Loss Of Desire, A Busy Work Or Family Life And Fear Are The Main Drivers For Patients Failing To Return To Pivoting Sports After Anterior Cruciate Ligament Reconstruction

Ross Radic, MBBS FRACS (Ortho) FAOrthA^{1,3,5}; Jay R. Ebert PhD^{1,2,3}; Peter Edwards PhD⁴; Peter D'Allessandro, MBBS (Hons), FAOrthA, FRACS 1,5; Method Kabelitz MD, FRACS (Orth)⁵

¹School of Human Sciences (Exercise and Sport Science), University of Western Australia, Perth, Western Australia.

² HFRC Rehabilitation Clinic, Perth, Western Australia.

³ Perth Orthopaedic & Sports Medicine Research Institute, Perth, Western Australia.

⁴ School of Allied Health, Curtin University, Perth, Western Australia.

⁵ Perth Orthopaedic & Sports Medicine Centre, Perth, Western Australia.





Faculty Disclosure Information

- Ross Radic
 - Consultancy: Arthrex, Smith and Nephew, Zimmer
 Biomet, DePuy Synthes, AO Sports
 - Institutional Support: Arthrex, Smith and Nephew
 - Paid Presentations: Arthrex, Corin
 - Holds shares in: Convergence Medical
 - Royalties: nil



Background

 Primary goal after ACLR is RTS, with most patients expecting to return to their pre-injury activity level post-surgery¹

•RTS rates are varied, also depending on the cohort, though many studies reporting lower than expected RTS rates^{2,3}

The American Journal of Sports Medicine 2019;47(3):578–583

Expectations for Return to Preinjury Sport Before and After Anterior Cruciate Ligament Reconstruction

Kate E. Webster,*† PhD, and Julian A. Feller,* FRACS

Return to the Pre-Injury Level of Sport after Anterior Cruciate Ligament Reconstruction: A Practical Review with Medical Recommendations

Braidy S. Solie^{1, ©}, Luke V. Tollefson², Christopher P. Doney¹, Jeremy M. J. O'Keefe¹, Will C. Thompson³, Robert F. LaPrade⁴



Background

- Different factors that affect RTS after ACLR⁴
 - Type of sports
 - surgical technique
 - Rehabilitation program/therapy
 - physical and psychological performance
 - Patient-related factors









Aim

- Investigation of the 2-year RTS rate in community-level ACLR (Hamstring autograft)
- Analysis of impact of sex and concomitant meniscal repair
- Observation of patient-perceived sporting performance level
- Understand patient-reported reasons for not returning to pre-injury pivoting sports after ACLR



Materials & Methods

- 276 community-level patients, 6/2015 6/2022
- ACLR with hamstring autograft ± meniscal repair/LET
- Injury mechanism heterogenous (ball sports, skiing, fighting, other activities)
- Semi-structured questionnaire 2 years post-surgery
- Statistical analysis









Results

• n = 232 included for final analysis (n = 44 not participating in pivoting sports pre-injury)

Variable Variable	Measur e	n=276
Age (y)	Mean (SD)	28.2 (8.5)
	Range	16-50
Body Mass Index	Mean (SD)	25.7 (3.3)
	Range	18.0-39.8
Time Injury to Surgery (weeks)	Mean (SD)	10.8 (15.8)
	Range	1-150
Sex (males)	n (%)	149 (54.0%)
Injured Knee is Dominant Limb	n (%)	126 (45.7%)
Injured Activity		
Pivoting Sports	n (%)	232 (83.7%)
Other non-pivoting sport/recreational activity	n (%)	32 (11.6%)
Other	n (%)	13 (4.7%)
Concomitant Surgery		
Meniscus Repair	n (%)	142 (51.4%)
Lateral Tenodesis	n (%)	8 (2.9%)



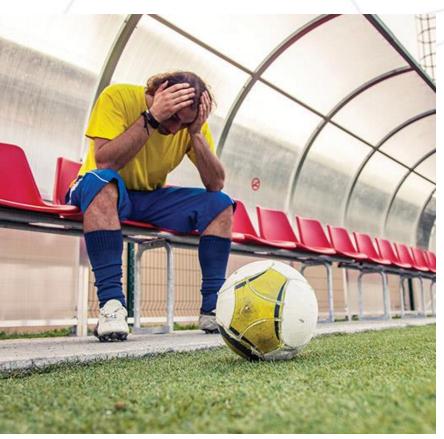
Results

- 140/232 patients returned to pre-injury sport
 - 98/130 patients at same perceived level



- Work/family reasons (23%)
- Lost interest in primary pivoting sport (22%)
- Fear of re-injury (17%)





Results

- Significant difference RTS male vs female (p = 0.024)
- No sex-based difference in 'No RTS' (p = 0.790) or ± meniscal repair (p = 0.708)

RTS Status	Males (n=127)	Females (n=105)
RTS	85 (66.9%)	55 (52.4%)
RTS (at same pre-injury performance level)	59 (69.4%)	37 (67.3%)
RTS (below pre-injury performance level)	26 (30.6%)	18 (32.7%)
No RTS	42 (33.1%)	50 (47.6%)



Discussion & Limitations

- RTS align with literature⁵
- Reasons for not returning to pre-injury pivoting sports is multifactorial and sex-related

- Choice of graft (100% Hamstring graft)
- Inclusion of concomitant meniscal repair
- Community-level patients with various rehabilitation programs



Conclusion

- Only 2/3 of community-level patients return to pivoting sports after ACLR within 2 years
- RTS males > females
- No sex-based differences in patient-perceived performance







References

- 1 Webster KE, Feller JA. Expectations for Return to Preinjury Sport Before and After Anterior Cruciate Ligament Reconstruction. Am J Sports Med. 2019 Mar;47(3):578-583. doi: 10.1177/0363546518819454. Epub 2019 Jan 16. PMID: 30649903.
- 2 Solie BS, Tollefson LV, Doney CP, O'Keefe JMJ, Thompson WC, LaPrade RF. Return to the Pre-Injury Level of Sport after Anterior Cruciate Ligament Reconstruction: A Practical Review with Medical Recommendations. Int J Sports Med. 2024 Jul;45(8):572-588. doi: 10.1055/a-2270-3233. Epub 2024 Mar 25. PMID: 38527465.
- 3 Bashaireh KM, Yabroudi MA, Logerstedt D, Snyder-Mackler L, Nawasreh ZH (2024) Reasons for Not Returning to Pre-injury Sport Level After ACL-Reconstruction. Int J Sports Med 45:698-704
- 4 Ebert JR, Calvert ND, Radic R. Females demonstrate lower levels of activity, psychological readiness and strength symmetry after anterior cruciate ligament reconstruction than males, and also recovery of quadriceps strength and hop symmetry is delayed in females undergoing reconstruction with a quadriceps tendon autograft. Knee Surg Sports Traumatol Arthrosc. 2024 Oct;32(10):2688-2698. doi: 10.1002/ksa.12426. Epub 2024 Aug 10. PMID: 39126259.
- 5 Ardern CL, Taylor NF, Feller JA, Webster KE (2014) Fifty-five per cent return to competitive sport following anterior cruciate ligament reconstruction surgery: an updated systematic review and meta-analysis including aspects of physical functioning and contextual factors. Br J Sports Med 48:1543-1552

