

## Discussion

**Dr. Robin V. West:** *Are there any in-office tests that can be used to “clear” an athlete to play?*

**Author’s answer:** Return to play for each athlete after ACLR can be variable. Although there are not any standard criteria to clear an athlete, there are several factors considered when seen in-office for return to play clearance. Some of the factors to consider are:

- (I) Completion of formal rehabilitation program;
- (II) In-office manual strength testing of hip flexors, abductors and quadriceps equal to non-operative side;
- (III) Psychological readiness—does athlete feel “ready” to return to play;
- (IV) Consideration of sport, position, time in season, level of play.

**Dr. Robin V. West:** *How do you select the graft type when consenting a patient for surgery?*

**Author’s answer:** Graft selection is an individualized

conversation had with each patient. Consideration of athlete’s size and sport(s) are discussed. Usually in patients under the age of 30 for a primary ACLR, the discussion will focus on autograft choices which include hamstring, BTB and quadriceps tendon. In very small females, where graft size may be of concern, a quadrupled hamstring (either a quadrupled semitendinosus or if necessary a combined semitendinosus and gracilis) can almost always guarantee a graft diameter of >9 mm.

**Dr. Robin V. West:** *How do you address a low ACL-RSI score at 4 months postoperatively?*

**Author’s answer:** It is important to have this conversation with patients who may be struggling, from a psychological perspective, with their injury, surgery and postoperative rehabilitation. During this conversation, it is important to:

- (I) Understand the patients fears/concerns/feelings;
- (II) Make sure that the patient is working with a physical therapist who can help boost confidence as rehabilitation progresses;
- (III) Offer psychological support.