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# Orthopedic Surgery Second Opinion Report

Prepared by Mehul R. Shah, MD  
NYU Langone Orthopedics  
For Christian Jones



# Mehul R. Shah

## MD

<b>Specialties</b>	Sports Orthopedic Surgery, Orthopedic Surgery
<b>Treats</b>	Adults
<b>Languages</b>	English



### About Me

I specialize in sports-related injuries as well as arthroscopic and reconstructive surgery of the knee, shoulder, and ankle. I also perform cartilage restoration surgery and administer platelet-rich plasma (PRP) and stem cell injections.

I take pride in my conservative approach to treating patients. Whenever possible, we begin with nonsurgical treatments, and proceed to surgery if necessary. My goal is to restore a patient's function and help them return to the activities they enjoy—whether it's throwing a football again or being able to pick up a child.

My clinical research focuses on shoulder and knee injuries, cartilage restoration, and anterior cruciate ligament (ACL) injuries.

### Credentials

#### Positions

Assistant Professor, Department of Orthopedic Surgery at NYU Grossman School of Medicine  
Chief, Sports Medicine Service, Bellevue Hospital

#### Board Certifications

American Board of Orthopedic Surgery - Orthopedic Surgery, 2009

#### Education and Training

Fellowship, Lenox Hill Hospital, Sports Medicine, 2007  
Residency, New York University, Orthopedic Surgery, 2006  
MD from Mount Sinai School of Medicine, 2001

# Christian Jones

### Case Summary

Christian is a 20-year-old, Division 1 lacrosse player who six weeks ago sustained a non-contact injury to his right knee during a game. He reports that he felt a "pop" in his knee and was unable to continue playing. He noticed significant swelling of his knee after the injury. He has seen another orthopedic surgeon, who, upon examination, suspected it was an ACL

<b>Age</b>	20
<b>Sex</b>	Male

tear. An MRI of the knee was performed, which showed an isolated, complete ACL rupture without associated injuries to the menisci, cartilage, or other ligaments. He was advised to undergo ACL reconstruction and is seeking a second opinion.

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## Your Questions **Our Answers**

**Q1** Is surgery for my ACL necessary?



**The ACL or “Anterior Cruciate Ligament” is the main stabilizer of the knee. When one ruptures one’s ACL, the knee commonly becomes more lax, and the patient may notice it giving way or instability of the knee with cutting or pivoting maneuvers. Additionally, when a knee is ACL-deficient, more stresses are placed on the menisci and articular cartilage and may lead to damage to those structures.**

**ACL reconstruction is what we describe as “elective” surgery. One does not need an ACL to walk, ride a bicycle, or, in many cases, jog in a straight line. However, young, active patients who want to return to cutting/pivoting sports such as lacrosse, basketball, soccer, etc., will likely require ACL reconstruction to do so. Less-active patients may be able to cope or modify their activities to compensate for a lack of an ACL. They may be treated with PT and/or bracing to help them return to their activities.**

**Q2** How soon does surgery need to be performed? Can I wait to have surgery until a more convenient time?



**As you already know, when one tears one’s ACL, it is painful, stiff, and swollen for some time. It is important to bring the swelling down and regain range of motion before proceeding**



**with surgery. Though there are special circumstances that require urgent surgery, evidence shows that if ACL reconstruction is done too early, one is more prone to developing stiffness or arthrofibrosis after surgery.**

**There is some evidence to suggest that in young, active patients, delaying surgery more than several weeks may put the knee at risk for meniscus injury. As the menisci are the shock absorbers of the knee, their integrity is important for the overall longevity of your knee.**

Q3

I have read in the news that ACL repair is an option. Would you recommend ACL repair over reconstruction for me?



**Recently, techniques have been developed to attempt to repair the ACL in certain circumstances. As technology and techniques evolve, this may be an exciting option in the future. However, ACL reconstruction currently remains the gold standard and is what I would recommend in your case.**

Q4

When can I anticipate returning to sports?



**The exact return-to-sports timeline may depend on graft choice and any additional repairs made to the meniscus or articular cartilage during your surgery. As well, the decision to return to sports depends on your progress through physical therapy and the time it takes you to regain your strength and range of motion. Assuming you undergo an isolated ACL reconstruction using autograft (your own tissue), typically you are cleared to return to cutting and pivoting sports after 9 months.**



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