



*Shelbourne Knee Center*  
at Methodist Hospital  
Specialized Care for Knee Injuries

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**Isolated Autogenous Bone-Patellar Tendon-Bone Graft Site Morbidity. Rubinstein RA, Shelbourne KD, VanMeter CD, McCarroll JC, Rettig AC:Am J Sports Med 22:324-327, 1994.**

To distinguish between morbidity caused by the isolated patellar tendon graft harvest and morbidity associated with anterior cruciate ligament reconstruction when the graft is harvested from the involved knee, we studied 20 patients who had an isolated contralateral graft harvest for anterior cruciate ligament reconstruction in the opposite knee. We defined and quantitated the morbidity by evaluating the uninjured knee from preoperative studies to current followup (range, 0.5 to 5 years; average, 2 years). All graft harvest surgeries were performed in an identical fashion. Rehabilitation of the harvest knee included immediate range of motion, weightbearing, and closed chain kinetic exercises with an emphasis on early strengthening. All patients regained full knee range of motion by 3 weeks. At final followup, there was no clinical or radiographic evidence of patella contracture or baja. Quadriceps strength averaged 69% at 6 weeks and returned to 93% at 1 year and 95% at 2 years. Activity-related soreness at the donor site (patellar tendinitis) was rarely restricting and resolved after the 1st year. No patient complained of patellofemoral joint pain in the donor knee. The modified Noyes subjective questionnaire score averaged 97 of 100 at last followup. The morbidity of an isolated autogenous patellar tendon graft harvest appears to be of short duration and largely reversible.