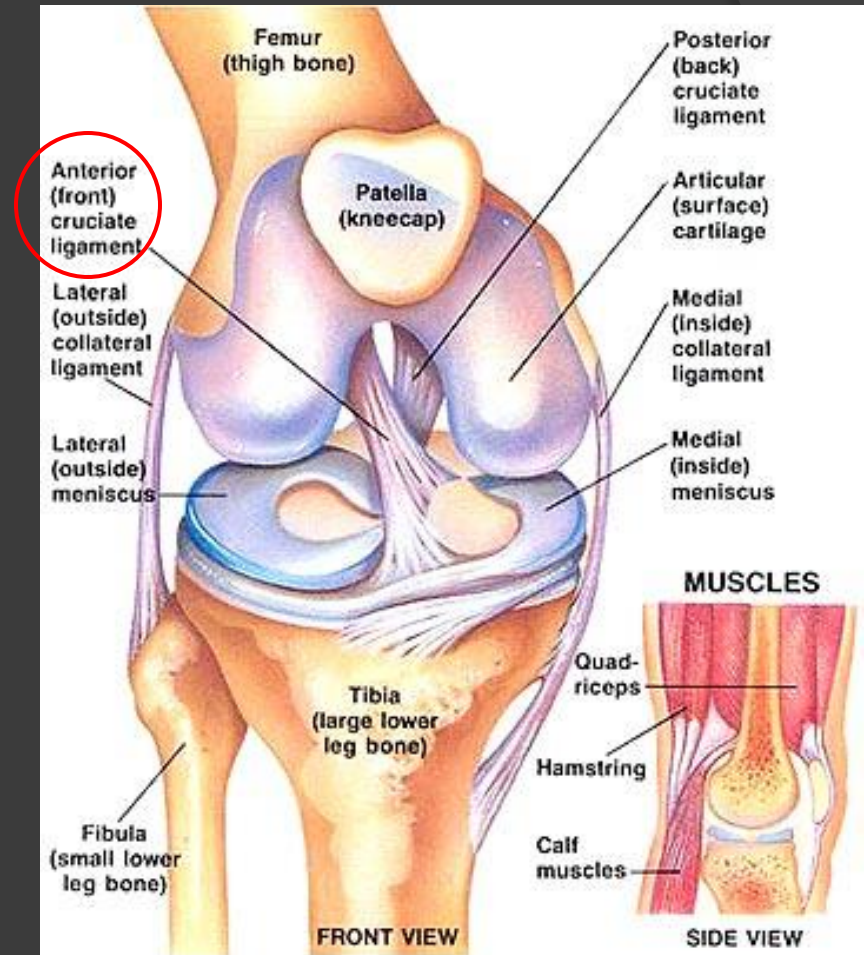
ACL injury consequences

- ⦿ Increased risk of meniscal damage⁵
- ⦿ Increased risk of osteoarthritis⁷
- ⦿ Loss of participation in sport and redirection of future activities^{5,6}
- ⦿ Emotional and psychological costs
 - Decreased sport participation correlated with decreased academic achievement⁴
 - Negative effect on mood⁴



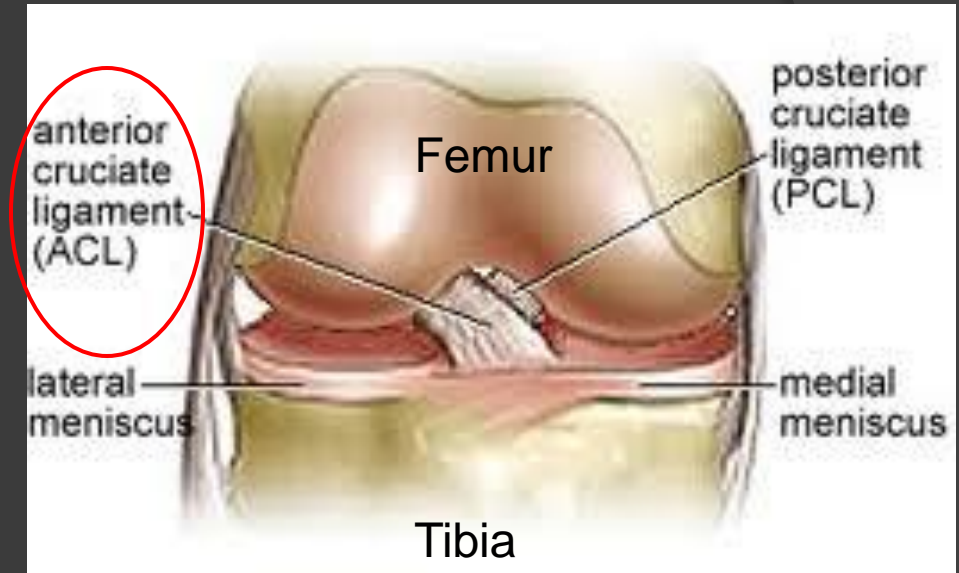
Knee Joint Anatomy

- Ligaments: Maintain joint stability
- MCL-Medial collateral ligament
- LCL- Lateral collateral ligament
- PCL- posterior cruciate ligament
- Meniscus
- **ACL**-Anterior cruciate ligament



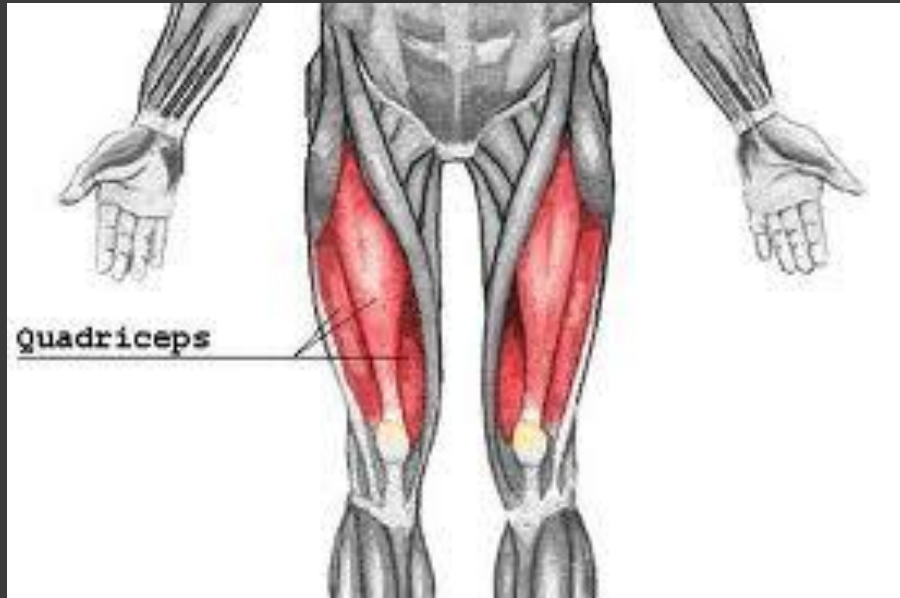
The ACL: What does it do?

- ⦿ **Primary job:** Prevents forward sliding of the tibia (shin bone) on the femur(thigh bone)⁸
- ⦿ Helps to prevent knee hyperextension and side to side sliding of the tibia and femur⁸
- ⦿ Also helps to prevent internal rotation (twisting to the inside) of the tibia on the femur⁸



★ Very important to maintain knee joint stability in activities/sports that involve **cutting, changing speed and direction, jumping and decelerating**⁹

Surrounding Knee muscles



Quadriceps: Big front thigh muscles

Primary Job: Straighten the knee



Hamstrings: muscles on back of leg

Primary job: Bend the knee

How does the ACL get injured?

70% of ACL injuries are non-contact injuries²



Contact injury



Non-contact injury

Non-Contact ACL injury

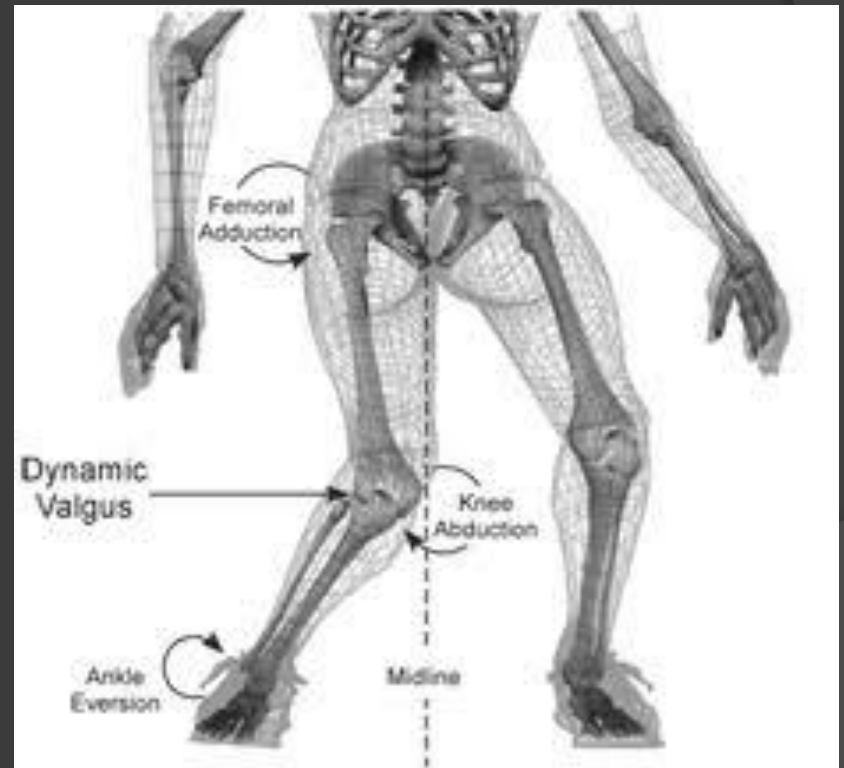
- Volleyball player tears her ACL, MCL and meniscus



Viewer discretion is advised...

ACL injury results from a number of factors which can be:

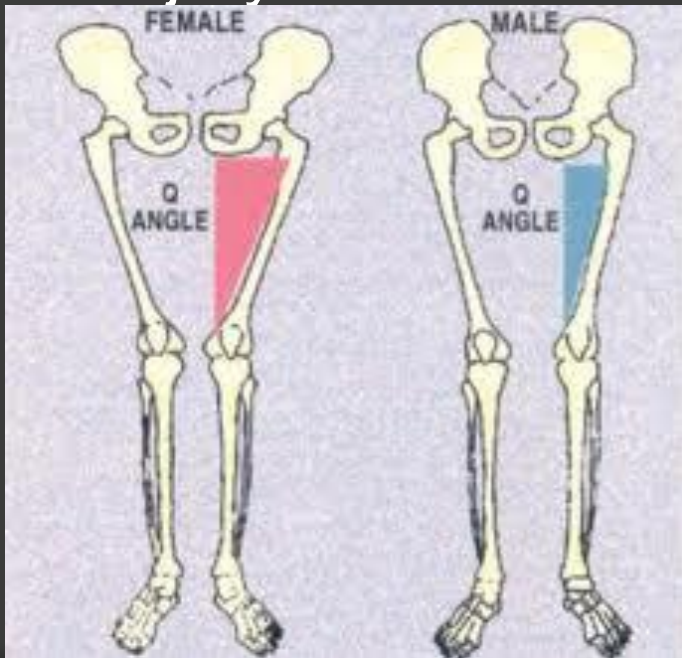
- Modifiable
- Non-Modifiable



Non-Modifiable Risk Factors for Females

⦿ Anatomical

- Increased Q angle^{1,10} : Increases valgus moment at the knee which leads to ACL injury^{10,11,12}



Q Angle



Knee Valgus

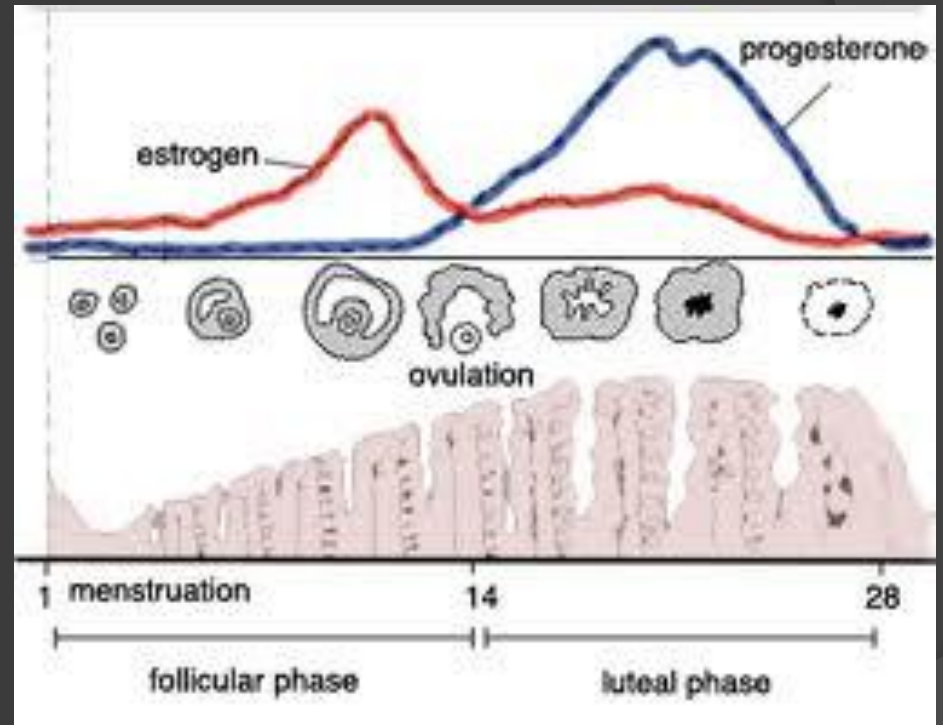
Non-modifiable Anatomical risk factors continued..

- **ACL Size:** Female ACLs are smaller than males even when normalized for weight and height¹³
- **Joint laxity:** Females have greater knee joint laxity versus males regardless of athletic participation¹⁴
- **Femoral notch width and shape:** differences between males and females in some studies that may predispose females for ACL tears^{1,11}
- **Foot pronation (flat feet):** rotates the tibia inward and pulls it forward stressing the ACL and increasing the risk of injury¹⁶
 - Mixed evidence regarding females specifically having greater ankle pronation vs. males^{15,16}



Non-modifiable: Hormonal risk factor

- Female menstrual cycle hormone changes → increases ligament laxity during certain times
- The exact phase where females are at higher risk is still controversial
- Some report higher ACL risk during the Luteal phase (days 18-28)^{18,19}
- Some report higher risk during follicular phase particularly days 1-2 of menses¹⁷



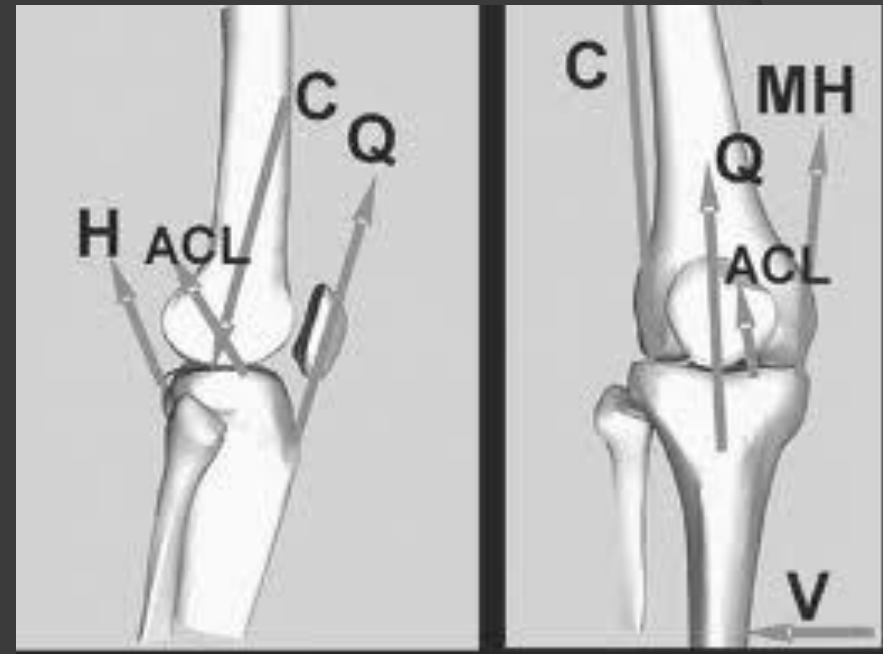
Modifiable Risk Factors!

“I alone cannot change the world, but I can cast a stone across the waters to create many ripples.”
— Mother Teresa



Modifiable risk factors: Neuromuscular differences

- **Female athletes specifically have a different muscle recruiting order²⁰**
 - Quads reach peak torque before the hamstrings which increases forward sliding of the tibia and stress on the ACL
- **Females with ACL injury have weaker hamstrings paired with stronger quadriceps:²¹**
 - Hamstring/Quad ratio
- **Generally weaker hamstrings and quadriceps muscles vs. un-athletic males²⁰**
 - Ligaments take more of the landing “blow”
 - Hamstring has less ability to help the ACL



Modifiable risk factors: Biomechanics

- ◉ Females land from jumps/perform cutting maneuvers in a more erect:(knees and hips straight) posture
 - Increases force of the quadriceps pulling the tibia forward and limits the hamstrings ability to help the ACL pull the tibia back



Modifiable risk factors: Biomechanics

- ◉ Females land from jumps and perform cutting maneuvers in **more knee valgus** (knees buckled inward) vs. males which puts great **strain on the ACL** and again puts the muscles at a mechanical disadvantage



How to screen for increased ACL risk: The LESS Score

- The Landing Error Scoring System (LESS) has been used to identify potentially high-risk movement patterns that occur during a jump-landing task²⁴
- Athletes are asked to jump off a 30cm box to a distance of 50% their height away from the box, land, then immediately perform a maximal vertical jump²⁴
- Scores each of the factors below on a 1-3 scale with higher scores indicating more risk for injury²⁴
 - Knee flexion at initial ground contact & throughout landing
 - Knee Valgus at initial ground contact & throughout landing
 - Forward and sideways trunk flexion at initial ground contact
 - Ankle plantar flexion (toes down) at initial ground contact
 - Foot position at initial contact
 - Stance width at initial contact
 - Foot symmetry
 - Softness of landing and overall impression

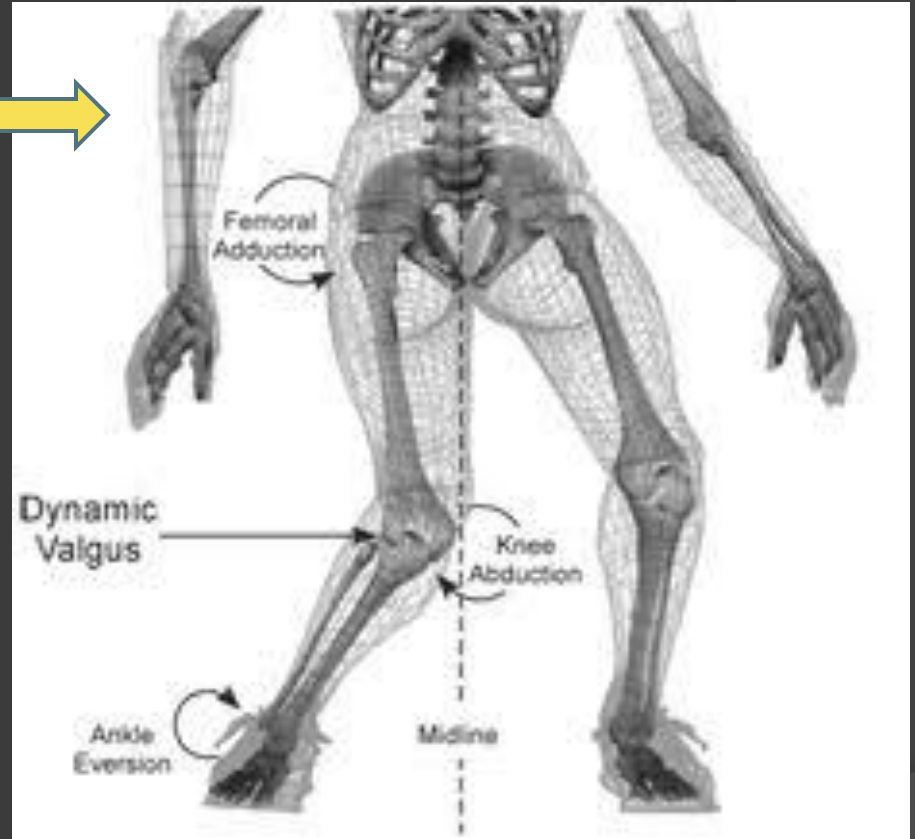


More practical observational screening for high school coaches. Observation during activity:

ACL injury WARNING!



Landing in knee valgus



The Position of no return:

Hip /thigh rotated inward, knee buckled inward (valgus), tibia rotated inward, foot rotated out and ankle rolled outward (ankle eversion)

Male vs. Female landing



So, what can we do?

- ◎ There have been many intervention programs designed to modify the neuromuscular and biomechanical mechanisms of ACL injury
 - Hewett et al. designed a progressive 6 week- three phase “jump program” which focused on stretching, plyometrics and strength²⁵
 - Compared injury rates for the season between an intervention female group vs. untrained female group vs. untrained male control group
 - Results showed significant **decrease in landing force and knee valgus angles** when landing from a jump, in addition to an increase in hamstring strength.
 - An expansion of this study with the same intervention yielded 14 serious knee injuries in the “control” group versus 2 injuries in the intervention group²³
 - Injury rate was significantly less in the intervention group vs. the untrained female group.²³
 - At season end, the female trained group had only 1.3 times more ACL injury than the male group vs. 4.8 times higher injury rate in the untrained females versus the male group! This almost evens out the playing field!!

But....

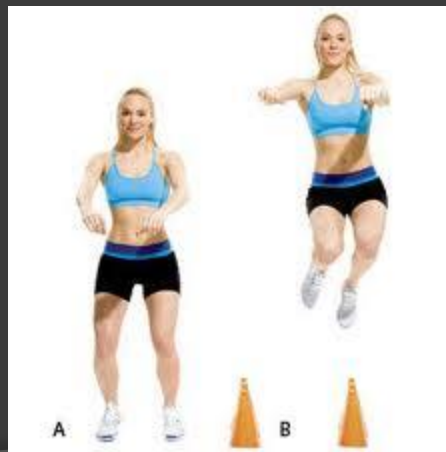
- This program is to be performed 3x/week for 2 hrs per session...NOT really feasible for high school competition time restraints.
- A more feasible PEP (Prevent injury, Enhance Performance) program was created!

ACL injury prevention program: The PEP Program

- The PEP (Prevent injury, Enhance Performance) was developed by the Santa Monica Orthopedic and Sports Medicine Group in order to decrease the number of ACL injuries incurred by female soccer players. It is a highly specific 15-20 minute training session that can easily replace a traditional warm-up.^{26,27}
- The program's main focus is teaching strategies to avoid injury and includes specific exercises targeting neuromuscular and biomechanical risk factors associated with female ACL injury^{26,27}
- The program includes basic components of stretching, strengthening, plyometrics, agilities, and avoidance of high-risk positions to address deficits in neuromuscular coordination, biomechanics and strength.²⁶
- Your copy of the PEP program is included in your handout packet!

PEP program specific goals^{26,27}

- Avoid vulnerable positions for the ACL
- Increase lower extremity flexibility
- Increase strength
- Increase proprioception through agilities and plyometrics



PEP Program Research

- Gilchrist et al. examined the effectiveness of the PEP program on 61 Div. I women's soccer teams. After only 12 weeks, there were 7 ACL injuries in the intervention teams versus 18 with the control teams (41% decrease)²⁶.
 - In the last 6 weeks of the program there were 0 ACL injuries in the intervention group vs. 8 in the control group!

PEP Program Research

- Mandelbaum et al. studied 14 to 18 year old female club soccer players using the same PEP program for 2 years and had very promising results supporting the use of the PEP program for aid in preventing ACL injuries in female athletes²⁷.
 - Year 1: 1012 girls on 52 intervention teams demonstrated only 2 ACL injuries, whereas the 1905 girls on 95 control teams reported 32 ACL injuries (88% decrease)
 - Year 2: 4 ACL tears in the intervention group vs. 35 total ACL tears in the control group (74% decrease)

Pros of the PEP program

- Little equipment needed (only a cone/ something to jump over)
- Quick and Easy 15-20 minutes/ 3x week
- Effective
- Recommend use of partners after some team education to check for technique
- Let's take a look at the PEP program handouts



Conclusions:

- Females athletes are much more likely to injure their ACLs
- ACL injury has immediate and LONG TERM physical and emotional effects
- There are female specific risk factors that are either modifiable or non-modifiable
- Look for “The position of no return”
- There is something you can do!!

Questions??

Let's find out!!

POP QUIZ 😊

Thank you so
much for your
time and
attention!

Any additional questions?
Feel free to contact me!
Ashtort2@gmail.com
919-760-5432



References

1. Giugliano DN, Solomon JL. ACL tears in female athletes. *Phys Med Rehabil Clin N Am.* 2007;18(3):417-38, viii. doi: 10.1016/j.pmr.2007.05.002.
2. Toth AP, Cordasco FA. Anterior cruciate ligament injuries in the female athlete. *J Gend Specif Med.* 2001;4(4):25-34.
3. de Loes M, Dahlstedt LJ, Thomee R. A 7-year study on risks and costs of knee injuries in male and female youth participants in 12 sports. *Scand J Med Sci Sports.* 2000;10(2):90-97.
4. Morrey MA, Stuart MJ, Smith AM, Wiese-Bjornstal DM. A longitudinal examination of athletes' emotional and cognitive responses to anterior cruciate ligament injury. *Clin J Sport Med.* 1999 Apr;9(2):63-9.
5. Silvers HJ, Mandelbaum BR. Prevention of anterior cruciate ligament injury in the female athlete. *Br J Sports Med.* 2007;41 Suppl 1:i52-9.
6. Hewett TE, Ford KR, Myer GD. Anterior cruciate ligament injuries in female athletes: Part 2, a meta-analysis of neuromuscular interventions aimed at injury prevention. *Am J Sports Med.* 2006;34:490-498.

References cont..

7. Freedman KB, Glasgow MT, Glasgow SG, Bernstein J. Anterior cruciate ligament injury and reconstruction among university students. *Clin Orthop Relat Res.* 1998;(356)(356):208-212.
8. . Hughes G, Watkins J. A risk-factor model for anterior cruciate ligament injury. *Sports Med.* 2006;36(5):411-428.
9. Toth AP, Cordasco FA. Anterior cruciate ligament injuries in the female athlete. *J Gend Specif Med.* 2001;4(4):25-34.
10. Shambaugh JP, Klein A, Herbert JH. Structural measures as predictors of injury basketball players. *Med Sci Sports Exerc.* 1991;23(5):522-527.
11. Griffin LY, Agel J, Albohm MJ, et al. Noncontact anterior cruciate ligament injuries: Risk factors and prevention strategies. *J Am Acad Orthop Surg.* 2000;8(3):141-150.
12. . Hewett TE, Myer GD, Ford KR, et al. Biomechanical measures of neuromuscular control and valgus loading of the knee predict anterior cruciate ligament injury risk in female athletes: A prospective study. *Am J Sports Med.* 2005;33(4):492-501. doi: 10.1177/0363546504269591.

Continued

13. Anderson AF, Dome DC, Gautam S, Awh MH, Rennirt GW. Correlation of anthropometric measurements, strength, anterior cruciate ligament size, and intercondylar notch characteristics to sex differences in anterior cruciate ligament tear rates. *Am J Sports Med.* 2001;29(1):58-66.
14. Huston L, Wojtys E. Neuromuscular performance characteristics in elite female athletes. *American Journal of Sports Medicine* [serial online]. July 1996;24(4):427-436. Available from: SPORTDiscus with Full Text, Ipswich, MA.
15. Ford KR, Myer GD, Toms HE, et al. Gender differences in the kinematics of unanticipated cutting in young athletes. *Med Sci Sports Exerc* 2005;37:124–9.
16. . Beckett ME, Massie DL, Bowers KD, Stoll DA. Incidence of Hyperpronation in the ACL injured knee: a Clinical perspective. *J Athl Train.* 1992;27(1):58-62. PMID: 16558134
17. Slauterbeck J, Fuzie S, Hardy D, et al. The menstrual cycle, sex hormones, and anterior cruciate ligament injury. *Journal of Athletic Training* [serial online]. July 2002;37(3):275-280.

Continued..

18. Mandelbaum BR, Silvers HJ, Watanabe DS, et al. Effectiveness of a neuromuscular and proprioceptive training program in preventing anterior cruciate ligament injuries in female athletes: 2-year follow-up. *Am J Sports Med.* 2005;33(7):1003-1010. doi: 10.1177/0363546504272261.
19. Myklebust G, Engebretsen L, Braekken I, Skjølberg A, Olsen O, Bahr R. Prevention of anterior cruciate ligament injuries in female team handball players: a prospective intervention study over three seasons. *Scandinavian Journal of Medicine & Science in Sports* [serial online]. August 2003;13(4):272.
20. Huston L, Wojtys E. Neuromuscular performance characteristics in elite female athletes. *American Journal of Sports Medicine* [serial online]. July 1996;24(4):427-436. Available from: SPORTDiscus with Full Text, Ipswich, MA.
21. Ford KR, Myer GD, Hewett TE. Valgus knee motion during landing in high school aged female and male basketball players. *Med Sci Sports Exerc.* 2003;35(10):1745-50

And Continued....

23. Hewett TE. The effect of *neuromuscular* training on the incidence of knee injury in female athletes. *Am J Sports Med.* 1999;27(6):699.
24. Padua DA, Marshall SW, Onate JA, et al. Reliability and validity of the Landing Error Scoring System: implications on ACL injury risk assessment. *J Ath Train.* 2004;39(2):S110
25. Hewett TE, Myer GD, Ford KR, et al. Biomechanical measures of neuromuscular control and valgus loading of the knee predict anterior cruciate ligament injury risk in female athletes: A prospective study. *Am J Sports Med.* 2005;33(4):492-501. doi: 10.1177/0363546504269591.
26. Gilchrist J, Mandelbaum BR, Melancon H, et al. A randomized controlled trial to prevent noncontact anterior cruciate ligament injury in female collegiate soccer players. *Am J Sports Med.* 2008;36(8):1476-1483. doi: 10.1177/0363546508318188.
27. . Mandelbaum BR, Silvers HJ, Watanabe DS, et al. Effectiveness of a neuromuscular and proprioceptive training program in preventing anterior cruciate ligament injuries in female athletes: 2-year follow-up. *Am J Sports Med.* 2005;33(7):1003-1010. doi: 10.1177/0363546504272261.