ACLR Surgical Pearls

Considerations for Early Rehab: Grafts & Healing

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Ideal Graft Choice



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The ideal graft choice should match as closely to the native ACL as possible, with regard to the individual's preference, activity requirements & goals, & with consideration for long-term safety & outcomes.

(Baer & Harner, 2007)

Healing of Tissues



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- **Bone-to-bone:** relatively quick (6-8wks); weak link at 6wks is the fixation
- **Tendon-to-bone:** longer incorporation time (8-12wks)
- Allograft tissue: slower rate of healing, prolonged inflammatory phase, delayed incorporation

Factors in Healing



- Age-related changes:
 ↓ stiffness & ultimate
 tensile load of graft; slower
 healing in general
- **Stress/loading:** graft tissue needs proper motion & stress
- Blood supply: synovium regeneration 1-2mos postinjury
- Graft type

Graft Type Advantages Disadvantages Allograft: Bone-to-bone Cost **Bone-tendon-bone** healing Delayed ↓ surgical time incorporation Predictable graft Immunogenic response † availability Allograft: ↓ surgical time Cost Predictable graft Soft tissue Delayed size incorporation ↑ availability Immunogenic response **Autograft:** Faster Harvest site Bone-tendon-bone incorporation morbidity & ↑ High strength & surgical time stiffness Ant knee pain; No immunogenic possible ext deficit response Autograft: Harvest site No immunogenic morbidity: response Soft tissue possible knee flex Less ant knee deficit pain; no ext Unpredictable deficit graft size

Key Factors that Influence Outcome of ACLR

- Graft selection consider pt's age, activity level, desired return to activity/sport, concomitant injuries, pros/cons of each graft
- **Graft fixation** weakest link in 1st 6-8wks of rehab; must consider loads/stresses of early rehab activities
- Rate of graft healing biologic healing & incorporation of grafts *require time*
- Early post-op rehab influence of knee flex angle (high stress 0-30deg), quad activity (↑ quads = ↑ ant shear)