

Psychological Readiness for Return to Play After ACL Reconstruction: Surveying Current Approaches Among Orthopaedic Sports Medicine Surgeons

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INTRODUCTION:

Psychological readiness, which includes fear of re-injury, emotional response, confidence, and motivation, is increasingly recognized as a critical determinant of successful return to play (RTP) following anterior cruciate ligament (ACL) reconstruction. Previous work by Nwachukwu et al. demonstrated that approximately 65% of athletes who failed to return to sport cited psychological factors as the primary barrier. Despite this recognition, it remains unclear how and when orthopaedic sports medicine surgeons assess psychological readiness in clinical practice.

The purpose of this study was to evaluate whether orthopaedic sports medicine surgeons assess psychological readiness to return to sport after ACL reconstruction, identify which assessment tools are used, and determine the timing of these evaluations to inform efforts toward a standardized approach.

METHODS:

An anonymous, cross-sectional survey was distributed to members of the American Orthopaedic Society for Sports Medicine (AOSSM). The survey collected demographic information including geographic location, practice type, and years in practice. Respondents then answered six targeted questions regarding their assessment practices for psychological readiness to return to play following ACL reconstruction. Specific areas of inquiry included whether psychological readiness is assessed, which tools are utilized, and at what postoperative time points assessments are administered.

RESULTS:

Most respondents (58%) reported that they do not routinely assess psychological readiness prior to RTP following ACL reconstruction. Among those who do conduct assessments, the most used tools were the Patient-Reported Outcomes Measurement Information System (PROMIS; 71%) and the ACL Return to Sport after Injury scale (ACL-RSI; 57%). Fewer surgeons reported using the Tampa Scale of Kinesiophobia (TSK) or the Patient Health Questionnaire-2/9 (PHQ-2/9).

Of the surgeons who routinely assess psychological readiness, approximately 75% reported administering the ACL-RSI at 6 months postoperatively, and 87.5% at 9 months postoperatively. However, significant variability was observed, with some surgeons administering assessments monthly and others extending evaluations beyond the 9-month time point. Notably, only a small proportion of respondents reported assessing psychological readiness preoperatively, despite emerging evidence suggesting that early psychological evaluation may correlate with overall outcomes.

DISCUSSION AND CONCLUSION:

Psychological readiness is increasingly recognized as a critical factor in successful return-to-play (RTP) following anterior cruciate ligament (ACL) reconstruction. However, our study revealed substantial variability in current assessment practices among orthopaedic sports medicine surgeons. Despite its importance, over half of the surgeons (58%) do not routinely evaluate psychological readiness before RTP. Among those who do, the ACL-RSI and PROMIS are the most used tools, with significant variation in timing—ranging from monthly assessments to evaluations extending beyond 9 months.

Interestingly, few surgeons assess psychological readiness preoperatively, despite evidence suggesting early evaluation may improve outcomes. These findings highlight a gap in clinical practice and emphasize the need for standardized guidelines to ensure consistent, evidence-based assessment of psychological readiness, which could improve outcomes for athletes undergoing ACL reconstruction.

Figure 1. Instruments utilized by Orthopaedic Sports Medicine Surgeons to assess psychological readiness

Figure 1

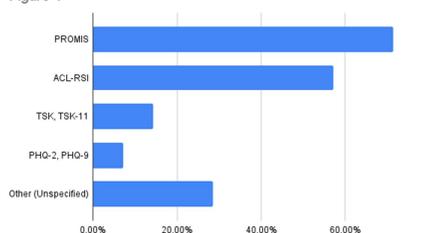


Figure 2. Perioperative administration of ACL-RSI to assess psychological readiness

Figure 2

