



Patients Undergoing Reconstruction for Multi-Ligament Knee Injuries caused by Pivoting Sports Restore Function and Return to Sport at a Similar Level to their Isolated ACL Counterparts: A Prospective Matched Cohort Study



Ebert JR, Edwards PK, Malik S, Dalgleish S, Raymond AC, Aujla RS, Grant M, Evans R, Finsterwald M, Giwnewer U, Simpson A, Gohil S, D'Alessandro P.



DISCLOSURES

I **DO NOT** have a financial interest or other relationship with a commercial company or institution relating to this study.



Background

- M/L Knee Injuries -

M/L Knee Injuries

- At least 2 of ACL/PCL/PLC/PMC
- Approximately 3:1 male:female ratio

Current Literature

- No prospective functional outcomes
- Mostly retrospective PROMs
- <60% return to sport at any level general perception that RTS after M/L knee reconstruction is poor
- Early operative treatment improves outcomes, however: MUA for stiffness variable in literature, up to 35%









Study Aims

- 1. Assess 2-year patient-reported outcomes, as well as the recovery of strength & functional capacity, in a consecutive series of patients undergoing MLKR recruited through a tertiary referral centre.
- 2. Compare the recovery pathway of patients undergoing MLKR, as well as MLKR due to a specific pivoting sport injury, to a matched cohort undergoing isolated ACLR.



Patient Sample

M/L Knee Cohort

- Prospective cohort (n=50)
- Participating in pivoting sports (n=20)
- Median time to surgery 3 weeks

ACLR Cohort (matched)

Participating in pivoting sports (n=50)





Injury Breakdown





Patient Assessment





PROMs (IKDC, Lysholm, Cincinnati, KOS-ADL, Tegner, ACL-RSI)



PROMs GRC & Patient Satisfaction

Knee ROM

SL Hop Capacity Knee Flexor & Extensor Torque

Absolute Scores & LSIs









Results



- PROMs -

IKDC

- All groups significantly improved over time
- Full M/L cohort significantly worse than ACLR cohort pre-surgery, 6 & 12 months
- Pivoting-sport M/L cohort only significantly worse than ACLR group pre-surgery (no post-surgery differences)

Tegner

- No pre-injury group differences
- Full M/L cohort significantly worse than ACLR cohort at 6, 12 and 24 months
- Pivoting-sport M/L cohort only significantly worse than ACLR group at 6 months (not 12 or 24 months)



Timeline

Results - PROMs -



ACL-RSI

- All groups significantly improved over time
- Both M/L cohorts significantly worse than ACLR cohort at all post-operative time-points (6, 12 & 24 months)

GRC

- All groups significantly improved over time
- Both M/L cohorts significantly worse than ACLR cohort at all post-operative time-points (6, 12 & 24 months)

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Results - Peak Quadriceps Strength LSIs -



- LSIs for all groups significantly improved
- LSIs for both M/L cohorts significantly lower than ACLR cohort at 6 & 12 months
- While the LSI for the full M/L cohort was significantly lower than the ACLR cohort at 24 months, there was no difference between the pivoting-sport M/L and ACLR cohorts





Results

- Hop Capacity -

SHD

- LSIs for all groups significantly improved
- LSIs for both M/L cohorts significantly lower than ACLR cohort at 6 months, though no differences between the pivoting-sport M/L & ACLR groups at 12 & 24 months post-surgery

THD

- LSIs for all groups significantly improved
- LSIs for the full M/L cohort were significantly lower than ACLR cohort at all time-points
- No differences between the pivoting-sport M/L & ACLR groups at any time-point





Results - Complications -

- 4 patients have undergone
 MUA/Arthrolysis for stiffness (7%)
- 1 patient has undergone revision fixation (MCL screw re-tightened)







Conclusions

- Single stage MLKR is associated with a relatively low complication rate, combined with significant improvement in PROMs & functional outcomes.
- Those undergoing MLKR due to injury participating in pivoting sports actually RTS at the same rate and level as those undergoing isolated ACLR.
- However, following MLKR the perceived GRC & psychological readiness to RTS remains significantly lower, compared with ACLR alone.

