



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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**Primary Anterior Cruciate Ligament Reconstruction Using the Contralateral Autogenous Patellar Tendon.
Shelbourne KD, Urch SE: *Am J Sports Med* 28:651-658, 2000**

We studied patients who underwent primary anterior cruciate ligament reconstruction using either the contralateral (N=434) or ipsilateral (N=228) autogenous patellar tendon graft to determine the difference between groups for the return of range of motion, quadriceps muscle strength, and return to sports. The contralateral group had statistically significantly more flexion than the ipsilateral group at 1 week and 2 weeks postoperatively. The contralateral group had statistically significantly greater quadriceps muscle strength in the reconstructed knee at 1, 2, and 4 months postoperatively and in the donor knee at 1 and 2 months postoperatively. Mean KT-1000 arthrometer results were 1.9 ± 1.3 mm for the contralateral groups and 2.2 ± 1.1 mm for the ipsilateral group. The mean time to return to sports at full capability in a competitive subgroup was 4.1 months for the contralateral patients and 5.5 months for ipsilateral patients. Overall, 49% of patients in the contralateral group and 12% of patients in the ipsilateral group returned to their preinjury levels of activity by 4 months postoperatively. Our results indicate that the contralateral patellar tendon can be used to restore range of motion and strength sooner than an ipsilateral patellar tendon graft. Patients can also have a faster return to full capability in sports without compromising ultimate stability.