



*Shelbourne Knee Center*  
at Methodist Hospital  
Specialized Care for Knee Injuries

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**Locked Bucket-Handle Meniscal Tears in Knees with Chronic Anterior Cruciate Ligament Deficiency. Shelbourne KD, Johnson GE: *Am J Sports Med* 21:779-782, 1993**

Because we noticed patients had difficulty regaining full range of motion after surgery for a locked bucket-handle meniscal tear with simultaneous reconstruction for a chronic anterior cruciate ligament tear, we adopted a two-stage procedure for this group of patients. We evaluated the results of a two-stage procedure in the knees of 16 athletes (Group 1) and compared their outcome with the outcome of 16 matched athletes who had been treated with simultaneous repair or removal of the displaced bucket-handle meniscal tear and autogenous patellar tendon anterior cruciate ligament reconstruction (Group 2). Four patients in Group 2 required a second procedure or casting to regain full extension. No patient in Group 1 required a second procedure. One meniscal retear was detected in Group 1. The two-stage procedure also appears to have a number of theoretical advantages: 1) more aggressive use of repair rather than removal of a displaced torn meniscus; 2) prevention of problems in regaining range of motion; 3) allows a second look to judge the success of meniscal repair, and 4) allows time for the patient to prepare for anterior cruciate ligament reconstruction physically, mentally, academically, and socially.