

ACL-RSI (cont'd)



While there is no consensus on score thresholds, the general agreement is an athlete who does not score a *minimum* of 56 pts on the ACL-RSI is at risk of failing to return to level 1 sports (Ardern et al. 2013, McPherson et al. 2019)

Additionally, ACL-RSI scores have shown strong predictive ability when it comes to re-injury with those athletes scoring below 61 pts on average ultimately retearing compared to those who scored 70 pts or higher (McPherson et al. 2019)

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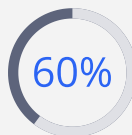
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Our goal is to be better and we believe holding ourselves to the *highest* of standards AND effective communication and collaboration with our surgeons is the way.

Being able to identify early on who is at risk of not returning to sport is exceptionally important. It allows the patient, the surgeon, and the therapist ample opportunity to address potential obstacles and collaborate on effective strategies to surpass them. Custom programming, strong therapeutic alliance, and an unwavering focus on the individual needs of every athlete is what sets us apart.

Percentage of clinicians who use manual muscle testing to measure strength for ACL RTS decision making. (Greenberg et al., 2019)



ACL-RSI scores between those who RTS and those that do not. (Langford et al., 2009)

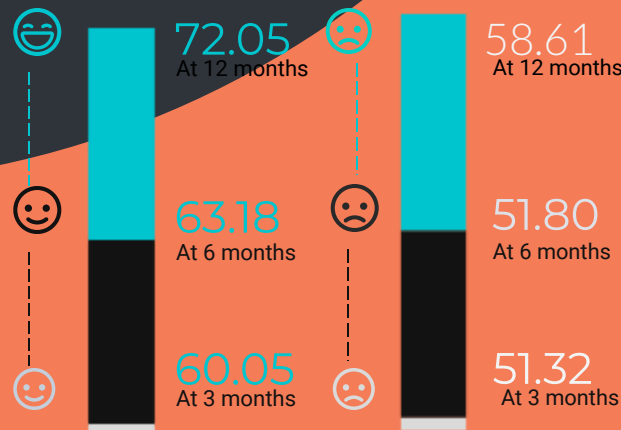


TABLE 2
Anterior Cruciate Ligament–Return to Sport after Injury (ACL-RSI) Scores for Combined Group, Younger Patients (≤ 20 years), and Older Patients (> 20 years), Between Injured and Noninjured Patients^a

Variable		All	Injured	Noninjured
Preoperative score	Combined group	49.5 \pm 21.8	53.4 \pm 24.5	48.8 \pm 21.2
	≤ 20 y	51.9 \pm 21.2	54.6 \pm 24.7	51.2 \pm 20.1
	> 20 y	47.9 \pm 22.1	51.9 \pm 24.6	47.4 \pm 21.7
12-month score	Combined group	66.4 \pm 22.4	60.9 \pm 23.4	67.9 \pm 22.9
	≤ 20 y	68.7 \pm 20.5	60.8 \pm 19.1	71.5 \pm 19.3 ^b
	> 20 y	64.1 \pm 23.9	60.9 \pm 29.1	64.6 \pm 23.4

^aValues are expressed as mean \pm SD.

^bSignificant difference between injured and noninjured patients ($P < .05$).



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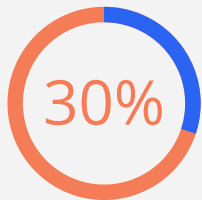
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Over the last decade, more and more research has been focused on the psychological readiness of an athlete and how it relates to their successful return to sport. Fear of re-injury continues to be the primary contributor to reasons athletes give on what kept them from being able to return to competing at the same level they were at prior to surgery. (Alswat et al., 2020) This suggests returning to sport goes beyond just knee strength.



Percentage of athletes citing fear as the primary reason for delayed or failed RTS (Alswat et al., 2020)

There are many different scales used in clinical practice for assessing psychological readiness with the ACL-RSI being one of the most powerful. The ACL- Return to Sport after Injury scale was developed in 2008 and over 150 research articles have since been published investigating its clinical application. While it offers only limited utility in predicting who will return to pre-injury levels, it provides strong predictors for early detection of who is at risk of not returning. (Mueller et al, 2015, Ardern et al., 2013)

ACL-RSI AND STRENGTH

It should be no surprise that the stronger an athlete's knee is after surgery, the more confident they are when it comes to returning to competitive sports. In last month's mailer, we discussed research showing that athletes who met knee torque goals had an 8x increase in likelihood of scoring above 90% on the IKDC subjective knee function scale.

Similarly, in 2022 Erikson et al. showed athletes that scored higher on the ACL-RSI at 3 months had greater knee excursion, knee extension strength and IKDC scores at 6 months post-op compared to their counterparts. Suzuki et al. reported that "early improvement in quadriceps strength is most important for the recovery of psychological readiness for RTS at 9 months." (2022). (cont'd on back ->)



Our mission is to do better. The physical therapy industry as a whole has provided underwhelming care for injured athletes, especially when it comes to ACL rehabilitation. With less than 50% of patients returning to their prior level of athletic performance, high re-tear rates, and persistent fear of re-injury, it will take a massive effort to create change. We provide this information in an effort to facilitate sharing of knowledge and we welcome the same. If you have found these flyers helpful and would like to share additional resources with us or have feedback on our treatment protocol, we encourage you to reach out. You can email jonathan@nevpt.com at any time. Thank you for doing all that you do for our community! You are appreciated.