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# INNOVATION IN NEW RESEARCH IN ACL SURGERY

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In spite of our best efforts, there are a proportion of our patients who do not return to full activity after Anterior Cruciate Ligament (ACL) surgery. The outcome in elite sport is much better than that in the recreational athlete. Moreover it would appear that the data that we have around when intervention is required, how soon it should be applied, and its effect on the long-term natural history still requires further clarification and analysis.
It is important to outline some of the key lessons that we have learned over the last two decades. We are at present re-visiting the indications, the basic intervention, be that replacement or indeed a re-appraisal of direct repair, and are also assessing both biological and mechanical factors in ACL reconstruction.
We are also starting to understand more clearly the impact that associated injuries can have on the process, and the optimal interventions for those.
Perhaps most significantly we need to clarify how to introduce innovation in order not to make dramatic mistakes that will affect a significant proportion of our athletes and limit their recoveries. There are clearly some interventions that will benefit some patients and not others.
The key remains high level education to all those who assess athletes, in order that the appropriate clinical examination and imaging are requested, that the appropriate timely diagnosis is made, and then a decision made for that athlete rather than according to a standard set of rules that is arbitrarilyapplied to everyone.
We have reached the era of bespoke ACL injury management / reconstruction where we need to streamline the intervention for that individual patient both in terms of its extent, its timing, and its mechanical, biological and rehabilitative scope.
There is still much to learn.