Accelerometer-assessed physical activity levels 32–37 years after anterior cruciate ligament rupture — Does initial treatment strategy or the presence of osteoarthritis matter?

Prospective cohort study

What we did:

This study reports very long-term outcomes from a prospective longitudinal cohort,

Participants (n = 234) within 14 days of anterior cruciate ligament rupture (confirmed arthroscopically) were allocated to early anterior cruciate ligament repair and rehabilitation or rehabilitation alone. Thirty-two to 37 years after anterior cruciate ligament injury, 80 participants provided valid accelerometer data assessing physical activity and underwent an x-ray to assess osteoarthritis.

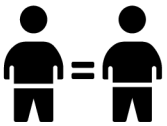
Findings

Tibiofemoral symptomatic osteoarthritis was observed in **35 (47 %)** participants (anterior cruciate ligament surgery 44 %; rehabilitation-alone 50 %)

Participants spent a mean of **37.1 (95 % confidence interval 31.6–42.6) min/day** in **moderate to vigorous physical activity**

Recommended levels of physical activity (≥150 min/week of moderate to vigorous physical activity) were **reached by 66 % of participants with tibiofemoral symptomatic osteoarthritis** [mean (95 % confidence interval): 35.4 (26.2–44.7) min/day of moderate to vigorous physical activity] and **77 % without tibiofemoral symptomatic osteoarthritis** [39.1 (31.5–46.8) min/day moderate to vigorous physical activity].

Adjusted analyses found no differences in physical activity parameters between treatment groups or between participants with or without tibiofemoral symptomatic osteoarthritis.



Conclusion

More than 30 years after anterior cruciate ligament injury, over two-thirds of participants reached recommended levels of physical activity. Physical activity levels did not differ based on the initial treatment strategy or presence of tibiofemoral symptomatic osteoarthritis.

Implications

Physical activity habits **did not differ based on the initial treatment strategy** (ACL surgery and rehabilitation versus rehabilitation alone) or the presence of symptomatic tibiofemoral osteoarthritis.

Physical activity prescriptions for patients with knee osteoarthritis may be underutilised. Improved support for physical activity could help individuals develop healthy habits, reduce knee symptoms, and improve knee function.

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Beliefs about hip pain and its care

Systematic review

What we did:

Review of **qualitative studies -** guided by the **Common-Sense Model** of **Self-Regulation**

Middle age and **older adults** with chronic **hip pain**

28 studies included

What we found: Beliefs and expectations

People believe hip pain is due to **age, wear and tear, overuse, and posture**

People expected that **surgery** is **inevitable**

Difficulties with **moving, remaining independent, sleeping, and participating with family and friends**

People **wanted** and **needed more information** about hip pain

People **rested** or **avoided activities** to **cope** with pain

People believed that **nonsurgical treatments** were **unhelpful** or reported that they were **not offered**

Future research: explore the **effectiveness** of **nonsurgical treatments** for hip pain and **strategies** to **shift beliefs** about hip pain

When providing care to people with hip pain:

Offer nonsurgical treatments and **educate** people about them **- advise** about **benefits** and that **exercise** does **not** have to be **pain free** to be **beneficial**

Explore **physical, emotional, and social needs -** and tailor care to these needs

Educate people about **biopsychosocial causes** of hip pain

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Clinical reasoning in hip pain: One in two Australian and New Zealand physiotherapists diagnosed a case vignette with clinical criteria for hip OA as hip OA

Methods

220 physiotherapists from Australia & New Zealand

Online survey: how physiotherapists **diagnose** and **treat** a hypothetical patient (George)

Participants received a 2-part **case vignette** - 1) **patient history** and 2) **physical examination** - of George's **hip problem,** including NICE criteria for **OA**.

Diagnosis

After patient history

64% (141) **diagnosed** hip pain

49% (69) as **hip OA**

96% somewhat confident or more with diagnosis

After physical exam

85% (171) **diagnosed** hip pain

52% (93) as **hip OA**

93% similarly confident in diagnosis as after patient history

Treatments offered

99% Advice and education

98% Exercise and physical activity prescription

76% Manual therapy

Informing clinical care and research

Some **physiotherapists** may **benefit** from **diagnostic training** and **strategies**

Future research: which **combination** of **findings** best inform the **diagnosis** of hip pain

Future research: does **diagnosis** impact **quality** of **hip OA care**

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