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ORTHOPEDIC SPORTS MEDICINE SURGEON

Informational Packet

ACL Graft Choices

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

There is no single best graft. The right choice depends on your age, the sport or job you are returning to, and whether this is a first or a repeat reconstruction.

Bone–Patellar Tendon–Bone (BTB) Autograft

Your own tissue

The middle third of your patellar tendon, taken with a small block of bone at each end.

ADVANTAGES

- Bone-to-bone healing; most secure fixation
- Lowest re-tear rate: roughly 5–10%
- The longest track record of any ACL graft

TRADE-OFFS

- Kneeling pain is common and can persist
- Small risk of kneecap or tendon problems
- A numb patch below the incision is usual
- The largest incision of the three options

Best suited for: High-level athletes in cutting and pivoting sports; still considered the gold-standard graft choice.

Quadriceps Tendon Autograft

Your own tissue

A partial-thickness strip of the quadriceps tendon taken from just above the kneecap.

ADVANTAGES

- Thick, strong graft; generous tissue
- Considerably less kneeling pain than BTB
- Re-tear rates comparable to BTB

TRADE-OFFS

- Quadriceps strength is slower to return
- Shorter long-term track record than BTB
- No bone-to-bone healing

Best suited for: Young adults and recreational athletes, and revision reconstructions.

Allograft (Donor Tissue)

Screened donor tissue

Tendon from a screened, sterile-processed donor. Nothing is taken from your own knee.

ADVANTAGES

- No harvest site, so less early pain
- Easier first few weeks; shorter surgery
- Valuable in multi-ligament reconstruction

TRADE-OFFS

- Re-tear risk 3–4 times higher under age 25
- Slower to become living tissue of your own

Best suited for: Patients over roughly 35–40 in lower-demand activity, and selected revision cases.

Rehabilitation and timeline are much the same whichever graft we choose: most people return to sport between nine and twelve months, and clearance is based on strength and movement testing, not the calendar.