The Relationship Between Isometric Hip Strength and Incidence of Noncontact ACL injuries in Female Athletes: A Critically Appraised Topic



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INTRODUCTION

Noncontact ACL injuries are prevalent among athletes in multi-planar sports, but especially among female athletes. Hip strength may be a factor that contributes to the incidence of noncontact ACL injuries because of the dynamic movement patterns it creates at the knee.

FOCUSED CLINICAL QUESTION

Does hip strength impact the incidence of noncontact ACL injuries in female athletes?

SEARCH STRATEGY

Sources: Science Direct and PubMed

Search Terms: hip strength, noncontact ACL Inclusion Criteria: incidence of ACL injury as the outcome, gluteus maximus or gluteus medius strength, hip abduction strength and/or hip external rotation strength, studies within the last 10 years (2012-2022), articles in the English language only

Exclusion Criteria: ACL post-operative cases, patellofemoral pain, knee osteoarthritis, bracing or taping interventions, return to sport or play, knee injury indicators as the main

EVIDENCE OF QUALITY ASSESSMENT

Level 3 evidence, as determined by the Oxford Centre for Evidence-Based Medicine,⁹ that assessed measurements of hip strength and the relationship to the incidence of noncontact ACL injuries was considered for inclusion. Three prospective cohort studies^{10,11,13} were included in this study and are outlined in Table 1.

RESULTS

outcome

One study found that a lower isometric hip adductor to abductor ratio was associated with noncontact ACL injuries. Two studies found that subjects who sustained noncontact ACL injuries had greater isometric hip strength measures.

TABLE 1: SUMMARY OF BEST EVIDENCE

Authors	Participants	Injury risk factors investigated	Outcome measures	Main findings
Collings et. al. ¹⁰	senior soccer players from the	Knee Injury and Osteoarthritis Outcome Score (KOOS) (pain and sport/rec subsections); isometric hip adductor (ADD) strength (N); isometric hip abductor (ABD) strength (N); isometric hip ADD:ABD ratio; eccentric knee flexor strength (N); Countermovement jump (CMJ) kinetics; hop kinematics	noncontact mechanism (included index injuries, reinjuries (on same side and contralateral side), and injuries sustained from tackling (subsequent noncontact mechanism as a result of a tackle), landing, or changing direction) from 2019 to 2021; data was collected 18 months	There were 15 subjects that suffered from a noncontact ACL injury; 10 were first-time injuries, 1 was a reinjury to a previous ACLR, and 4 were injuries to the contralateral side of a previous ACL injury; 12 of these injuries were due to change of direction Isometric hip adduction strength (<i>P</i> =0.149) and isometric hip abduction strength (<i>P</i> =0.658) as separate risk factors did not have a significant effect on the incidence of ACL injury; Lower isometric hip adductor to abductor strength ratio was associated with an increased incidence of ACL injury (<i>P</i> =0.022); <i>P</i> <0.05
Steffen et. al. ¹¹	female handball	Isokinetic knee extension torque (N*m); isokinetic knee flexion torque (N*m); Hamstring to quadriceps (H:Q) concentric strength ratio; isometric hip abduction strength (kg); functional lower extremity (LE) strength (one-repetition maximum on a seated leg press machine) (kg)	New noncontact/indirect contact ACL injuries (included index injuries and reinjuries) from 2007 to 2015	There were 80 total ACL injuries total; 67 index (first-time) injuries were recorded, 11 subjects had second ACL injuries, and 1 subject had three; 58 of these 67 index injuries were noncontact/indirect contact, but only 57 subjects' data were included in analysis Isometric hip abduction strength of all ACL injured legs was not significantly different from the non-injured legs (<i>P</i> =0.10); In the handball players specifically, there was a significant difference in isometric hip abduction strength between ACL injured an uninjured legs (<i>P</i> =0.03) with ACL injured leg having greater strength; <i>P</i> <0.05
Shimozaki et. al. ¹³	171 15-year-old female Japanese high-school basketball players	Anatomical assessments (height, body weight, body mass index (BMI), anterior knee laxity, general joint laxity, femoral anteversion, navicular drop); isometric hip abductor strength (Nm/kg); maximal knee flexion strength (nm/kg); maximal knee extension strength (Nm/kg); static balance	injuries (excluded ACL injuries that occurred from contact and bilateral ACL injuries) from 2009 to 2011	There were 16 ACL injuries across 15 subjects; 2 injuries were caused by contact and 1 subject had bilateral ACL injuries; 12 noncontact ACL injuries were recorded, 10 occurred after cutting and 2 occurred after landing Hip abductor strength was significantly greater in athletes that suffered an ACL injury (<i>P</i> =0.04); <i>P</i> <0.05

CLNICAL BOTTOM LINE

The evidence suggests that greater isometric hip strength and poor isometric hip adductor to abductor strength ratio may be a risk factor that is associated with noncontact ACL injuries in female athletes. Future research should continue to study the impact that hip strength has on the incidence of noncontact ACL injuries, across all genders, and why.

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