



Anterior Cruciate Ligament (ACL) reconstruction re-injury prevention test – information for physiotherapy practices

Background

The Anterior Cruciate Ligament (ACL) reconstruction Re-Injury Prevention Testing programme (RIPT) is a credible and replicable functional outcome test following ACL reconstruction. The programme has been developed, tested and verified internally at Unisports Orthopaedics, Auckland then implemented into practice in collaboration with ACC.

Unisports Orthopaedics and ACC ran a year long pilot program from April 2018 to April 2019 with select physiotherapy practices in three regions; Waikato, Wellington and Palmerston North. Wellington Sports Med was one of the practices accredited with delivering this program in Wellington. This involved Wellington Sports Med physiotherapists having specific training in the research behind functional testing such as the RIPT, application of the RIPT to a cohort of ACC ACL patients, and participating in ongoing education. As of April 2019 the ACC ACL RIPT pilot has officially ceased.

Ongoing testing

We are now working collaboratively with Unisports Orthopaedics directly to continue to deliver the RIPT program until the long term future is decided. Wellington Sports Med is committed to delivering the program to ensure that good outcomes are achieved for ACL patients. The testing procedure, education, reports and feedback to the patient will still be delivered to the same high quality. Unisports Orthopaedics Auckland is working with ACC to develop a long term solution and funding plan for the ACL RIPT program.

Throughout the pilot program the cost of testing was fully covered by ACC. Now that the pilot has finished there is now a **surcharge of \$90 to the patient** as there is no longer any current funding to cover the testing. This is a highly invaluable tool in a patient's rehab given the assessment, feedback & education, thorough report sent back to the patient and physiotherapist.

Description

The ACL RIPT involves a physiotherapist testing patients after ACL reconstruction and subsequent rehabilitation to determine if it is safe for the patient return to sport or particular activities. This test uses a battery of functional tests and outcomes to determine the functional level of the patient. The test is a 60-min assessment that determines an individual's psychological and physical readiness. These are the key factors identified in the literature that can be used to predict an individual's risk of re-injury.

The assessment consists of:

- The ACL return to sport index subjective questionnaire
- Single leg hop for distance (performed with hands behind back, tested bilaterally)
- Single leg triple hop for distance (performed with hands behind back, tested bilaterally)
- Single leg triple cross hop for distance (performed with hands behind back, tested bilaterally)



- Single leg box drop vertical jump (tested bilaterally)
- Single leg 4 repetition max incline leg press
- Modified T agility test.

Testing procedure

The physiotherapist supervises the assessment whereby the patient undergoes the battery of tests, as above.

The results of the test are explained to the patient by the physiotherapist in clinic.

Pass

- If the patient is deemed to pass the assessment they will be given advice on how to safely build back into activity and a report is written to their treating physiotherapist, and surgeon.
- The patient will be referred back to the treating physiotherapist to monitor return to further activity.

Fail

- If the patient does not pass the assessment they are taken through the results and reasons they did not pass. They are guided on what their rehabilitation needs to focus on to achieve the pass standard. This information informs the report sent to their treating physiotherapist and surgeon.
- The patient will be referred back to the treating physiotherapist to progress rehabilitation further.
- The patient is still able to be re-tested at a point where the treating physiotherapist deems appropriate.

Referral

Currently we are able to accept referrals directly from physiotherapists, GPs, surgeons or patients. Suitable patients are those deemed by a physiotherapist to have reached a suitable level of rehabilitation following ACL reconstruction to undergo the assessment. **Patients must be competent at single leg jump-landing tasks before testing.** There is no restriction on other co-existing injuries such as meniscectomy or meniscus repair done at the same time.

In order to arrange a testing a simple clinic referral letter is suffice. This clinic letter should contain the client's contact details, ACC details and their stage of recovery. If there is any difficulty with the referral process then please do let our practice know and we can try and facilitate that.

Surgeon involvement

All orthopaedic surgeons who complete a high number of ACL surgeries in Wellington are aware of this programme and do have adequate information regarding the RIPT. Majority of the surgeons refer directly for RIPT testing at the final consultation they have with the patient. In some cases a surgeon may refer for RIPT testing at 3-6 months post surgery. In this scenario, the patient will be contacted, advised of their referral, provided with information about the RIPT testing, and advised to continue



with physiotherapy until deemed functionally ready. The surgeon involved with the patients care will still receive a copy of the RIPT report following testing.

Results

Throughout the last year we have tested over 70 patients under the RIPT program. Our findings are similar to that of Unisports whereby a high number of patients are not functionally ready to return to sport. The data Unisports collected throughout their testing suggests that approximately 50% of patients tested pass the RIPT on their first attempt. Furthermore, only 20% of patients under 20 years of age pass on their first attempt. This highlights the importance of this testing in identifying patients who are at risk of further injury and more so the importance of continuing the RIPT program. This is shaping to be an integral and accepted part of practice and ensures good outcomes for patients, surgeons, and therapists.

Application

The ACL RIPT is designed to be used as a functional tool at the end stage of ACL rehab. We do now have some autonomy around the application and can apply this testing to complement a patient's ongoing physiotherapy rehab rather than exclusively at the end of rehab. In this way it is reinforcing the messages from the treating physiotherapist, providing patient education and setting a clear expectation of what is functionally required following ACL reconstruction. This can be useful in a clinical scenario where a patient feels they are ready to return to sport (and are not), patients do not have a clear understanding of functional requirements, or as a way of refining rehab goals for a patient. This in no way should replace a physiotherapy guided rehab program.

Cost

The testing is a cost of \$90 to the patient for the immediate future of the program. The hope is that will be fully covered by ACC funding in future.

Wellington Sports Med Physiotherapists

The two physiotherapists delivering this programme for Wellington Sports Med are Campbell Makea and Tim Dovbysh. Campbell is the programme lead for our practice, so any queries can be directed towards him at Campbell@wellingtonsportsmed.co.nz or alternatively referrals and other queries to our admin team at admin@wellingtonsportsmed.co.nz.

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If you have any questions or comments please don't hesitate to contact us.

Regards

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