



QUESTION | My patient has had an anterolateral ligament reconstruction to augment his ACL reconstruction. Do I need to alter his rehabilitation for the ALL reconstruction?

ANSWER | ACL reconstruction is a very successful operation with the majority of patients returning to sport. There are a small number of patients who, despite seeming to have a successful ACL reconstruction with excellent tunnel position continue to have symptoms of instability in the knee.

In these patients adding another structural stabiliser usually cures their symptoms of instability. This operation can be undertaken with autograft, allograft or by using a strip of iliotibial band. The goal of ALL reconstruction is to eliminate any residual rotational laxity and also reduce the risk of ACL graft rupture.

Segond first described an avulsion fracture of the proximal-lateral tibia in 1879. This fracture is pathognomonic of an ACL tear but not all ACL tears have this fracture. This also happens to be the site of insertion to the tibia of the ALL.

The exact criteria of when to add an ALL to a standard ACL reconstruction are still being worked out but the following is a list of potential criteria which, if present, require a very careful examination of the knee after the ACL reconstruction has been completed. If the pivot shift remains positive then almost certainly an ALL reconstruction is appropriate.

1. Injury to the ALL substance seen on MRI
2. Segond fracture
3. Pivot-shift grade III
4. Lateral femoral notch sign
5. Ongoing instability with a technically successful ACL reconstruction

Since the ACL and ALL have very similar biomechanical functions the rehab protocol is determined by that needed for the ACL reconstruction. I do not alter my rehab if I add an ALL reconstruction to an ACL reconstruction.

Dr Doron Sher