

Theorems/stellingen

1. Patients with acute ACL rupture treated with early surgical reconstruction, compared with rehabilitation plus optional delayed surgical reconstruction, resulted in improved IKDC score at 2-year follow-up, that was statistically significant but of uncertain clinical importance. (This thesis)
2. Of the patients treated with rehabilitation after acute ACL rupture, 50% will eventually be reconstructed. (This thesis)
3. An early ACL reconstruction in patients with acute ACL rupture is not considered cost-effective for routine practice compared with rehabilitation plus optional delayed surgical construction. (This thesis)
4. Patients with an ACL rupture have smaller intercondylar notches and smaller tibial eminences compared with patients with an intact ACL after knee trauma. (This thesis)
5. Sex and knee joint laxity tests do not predict the need for ACL reconstruction after an ACL rupture. (This thesis)
6. Evidence continues to grow that many patients with acute ACL rupture can rehabilitate well without ACL reconstruction across various sports and even cope with high demands of pivoting sports such as soccer. (R. Frobell et al. BMJ 2013; 346: f232)
7. Much of clinical practice is based on dogma rather than evidence. (I. Shrier Clin J Sport Med. 2006 Mar;16(2):93-4)
8. Injury prevention programmes incorporated in warming up are able to reduce the number of sports related injuries (Sadigursky D et al. BMC sports sci med rehab 2017; 9: 1-8)
9. It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change. (Charles Darwin)
10. Some wounds are made worse by treatment: it had been better not to touch them. (Publius Ovid)
11. 'Je hebt zowel kwaliteit als resultaat nodig. Resultaat zonder kwaliteit is saai, kwaliteit zonder resultaat is onzinnig.' (Johan Crujff)