

RESEARCH ARTICLE / ARASTIRMA MAKALESİ

Patient Expectations Regarding High-Quality Anterior Cruciate Ligament (ACL) Surgery Videos

Yüksek Kaliteli Ön Çapraz Bağ (ÖÇB) Cerrahi Videolarına İlişkin Hasta Beklentileri

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ABSTRACT

Objective: In orthopedic surgery, while many patients rely on video-based content to understand treatment and recovery processes, there is still a lack of sufficient data on their expectations. This study aimed to evaluate the expectations of patients who underwent anterior cruciate ligament (ACL) reconstruction concerning preoperative video content available on social media.

Materials and Methods: A cross-sectional survey was conducted with 215 patients who underwent isolated ACL reconstruction between 2022 and 2024. A 20-item questionnaire was specifically developed to assess patients' preoperative information-seeking behaviors and their preferences for educational video content. Data were analyzed using descriptive and inferential statistical methods, including Kruskal-Wallis and Chi-square tests.

Results: Of the participants, 61.4% reported watching ACL-related videos before surgery. YouTube was the most frequently used platform (81.4%). The majority (73.1%) preferred videos longer than five minutes, with animation (43.3%) and live surgical recordings (41.4%) being the most favored presentation styles. Postoperative topics such as physical therapy (100%), return to daily activities (92.1%), and nutrition (87.5%) received the highest levels of interest. Analysis by educational level revealed that primary school graduates showed significantly less interest in clinical assessment and complications ($p<0.01$), while university graduates expressed significantly greater interest in acquiring new skills during recovery ($p=0.001$).

Conclusion: Patients undergoing ACL reconstruction express a strong need for high-quality, visually engaging, and comprehensive video content-particularly concerning postoperative rehabilitation and return to function. These findings highlight the importance of designing patient-centered social media content that not only explains surgical procedures but also provides guidance on recovery and lifestyle adaptation.

Keywords: anterior cruciate ligament, social media, patient education, video content, orthopaedic surgery

ÖZ

Amaç: Ortopedik cerrahide, birçok hasta tedavi ve iyileşme süreçlerini anlamak için video tabanlı içeriklere güvenirken, beklentileri konusunda hala yeterli veri bulunmamaktadır. Bu çalışmanın amacı, ön çapraz bağ (ÖÇB) rekonstrüksiyonu geçiren hastaların sosyal medyada bulunan ameliyat öncesi video içeriklerine ilişkin beklentilerini değerlendirmektir.

Gereç ve Yöntemler: 2022-2024 yılları arasında izole ÖÇB rekonstrüksiyonu yapılan 215 hasta ile kesitsel bir anket çalışması gerçekleştirildi. Hastaların ameliyat öncesi bilgi arama davranışlarını ve eğitici video içeriği tercihlerini değerlendirmek için özel olarak 20 maddelik bir anket geliştirilmiştir. Veriler, Kruskal-Wallis ve Ki-kare testleri dahil olmak üzere tanımlayıcı ve çıkarımsal istatistiksel yöntemler kullanılarak analiz edilmiştir.

Bulgular: Katılımcıların %61,4'ü ameliyattan önce ÖÇB ile ilgili videolar izlediğini bildirdi. YouTube en sık kullanılan platformdu (%81,4). Katılımcıların çoğunluğu (%73,1) beş dakikadan uzun videoları tercih ederken, animasyon (%43,3) ve canlı cerrahi kayıtlar (%41,4) en çok tercih edilen sunum tarzları olmuştur. Fizik tedavi (%100), günlük aktivitelere dönüş (%92,1) ve beslenme (%87,5) gibi ameliyat sonrası konular en yüksek ilgiyi görmüştür. Eğitim düzeyine göre yapılan analiz, ilkökul mezunlarının klinik değerlendirme ve komplikasyonlara anlamlı dere-

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ede daha az ilgi gösterdiğini ($p<0.01$), üniversite mezunlarının ise iyileşme sürecinde yeni beceriler edinmeye anlamlı derecede daha fazla ilgi gösterdiğini ortaya koymuştur ($p=0.001$).

Sonuç: ÖÇB rekonstrüksiyonu geçiren hastalar, özellikle ameliyat sonrası rehabilitasyon ve işleve dönüş ile ilgili yüksek kaliteli, görsel olarak ilgi çekici ve kapsamlı video içeriğine güçlü bir ihtiyaç duyduklarını ifade etmektedir. Bu bulgular, yalnızca cerrahi prosedürleri açıklamakla kalmayıp aynı zamanda iyileşme ve yaşam tarzı adaptasyonu konusunda rehberlik sağlayan hasta merkezli sosyal medya içeriği tasarlamının önemini vurgulamaktadır.

Anahtar Sözcükler: Ön çapraz bağ, sosyal medya, hasta eğitimi, video içeriği, ortopedik cerrahi

INTRODUCTION

Social media refers to internet-based platforms that allow users to share photographs, videos, information, opinions, and other content. The advent of the internet and social media has dramatically transformed the way individuals access information, emerging as a primary resource for many patients seeking guidance prior to undergoing surgical interventions [1, 2]. Several authors have even described this shift as the most significant revolution in information dissemination since the invention of the printing press [3]. These platforms enable a growing number of individuals to connect with others who have similar medical conditions and to follow shared health experiences. For example, 26% of social media users have read or watched content related to others' health concerns, while 16% have attempted to connect with individuals experiencing similar medical issues [4]. Furthermore, 77% of patients reportedly search for hospitals online before visiting, and 33% browse hospital websites [5].

With the increasing popularity and accessibility of social media, these platforms have become integral to the production and consumption of medical content. Orthopaedic patients, in particular, frequently turn to social media for information regarding surgical techniques, postoperative rehabilitation, and possible complications [6]. Studies in the field of education have demonstrated that audiovisual materials are more effective than verbal communication alone, further highlighting the value of video content in medical education [7]. Among orthopedic subspecialties, patients involved in sports medicine have been found to exhibit the highest rates of video consumption on social media platforms [8].

Despite this trend, social media content related to anterior cruciate ligament (ACL) surgery is largely shaped by content creators and platform-driven algorithms, often overlooking patient perspectives and expectations [9, 10]. Moreover, the analysis of orthopaedic surgical content on social media remains limited, and the relationship between such content and academic citations is poorly understood [11]. Notably, previous research has revealed a significant negative correlation between the popularity and medical quality of videos, a pattern observed even in content produced by healthcare professionals [5].

The aim of this study is to analyze the expectations of patients who have undergone ACL reconstruction regarding high-quality preoperative video content and to offer guidance for future social media content creators. The study hypothesizes that patients would prefer informative videos focused more on postoperative recovery processes rather than solely on perioperative surgical techniques.

MATERIAL AND METHODS

This study was designed as a retrospective analysis. **Patients who underwent anterior cruciate ligament (ACL) reconstruction between February 1, 2022, and November 1, 2024, were included in the study.** Although the surgeries were performed during this period, **the study was initiated after obtaining Ethics Committee approval in 2025 (Approval No: 2025/03-85),** and all data were evaluated following this approval. All procedures were conducted in accordance with the principles of the **Declaration of Helsinki**.

A total of 215 patients who underwent isolated anterior cruciate ligament (ACL) reconstruction at our clinic and were between 3 months and 3 years postoperative were

included in the study. All patients had been followed postoperatively, including the rehabilitation phase, within our institution. Only patients who had undergone isolated ACL reconstruction were included; individuals with meniscal tears requiring repair or other intra- or extra-articular knee pathologies were excluded. A total of 215 patients who underwent isolated anterior cruciate ligament (ACL) reconstruction at our clinic and were between 3 months and 3 years postoperative were included in the study. This postoperative time frame was chosen to ensure that patients had completed the rehabilitation process (≥ 3 months) while minimizing recall bias in those operated more than 3 years earlier [12,13]. All surgeries were performed by the same orthopaedic surgeon, and both preoperative and postoperative information processes were standardized and delivered uniformly to all patients. The postoperative rehabilitation phase was carried out by the same physiotherapy team within our institution.

Exclusion criteria were as follows:

- (1) less than 3 months or (2) more than 3 years had elapsed since ACL surgery,
- (3) patients lost to follow-up during the rehabilitation period,
- (4) patients with outdated or incorrect contact information,
- (5) individuals who declined participation, and
- (6) individuals who did not use any social media platforms.

Data Collection

A 20-item questionnaire (**Table 1**) was specifically developed for this study to assess patients' experiences regarding preoperative education and their expectations from video-based content. Verbal and/or written informed consent was obtained from all participants prior to enrollment.

To ensure confidentiality and data security, all responses were collected anonymously. Each participant was assigned a unique identification number. One researcher conducted interviews with participants, while

another independently reviewed the forms for completeness and accuracy.

Survey Development

Prior to patient interviews, a consensus meeting was held among the authors to finalize the questionnaire content. Questions were categorized thematically and included demographic data such as age, gender, education level, activity level, and whether the surgery was a primary or revision procedure.

Items assessing video content preferences were developed based on expert opinion, prior research (Şahbat et al.), and artificial intelligence-assisted content analysis. These items were rated using a 5-point Likert scale (1 = least important, 5 = most important). The validity of the questionnaire was evaluated through expert panel review for content validity, and reliability was confirmed by a pilot test-retest analysis in 20 patients, demonstrating high agreement (Cohen's kappa > 0.80). The questionnaire was developed in Turkish, and all participants were native Turkish speakers.

Statistical Analysis

The statistical analyses were conducted using SPSS software, version 24. The normality of continuous variables was assessed using visual methods and analytical tests. As the data did not follow a normal distribution, descriptive analyses were presented as medians and interquartile ranges (IQR), mean and standard deviations (SD) for normally distributed variables, while categorical variables were expressed as numbers and percentages. To compare differences variables across educational groups, the Kruskal-Wallis test was used, followed by post hoc pairwise comparisons with the Bonferroni correction for significant results. The chi-square or Fisher's exact test was applied for categorical variables as appropriate. A p-value < 0.05 was considered statistically significant. A priori power analysis for a three-group comparison indicated that, with a total sample size of 215 (approximately 71 per group), the study had 80% power at $\alpha = 0.05$ to detect a minimum effect size of Cohen's $f = 0.21$.

Table 1. Survey Question

Question No.	Survey Question (English)
1.	Was your doctor's preoperative explanation sufficient? (Rate 1 to 5: 1 = Very insufficient, 2 = Insufficient, 3 = Neutral, 4 = Sufficient, 5 = Very sufficient)
2.	Did you watch a video about your condition before surgery? 1. Yes 2. No
3.	Did you receive information from other people before surgery? If yes, from whom? (You may select the option more than one) 1. Other patients who had this surgery 2. Non-physician healthcare staff 3. Other orthopaedic surgeons 4. Others
4.	In your opinion, how long should a quality educational video be? 1. 0-1 min 2. 1-5 min 3. 5-15 min 4. More than 15 min
5.	Which social media platforms did you use to watch the videos? (You may select the option more than one) 1. Instagram 2. Facebook 3. YouTube 4. X (Twitter) 5. TikTok 6. Other
6.	How would you prefer the video content to be explained? (Select only one) 1. Verbal explanation by a physician 2. Explanation using anatomical model 3. Animated surgical video 4. Live surgery 5. Other
	The following 14 items relate to potential subtopics in an ACL educational video. Please rate how much information you would like to receive on each topic (1 = Very little, 2 = Little, 3 = Adequate, 4 = Much, 5 = Very much):
7.	Biology or biomechanics of the ACL (e.g., stability, proprioception, rotation)
8.	Mechanism of ACL injury (contact or non-contact)
9.	Prevention of ACL injury (e.g., strengthening exercises, core training)
10.	Assessment of ACL injury (e.g., Lachman test, anterior drawer test)
11.	Surgical techniques for ACL repair or reconstruction (e.g., graft types)
12.	Anesthesia used during ACL surgery
13.	Complications following ACL injury or surgery (e.g., cyclops lesion, infection, stiffness, re-tear)
14.	Postoperative physical therapy (e.g., closed/open kinetic chain exercises)
15.	Return to sport and work (e.g., full weight-bearing, walking, running)
16.	Patient recovery stories shared in video format
17.	Nutrition, herbal supplements, and diet programs supporting healing after surgery
18.	Daily life precautions and activity restrictions following surgery
19.	Scientific research and new advancements regarding ACL surgery
20.	Skills or hobbies you would like to learn during your recovery period

RESULTS

The study population consisted of 215 patients, of whom 13.5% (29 patients) were female and 86.5% (186 patients) were male. The mean age was 29.6 ± 7.8 years and ranged between 19-52 years. The study categorized edu-

cational attainment into three levels based on years of education: primary school (≤ 8 years), high school (8-12 years), and university level (> 12 years). The distribution of the study population across these categories was as follows: 15.3% had completed primary school, 49.3% had attained a high school education, and 35.3% had a university-level education. The demographic features

are presented at **Table 2**. The evaluation of the questionnaire about anterior cruciate ligament injury, surgery and information of the patients is presented in **Table 3**. When patients were stratified into two subgroups according to postoperative duration (3 months-1 year and 1-3 years), no statistically significant differences were found between the groups in terms of video content preferences, expectations, or awareness levels ($p > 0.05$). The majority of patients (95.3%) perceived their surgeon's preoperative information as at least sufficient, with 80.9% rating it as "sufficient" and 14.4% as "very sufficient." However, a small proportion (3.8%) found the provided information to be "insufficient" or "very insufficient." 61.4% of patients had watched a video about their condition before surgery, while 38.6% had not. When asked about additional sources of information, 76.3% consulted other orthopedic surgeons,

while 46.5% sought advice from non-physician health-care workers, and 32.1% spoke with other patients who had undergone the same procedure.

Table 2. The demographic features of the study population

	n=215
Age, years	29.6 ± 7.8 (19-52)
Sex	
Female	29 (13.5)
Male	186 (86.5)
Education, in years	
Primary School, ≤ 8 years	33 (15.3)
High-School, 9-12 years	106 (49.3)
University, > 12 years	76 (35.3)
Activity Level	
Amateur	214 (99.5)
Professional	1 (0.5)
Reconstruction	
Primary	212 (98.6)
Revision	3 (1.4)

Table 3. Patients' Perspectives on Preoperative Information and Video-Based Education (n=215)

Question	Response Options	n (%)
1. Do you think that your doctor's preoperative information is sufficient?	Very insufficient	4 (1.9)
	Insufficient	4 (1.9)
	Normal	2 (0.9)
	Sufficient	174 (80.9)
	Very sufficient	31 (14.4)
2. Did you watch a video about your injury before the surgery?	Yes	132 (61.4)
	No	83 (38.6)
3. Did you get information from different people before the surgery? If so, which ones?	Other patients who had this surgery	69 (32.1)
	Non-physician healthcare workers	100 (46.5)
	Different orthopedic surgeons	164 (76.3)
	Others	9 (4.2)
4. How long do you think a quality video should be?	0-1 minute	15 (7.0)
	1-5 minutes	43 (20.0)
	5-15 minutes	90 (41.9)
	>15 minutes	67 (31.2)
5. Which social media platforms did you watch videos from?	Instagram	27 (12.6)
	Facebook	86 (40.0)
	YouTube	175 (81.4)
	X (formerly Twitter)	12 (5.6)
	TikTok	-
	Others	-
6. How would you like the content of the video you watched to be explained?	The physician should explain verbally	8 (3.7)
	The physician should explain on a model	60 (27.9)
	Animation of surgery	93 (43.3)
	Live surgery	89 (41.4)
	Others	4 (1.9)

In terms of preferred video duration, the majority (41.9%) believed an optimal educational video should last 5-15 minutes, while 31.2% preferred videos longer than 15 minutes. YouTube was the most frequently utilized (81.4%), followed by Facebook (40.0%) and

Instagram (12.6%). animation-based videos were the most preferred method (43.3%), followed closely by live surgical recordings (41.4%). Additionally, 27.9% of patients preferred explanations using anatomical models, whereas only 3.7% preferred verbal explanations from a physician.

Table 4. Patient Preferences for Preoperative, Perioperative, and Postoperative Information on ACL Surgery

Information Topic	Very Little n (%)	Little n (%)	Enough n (%)	Much n (%)	Very Much n (%)
PREOPERATIVE					
Biomechanics of ACL (stability, proprioception, rotation) (Q7)	5 (2.3)	1 (0.5)	12 (5.6)	171 (79.5)	26 (12.1)
Mechanism of ACL injury (contact, non-contact) (Q8)	5 (2.3)	7 (3.3)	22 (10.2)	144 (67.0)	37 (17.2)
Prevention of ACL injury (muscle strengthening, core exercises) (Q9)	5 (2.3)	6 (2.8)	2 (0.9)	99 (46.0)	103 (47.9)
Clinical assessment of ACL injury (e.g., Lachman test) (Q10)	-	-	13 (6.0)	148 (68.8)	54 (25.1)
Surgical techniques (repair vs. reconstruction, graft options) (Q11)	7 (3.3)	-	85 (39.5)	82 (38.1)	41 (19.1)
PERIOPERATIVE					
Anesthesia in ACL surgery (Q12)	12 (5.6)	4 (1.9)	11 (5.1)	123 (57.2)	65 (30.2)
Surgical complications (e.g., cyclops lesion, infection, re-tear) (Q13)	5 (2.3)	4 (1.9)	-	83 (38.6)	123 (57.2)
POSTOPERATIVE					
Physical therapy process (closed/open kinetic chain exercises) (Q14)	-	-	-	121 (56.3)	94 (43.7)
Return to sport and work (e.g., weight-bearing, running) (Q15)	-	-	-	140 (65.1)	75 (34.9)
Personal recovery stories (Q16)	-	7 (3.3)	13 (6.0)	94 (43.7)	101 (47.0)
Nutrition and supplements supporting recovery (Q17)	7 (3.3)	2 (0.9)	18 (8.4)	104 (48.4)	84 (39.1)
Daily life precautions and activity restrictions (Q18)	-	-	17 (7.9)	108 (50.2)	90 (41.9)
Scientific research and new developments (Q19)	-	4 (1.9)	5 (2.3)	97 (45.1)	109 (50.7)
Learning new skills or interests during recovery (Q20)	-	-	-	111 (51.6)	104 (48.4)
Q: Questions					

Table 4 presents the extent of information patients wish to receive regarding various aspects of ACL surgery, categorized into preoperative, perioperative, and postoperative phases. Patients demonstrated a high level of interest in learning about the biomechanics of the ACL (79.5% "much," 12.1% "very much") and the mechanism of injury (67.0% "much," 17.2% "very much"). Notably, prevention strategies for ACL injury were highly valued, with 47.9% wanting to learn "very much" and 46.0% "much." Similarly, the majority expressed strong interest in clinical assessment methods, such as the Lachman test, with 68.8% preferring "much" and 25.1% "very much." Interest in anesthesia-related information was moderate to high, with 57.2% wanting to know "much" and 30.2% "very much." Notably, concerns re-

garding surgical complications (e.g., infection, re-tear) were substantial, as 57.2% wanted to know "very much" and 38.6% "much." Rehabilitation and functional recovery were among the most highly prioritized topics. Specifically, 100% of patients wanted to learn about physical therapy, with 56.3% choosing "much" and 43.7% "very much." Similarly, returning to sport and work was a key concern, with 65.1% desiring "much" and 34.9% "very much" information. Patients also expressed a significant desire to learn about daily activity restrictions (50.2% "much," 41.9% "very much") and new surgical advancements (45.1% "much," 50.7% "very much"). Interestingly, learning new skills or hobbies during the recovery period was of interest to nearly all participants, with 51.6% preferring "much" and 48.4% "very much."

Table 5. Comparison of Information Preferences Based on Education Level

	Primary (n=33)	High School (n=106)	University (n=76)	p
Q7 - Biomechanics of ACL	4.0 [0.0]	4.0 [0.0]	4.0 [0.0]	0.46
Q8 - Mechanism of ACL injury	4.0 [0.0]	4.0 [0.0]	4.0 [0.0]	0.49
Q9 - Injury prevention	5.0 [1.0]	4.0 [1.0]	5.0 [1.0]	0.15
Q10 - Clinical assessment of ACL injury	4.0 [1.0]*	4.0 [0.3]	4.0 [0.0]	0.008
Q11 - Surgical technique	3.0 [1.0]	4.0 [1.0]	4.0 [1.0]	0.28
Q12 - Anesthesia in ACL surgery	4.0 [0.0]	4.0 [1.0]	4.0 [1.0]	0.081
Q13 - Surgical complications	4.0 [1.0]*	5.0 [1.0]	5.0 [1.0]	0.001
Q14 - Physical therapy process	4.0 [1.0]	4.0 [1.0]	4.0 [1.0]	0.75
Q15 - Return to sport and work	4.0 [1.0]	4.0 [1.0]	4.0 [1.0]	0.69
Q16 - Personal recovery stories	4.0 [1.0]	5.0 [1.0]	4.0 [1.0]	0.63
Q17 - Nutrition and supplements	4.0 [1.0]	4.0 [1.0]	4.0 [1.0]	0.38
Q18 - Daily life precautions	4.0 [1.0]	4.0 [1.0]	4.0 [1.0]	0.35
Q19 - Scientific research	5.0 [1.0]	5.0 [1.0]	4.0 [1.0]*	0.023
Q20 - Learning new skills during recovery	4.0 [1.0]	4.0 [1.0]	5.0 [1.0]*	0.001

*Values are presented as median [interquartile range]. * defined the group which the difference aroused from.*

Table 5 presents a comparison of information preferences regarding ACL injury, surgery, and rehabilitation among patients with different education levels: primary school, high school, and university. Primary school group expressed slightly lower interest compared to high school and university group to the clinical assessment of the ACL injury (Question 10), and this difference was statistically significant ($p=0.008$). Furthermore, primary school group showed significantly lower interest than high school and university groups to the surgical complications (Question 13) ($p=0.001$). Statistically lower interest was showed to the scientific research and new developments (Question 19) by university-educated patients compared to primary and high school groups ($p=0.023$). It was found that, university group reported higher interest in learning new skills or hobbies (Question 20) during the recovery period than primary and high school groups, and this difference was statistically significant ($p=0.001$). Other questions showed no statistically significant differences across education levels ($p>0.05$ for all).

DISCUSSION

This study provides a comprehensive analysis of patient expectations regarding video content shared on social media prior to anterior cruciate ligament (ACL) surgery. Our findings indicate that a majority of patients (61.4%) actively engaged with social media platforms before surgery, with a particular interest in video-based educational content. Usage statistics also highlight the predominance of platforms such as YouTube (81.4%) and Facebook (40.0%), suggesting that future educational content should be prioritized and disseminated through these channels [8]. The relatively lower preference for platforms like Instagram and X (formerly Twitter) may reflect a patient tendency to seek longer and more detailed content [14]. Importantly, 95.3% of participants rated their surgeon's preoperative briefing as at least sufficient, emphasizing the critical role of physicians in patient education. However, the fact that over 60% of patients also sought video-based information suggests that traditional verbal counseling alone may no longer meet contemporary expectations [15]. Participants demonstrated a strong preference for information related to postoperative rehabilitation, surgical complications, return to daily activities, and injury prevention. This supports our initial hypothesis that patients are

more interested in postoperative content than intraoperative techniques. Previous studies have shown that social media content on ACL surgery is predominantly focused on surgical techniques, often failing to meet patient needs regarding the pre- and postoperative phases.

Ercan et al. reported that Turkish-language YouTube videos on ACL rehabilitation often emphasize technical details while offering limited patient-centered information [16]. Similarly, Cole et al. noted that academic and physician-narrated videos are among the most viewed on YouTube [17]. Jaffar et al. highlighted variations in terminology and presentation styles in user-generated videos, which may influence patient understanding [18]. These findings suggest that video content on social media is shaped by diverse production styles and presentation approaches, which can affect how patients perceive and engage with the information, underscoring the importance of aligning content with patient expectations. Our study revealed a strong preference for animated and live surgical videos (43.3% and 41.4%, respectively), suggesting that visual and practical formats are perceived as more effective than written or verbal explanations [19]. However, while animated videos can simplify complex topics, they may fall short in delivering individualized information [20]. Moreover, even high-quality surgical videos can evoke fear or anxiety in certain patient groups and may contribute to treatment delays if not contextualized appropriately. Therefore, for video content to be effective, it must combine technical accuracy with empathetic, patient-oriented communication.

A high-quality ACL educational video should be structured in alignment with patient expectations. In this study, 73.1% of participants preferred videos longer than five minutes, and nearly all respondents (99.9%) expressed a desire for content covering recovery-related skills, lifestyle restrictions, and recent scientific advancements. These findings emphasize that patient education should extend beyond the scope of surgical procedures and incorporate psychosocial dimensions as well. The study also provided insights into how patient preferences and informational needs vary by education-

al background. Participants were categorized into three educational groups: primary school (≤ 8 years), high school (9-12 years), and university level (> 12 years). Significant differences were observed across these groups in several domains. For instance, patients with primary school education showed significantly lower interest in clinical assessment techniques (Q10) and surgical complications (Q13) compared to the other groups ($p = 0.008$ and $p = 0.001$, respectively). This trend aligns with literature indicating that individuals with lower education and health literacy tend to engage less with abstract or technically complex medical content [21]. In contrast, university graduates rated "skills or hobbies to be learned during the recovery period" (Q20) significantly higher ($p = 0.001$), reflecting a broader, growth-oriented approach to rehabilitation that goes beyond physical recovery. This supports previous research suggesting that individuals with higher education levels often move beyond passive patient roles and actively engage in their recovery process [22]. Interestingly, the university group assigned lower scores to the item regarding scientific research and innovations (Q19) ($p = 0.023$), which may suggest a more selective or critical approach to such content. These individuals may already have access to scientific information through professional or academic networks, leading them to seek more practical, experience-driven content on social media. Our findings clearly indicate that patients prioritize content related to postoperative recovery, rehabilitation strategies, and quality of life improvements. Previous studies have also shown that video-based education can reduce preoperative anxiety, improve patient satisfaction, and enhance compliance with treatment [23]. Moreover, educational videos should be personalized, modular, and interactive in order to be maximally effective [24]. Thus, videos that not only inform but also engage and motivate patients are essential for a truly patient-centered approach. Research in educational psychology has consistently demonstrated that visual materials are more effective than purely verbal content [7]. Additionally, several studies have reported a negative correlation between video popularity and content quality [5], underscoring the critical need to strike a balance

between accessibility and scientific accuracy in the development of educational materials.

This study has several limitations. First, the use of subjective survey items may introduce variability in patient responses due to personal perceptions and emotional states, potentially affecting the interpretation of results. Second, the study was conducted at a single center, which may limit the generalizability of the findings to broader populations. Furthermore, given the rapidly evolving nature of social media usage, the relevance and applicability of the results may diminish over time. One notable limitation is the gender imbalance, with 86.5% of participants being male. This may restrict the generalizability of the findings, particularly to female patients. Another limitation is the inclusion of three patients who had undergone revision ACL surgery. Although these patients followed the same surgical, informational, and rehabilitation protocols as primary cases, their prior surgical experience may have influenced their responses. However, given the small number, the overall impact on study results is considered minimal. Future research supported by multi-center de-

signs, larger sample sizes, and long-term follow-up is warranted to provide more robust and generalizable evidence on this topic.

CONCLUSION

This study comprehensively evaluated the expectations of patients who underwent ACL reconstruction regarding video content available on social media platforms. The findings indicate that patients exhibit a strong interest in postoperative topics, including rehabilitation, complications, and return to daily life. These insights serve as a critical roadmap for content creators and clinicians aiming to develop effective patient education materials. Designing high-quality, informative video content tailored to these findings can enhance patients' preparedness for surgery, improve adherence to treatment protocols, and significantly boost postoperative satisfaction. Such content has the potential to contribute meaningfully to clinical practice, strengthening both patient education and the overall quality of health-care services.

Ethics Committee Approval / Etik Komite Onayı

The approval for this study was obtained from the Scientific Research Ethics Committee of Sağlık Bilimleri University Erzurum Faculty of Medicine, Erzurum, Türkiye (Decision no: 2025/03-85, Date: 12/03/2025).

Conflict of Interest / Çıkar Çatışması

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