

Shelbourne Knee Center
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Specialized Care for Knee Injuries

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Contralateral Patellar Tendon and The Shelbourne Experience *Part 1. Revision Anterior Cruciate Ligament Reconstruction and Rehabilitation.* Shelbourne KD, Thomas JA.

Abstract: Revision anterior cruciate ligament surgery many times involves removal of previous hardware and difficulty with precise tunnel placement. The mini-arthrotomy technique described in this article allows for easy visualization and access to the tibial plateau, intercondylar notch, and posterolateral wall of the femur. Ideal tibial tunnel placement involves placing the graft so that it is flush with the roof of the notch when the knee is in full extension. Ideal femoral tunnel placement should be posterior in the notch with 1 to 2 mm of bony bridge remaining. The femoral tunnel should provide a straight-line placement of the graft between the tibia and femur with the knee in 30 degrees of flexion. When the graft is harvested from the contralateral knee, patients can begin exercises immediately to stimulate the graft donor site to regain size and strength. Rehabilitation for the ACL-reconstructed leg emphasizes return of range of motion and limiting a hemarthrosis. Using a contralateral patellar tendon autograft allows surgeons to use a reliable graft source that has been shown to provide excellent stability and graft incorporation, along with a good return of strength and function for patients.

Key Words: anterior cruciate ligament, revision, surgery, technique