Return to Sport After Primary ACL Reconstruction Survey

The purpose of this study is to assess orthopedic surgeons' criteria for return to sport after primary ACL reconstruction. It will take approximately 5 - 10 minutes to complete this short survey. Your responses are anonymous. Thank you for your participation.

| Switch account |
|---|
| What is your sex? |
| O Male |
| O Female |
| |
| What region of the United States do you practice in? |
| O Northeast – New England (CT, ME, MA, NH, RI, VT) |
| O Northeast – Middle Atlantic (NJ, NY, PA) |
| O Midwest – East North Central (IN, IL, MI, OH, WI) |
| Midwest – West North Central (IA, KS, MN, MO, NE, ND, SD) |
| O South – South Atlantic (DE, DC, FL, GA, NC, SC, VA, WV, MD) |
| O South – East South Central (AL, KY, MS, TN) |
| O South – West South Central (AR, LA, OK, TX) |
| O West – Mountain (AZ, CO, ID, NM, MT, UT, NV, WY) |
| O West – Pacific (AK, CA, HI, OR, WA) |

How many years have you been in practice?

O No

|) 1-5 |
|---|
| 6 - 10 |
|) 11 - 15 |
|) 16-20 |
| 21 - 25 |
| 26-30 |
| >30 |
| |
| |
| Vhat type of practice are you in? |
| What type of practice are you in? |
| |
| Academic |
| Academic Private |
| Academic Private Solo |
| Academic Private Solo |

Approximately how many primary ACL reconstructions do you perform each year?

None

<25

- 25 50
- 51 100
- >100

What is your preferred graft for athletes?

- O Hamstring Autograft
- O Patellar tendon (BTB) Autograft
- Quadriceps tendon Autograft
- Allograft
- O Other:

When do you allow the beginning of sport specific rehabilitation for NON-PIVOTING sports?

 $\leq 2 \text{ months}$ $3 \cdot 4 \text{ months}$ $5 \cdot 6 \text{ months}$ $7 \cdot 8 \text{ months}$ $9 \cdot 10 \text{ months}$ $11 \cdot 12 \text{ months}$ > 12 months

When do you allow the beginning of sport specific rehabilitation for PIVOTING sports?

- $\bigcirc \leq 2 \text{ months}$
- 3 4 months
- 5 6 months
- 7 8 months
- 9 10 months
- 11 12 months
- > 12 months

When do you allow return to NON-PIVOTING sports?

Second Se

When do you allow return to PIVOTING sports?

 $\leq 2 \text{ months}$ 3 - 4 months 5 - 6 months 7 - 8 months 9 - 10 months

11 - 12 months

> 12 months

| Do you have a specific return to sport assessment? |
|--|
| O Yes |
| O No |
| |
| If you have a specific return to sport assessment, when do you perform the assessment? (select all that apply) |
| $\leq 2 \text{ months}$ |
| 3 - 4 months |
| 5 - 6 months |
| 7 - 8 months |
| 9 - 10 months |
| 11 - 12 months |
| > 12 months |
| I do not have a specific return to sport assessment |
| Other: |

If you have a specific return to sport assessment, who performs the assessment?

Athletic Trainer

- Physical Therapist
- I personally perform the assessment
- I do not have a specific return to sport assessment
- Other:

What criteria(s) do you use to allow return to NON-PIVOTING sports after ACL reconstruction? (select all that apply)

- Full knee range of motion
- Lachman test (Grade 1A)
- Negative anterior drawer
- Negative pivot-shift test
- Isokinetic quadricep strength (≥90% of uninjured extremity)
- Isokinetic hamstring strength (≥90% of uninjured extremity)
- Hop test (e.g., single leg, triple hop, crossover hop)
- Balance test (e.g., Y balance, Star Excursion)
-] MRI or other imaging studies
- Time after ACL reconstruction
 - None
 - Other:

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| MRI or other imaging studies |
| Time after ACL reconstruction |
| None |
| Other: |
| |

Which clinical score(s) do you use to allow return to NON-PIVOTING sports after ACL reconstruction? (select all that apply)

| International Knee Documentation Committee (IKDC) |
|---|
| Lysholm |
| Tegner |
| Cincinnati |
| None None |
| Other: |
| |

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|--|
| International Knee Documentation Committee (IKDC) Lysholm |
| Tegner Cincinnati None |
| Other: |
| If you require patients to wear an ACL brace for sports after a primary ACL reconstruction, how long do you have them wear it? (select all that apply) |
| Sear |
| 1 - 2 years |
| 3 - 4 years |
| Every game/event for the rest of his/her sports career |
| No bracing used |
| Other: |
| Do you assess for psychological readiness to return to sport? |

O No

Yes

Ο

If you assess for psychological readiness to return to sport, what test(s) do you use? (select all that apply)

| Anterior Cruciate Ligament-Return to Sport After Injury (ACL-RSI) scale |
|---|
| Tampa Scale of Kinesiophobia |
| Emotional Responses of Athletes to Injury Questionnaire (ERAIQ) |
| Sport Rehabilitation Locus of Control (SRLC) scale |
| I do not assess for psychological readiness to return to sport |
| Other: |

If you assess for psychological readiness to return to sport, do you offer any type of intervention?

🔵 Yes

🔵 No

I do not assess for psychological readiness to return to sport

If you answered "yes" to the previous question, what type of intervention do you offer?

Your answer

| What is your sex? | What | is | your | sex? |
|-------------------|------|----|------|------|
|-------------------|------|----|------|------|

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) Female

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) Yes

) No

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If you answered "yes" to the previous question, what type of intervention do you offer?

Your answer

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