



Univariate analysis showed a significantly higher deficit at 6 months in the FNB group with respect to fast isokinetic extension strength (17.6% vs 11.2%; $P = .01$) as well as fast (9.9% vs 5.7%; $P = .04$) and slow (13.0% vs 8.5%; $P = .03$) isokinetic flexion strength. There was no difference in slow isokinetic extension strength deficit between the 2 groups (FNB, 22.3% vs control, 18.7%; $P = .20$). With respect to function, there were no differences in deficit for vertical jump (FNB, 9.4% vs control, 11.3%; $P = .30$), single hop (7.6% vs 7.5%; $P = .96$), or triple hop (8.0% vs 6.6%; $P = .34$) between the 2 groups. A significantly higher percentage of patients in the control group met functional and isokinetic criteria for return to sports at 6 months (90.2% vs 67.7%; odds ratio, 4.37; $P = .002$).

Conclusion:

Pediatric and adolescent patients treated with FNB for postoperative analgesia after ACL reconstruction had significant isokinetic deficits in knee extension and flexion strength at 6 months when compared with patients who did not receive a nerve block. Patients without a block were 4 times more likely to meet criteria for clearance to return to sports at 6 months.

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