



Association Between ACL Continuity on Magnetic Resonance Imaging at 5 Years After an Acute ACL Rupture and 11-Year Outcomes: A Secondary Analysis From the KANON Trial

Secondary analysis of RCT

What we did:

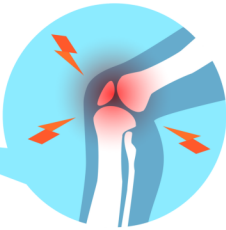
105 of 121 (87%) active adults with acute ACL ruptures randomized to undergo initial exercise therapy and optional delayed ACL reconstruction (ACLR) or early ACLR and postoperative exercise therapy completed 11-year follow-up



MRI scans at 5 years were evaluated using the Anterior Cruciate Ligament OsteoArthritis Score (0-3), with grades 0 to 2 considered to represent "ACL continuity." Patient-reported outcomes, knee laxity, and radiographic findings were assessed at 11 years. The relationship between 5-year ACL continuity and 11-year KOOS scores (0-100) was examined using linear regression, adjusted for age, sex, smoking, and baseline KOOS scores.

Findings

Of patients managed nonsurgically, **58% (n = 14) had ACL continuity** and **42% (n = 10) had ACL discontinuity** at 5 years.



Analyses suggest that **ACL continuity was associated with worse 11-year KOOS scores** compared with **delayed ACLR** and **early ACLR** as well as **similar or worse KOOS scores** compared with **ACL discontinuity**.



The proportion of patients with **tibiofemoral ROA** ranged from **14% (ACL continuity)** to **23% (delayed ACLR)**, and the proportion of patients with **patellofemoral ROA** ranged from **11% (ACL discontinuity)** to **41% (early ACLR)**.

Conclusion

We found that participants with **ACL continuity on MRI at 5 years after an acute ACL rupture reported similar or worse patient-reported outcomes at 11 years after the injury compared with participants with ACL discontinuity and those managed with early or delayed ACLR**. In contrast, patients with signs of ACL continuity had numerically similar or fewer signs of ROA at 11 years compared with those who were managed surgically. The small sample size and lack of MRI data from 11-year follow-up contribute to the uncertainty around these long-term outcomes and their generalizability.

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

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

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

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**



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

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

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**

