# "The only way you're ever going to play sport again is if you go through surgery": A mixed methods study exploring anterior cruciate ligament (ACL) injury treatment decisions from the perspective of 734 patients

Mixed methods study

## What we did:

**This mixed-methods convergent parallel study utilised a cross-sectional questionnaire and one-on-one semi-structured interviews**

**The survey included items on demographics, ACL injury knowledge and beliefs, ACL injury and treatment details, information about consultations with specific clinicians, and a single item allowing participants to rate their knee on a 100-point scale.**

## Quantitative Findings

Of **734 participants (70% women)**, **540 (74%) had anterior cruciate ligament reconstruction** and **119 (16%) were managed with rehabilitation alone**.

Participants consulted **surgeons (94%)**, **physiotherapists (91%)**, **general practitioners (65%)**, **emergency department clinicians (22%)** and **sports physicians (19%)**.

**Most clinicians** presented **anterior cruciate ligament reconstruction as the best treatment** [surgeons (85%), physiotherapists (61%)], and **the best treatment to enable return to sport** [surgeons (84%), physiotherapists (62%)]

**Few clinicians i**nformed patients that **outcomes were similar on average between treatment strategies** [surgeons (10%), physiotherapists (29%)].

**Qualitative themes describe decision-making experiences:**

i) surgeons promoted surgery as the best/only option
ii) surgeon consults were rushed and patients felt poorly informed
iii) clinicians downplayed surgery risks and impacts
iv) general practitioners were utilised for referrals, not management advice
v) mixed advice from physiotherapists

**Australians with anterior cruciate ligament rupture received mixed treatment advice from clinicians, who often portrayed surgery as the best treatment option. Some patients received an unbalanced overview of treatment options that did not reflect the best-available research evidence, inhibiting an informed treatment decision.**

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