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SCOPING REVIEW



Mapping evidence on kinesiophobia after anterior cruciate ligament reconstruction: a scoping review

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PAP

[Abstract](#)[In Brief](#)

Objective:

This review identified, synthesized, and mapped the scientific evidence on kinesiophobia, as assessed by the Tampa Scale of Kinesiophobia (TSK), in individuals following anterior cruciate ligament reconstruction (ACLR), to provide clinicians with a comprehensive evidence map.

Introduction:

Kinesiophobia can negatively impact rehabilitation and return-to-sport outcomes after ACLR. Despite its clinical relevance, the available evidence is fragmented, making it challenging for clinicians to find clear answers to their clinical questions and apply findings consistently in practice.

Eligibility criteria:

We considered studies that assessed kinesiophobia using the TSK in individuals of any age or sex following ACLR, regardless of sport

participation or geographical setting. Included sources comprised peer-reviewed primary and secondary research.

Methods:

A comprehensive search was conducted in the PubMed, Scopus, Academic Search Ultimate (EBSCOhost), SPORTDiscus (EBSCOhost), CINAHL Plus (EBSCOhost), and MEDLINE (EBSCOhost) databases up to September 2025. Research alerts were then maintained throughout the review process to identify newly published studies. A framework synthesis approach was adopted, whereby studies were systematically charted across 10 thematic domains, reflecting how kinesiophobia has been investigated in ACLR.

Results:

A total of 145 studies were included in this review. Most were cross-sectional and conducted in high-income countries, while longitudinal studies were limited. Adolescents and females were underrepresented, and the sample sizes and participant characteristics varied widely. Kinesiophobia was examined in relation to personal, clinical, functional, and neurophysiological variables. Intervention studies were scarce but explored cognitive-behavioral, educational, physical, and multimodal strategies for managing kinesiophobia. Only 2 studies adapted the TSK specifically for ACLR.

Conclusions:

Clinicians now have access to a structured map of the evidence on kinesiophobia post-ACLR, which may inform clinical reflection. Future research should address methodological limitations and expand investigations in underrepresented populations and contexts.

Review registration:

<https://osf.io/dh4jk/JK>

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