



11th Advanced Course on Knee Surgery

ACL Clinical Cases: Round Table



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Case J.S.



- 20F D1-college soccer, outside back
- 2 wks post noncontact L knee injury
- Felt “pop”
- PSH: BTB ACL-R in 2020
- Exam:
 - ROM 5-90°
 - MJLT and LJLT
 - 2B Lachman
 - Stable to varus/valgus



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Case J.S. - what to do?



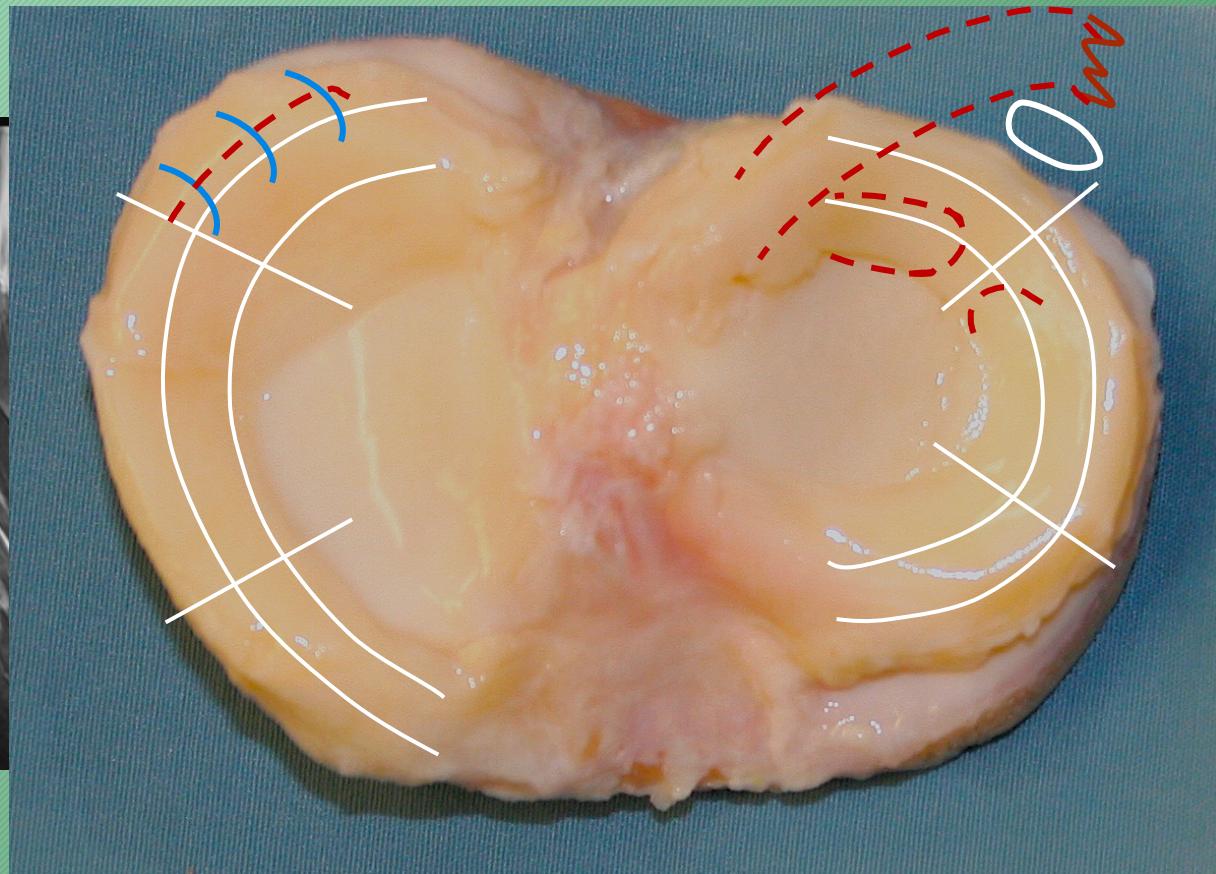
- Acute gr3 ACL
 - MM vertical tear
 - LM tear
1. Timing?
 2. Graft?
 3. LM repair?



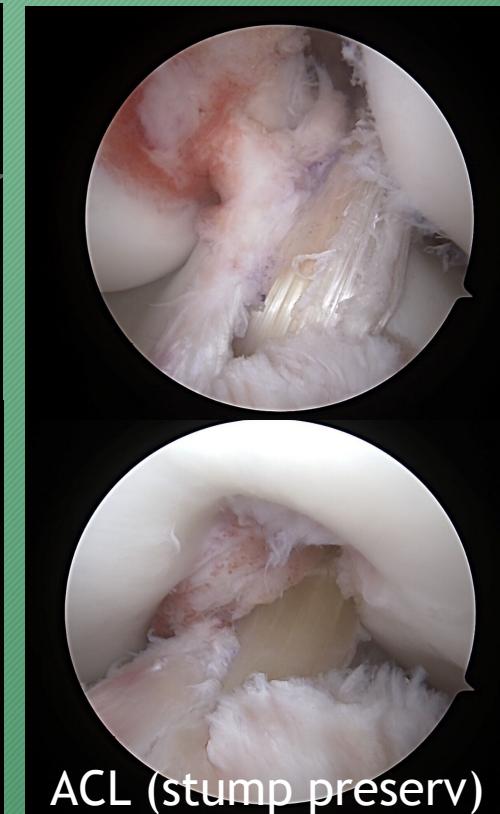
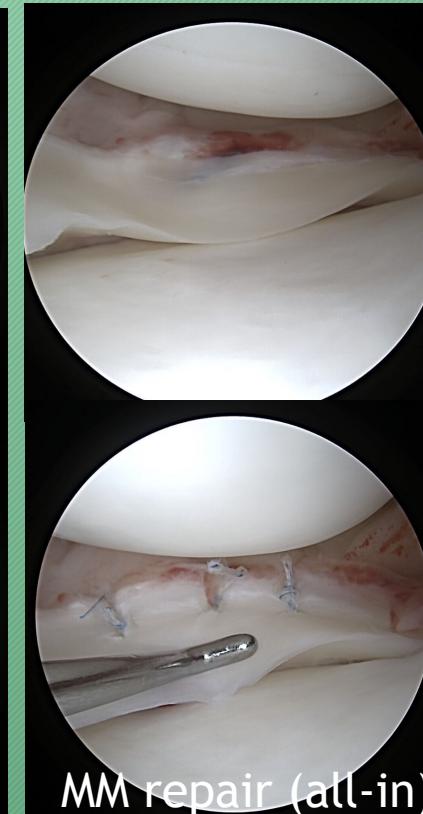
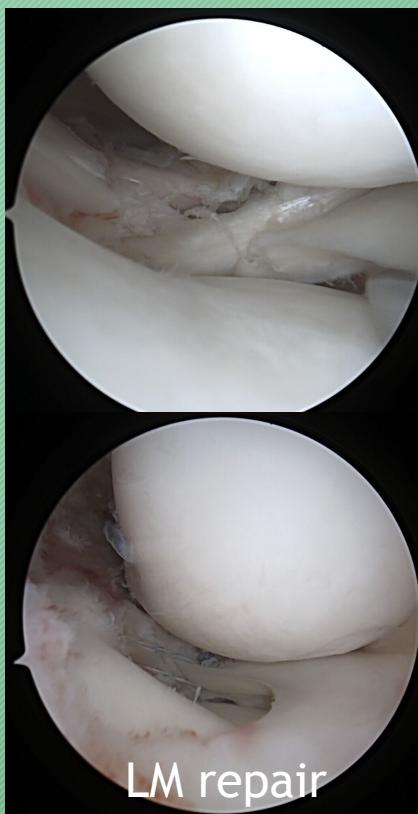
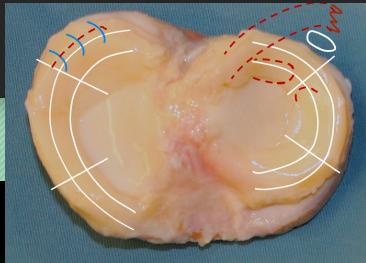
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- Acute gr3 ACL
 - MM vertical tear
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1. Timing?
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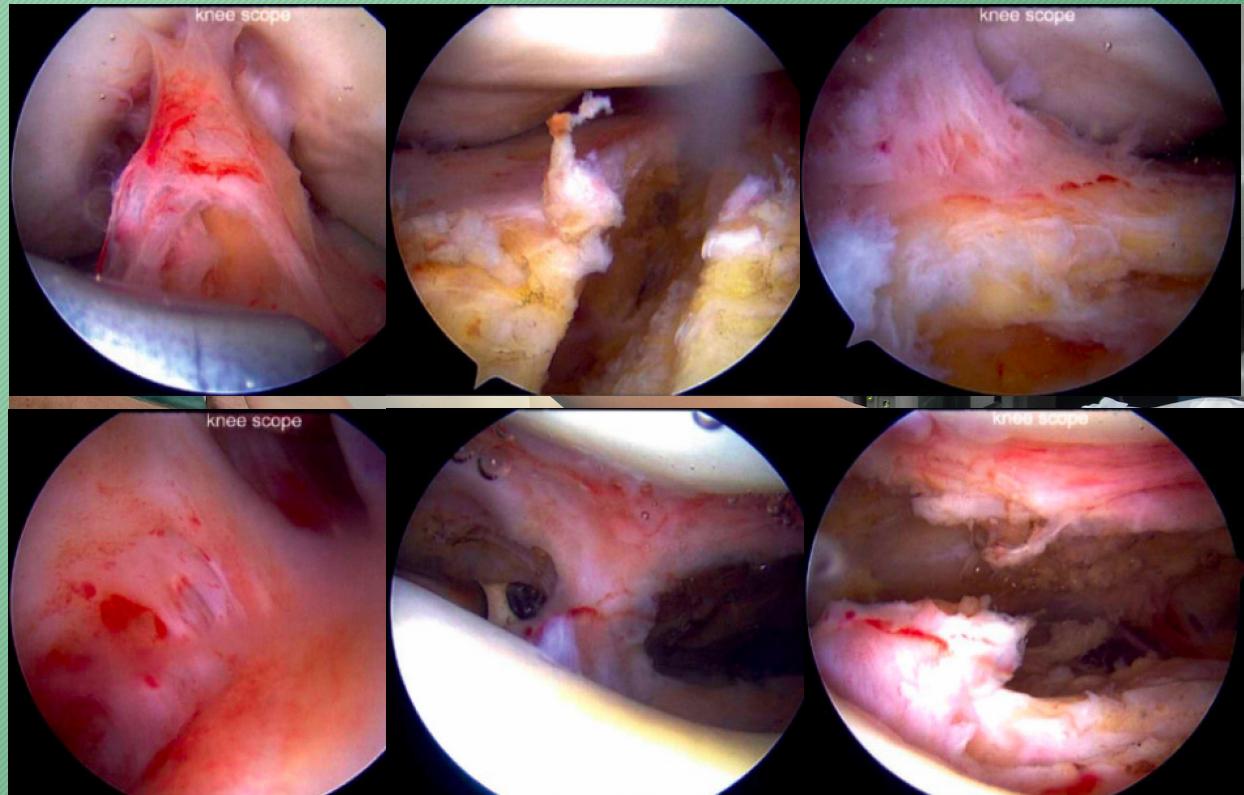
Case J.S.



Case J.S. - FU



- 4 wks
 - ROM 0-60
 - Medrol dosepack
- 8 wks
 - ROM 10-80
 - Rigid patellar mobility
 - Stable Lachman
 - No effusion



Case J.S. - FU



- 6mos s/p L BTB ACL-R, MM repair, LM repair
- 4mos s/p MUA, arthrolysis
- Doing well
- ROM 1-140
- Mild effusion
- Good SLR



Risk factors for knee stiffness (ML)



- Primary ACLR 3,478 patients
(median 21.8 y/o; 44% female)
 1. Female sex
 2. Black race
 3. Lateral meniscus repair
 4. QT autograft

Case G.B.



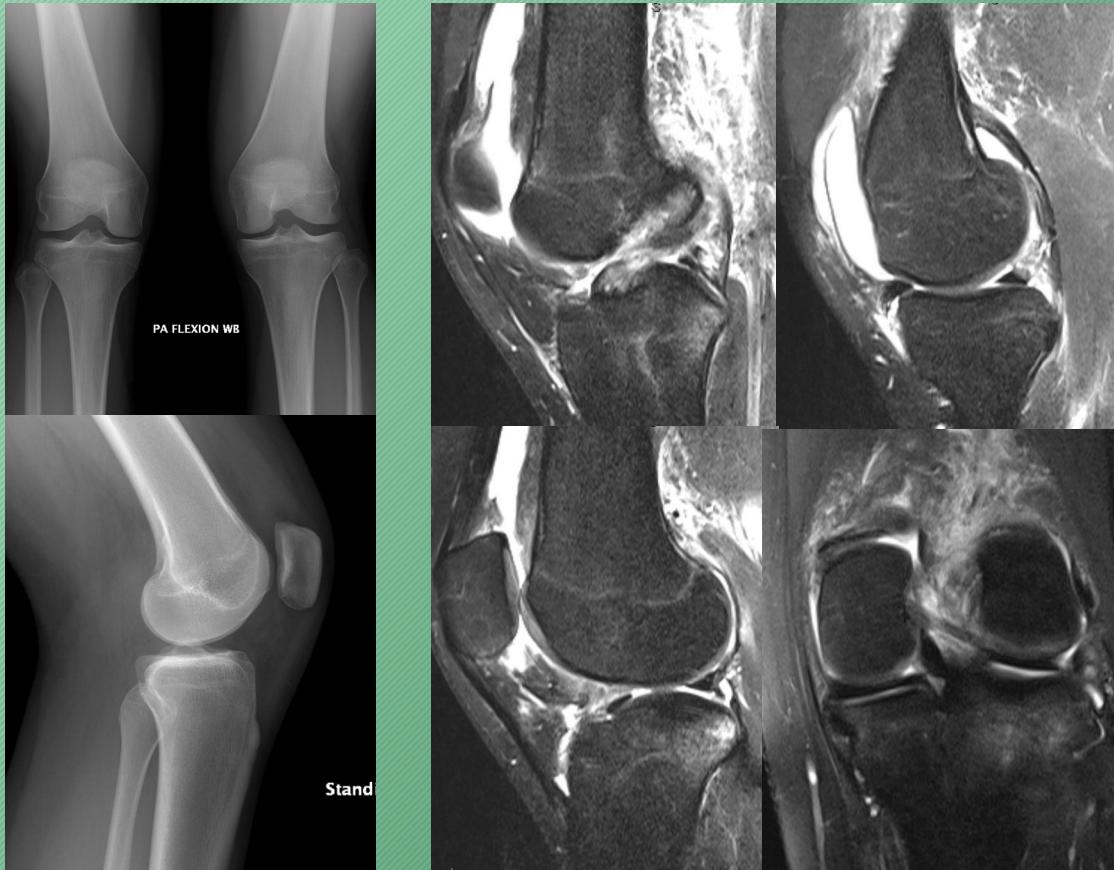
- 16F softball pitcher
- Acute noncontact L knee injury while running on field
- Acute pain and swelling, not able to RTP
- No prior issues w/ the knee
- Interested in STABILITY II



Case G.B. - Exam and imaging



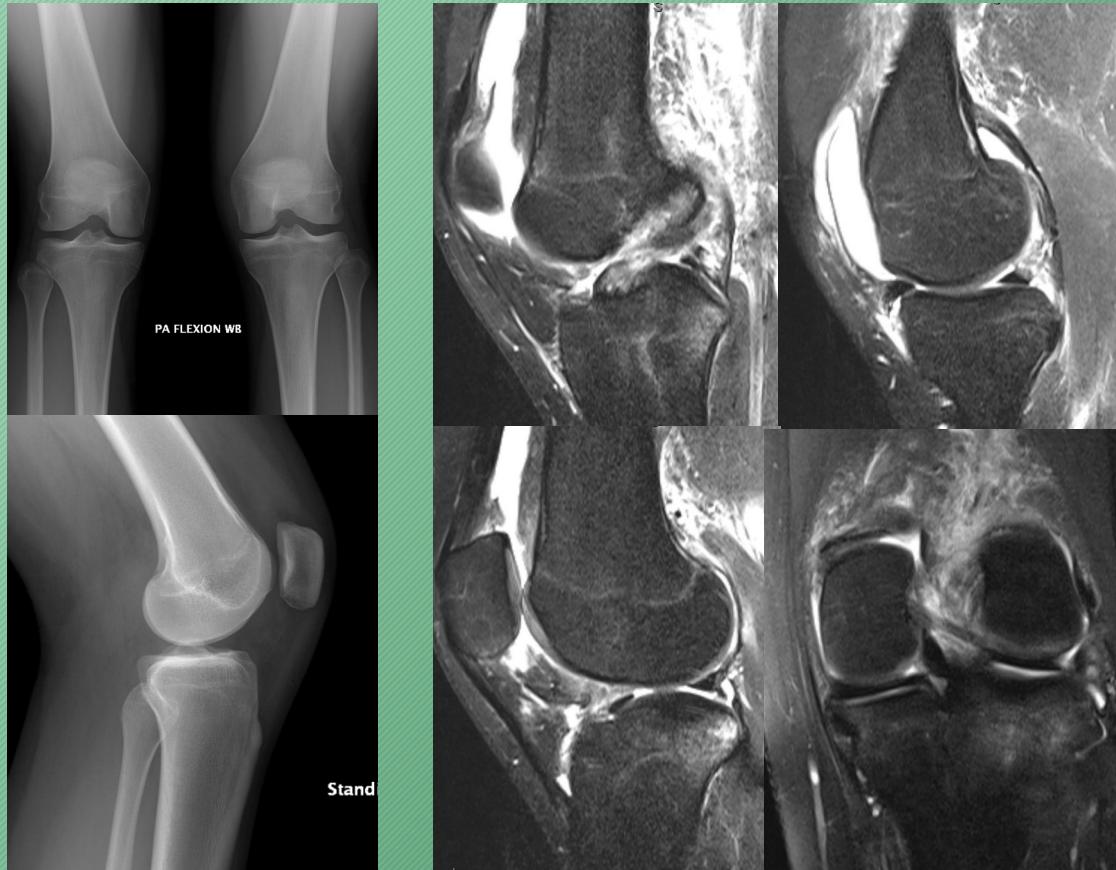
- Moderate effusion
- ROM 10-90°
- M and LJLT
- 2B Lachman
- Poor quad set
- Stable to valgus/varus stress
- Prehab: ROM 0-130°



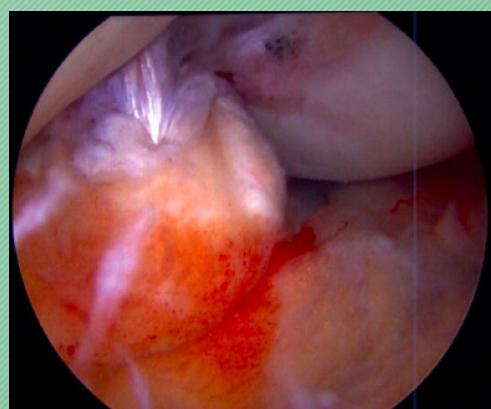
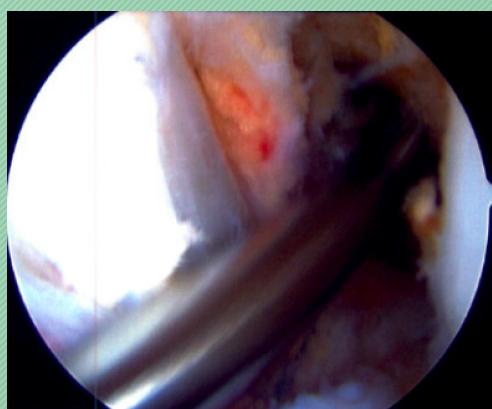
Case G.B. - Exam and imaging



- Acute gr3 ACL
 - LM tear
1. What graft?
 2. LM repair or resect?
 3. Add LET?
 4. Bonus Q: how enroll in RCT?



Case G.B. - QT ACL-R + LET



Case R.B.



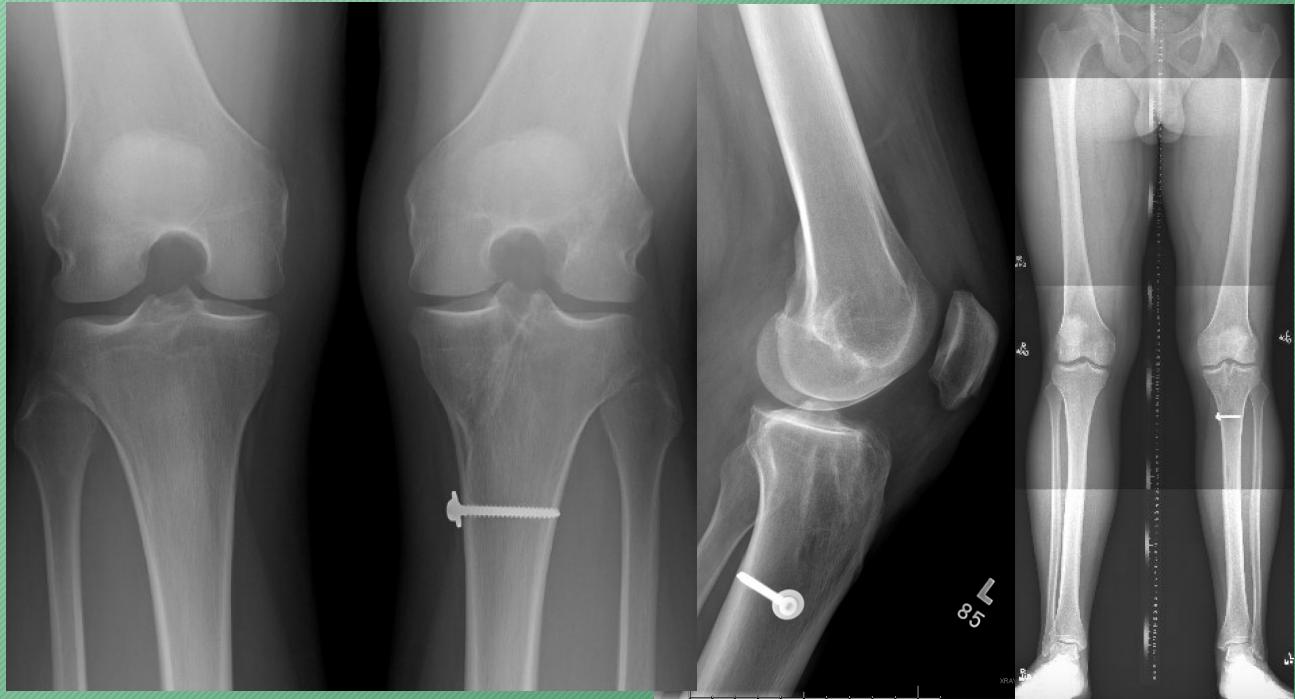
- 30 M chronic instability x 10y
- 3x ACL failure
- BTB in 2010, allograft 2011,
allograft 2012
- Exam
 - Full ROM
 - No hyperextension
 - 2B Lachman
 - Explosive pivot shift



Case R.B.



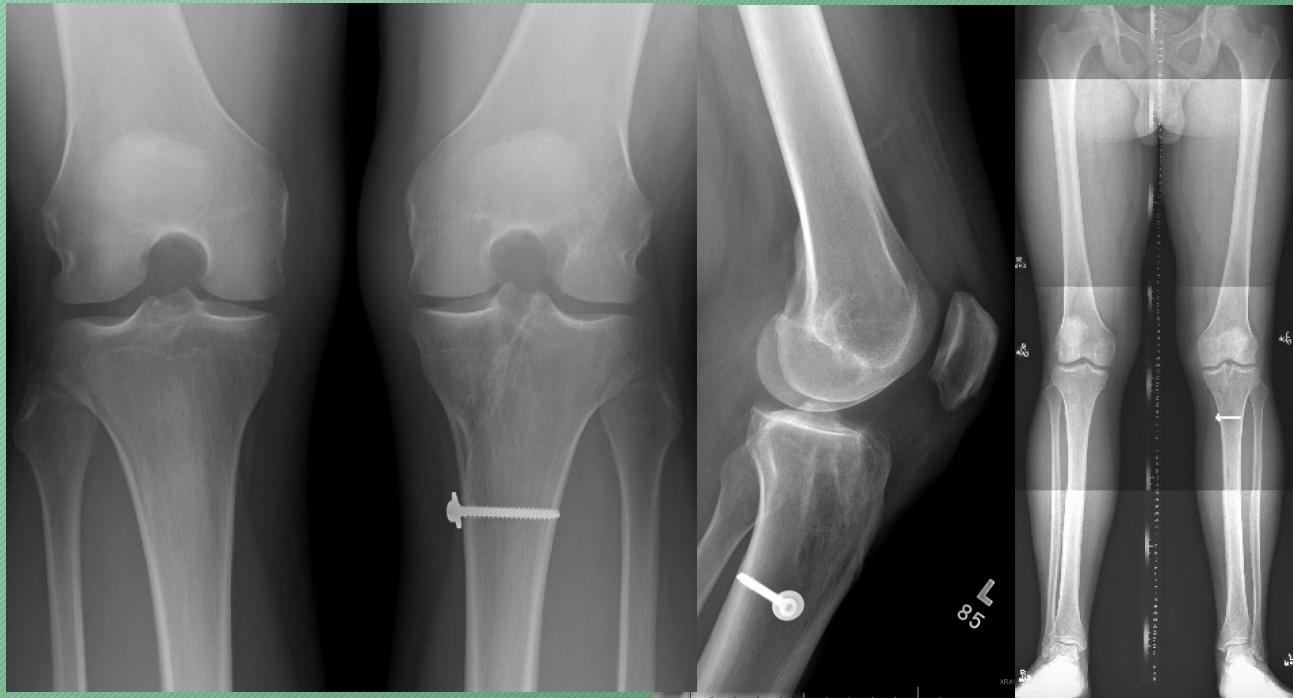
- 30 M chronic instability x 10y
- 3x ACL failure
- BTB in 2010, allograft 2011, allograft 2012
- Exam
 - 0-0-130
 - 5-0-140 (contralat)
 - 2B Lachman
 - Explosive pivot shift



Case R.B. - what to do?



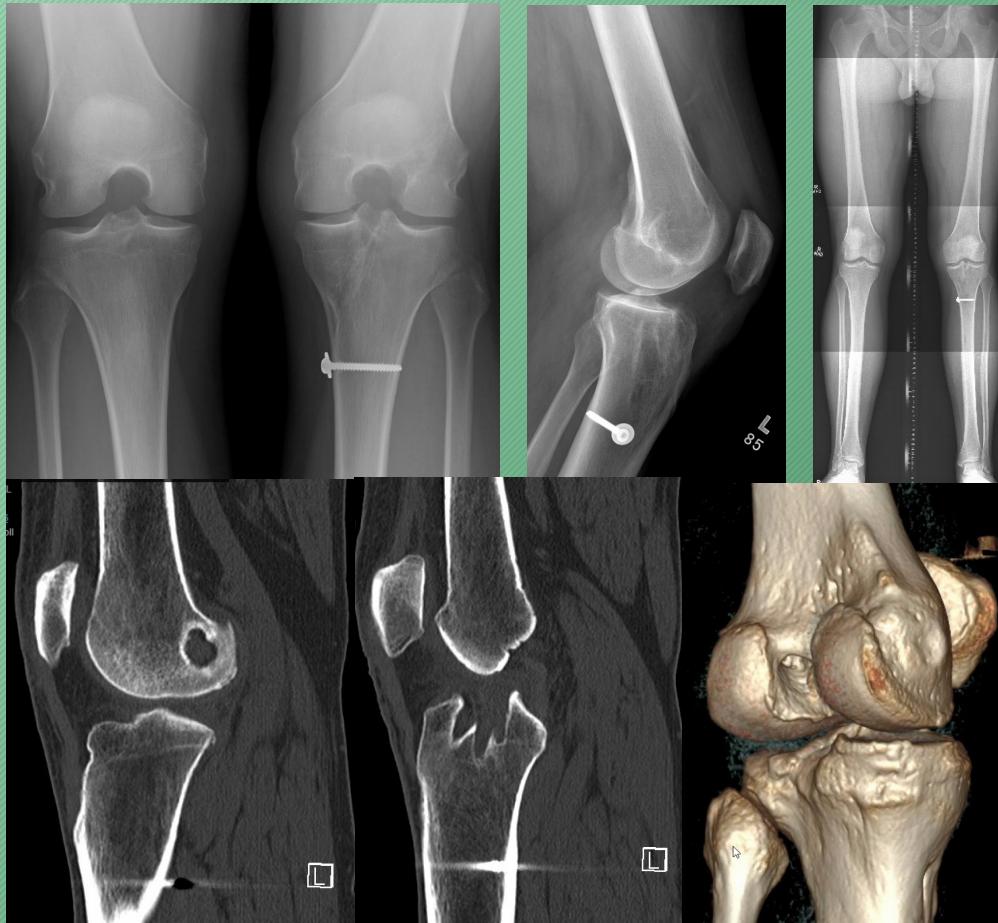
1. Any other studies?
2. What is reason for failure?
3. Tunnels?
4. Alignment?
5. What revision procedure?



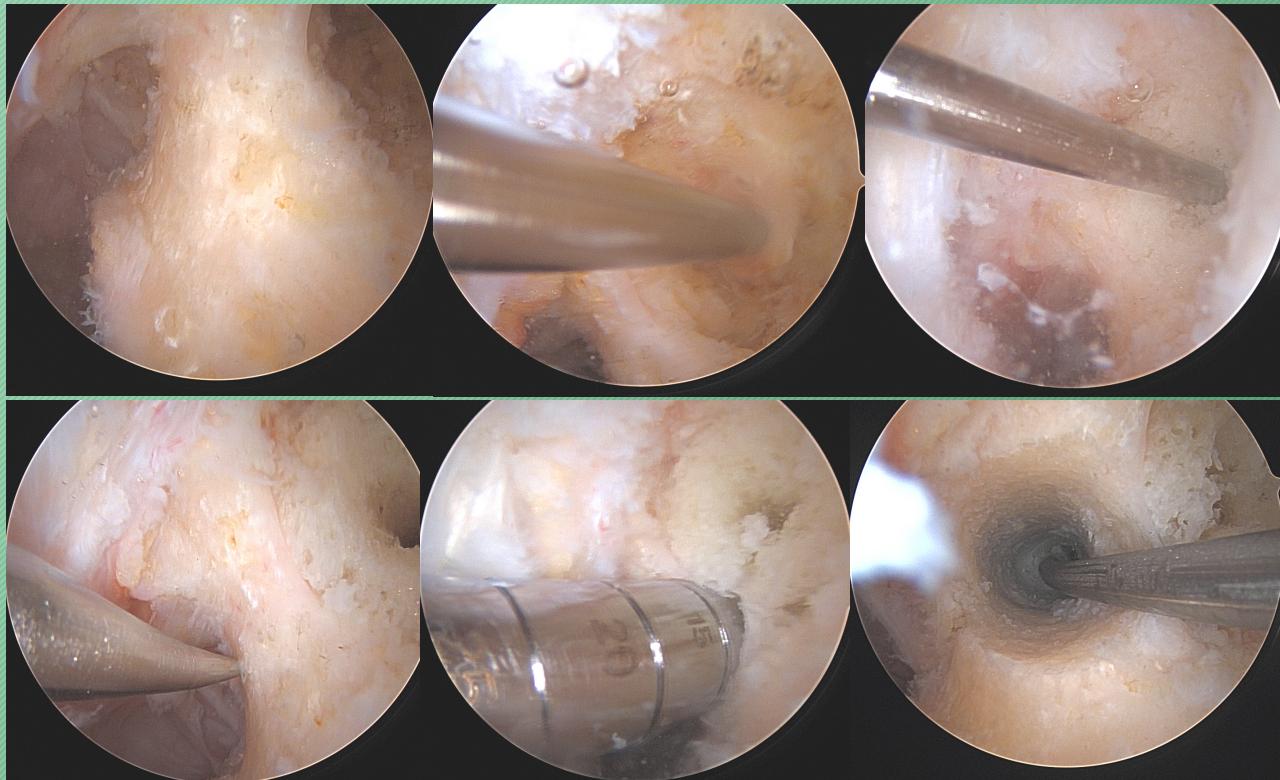
Case R.B. - what to do?



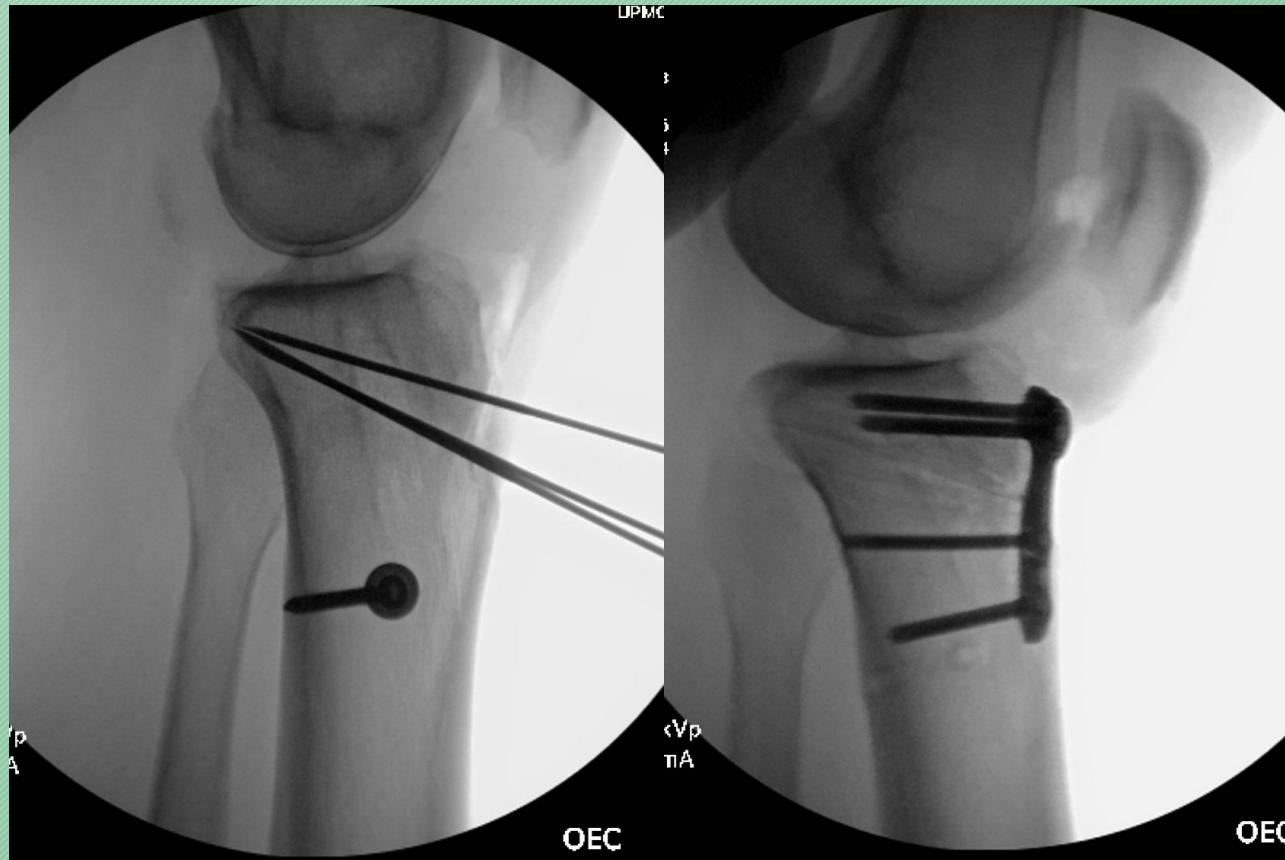
1. Any other studies?
2. What is reason for failure?
3. Tunnels?
4. Alignment?
5. What revision procedure?



Case R.B. - revision ACL (QT), single stage fem bone graft
(allo dowel), LM root repair, PSO (13->3 deg)



Case R.B. - ACW supratubercle osteotomy, revision ACL-R w/ QT, LM root repair



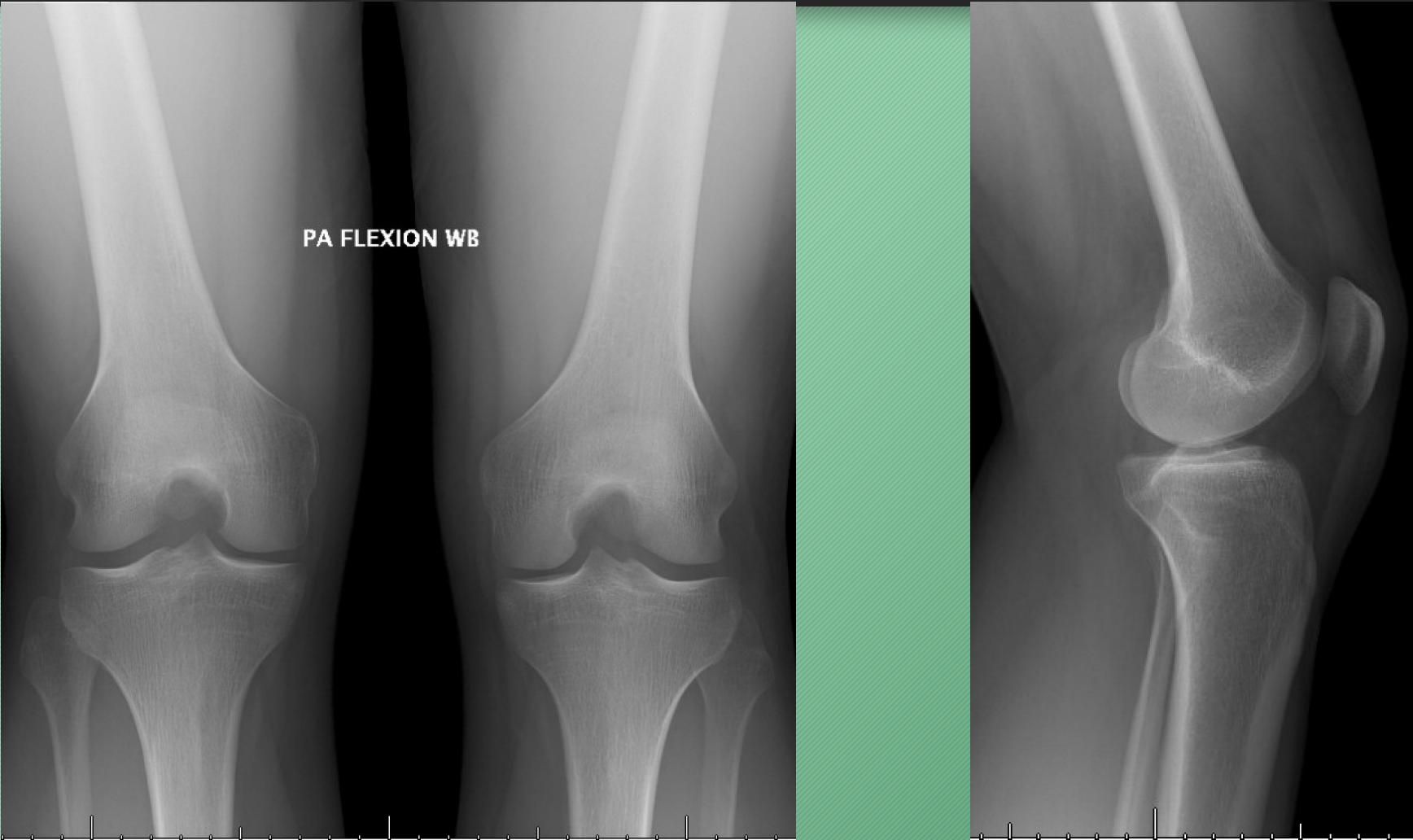
Case J.S.



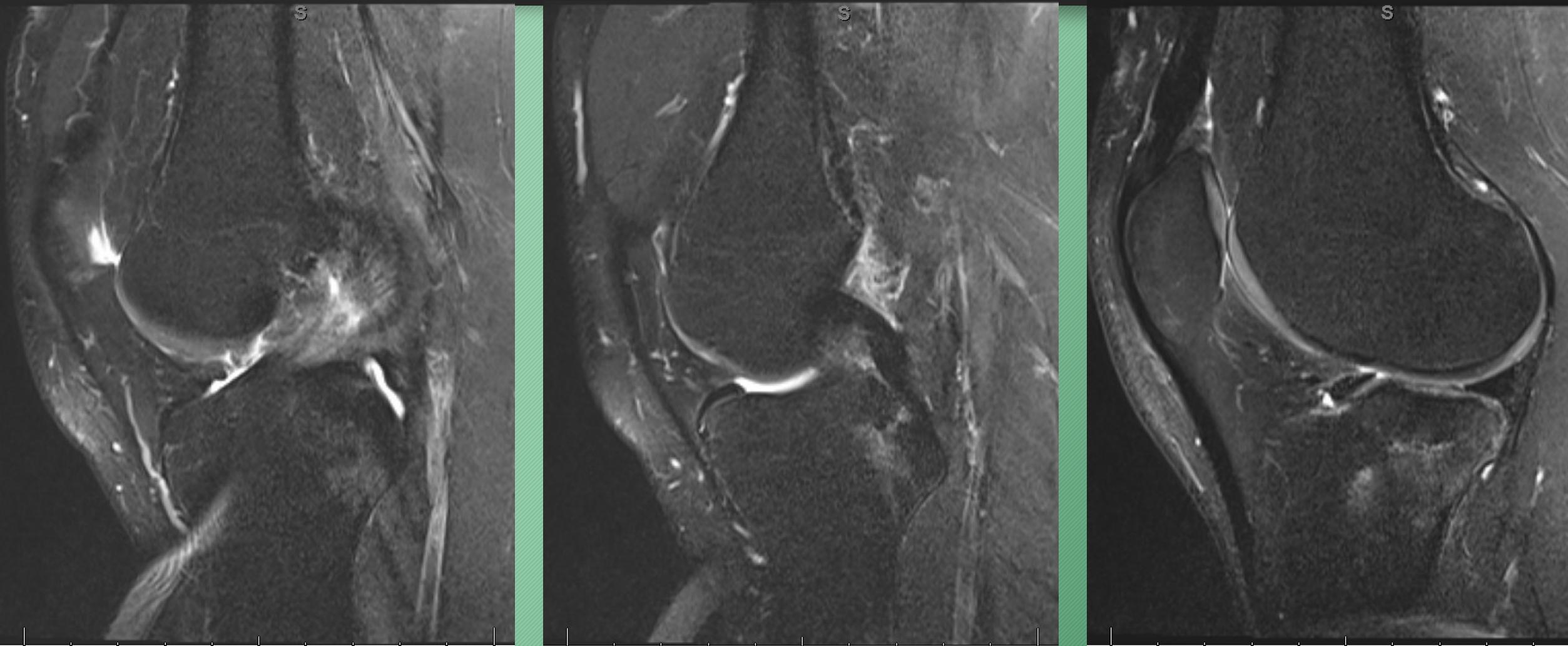
- 24M ultimate frisbee player w/ L knee pain and instability for 2wks
- Noncontact twisting injury
- Exam
 - + effusion
 - ROM 0-140° (0-140°)
 - Able to perform SLR
 - 2B Lachman, + AD
 - +1 varus, +1 valgus in extension/20°
 - NVI



Case J.S.



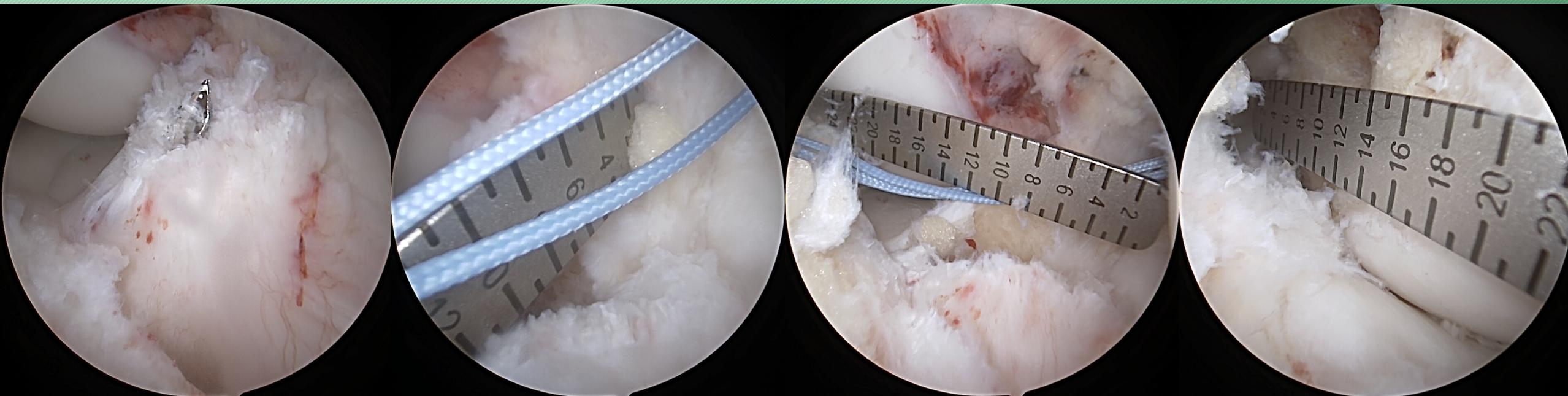
Case J.S.



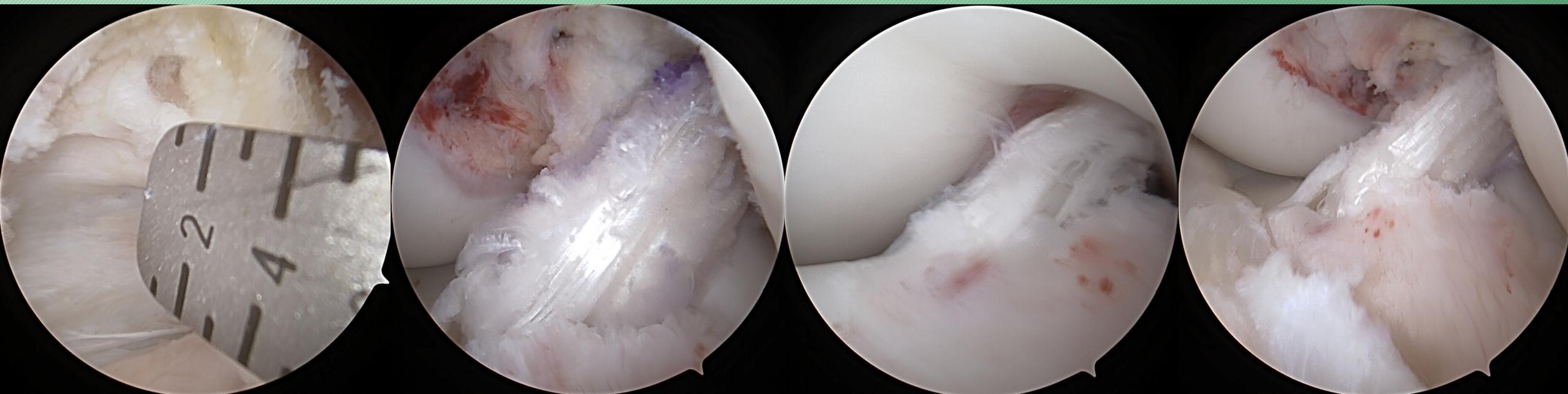
Case J.S.



Case J.S.



Case J.S.



Case J.S. - 1wk FU

- Doing well
- Mild pain
- Large effusion
- Good quad set, unable to do SLR
- ROM 0-25°



Case A.D.

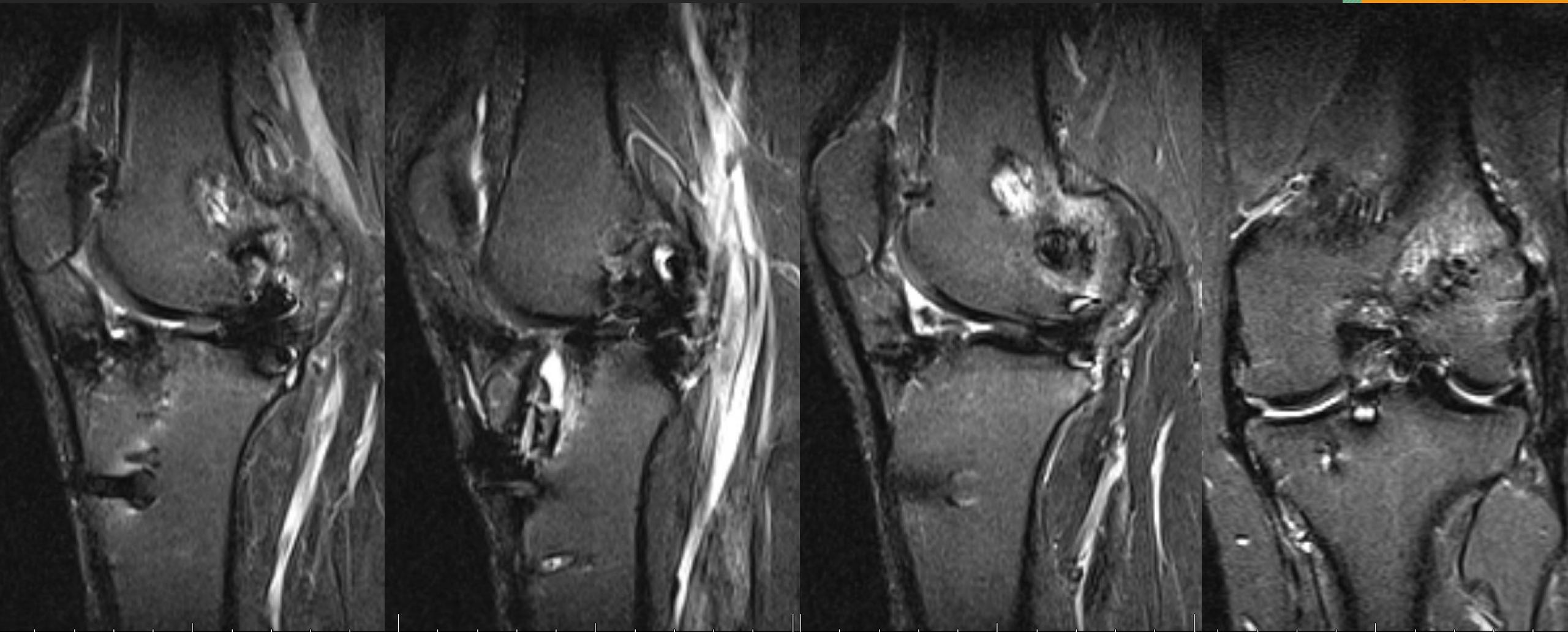


- 29M w/ L knee instability
- 2018: L ACL-R allo
- 2022: L knee ACL tunnel bone grafting
- 2023: L revision QT ACL-R + MM root repair
- 2023: L revision x2 BTB ACL-R + LET
- Exam:
 - ROM 0-120°
 - + Lachman, + PS
 - No MJLT or LJLT
 - 9° PTS, symmetric 6° valgus

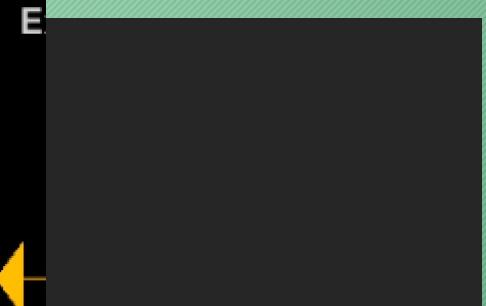
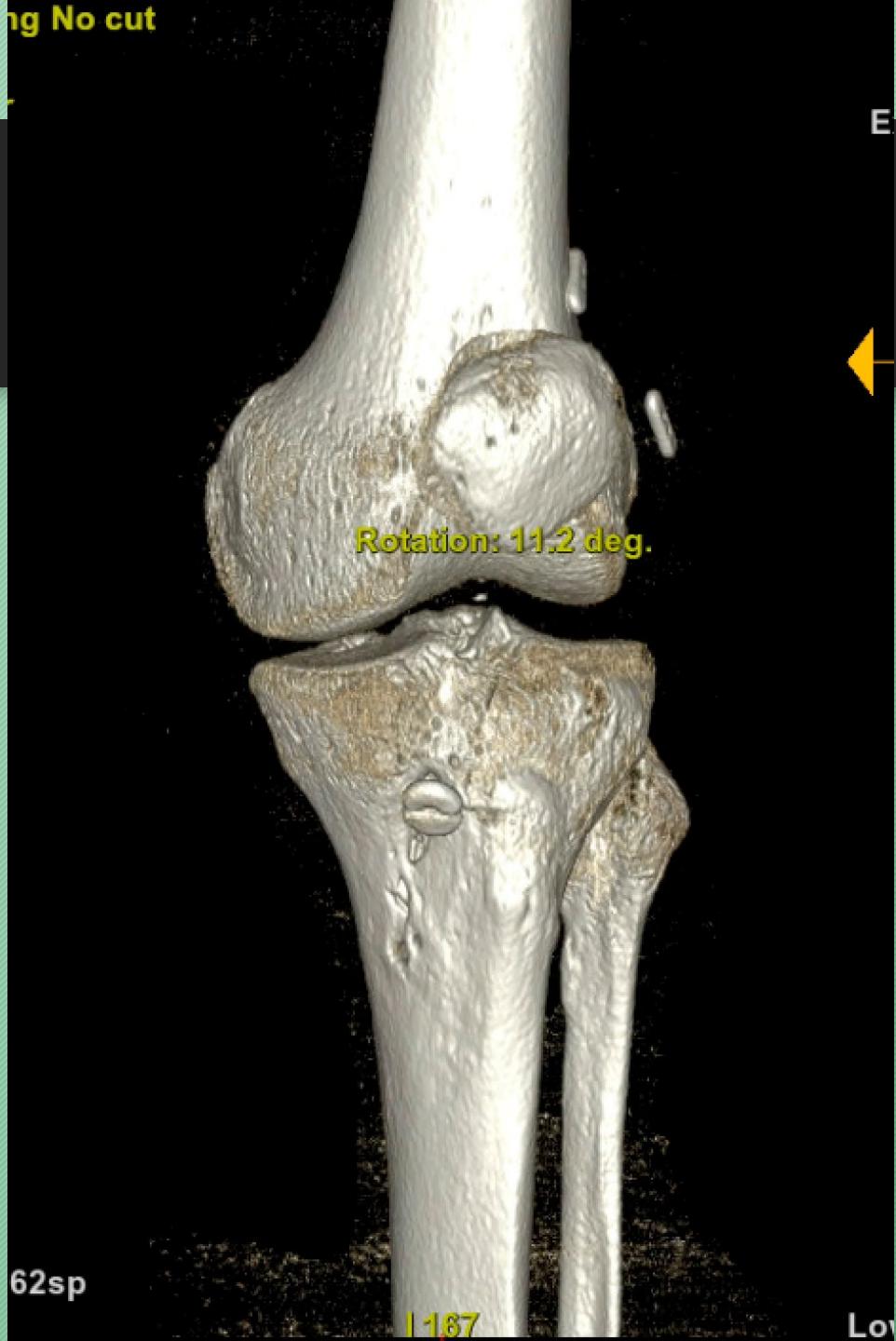
Case A.D.



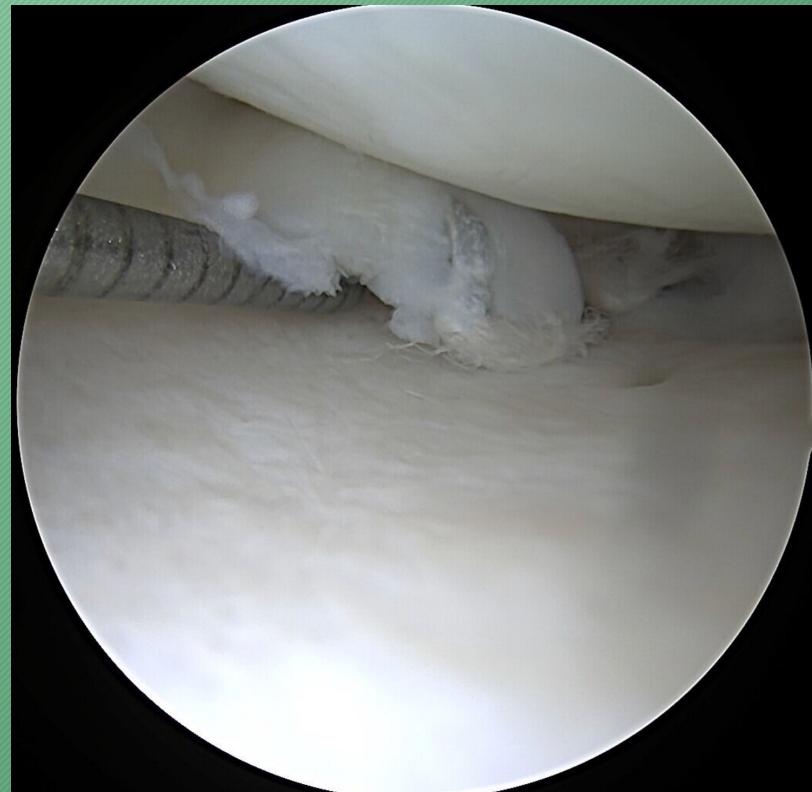
Case A.D.



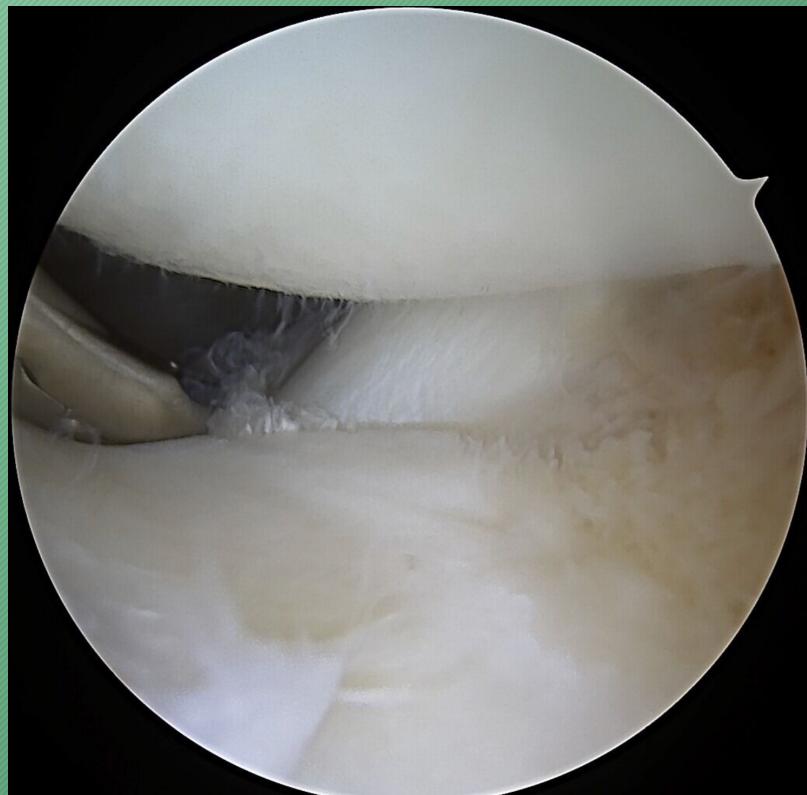
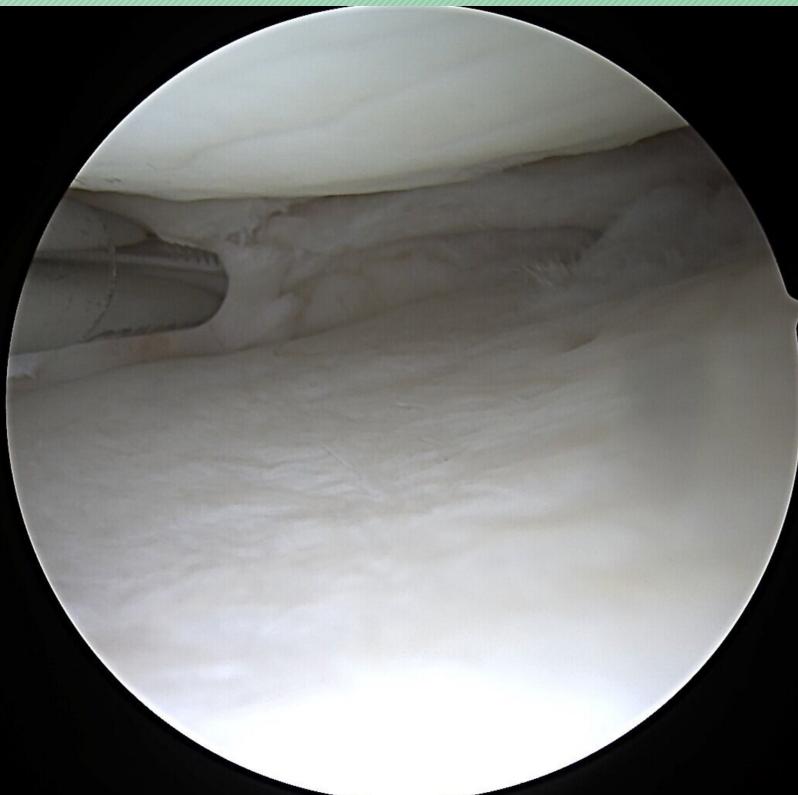
Case A.D.



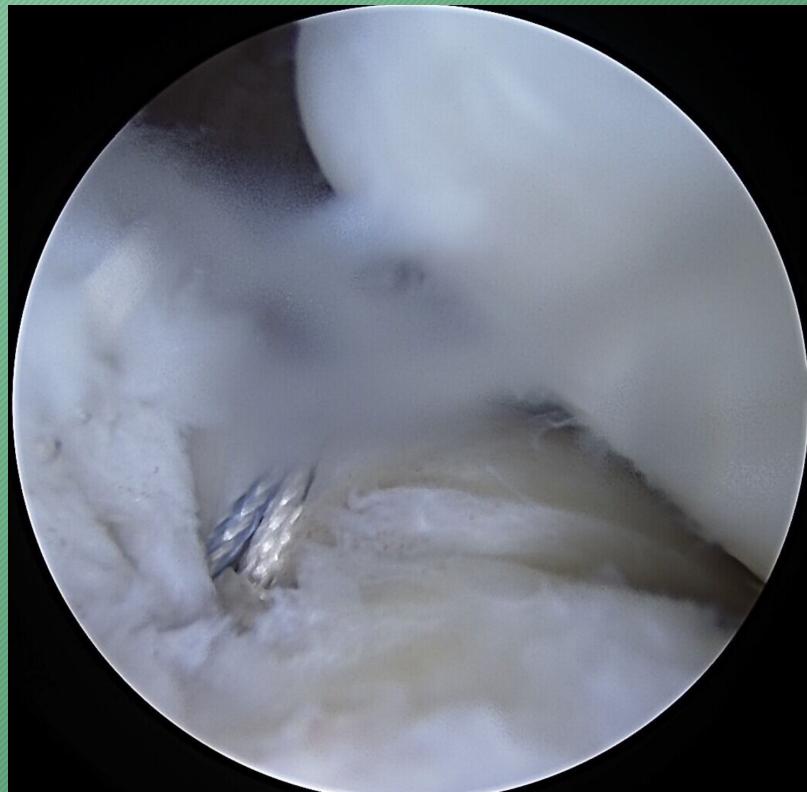
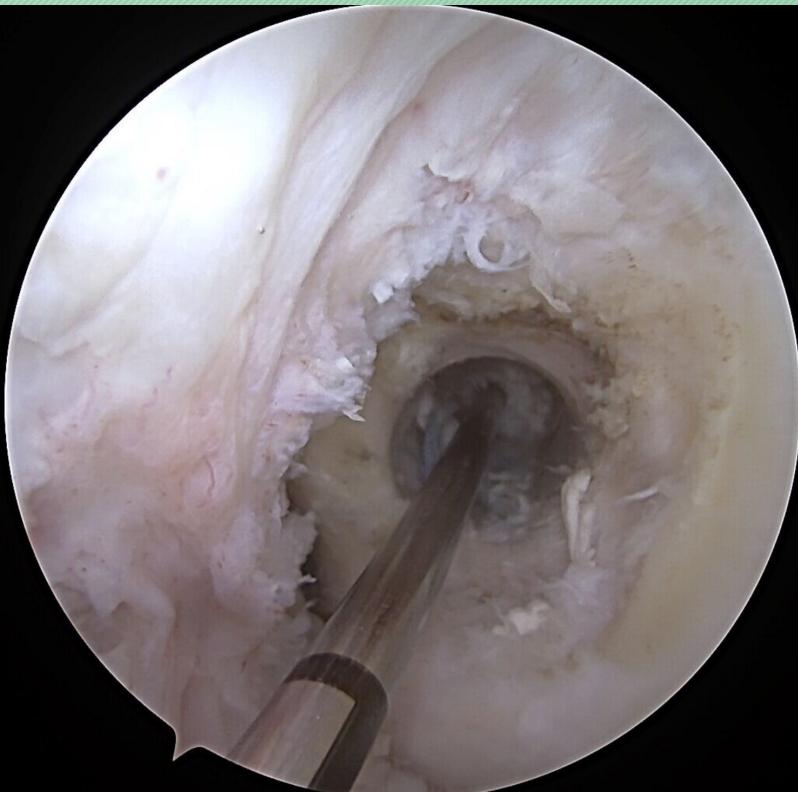
Case A.D. - MCW-DFO, LM root repair, ACL fem tunnel bone grafting



Case A.D. - MCW-DFO, LM root repair, ACL fem tunnel bone grafting



Case A.D. - MCW-DFO, LM root repair, ACL fem tunnel bone grafting



Case A.D. - MCW-DFO, LM root repair, ACL fem tunnel bone grafting



Case A.D. - 2 ½mos FU



- Fell 3d prior, acute medial pain, varus/valgus instability
- Large effusion
- ROM 0-90°
- Fair quad set
- MJLT
- 2+ valgus opening

Case A.D.



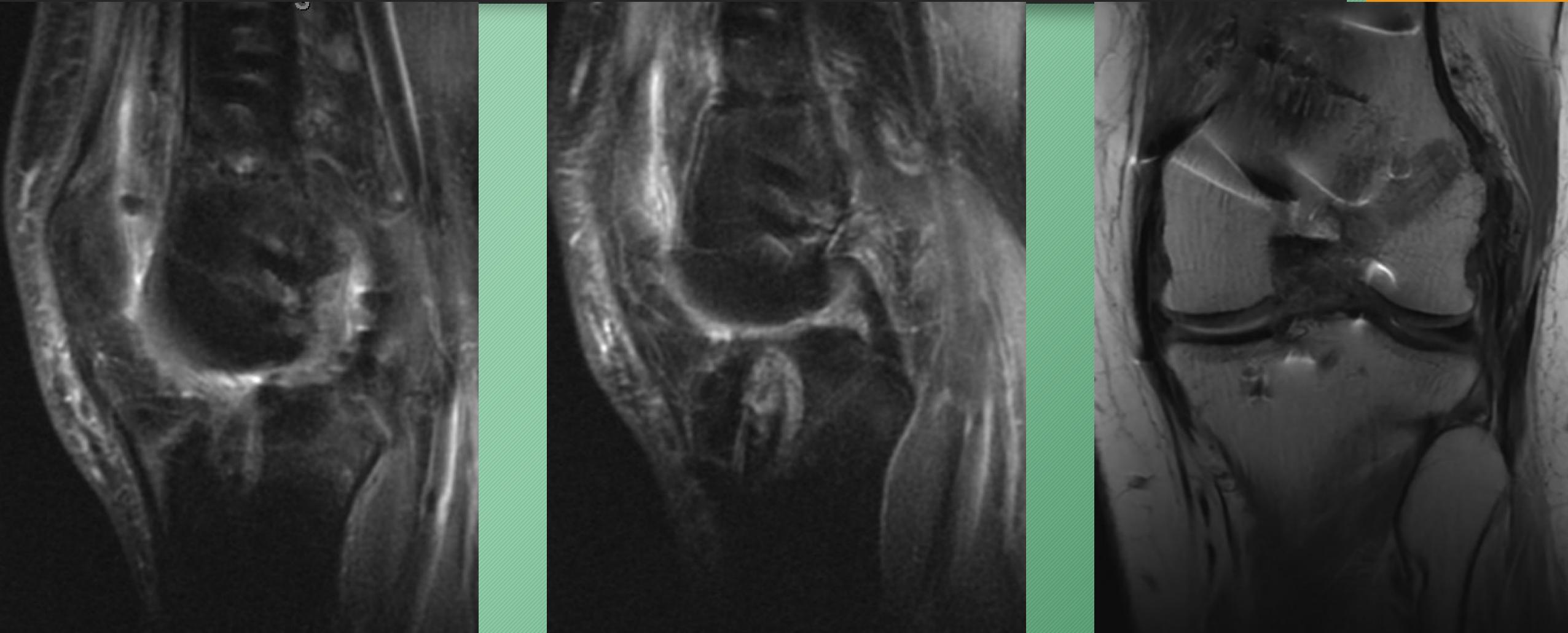
Valgus stress
8mm vs 11mm



Varus stress
11mm vs 15mm



Case A.D.



Thank You!

