

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY IS A SPECIALIZED SURGICAL PROCEDURE AIMED AT RESTORING STABILITY TO THE KNEE JOINT BY RECONSTRUCTING THE MEDIAL PATELLOFEMORAL LIGAMENT (MPFL). THIS LIGAMENT PLAYS A CRUCIAL ROLE IN PREVENTING LATERAL DISLOCATION OF THE PATELLA (KNEECAP), AND INJURIES OR TEARS TO IT OFTEN RESULT IN RECURRENT PATELLAR INSTABILITY OR DISLOCATION. THE SURGERY IS COMMONLY RECOMMENDED FOR PATIENTS WHO EXPERIENCE FREQUENT PATELLAR DISLOCATIONS THAT DO NOT RESPOND TO CONSERVATIVE TREATMENTS SUCH AS PHYSICAL THERAPY OR BRACING. THIS ARTICLE PROVIDES A COMPREHENSIVE OVERVIEW OF MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY, INCLUDING ITS INDICATIONS, SURGICAL TECHNIQUES, RECOVERY PROCESS, AND POTENTIAL COMPLICATIONS. UNDERSTANDING THESE ASPECTS IS ESSENTIAL FOR PATIENTS, HEALTHCARE PROVIDERS, AND ANYONE INTERESTED IN KNEE LIGAMENT REPAIR PROCEDURES.

- UNDERSTANDING THE MEDIAL PATELLOFEMORAL LIGAMENT
- INDICATIONS FOR MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY
- SURGICAL TECHNIQUES USED IN MPFL RECONSTRUCTION
- POSTOPERATIVE CARE AND REHABILITATION
- RISKS AND POTENTIAL COMPLICATIONS

UNDERSTANDING THE MEDIAL PATELLOFEMORAL LIGAMENT

THE MEDIAL PATELLOFEMORAL LIGAMENT IS A CRITICAL STRUCTURE WITHIN THE KNEE THAT CONNECTS THE MEDIAL ASPECT OF THE PATELLA TO THE FEMUR. IT ACTS AS THE PRIMARY RESTRAINT AGAINST LATERAL DISPLACEMENT OF THE PATELLA, ESPECIALLY DURING THE INITIAL DEGREES OF KNEE FLEXION. INJURY TO THIS LIGAMENT COMMONLY OCCURS DUE TO TRAUMA, SUCH AS A DIRECT BLOW TO THE KNEE OR A TWISTING INJURY DURING ATHLETIC ACTIVITIES. WHEN THE MPFL IS TORN OR STRETCHED BEYOND ITS CAPACITY, THE PATELLA CAN DISLOCATE Laterally, LEADING TO PAIN, INSTABILITY, AND IMPAIRED KNEE FUNCTION.

ANATOMY AND FUNCTION

THE MPFL IS A BAND OF FIBROUS TISSUE LOCATED ON THE INNER SIDE OF THE KNEE. IT WORKS IN CONJUNCTION WITH OTHER SOFT TISSUE STRUCTURES, SUCH AS THE QUADRICEPS AND PATELLAR TENDONS, TO MAINTAIN PATELLAR ALIGNMENT. THE LIGAMENT PROVIDES APPROXIMATELY 50-60% OF THE RESTRAINING FORCE TO LATERAL PATELLAR DISPLACEMENT, MAKING IT ESSENTIAL FOR STABLE KNEE MECHANICS.

CAUSES OF MPFL INJURY

MEDIAL PATELLOFEMORAL LIGAMENT INJURIES TYPICALLY RESULT FROM:

- DIRECT TRAUMA TO THE KNEE
- SUDDEN TWISTING OR PIVOTING MOVEMENTS

- REPETITIVE STRESS AND OVERUSE IN ATHLETES
- CONGENITAL OR ANATOMICAL PREDISPOSITIONS SUCH AS PATELLA ALTA OR TROCHLEAR DYSPLASIA

INDICATIONS FOR MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY IS INDICATED PRIMARILY FOR PATIENTS WHO EXPERIENCE RECURRENT PATELLAR DISLOCATIONS OR PERSISTENT INSTABILITY AFTER CONSERVATIVE MANAGEMENT. ACCURATE DIAGNOSIS AND PATIENT SELECTION ARE CRITICAL TO ACHIEVING OPTIMAL SURGICAL OUTCOMES.

RECURRENT PATELLAR DISLOCATION

PATIENTS SUFFERING FROM MULTIPLE EPISODES OF LATERAL PATELLAR DISLOCATION DESPITE NON-SURGICAL TREATMENTS ARE PRIME CANDIDATES FOR MPFL RECONSTRUCTION. RECURRENT DISLOCATIONS CAN CAUSE CHRONIC PAIN, SWELLING, AND DAMAGE TO THE ARTICULAR CARTILAGE OF THE PATELLA, INCREASING THE RISK OF OSTEOARTHRITIS.

FAILED CONSERVATIVE THERAPY

CONSERVATIVE APPROACHES SUCH AS PHYSICAL THERAPY, BRACING, AND ACTIVITY MODIFICATION ARE OFTEN THE FIRST LINE OF TREATMENT. SURGERY IS CONSIDERED WHEN THESE MEASURES FAIL TO RESTORE KNEE STABILITY OR WHEN THE PATIENT CONTINUES TO EXPERIENCE FUNCTIONAL LIMITATIONS.

ASSOCIATED ANATOMICAL ABNORMALITIES

IN SOME CASES, MPFL RECONSTRUCTION IS COMBINED WITH PROCEDURES ADDRESSING UNDERLYING ANATOMICAL ISSUES THAT CONTRIBUTE TO INSTABILITY. EXAMPLES INCLUDE TIBIAL TUBERCLE TRANSFER OR TROCHLEOPLASTY IN PATIENTS WITH MALALIGNMENT OR TROCHLEAR DYSPLASIA.

SURGICAL TECHNIQUES USED IN MPFL RECONSTRUCTION

MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY INVOLVES REPLACING THE DAMAGED LIGAMENT WITH A GRAFT TO RESTORE PATELLAR STABILITY. VARIOUS SURGICAL TECHNIQUES AND GRAFT CHOICES ARE AVAILABLE, TAILORED TO THE PATIENT'S SPECIFIC PATHOLOGY AND SURGEON PREFERENCE.

GRAFT SELECTION

COMMON GRAFT OPTIONS INCLUDE:

- AUTOGRAFTS USING THE PATIENT'S OWN TISSUE, SUCH AS HAMSTRING TENDONS (SEMITENDINOSUS OR GRACILIS)

- ALLOGRAFTS HARVESTED FROM DONOR TISSUE

AUTOGRAFTS ARE PREFERRED IN MANY CASES DUE TO BETTER INCORPORATION AND LOWER REJECTION RISK.

SURGICAL PROCEDURE OVERVIEW

THE GENERAL STEPS OF THE MPFL RECONSTRUCTION INCLUDE:

1. MAKING AN INCISION ON THE MEDIAL SIDE OF THE KNEE
2. HARVESTING AND PREPARING THE GRAFT TENDON
3. CREATING TUNNELS OR FIXATION POINTS ON THE PATELLA AND FEMUR
4. SECURING THE GRAFT TO THESE POINTS TO REPLICATE THE NATIVE LIGAMENT'S ANATOMY
5. ENSURING PROPER TENSION AND PATELLAR TRACKING BEFORE CLOSURE

MINIMALLY INVASIVE TECHNIQUES

ARTHROSCOPIC-ASSISTED APPROACHES ARE INCREASINGLY USED TO REDUCE SOFT TISSUE DAMAGE AND PROMOTE QUICKER RECOVERY. THESE TECHNIQUES UTILIZE SMALL INCISIONS AND SPECIALIZED INSTRUMENTS TO PERFORM LIGAMENT RECONSTRUCTION WITH LESS POSTOPERATIVE PAIN AND SCARRING.

POSTOPERATIVE CARE AND REHABILITATION

SUCCESSFUL RECOVERY FROM MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY IS HIGHLY DEPENDENT ON A STRUCTURED REHABILITATION PROGRAM. POSTOPERATIVE CARE FOCUSES ON PROTECTING THE SURGICAL REPAIR WHILE GRADUALLY RESTORING KNEE FUNCTION.

IMMEDIATE POSTOPERATIVE MANAGEMENT

PATIENTS TYPICALLY WEAR A KNEE BRACE TO LIMIT MOTION AND PROTECT THE GRAFT DURING THE INITIAL HEALING PHASE. WEIGHT-BEARING STATUS MAY BE RESTRICTED DEPENDING ON THE SURGEON'S PROTOCOL AND ANY CONCURRENT PROCEDURES PERFORMED.

PHYSICAL THERAPY PHASES

REHABILITATION GENERALLY PROGRESSES THROUGH THE FOLLOWING STAGES:

- **PHASE 1:** PAIN AND SWELLING CONTROL, GENTLE RANGE OF MOTION EXERCISES
- **PHASE 2:** STRENGTHENING OF QUADRICEPS AND SURROUNDING MUSCULATURE
- **PHASE 3:** PROPRIOCEPTION AND BALANCE TRAINING
- **PHASE 4:** GRADUAL RETURN TO SPORT-SPECIFIC ACTIVITIES AND FULL FUNCTIONAL USE

TIMELINE FOR RECOVERY

MOST PATIENTS CAN EXPECT TO RESUME LIGHT ACTIVITIES WITHIN 6 TO 8 WEEKS, WITH FULL RETURN TO SPORTS OFTEN AFTER 4 TO 6 MONTHS DEPENDING ON INDIVIDUAL PROGRESS AND SURGEON RECOMMENDATIONS.

RISKS AND POTENTIAL COMPLICATIONS

AS WITH ANY SURGICAL INTERVENTION, MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY CARRIES RISKS THAT MUST BE CONSIDERED. AWARENESS AND EARLY MANAGEMENT OF THESE COMPLICATIONS IMPROVE OUTCOMES.

COMMON COMPLICATIONS

- **INFECTION:** THOUGH RARE, INFECTION CAN OCCUR AND REQUIRES PROMPT TREATMENT
- **GRAFT FAILURE OR RE-RUPTURE:** IMPROPER GRAFT TENSION OR TRAUMA MAY LEAD TO INSTABILITY RECURRENCE
- **PATELLAR FRACTURE:** DRILLING FOR GRAFT FIXATION CAN WEAKEN THE PATELLA
- **STIFFNESS AND LIMITED RANGE OF MOTION:** INADEQUATE REHABILITATION MAY RESULT IN JOINT STIFFNESS

LONG-TERM CONSIDERATIONS

SOME PATIENTS MAY DEVELOP PERSISTENT ANTERIOR KNEE PAIN OR EARLY DEGENERATIVE CHANGES IN THE PATELLOFEMORAL JOINT. REGULAR FOLLOW-UP AND ADHERENCE TO REHABILITATION PROTOCOLS ARE ESSENTIAL TO MINIMIZE THESE RISKS.

FREQUENTLY ASKED QUESTIONS

WHAT IS MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY?

MEDIAL PATELLOFEMORAL LIGAMENT (MPFL) RECONSTRUCTION SURGERY IS A PROCEDURE TO REPAIR OR RECONSTRUCT THE LIGAMENT THAT STABILIZES THE PATELLA (KNEECAP) AND PREVENTS IT FROM DISLOCATING Laterally (TOWARD THE OUTSIDE OF THE KNEE).

WHEN IS MPFL RECONSTRUCTION SURGERY RECOMMENDED?

MPFL RECONSTRUCTION SURGERY IS TYPICALLY RECOMMENDED FOR PATIENTS WHO EXPERIENCE RECURRENT PATELLAR DISLOCATIONS OR CHRONIC PATELLAR INSTABILITY THAT DOES NOT IMPROVE WITH CONSERVATIVE TREATMENTS LIKE PHYSICAL THERAPY AND BRACING.

WHAT ARE THE COMMON CAUSES OF MPFL INJURY REQUIRING RECONSTRUCTION?

COMMON CAUSES INCLUDE TRAUMATIC PATELLAR DISLOCATION, SPORTS INJURIES, CONGENITAL LIGAMENT LAXITY, OR ANATOMICAL ABNORMALITIES SUCH AS A SHALLOW TROCHLEAR GROOVE OR PATELLA ALTA THAT PREDISPOSE TO INSTABILITY.

HOW IS MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION SURGERY PERFORMED?

THE SURGERY INVOLVES HARVESTING A GRAFT (USUALLY FROM THE PATIENT'S HAMSTRING TENDON), WHICH IS THEN USED TO RECONSTRUCT THE DAMAGED MPFL BY ATTACHING IT BETWEEN THE INNER SIDE OF THE PATELLA AND THE FEMUR TO RESTORE STABILITY.

WHAT IS THE TYPICAL RECOVERY TIME AFTER MPFL RECONSTRUCTION SURGERY?

RECOVERY USUALLY TAKES ABOUT 3 TO 6 MONTHS, WITH INITIAL IMMOBILIZATION FOLLOWED BY PHYSICAL THERAPY FOCUSING ON REGAINING RANGE OF MOTION, STRENGTH, AND STABILITY BEFORE RETURNING TO SPORTS OR STRENUOUS ACTIVITIES.

WHAT ARE THE RISKS AND COMPLICATIONS ASSOCIATED WITH MPFL RECONSTRUCTION SURGERY?

RISKS INCLUDE INFECTION, STIFFNESS, GRAFT FAILURE OR STRETCHING, PERSISTENT INSTABILITY, PAIN, AND IN RARE CASES, DAMAGE TO SURROUNDING NERVES OR BLOOD VESSELS.

CAN PATIENTS RETURN TO SPORTS AFTER MPFL RECONSTRUCTION SURGERY?

YES, MOST PATIENTS CAN RETURN TO SPORTS AND HIGH-IMPACT ACTIVITIES AFTER COMPLETING REHABILITATION, USUALLY AROUND 4 TO 6 MONTHS POST-SURGERY, DEPENDING ON THEIR PROGRESS AND SURGEON'S ADVICE.

HOW EFFECTIVE IS MPFL RECONSTRUCTION SURGERY IN PREVENTING PATELLAR DISLOCATIONS?

MPFL RECONSTRUCTION SURGERY IS HIGHLY EFFECTIVE IN REDUCING RECURRENT PATELLAR DISLOCATIONS, WITH SUCCESS RATES REPORTED TO BE OVER 85%, ESPECIALLY WHEN COMBINED WITH CORRECTION OF UNDERLYING ANATOMICAL ISSUES.

ARE THERE NON-SURGICAL ALTERNATIVES TO MPFL RECONSTRUCTION FOR PATELLAR INSTABILITY?

YES, INITIAL MANAGEMENT OFTEN INCLUDES PHYSICAL THERAPY TO STRENGTHEN THE QUADRICEPS MUSCLES, BRACING, ACTIVITY MODIFICATION, AND SOMETIMES INJECTIONS, BUT SURGERY IS CONSIDERED WHEN THESE TREATMENTS FAIL TO PREVENT RECURRENT DISLOCATIONS.

WHAT PREOPERATIVE EVALUATIONS ARE NECESSARY BEFORE MPFL RECONSTRUCTION SURGERY?

PREOPERATIVE EVALUATIONS INCLUDE PHYSICAL EXAMINATION, IMAGING STUDIES SUCH AS MRI OR CT SCANS TO ASSESS LIGAMENT DAMAGE AND KNEE ANATOMY, AND SOMETIMES GAIT ANALYSIS TO PLAN THE SURGICAL APPROACH EFFECTIVELY.

ADDITIONAL RESOURCES

1. *MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION: PRINCIPLES AND TECHNIQUES*

THIS COMPREHENSIVE BOOK OFFERS AN IN-DEPTH EXPLORATION OF MPFL RECONSTRUCTION SURGERY, COVERING ANATOMICAL CONSIDERATIONS, SURGICAL APPROACHES, AND POSTOPERATIVE REHABILITATION. IT INCLUDES DETAILED ILLUSTRATIONS AND STEP-BY-STEP GUIDES TO VARIOUS RECONSTRUCTION TECHNIQUES. IDEAL FOR ORTHOPEDIC SURGEONS AND RESIDENTS, IT EMPHASIZES EVIDENCE-BASED PRACTICES AND CLINICAL OUTCOMES.

2. *PATELLOFEMORAL INSTABILITY AND MPFL RECONSTRUCTION: DIAGNOSIS AND TREATMENT*

FOCUSING ON THE DIAGNOSIS AND MANAGEMENT OF PATELLOFEMORAL INSTABILITY, THIS TEXT PROVIDES A THOROUGH REVIEW OF INDICATIONS FOR MPFL RECONSTRUCTION. IT COVERS PATIENT EVALUATION, IMAGING MODALITIES, AND SURGICAL PLANNING. THE BOOK ALSO DISCUSSES COMPLICATIONS AND LONG-TERM PROGNOSIS, MAKING IT A VALUABLE RESOURCE FOR CLINICIANS MANAGING COMPLEX CASES.

3. *TECHNIQUES IN KNEE SURGERY: MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION*

PART OF A SURGICAL TECHNIQUES SERIES, THIS VOLUME HIGHLIGHTS VARIOUS OPERATIVE METHODS FOR MPFL RECONSTRUCTION. IT INCLUDES CONTRIBUTIONS FROM LEADING EXPERTS WHO SHARE THEIR PREFERRED SURGICAL TIPS AND TRICKS. THE BOOK IS RICHLY ILLUSTRATED WITH INTRAOPERATIVE PHOTOGRAPHS AND VIDEOS, ASSISTING SURGEONS IN MASTERING THE PROCEDURE.

4. *BIOMECHANICS AND CLINICAL OUTCOMES OF MPFL RECONSTRUCTION*

THIS TEXT DELVES INTO THE BIOMECHANICAL PRINCIPLES UNDERLYING MPFL FUNCTION AND THE IMPACT OF RECONSTRUCTION ON KNEE STABILITY. IT REVIEWS CLINICAL STUDIES ASSESSING PATIENT-REPORTED OUTCOMES, GRAFT CHOICES, AND FIXATION METHODS. THE BOOK BRIDGES BASIC SCIENCE AND CLINICAL PRACTICE, HELPING SURGEONS OPTIMIZE SURGICAL RESULTS.

5. *REHABILITATION AFTER MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION*

DEDICATED TO POSTOPERATIVE CARE, THIS BOOK OUTLINES EVIDENCE-BASED REHABILITATION PROTOCOLS FOLLOWING MPFL SURGERY. IT EMPHASIZES PROGRESSIVE EXERCISES, FUNCTIONAL MILESTONES, AND RETURN-TO-SPORT CRITERIA. PHYSICAL THERAPISTS AND ORTHOPEDIC SURGEONS WILL FIND PRACTICAL GUIDELINES TO ENHANCE PATIENT RECOVERY.

6. *COMPLICATIONS IN MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION*

ADDRESSING THE CHALLENGES AND PITFALLS OF MPFL RECONSTRUCTION, THIS BOOK REVIEWS COMMON COMPLICATIONS SUCH AS GRAFT FAILURE, STIFFNESS, AND PATELLAR FRACTURE. IT OFFERS STRATEGIES FOR PREVENTION, EARLY RECOGNITION, AND MANAGEMENT OF ADVERSE EVENTS. CASE STUDIES PROVIDE REAL-WORLD INSIGHTS INTO TROUBLESHOOTING DIFFICULT SCENARIOS.

7. *ADVANCED IMAGING IN PATELLOFEMORAL DISORDERS AND MPFL SURGERY*

THIS BOOK FOCUSES ON THE ROLE OF MRI, CT, AND OTHER IMAGING MODALITIES IN THE ASSESSMENT AND SURGICAL PLANNING OF MPFL RECONSTRUCTION. IT DISCUSSES IMAGING CHARACTERISTICS OF PATELLOFEMORAL INSTABILITY AND POSTOPERATIVE EVALUATION. RADIOLOGISTS AND SURGEONS WILL BENEFIT FROM THE DETAILED IMAGE INTERPRETATIONS INCLUDED.

8. *PEDIATRIC AND ADOLESCENT MEDIAL PATELLOFEMORAL LIGAMENT RECONSTRUCTION*

SPECIALIZING IN YOUNGER PATIENT POPULATIONS, THIS TEXT REVIEWS THE UNIQUE ANATOMICAL AND DEVELOPMENTAL CONSIDERATIONS IN PEDIATRIC MPFL SURGERY. IT COVERS GROWTH PLATE PRESERVATION TECHNIQUES AND TAILORED REHABILITATION PROTOCOLS. THE BOOK ALSO EVALUATES LONG-TERM OUTCOMES AND PREVENTION OF RECURRENT INSTABILITY IN CHILDREN AND ADOLESCENTS.

9. *GRAFT SELECTION AND FIXATION METHODS IN MPFL RECONSTRUCTION*

THIS BOOK PROVIDES AN EXHAUSTIVE REVIEW OF VARIOUS AUTOGRAFT AND ALLOGRAFT OPTIONS USED IN MPFL RECONSTRUCTION. IT COMPARES FIXATION DEVICES AND TECHNIQUES, ANALYZING THEIR BIOMECHANICAL STRENGTHS AND CLINICAL IMPLICATIONS. SURGEONS WILL FIND GUIDANCE TO HELP CHOOSE THE MOST APPROPRIATE GRAFT AND FIXATION STRATEGY FOR INDIVIDUAL PATIENTS.

[Medial Patellofemoral Ligament Reconstruction Surgery](#)

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medial patellofemoral ligament reconstruction surgery: Reconstructive Knee Surgery

Douglas W. Jackson, 2008 The newly expanded edition of this highly acclaimed volume describes the latest techniques for reconstructive knee surgery. The worlds foremost experts share their preferred techniques in step-by-step detail and offer tips for improving results. The book is thoroughly illustrated with full-color, sequential, intraoperative photographs.

medial patellofemoral ligament reconstruction surgery: A Finite Element Study on the Medial Patellofemoral Ligament Reconstruction Bharath Koya, 2013 Patellar instability is a major problem among young individuals. Chronic patellar instability termed as patellar dislocation occurs mainly due to the reduction in the medial restraining forces for the patella, excessive Q-angle, patella alta and trochlear dysplasia. It causes a tear of the medial patellofemoral ligament (MPFL) in the majority of instances. The MPFL is the main passive stabilizer preventing patellar instability and accounts for 50-60% of the total restraining forces. Reconstruction of the torn MPFL is a surgical option performed in chronic cases to improve patellofemoral biomechanics and to provide better stability at the knee. Finite element analysis (FEA) makes it possible to simulate the surgical technique of reconstruction of the MPFL, observe the effects on the articular cartilage structures and determine the patellofemoral kinematics, which is not possible with in vivo imaging analysis. In the present study, subject specific computational (finite element) models were built in ABAQUS based on the 3D anatomical geometry of the patellofemoral joint from pre-op MRI scans. The femur and patella were modeled as rigid structures with quadrilateral elements. Patellofemoral articular cartilage was modeled as isotropic elastic structures with hexahedral elements. The quadriceps muscle group, patellar tendon and the MPFL graft were represented using linear tension-only springs. The quadriceps muscle force was calculated from the foot load that the patient was able to withstand at a particular flexion angle during the MRI scan. The MPFL reconstruction surgery was simulated by modeling the ligament with uniaxial connector elements and material properties representing the graft material. FE simulations with appropriate boundary and loading conditions showed that the lateral translation was restricted with a MPFL graft. Validation of these FE models was done by comparing the results with the kinematics obtained from an analysis based on MRI scans taken before and after the MPFL reconstruction surgery. FEA results matched the trends observed in the results of the experimental study, but they failed to replicate them quantitatively. In addition, the ratio of tension in the patellar tendon and quadriceps muscles and the tension in the MPFL graft elements was obtained from the simulations. The technique used in the present study can be improved by dealing with the limitations of the modeling like meshing of the structures and material properties. The FE models can be used to study the inter-subject differences, graft attachment points and graft tensioning to help with the ligament reconstruction procedures.

medial patellofemoral ligament reconstruction surgery: Patellar Instability Surgery in Clinical Practice Vicente Sanchis-Alfonso, 2012-11-19 Among all the extensor mechanism pathologies, lateral patellar instability is of great interest not only for the knee specialist, but also for the general orthopedic surgeon and trainee. The procedure that is most frequently performed to treat lateral patellar instability is the medial patellofemoral ligament (MPFL) reconstruction. The reason for this great interest in this procedure is obvious. Medial patellofemoral ligament reconstruction is the most frequently performed procedure in the extensor mechanism. It also is the most predictable and has the best clinical results of all the procedures in the extensor mechanism. In this handbook we analyse the different reconstruction techniques, step by step, for the MPFL reconstruction, as well as other techniques less frequently used in the patient with lateral patellofemoral instability. We also analyse the treatment of medial patellofemoral instability. It is a

very practical book, aimed at the general orthopedic surgeon and also the ones specialized in the knee.

medial patellofemoral ligament reconstruction surgery: Insall & Scott Surgery of the Knee E-Book W. Norman Scott, 2011-09-09 Online and in print, Insall & Scott Surgery of the Knee, edited by W. Norman Scott, MD, and 11 section editors who are experts in their fields, is your complete, multimedia guide to the most effective approaches for diagnosis and management of the full range of knee disorders affecting patients of all ages. From anatomical and biomechanical foundations, to revision total knee replacement, this authoritative reference provides the most up-to-date and complete guidance on cutting-edge surgical procedures, the largest collection of knee videos in one knee textbook. Expanded coverage and rigorous updates—including 40 online-only chapters—keep you current with the latest advances in cartilage repair and regeneration, allograft and autografts, computer robotics in total knee arthroplasty, and other timely topics. This edition is the first book ever endorsed by The Knee Society. Access the full text - including a wealth of detailed intraoperative photographs, a robust video library, additional online-only chapters, a glossary of TKR designs, quarterly updates, and more - at www.expertconsult.com. Get all you need to know about the clinical and basic science aspects of the full range of knee surgeries as well as the latest relevant information, including imaging and biomechanics; soft tissue cartilage; ligament/meniscal repair and reconstructions; partial and total joint replacement; fractures; tumors; and the arthritic knee. Master the nuances of each new technique through step-by-step instructions and beautiful, detailed line drawings, intraoperative photographs, and surgical videos. See exactly how it's done. Watch master surgeons perform Partial and Primary TKR, Revision TKR, Tumor Replacement, Fracture Treatment, and over 160 videos on the expertconsult.com. Find information quickly and easily thanks to a consistent, highly templated, and abundantly illustrated chapter format and streamlined text with many references and chapters appearing online only. Access the fully searchable contents of the book online at www.expertconsult.com, including 40 online-only chapters, a downloadable image library, expanded video collection, quarterly updates, and a glossary of TKR designs with images and text from various device manufacturers. Grasp and apply the latest knowledge with expanded coverage of cartilage repair and regeneration techniques, expanded ligament techniques in allograft and autografts, computer robotics in surgical prognostics, fitting and techniques in partial and total knee arthroplasty, and more. Consult with the best. Renowned knee surgeon and orthopaedic sports medicine authority Dr. W. Norman Scott leads an internationally diverse team of accomplished specialists—many new to this edition—who provide dependable guidance and share innovative approaches to reconstructive surgical techniques and complications management.

medial patellofemoral ligament reconstruction surgery: Master Techniques in Orthopaedic Surgery: Sports Medicine Freddie H. Fu, 2019-06-12 Part of the highly regarded Master Techniques in Orthopaedic Surgery series, Sports Medicine, Second Edition, is a concise, lavishly illustrated reference covering key sports medicine surgeries in step-by-step detail. Ideal for orthopaedic surgery sports medicine specialists, this Second Edition presents the preferred techniques of surgical masters, illustrated with full-color, sequential, surgeon's-eye view intraoperative photographs, as well as superb drawings by noted medical illustrators. Fourteen new chapters keep you fully up to date with recent changes in the field.

medial patellofemoral ligament reconstruction surgery: Advances in Knee Ligament and Knee Preservation Surgery Norimasa Nakamura, Robert G. Marx, Volker Musahl, Alan Getgood, Seth L. Sherman, Peter Verdonk, 2021-11-18 This comprehensive book offers an overview of the latest advances in knee ligament and knee preservation surgery, including cartilage, meniscus, and osteotomy procedures. Designed to offer practical guidance on the management of complex knee problems, it presents clinical scenarios as well as recommendations by leading international experts. Written in collaboration with ISAKOS and drawing on a variety of perspectives it is invaluable tool for orthopedic and sports medicine surgeons.

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2024-09-19 This major reference work brings together the current state of the art for joint preservation surgery of the knee, including arthroscopic and open procedures. Generously illustrated with radiographs and intraoperative photos, it presents the latest tips and techniques, providing the knee surgeon with the most up-to-date information for precise preparation and decision-making in this rapidly evolving area. This comprehensive guide is divided into ten thematic sections covering clinical evaluation; fundamentals of arthroscopic and open approaches; basic and advanced arthroscopic procedures; surgical management of meniscal disorders; management of ACL injuries; approaches to complex and multi-ligamentous injuries; limb malalignment; management of cartilage and subchondral bone; patellofemoral and extensor mechanism disorders; and rehabilitation and return to play considerations. Written by experts in the field, *Knee Arthroscopy and Knee Preservation Surgery* will be a highly valued resource for orthopedic and sports medicine surgeons, residents and fellows.

medial patellofemoral ligament reconstruction surgery: *Patellofemoral Instability* Sachin Tapasvi, 2018-07-31 Patellofemoral instability (PFI) is the movement of the kneecap from its normal position of alignment. It may be caused by sudden injury or developmental wear and tear and will often lead to arthritis. This book is a concise guide to misalignment of the kneecap, its complications and management. Beginning with an introduction to the epidemiology of patellar dislocation, anterior knee pain and patho-anatomy, the next chapter examines imaging techniques including X-Rays, CT, MRI and bone scan. The following sections provide in depth coverage of both conservative and surgical management procedures. The manual is enhanced by clinical photographs and high quality diagrams to assist understanding. Key Points Concise guide to misalignment of the kneecap, complications and treatment Provides complete chapter on imaging techniques Covers both conservative and surgical management procedures Includes clinical photographs and high quality diagrams

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