

## **Return to School Following Orthopaedic Sports Medicine Procedures: A Prospective Study of Adolescents and Young Adults**

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**INTRODUCTION:** Sports medicine surgeons currently do not have sufficient empirical evidence at their disposal to counsel patients and parents regarding how soon after surgery patients should be expected to return to school. Therefore, we sought to determine mean time to return to school in adolescents and college students undergoing common sports medicine procedures, assess barriers to returning to school, and evaluate short-term academic performance following surgery.

**METHODS:** After obtaining IRB approval, patients between the ages of 14 and 25 were included in this prospective study if they were enrolled in school on a full-time basis and were undergoing any of the following procedures at our institution during the academic school year: anterior cruciate ligament (ACL) reconstruction, meniscectomy, meniscal repair, arthroscopic shoulder labral repair, and arthroscopic hip surgery (labral tears, femoroacetabular impingement, or chondral injuries). At two weeks postoperatively, patients were asked to complete a survey regarding time to return to school and barriers to returning to school. At 6 weeks and 12 weeks postoperatively, patients were asked to complete another survey inquiring about difficulties faced upon returning to school and their academic performance following surgery.

**RESULTS:** In the 2017-2018 academic school year, 72 eligible patients (52.8% female, 47.2% male) with a mean age of 18.7 years (14.6 - 24.9 years) were prospectively enrolled in this study. The survey response rates were 90.3% at 2 weeks, 81.9% at 6 weeks, and 52.8% at 12 weeks. In our sample, 56.9% of patients were enrolled in middle/high school, 33.3% were enrolled in college, and 9.7% did not specify their grade level. The procedures performed included ACL reconstruction (52.8%), ACL reconstruction with concomitant meniscal repair (11.1%), arthroscopic shoulder labral repair (15.3%), arthroscopic hip labral repair (13.9%), meniscectomy (4.2%), and isolated meniscal repair (2.8%). The mean number of days, including weekends, to return to school after surgery was: 7.6 days  $\pm$  3.3 for ACL reconstruction, 6.6 days  $\pm$  2.6 for ACL reconstruction with meniscal repair, 5.2 days  $\pm$  2.0 for arthroscopic shoulder labral repair, 9.6 days  $\pm$  4.8 for arthroscopic hip labral repair, 5.5 days  $\pm$  2.1 for meniscectomy, and 2.0 days for isolated meniscal repair. The top 3 cited barriers for failing to return to school sooner were: not feeling ready to return, pain, and restricted mobility. At 6 weeks postoperatively, 8.3% of patients reported failing an exam within the 6 months prior to surgery and 16.7% of patients reported failing an exam after their surgery ( $P = 0.126$ ). Moreover, 15.2% of patients felt the timing of their surgery negatively impacted their school performance.

**DISCUSSION AND CONCLUSION:** Patients who underwent ACL reconstruction and hip labral repair required seven days or more, on average, to return to school following surgery. In addition, subjective short-term academic performance was impacted in only a minority of students, although self-reported preoperative and postoperative exam failure rates did not differ significantly. Our findings provide empirical evidence for estimating time to return to school following common sports medicine procedures. Surgeons can utilize this information to counsel adolescent and college-aged patients and their parents appropriately.