

Arthrofibrosis after ACL reconstruction and Meniscal Repair may Lead to Quicker Meniscal Healing and Decreased Re-Tear Rates

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Is Stiffness Always Bad?

Arthrofibrosis = excessive scar tissue → stiffness



Limited Range of Motion

Manipulation Under Anesthesia (MUA)

Lysis of Adhesions (LOA)

Unknown Effect on Meniscal Healing in Patients with Arthrofibrosis

Results

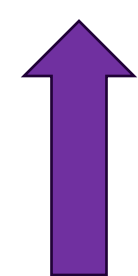
Measure	Mean Value*
IKDC	77.7 ± 16.1
Lysholm	84.6 ± 14.3
KOOS	
Symptoms	78.7 ± 15.4
Pain	88.0 ± 13.3
Activities of Daily Living	94.5 ± 9.3
Sports and Recreation	75.0 ± 21.3
Quality of Life	65.9 ± 23.9



56.7%

Return to Sport

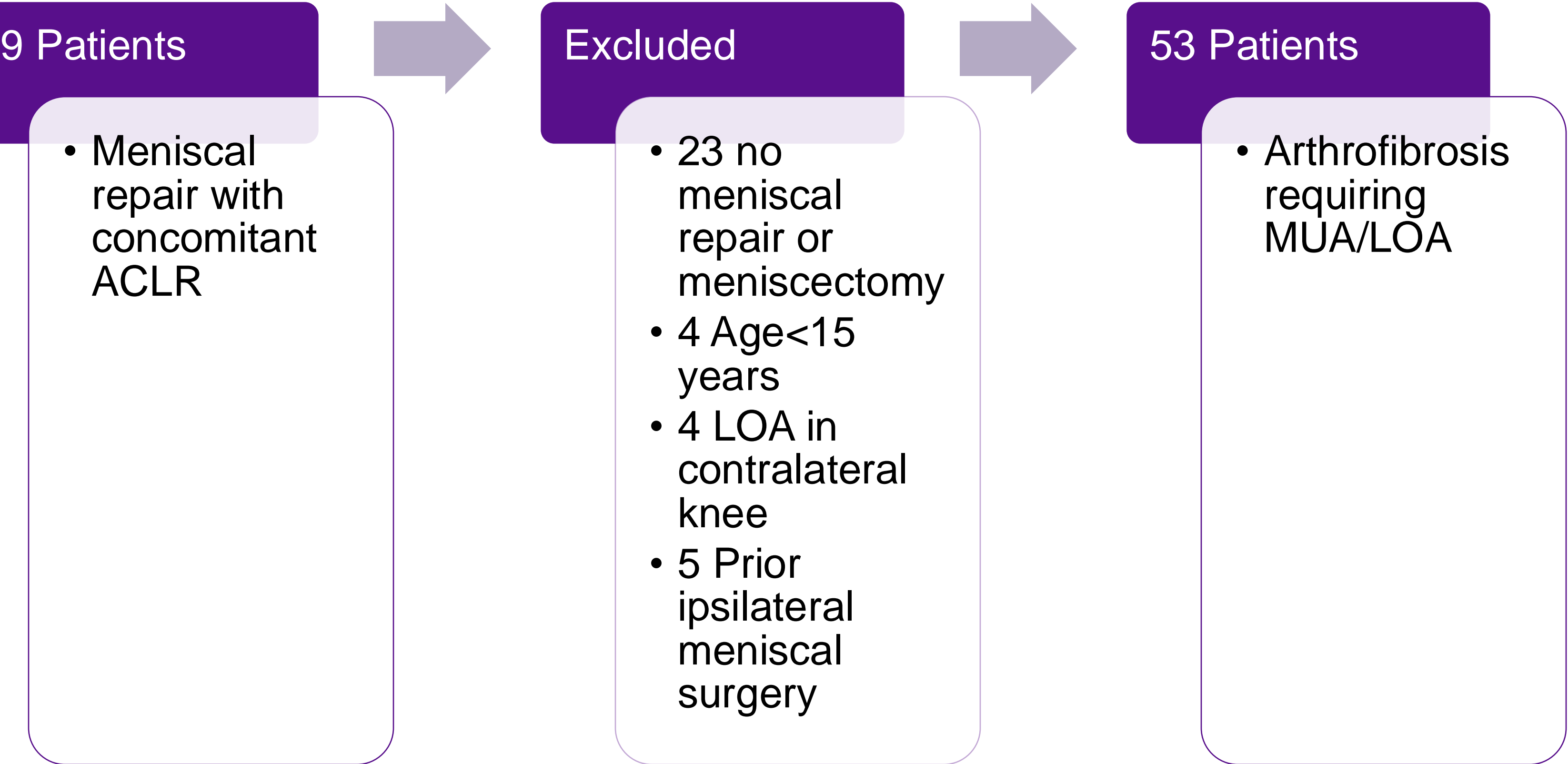
Tegner



Post-Injury



Retrospective Study Design



Meniscal healing state assessed arthroscopically during LOA performed (average 4.3 ± 2.9 months)

Concluding Remarks and Limitations



All patients had healed and intact menisci at the time of LOA, with low re-tear and failure rates, suggesting accelerated healing and repair durability. The success rate in this study exceeds outcomes reported in concurrent ACLR and meniscal repair procedures. The pro-inflammatory environment of arthrofibrosis may enhance meniscal healing response.



Significant improvements Patient Reported Outcome (PRO) scores. Low RTS at 14.6 months could be explained by lack of psychological readiness. Fear of reinjury (42.9%) and lack of confidence (14.3%). Return to surgery and LOA may play a role. Low RTS may lower stress on repair, skewing failure rates.



No control group — unclear if outcomes are due to arthrofibrosis or cohort characteristics. Future studies should include matched control groups without arthrofibrosis to clarify causal effects which is currently underway.