

LATERAL EXTRA-ARTICULAR TENODESIS

LET or ACL+ · Surgery Information

LET AT A GLANCE

WHAT IT IS	An extra stabilizer on the outer side of the knee , added to your ACL reconstruction or ACL repair to lower the risk of re-tearing it
WHO IT IS FOR	Higher-risk patients: under 25 and returning to cutting and pivoting sports , loose or hypermobile joints, a high-grade pivot shift, or revision ACL surgery
HOW IT IS DONE	During the same surgery, through a separate 3-inch incision on the outer knee, using a strip of your own iliotibial band
TIME ADDED	About 20–30 minutes to the ACL surgery
THE BENEFIT	In the largest trial, graft rupture fell from 11% to 4% , about two-thirds lower
RECOVERY	Same ACL or BEAR protocol and timeline. One extra rule: no resisted inward twisting of the shin in the first phase of rehab

Why the Outer Side of the Knee Matters

The **ACL** is the main ligament that keeps the knee stable when you twist, pivot, cut, or land, and tearing it is one of the most common injuries in athletes.

The ACL does not work alone. The shape of the bones, the meniscus, the other ligaments, and the **joint capsule** (the lining that surrounds the knee) all help. On the outer side of the knee, a thicker band of the capsule acts like a ligament against twisting. It is called the **anterolateral ligament (ALL)**. When the ACL tears, the ALL is often injured too, and it can even pull off a small chip of bone (a **Second fracture**), a classic sign of an ACL tear. If only the ACL is rebuilt, the knee can keep some rotational looseness, which raises the risk of tearing again.

Why Add an LET?

Even with excellent surgery and rehab, **about 10–15% of patients re-tear the ACL** after reconstruction, and the risk is higher in young athletes returning to cutting and pivoting sports. My goal is to bring that number down as far as possible.

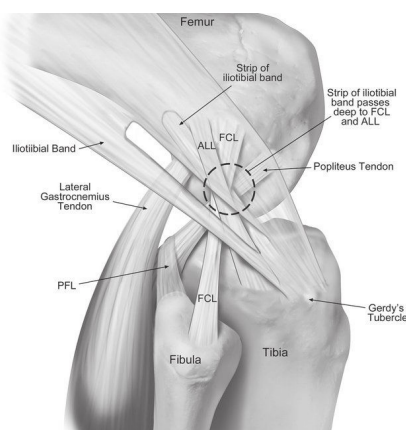
An LET adds an extra "ligament" on the outer side of the knee that acts as a second check against the twisting forces that stress the ACL. In the **STABILITY trial**, the largest randomized trial on this question, adding an LET to ACL reconstruction in high-risk young patients lowered graft rupture from **11% to 4%** at 2 years, about a two-thirds reduction. Range of motion, patient-reported scores, and return to sport were the same as ACL surgery alone, and there was **no increase in stiffness or complications**.

I consider an LET for

- Young patients, especially **under 25**, who want to return to cutting and pivoting sports
- Loose or **hypermobile** joints
- A **high-grade pivot shift** on exam, a sign of significant rotational looseness
- **Revision** ACL surgery after a previous graft failure
- Not every ACL patient needs one. For a lower-demand or older recreational athlete, ACL reconstruction alone gives excellent stability. We will decide together

The Surgery

I can add an LET to **ACL reconstruction** or to **ACL repair with the BEAR implant**; either plus an LET is often called **ACL+ (ACL Plus)**. The LET is done during the same surgery, under the same anesthesia, through a separate incision of about **3 inches** on the outer side of the knee. It adds about **20–30 minutes**. I use the **modified Lemaire** technique: a strip of your own **iliotibial band** (the thick band of tissue along the outside of the thigh) is left attached near the shin bone, passed under the outer collateral ligament, and fixed to the thigh bone. No extra graft or donor tissue is needed. Together with treatment of any meniscus or cartilage injury, the goal is to address every structure that keeps the knee stable.



The outer side of the knee

The LET uses a strip of the **iliotibial band** (labeled in the figure). It passes under the outer collateral ligament (**FCL**) and the **ALL** (circled) and is fixed to the femur, taking over the job of the injured anterolateral ligament.

More on LET, the research, and common questions:

merrittsurgery.com/surgeries/lateral-extraarticular-tenodesis



Recovery

Your protocol	You follow your ACL reconstruction or BEAR recovery program. The LET does not add weeks to recovery or change when you start PT, start running, or return to sport
The one extra rule	In the first phase of rehab, your therapist avoids resisted inward twisting of the shin to protect the LET
Soreness and scar	A little more soreness on the outer knee for the first few weeks, which settles with normal rehab. One extra scar there, about 3 inches long, that usually fades well
Milestones	ACL reconstruction: PT within the first week, running around 4–5 months , cutting and pivoting sports at 9 months at the earliest, once strength and functional testing are passed. BEAR repair: return to sport usually 9–12 months