

SETTING Private Physiotherapy Clinic

PATIENT You are 18 years old. You went snow skiing last week and you hurt your knee. You saw a doctor, had scans done and were referred to the physiotherapist after being diagnosed with a torn right anterior cruciate ligament (ACL). The physiotherapist has just examined your knee.

- TASK**
- When asked, say the swelling has gone down but it's still very painful, about a six out of ten. It's too painful to put any weight on the knee.
 - When asked, say the doctor gave you some information on ACL (anterior cruciate ligament) injuries but you don't really understand much about them.
 - Say it's good to have more information but you'd like to know if you'll recover quickly so you can go skiing again soon.
 - Say you really want to be able to ski again eventually so you hope you'll make a full recovery.
 - Say you're ready to start the physiotherapy programme.

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PHYSIO You see an 18-year-old patient who has a knee injury which was sustained while snow skiing last week. He/she saw a doctor, had scans done and was diagnosed with a torn right anterior cruciate ligament (ACL) with no meniscus damage. He/she has been referred for physiotherapy. You have just examined the knee.

- TASK**
- Find out more details about injury (pain, swelling, etc.).
 - Find out patient's understanding of ACL/anterior cruciate ligament injuries (e.g., exact part of knee, nature of injury, etc.).
 - Give information about ACL injuries (e.g., tear in ligament joining femur/upper leg to tibia/lower leg, preventing tibia from moving forwards on femur during weight bearing, etc.). Stress no damage to meniscus for this patient (e.g., soft fibrous cartilage: often occurring with ACL injuries, etc.).
 - Emphasise timescale for return to skiing/high-risk activities (e.g., minimum 6–7 months after ACL surgery, etc.). Explain possible need for surgery/grafting of tendon (e.g., complete ACL tear: no healing without surgery, etc.). Advise on initial treatment (e.g., exercises: restoring function/strengthening supporting leg muscles; RICE: rest, ice, compression, elevation; possible: brace, crutches; etc.).
 - Reassure patient about likelihood of recovery (e.g., young age, fit, etc.). Establish his/her readiness to begin exercise programme.