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EXPECT-ACL STUDY:

Exploring Patient and Healthcare Worker Expectations in ACL Surgery

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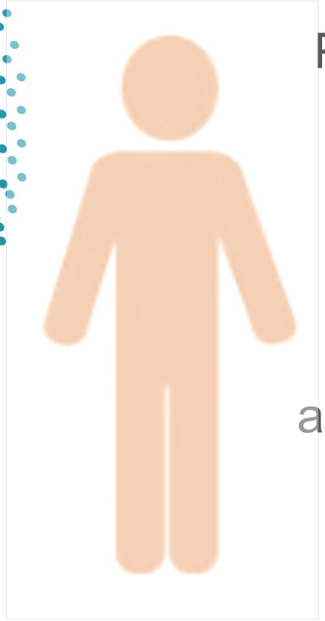
Faculty Disclosure Information

- My disclosure(s) is/are

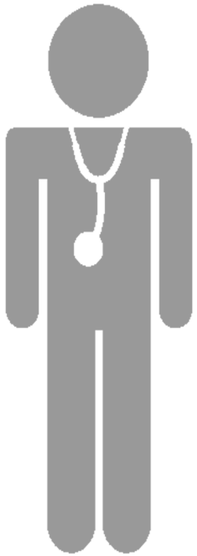
- Speaker for Smith & Nephew
- Clinical fellowship support form Smith & Nephew
- Editorial board member Journal of Orthopaedics, Rehabilitation & Sports Medicine (JORSM)

Background



Patients, influenced by a variety of sources, are likely to have different expectations about return to sport, persistent knee symptoms, clinical graft failure and reoperation than their Surgeon.

Understanding individual patient expectations and aspirations around the time of Anterior Cruciate Ligament Reconstruction (ACLR) surgery is **paramount to delivering surgical care that leads to high patient satisfaction.**

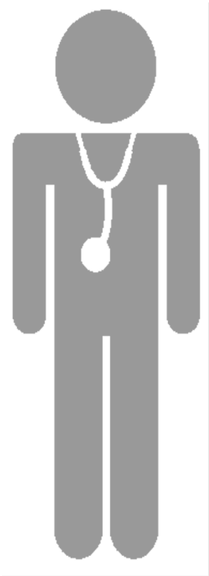


Purpose

Identify and **rank the key clinical factors** which Patients and Surgeons consider most important in defining a successful outcome after an ACL-R.

Identify the **recognised negative effects** which are of greatest concern to Patients and Surgeons.

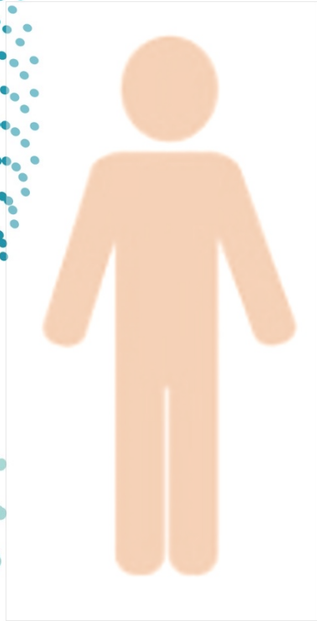
Assess where the **key differences between Patients and Surgeons** occurred in these perceptions about ACLR success and morbidity.



Methods

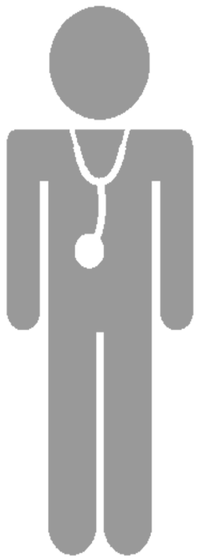
- EXPECT-ACL STUDY (*see UR code*)
- Standardised Survey distributed to Australian Knee Society Surgeons, and ACLR Patients (minimum 12 months post ACL-R) through our institutional database.
- Respondents ranked the most important features of a successful outcome after ACL-R.
- Likert scale (1-5) of how problematic respondents would find each individual problem from a list of recognised donor site morbidities and other negative outcomes.
- 53 ACL Patients and 47 Knee Surgeons at time of publication.

Ranking the factors of “success” after ACLR



Patients

1. **Return to same level of sport**
2. **Lowest risk of reinjury**
3. No pain or discomfort
4. Knee stability
5. Return to any sport
6. No lower limb weakness
7. Symmetrical ROM
8. Intact ACL on MRI
9. **Time to return to sport**



Surgeons

1. **Return to same level of sport**
2. Knee stability
3. No pain or discomfort
4. Return to any sport
5. **Lowest risk of reinjury**
6. Symmetrical ROM
7. No lower limb weakness
8. Intact ACL on MRI
9. **Time to return to sport**

Patients prioritised “lowest risk of reinjury” higher than **Surgeons** ($p<0.01$)

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Return to Sport Expectations

Patients

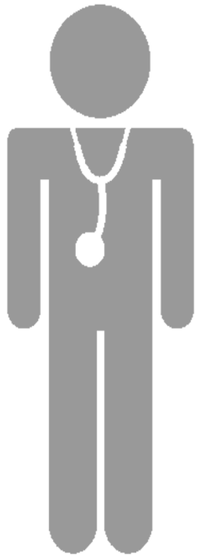
1. Return to same level of sport
9. Time to return to sport

Surgeons

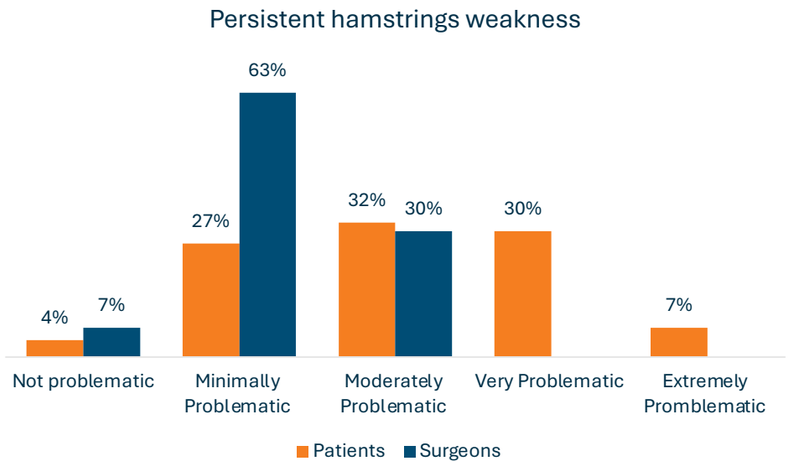
1. Return to same level of sport
9. Time to return to sport

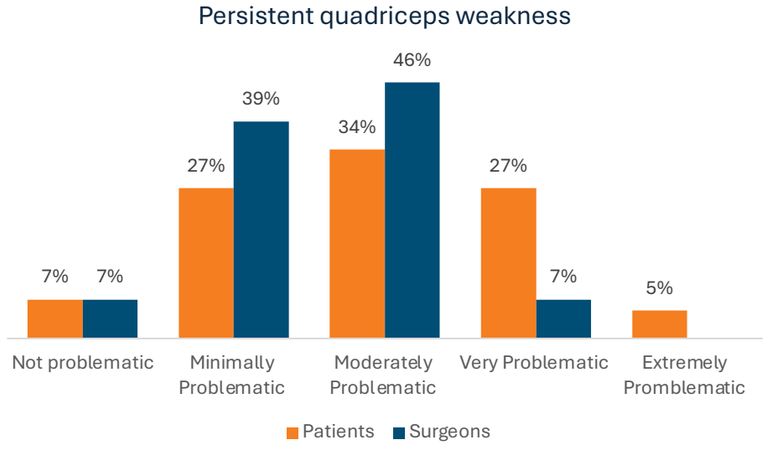
Both **Patients** and **Surgeons** considered returning to the same level of sport as the **<u>most important factor</u>**.

However, neither group saw the time taken to return as being important.



Donor Site Weakness





More than **70% of Patients** considered persistent hamstrings weakness as “Moderately problematic” to “Extremely problematic”.

On the other hand, **70% of Surgeons** considered hamstring weakness “Not problematic” or “minimally Problematic”.

37% of patients considered persistent hamstrings weakness as “Very problematic” to “Extremely problematic”, and there were no surgeons who felt this way.

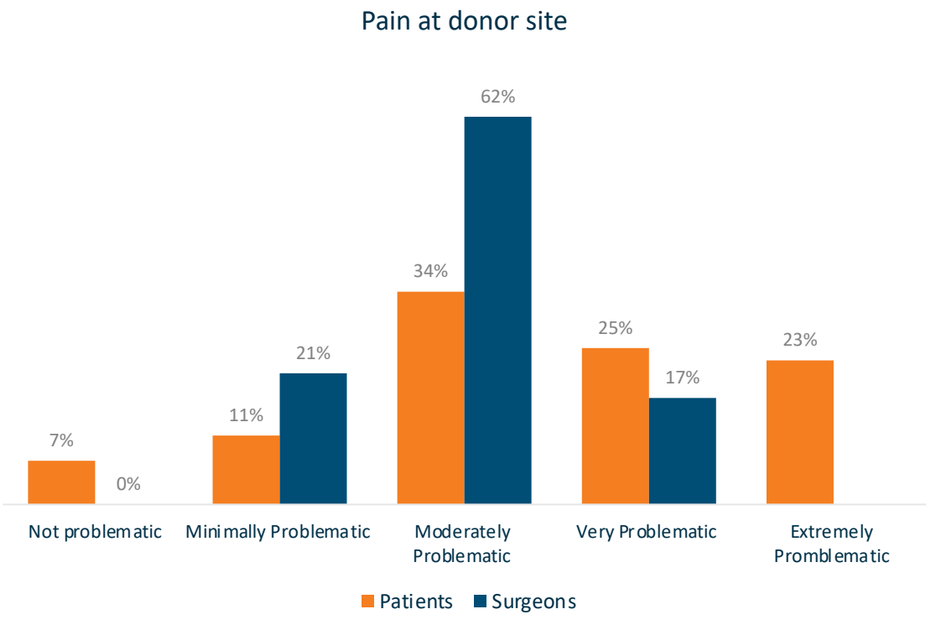
32% **of Patients** considered persistent quadriceps weakness as “Very problematic” or “Extremely problematic”.

On the other hand, only **7% of Surgeons** considered persistent quadriceps weakness as “Very problematic” or “Extremely problematic”.

Graft Harvest Site Pain

48% of Patients considered graft harvest site pain as being “Very problematic” or “Extremely problematic”.

Only **17% of Surgeons** considered pain similarly significant.



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Surgical Scar and Paraesthesia

More than **90% of Patients and Surgeons** considered the “Size of Surgical Scar” to be “Not problematic” or “Minimally problematic”.

Similarly, neither group was concerned by patches of numbness.

Conclusion

- Patients and Surgeons agreed that returning to same level of sport was **the most important feature** of a successful ACL-R
- Patients considered persistent hamstrings weakness to be more problematic than what was recognised by surgeons
- Patients were more concerned by persistent graft harvest site pain than surgeons

References

- Dermott, J.A., Wright, F.V., Salbach, N.M. *et al.* ”Development of the gait outcomes assessment list for lower-limb differences (GOAL-LD) questionnaire: a child and parent reported outcome measure.” *Health Qual Life Outcomes* **19**, 139 (2021)
- Sonnier JH, Paul RW, Sando HE, Hall AT, Tjoumakaris FP, Cohen SB, Freedman KB. “Patient Decision Making in Anterior Cruciate Ligament Reconstruction: A Discrete Choice Experiment Examining Graft Preference.” *Orthop J Sports* Med. (2023) Feb 2;11(2)

Survey Link

Please access the EXPECT-ACL Survey via the QR Code.

Stage 2 of EXPECT-ACL will also include outcome perception amongst other healthcare workers – **Sports Physicians, Physiotherapists and Primary Care Physicians**.

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