

Appendix

ACL Surgery Technique

ACL reconstruction was performed with use of the ipsilateral semitendinosus and gracilis tendons. Graft harvest included a vertical incision made over the pes anserinus area⁷. The upper border of the pes was reflected from the tibia. The gracilis and semitendinosus were visualized on the deep side of the sartorial fascia and were sharply released from bone. A number-5 braided polyester whipstitch was placed in the free end, and a standard closed-end tendon stripper was then placed over the tendon and pushed proximally. When the tendon-muscle junction was severed, the tendon was removed, measured, cut to length, and then the proximal end was sutured with a number-5 whipstitch. The sartorial fascia was closed with a number-0 braided absorbable suture. ACL surgery for this group of patients was performed arthroscopically with use of a transtibial technique. The tendons were secured on the femoral side with use of an EndoButton (Smith & Nephew, Andover, Massachusetts), while the tibial sided grafts were secured with use of an interference screw (Arthrex, Naples, Florida) and were backed up with the number-5 sutures from each of the graft ends tied to a suture post placed 1 cm distal to the tibial tunnel.

MRI Technique

Axial T1-weighted images and short-tau inversion recovery (STIR) images were made of both thighs from the anterior superior iliac spine to the proximal part of the tibia under the following parameters: field of view of 380, a slice thickness of 10 mm, a matrix size of 380×40 , and with a TR and TE of the pulse sequences of 2400 and 12, respectively.