



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

Patient Selection for Anterior Cruciate Ligament Reconstruction. Shelbourne KD, Johnson GE: Operative Techniques in Sports Medicine 1:16-21, 1993

Patients with an anterior cruciate ligament (ACL)-deficient knee, whether acute or chronic, need to be assessed for the likelihood of sustaining further instability episodes. ACL reconstruction can restore knee stability and prevent meniscal and/or chondral damage. In high-risk patients, defined by their age, demands, and sport-specific risks, we recommend ACL reconstruction and meniscal salvage. This approach assures that a predictable, successful surgical procedure can restore stability with minimal morbidity. In patients for whom nonsurgical treatment is elected, the menisci should be initially evaluated by a magnetic resonance imaging scan. If the scan is negative, the patient is advised on activity modification, brace use, and close follow-up. Surgical reconstruction of the ACL, especially if the patient has a meniscus tear, appears to be the best conservative treatment to prevent long-term problems with the knee. By matching functional goals and expectations to the treatment protocol, the person with the ACL-deficient knee can be better treated. We instruct the patient and family in lay terms about the anatomy of the knee, normal biomechanics, pathology of the patient's injury, and altered biomechanics caused by the injury. The natural history of the ACL-deficient knee is discussed in terms with the patient's age, injury, and life-style. Options for both surgical and nonsurgical management are outlined with the patient and family. An algorithm for treatment is designed for each patient. We believe that the informed patient and family are in the best position to make a realistic treatment decision.