



Rehabilitation Program for Both Knees when the Contralateral Autogenous Patellar Tendon Graft is used for Primary Anterior Cruciate Ligament Reconstruction: A Case Study. DeCarlo M, Shelbourne KD, Oneacre K: *J Orthop Sports Phys Ther* 29:144-159, 1999

Study Design: Case study of a basketball player who underwent an alternative surgical procedure for anterior cruciate ligament (ACL) reconstruction and outline the rehabilitation process designed for this procedure.

Objectives: To describe the surgical procedure, detail the rehabilitation program, and report on this patient's clinical outcome.

Background: Anterior cruciate ligament injury, its treatment, and rehabilitation continue to be an area of interest to both clinicians and researchers. Surgical procedures have been refined and rehabilitation programs are constantly being evaluated and updated to allow the safest and most predictable return to activity. Currently, the autogenous bone-patellar tendon-bone graft is the graft of choice for ACL reconstruction. Typically the graft is taken from the ipsilateral knee. An alternative procedure is to take the graft from the contralateral, noninvolved knee, allowing 2 separate rehabilitation programs to take place.

Methods and Measures: The patient was followed from the time to injury to 2 years postoperatively. Data collected included range of motion, isokinetic strength scores, ligament stability scores, subjective evaluation, and functional measures.

Results: At 3 weeks postoperative the patient had nearly full range of motion in both knees, normal gait, and was beginning sport-specific drills. He was shooting the basketball and jumping by 5 weeks and returned to competitive sports 6 weeks after surgery. He was able to play in all 32 games of the season, starting in 23 of them.

Conclusions: Using the contralateral patellar tendon graft may be appropriate for primary ACL reconstruction of patients, particularly those desiring an early expedient return to athletic competition.

