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Disclosure

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- Past President of Asia Pacific Knee Society (APKS) 2019 2022
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 - DePuy Synthes, Zimmer Biomet, Gruppo Bioimpianti
- Editorial Board / Reviewer: CORR, Bone Joint Journal, J Arthroplasty, AJSM, VJSM, BJO, KSSTA, JISAKOS, Knee, OJSM, JOS, KSRR, The Hip & Knee Journal, JOSR



How Would You Treat This Case?

Conservative vs Surgery



Treating World Class Athlete

9 months after injury: Winner of New Zealand Open 2017





Treating World Class Athlete

CONTROVERSY ISSUES:

- Individual or team sport
- What is their ranking in the elite group of the world currently?
- Conservative or ACL reconstruction
- Percentage of athletes that go back to their previous ranking after surgery



Treating World Class Athlete

CONTROVERSY ISSUES:

- Psychological readiness and prevention for second ACL-RSI
- If the world-class athlete takes ACL reconstruction, how to accelerate their rehabilitation so they can go back to field/competition as soon as possible while validity of return to sports testing states that in fact 6 months is not enough, 12 months is needed



Numbers of ACL Injury

- Anterior cruciate ligament (ACL) injury is one of the most common serious knee injuries occurring in athletes
- The incidence of ACL ruptures: 30 78 per 100,000 person / years
- Female has 3-8 times risk of injury compared to male
- 70-80% of ACL injuries are non-contact-related and occur in all types of sports, at all levels of play
- Peak incidence: female: 14-18 yrs, male: 19-25 yrs (Sanders et al., 2016)





ACL Injury

Important Issues:

- To operate or not ?
- Will operation make the athlete return to sports faster or disappear totally from their profession?
- If you choose for operation, important to choose the :
 - Correct technique
 - Proper timing
- As a surgeon, do you follow up the rehabilitation ?





Professional Athlete Gone After Surgery



Triyatno lebih tenang dan lebih giat berlatih.

Puncak prestasi

Sebelum Olimpiade London 2012, otot *meniscus* di lutut Triyatno sobek saat latihan. Namun, ia tetap menjalani lomba menggunakan *tapping* serta alat penjaga lutut.

"Masih terasa sakit saat lomba di Olimpiade, tetapi tertutup adrenalin saya. Pada clean and jerk, saya coba mengangkat beban 188 kg pada angkatan ketiga. Saat itu saya sulit berdiri diam dan masih agak lari-lari sampai waktunya habis. Untungnya, ketiga wasit mengangkat bendera putih dan saya menjadi peringkat kedua, merebut perak, kata Triyatno.

Raihan itu menjadi puncak prestasi Triyatno. Pada 2013, Triyatno harus menjalani operasi untuk menyembuhkan cedera lututnya. Sejak itu, prestasi Triyatno terus menurun. Pada Pelatnas SEA Games 2017, Triyatno meninggalkan asrama karena kelasnya ditempati atlet lain.

KIIII, TTIYATIIO DEFIATIII SECAFA



Professional Athlete Gone After Surgery

Di Mana Kau Sarwendah?

I mana kau, wanita pebulu tangkis perebut Piala Dunia 1990 dan dulu dilukiskan sebagai pengganti Susi Susanti? Kariernya seakan lenyap begitu saja. Sirna masa depan dan kejajayaan olahragawan yang semula

cklik pemain bulu tangkis Indonesia, memang kemudian menjadi pertanyaan besar, mengapa Sarwendah hilang?

emva pupus di tenent pangan. 10 mg --- pusus urat pengikat lutut ketika melawan pemain Malaysia Zarinah Abdullah di Kejuaraan Malaysia Terbuka. Kuching, Juli 1993.

Enam hari setelah cidera, begitu tiba kembali di Tanah Air. Sarwendah menjalani operasi pekan, tetapi gerak lututnya masih masih terasa sakit.

Risiko cidera bagi olahragawan tidak hanya menimpa Sarwendah. Boris Becker (mantan) pemain tenis nomor satu dunia asal Jerman. pernah ditimpa musibah serupa. Juara tiga kali turnamen Wimbledon ini mengalami cidera punggung ketika berlaga di Madrid tihan, siap diuji coba. Open pada bulan April 1992.



nyembuhan. Segala upaya dilaku- CIDERA SARWENDAH — Sayang, sangat disayangkan, Sarwendah pemain bulutangkis andalan Indonesia, dalam salah satu kesempatan bertanding mendapat cedera otot. Sayangnya lagi, penanganan cedera terlamtetap kurang wajar. Bila ditekuk bat sehingga pecinta bulutangkis harus menerima kenyataan Sarwendah menggantung raketnya.

Sebagai tindak lanjut lokakar- an otopedi kini dan di masa menda-

"Saat itu dia terpaksa mengun- sudah dikenal lama. Tetapi dengan durkan diri dari turnamen. Be- menyaksikan langsung proses teriadi karena kecelakan

ya, hari Kamis (15/8) mereka ber- tang untuk memulihkan cidera tiga memeragakan metode baru persendian semakin besar, perhatdalam operasi cidera lutut. Tiga ian pada disiplin ilmu tersebut olahragawan Indonesia, yang se- masih kurang. Dari sekian banyak dang dalam kondisi pincang kare- fakultas kedokteran, baru tiga unina cidera selama dalam pusat la- versitas menyelenggarakan pendidikan spesialisasi otopedi. Itu pun "Sebenarnya, metode operasi ini belum merupakan bagian khusus.

Cidera patah tulang umumnya

tertentu yang secara higienis malah kurang bisa dipertanggungjawabkan."

IOA sudah pernah melakukan penataran kepada para dukun patah tulang, untuk meningkatkan pemahaman mereka terhadap kebersihan pengobatan. Savangnya. perhatian dan pemahaman masyarakat terhadap disiplin cabang



Introduction

Torn ACL will not heal by its own, but does intact ACL is a must in every person?



- The ideal treatment strategy depends on :
 - Patient-specific factors (age, occupation)
 - Desired activity level, and a willingness to undergo an extensive rehabilitation regimen



The Longest Men's Double World Champion Badminton









Kevin Sanjaya & Marcus Gideon Badminton World Champion 2017 – 7x winner, 2018 – 9x winner



Introduction

- Most recent consensus for ACL injury, both operative and conservative are acceptable treatment option
- They have the same goal :
 - Restore normal arthrokinematic restore stability
 prevent giving way
 - Faster RTS
 - Delay further meniscal injury
 - Delay OA multifactorial and inconclusive data
- Both operative and conservative, patient must undergo strict protocol of rehabilitation to maximize the result of treatment
 - Diermeier et al, Br J Sports Med 2021
 - Beaufils et al, Orthop Traumatol Surg Res, 2009



Controversy of Conservative Treatment

- A matched paired study non-operative treatment resulted in an earlier return (non-operative 3–4 months vs operative 6–12 months) and a higher return to level II sports (non-operative 88.9% vs operative 77.8%) as compared with operative treatment
- Except, if during the non-operative treatment, subjective instability persists or episodes of giving way occur, consideration of ACL reconstruction is recommended

Grindem et al. Am J Sports Med 2012



Fate of Knees w/ or w/o ACL Surgery?

AJN ▼ April 2017 ▼ Vol. 117, No. 4

Surgical vs. Conservative Interventions for Treating ACL Injuries

By Cresilda T. Newsom, DNP, MSN, RN, CPAN

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Nonsurgical or Surgical Treatment of ACL Injuries: Knee Function, Sports Participation, and Knee Reinjury

The Delaware-Oslo ACL Cohort Study

Hege Grindem, PT, PhD, Ingrid Eitzen, PT, PhD, Lars Engebretsen, MD, PhD, Lynn Snyder-Mackler, PT, ScD, SCS, ATC, FAPTA, and May Arna Risberg, PT, PhD

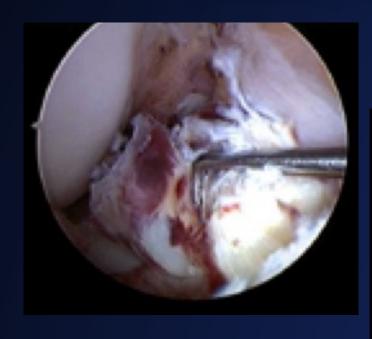
Investigation performed at the Norwegian Research Center for Active Rehabilitation, Department of Sports Medicine, Norwegian School of Sport Sciences, and the Department of Orthopaedics, Oslo University Hospital, Oslo, Norway

Result showed no difference between surgery and conservative treatment in patient reported knee scores @ 2 & 5 years

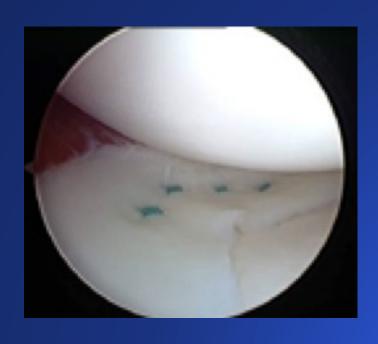


If So, Why Offer ACL Reconstruction?

Basically to deal with symptoms of instability & possibly to protect meniscus function









Operative Treatment

"Fear of re-injury"

- Injury itself
- Surgery
- Rehabilitation
- Time off work
- Loss of income





Operative Treatment

- Currently, no evidence-based arguments exist to recommend a systematic surgical reconstruction to every patient with an ACL injury
- Patient whom seek for category I activity should not delay surgery as the risk of secondary damage to the knee (e.g. meniscus, cartilage)
- Concomitant injury !!! of other stabilizing structure (ligament, meniscus or cartilage) affect the decision to operative treatment

Grindem et al. J Bone Joint Surg Am, 2014



Timing of Surgery

Systematic Review

Arthroscopy. 2013 Nov;29(11):1863-71. doi: 10.1016/j.arthro.2013.07.270. Epub 2013 Sep 18. Timing of Surgery of the Anterior Cruciate Ligament

Daniel Andernord, M.D., Jón Karlsson, M.D., Ph.D., Volker Musahl, M.D., Mohit Bhandari, M.D., Ph.D., Freddie H. Fu, M.D., D.Ps., D.Sc., and Kristian Samuelsson, M.D., Ph.D.

3583 patients (22 articles) – Jan '95 – Aug '11

- Early (2 days 7 mths) vs delayed (3 wks 24 yrs)
- 8 articles promote early reconstruction
- Majority (12) NO difference b/n early vs delayed surgery
- 2 articles inconclusive
 - Few or no subjective & objective outcomes related to timing of ACL surgery



Operative Treatment

- ACL injuries often occur together with concomitant injury to other knee structures, with meniscal injuries reported in 23% 42%, cartilage lesions in 27%, and combined meniscal and chondral lesions in 15% of cases
- Operative management is superior to non operative in patient with concomitant meniscal lesion which repairable and multiple ligament injuries



Tips & Tricks Affecting Success of Knee Surgery

Pre-op limitation of motion:

Critical that surgery should be delayed until:

- Patient's knee recovered from acute trauma
- Range of motion (esp. extension) restored through PT

EXCEPT when:

- Co-existing complete tear of lateral & posterolateral structures
 - then surgery to be done within 10-14 days



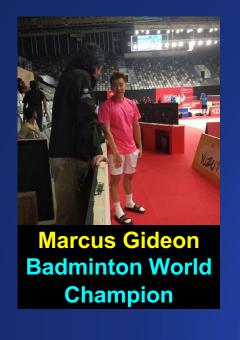
Tips & Tricks Affecting Success of Knee Surgery

What if a large displaced medial bucket handle tear prevents full extension?

- Either excision or repair of bucket handle only
- DO NOT perform a simultaneous ACLR
- Elective ACL reconstruction scheduled only after patient has recovered their ROM from meniscal problem !!!









Major Questions ???



How good are we at returning athletes to sports?

Who is ready and who is not?



Why Do Surgeons Refer Patients for RTS Testing?

Primary question - is it unsafe for this person to:

- Return to sports?
- Return to practice?
- Return to competition?









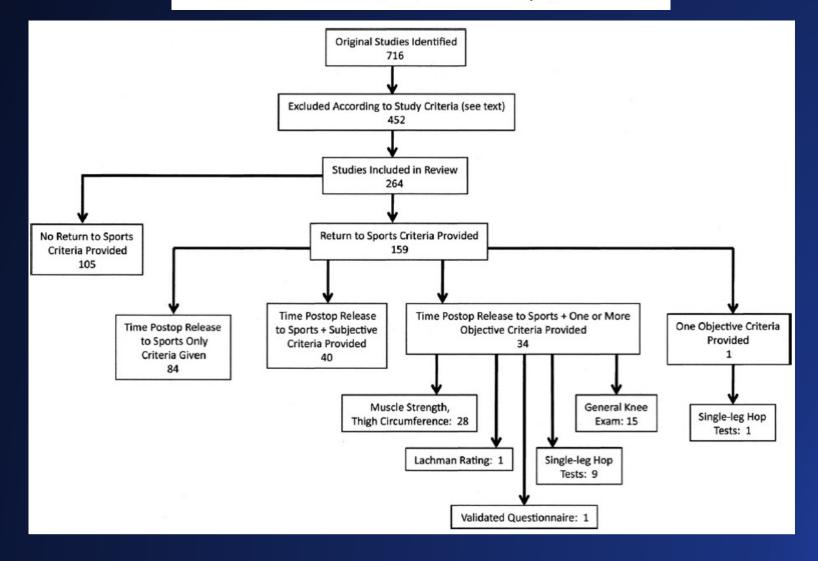


How do Surgeons Clear Patients for Sports After ACLR?

Systemic Review With Video Illustration

Factors Used to Determine Return to Unrestricted
Sports Activities After Anterior Cruciate Ligament
Reconstruction

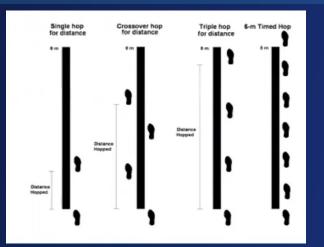
Sue D. Barber-Westin, B.S., and Frank R. Noyes, M.D.





Return to Activity Test Battery

Test	Score
Quadriceps Strength Index	≥ 90%
All 4 single-legged hop tests	≥ 90%
Knee Outcome Survey-Activities of Daily Living scale (KOS-ADLs)	≥ 90%
Global Rating score (GRS)	≥ 90%





Which Tests are Most Strongly Associated with RTS

Who Passes Return-to-Sport Tests, and Which Tests Are Most Strongly Associated With Return to Play After Anterior Cruciate Ligament Reconstruction?

Kate E. Webster,*† PhD, and Julian A. Feller,‡ MB, BS(Hons)

Investigation performed at OrthoSport Victoria and La Trobe University, Melbourne, Australia

- Testing should incorporate several domains, but it is unclear which are most associated with a successful RTS
- Only 17 (3.8%) patients met all 5 test criteria at 6 months, and 95 (21%) patients did not pass any test
- The level of sport the patient played before injury (level I vs level II/III) was not associated with the number of tests
- Testing at 6 months is not worthwhile



Return to Sport Following ACL Reconstruction

Sports Medicine

https://doi.org/10.1007/s40279-019-01093-x

SYSTEMATIC REVIEW

Sports Medicine

https://doi.org/10.1007/s40279-019-01093-x

What is the Evidence for and Validity of Return-to-Sport Testing after Anterior Cruciate Ligament Reconstruction Surgery?

A Systematic Review and Meta-Analysis

Kate E. Webster¹ · Timothy E. Hewett^{2,3,4,5}

Sports Medicine, 2019

Conclusions:

- Though passing RTS criteria reduced the risk of subsequent graft rupture by 60%, it increased the risk of a contralateral ACL rupture by 235%
- Current RTS criteria do not appear to decrease the risk of subsequent ACL injury in athletes



Return to Sport Following ACL Reconstruction

Return-to-Sport Outcomes at 2 to 7 Years After Anterior Cruciate Ligament Reconstruction Surgery

Clare L. Ardern,*† BPhysio(Hons), Nicholas F. Taylor,†‡ PhD, BAppSc(Physio), BSc, Julian A. Feller,† FRACS, and Kate E. Webster,† PhD, BSc(Hons) Investigation performed at La Trobe University, Bundoora, Victoria, Australia

Am J Sports Med, 2012

Return to the Preinjury Level of Competitive Sport After Anterior Cruciate Ligament Reconstruction Surgery

Two-thirds of Patients Have Not Returned by 12 Months After Surgery

Clare L. Ardern,*† PT, Kate E. Webster,† PhD, Nicholas F. Taylor,†† PhD, and Julian A. Feller,† FRACS Investigation performed at the Musculoskeletal Research Centre, La Trobe University, Bundoora, Victoria, Australia

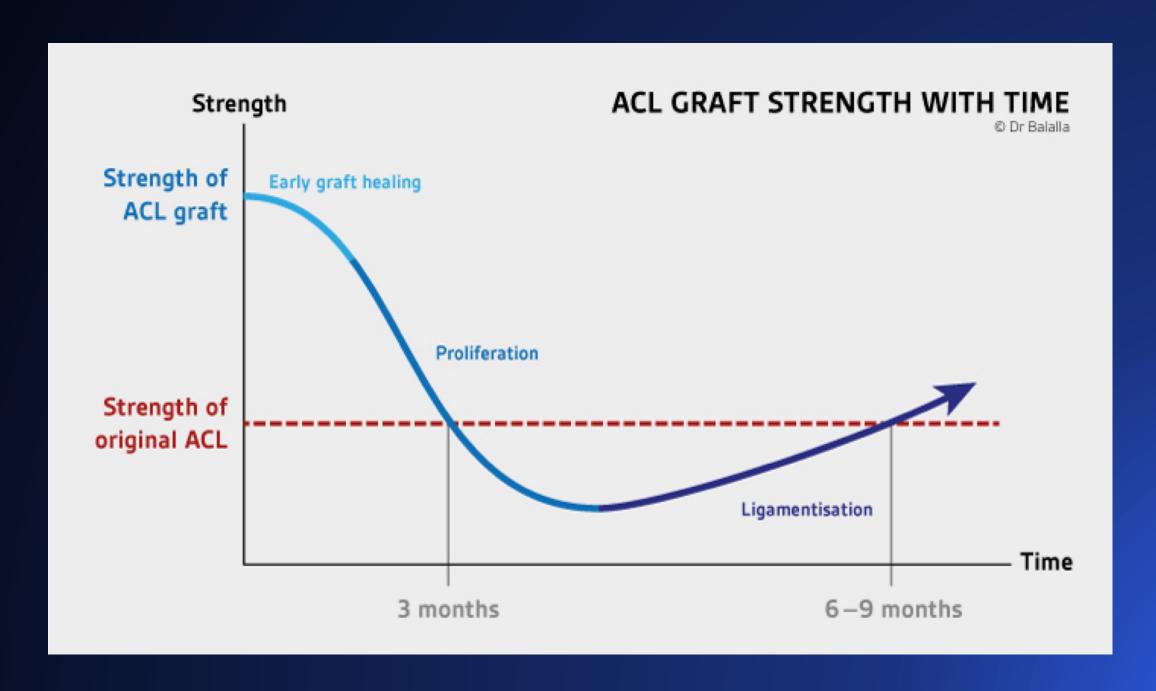
Am J Sports Med, 2011

- 82% returned to some kind of sports participation (93%)
- 63% returned to their preinjury level of participation (61%)
- 44% returned to competitive sport (41%)

Fear of reinjury most commonly cited reason for a reduction in cessation or sports participation



ACL Graft Healing Time





Contributing Factors

- Time since surgery
- Type of sport
- Level of competition
- Athlete age
- Number of tests failed
- Reasons for failure
- Previous / associated injuries











Factors Affecting RTS Decision

"Return-to-Play in Sport: A Decision-based Model"....

- Medical Factors
- Sport Risk Modifiers
- Decision Modifiers







RTS & MRI for ACLR

AAA 2016 International Meeting

ACL Revision: Clinical Evaluation, Magnetic Resonance and Return to Sports one Year after Surgery.

Matias Costa-Paz, M.D., Julieta Puig Dubois, M.D., Juan Pablo Zicaro M.D., Alejandro Rasumoff M.D., and Carlos Yacuzzi M.D.₁

¹Hospital Italiano de Buenos Aires, Argentina

Conclusion:

- Despite satisfactory clinical evaluation, only 44% patients RTS at previous level of sport activity post ACLR
- Ligamentation process was found in 28% of evaluated knees with MRI one year later
- Partial osteointegration is inferred in 44%

MRI is useful too to consider the RTS one year post ACLR



Psychological Readiness?

How Much Do Psychological Factors Affect Lack of Return to Play After Anterior Cruciate Ligament Reconstruction?

A Systematic Review

Benedict U. Nwachukwu,*[†] MD, MBA, Joshua Adjei,[†] MD, Ryan C. Rauck,[†] MD, Jorge Chahla,[‡] MD, PhD, Kelechi R. Okoroha,[‡] MD, Nikhil N. Verma,[‡] MD, Answorth A. Allen,[†] MD, and Riley J. Williams III,[†] MD

Investigation performed at the Hospital for Special Surgery, New York, New York, USA

Factors Associated With Psychological Readiness to Return to Sport After Anterior Cruciate Ligament Reconstruction Surgery

Kate E. Webster,*† PhD, Christopher V. Nagelli,‡ PhD, Timothy E. Hewett,‡§|¶ PhD, and Julian A. Feller,# FRACS
Investigation performed at OrthoSport Victoria and La Trobe University, Melbourne, Australia

Psychology and sport injury

Psychological response to injury continues long after the injury has occurred

Effect on rehabilitation and return to sport outcomes



Psychological Readiness?

ACL Return to Sport after Injury (ACL-RSI)

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Construct	Example Questions
Emotions	Are you nervous about playing your sport?
	Do you find it frustrating to have to consider your knee with respect to your sport?
	Are you fearful of reinjuring your knee by playing your sport?
Confidence in Performance	Are you confident that you could play your sport without concern for your knee?
	Are you confident that you can perform at your previous level of sport participation?
Risk Appraisal	Do you think you are likely to reinjure your knee by participating in your sport ?





Expectations for Return to Preinjury

Expectations for Return to Preinjury Sport Before and After Anterior Cruciate Ligament Reconstruction

Kate E. Webster,*† PhD, and Julian A. Feller,‡ FRACS
Investigation performed at OrthoSport Victoria and La Trobe University, Melbourne, Australia

AJSM, 2019

Conclusions:

- Athletes have high expectations for pre-injury level of sports when undergoing initial ACLR
- Female patients & patients who had undergone previous ACLR more likely to change their expectation & cease sport participation
- Should provide athletes with realistic RTS expectations in the 1st post-op year



Delayed Return to Sport

Return to the Preinjury Level of Competitive Sport After Anterior Cruciate Ligament Reconstruction Surgery

Two-thirds of Patients Have Not Returned by 12 Months After Surgery

Clare L. Ardern,*† PT, Kate E. Webster,† PhD, Nicholas F. Taylor,†† PhD, and Julian A. Feller,† FRACS Investigation performed at the Musculoskeletal Research Centre, La Trobe University, Bundoora, Victoria, Australia

Am J Sports Med, 2011

Should return to sport be delayed until two years after anterior cruciate ligament reconstruction? Biological and functional considerations

Christopher V. Nagelli^{1,2,4,5} and Timothy E. Hewett^{1,2,3,4,5}

¹Orthopedic Biomechanics Laboratories, Mayo Clinic, Rochester, MN

²Department of Orthopedic Surgery and Sports Medicine Center, Mayo Clinic, Rochester, MN

³Department of Physical Medicine and Rehabilitation, Mayo Clinic, Rochester, MN

⁴Department of Biomedical Engineering, The Ohio State University, Columbus, OH

Sports Med, 2017

2/3 Have Not Returned by 12 Months After Surgery

Conclusion:

Delay in RTS for nearly 2 years will significantly reduce the incidence of second ACL injuries



Take Home Messages

- Growing evidence that return-to-play decisions should be multidisciplinary and criteria-based in nature and consider a multitude of factors
- Return to sport rates are lower than anticipated from standard outcome measures
- Multifactorial
- Age is important
- Psychological factors may need to be considered in future research



