



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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Mini-open ACL Reconstruction Using Contralateral Patellar Tendon. Shelbourne KD: *Techniques in Orthopaedics* 2005;20(4):353-360.

The ACL reconstruction technique described in this article allows for easy visualization and access to the tibial plateau, intercondylar notch, and posterolateral wall of the femur. The ideal placement of tibial tunnel involves positioning the graft so that it is flush with the roof of the notch when the knee is in full extension. The femoral tunnel is placed posterior in the notch with 1 to 2 mm of bony bridge remaining. There is a straight-line placement of the graft between the tibia and femur with the knee in 30° of flexion. When the graft is harvested from the contralateral knee, patients begin exercises immediately to stimulate the graft donor site to regain size and strength. Rehabilitation for the ACL-reconstructed leg emphasizes the return of normal range of motion and limiting a hemarthrosis. This ACL reconstruction technique uses the reliable patellar tendon graft source that has been shown to provide excellent stability, graft incorporation, and a good return of strength and function.