**Background:** A 20 yr. old, male collegiate football player with a history of two left, and one right knee ACL reconstructions presented with immediate pain and joint effusion in his left knee after receiving a direct blow to his right shoulder while cutting off his left foot. Physical exam revealed a positive Lachman’s and anterior drawer, with no appreciable end point for either; while varus and valgus stress were unremarkable. The patient was positive for McMurray’s, and presented with lateral joint line tenderness. Prior to the current episode, the athlete’s right ACL had undergone a patellar tendon autograft reconstruction subsequent to a non-contact mechanism in 2002. In 2004, the athlete suffered an ACL tear following a direct blow to his left knee, which was the reconstructed using an Achilles tendon allograft. The allograft choice was done at the athlete’s request as he wanted to avoid the patellar tendonitis he experienced during the first rehabilitation. Subsequently in 2005, another non-contact mechanism caused the Achilles tendon allograft to fail in the left knee, which was the revised using a tibialis posterior tendon allograft. **Differential Diagnosis:** MCL sprain, PCL sprain, patellar dislocation, LCL sprain, meniscus tear, chondral lesion. **Treatment:** X-rays were negative for fracture. MRI screening confirmed the initial impression of a complete tear to the athlete’s left ACL, along with a lateral meniscus tear. Pre-operatively, the athlete received treatment to control pain and swelling, was placed in a brace, and followed an exercise program to address strength and ROM. Approximately three weeks post-injury, the athlete underwent a left knee arthroscopic assisted patellar tendon autograft reconstruction with chondroplasty to remove loose bodies, and a partial lateral meniscectomy. Currently, the athlete is progressing with the surgeon’s prescribed standard rehabilitation protocol. **Uniqueness:** There are relatively few studies regarding the management and outcome of multiple ACL reconstructions in one knee. Furthermore, this case is unique as the athlete has had revisions with a variety of different graft tissues. The surgeon’s use of the tibialis posterior allograft is intriguing, as this technique is not widely used. In fact, there have been few studies or reports to support its use to reconstruct the ACL. **Conclusions:** With a history of three previous ACL injuries, and following this most recent revision failure, the athlete has undergone a fourth ACL reconstruction in five years. As of yet, the only successful ACL graft for this athlete has been the patellar tendon autograft performed on his right knee. Therefore, the decision was made to utilize this type of autograft for his recent left knee reconstruction. At the moment, the athlete is currently progressing well in his rehabilitation, but the end outcome is uncertain considering his injury and surgery history. **Key Words:** Multiple ACL injuries, ACL reconstruction, Patellar tendon autograft, Tibialis posterior allograft, Achilles tendon allograft.

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