Predictors of Quality of Life After Pediatric/Adolescent ACL Reconstruction: A Longitudinal Analysis of KOOS Subscale Recovery and Patient Acceptable Symptomatic State Achievement

Zachariah Samuel, BS,¹ Eduardo Valero-Moreno, MD,¹ Kaylre Greaves, MD,¹ Anisha Duvvi, BS,¹ Leila Mehraban Alvandi, PhD,¹ Edina Gjonbalaj, BS,¹ Jacob Schulz, MD,¹ Mauricio Drummond Jr., MD¹ Eric D. Fornari, MD,¹

1 Montefiore Einstein, Department of Orthopaedic Surgery, Division of Pediatric Orthopaedic Surgery, Bronx-NY

Montefiore EinsteinOrthopedic Surgery

Disclosure

I and my co-authors have no relevant disclosures.



Introduction

- Anterior cruciate ligament (ACL) tears are common in adolescents, especially in female athletes¹
- Postoperative recovery often assessed using
 patient reported outcomes (PROs) such as
 Knee Injury and Osteoarthritis Outcome Score
 (KOOS) 0-100
 - Pain
 - Symptoms
 - Activities of Daily Living (ADLs)
 - Sports
 - Quality of Life (QOL)



Introduction

• Patient Acceptable Symptomatic State (PASS): score at which a patient is satisfied with their knee function in 1 domain

- 88.9 for pain
- 75.0 for symptoms
- 98.5 for ADLs
- 75.0 for sport
- 68.8 for QOL

Patient Acceptable Symptomatic State (PASS) Threshold
100 - Achieves PASS

Below PASS

> J Pediatr Orthop. 2022 Jul 1;42(6):e641-e648. doi: 10.1097/BPO.000000000002143. Epub 2022 Mar 17.

Establishing Clinically Significant Outcomes After Anterior Cruciate Ligament Reconstruction in Pediatric Patients

Bhargavi Maheshwer ¹, Evan M Polce ², Kevin C Parvaresh ³, Katlynn Paul ⁴, Adam B Yanke ⁴, Brian Forsythe ⁴, Charles A Bush-Joseph ⁴, Bernard R Bach ⁴, Brian J Cole ⁴, Nikhil N Verma ⁴, Monica Kogan ⁴, Jorge Chahla ⁴

Affiliations + expand

PMID: 35297390 DOI: 10.1097/BPO.0000000000002143

 Prior literature shows KOOS-QOL lagging behind other domains, but little known about its predictors

Review > Am J Sports Med. 2014 May;42(5):1247-55. doi: 10.1177/0363546513512774 Epub 2013 Dec 6.

Health-related quality of life after anterior cruciate ligament reconstruction: a systematic review

Stephanie R Filbay ¹, Ilana N Ackerman, Trevor G Russell, Erin M Macri, Kay M Crossley

Affiliations + expand

PMID: 24318609 DOI: 10.1177/0363546513512774



Objectives

- 1. Compare KOOS-QOL to other subscales over time.
- 2. Assess PASS achievement rates for each subscale.
- 3. Identify predictors of achieving PASS in KOOS-QOL.
- 4. Examine individual KOOS-QOL questions among those who fail PASS.



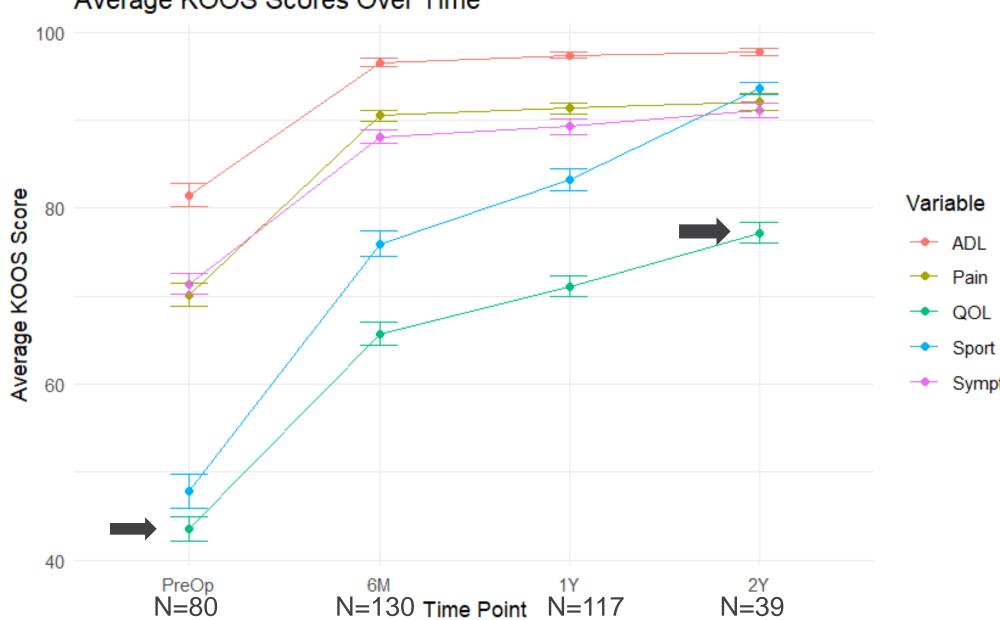
Methods

- Study Design: Retrospective cohort study (2013-2021)
- Inclusion Criteria: Pediatric ACLR patients (ages 10-21)
- Data Collected:
 - Demographics (age, sex, insurance, mental health history)
 - Clinical factors (graft type, meniscus injury, comorbidities)
 - KOOS-Child scores at preop, 6M, 1Y, 2Y
- Statistical Analysis:
 - ANOVA for KOOS trends over time
 - Logistic regression for predictors of KOOS-QOL PASS
 - Chi square for sub-analysis of KOOS-QOL questions

Results

Figure 1 Average KOOS Scores Over Time

- N = 188
- Age 16.4 years
- Sex
 - 63.3% male; 36.7% female
- **Race/Ethnicity**
 - 49.5% Spanish/ Hispanic/ Latino; 30.5% Black or African American
- **BMI** 26.8
- Mental health diagnosis 28/188 (14.9%)



Symptoms

Table 1. PASS achievement rates of the cohort

PRO	Preop (%)	6 Months (%)	1 Year (%)	2 Years (%	preoperative; KOOS =							
KOOS Pain	18.3	66.7	74.6	79.5	Knee Injury and							
KOOS Symptoms	51.2	85.7	86.6	95.1	Osteoarthritis Outcome Score; ADL = activities of daily living; QOL =							
KOOS ADL	21.0	57.6	67.5	79.5	quality of life)							
KOOS Sport	21.6	67.5	75.7	94.9								
KOOS QOL	11.2	49.2	60.7	66.7								
Table 2. Multivariate logistic regression for predictors of KOOS-QOL PASS												
Variable		Odo	ds Ratio (n = 139)		P value							
Preop KOOS QOL			1.02 [0.96	, 1.10]	0.522							
Preop KOOS Pain			0.92 [0.83	, 1.00]	0.086							
Preop KOOS Symptor	ns		1.08 [0.97	, 1.20]	0.163							
Preop KOOS ADL			1.03 [0.94	, 1.14]	0.491							
Preop KOOS Sport			0.97 [0.91	0.363								
Chondroplasty			0 15 [0 00	3 811	0.252							

0.15 [0.00, 3.81] Cnondropiasty 0.2520.30 [0.02, 4.13] **Arthrofibrosis** 0.359 Male Sex 10.68 [1.62, 138.49] 0.028 Age at Surgery 1.69 [0.84, 4.21] 0.192 **Asian/Other Race Relative to African American** 0.31 [0.02, 3.02] 0.348 White Relative to African American 2.68 [0.17, 86.63] 0.511 **BMI at Surgery** 1.06 [0.90, 1.26] 0.503 **Public Insurance** 6.58 [0.86, 77.49] 0.089 **Prior Mental Health Diagnosis** 0.040 0.06 [0.00, 0.72] (Preop = preoperative; KOOS = Knee Injury and Osteoarthritis Outcome Score; QOL =

quality of life; ADL = activities of daily living; BMI = body mass index)

Orthopedic Surgery

(PRO = patient-reported

outcome; preop =

Table 3. KOOS-QOL question responses stratified by PASS achievement at 2 year follow-up

Results

QOL Questions	No PASS at 2 Years (N=13)	PASS at 2 Years (N=26)	P value	QOL Questions (continued)	No PASS at 2 Years (N=13)	PASS at 2 Years (N=26)	P value
				Overall, how much difficulty do you have with			0.000
How often do you think about your knee problem?				your injured knee? No difficulty (%)	3 (23.1)	19 (73.1)	0.003
Never (%)	0 (0.0)	8 (30.8)		A little (%)	7 (53.8)	7 (26.9)	
Rarely (%)	0 (0.0)	7 (26.9)		Some (%)	3 (23.1)	0 (0.0)	
Sometimes (%)	6 (46.2)	9 (34.6)			0 (2011)	0 (0.0)	
Often (%)	2 (15.4)	2 (7.7)		How much difficulty have you had getting to			
All the time (%)	5 (38.5)	0 (0.0)		school or walking around in school (climbing			
How much have you changed your lifestyle because of your injured knee?			<0.00	stairs, opening doors, carrying books, participating during recess) because of your injured knee?			0.01
Not at all (%)	1 (7.7)	12 (46.2)		No difficulty (%)	7 (53.8)	25 (96.2)	
A little (%)	0 (0.0)	12 (46.2)		A little (%)	2 (15.4)	1 (3.8)	
Some (%)	5 (38.5)	2 (7.7)		Some (%)	3 (23.1)	0 (0.0)	
A lot (%)	5 (38.5)	0 (0.0)		A lot (%)	1 (7.7)	0 (0.0)	
Very much (%)	2 (15.4)	0 (0.0)			(/	(/	
How much do you trust your injured knee?			0.001	How much difficulty have you had to do things			<0.00
Completely (%)	0 (0.0)	13 (50.0)		with friends because of your injured knee?			1
A lot (%)	4 (30.8)	11 (42.3)		No difficulty (%)	3 (23.1)	24 (92.3)	
Some (%)	5 (38.5)	1 (3.8)		A little (%)	7 (53.8)	2 (7.7)	
A little (%)	2 (15.4)	1 (3.8)		Some (%)	2 (15.4)	0 (0.0)	
Not at all (%)	2 (15.4)	0 (0.0)		A lot (%)	1 (7.7)	0 (0.0)	

Discussion

- Females with mental health diagnoses struggle with QOL despite good physical recovery
- Catastrophizing, fear of reinjury, and social limitations hinder QOL improvement
- Targeted interventions:
 - Psychological screening preoperatively
 - Mental health support during rehab
 - Peer mentorship & confidence-building programs

Limitations

- Selection Bias
 - Only a subset of patients had KOOS-QOL data at 2 years
- Retrospective Design
 - Mental health diagnoses were extracted from the medical record, which may underestimate the true prevalence.
- Unmeasured Psychosocial Factors
 - Factors like family support and preoperative mental health interventions were not assessed but could impact KOOS-QOL outcomes.

Conclusions

- KOOS-QOL trails behind each other KOOS subscale from preoperative scores to 2 years postop
- Females with prior mental health diagnoses are at higher odds of not achieving PASS
- Physical healing \neq Mental recovery. Address both for optimal outcomes.

References

- 1. Bram JT, Magee LC, Mehta NN, Patel NM, Ganley TJ. Anterior Cruciate Ligament Injury Incidence in Adolescent Athletes: A Systematic Review and Meta-analysis. Am J Sports Med. 2021 Jun;49(7):1962-1972. doi: 10.1177/0363546520959619. Epub 2020 Oct 22. PMID: 33090889.
- 2. Maheshwer B, Polce EM, Parvaresh KC, Paul K, Yanke AB, Forsythe B, Bush-Joseph CA, Bach BR, Cole BJ, Verma NN, Kogan M, Chahla J. Establishing Clinically Significant Outcomes After Anterior Cruciate Ligament Reconstruction in Pediatric Patients. J Pediatr Orthop. 2022 Jul 1;42(6):e641-e648. doi: 10.1097/BPO.0000000000002143. Epub 2022 Mar 17. PMID: 35297390.
- 3. Filbay SR, Ackerman IN, Russell TG, Macri EM, Crossley KM. Health-related quality of life after anterior cruciate ligament reconstruction: a systematic review. Am J Sports Med. 2014 May;42(5):1247-55. doi: 10.1177/0363546513512774. Epub 2013 Dec 6. PMID: 24318609.