

## INTRODUCTION

A review of current literature determines that surgical intervention achieves the best outcome for the patient with anterior cruciate ligament (ACL) rupture. Post-surgical results suggest that near normal function is achieved after patellar tendon (Bach et al, 1998) or semitendonosis (Aglietti et al, 1996) transfers have been undertaken. Without this intervention, patients were unable to return to their previous activities. This paper investigates the anatomy of the knee joint, as well as the current views on the diagnosis, causation and surgical treatment of anterior cruciate ligament tears. The preferred surgical interventions are the patellar tendon and the semitendonosis transfers, with screw fixation.

## ANATOMY

The anterior and posterior cruciate ligaments are located within the knee joint and are called cruciates because they cross each other. As both cruciates arise and insert into both the tibia and femur, they are named according to their position of attachment to the tibial plateau (Corrigan and Maitland, 1983). The ACL arises from the tibial plateau, anteriorly to the tibial spine at the edge of the medial meniscus and blends with the lateral meniscus as it passes posteriorly, laterally and proximal beneath the transverse ligament, until it inserts into the posterior section of the medial surface of the lateral femoral condyle (Basmajian, 1976; Corrigan and Maitland, 1983; Guyton, 1985; Norris, 1993).

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