



Shelbourne Knee Center

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Specialized Care for Knee Injuries

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Isolated anterior cruciate ligament (ACL) reconstruction in the chronic ACL-deficient knee with degenerative medial arthrosis. Shelbourne KD, Benner RW: *J Knee Surg* 2007;20:216 – 222.

ABSTRACT: Isolated anterior cruciate ligament (ACL) reconstruction may provide long-term symptom relief and improved function in patients with medial knee arthrosis and ACL-deficiency, while delaying or possibly eliminating the need for further surgical intervention. Fifty-three patients who had medial uni-compartmental arthrosis and chronic ACL-deficient knees underwent ACL reconstruction alone. Subjective evaluation at mean 10 years postoperatively indicated statistically significant improvement compared to preoperative evaluation and better scores for patients who obtained normal knee range of motion. Objective evaluation, performed for 33 patients at a mean of 5.5 years postoperatively, indicated 25 normal

or nearly normal International Knee Documentation Committee ratings; 2 patients have undergone subsequent osteotomy or total knee arthroplasty.

Isolated ACL reconstruction provides long-term symptomatic pain relief, increased activity, and improved function. Anterior cruciate ligament reconstruction can effectively provide stability to the ACL-deficient knee with degenerative medial arthrosis without compromising range of motion or strength. Obtaining and maintaining full range of motion equal to the normal knee is important for the optimal result.

[*J Knee Surg*. 2007;20:216-222.]