

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

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Dear editor

The recently published article, “Reasons Why Patients Do Not Return to Sport Post ACL Reconstruction: A Cross-Sectional Study”, by Hamdan et al presents valuable insights into the multifaceted barriers preventing individuals from resuming sports after ACL reconstruction (ACLR). While the study is commendable, I would like to offer constructive feedback regarding its methodological rigor, writing format, and statistical interpretation.¹

Methodological Considerations

The study utilizes a cross-sectional design, which is suitable for identifying associations but restricts causal inferences. Although the authors recognize this limitation, adopting a longitudinal study design could have offered more comprehensive insights into the trajectory of psychological and physical recovery following ACLR. Additionally, while telephone interviews were a practical method for data collection, they introduce the risk of response bias. Providing further details on how interviewers were trained to mitigate bias and maintain consistency in responses would strengthen the reliability of the findings.

Another methodological concern lies in the inclusion criteria. Although the study includes patients who underwent primary ACL reconstruction, it does not clarify whether all surgical procedures adhered to the same rehabilitation protocol. Differences in rehabilitation approaches could have a substantial impact on return-to-sport rates, and future studies should consider accounting for these variations.

Writing Format and Clarity

The article is well organized, with a clear distinction between the background, methods, results, and discussion sections. However, minor grammatical errors and awkward sentence structures occasionally affect readability. For instance, in the conclusion, the phrase “in order to enhance future rehabilitation protocols, it is crucial to adopt a balanced approach that integrates patient-specific counselling that consider the disparities and barriers related to individuals’ lives” could be refined for better clarity.

Moreover, the discussion section could be more concise by reducing repetitive comparisons to existing literature. While it is essential to contextualize the findings, presenting them in a more streamlined manner would improve readability without compromising depth.

Statistical Interpretation

The statistical analysis is largely sound, employing appropriate methods such as chi-square tests, Fisher’s exact test, and independent *t*-tests. Additionally, the inclusion of confidence intervals for odds ratios enhances the reliability of the conclusions. However, the study would be improved by a more detailed discussion of effect sizes. For example, while the

odds ratio for rehabilitation completion (OR = 6.277, $p = 0.001$) is statistically significant, elaborating on its clinical significance would offer a more well-rounded interpretation of the findings.²

Furthermore, although the study references logistic regression, it does not clearly specify whether adjustments were made for potential confounders like age, gender, and BMI. Implementing a multivariate regression model would have been a more effective approach to control for these variables and better distinguish the influence of psychological and physical factors on return-to-sport rates.

Overall, this study provides valuable insights into the barriers preventing return to sport after ACLR. However, future research should focus on incorporating longitudinal designs, enhancing methodological transparency, and offering more detailed statistical interpretations. Addressing these factors will further enhance the study's impact and practical applicability.

Disclosure

The authors report no conflicts of interest in this communication.

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