For investigating effects of reconstruction for ACL injury, we found that since 2005, the manufacturers that have published the most research are Smith & Nephew, Arthrex, and DePuy Synthes. The OE M.I.N.D. Research Planning Tool provides us with an overview of characteristics of prior RCTs. For studies investigating effects of reconstruction for ACL injury, we included randomized controlled trials (RCTs) with at least 10 years follow-up. We identified 24 RCTs that met our inclusion criteria.

We did not find available data from the included RCTs to conduct a subgroup analysis by different severities of ACL injury. The serious risk of bias due to lack of blinding of patients and personnel, and the risk of selection bias due to the potential for dropouts, may have led to an overestimation of the benefits of reconstruction. We included studies that compared reconstruction with rehabilitation alone, and we used a random-effects model to account for the heterogeneity of the studies.

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The effects and 95% CI in Tegner activity score in periods of either =< 2 years or > 2 to 15 years. These findings are consistent with the results from previously published systematic reviews that found no difference in patients with ACL =< 2 years between ACL reconstruction and rehabilitation alone up to 2 years (MD, -1.73; 95% CI, -10.33 to 6.87 points) or beyond 2 years follow-up (MD, 0.25; 95% CI, 0.00 to 0.51 points).

In this OE Original, we present analytics using OE M.I.N.D. that include a scoping review of published studies, meta-analysis results and quality of evidence, and the findings have remained consistent (Figure 9).

Three studies including 421 patients reported incidence of positive results in the pivot-shift test. The overall effect demonstrates that the risk of positive pivot-shift test is very low certainty (Figure 6). Two studies including 367 patients reported incidence of giving way up to 2 years follow-up. The overall effect demonstrates that the risk of giving way is low certainty (Figure 7).

2.3 Tegner activity score (0 to 10, a higher score indicates higher level of activity)

Activity level between the two treatments =< 2 years [relative risk (RR), 0.85; 95% CI, 0.7 to 1.04] and beyond 2 years (RR, 0.98; 95% CI, 0.78 to 1.24), with increased risk of osteoarthritis (Hewett et al., 2006; Lien-Iversen et al., 2020). Studies reported an annual incidence between 0.15% and 3.7% of ACL injuries and 0.27% to 4.5% of anterior cruciate ligament injuries of the knee: 25 years later.

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