additional meniscal repair or LET. (Fig.1 Right) The in situ force of the ACL and ACL graft under both anterior and simulated pivot-shift loading was not different between five conditions of the ACL and the meniscus (p > 0.05). Conclusion: Either additional meniscus repair or LET in addition to the ACL reconstruction was required to restore normal knee kinematics in the ACL and lateral meniscus torn knee. When encountering unreparable lateral meniscus tear in ACL injured knee, LET might be considered in addition to ACL reconstruction.

Category: Knee - Lateral Extraarticular Tenodesis

Clinical Outcomes And Return To Sport After Revision Acl Reconstruction With Lateral Extraarticular Tenodesis: Comparison To A Control Group At A Minimum 2-Year Follow-Up

Abstract ID# 23103

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Summary:
High risk patients with revision ACL reconstruction using quadriceps tendon autograft and lateral extraarticular tenodesis do just as well as lower risk controls.

Data:
Introduction: High rates of clinical failure and graft rupture remain a problem with isolated ACL reconstruction (ACLr). This study compares patients undergoing revision ACLr with or without LET to a control group of isolated revision ACLr.

Methods: Patients undergoing revision ACLr with LET (n=37) were compared to a control group of isolated revision ACLr (n=39) with similar demographics and pre-injury activity level. Both groups completed a minimum of two years post-revision ACLr.

Results:
- Return to sports was higher in the LET group compared to the control group (43.6% vs 48.6% p = 0.38).
- Patient reported outcomes (PROMs) were similar in both groups.

Conclusion:
LET may be a beneficial addition to revision ACLr.

Category: Knee - Lateral Extraarticular Tenodesis

Clinical Outcomes and Failure Rates in Patients Undergoing Revision ACLR With or Without Modified Lemaire Lateral Extra-Articular Tenodesis

Abstract ID# 23603

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Summary:
A retrospective analysis of patients who underwent revision ACLr with or without LET showed that LET did not reduce failure rates in high-risk patient groups.

Data:
Introduction: Revision ACLr is a challenging procedure with a high rate of failure. LET is a potential means to reduce failure rates. The purpose of this study was to compare clinical outcomes and return to sport in patients who underwent revision ACLr with and without LET.

Methods: Patients who underwent revision ACLr with and without LET were included. Failure criteria included total knee arthroplasty, revision ACLr, or failure at the most recent follow-up.

Results:
- Failure rates were not significantly different between the groups (12.8% vs 11.4%; p = 0.99).
- Patient reported outcomes were similar in both groups.

Conclusion:
LET may not be necessary for all revision ACLr patients.

Category: Knee - Lateral Extraarticular Tenodesis

Biomechanical Contribution Of The Anterolateral Complex In ACL-Reconstructed And ACL-Deficient Knees During Simulated Activities Of Daily Living

Abstract ID# 21756

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Summary:
The purpose of this study was to examine the contribution of the ACL during 'in vitro' clinical laxity tests and simulated ADL movements and the results of this study provides further evidence that an ACL reconstruction should be considered in ACL injured knees with high grade rotational laxity.

Data: