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# Preoperative ACL-RSI Can Independently Assess Psychological Aspects Without the Influence of Knee Instability: A Multi-center Study (Chiba LEAF Study)

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# Introduction

Anterior Cruciate Ligament(ACL) injury frequently occur in sport activities. ACL reconstruction (ACLR) is recommended for return to sports (RTS).

## RTS after ACLR

Rate of return to pre-injury sports level after ACLR : 63%

Arden CL et al. 2014 Br J Sports Med



A diagram showing two stacked dark blue boxes with white text. The top box contains 'Physical factors (knee pain, muscle weakness, et al.)' and the bottom box contains 'Psychological factors (fear or anxiety of reinjury, et al.)'. A bracket on the left side of these boxes connects them to a vertical line that ends in an upward-pointing arrow, which points towards the text 'Rate of return to pre-injury sports level after ACLR : 63%'.

**Physical factors (knee pain, muscle weakness, et al.)**

**Psychological factors (fear or anxiety of reinjury, et al.)**

# Introduction : ACL-RSI

- ACL-RSI is PROM assessing psychological readiness in ACL injury.
- There is preoperative exercise fear in ACL injury. Arden CL et al. 2013 Am J Sports Med
- Significant preoperative ACL-RSI differences exist between those who return to sports and those who do not.

Theumissen WWES et al. 2020 Knee Surg Sports Traumatol Arthrosc

**However , there are few reports examining the factors that affect preoperative ACL-RSI.**

**The aim of this study is**

To examine preoperative factors related with preoperative ACL-RSI in ACLR cases.

# Method :

Registered cases in **Chiba LEAF study**  
**493 cases** (Dec 2022 ~ Jan 2015)

**Preoperative ACL-RSI evaluated :  
238 cases**

Excluded  
48 cases

**Final analysis : 124 cases**

< Exclusion criteria >

Missing data for  
waiting period

Lachman test(Lachman)

Pivot shift test(PS)

Marx Activity Score(Marx)

Arthroscopic findings

# Method : Evaluation criteria

## Evaluation criteria

### Preoperative Assessment

- Patient demographic  
(Age, Gender, Body Mass Index(BMI))
- Waiting period
- ACL-RSI
- Marx, Tegner Activity Score (Marx, Tegner)
- PROMs : Knee Injury and Osteoarthritis Outcome Score (KOOS), Lysholm score

### Intraoperative Assessment

- knee instability (Lachman, PS)
- Arthroscopic findings (cartilage/meniscal injury)

- Lachman • PS :  
evaluated by IKDC classification  
→ grade A or B : stable  
grade C or D : Unstable
- Cartilage injury :  
evaluated by ICRS grading at medial/lateral femorotibial (FT) joint and patellofemoral (PF) joint  
Grade 3 or higher → significant injury
- Meniscal injury : Defined as present if repaired or resected



# Method : Statical analysis

## Univariate analysis

Age, BMI, Waiting period, Marx, Tegner, KOOS, Lysholm

→Spearman correlation coefficient

Gender, Lachman, PS, Cartilage injury, Meniscal injury

→Mann-Whitney U test or Kruskal-Wallis test

## Multiple regression analysis

Dependent variable : preoperative ACL-RSI

Independent variable : Age, Gender, BMI, waiting period, Marx, Lachman, PS,  
Meniscal injury (Medial / Lateral)

# Result : Characteristics

<b>Age(y)</b>	28.7 ± 13.3	<b>KOOS-Symptom</b>	82.9 ± 14.3
<b>Gender</b>	Male70 Female54	<b>KOOS-pain</b>	88.3 ± 13.2
<b>BMI (kg/m<sup>2</sup>)</b>	23.4 ± 3.6	<b>KOOS-ADL</b>	90.2 ± 11.7
<b>Waiting period(M)</b>	13.6 ± 53.9	<b>KOOS-Sport</b>	49.2 ± 26.7
<b>ACL-RSI</b>	50.2 ± 21.2	<b>KOOS-QOL</b>	52.4 ± 22.9
<b>Lachman</b>	Stable70 Unstable54	<b>Lysholm</b>	78.7 ± 15.3
<b>PS</b>	Stable85 Unstable39	<b>MM injury</b>	Injured 35 Uninjured 89
<b>Marx</b>	10.0 ± 5.6	<b>LM injury</b>	Injured 61 Uninjured 63
<b>Tegner</b>	5.6 ± 1.8		



# Result: Univariate analysis

## Categorical variable

	ACL-RSI		P
Gender	M 51.6 ± 19.8	F 48.5 ± 23.0	0.55
	Injured	Uninjured	
Lachman	50.0 ± 19.5	50.7 ± 22.7	0.98
PS	49.1 ± 21.4	50.8 ± 21.3	0.73
Medial FT injury	49.4 ± 19.4	50.3 ± 21.5	0.78
Lateral FT injury	48.6 ± 23.4	50.4 ± 21.1	0.75
PF injury	37.1 ± 18.0	50.9 ± 21.1	0.15
MM injury	46.2 ± 21.5	51.8 ± 21.0	0.28
LM injury	53.5 ± 18.0	47.0 ± 23.7	0.13

## Continuous variable

	$\rho$	P	95%CI
Age	<b>-0.21</b>	<b>0.003</b>	-0.30~0.027
BMI	-0.006	0.45	-0.27~0.0051
Waiting period	<b>-0.17</b>	<b>0.051</b>	-0.32~-0.043
Marx	<b>0.35</b>	<b>&lt;0.001</b>	0.13~0.39
Tegner	<b>0.18</b>	<b>0.0017</b>	0.061~0.33
KOOS			
Symptom	0.1	0.18	-0.10~0.19
Pain	<b>0.15</b>	<b>0.028</b>	-0.094~0.20
ADL	0.06	0.34	-0.17~0.13
Sport	<b>0.17</b>	<b>0.014</b>	-0.024~0.26
QOL	<b>0.24</b>	<b>&lt;0.001</b>	0.040~0.32
Lysholm score	<b>0.16</b>	<b>0.025</b>	-0.079~0.21

# Result : Multiple regression

Dependent variable	Independent variable	P value	$\beta$	95% CI
ACL-RSI	Marx	0.026	0.26	0.16-1.9
	Waiting period	0.16	-0.13	-0.12-0.020
	Lachman	0.45	0.072	-2.5-5.6
	PS	0.65	-0.042	-5.3-3.3
	MM injury	0.21	-0.12	-7.0-1.5
	LM injury	0.24	0.11	-1.6-6.3

\* Adjusted by age, gender, and BMI

# Discussion : The predictor of ACL-RSI

The interval between injury and surgery, age, preinjury sport participation and subjective knee score effect on psychological readiness.

Timothy C Sell et al. 2024 Sports Med Open.

Kate E Webster et al. 2018 Am J Sports Med.

The Knee laxity has no association with psychological readiness.

Timothy C Sell et al. 2024 Sports Med Open.

Cartilage injury and meniscus injury don't effect on ACL-RSI.

Kate E Webster et al. 2018 Am J Sports Med.

## **This study**

- Significant predictor of ACL-RSI is only Marx in multiple regression.
- Lachman, PS, cartilage injury and meniscus injury didn't effect on ACL-RSI.  
→The result suggests that the anterior-posterior and rotational instability of the knee may not affect psychological readiness.

# Conclusion

- The significant predictor of ACL-RSI using a multiple regression analysis was only **Marx activity score**.
- In univariate analysis,
  - age was negatively
  - Tegner, Marx, KOOS-Sports, and KOOS-QOL were positively correlated with ACL-RSI.

# Reference

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