



SPORTS SURGERY CLINIC
DUBLIN

ACL: Participant Information Leaflet

We would like to invite you to take part in our research study. Before you decide, it is important to understand what involvement in the project will mean for you and why the study is being done. Please read the Patient Information Leaflet carefully. If you wish, you may discuss the study with others. Ask us if you need more information or if you are not clear about anything and take time to decide whether you want to take part or not.

Study Title:	3D analysis of dynamic tasks and muscular strength following anterior cruciate ligament reconstruction
Chief Investigator	Dr Andy Franklyn-Miller, Sports Medicine Consultant, Sports Surgery Clinic
Contact Details	<p>The chief investigator is Dr Andy Franklyn-Miller: Email: sportsmedicine@sportssurgeryclinic.com Telephone 015262047</p> <p>If you would rather contact an independent person for advice on taking part in research, you can contact Emer Agnew, Chairperson of the SSC Research Ethics Committee, Sports Surgery Clinic: Email: emeragnew@sportssurgeryclinic.com; Telephone: 015262060</p>

What is the purpose of the study?

At Sports Surgery Clinic we are continually striving to improve the quality of care that we provide to all our patients. We are carrying out ongoing research with the aim of improving the outcomes for patients after ACL reconstruction. We are investigating whether certain patient characteristics, interventions and biomechanical variables prior to return to play will lead to better outcomes and reduced likelihood of re-injury after ACL reconstructive surgery.

Do I have to take part?

All the procedures described here are part of the normal rehabilitation assessment process after ACL reconstruction but taking part in the research study is optional. We will describe the study and go through the information sheet with you. You do not have to decide straight away. If you agree to take part, we will then ask you to sign a consent form. You are free to withdraw from the study at any time without giving a reason and withdrawal from the study will not affect the standard of care you receive.

What is the process if I take part?

All tests are part of the standard SSC rehabilitation assessment process. We will ask you to complete a number of questionnaires and give some additional information regarding your injury history. Several months after surgery, we will also ask you to perform a series of jumping, landing, cutting and strength-assessment exercises designed to stress the body in sport-specific manner. You will have the tests demonstrated to you and be allowed to practice prior to data collection. If you have any questions or concerns please raise them before completing the test. We use an online web hosting site which will allow you secure access to the video files of your testing.

How long will my participation in the study last?

You be tested at approximately 4 and 7 months post-surgery and we will coincide your testing with your consultant review. You will complete a number of questionnaires prior to your surgery and will be contacted via email, telephone or post for completion of final questionnaires at 1, 2 and 5 years post-surgery.

Will taking part be kept confidential?

All recordings will be treated as confidential and only made available to people unrelated to your medical care with your consent. When the results of the study are reported, individuals that have taken part will not be identified in any way.

Who has reviewed this study?

All research at the Sports Surgery Clinic is reviewed by an independent group of people, called a Research Ethics Committee, to protect your interests. The study has been approved by the Sports Surgery Clinic Research Ethics Committee

What happens at the end of the study?

It is anticipated that the results of the study will be published in a peer reviewed journals as well as being presented at relevant conferences. All information from your individual assessments will be fully anonymised and confidential so people will not be able to identify you personally from the information.

What are the possible benefits in taking part?

All tests comprise part of our standard rehabilitation assessment after ACL reconstruction, which provides information to you, your consultant and your physiotherapist on strength and performance measures. This may help guide the decision making for your return to sport and may help reduce the risk of re-injury. By allowing us to use your data for our research study, you may help us to improve outcomes for future patients after ACL reconstruction.

What are the possible disadvantages and risks of taking part?

In any testing programme there is a risk of injury. Care has been taken in the design of the tests to apply no more load than required or encountered in normal training. If you feel pain, or cannot complete the testing, please tell your biomechanist who will cease the testing. There is always the risk in any training exercise of acute injury. While we minimize these risks as much as possible, you should understand that injury can occur. Should injury occur, testing will be terminated, and first aid will be administered using the PRICE (protect, rest, ice, compress, elevate) principles. A Chartered Physiotherapist at the SSC will then assess the injury and advise in its treatment. The study includes a questionnaire that measures your well-being in the recent past. You might find while you are answering it that you would like to talk to someone about some of the issues it raises. We will be happy to recommend someone to you.

What if I wish to complain?

The chief investigator is Dr Andy Franklyn Miller: Email: sportsmedicine@sportssurgeryclinic.com Telephone 015262047

You can also contact Emer Agnew, Chairperson of the SSC Research Ethics Committee, Sports Surgery Clinic

Email: emeragnew@sportssurgeryclinic.com Telephone: 015262060



ACL Pre-Op Form

Name: _____

Date of Birth: ____/____/____

Email: _____

Contact Number: _____

Date of Surgery: ____/____/____

Surgeon : _____

What Side Knee is your ACL Rupture? Left Right

Date of Injury : ____/____/____

Did you have your MRI Scan at the S.S.C? Yes No

If no, does your Surgeon have a copy of the disk? _____

Is this your first ACL operation? Yes No

If **NO** please complete the following :

When did you have previous ACL Operation? _____
What side was previous rupture? <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both
Did you return to sport ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you returned to sport, What date ? ____/____/____
At what Level did you return to? <input type="checkbox"/> Same <input type="checkbox"/> Higher <input type="checkbox"/> Lower



Pre Operative Performance Review

Patient Name: _____

Date of Birth: _____ / _____ / _____

Date of Injury: _____ / _____ / _____

Smoker: Yes No

MRI in SSC: Yes No

Which sport were you playing when you injured your ACL?

Gaelic Football	<input type="checkbox"/>	Hurling / Camogie	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	Rugby	<input type="checkbox"/>
Athletics	<input type="checkbox"/>	Basketball	<input type="checkbox"/>
Racket Sports	<input type="checkbox"/>	Snow Sports	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	Road Accident	<input type="checkbox"/>
Other (Please Specify) _____			

Prior to injury, at what level did you participate?

Rugby / Soccer	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Semi-Professional	<input type="checkbox"/>	Club	<input type="checkbox"/>	Social	<input type="checkbox"/>
GAA Club	<input type="checkbox"/>	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Junior	<input type="checkbox"/>	U 21	<input type="checkbox"/>
	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Under Age	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
GAA Intercountry	<input type="checkbox"/>	Senior	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Junior	<input type="checkbox"/>	U 21	<input type="checkbox"/>
	<input type="checkbox"/>	Minor	<input type="checkbox"/>	Under Age	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>	Elite	<input type="checkbox"/>	Club	<input type="checkbox"/>	Social	<input type="checkbox"/>		<input type="checkbox"/>

What level of sport do you expect to return to?

Same Level
 Lower Level
 Higher Level
 Other Sport
 No Sport

Injury Details

Where you injured during?

- Training Competition Other: _____

Did the injury occur during?

- Direct Contact (To the injured knee) Indirect Contact (Other than knee) Non-Contact

Which is your dominant leg?

- Right Left Both

What was the mechanism of the injury?

- Jumping Landing Side Stepping / evading
 Turning Tackling Being Tackled
 Other: _____

What footwear were you wearing when you injured you ACL?

- Moulded Blades Studs
 Runners Shoe Ski-boot

What surface were you playing on when you were injured?

- Grass Astro Hard (Court/Tarmacadam/Wood) Snow

Have you had pervious ACL reconstruction?

- Yes No

If yes, which side

- Right Left Both

Instructions

Please indicate how often you performed each activity in your healthiest and most active state, in the last month before injury.

1. Running while playing a sport or jogging?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week

2. Cutting, changing directions while running?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week

3. Decelerating, coming to a quick stop while running?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week

4. Pivoting, turning your body with your foot planted while playing a sport. For example skiing, skating, kicking, throwing, hitting a ball (golf, tennis, squash etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than one time in a month	One time in a month	One time in a week	2 or 3 times in a week	4 or more times in a week