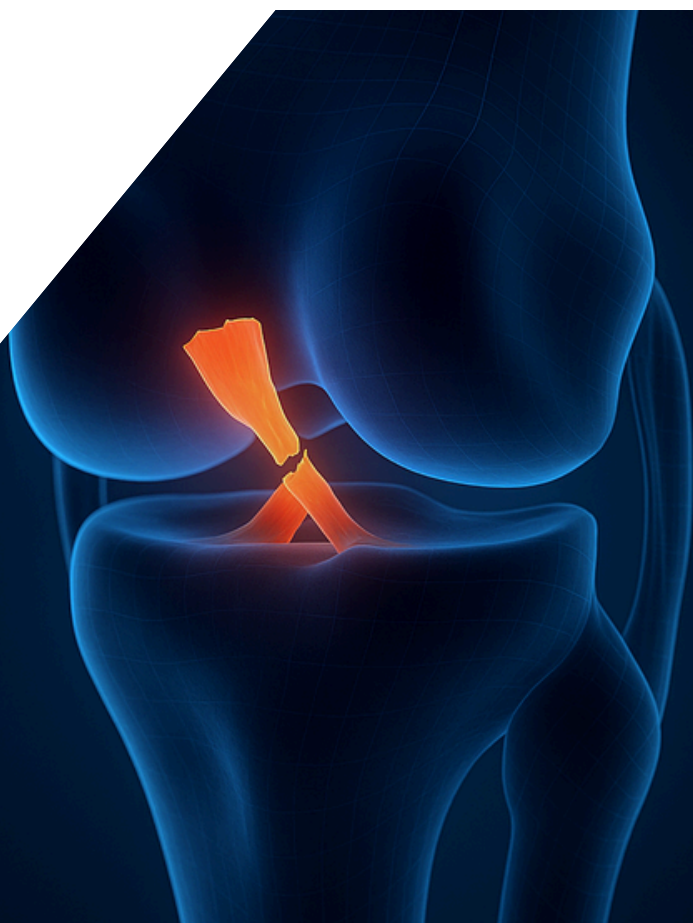


UNDERSTANDING YOUR ACL

*THE SIMPLE GUIDE FOR
INJURED ATHLETES*





INTRODUCTION : WHY THIS GUIDE ?

You've just injured your knee. You hear talk of the ACL, the surgery, the rehabilitation... but everything is unclear.

This guide was designed to help you clearly understand what's happening to you, so that you can take back control of your recovery.

READY TO GO FURTHER

See the Comeback Protocol

A structured, progressive plan that respects your pace and takes you to peak form.

returntopeak.com/comeback-protocol →

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01

WHAT EXACTLY IS THE ACL?



The **anterior cruciate ligament** (ACL) is one of the four main ligaments of the knee.

It **stabilizes** the knee during pivoting, braking, and changing direction movements, for example.

It's a common injury among athletes: soccer, skiing, basketball, rugby...

Anatomy point (for the curious) :

- It attaches to the posteromedial edge of the lateral femoral condyle
- It ends on the anterior intercondylar fossa of the tibial plateau
- Its path is oblique, crossing over the posterior cruciate ligament
- It is an intra-articular but extra-synovial ligament
- It is made of dense connective tissue
- It is poorly vascularized → spontaneous healing is difficult



Key takeaways:

- It prevents the tibia from sliding forward under the femur
- It limits medial rotation of the tibia
- When it's torn → knee instability



The ACL in numbers:

- Around 2 million tears per year
- Higher tear rate in women
- 83 % of high-level athletes return to their sport at the same level (if rehabilitation is done properly!)

02

**HOW DO YOU
TEAR YOUR
ACL?**



Common causes:

- Sudden pivoting movement / change of direction
- Awkward landing
- Direct impact (e.g., tackle)

The most common signs:

- Audible crack
- Immediate pain
- Rapid swelling
- Sensation of instability or giving way
- Weakening of the quadriceps and hamstrings (often visible from the first weeks)

03

**AND AFTER?
DIAGNOSIS
AND OPTIONS**



How to diagnose an ACL tear?

- Clinical tests (laxity)
- MRI to confirm the tear

Surgical decision based on age, sport, and level of instability.

- **If surgery:**
 - Ligament reconstruction using autograft
 - Ligament reconstruction using allograft
- **If no surgery:**
 - Comprehensive and effective rehabilitation for a return to play (RTP)

 **Goal:** regain a stable knee to resume your sport.

04

THE TRUTH ABOUT RECOVERY



You don't "fix" your knee in a few weeks.

True recovery is:

- **Progressive:** mobility → strength → proprioception → return to sport
- **Individualized:** every knee is unique
- **Holistic:** mindset, mobility, compensations, posture...



Average timelines before returning to sport:

- Football/rugby: 9 to 12 months
- Recreational fitness: 4 to 6 months

⚠ Don't skip steps. It's better to come back later, strong and confident, than too early and fragile.

Most failures come from a poorly executed RTS (Return To Sport).

Professionals, on the other hand, are supported and monitored all the way through.

05

REHABILITATION TIPS





BE CONSISTENT

It's not a sprint, but a long marathon

You must respect the healing process! The grafted ACL heals slowly, so it needs to be protected. Poor rehabilitation can harm its integration.

Regaining quality motor control takes time. You have to repeat and repeat the exercises.

Progression must be structured and tailored to each individual—exercise types, loads, etc.

Muscle tone takes time to return to optimal. Regular sessions are very effective for getting back to an athletic level.



STRENGTHEN THE HAMSTRINGS

The hamstrings play a crucial role in the knee's motor control.

They help control the anterior drawer (which is often increased when the ACL is lax or torn).

A quadriceps-to-hamstrings strength ratio favoring the quadriceps increases the risk of a new ACL injury.

Their proprioceptive function is also omnipresent.



AVOID COMPENSATIONS

Compensations increase the load on other joints. You may see this at the hip, trunk, or ankle.

This raises the risk of injuring those joints.

Compensation can also occur on the opposite knee. Shifting more weight onto the healthy knee increases the risk of an ACL tear.

For sports performance, a healthy and functional movement pattern helps you improve your level of play.



VARY TRAINING AND CONTRACTION MODES

It's essential to work all components of the muscle.

The muscle can be trained for maximal strength, submaximal strength, endurance, and explosiveness...

You'll see the following types of contraction:

- Isometric
- Concentric
- Eccentric

But you can also do functional exercises, isolation exercises, as well as motor-control or endurance (cardiovascular) exercises.

YOU DON'T JUST REHABILITATE THE KNEE

It's essential to target other muscle groups. Think especially of the hip muscles, trunk, ankle, and upper body to restore full-body functionality.

The cardiovascular system is also indispensable for regaining an appropriate level. It also helps to better vascularize the joint.

Finally, it's crucial to address the athlete's anxieties and fears.

06

INTELLIGENT NUTRITION



Do you want to recover faster and better?

Don't neglect what happens outside the rehab room.

 **Smart nutrition:** Eat enough protein → muscle rebuilding

 **Add good fats** (omega-3) → natural anti-inflammatories

 **Eat fruits and vegetables** → antioxidants to limit oxidative stress

 **Stay hydrated!** Even slight dehydration slows recovery

 **Consider marine collagen supplements:** supports connective tissue regeneration, under professional guidance

Avoid toxins:

-  **Alcohol:** slows muscle repair, promotes inflammation
-  **Tobacco:** reduces blood flow → less oxygen for your tissues
-  **Drugs:** disrupt your nervous system and your sleep

Your body is in full rebuilding mode → give it an optimal environment.

07

SLEEP AND RECOVERY



-  7 to 9 hours of deep sleep each night = foundation of regeneration
-  No screens 1 hour before bed
-  Try a calm routine: reading, breathing, dim lighting...

08

MENTAL AND STRESS



- **Chronic stress** slows healing → meditation, heart-coherence breathing, time in nature, journaling...
- **Be patient with yourself:** your mindset influences your progress.
- All too often, injured athletes feel **anxiety**, doubt, even discouragement.
- **Rehabilitation is long**, progress can be slow, and questions are many.
- 🙌 Surrounding yourself with a professional means being listened to, guided, and reassured throughout the process.
- 🙌 **Even Louis M, a physiotherapist by training, enlisted a physio, an osteopath, and a strength coach during his own post-ACL rehab. You never get as far as when you're well supported.**
- ✅ You don't control the injury, but you control your healing environment.

In summary: your recovery isn't just about your knee

By **surrounding yourself with the right people** and optimizing your lifestyle, you maximize your chances of coming back stronger than ever.

Rehabilitation is a long and sometimes frustrating journey, but with a structured plan, patience, and comprehensive support, you can reach your goal without fear or pain.

Want to go further?

A good return-to-sport program isn't just a series of exercises.

It's a structured, progressive plan that respects your pace and takes you to peak form, without fear or pain.

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