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## OVERVIEW OF THE CURRENT STATE OF PLAY FOR RETURNING TO SPORT AFTER ACL RECONSTRUCTION

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The aim for most athletes undergoing anterior cruciate ligament (ACL) reconstruction surgery is to return to some level of sporting activity. However, rates of return to pre-injury sport are less than might be expected and there appears to be a rapid decline in sport participation after 2 to 3 years. Many factors influence whether an individual will return to sport after this surgery. They include surgical and rehabilitation factors as well as social, psychological and demographic characteristics. Little is known about how to determine when it is safe to return to sport following ACL reconstruction or how to predict whether an athlete will be able to successfully return. The fate of the younger athlete who sustains an ACL injury is a topic that has received recent attention due to the accumulating and consistent evidence that younger athletes are at considerable risk for not only one but multiple ACL injuries. Cohort studies estimate that 30% of younger patients who sustain an ACL injury will go on to have a second ACL injury. Regardless of whether it is an injury to the same knee again or to the contralateral knee, both outcomes are devastating for the younger athlete and may have a significant impact on their ability to remain active in their chosen sport. The reason why younger athletes are at such increased risk for sustaining multiple ACL injuries is not straightforward and is likely multifactorial. It is unlikely to be just age per se, rather age is presumably a proxy for other factors, with the most salient of these being that younger patients are more likely to return to pivoting sports where the risk for ACL injury is high. Indeed when return rates and exposure data are considered younger patients who have multiple ACL injuries also have the highest rates of returning to pivoting sports and also participate more frequently in these sports. The psychological sequelae of the younger ACL injured athlete has been less studied but it is reasonable to hypothesize a role for risk taking and premature return to sport in the context of second injury. Another risk of returning to sport following ACL reconstruction is that of sustaining injury to the menisci or articular surfaces, which may in turn increase the risk of developing osteoarthritis. Although there is some evidence that ACL reconstruction reduces the risk of osteoarthritis there is stronger evidence that it does little to protect the knee from long term degeneration. Therefore both the athlete and patient need to recognize that return to sport following ACL reconstruction is associated with a risk of further injury and development of osteoarthritis.

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**Co-Presenters:** Dr Peter D'Alessandro; A/Prof Kate Webster; Mr Mick Hughes  
**Panel Practitioner:** Mr Tim Oostenbroek  
**Session Chairperson:** Dr Jay Ebert