

IQWiG Reports - Commission No. N16-01

Active knee motion devices in the treatment of anterior cruciate ligament ruptures¹

Extract

¹ Translation of the key statement of the final report N16-01 *Aktive Kniebewegungsschienen in der Behandlung von Rupturen des vorderen Kreuzbands* (Version 1.0; Status: 16 March 2017). Please note: This document was translated by an external translator and is provided as a service by IQWiG to English-language readers. However, solely the German original text is absolutely authoritative and legally binding.

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This report was prepared in collaboration with external experts.

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Key statement

Research question

The aim of this report is to

 assess the benefit of the (self-)application of active knee motion devices following conservative and surgical treatment

in patients with anterior cruciate ligament rupture with regard to patient-relevant outcomes. No limitations were applied regarding the comparator intervention.

Conclusion

No studies were found on patients **self**-applying continuous active motion (CAM) devices to the knee or on their use following conservative therapy. Regarding the application of CAM devices in the **inpatient** setting following surgical reconstruction of the anterior cruciate ligament, 1 study was found comparing the CAM devices with knee continuous passive motion (CPM) devices and 1 study comparing follow-up treatment with CAM devices versus follow-up treatment without motion devices. Both studies included few patients and suffered from methodological shortcomings. The results were collected over a short time period (1 week).

Both of the included studies contained usable results on the outcomes **range of motion** and **pain**. No hint of benefit or harm was found for follow-up treatment with CAM devices versus follow-up treatment with CPM devices or treatment without movement devices.

The outcomes **proprioceptive deficit** and **adverse events** as collected in the studies could not be used as patient-relevant outcomes; therefore, no statement of benefit or harm was possible.

For the outcomes morbidity, activities of daily living, dependence on the help of others, and participation in professional and social life, no statement on benefit or harm of follow-up treatment with CAM devices versus the two other treatment options was possible either, since no data concerning this matter were available.

As a result, the benefit and harm of CAM devices are unclear overall – particularly in the home care setting.

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