



Shelbourne Knee Center
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Ligament Stability Two to Six Years After Anterior Cruciate Ligament Reconstruction with Autogenous Patellar Tendon Graft and Participation in Accelerated Rehabilitation. Shelbourne KD, Klootwyk TE, Wilckens JH, et al: *Am J Sports Med* 23:575-579, 1995

We studied patients who participated in our accelerated rehabilitation program after anterior ligament reconstruction surgery to determine if they showed signs of patellar tendon graft stretching. This program initiated in 1987 emphasizes early full hyperextension, early weightbearing as tolerated, and closed-chain functional activities with rapid return to sports when the patient has attained full range of motion, approximately 65% of strength, and has accomplished the running and agility drills prescribed. A total of 209 patients met the criteria of KT-1000 arthrometer follow-up at the time full range of motion ($5^{\circ}/0^{\circ}/135^{\circ}$) was attained and at 2 years or more after surgery. The KT-1000 arthrometer manual maximum difference between the reconstructed and normal knee was used as the indicator of change in the graft length. All patients completed postoperative subjective questionnaires. The mean KT-1000 arthrometer value was 2.06 mm (SD \pm 2.2) at full range of motion and 2.10 mm (SD (\pm 1.9) at more than 2 years of follow-up ($P = 0.7961$). The patients' subjective stability scores averaged 19.6 with 97% reporting no instability episodes. Based on our findings, we conclude that accelerated rehabilitation program after this type of reconstruction does not affect long-term stability as measured by the KT-1000 arthrometer.