



Shelbourne Knee Center
at Methodist Hospital
Specialized Care for Knee Injuries

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**Anterior Cruciate Ligament Reconstruction using a Mini-Open Technique with Autogenous Patellar Tendon Graft.
Shelbourne KD, Rask BP: *Techniques in Orthopaedics* 13:221-228, 1998**

Anterior cruciate ligament reconstruction can be performed with a variety of different techniques. The mini-open technique described in this article provides for easy visualization and access to the tibial plateau, intercondylar notch, and posterior lateral wall of the femur, which provides for precise tunnel placement. Ideal tibial tunnel placement will result in the graft lying flush with the roof of the notch when the knee is fully extended. Ideal femoral tunnel placement should be posterior in the notch with 1-2 mm of bony bridge remaining, and the tunnel should allow for a straight line placement of the graft between the tibia and femur with the knee in 30° of flexion. Button fixation is used at both ends to allow proper tensioning of the graft while the knee is moved from full hyperextension to full flexion. The mini-open technique offers excellent results with minimal complications.