

ACL Injuries in Major League Soccer: A 10-year Analysis of Injury Rate and Return to Play

Brian Forsythe MD, Vahram Gamsarian MD, Daanish Khazi-Syed BS, Josh Chang BS, Catherine Hand BS, Camden Bohn BA, Vikranth Mirle MD, Eric Giza MD, Robert Brophy MD, Margot Putukian MD, Bert Mandelbaum MD

BACKGROUND

- Anterior cruciate ligament (ACL) injuries are significant in Major League Soccer (MLS) athletes, impacting player availability and performance.
- Understanding ACL injury patterns and recovery timelines can help optimize rehabilitation protocols and player management strategies in professional soccer.

PURPOSE

- This study analyzes the incidence of ACL injuries and the timelines for return-to-play (RTP).
- Examine the incidence of ACL injuries in MLS athletes.
 - Assess RTP timelines following ACL reconstruction.
 - Identify factors associated with RTP duration.
 - Evaluate post-injury performance.

METHODS

- MLS Injury Surveillance database was queried for ACL injuries from 2010-2021.
- ACL injury definition: injury involving ACL, with or without co-ligament involvement, requiring medical attention
- Demographic and injury characteristics were collected for descriptive analysis.
- Matched-cohort design:
 - Injured athletes were matched to uninjured controls (1:3 ratio).
 - Matching based on position, age, season of injury, and baseline statistics
- Performance analysis:
 - First 4 full seasons post-injury compared to pre-injury baseline
- Statistical analysis:
 - Univariate 2-group comparisons performed using independent t-tests.

RESULTS

Table 1. Baseline Characteristics and Performance Metrics Analysis

Table 1A: Baseline Characteristics				Table 1B: Performance Metrics																											
	Average Time to RTP (Days)	Average Games Missed	P-value	Attacker Metrics: Δ from Pre-Injury Season																											
				Control			Injured			p			Control			Injured			p												
				Games Played			Assists																								
Field Type			P = 0.460; 0.390	1y after injury	-5.0	-7.8	0.59	-1.0	-1.0	0.50	2y after injury	-5.92	-1.29	0.21	-1.17	0.29	0.21	3y after injury	3.50	-3.50	0.20	0.75	-3.00	0.14	4y after injury	-2.50	-10.50	0.28	-0.67	-4.00	0.23
Grass, N = 94	246.7	18.3		Minutes Played			Scoring Attempts																								
Artificial Turf, N = 31	243.9	17.5		1y after injury	-451	-753	0.21	-12.6	-19.7	0.26	2y after injury	-222	-342	0.40	-2.75	-12.14	0.23	3y after injury	445	-787	0.04	18.6	-28.5	0.01	4y after injury	4.5	-1076	0.23	-0.17	-28.5	0.11
Position			P = 0.530; 0.978	Goals			Total Offsides																								
Midfielder, N = 35	276.1	17.2		1y after injury	-1.8	-3.5	0.24	-3.3	-8	0.04	2y after injury	-1.08	-1.57	0.43	-0.33	-5.43	0.08	3y after injury	2.38	-3.50	0.03	3.38	-10.25	0.01	4y after injury	0.67	-6.5	0.03	0.33	-7.0	0.09
Forward, N = 28	267.1	17.2		Midfielder Metrics: Δ from Pre-Injury Season																											
Defender, N = 43	229.3	16.6		Control			Injured			p			Control			Injured			p												
Years of Injury			P = 0.044; 0.024	Games Played			Assists																								
2010-2015, N = 74	269.6	19.4		1y after injury	-2.84	-3.33	0.45	-0.97	-1.27	0.41	2y after injury	-4.03	-3.73	0.47	-1.03	0.18	0.10	3y after injury	-4.80	2.40	0.09	-1.10	0.60	0.08	4y after injury	-7.43	-5.50	0.42	-1.57	0.25	0.13
2016-2021, N = 70	219.0	14.4		Minutes Played			Scoring Attempts																								
Injury Onset			P = 0.162; 0.024	1y after injury	-290	-435	0.31	-9.51	-9.40	0.49	2y after injury	-423	-495	0.40	-9.24	6.45	0.36	3y after injury	-437	29.6	0.07	-12.25	2.80	0.03	4y after injury	-565	-229	0.32	-12.14	-3.75	0.29
Acute (Contact), N = 47	265.0	20.7		Goals			Accurate Pass %																								
Acute (non-contact), N = 69	234.1	15.6		1y after injury	-1.49	-0.67	0.22	13.56	0.13	0.15	2y after injury	-1.03	0.18	0.10	11.32	16.36	0.34	3y after injury	-1.20	2.60	0.08	11.35	-2.52	0.03	4y after injury	-1.71	3.00	0.03	11.21	-19.38	0.06
Field Location			P = 0.380; 0.074	Defender Metrics: Δ from Pre-Injury Season																											
Home, N = 51	244.7	16.6		Control			Injured			p			Control			Injured			p												
Away, N = 55	256.8	20.3		Games Played			Assists																								
Concurrent Pathology			P = 0.432; 0.131	1y after injury	-0.46	-4.67	0.05	-0.08	-0.11	0.48	2y after injury	-3.78	2.5	0.04	-0.34	0.28	0.15	3y after injury	-3.08	-0.46	0.26	0.00	0.92	0.06	4y after injury	-0.74	-2.04	0.38	-0.26	0.10	0.37
Yes, N = 56	244.9	20.8		Minutes Played			Scoring Attempts																								
No, N = 92	240.2	18.3		1y after injury	-62.2	-405	0.07	0.21	-1.33	0.31	2y after injury	-381	122	0.05	-0.91	0.83	0.25	3y after injury	-350	2.0	0.16	-2.58	1.54	0.12	4y after injury	-165	-252	0.43	-2.05	-2.00	0.49
Weather			P = 0.209; 0.278	Goals			Accurate Pass %																								
Clear/Sunny, N = 60	261.0	17.8		1y after injury	0.13	-0.11	0.48	12.52	8.46	0.34	2y after injury	-0.03	0.00	0.47	17.51	17.46	0.50	3y after injury	-0.33	0.38	0.15	22.01	26.17	0.37	4y after injury	-0.42	-0.40	0.48	28.87	25.13	0.42
Cloudy/Rainy, N = 13	209.1	13.4																													

Key findings:

- 146 ACL injuries recorded in 138 MLS players (2011-2021).
- Median RTP time: 240 days (mean: **246.5 days**).
- Faster RTP in 2016-2021 (219.0 days) vs. 2010-2015 (296.6 days) [**p=0.044**].
- Acute contact injuries led to more missed games (20.7 vs 15.6, **p=0.024**).
- Initial post-injury performance was lower vs. controls (**p<0.05**).
- By year 3, most players matched/exceeded control performance.
- Exception: Attackers played fewer minutes (**p=0.04**) and had significantly lower scoring metrics (**p<0.05**) in year 3.

DISCUSSION

- From 2016-2021, ACL rehabilitation protocols in MLS led to faster RTP and lower re-injury rates vs. 2010-2015, with most players regaining or surpassing pre-injury performance by the third season, except for attackers who showed persistent declines.
- Accelerated ACL rehabilitation protocols may have contributed to faster RTP and lower re-injury rates.
 - Despite overall recovery, **attackers demonstrated persistent performance deficits**, suggesting position-specific challenges in post-ACL recovery that may require tailored rehabilitation strategies.