



Shelbourne Knee Center
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Specialized Care for Knee Injuries

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Preventing Complications and Minimizing Morbidity After Autogenous Bone-Patellar Tendon-Bone Anterior Cruciate Ligament Reconstruction. Shelbourne KD, Rubinstein RA: *Operative Techniques in Sports Medicine* 1:72-78, 1993

In this article we offer our approach to potential problems of anterior cruciate ligament (ACL) reconstruction and provide suggestions on how to minimize, prevent, or avoid them. Graft harvest, particularly with the patellar tendon graft, has concerned surgeons. Range of motion, quadriceps strength (if the patellar tendon is harvested from the ipsilateral knee) anterior knee (patellofemoral) pain, patellar tendinitis, and patellar contracture/baja are included in the spectrum of potential problems associated with ACL reconstruction when the autogeneous patellar tendon graft is chosen as the ligament substitute. The suggestions we offer are (1) patient selection (with consideration of age, demands, and desires), (2) preoperative rehabilitation to attain range of motion and quadriceps strength, (3) delay of surgery until the patient is physically and mentally ready, (4) regular visits to monitor rehabilitation after the surgical procedure so that if problems are developing they will be detected early and corrected, and (5) long-term follow-up. When the goals of full knee extension, minimal swelling, leg control (active control by quadriceps), and 90° of flexion are attained by 2 weeks postoperatively, we know that the common postoperative complications after ACL reconstruction are essentially prevented. With our total program patients are able to return to a functional state and full activity without compromising long-term knee stability.