

Reasons Why Patients Do Not Return to Sport Post ACL Reconstruction: A Cross-Sectional Study [Response to Letter]

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Dear editor

We appreciate the interest and feedback, which reinforce the importance of our work. We thank the reviewers for their comments on our manuscript titled “Reasons Why Patients Do Not Return to Sport Post ACL Reconstruction: A Cross-Sectional Study”.

Methodological Considerations

While a longitudinal study could better track recovery patterns over time, we chose a cross-sectional design to efficiently identify common barriers to return-to-sport (RTS) in a resource-limited setting. However, a key limitation of cross-sectional studies is that they capture data at a single point in time, which may not fully reflect the dynamic nature of recovery. Despite this, our approach aligns with studies in similar contexts and provides essential baseline data for future research.

To mitigate potential bias in telephone interviews, our interviewers underwent standardized training, including scripted questions, neutral phrasing, and ethical adherence. Participants were assured anonymity to reduce social desirability bias, a detail emphasized in the methods section.

As noted in the methods section, all anterior cruciate ligament (ACL) reconstructions in our study were performed by a single surgeon using the same surgical technique, which is described in detail in the original study.¹ Furthermore, postoperative rehabilitation was also standardized for all patients, as the surgeries followed the same technique and adhered to institutional protocols, ensuring methodological consistency.

Writing Format and Clarity

To improve clarity, we revised the sentence noted in the critique to say,

To optimize rehabilitation protocols, a patient-centered approach is essential, integrating tailored counseling that addresses psychological, socioeconomic, and lifestyle barriers unique to each individual.

In the discussion, we aimed to contextualize our findings within global and regional research through a detailed literature review. Additionally, the reviewer recommended emphasizing certain aspects in this section.

Statistical Interpretation

Odds ratios were computed from 2×2 cross-tabulations using the appropriate SPSS functionalities. We also calculated the Phi coefficient (0.271) as part of our response. Our data did not meet the statistical requirements for conducting a regression

model; therefore, our analysis adhered to proper univariate methods. It should be noted that the odds ratio is a relative and unstandardized measure of likelihood, primarily used to indicate the strength and direction of the association. The significance of rehabilitation completion was discussed in the discussion section of the original study and contextualized through comparisons with local, regional, and international literature.¹ While surgery is critical in ACL reconstruction, our findings underscore the importance of postoperative rehabilitation for successful RTS.

Recommendations

These recommendations closely align with the limitations and future directions outlined in our original discussion section. We emphasize the need for diverse methodologies, including larger sample sizes, multicenter longitudinal studies, qualitative approaches, and validated psychological scales, to better understand the barriers to returning to sport after ACL reconstruction.

Disclosure

The authors report no conflicts of interest in this communication.

Reference

1. Hamdan M, Haddad BI, Amireh S. et al. Reasons why patients do not return to sport post ACLreconstruction: a cross-sectional study. *J Multidiscip Healthc.* 2025;18:329–338. doi:10.2147/JMDH.S493838

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