Outcomes Following ACL Reconstruction Utilizing the Quadriceps Tendon Autograft: A Critically Appraised Topic

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Clinical Question: Is there evidence to suggest patients undergoing ACLR using the QTBP graft will report favorable short-term outcomes, as measured by subjective International Knee Documentation Committee form (IKDC), Tegner, or Lysholm scales?

Clinical Bottom Line: There is moderate evidence suggesting favorable short-term outcomes following ACLR using the QTBP graft. All studies reported improvements in patient outcomes when evaluated via patient-reported outcome instruments including the subjective IKDC, Tegner, or Lysholm scales.

Focused Clinical Question: Is there evidence to suggest patients undergoing ACLR using the QTBP graft will report favorable short-term outcomes, as measured by subjective International Knee Documentation Committee form (IKDC), Tegner, or Lysholm scales?
**Search Strategy**

A computerized search was completed in February 2014 (Figure 1). The search terms used were:

- Patient/client group: anterior cruciate ligament reconstruction and ACL
- Intervention: quadriceps tendon autograft or quadriceps tendon graft
- Comparison: not applicable
- Outcome: subjective IKDC or Tegner or Lysholm

The criteria for study selection were as follows.

**Inclusions Criteria**

- Studies with patients who underwent primary ACLR using the QTBP graft
- Studies using the subjective IKDC, Tegner, or Lysholm as one of their outcome measures
- Prospective studies
- Level 2 evidence or higher
- Limited to the English language
- Published in the last 10 years (2005–2014)

**Exclusion Criteria**

- Studies investigating outcomes following revision ACL or reconstruction of other ligaments
- Studies investigating outcomes following ACLR using a QT graft without a bone plug
- Studies investigating outcomes following ACLR using BPTB or hamstrings autografts or allografts

**Results of Search**

**Summary of Search, Best Evidence Appraised, and Key Findings**

- The search of the literature returned 32 possible studies for inclusion (Figure 1).
- Four relevant studies met the inclusion criteria and were included (based on levels on levels of evidence, Centre for Evidence Based Medicine, 2009).
- One systematic review was excluded.
- All studies used a prospective cohort design.
- The studies in Table 1 were identified as the best evidence and selected for inclusion in this CAT. Three