

32nd Annual Magic City Sports Medicine Conference

FORCE CAPACITY TESTING IN ACL REHABILITATION & RETURN TO PLAY

Laura Opstedal, PT, DPT, OCS, SCS, USAW-2
Build Physio & Performance | Owner
Bozeman, MT




1

**RETURN TO PLAY IS A PROCESS!
NOT AN EVENT!**

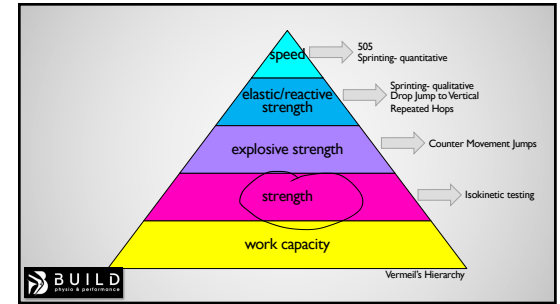
Reframe thinking

Your rehabilitation IS the return to play process

And, serial testing keeps us honest




2



3

"FUNCTIONAL TESTS"

- Horizontal Hop Test- single hop for distance, triple hop, cross over hop
- Y Balance Testing
- Side to Side Hop Test
- Vertical Hop Test
- Drop Jump
- LESS

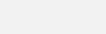


4

LIMB SYMMETRY INDEX

INVOLVED MEASURE / UNINVOLVED MEASURE X 100


GOAL TYPICALLY >90%



5

LIMB SYMMETRY


- INCORRECT ASSUMPTION THAT THE CONTRALATERAL LIMB IS "NORMAL"
- CONTRALATERAL LIMB CAN GET DETRAINED THROUGH REHAB
- BOTH LIMBS MAY HAVE BEEN SUBOPTIMAL AT TIME OF INJURY



6

MUSCLE CAPACITY (OR "STRENGTH")

- Max muscle strength
- Rate of force development
- Power
- Reactive Strength
- Stiffness
- Eccentric deceleration
- Muscle morphology- cross sectional area

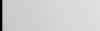


7

QUAD INDEX


involved torque / uninvolved torque X 100

GOAL TYPICALLY >90%



8

FUNCTIONAL TESTING DOES NOT MEASURE MUSCLE CAPACITY!





9

HOP TESTING




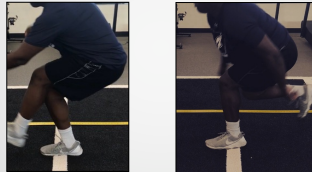
10

HORIZONTAL HOP TESTING- CROSS OVER HOP

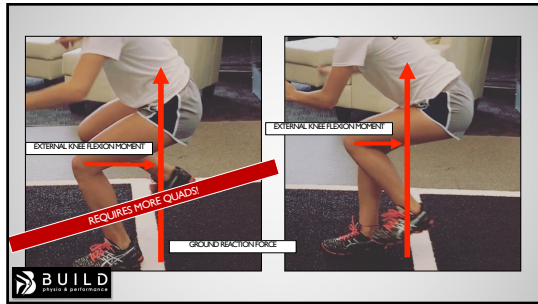


11

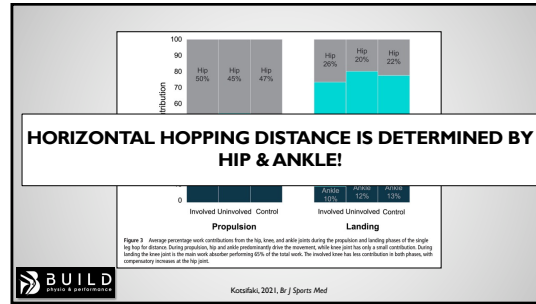
DIFFERENT LANDING STRATEGIES- WHY?



12



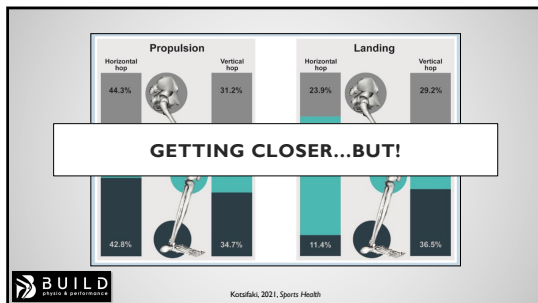
13



14

OK... WHAT ABOUT VERTICAL HOPS?

15



16

JUMP HEIGHT IS THE "OUTPUT"

HEIGHT IS NOT ONLY AFFECTED BY "STRENGTH"

- RATE OF TORQUE DEVELOPMENT / IMPULSE
- VELOCITY: often self selected
- COUNTERMOVEMENT DEPTH
- NEUROMUSCULAR TIMING & STRATEGY
- CLUEING / EFFORT

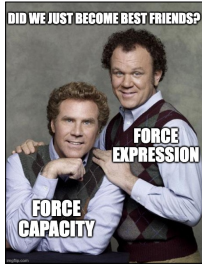

17

"STRENGTH" TESTING

18

WHAT IS "STRENGTH"

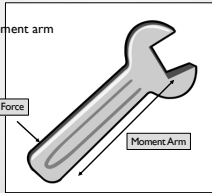

Ability to produce **FORCE**
 Force has magnitude & direction
 Units may include N or lb F (or kg F)
 Force is Independent of **EXPRESSION**

19

TORQUE



Torque = force x moment arm

20

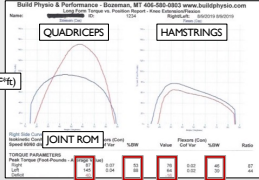
ISOKINETIC TESTING

- Accommodating resistance applied through a set range of motion at a set speed
- Measures **TORQUE**
- Can measure concentric, eccentric, and isometric





21

ISOKINETIC TESTING




Parameter	Value	Normal (Client)	Ratio
Right Side C10	0.02	0.02	1.00
Right Side C11	0.02	0.02	1.00
Right Side C12	0.02	0.02	1.00
Right Side C13	0.02	0.02	1.00
Right Side C14	0.02	0.02	1.00
Right Side C15	0.02	0.02	1.00
Right Side C16	0.02	0.02	1.00
Right Side C17	0.02	0.02	1.00
Right Side C18	0.02	0.02	1.00
Right Side C19	0.02	0.02	1.00
Right Side C20	0.02	0.02	1.00
Right Side C21	0.02	0.02	1.00
Right Side C22	0.02	0.02	1.00
Right Side C23	0.02	0.02	1.00
Right Side C24	0.02	0.02	1.00
Right Side C25	0.02	0.02	1.00
Right Side C26	0.02	0.02	1.00
Right Side C27	0.02	0.02	1.00
Right Side C28	0.02	0.02	1.00
Right Side C29	0.02	0.02	1.00
Right Side C30	0.02	0.02	1.00
Right Side C31	0.02	0.02	1.00
Right Side C32	0.02	0.02	1.00
Right Side C33	0.02	0.02	1.00
Right Side C34	0.02	0.02	1.00
Right Side C35	0.02	0.02	1.00
Right Side C36	0.02	0.02	1.00
Right Side C37	0.02	0.02	1.00
Right Side C38	0.02	0.02	1.00
Right Side C39	0.02	0.02	1.00
Right Side C40	0.02	0.02	1.00
Right Side C41	0.02	0.02	1.00
Right Side C42	0.02	0.02	1.00
Right Side C43	0.02	0.02	1.00
Right Side C44	0.02	0.02	1.00
Right Side C45	0.02	0.02	1.00
Right Side C46	0.02	0.02	1.00
Right Side C47	0.02	0.02	1.00
Right Side C48	0.02	0.02	1.00
Right Side C49	0.02	0.02	1.00
Right Side C50	0.02	0.02	1.00



22

TORQUE TO BODY WEIGHT

- Eliminates LSI which overestimates function
- Limited studies compare torque to body weight
- 3 Nm/kg (Isom @90°)- higher patient satisfaction




Kuenze, 2015; Petrosimone, 2016

23

NORMATIVE VALUES

- Isometric (90°) quads-100% body weight (3 Nm/kg)
- Isometric (90°) hamstrings- 60% body weight (1.8 Nm/kg)
- Isometric hip abduction- 2.5 Nm/kg
- Isometric hip adduction- 2.5 Nm/kg



Kuenze, 2015; Petrosimone, 2016; Reberg, 2018; Fleury-Snyder, 2002; Aargaard, 1998; Thorborg, 2014

24

LOW TECH OPTIONS



micro FET1
\$1170



\$800



\$220



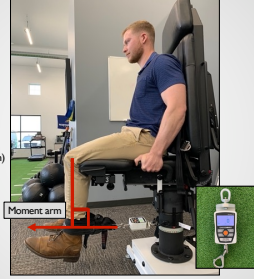
25

Quad Torque Testing


Line of pull is perpendicular to moment arm

Torque = force (N) * moment arm (m)

Torque to Body Weight = divide torque (Nm) by patient's weight in kg




Moment arm



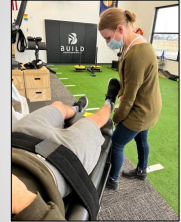
26

METHODOLOGY

- Test set up
 - Fixation- strap 'em down!
- Cueing
- Number of trials- taking average or best trial
- Testing frequency



27



A





Photo credit: Larson et al, 2022



28

HOW ARE WE DOING?

• 30-35% of pe achieve both body weight



• 9 months torque to



Chaput, 2021; Gokeler 2017

29

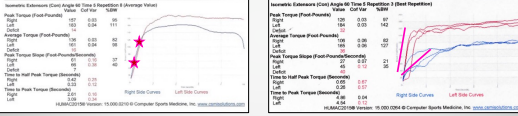
RATE


Normative Database (Mean Age±SD) Time 0 Preoperative (Average Values)

Parameter	Mean	SD	Min	Max
Peak Torque (Peak Power)	100	20	50	150
Peak Torque (Peak Power)	100	20	50	150
Average Torque (Peak Power)	50	10	20	80
Average Torque (Peak Power)	50	10	20	80
Peak Torque Slope (Peak Power/Second)	10	2	5	15
Peak Torque Slope (Peak Power/Second)	10	2	5	15
Peak to Peak Torque (Second)	0.5	0.1	0.3	0.7
Peak to Peak Torque (Second)	0.5	0.1	0.3	0.7
Peak to Peak Torque (Second)	0.5	0.1	0.3	0.7
Peak to Peak Torque (Second)	0.5	0.1	0.3	0.7

Normative Database (Mean Age±SD) Time 0 Preoperative (Best Repeated)

Parameter	Mean	SD	Min	Max
Peak Torque (Peak Power)	150	30	70	200
Peak Torque (Peak Power)	150	30	70	200
Average Torque (Peak Power)	70	15	30	110
Average Torque (Peak Power)	70	15	30	110
Peak Torque Slope (Peak Power/Second)	15	3	8	22
Peak Torque Slope (Peak Power/Second)	15	3	8	22
Peak to Peak Torque (Second)	0.4	0.05	0.25	0.55
Peak to Peak Torque (Second)	0.4	0.05	0.25	0.55
Peak to Peak Torque (Second)	0.4	0.05	0.25	0.55
Peak to Peak Torque (Second)	0.4	0.05	0.25	0.55






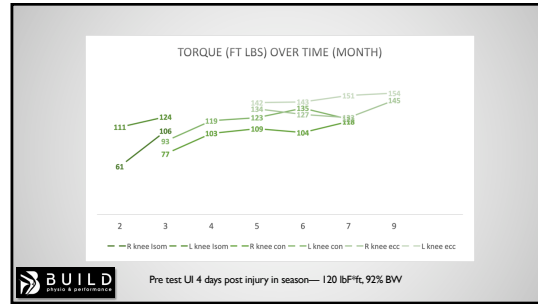
30

SERIAL TESTING

- Testing every month ensures progress is made
- Isometric testing only tests one point in the ROM
- Isometric testing will be "normal" prior to isokinetic testing- may be the point to refer out for complete testing




31



32


DON'T WAIT TO TEST

- Only 2/3 of people have quad symmetry at 4 years post ACL reconstruction!
- Half of those people had returned to sport at 1 year




33

WHEN CAN (SHOULD) I RUN?




1.72 Nm/kg & 67% LSI- minimum capacity needed to run symmetrically




34

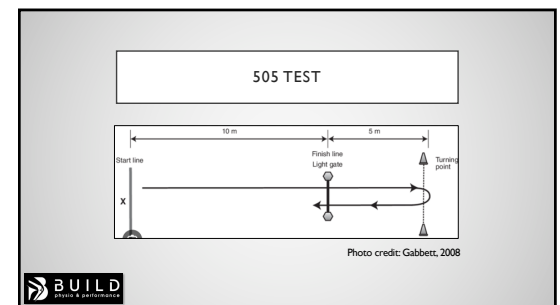
WHEN CAN (SHOULD) I JUMP?



2.07 Nm/kg- cutoff depicts when a person's knee joint power is similar to controls in a DVJ



35



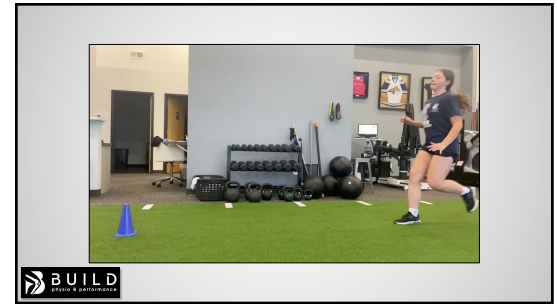
36



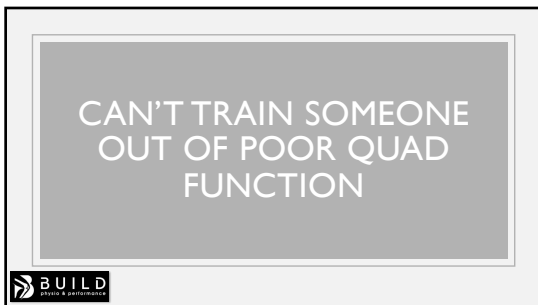
37



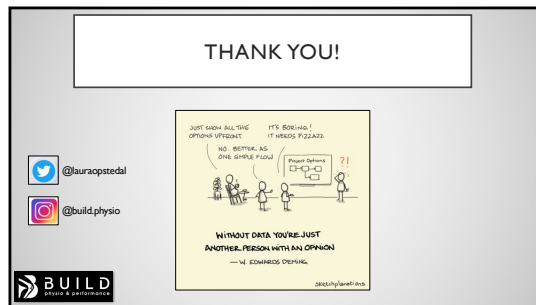
38



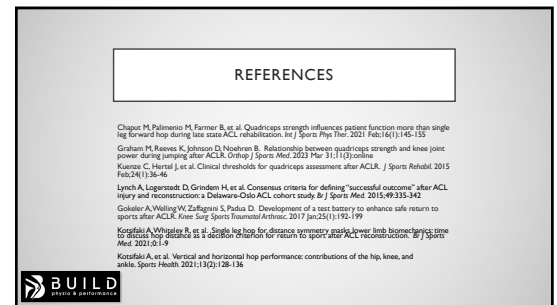
39



40



41



42

REFERENCES

Pietrosimone, B, Lapsley AS, et al. Quadriceps strength predicts self reported function post ACLR. *Med Sci Sports Exerc.* 2016 Sep;48(9):1671-7

Rambaud APK, Arden CL, et al. Criteria for return to running after ACLR: a scoping review. *Br J Sports Med.* 2018 Nov;52(21):437-444

Rosberg MA, Stoffen K, Nilsen A, et al. Normative quadriceps and hamstring muscle strength values for female, healthy elite handball and football players. *J Strength Cond Res.* 2019 Aug;33(8):2314-2323

Pouze-Snyder LL, Manis T, et al. Functionally relevant thresholds of quadriceps femoris strength. *J General Int Sci Med Sci.* 2002 Apr;37(4):44-52

Aurpud P, Simonsen LL, et al. A new concept for isokinetic hamstring:quadriceps muscle strength ratio. *Am J Sports Med.* 1998 Mar;26(2):207

Thorborg K, Brangø S, et al. Copenhagen hip and groin pain questionnaire (HAGGCS) in elite soccer: reference values for hip and groin injury-free players. *Br J Sports Med.* 2014 Apr;48(1):150-7

