

Advancing Anterior Cruciate Ligament Injury Prevention Using Real-Time Biofeedback for Amplified Sensorimotor Integration

Scott Bonnette, PhD*; Christopher A. DiCesare, MS, CSCS*;
Jed A. Diekfuss, PhD*; Dustin R. Grooms, PhD, ATC, CSCS†;
Ryan P. MacPherson, MS*; Michael A. Riley, PhD‡; Gregory D. Myer, PhD*§¶

*The SPORT Center, Division of Sports Medicine, Cincinnati Children's Hospital Medical Center, OH; †Ohio Musculoskeletal & Neurological Institute and Division of Athletic Training, School of Applied Health Sciences and Wellness, College of Health Sciences and Professions, Ohio University, Athens; ‡Center for Cognition, Action, & Perception, Department of Psychology and §Department of Pediatrics and Orthopaedic Surgery, University of Cincinnati, OH; ¶The Micheli Center for Sports Injury Prevention, Waltham, MA

A critical factor that may limit the efficacy of current injury-prevention strategies is the transferability of neuromuscular-training-induced, injury-resistant movement patterns (ie, coordinated biomechanics that decrease the injury risk) from the intervention to sport.^{1–7} In addition, recent data indicated that deficits in sensorimotor neural activity underlie the risk of anterior cruciate ligament (ACL) injury,^{8,9} but current interventions neither target this neural activity nor induce the neuroplasticity required for the transfer of injury-resistant movement patterns to sport.^{7,10}

The failure of targeted injury-prevention strategies to induce the transfer of adaptations from injury-prevention training to sport likely contributes to the continued high incidence of sensorimotor errors during sport that cause noncontact ACL injuries.^{10–12} For this reason, augmented neuromuscular training (aNMT) was designed to deliver real-time, interactive, augmented-reality biofeedback driven by select biomechanical variables that have been identified as contributing to the injury risk.^{1,2,13–18}

The aNMT-biofeedback variables are calculated in real time and used to render a geometric shape (eg, a rectangle for a squat exercise that athletes view through an augmented-reality display, which provides a full view of, and engagement with, the actual environment). The feedback shape changes in real time according to the biomechanical variables as the athlete performs an exercise. The desired outcome for athletes is to move so that they produce a perfectly symmetric stimulus shape (eg, rectangle), which corresponds to a low risk of injury biomechanics.¹⁸ Deviations of the biomechanical variables from the desired injury-resistant movement pattern values yield specific, systematic distortions of the feedback shape. Given only basic instruction related to performing the exercise, athletes must discover the movement pattern that produces a stimulus shape as close to the goal shape as possible.¹⁸ No explicit directions are provided to athletes on their movements other than to achieve the goal shape, a process that engages implicit motor-control mechanisms by

means of external perceptual control—a strategy known to improve sensorimotor learning.^{18–24} Participants learn to move with optimal, low-risk movement strategies implicitly or without being able to explicitly describe how they are doing so; this is more likely to create effective and transferable sensorimotor adaptations than the typical clinical and coaching practice of providing explicit feedback that directs the individual's attention internally (eg, to joint positions that hinder motor learning).^{7,25–31}

Removing barriers to feedback interventions (eg, instructors in current protocols who may provide less effective or uninterpretable feedback) through real-time automated techniques that supply implicit, analytic-driven biofeedback (eg, aNMT) could optimize current ACL injury-prevention strategies by leveraging sensorimotor processes for improved movement adaptations that transfer to the field of play.^{7,18,32–34}

REFERENCES

1. Myer GD, Stroube BW, DiCesare CA, et al. Augmented feedback supports skill transfer and reduces high-risk injury landing mechanics: a double-blind, randomized controlled laboratory study. *Am J Sports Med.* 2013;41(3):669–677.
2. Stroube BW, Myer GD, Brent JL, Ford KR, Heidt RS Jr, Hewett TE. Effects of task-specific augmented feedback on deficit modification during performance of the tuck-jump exercise. *J Sport Rehabil.* 2013;22(1):7–18.
3. Seidler RD. Neural correlates of motor learning, transfer of learning, and learning to learn. *Exerc Sport Sci Rev.* 2010;38(1):3–9.
4. Jarus T, Gutman T. Effects of cognitive processes and task complexity on acquisition, retention, and transfer of motor skills. *Can J Occup Ther.* 2001;68(5):280–289.
5. Wood CA, Ging CA. The role of interference and task similarity on the acquisition, retention, and transfer of simple motor skills. *Res Q Exerc Sport.* 1991;62(1):18–26.
6. Myer GD, Sugimoto D, Thomas S, Hewett TE. The influence of age on the effectiveness of neuromuscular training to reduce anterior

- cruciate ligament injury in female athletes: a meta-analysis. *Am J Sports Med.* 2013;41(1):203–215.
7. Grooms DR, Kiefer AW, Riley MA, et al. Brain-behavior mechanisms for the transfer of neuromuscular training adaptations to simulated sport: initial findings from the Train the Brain Project. *J Sport Rehabil.* 2018;27(5):1–5.
 8. Diekfuss JA, Grooms DR, Yuan W, et al. Does brain functional connectivity contribute to musculoskeletal injury? A preliminary prospective analysis of a neural biomarker of ACL injury risk. *J Sci Med Sport.* 2019;22(2):169–174.
 9. Diekfuss JA, Grooms DR, Nissen KS, et al. Alterations in knee sensorimotor brain functional connectivity contributes to ACL injury in male high-school football players: a prospective neuroimaging analysis [epub ahead of print]. *Braz J Phys Ther.* doi: 10.1016/j.bjpt.2019.07.004.
 10. Sadoghi P, von Keudell A, Vavken P. Effectiveness of anterior cruciate ligament injury prevention training programs. *J Bone Joint Surg Am.* 2012;94(9):769–776.
 11. Krosshaug T, Nakamae A, Boden BP, et al. Mechanisms of anterior cruciate ligament injury in basketball: video analysis of 39 cases. *Am J Sports Med.* 2007;35(3):359–367.
 12. Hewett TE, Torg JS, Boden BP. Video analysis of trunk and knee motion during non-contact anterior cruciate ligament injury in female athletes: lateral trunk and knee abduction motion are combined components of the injury mechanism. *Br J Sports Med.* 2009;43(6):417–422.
 13. Hewett TE, Myer GD. The mechanistic connection between the trunk, hip, knee, and anterior cruciate ligament injury. *Exerc Sport Sci Rev.* 2011;39(4):161–166.
 14. Zazulak BT, Hewett TE, Reeves NP, Goldberg B, Cholewicki J. Deficits in neuromuscular control of the trunk predict knee injury risk: a prospective biomechanical-epidemiologic study. *Am J Sports Med.* 2007;35(7):1123–1130.
 15. Ford KR, Myer GD, Hewett TE. Longitudinal effects of maturation on lower extremity joint stiffness in adolescent athletes. *Am J Sports Med.* 2010;38(9):1829–1837.
 16. Hewett TE, Myer GD, Ford KR, et al. Biomechanical measures of neuromuscular control and valgus loading of the knee predict anterior cruciate ligament injury risk in female athletes: a prospective study. *Am J Sports Med.* 2005;33(4):492–501.
 17. Myer GD, Brent JL, Ford KR, Hewett TE. Real-time assessment and neuromuscular training feedback techniques to prevent ACL injury in female athletes. *Strength Cond J.* 2011;33(3):21–35.
 18. Bonnette S, DiCesare CA, Kiefer AW, et al. Injury risk factors integrated into self-guided real-time bio feedback improves high-risk biomechanics [epub ahead of print]. *J Sport Rehabil.* 2019. doi: 10.1123/jsr.2017-0391.
 19. Brenner E, Smeets JB. Quickly “learning” to move optimally. *Exp Brain Res.* 2011;213(1):153–161.
 20. Fernandez L, Bootsma RJ. Non-linear gaining in precision aiming: making Fitts’ task a bit easier. *Acta Psychol (Amst).* 2008;129(2):217–227.
 21. Kovacs AJ, Buchanan JJ, Shea CH. Perceptual influences on Fitts’ law. *Exp Brain Res.* 2008;190(1):99–103.
 22. Kovacs AJ, Buchanan JJ, Shea CH. Bimanual 1:1 with 90 degrees continuous relative phase: difficult or easy! *Exp Brain Res.* 2009;193(1):129–136.
 23. Shea CH, Wulf G, Whitacre CA, Park JH. Surfing the implicit wave. *Q J Exp Psychol A.* 2001;54(3):841–862.
 24. Wang CY, Kennedy DM, Boyle JB, Shea CH. A guide to performing difficult bimanual coordination tasks: just follow the yellow brick road. *Exp Brain Res.* 2013;230(1):31–40.
 25. Johnson L, BurrIDGE JH, Demain SH. Internal and external focus of attention during gait re-education: an observational study of physical therapist practice in stroke rehabilitation. *Phys Ther.* 2013;93(7):957–966.
 26. Wulf G. Attentional focus and motor learning: a review of 15 years. *Int Rev Sport Exerc Psychol.* 2013;6(1):77–104.
 27. Kal E, van den Brink H, Houdijk H, et al. How physical therapists instruct patients with stroke: an observational study on attentional focus during gait rehabilitation after stroke. *Disabil Rehabil.* 2018;40(10):1154–1165.
 28. Diekfuss JA, Raisbeck LD. Focus of attention and instructional feedback from NCAA division 1 collegiate coaches. *J Motor Learn Dev.* 2016;4(2):262–273.
 29. Porter J, Wu W, Partridge J. Focus of attention and verbal instructions: strategies of elite track and field coaches and athletes. *Sport Sci Rev.* 2010;19(3-4):77–89.
 30. Halperin I, Chapman DW, Martin DT, Abbiss C, Wulf G. Coaching cues in amateur boxing: an analysis of ringside feedback provided between rounds of competition. *Psychol Sport Exerc.* 2016;25:44–50.
 31. van der Graaff E, Hoozemans M, Pasteuning M, Veeger D, Beek PJ. Focus of attention instructions during baseball pitching training. *Int J Sports Sci Coach.* 2018;13(3):391–397.
 32. Benjaminse A, Gokeler A, Dowling AV, et al. Optimization of the anterior cruciate ligament injury prevention paradigm: novel feedback techniques to enhance motor learning and reduce injury risk. *J Orthop Sports Phys Ther.* 2015;45(3):170–182.
 33. Ford KR, DiCesare CA, Myer GD, Hewett TE. Real-time biofeedback to target risk of anterior cruciate ligament injury: a technical report for injury prevention and rehabilitation. *J Sport Rehabil.* 2015;24(2). doi: 10.1123/jsr.2013-0138.
 34. Diekfuss JA, Grooms DR, Bonnette S, et al. Real-time biofeedback integrated into neuromuscular training reduces high-risk knee biomechanics and increases functional brain connectivity: a preliminary investigation. *J Orthop Sports Phys Ther.* 2019;7(suppl 3). doi: org/10.1177/2325967119S00022.

Address correspondence to Gregory D. Myer, PhD, Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, MLC 10001, Cincinnati, OH 45229. Address e-mail to greg.myer@cchmc.org.