Psychosocial and Environmental Barriers to Recovery after Knee Christophen Kyenze, Ph.D., Caroline Lisee, M.Ed., ATC **Sports Injury Research Lab** 

#### **Conflict of Interest Disclosure**

- The presenter has no conflicts of interest to disclose
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#### Objectives



#### Hallmarks of Effective Secondary Prevention



#### What Is A Successful Outcome?

1. Return to Function and Psychological Readiness

2. Return to Sport or Desired Physical Activity

3. No Subsequent Re-Injury or Contralateral Injury

4. Minimal Risk of Long Term Complication

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# The Big Idea

- We talked to 10 patients who had not yet been cleared:
  - Perceived barriers to recovery and return to activity after ACLR
  - Positive rehabilitation factors that facilitate return to activity
  - Negative perceptions of rehabilitation and return to activity.



#### **Barriers for Return to PA**



#### **Positive and Negative Rehabilitation Factors**

#### Positive Recovery Factors

#### Negative Recovery Factors

- Knowledge of injury/recovery
- Trusting relationship w/ clinicians
- Positive peer role models

- Negative reactions by family/peers
- Lack of attention from PT/surgeon
  - No mention of goals
  - Attention divided
- Generalized approach to treatment

#### We Weren't the Only People with this Idea



#### We Weren't the Only People with this Idea (Take 2)



Paterno et. al. 2019

#### What Is A Successful Outcome?



Psychological Readiness for Return to Activity

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#### **Take Home Message**



Actively addressing fear of re-injury and providing adequate social support may aid young patients in overcoming common barriers to rehabilitation progress after ACLR.

#### Table 1

**Psychological Terms and Definitions** 

Term	Definition
Self-concept	Multidimensional construct that refers to the general way one perceives oneself
Self-efficacy	Belief in one's ability to succeed in a particular situation or execute actions
Self-esteem	Overall sense of self-worth and personal value
Locus of control	Belief in the relationship between action and outcome; feeling like one has control
Athletic identity	The degree to which one identifies with the
Psychological or emotional	Upsetting or intrusive feelings that prevent
distress	a person from optimal performance
Catastrophizing	Assuming the worst case scenario; interpreting any negative stimuli as disaster

#### Table 2

Psychological Variables and Associations in Anterior Cruciate Ligament Recovery

Study	Psychological Variable	Effects
Tripp et al <sup>23</sup> Mainwaring et al <sup>24</sup> Smith et al <sup>26</sup> Morrey et al <sup>27</sup> Udry et al <sup>33</sup>	↑Psychological distres	<ul> <li>↑: Emotional disturbance, anxiety, depression, mood disturbance, pain intolerance, catastrophizing</li> <li>↓: Self-esteem</li> </ul>
Thomeé et al <sup>34</sup> Thomeé et al <sup>36</sup> Thomeé et al <sup>37</sup> Mendonza et al <sup>39</sup>	↑Self-efficacy	↑: Activity level, KOOS scores, return to sport, knee-related QOL, single-leg hop test, internal LOC, adherence to rehabilitation ↓: Symptoms
Ardern et al <sup>7</sup> Nyland et al <sup>35</sup> Thomeé et al <sup>37</sup>	↑Locus of control	↑: KOOS scores, IKDC scores, satisfaction, mental health, physical function, social function, knee function, self- efficacy, return to sport at 1 year
Brewer et al <sup>25</sup> Stephan and Brewer <sup>38</sup> Brewer et al <sup>40</sup>	↑Athletic identity with injury	↑: Adherence ↓: Self-concept, self-esteem
↑ = increased		

IKDC = International Knee Documentation Committee, KOOS = Knee Injury and Osteoarthritis Outcome Score, LOC = locus of control, QOL = quality of life



# **BARRIERS TIMELINE**



# ... But How Do We Assess Psychological Recovery?



#### **Patient Reported Outcomes**

1. Knee Self Efficacy Scale (K-SES) 2. Tampa Scale of Kinesiophobia-11 (TSK-11) 3. Anterior Cruciate Ligament Return to Sport after Injury Scale (ACL-RSI)



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# K-SES – Self Efficacy

Validated in ACL injured populations

• (age =  $30.1 \pm 9.1$  years)

 $\checkmark$ 

Acceptable Test-Retest Reliability • (ICC = 0.75) ADLs, Exercise Activities, Sport Activities, Future Knee Function



No Accepted Cut-off Scores



### Why Improve Self-Efficacy?



Patients that had not reached an acceptable level

- ↑ rehabilitation compliance
- Improved rates of return to activity

#### **Patient Reported Outcomes**

1. Knee Self Efficacy Scale (K-SES)

2. Tampa Scale of Kinesiophobia-11 (TSK-11) 3. Anterior Cruciate Ligament Return to Sport after Injury Scale (ACL-RSI)



#### TSK-11 – Kinesiophobia



#### Why is Fear of Movement a Problem?



#### **Patient Reported Outcomes**

1. Knee Self Efficacy Scale (K-SES)

2. Tampa Scale of Kinesiophobia-11 (TSK-11) 3. Anterior Cruciate Ligament Return to Sport after Injury Scale (ACL-RSI)



# **ACL-RSI – Psychological Readiness**

- Validated in ACLR populations
  - ACL-RSI Score = 62 @ 6 months (RTP)
  - ACL-RSI Score = 76.7 @ 12 months (reinjury)



(Mcpherson et al. 2019, Webster et al. 2018, Sadeqi et al. michigan state UNIVER 2018)

#### Why Should Patients be Psychologically Ready?

TABLE 2 Univariate Regression to Identify Factors Associated With Psychological Readiness (ACL-RSI Scores) Among All 635 Patients<sup>a</sup>

Independent Variable	β Coefficient (95% CI)	P Value
Age	-0.2 (-0.4 to -0.01)	.04
Sex	5.8 (2 to 10)	.002
Time between ACL injury and surgery	-0.1 (-0.1  to  -0.02)	.006
Preinjury sport frequency	5.4 (2 to 9)	.003
Limb symmetry index	0.5 (0.3 to 0.6)	.001
Anterior-posterior laxity	-0.6 (-1.4 to 0.2)	.2
IKDC subjective form (symptoms/function)	1.3 (1.1 to 1.4)	.001

"For categorical outcomes, a positive β coefficient is associated with male sex and the "high" category of preinjury sports frequency (4-7 days/week). ACL, anterior cruciate ligament; ACL-RSI, Anterior Cruciate Ligament–Return to Sport After Injury; IKDC, International Knee Documentation Committee.

#### \*\*\*Greater Risk of Secondary ACL Injury and Worse Return to Play



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#### ... But How Do We Address Psychological Recovery?



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#### **Guided Imagery Continued**







Cognitive/Kinesthetic Imagery = Imagine Exercises i.e. "quadriceps strength increasing" Motivational imagery = set goals, increase confidence

i.e. "performing at peak in 3 months time"

Healing Imagery = Imagine Physiological Processes

i.e. "interior of joint returning to normal"

(Maddison et al. 2012, Lebon 2012)

# **Progressive Relaxation and Guided Imagery**

Intervention:

- Twice a month throughout rehab
- Breath-assisted relaxation and guided imagery



↑ Knee Extension Strength

↓ <u>Reinjury Anxiety</u>

↓ <u>Pain</u>

(Treatment Compared to Placebo and Healthy Controls)

#### **Other Intervention Considerations**

$\downarrow$ fear of reinjury, $\uparrow$ self-efficacy $\downarrow$ fear of reinjury		
$\downarrow$ fear of reinjury		
个 self-efficacy		
↑ self-efficacy		
<ul> <li>Activities of Daily Living</li> <li>stairs climbing, walking</li> <li>Knee ROM exercises</li> </ul>		

	N	ΤE	RVI		ONS	
Patient Education Progressive Relaxation						
Modeling						
Goal Setting						
Graded Exposure						
Guided Image	ry					
External/Socia Support	al		•		•	
	Injury	Surgery	1 mo.	4 mo.	6 mo.	Return to Activity

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#### **Sex Differences**



Women Demonstrate...

- Lower Self-Efficacy
- Greater Anxiety
- Self-Worth
  - Physical Self-Concept vs. Athletic Identity

#### High-Risk Movement Patterns in Female Patients



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#### Conclusions



#### Thank you!







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