Table 7-1

Indications for Hamstring Versus Bone-Patellar-Bone Autograft

Diagnosis	*Patient History*	*Physical Examination or Radiographic Findings*
Strong Indications for HS Autograft Over BTB Autograft		
Patellar tendonitis	Jumper's knee, anterior knee pain	Tenderness at distal pole of patella or in tendon, esp. with resisted flexion
Active or chronic patellar instability, subluxation, or dislocation history	Patellar subluxation or dislocation, possibly reduced on the field or in the ER	Patellar apprehension, positive J-sign, increased patellar instability laterally
Chondral damage to the patellofemoral joint, may not be symptomatic	Pain with flexion and extension of the knee in the trochlear area, possibly audible crepitus	Crepitus in the patellofemoral joint, compression pain
Patella infera	Congenital or acquired through prior patellar injury	Insufficient graft length as evidence on the lateral 45 degrees radiograph
Bipartite patella, with a large component	Either symptomatic or asymptomatic patellar pain	Tenderness in the superolateral patella, worse with resisted flexion
Lesser Indications for HS Autograft Over BTB Autograft		
Prior patellar tendon repair or rupture	Patient history	Surgical scars present
Occupational or vocation activities in the prone position	Roofers, tile layers, flooring work, plumbers, and certain military personnel	May have multiple abrasions or old scars over the patella
Sporting requirements; may be contraindication to HS autograft	Sprinters, high jumpers, hurdlers require high peak flexion torque, which may be decreased after HS harvest	May not offer HS in these sports
Donor site morbidity	Numbness in the anterior knee	Document intact infrapatellar branch of the saphenous nerve
S/P prior BTB harvest, revision ACL reconstruction required	Patient had prior BTB primary reconstruction	May be concern for reharvest if MRI shows thinning or gap formation in the tendon