PROMOTING OPTIMAL PHYSICAL ACTIVITY FOLLOWING ACLR

DEFICITS IN PHYSICAL ACTIVITY POST- ACLR

- Less time in daily moderate to vigorous physical activity (MVPA) & lower step counts
 - Continued 8+ years
 - More significant in females
- Patients overestimating own activity behavior
 - Report high knee function with low pain
 - Measures show low physical activity





EFFECTS OF DEFICITS

- J MVPA = poorer self-reported knee function
- ↓ MVPA = increased risk of chronic disease & premature mortality
- ↑ risk for PTOA & future TKA
- Many individuals not returning to sport
 Many NOT staying in once returned

RECOMMENDATION FOR PATIENTS

- Identify & address risk factors
- Promote physical activity guidelines
- Educate on future risk with sports and occupation
- Facilitate adherence to future physical activity
- Consider individuals' attitudes & beliefs
- Follow-up with patient following discharge



CHILDREN & ADOLESCENTS PHYSICAL

ACTIVITY GUIDELINES

- 60 minutes+ MVPA/day
 - Aerobic: 60 mintues+, 3x/week
 - Muscle strengthening: 60 minutes+, 3 days/week
 - Bone strengthening: 60 minutes+, 3 days/week

ADULT PHYSICAL ACTIVITY GUIDELINES

- 150 to 300 minutes moderate activity/weekly
- 75 to 150 minutes vigorous activity/weekly
- Muscle strengthening: 2x/week

65

89

• Step count: 7000-8000 steps/day

IMPLEMENTATION FOR ACLR PATIENTS



- Educate: give patient tools
 - Examples, progressions, regressions
- Utilize resources, i.e. fitness device technology
- Remove barriers
- Play to individual interests
- Address attitudes & beliefs
- Aftercare: follow up after discharge to offer help & suggestions as needed

PHYSICAL ACTIVITY EXAMPLES



Muscle Strengthening & Aerobic Activity

Aerobic Activity





Aerobic Activity & Potential Muscle Strengthening (lifting/carrying)

Muscle Strengthening, Bone Strengthening, & Aerobic Activity





Muscle Strengthening & Aerobic Activity

Muscle & Bone Strengthening Activity with Stretching





Muscle Strengthening & Aerobic Activity