

Dallas Knee Surgeon Steven J. Thornton, MD, Uses Quadriceps Tendon Grafts to Enhance Outcomes for Complex ACL Revisions

DALLAS, TX, UNITED STATES, July 29, 2025 /EINPresswire.com/ -- Steven J. Thornton, MD, a leading Dallas knee surgeon and board-certified orthopedic specialist, is proud to leverage advanced surgical techniques to significantly improve success rates in challenging <u>ACL surgery revisions</u>.

Steven Thornton, MD

Dr. Thornton, an orthopedic surgeon specializing in these complex scenarios, frequently combines quadriceps tendon autografts with lateral extra-articular tenodesis (LET) to provide enhanced stability and reduce failure rates for patients who have experienced a previous ACL reconstruction failure.

Setting a Standard in ACL Revision Surgeries

ACL injuries remain one of the most common and debilitating sports-related knee injuries, often requiring surgical reconstruction. While primary ACL injury surgery typically uses patellar or hamstring tendon grafts, revision cases, where prior surgeries have failed, demand a more robust and versatile solution. Quadriceps tendon grafts deliver both strength and adaptability, with consistent graft diameter and superior biomechanical properties.

As a <u>Dallas knee surgeon in Texas</u>, Dr. Thornton often treats patients who have experienced reinjury or complications from prior ACL surgery. "By utilizing the inherent strength and consistent diameter of the quadriceps tendon autograft and complementing it with a lateral extra-articular tenodesis, we're creating a more resilient reconstruction. This dual approach provides critical rotational and anterior stability, which is often deficient in these challenging patients."

Why Quadriceps Tendon Grafts Are So Effective

Orthopedic literature has highlighted the many benefits of quadriceps tendon grafts, particularly in revision ACL surgery. Compared to traditional graft options, the quadriceps tendon offers consistent graft size and quality, lower rates of anterior knee pain following surgery, and reduced

risk of tunnel convergence, especially important in revision scenarios. These grafts have also shown favorable outcomes in patients who have undergone multiple prior procedures, reinforcing their role as a top choice for complex cases.

The addition of LET, which involves rerouting a strip of tissue on the outside of the knee, acts as a 'seatbelt' for the primary ACL graft. This extra layer of support helps control excessive rotational forces on the knee, a common cause of failure in revision surgeries. The robust nature of the quadriceps tendon graft, harvested from the patient's own body, offers superior biomechanical properties, making it an ideal choice for a lasting repair in these difficult situations.

A Dallas Knee Surgeon Leading With Innovation and Results

<u>Dr. Steven J. Thornton</u> is well known for his expertise in minimally invasive joint procedures and advanced cartilage restoration. His practice specializes in shoulder, knee, hip, and elbow surgery, and he is widely regarded as one of the top-performing surgeons for revision ACL reconstruction in the state.

Dr. Thornton expands his ability to treat difficult ACL injury cases with precision and innovation. Whether working with athletes, active adults, or patients experiencing chronic knee instability, his focus is on restoring strength, function, and long-term mobility.

ACL injury doesn't have to mean the end of an active lifestyle. With the right surgical plan and graft choice, patients can return stronger than ever. The quadriceps tendon is helping achieve that goal more reliably.

Restoring Movement and Confidence in Dallas

Patients seeking advanced, proven options for ACL injury surgery revision can now access quadriceps tendon grafts through Dr. Thornton's practice in Dallas. This specialized approach is part of his mission to deliver personalized, evidence-based care to every patient.

To schedule a consultation with a trusted Dallas knee surgeon or learn more about advanced ACL revision options, visit <u>www.steventhorntonmd.com</u>.

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