North Sydney Orthopsedic Research Group

# An Analysis of Repeat ACL Injury and Return To Sport in 1000 Australian Soccer Players 

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## Declarations of Interest

- JM, LS, FK, GZ, CM, KS: Nil
- Leo Pinczewski has:
- Australian Biotechnolgies: IP royalties
- Australian Biotechnology: Stock or stock Options
- Australian Orthopaedic Association: Research support
- Friends of the Mater Foundation: Research support
- Signature Orthopaedics: IP royalties
- Smith \& Nephew: Research support
- Justin Roe has:
- held shares in: 360KS
- done consulting work for: Smith and Nephew
- given paid presentations for: Depuy/Synthes
- received institutional support from: Smith and nephew, Global Orthopaedics


## Introduction

$20162017 \quad 2018 \quad 2019$

- In Australia participation in soccer involves 1.96 million

FFA National Participation Report 2019
$1,301,244$ 1,631,041 1,851,683 1,957,552

- Soccer is the most popular team sport for both adults and children
- Australia has the highest rates of ACL injury and reconstruction worldwide and that rate is increasing, with a $74 \%$ rise in those under 25yrs from 2000-2015


## Methods \& Surgical Technique

- Prospective database of ACL surgery
- ACL rupture sustained while participating in soccer at any level
- Primary ACLR with hamstring tendon autograft
- undertaken at least five years earlier (2007-2015)


1000 ACL
reconstructions with hamstring autograft in soccer players between 2007 and 2015


862 outcome determined (87\%)
92 unable to locate 39 did not complete

## Demographics

- 666 males (77\%), 196 females (23\%)
- mean age of 30 years (range 13-62).
- 54\% > 25yrs



## Repeat ACL Injury by Age

- ACL reinjury was most common in the young (at 27\% of 26 patients).
- CACL injury was MORE common than ACL graft rupture in the young females.
- For males, ACL graft rupture was MORE common than CACL injury.
- For those patients over 25 years, any further ACL injury was 10 and $12 \%$ for females and males respectively.
- 3 young males (5\%) sustained BOTH ACL graft and CACL



## Predictors of ACL Graft Survival

| Significant Factors in Males | ACL Survival | HR (95\% CI) | $p$ value |
| :---: | :---: | :---: | :---: |
| Age (years) |  |  |  |
| 18 or less ( $\mathrm{n}=63$ ) | 70\% | 7.2 (3.5-14.9) | 0.001** |
| 19-25 ( $\mathrm{n}=180$ ) | 82\% | 3.9 (2.1-7.4) | 0.001** |
| >25 ( $\mathrm{n}=423$ ) | 94\% | ref |  |
| Significant Factors in Females |  |  |  |
| Age (years) |  |  |  |
| 18 or less ( $\mathrm{n}=26$ ) | 92\% | 3.1 (0.5-18.3) | 0.222 |
| 19-25 ( $\mathrm{n}=54$ ) | 89\% | 4.6 (1.1-18.2) | 0.032** |
| >25 ( $\mathrm{n}=116$ ) | 97\% | ref |  |

- Non-significant factors
- return to soccer ( $p>0.135$ )
- ACL graft diameter ( $p>0.562$ )
- family history of ACL injury ( $p>0.900$ )
- BMI 25 or more ( $\mathrm{p}>0.684$ )


## Timing of ACL Re-injury

- The incidence of ACL graft rupture for males was highest at 4\% and 3\% in the first- and second-years post surgery.
- The incidence of

Contralateral ACL rupture showed a spike of $4 \%$ in the $3^{\text {rd }}$ year post surgery for females.

incidence of contralateral ACL rupture by year


- Kaplan Meir survival curves are displayed here for the significant factor of age on multivariate regression.
- Grafts in subjects under 18 years had a five year survival of $69 \%$ in males and $92 \%$ in females.
- Those between 19 and 25 years had a 5 year survival of $82 \%$ in males and $89 \%$ in females.
- Those over 25 yrs had a 5 year survival of $95 \%$ or more.


## ACL graft survival by Age



## Males



Females

## Predictors of CACL Survival

| Significant Factors in Males |  | ACL Survival | HR (95\% CI) | $p$ value |
| :---: | :---: | :---: | :---: | :---: |
| Age (years) | 18 or less ( $\mathrm{n}=63$ ) | 79\% | 3.6 (1.8-7.1) | 0.001** |
|  | 19-25 ( $\mathrm{n}=180$ ) | 93\% | 1.0 (0.5-2.1) | 0.953 |
|  | >25 ( $\mathrm{n}=423$ ) | 94\% |  |  |
| Return to soccer | Yes ( $\mathrm{n}=469$ ) | 89\% | 10.5 (2.5-43) | 0.001 |
|  | No ( $\mathrm{n}=197$ ) | 99\% |  |  |
| Significant Factors in Females |  |  |  |  |
| Age (years) | 18 or less ( $n=26$ ) | 81\% | 3.1 (1.0-9.5) | 0.046** |
|  | 19-25 ( $\mathrm{n}=54$ ) | 88\% | 1.7 (0.6-4.9) | 0.335 |
|  | >25 ( $\mathrm{n}=116$ ) | 93\% | ref |  |
| Return to soccer | Yes ( $\mathrm{n}=133$ ) | 85\% | 38.3 (0.7-2086) | 0.074 |
|  | No ( $\mathrm{n}=63$ ) | 100\% |  |  |

Non-significant factors were family history of ACL injury (p>0.189) and BMI 25 or more ( $p>0.233$ )

## Predictors of Return to Soccer

| Return to Sport | HR (95\% CI) | p value |
| :--- | :--- | :--- |
| 82\% | $3.2(1.5-7.0)$ | $0.004^{* *}$ |
| $80 \%$ | $2.3(1.5-3.7)$ | $0.001^{* *}$ |
| $64 \%$ | ref |  |
|  |  |  |
| $80 \%$ | $3.9(2.7-5.5)$ | $0.001^{*}$ |
| $54 \%$ |  |  |

Non-significant factors were gender ( $\mathrm{p}=0.492$ ), BMI 25 or more ( $\mathrm{p}=0.330$ ) and ACL graft diameter ( $\mathrm{p}=0.799$ ), and family history of ACL injury

## Conclusions

- ACL Graft Survival at 5 years in Australian Soccer players:
- $94 \%$ for females and $88 \%$ for males.
- ACL graft rupture is more common in males
- Contralateral ACL injury is more common in females
- Risk factors for further ACL injury (graft rupture or CACL injury):
- younger age at time of surgery,
- male gender,
- returning to soccer.
- Graft diameter has no influence on re-rupture rate.
- 70\% of patients successfully return to soccer after an ACLR
- younger age and a higher RSI score were positive predictors


## References

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