

Chapter 19

Patient–Centred Care in ACL Reconstruction and Meniscus Repair and Rehabilitation: A Chinese Case Study

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ABSTRACT

There is an inherent risk for anyone who plays competitive sport or engages in strenuous activity that at some juncture they may suffer an injury which will require surgery. This is a situation in which prevention is not always a viable substitute for cure. Beyond the immediate pain and distress that injuries can cause and the difficult decisions that may have to be made with regards to surgery, there is also a wide range of physical and psychological challenges that patients will face and have to overcome during their recovery journeys. This chapter considers the case of an experienced expatriate amateur sports player in China who ruptured his ACL and punctured his meniscus playing football. It explores his experience of the process he then went through as he navigated diagnosis, surgery, and subsequent recovery, considering his rehabilitation motivation and the social identity impact he encountered. It also takes into account patient autonomy, shared decision making, and engagement in medical practice.

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INTRODUCTION

There is an inherent risk for anyone who plays competitive sport or engages in strenuous activity that at some juncture they may suffer an injury which will require surgery. This is a situation in which prevention is not always a viable substitute for cure. Beyond the immediate pain and distress that injuries can cause and the difficult decisions that may have to be made with regards to surgery, there is also a wide range of physical and psychological challenges that patients will face and have to overcome during their recoveries. One of the most common, yet feared, injuries needing surgery is a torn or ruptured anterior cruciate ligament (ACL). Given that the increased prevalence of ACL injuries was being described as an epidemic for female athletes over a decade ago due to anatomical, environmental, hormonal, and bio mechanical factors (Silvers, 2009), and is now becoming a weekly occurrence in elite men's sports with increased intensity also being cited (Dean, 2023) it is clear that this is a medical area of interest, especially in the world of football. Indeed, ACL injuries led to many acclaimed international female football players missing the 2023 FIFA World Cup (Sealy, 2023), and this trend in sport is likely to continue for the foreseeable future. It is also ominous that teenagers are now 29 times more likely to need surgery for this injury than two decades ago (Hughes, 2023). Beyond the personal challenges and direct economic burden resulting from these injuries, as Ross et al. (2023) draw attention to in the case of the latter point, and Hewett et al. (2010) suggests costs in the region of \$17000 USD to \$25,000 USD per surgery and rehabilitation programme, there is also the indirect but associated costs to employers. For example, the Al Hilal player Neymar, who had only recently moved to the club for a fee of \$98.6m, suffered just such an injury while representing Brazil in international football (Garcia, 2023). With return-to-play rates revealing that only 65% of players still play at an elite level 3 years after a rupture (Walden et al., 2016), and return to pre-injury performance levels closer to 55% (Gokeler et al. 2022), this and the other aforementioned points present a concerning picture for all.

There are also clearly implications for players who are not professional athletes, and who will not have the same level and quality of support in place. Given that many orthopaedic experts suggest a 9-12 month return to competitive sport (Stirton, 2019; Takazawa et al., 2017), despite occasional exceptions such as South Africa rugby captain Siya Kolisi (Morgan, 2023), injured individuals have to brace themselves for the recovery long haul. Even in cases where hamstring autografts feature, a return to sport is not advocated during the 4-6-month period (Janssen et al., 2018), and this says nothing about the impact that the injury and recovery will have on their day to day activities, experiences and emotional states. What is also interesting about the literature available is that the vast majority is either clinical or quantitative in nature. Where qualitative studies feature they tend to consider numerous stakeholders, but not necessarily the patient who is central to everything. For example, Dunphy et al. (2022) reported on physiotherapists and orthopaedic surgeons, but this meant overlooking those with whom they worked. Other studies have collected the patient perspectives through pre-defined bounds in the form of an online questionnaires as the work of Walker et al. (2021) highlights. Clearly, all studies have to make compromises, but there appears to be a lack of exploration of the patient's perspective of the experience and process, and even more so from an expatriate player's perspective in an overseas location, in this instance China, where there are very few patient centred, depth enlightening, qualitative case studies. Consequently, this chapter will consider the experience of an amateur sports player who ruptured his ACL and punctured his meniscus playing football. It will consider his view of the process he then went through as he navigated diagnosis, surgery and subsequent recovery, considering his rehabilitation motivation and any social identity impact. It will additionally consider patient autonomy, shared decision

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