

MY CHILD TORE THEIR ACL: WHAT NOW?

A Parent's Guide to ACL Injuries in Young Athletes

KEY TAKEAWAYS

GET SEEN QUICKLY	Swelling after a pivoting injury is an ACL tear up to 80% of the time . Get an evaluation and an MRI promptly
TWO SURGICAL OPTIONS	Reconstruction (a new ligament) or repair (saving your child's own). Repair must happen within about 50 days , so early evaluation keeps both options open
PREHAB FIRST	Better motion and quad strength going into surgery means a faster recovery coming out
RETURN TO SPORT	9–12 months for cutting and pivoting sports, and the athlete has to pass strength testing. The graft is weakest at 3–6 months , just when athletes feel best
PREVENT THE NEXT ONE	Prevention training after return to sport lowers the re-tear risk, for your athlete and for their teammates

Your kid just got hurt on the field. Someone said it might be their ACL. Maybe the ER confirmed it, or maybe you're still waiting on an MRI. Either way, you probably have a mix of worry, confusion, and a hundred questions.

Take a breath. This is a serious injury, but it is also one of the best-understood and most successfully treated injuries in sports medicine. I do about 100 ACL surgeries a year, and with the right care and the right team, the great majority of young athletes get back to the sports they love. This guide walks you from the injury to return to sport, so that when you sit down with me you feel informed, ready with good questions, and ready to be a great teammate in your child's recovery.

About 200,000	ACL tears a year in the U.S.
9–12 months	Typical time to return to cutting and pivoting sports
15–23%	Chance of a second ACL tear (either knee) in athletes under 25 who return to cutting sports

Learn more and watch the videos

Prefer to watch? My ACL page has my full video series on anatomy, surgery, recovery, and return to sport: merrittsurgery.com/surgeries/acl-injury-and-reconstruction



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What Happened to the Knee?

The **ACL (anterior cruciate ligament)** runs through the center of the knee, connecting the thigh bone (femur) to the shin bone (tibia). It keeps the shin bone from sliding forward and the knee from rotating. In sports, it is one of the knee's most important stabilizers during cutting, pivoting, and changes of direction.

Most ACL tears happen **without contact**: a bad landing, a sudden change of direction, a plant-and-pivot in soccer or basketball. The foot is planted, the body turns, and the force exceeds what the ligament can handle. Parents often describe watching the knee buckle inward, sometimes with an audible pop.

The classic signs

- A pop or buckling feeling in the knee
- Rapid, significant swelling, within hours
- The knee feels like it is giving way or unstable
- **Key number**: after a pivoting injury with swelling, the ACL is torn **up to 80% of the time**. Don't wait on this one

Why are young female athletes at higher risk?

Girls tear their ACLs at much higher rates than boys, and it is not just bad luck. Female athletes tend to have:

- A **smaller ACL**, with less tissue to handle the same forces
- A **narrower groove** in the femur where the ACL sits, which can pinch it during a sudden shift
- **Wider hips**, which change the angle of force on the knee during landing
- **Hormonal influences** that may make ligaments slightly looser
- **Quad-dominant movement**: the quads do more of the work while the hamstrings, key ACL protectors, are underused

The good news: many of these factors can be trained. Prevention programs that focus on landing mechanics, hip and hamstring strength, and core stability **genuinely work**.

Step 1: Get Evaluated Quickly

If you suspect an ACL injury, get your child seen by an orthopedic surgeon or an orthopedic urgent care as soon as possible. This is not a "wait and see" injury.

You need an MRI	It confirms the tear and shows other injuries (meniscus, cartilage, other ligaments) that change the treatment plan and recovery
Rehab starts early	Physical therapy should start right away. A head start on prehab leads to better results after surgery
Instability does damage	Every time a knee without a working ACL buckles, the meniscus and cartilage can be damaged further
Repair has a deadline	ACL repair is only possible within about 50 days of the injury

Proliance Orthopedic Urgent Care – Tukwila

150 Andover Park W., Tukwila, WA 98188 · **(425) 979-2663**. Hours: Tuesday–Friday 12–7 pm; Saturday–Monday 10 am–7 pm. Same-day or next-day evaluation is often available.

What the MRI Will Show

The ACL	Whether it is completely torn, partly torn, or stretched. A complete tear looks like a frayed, disorganized mess where a clean, tight band of tissue should be
The bone bruise	One of the most telling signs. When the knee shifts during the tear, the outer femur and tibia crash into each other and leave a characteristic bruise; in severe cases, a small dent (fracture) in the bone
The meniscus	The two C-shaped cushions in the knee are injured in a large share of ACL tears, which can change the surgery and the recovery timeline
Other ligaments	Especially the MCL, on the inner side of the knee. Most MCL injuries that happen with an ACL tear heal on their own without surgery

Does My Child Need Surgery?

For young, active athletes who want to return to cutting and pivoting sports: **yes, almost always.**

The ACL does not reliably heal on its own. In young athletes the tear is usually complete, and the torn tissue is often reabsorbed over time. Without a working ACL, the knee keeps feeling loose and giving way with twisting.

Why stabilizing the knee matters

Every giving-way episode stresses the meniscus and cartilage. An unstable knee leads to much higher rates of meniscus tears and cartilage damage over time, and those problems are far harder to treat than the original ACL tear. Reconstructing or repairing the ACL protects the knee in the long run.

Nonsurgical treatment can be an option for older, lower-demand patients who are not going back to pivoting sports. For a teenage soccer player, basketball player, or skier, surgery is the answer.

What Surgery Involves

There are two options: **reconstruction** and **repair**. Most people have only heard of reconstruction, but repair is a real option in the right situation, and I evaluate every patient for it. Both are done arthroscopically through small incisions and take about **an hour**. The right choice for your child is a conversation we will have in clinic after reviewing the MRI.

ACL reconstruction

Reconstruction is the most common approach. Because a torn ACL usually can't be stitched back together, I remove the damaged tissue and replace it with a **graft**, building a new ligament. Tunnels are drilled in the femur and tibia, and the graft is passed through and fixed in place. **Graft choice is one of the most important decisions**, and it depends on your child's age, sport, activity level, anatomy, and the tear:

Graft	What to know
Patellar tendon (BTB)	Often called the gold standard for competitive athletes: bone-to-bone healing is fast and reliable. Some discomfort at the harvest site, especially with kneeling. Not used in kids who are still growing
Hamstring tendon	Smaller incision and less early pain. Generally not recommended for athletes with loose joints (hypermobility) or knock-knee alignment, because of a slightly higher failure rate

Quadriceps tendon	Newer and increasingly popular. A thick, strong graft with little harvest-site pain. A great option, especially in growing athletes
Allograft (donor tissue)	No harvest site and a faster surgery, but a higher failure rate in young, high-demand athletes . Generally reserved for older patients or complex multi-ligament surgery

I perform all of these and tailor the recommendation to each athlete.

ACL repair: saving your child's own ligament

In select cases, instead of replacing the ACL, I can **repair** it: keep your child's own ligament and stitch the torn end back to where it attached. Not every tear qualifies. The tissue has to be good quality and the tear in the right location. When repair is an option, I often use the **BEAR implant**, a collagen scaffold placed at the repair site and soaked in the patient's own blood. It acts as a bridge that gives the torn tissue something to heal against. The BEAR implant is approved for athletes **14 and older**.

Why consider repair	It is your child's own tissue, with no graft taken from elsewhere. It is generally less painful than reconstruction, and newer data suggest it may carry a lower long-term arthritis risk
The trade-off	In the main randomized trial (BEAR II), the re-tear rate at 2 years was about 14% after repair and about 6% after reconstruction . With better patient selection, newer series report repair re-tear rates as low as 5% . I discuss this directly with every family
The safety net	If a repair fails, a standard reconstruction can still be done, with results similar to a first reconstruction

Timing note

If repair is being considered, surgery has to happen within **about 50 days** of the injury. The torn ACL tissue breaks down over time, and once it is gone, repair is no longer possible. This is one more reason prompt evaluation matters.

Before Surgery: Prehab

Something parents don't always realize: for most reconstructions, surgery **should not happen right away**. I usually wait **4–8 weeks**. Right after the injury, the knee is swollen and stiff and the quad muscles are shut down. Operating then leads to a much higher risk of stiffness and poor quad function afterward. For repair, the timeline is tighter (within about 50 days), but we still use the time well. Either way, the weeks before surgery are for **prehab**:

- Calm the swelling and inflammation
- Get back full motion, especially full straightening
- Wake up the quad muscles and restore basic strength
- Good nutrition: enough protein, plus collagen with vitamin C, supports healing

Athletes who go into surgery with good motion and quad control recover faster and more completely than those who rush in. **Prehab is an investment that pays off on the back end.**

Nutrition

What you eat has a direct effect on how well you heal. Start good nutrition before surgery and continue through your recovery. Our nutrition guide explains what to take and how much: merrittsurgery.com/surgeries/nutritional-optimization



Scan for the nutrition guide

The Recovery Timeline

Return to cutting and pivoting sports takes **9 to 12 months**. It is long, and it tests everyone's patience, but the timeline is biology. After surgery the graft goes through **ligamentization**: the body breaks it down and rebuilds it with new collagen and blood supply. The graft actually gets **weaker before it gets stronger**, and it is at its weakest around **3–6 months**, exactly when many athletes feel great and want to push. This is the danger zone.

When	What to expect
Injury to surgery	Usually 4–8 weeks (within 50 days for repair). Prehab with PT: calm the swelling, restore motion, build quad strength
Surgery to 6 weeks	Hinged brace and crutches. PT starts 5–7 days after surgery : swelling, motion, and quad activation. Most kids are back at school in 10–14 days . The brace often comes off around 3–4 weeks once they are off crutches with good quad control (longer with a meniscus repair)
6 weeks to 3 months	Strength and motion build steadily. Daily activities feel more normal
3 to 6 months	Running starts around 4–5 months (month 5 or later with a meniscus repair) once strength and swelling allow. Straight-line activity only, no twisting or cutting. The graft is still vulnerable
6 to 9 months	Controlled jumping, side-to-side work, and sport-specific drills with PT. Neuromuscular training on both legs is critical
9 to 12 months	Return to cutting and pivoting sports, once strength and functional testing show the athlete is ready . It is not a calendar date; it has to be earned
12 months to 2 years	The graft keeps maturing for up to 2 years. Most re-tears happen in this window, so good mechanics and prevention training still matter

When Can My Child Play Again?

The minimum is 9 months

Young athletes who return to sport **before 9 months** have about **7 times the rate** of a new ACL injury compared with those who wait. At 6 months the graft may feel strong enough to play, but it is not yet fully mature and is far more fragile than it seems.

For many families there is no reason to rush to 9 months. If your child is a high school sophomore whose season ends before 9 months anyway, aiming for 12 months can meaningfully lower the re-tear risk. I talk this through with every family. Long-term results of ACL surgery in young athletes are generally excellent: the goal, and the realistic outcome when everything is done right, is a full return to the same level of sport.

What about re-injury?

Athletes under 25 who return to cutting sports have about a **15–23% chance** of another ACL tear, in either knee. In many studies the **other, uninjured knee** is actually more likely to tear, because the same anatomy and movement patterns are present in both legs. That is why prevention training, focused on landing mechanics, hamstring and hip strength, and core stability, matters for the recovering athlete and for their teammates. Continued PT, a proper warm-up, and a prevention program after return to sport are **not optional extras**. They are part of the long game.

My ACL prevention programs

My Full 30-Minute Program for athletes and my 10-minute Weekend Warrior routine, with the research behind them: merrittsurgery.com/surgeries/acl-injury-prevention



Scan for the prevention programs

Long-term considerations

Parents deserve to know this going in: even after a successful surgery, there is a higher lifelong risk of arthritis in the injured knee, mostly from the original injury (the bone bruise and any cartilage damage at the moment of the tear). A stable, well-treated knee is far better protected than an unstable one, and newer data suggest ACL repair may carry a lower arthritis risk than reconstruction. Staying at a healthy weight, keeping the leg muscles strong, and not relying on high-impact running as the main form of exercise later in life all help.

What I Tell Every Family

ACL injuries are scary because they happen fast and the recovery is long. But I have walked hundreds of families through exactly what you are going through, and the path forward is clear. You don't have to figure this out alone.

The best outcomes come from three things: **a motivated patient, precise surgical technique, and a patient, well-run rehab program**. Your job as a parent is to support the motivation and the patience. My job is the surgery. Physical therapy does the rest.

I trained at the Hospital for Special Surgery in New York, the top-ranked orthopedic hospital in the country, and served as an assistant team physician for the New York Giants. I have treated athletes from youth sports to the professional level. If your child has an ACL tear, or you suspect one, please get evaluated promptly. I see patients in **Renton, Covington, Maple Valley, and Lakeland Hills (Auburn)**.

Watch my ACL video series

Anatomy, surgery, recovery, and return to sport, on my YouTube channel.



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