

# Socioeconomic factors may contribute to delay in pediatric ACL reconstructions

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Research presented today at the American Orthopaedic Society for Sports Medicine's (AOSSM) Specialty Day in New Orleans highlights evidence that insurance type, household income and age at injury are significant, independent predictors of the rate which Anterior Cruciate Ligament (ACL) surgeries occurred in kids. Researchers also noted that a delay in pediatric ACL surgery of more than five months correlated with increased severity of other knee injuries in the future.

"In our study, ACL [surgery](#) occurred more rapidly among pediatric and adolescent subjects who were more affluent, covered by commercial insurance and who were older when first seen. It was also interesting to note that ethnicity, gender and obesity did not show a significant correlation to time of treatment," said Justin T. Newman, MD, lead author of the study and Orthopaedic Surgery Chief Resident from the University of Colorado School of Medicine. "According to most recent research, treating pediatric ACL injuries in a more timely manner leads to better outcomes and a quicker return to sports," noted Newman.

Researchers identified 272 individuals who underwent primary ACL reconstruction at a single, large volume tertiary-level pediatric hospital between 2005 and 2012. Demographic, clinical and [socioeconomic variables](#) were retrospectively collected from all patients less than 19 years old at time of injury. Socioeconomic variables included household income and insurance type. Household income was based on median income associated with each of the subject's home zip codes. Insurance type was classified as commercial, government issued or uninsured.

Patients in the study who had a commercial insurance plan underwent ACL surgery at a rate that was 63% faster than patients with Medicaid, government assisted insurance plans or no insurance. In addition, differences in the time to ACL surgery were significantly different, with commercial plan individuals obtaining surgery in 1.5 months compared to 3 months for non-commercial. Patients whose [household income](#) was greater than the 75th percentile underwent surgery at an average of 1.2 months, compared to 2.2 months.

"Insurance type may delay the time from injury to surgery and consequently this delay in surgery could result in an increased chance of knee injuries requiring additional treatment. However, it is also important to note that often times the delay to have surgery is driven by the patient and family members rather than orthopaedic evidence and research," said Newman.

Provided by American Orthopaedic Society for Sports Medicine

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