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Erratum to: Posterior cruciate ligament reconstruction using a septum-preserving technique

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In the initially published online version of the article, the images of **Figs. 15 and 16** were reversed. We ask you to note the corrected figures and to excuse the error.

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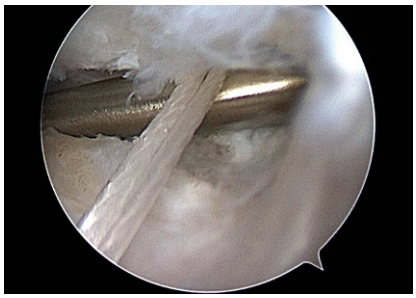

Fig. 15 ▲ The graft is pulled through the tibial tunnel. A rod may be used as a fulcrum through the posteromedial portal to reduce the effect of the killer curve. Beforehand, the killer turn can be smoothened by a special instrument not to risk graft failure at this sharp bony hypomochleon. The graft is finally pulled towards the anteromedial portal

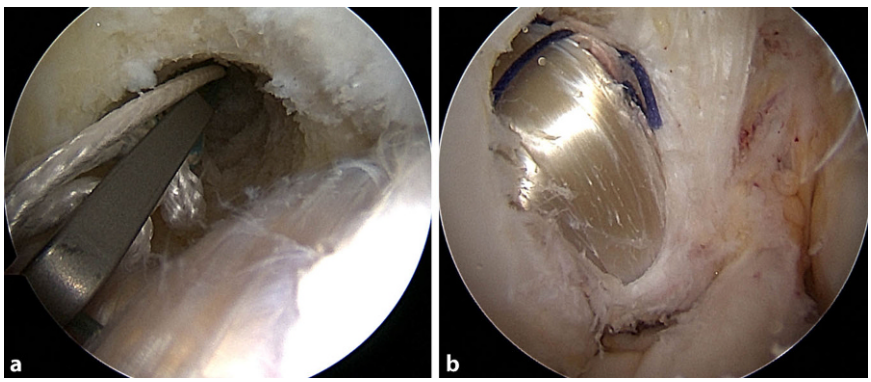

Fig. 16 ▲ The femoral button is then shuttled using the femoral suture loop through the femoral tunnel and flipped under vision through the anterolateral portal (**a**). The graft is then pulled in the femoral tunnel (**b**) using the adjustable femoral loop (TightRope). The graft is tensioned in 90° of flexion and fixed using enough force to reduce the femorotibial step-off correctly. An interference screw equivalent to the tunnel size is used for additional hybrid fixation of the femoral and tibial tunnels. For the tibial tunnel, this process could be controlled by visualization through the posteromedial portal to avoid excessive posterior protrusion of the interference screw through the tibia. An additional tibial button to reinforce tibial fixation is also applied, the wounds are closed, and the leg is put in a static posterior cruciate ligament (PCL) orthosis with tibial support. This orthosis can be used at night during further phases of rehabilitation

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The online version of the corrected original article can be found under https://doi.org/10.1007/s00064-021-00708-9