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**On the Cover:** A 28-year-old soccer player, who sustained a hyperextension injury during a game, presented with mild effusion and pain, but no instability. Clinical examination showed a grade I posterior drawer, with no sign of ACL laxity. MRI showed hyperintensity at the femoral attachment of the PCL with no clear or definitive signs of avulsion. Arthroscopy confirmed the diagnosis of PCL femoral avulsion with a peel-off injury. During arthroscopic debridement of the base of the femoral insertion, we were careful not to increase the avulsion gap. The patient was treated with a hinged knee brace locked at full extension and with a posterior calf support in order to reduce the tibial subluxation. Treatment lasted for 40 days, with progressive range of motion after 10 days of full immobilization. At 6 months, he had full range of motion and a negative posterior drawer sign and was able to successfully return to his pre-injury sport level (Tegner 10). Courtesy of Pier Paolo Mariani, M.D.