

A banner for the Shelbourne Knee Center at Methodist Hospital. The banner features a blue gradient background. On the left, there is a photograph of a person's legs in blue jeans and black shoes, with a soccer ball on the grass. The text is in white and blue. The main title 'Shelbourne Knee Center' is in a large, blue, serif font. Below it, 'at Methodist Hospital' is in a smaller, blue, sans-serif font. Underneath that, 'Specialized Care for Knee Injuries' is in a white, sans-serif font. On the right side, the names 'K Donald Shelbourne MD' and 'Scott E Urch MD' are listed in white, sans-serif font, followed by 'Physical Therapy' in a smaller white, sans-serif font. At the bottom of the banner, the address '1815 N Capitol Ave, Ste 600 Indianapolis, IN' and two phone numbers '1.888.349.5633' and '1.317.924.8636' are listed in a small white, sans-serif font.

Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

K Donald Shelbourne MD
Scott E Urch MD
Physical Therapy

1815 N Capitol Ave, Ste 600 Indianapolis, IN 1.888.349.5633 1.317.924.8636

**Preventing Anterior Knee Pain After Anterior Cruciate Ligament Reconstruction. Shelbourne KD, Trumper RV:
Am J Sports Med 25:41-47, 1997**

We studied a group of 602 patients who had anterior cruciate ligament reconstruction between 1987 and 1992. An autogenous patellar tendon graft was used, regardless of preexisting patellofemoral pain or chondromalacia. The surgeon and rehabilitation protocol were the same for all patients, with emphasis on obtaining full knee hyperextension postoperatively. All patients were evaluated by a questionnaire designed to determine the incidence and severity of anterior knee pain as it relates to sporting or daily living activities, prolonged sitting, stair climbing, and kneeling. Range of motion for the study group was recorded during physical examination. We compared the findings with those from a control group of 122 patients who had no previous knee injury. The study group reported a mean score of 89.5 ± 12.5 , compared with 90.2 ± 12.3 in the control group. Both the operative and control groups reported little or no symptoms during sporting activities (94% and 92%, respectively). No differences were noted with respect to the other activities surveyed. These results demonstrate that anterior knee pain after anterior cruciate ligament reconstruction is not an inherent complication associated with patellar tendon harvesting. We suggest that the increased incidence of anterior knee pain with an autogenous patellar tendon graft can be prevented by obtaining full knee hyperextension postoperatively. This goal can be achieved through preoperative rehabilitation and a postoperative protocol emphasizing early restoration of full knee hyperextension.