I. INTRODUCTION

Return-to-play (RTP) decisions are a crucial component in sports medicine. After an Anterior Cruciate Ligament (ACL) reconstruction, one problem that exists is a lack of information and consensus regarding the appropriate criteria for releasing patients to unrestricted sports activity postoperatively. The purpose of this study was to analyze how sport physicians decide, in their daily practice, when an ACL reconstructed professional soccer player is able to get back to competitive activities.

II. METHODS

Thirty-seven physicians (46.3 ± 7.1 years old) for French (League 1 and 2) and Belgian (1st Division) professional clubs completed a questionnaire composed of three parts: (1) RTP criteria after ACL reconstruction used in daily medical practice (Yes or No – list of 14 criteria + sub-questions), (2) Ranking of RTP criteria, from the most important to the less important criterion, (3) Consideration advice from professionals (physical therapist, physical coach, football head coach).

III. RESULTS

More than 80% of the questioned physicians declared to use at least eight criteria to assess player’s ability to return to full soccer. The most important ones were, in order of importance: dynamic knee stability during a specific soccer exercise, muscle strength performance, normalization of knee flexion and extension ranges of motion (Figure 2).

IV. CONCLUSIONS

Sport physicians for professional soccer teams use relevant criteria to assess player’s ability to return to full sport after ACL reconstruction. Nevertheless, it appears that there is a lack of consensus about the choice of the assessment parameters and the limit values allowing doctors to authorize or forbid RTP. This is probably the consequence of a lack of scientific evidence in this research area. Despite the impressive amount of studies about ACL injury, there is a need for objective criteria before release an athlete to unrestricted activities.

REFERENCES