



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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

K Donald Shelbourne MD
Scott E Urch MD
Physical Therapy

Outpatient Surgical Management of Arthrofibrosis After Anterior Cruciate Ligament Surgery. Shelbourne KD, Johnson GE: *Am J Sports Med* 22:192-197, 1994.

Abstract: We present a consecutive series of nine patients who were referred to us because of arthrofibrosis (loss of $>15^\circ$ of extension) after intraarticular anterior cruciate ligament reconstruction using autogenous patellar tendon (8 patients) or semitendinosus (1 patient) graft. Eight patients had surgery within 2 weeks of injury. All patients had been immobilized in flexion after the anterior cruciate ligament reconstruction and they had failed to improve despite vigorous physical therapy and other closed methods of treatment. The mean time from anterior cruciate ligament reconstruction to the subsequent surgery was 10.2 months (range, 3 to 14). The patients underwent an outpatient arthroscopic anterior scar resection, notchplasty, a closed knee manipulation for flexion, and extension casting. Serial daily extension cast changes allowed the patients to obtain full extension, which was maintained by a bi-valved extension splint for bedtime use. Flexion was actively sought by aggressive outpatient physical therapy. All patients except one noted near-normal ultimate range of motion. One patient could only attain 10° short of flat extension at the end of his rehabilitation and was considered a failed result. At final follow-up (mean, 31 months), no patient complained of symptoms of instability, all had a normal gait, and all but one were able to return to athletic activities.