Figure 17.2. A: In a normal patellofemoral joint, the pull of the extensor mechanism allows the load (arrows) to be dispersed over the full surface of the joint. B: When the infrapatellar bursa is obliterated, the pull is shifted proximal to the articular rim, resulting in disproportionate anterior loading of the tibiofemoral joint.

Figure 17.3. A bony ridge seen on the proximal anterior tibia is the insertion point of the capsular ligaments. Note the insertion point becomes more distal at the tibial tubercle.

Figure 17.4. When patella baja occurs, the patella is pulled distally, and the inferior pole is drawn deep toward the intercondylar notch.
Figure 13.5. An incision is made around the arcuate complex.16 (Redrawn from Hughston, JC, Jacobson, KE. Chronic posterolateral rotary instability of the knee. Journal of Bone and Joint Surgery 1982;67A:351–359. With permission.

tion of the tendon of the lateral gastrocnemius (Fig. 13.6). The posterior incision for this bone block advancement, if continued distally, would split the medial and lateral limbs of the arcuate arch. As such, it is very effective in the repair of a proximal injury because as the bone block is advanced to its site of placement on the femur, the sutures are placed in the posterior portion to imbricate the medial arcuate limb and posterior capsule and the soft tissue attached to the lateral complex and lateral arcuate limb. This procedure retensions the posterior portion of the capsule as well as the fibular components of the capsule.

Another technical hint for providing good results is that as the bone block is advanced parallel to the fibular collateral ligament (which is distally and anteriorly with the knee in 60 degrees of flexion), it is rotated in a clockwise fashion for a right knee and in a counterclockwise fashion for a left knee. The rotation of the bone block then allows for the fibular collateral to be in the same orientation as before the advancement and allows for retensioning of the lateral ligaments (Fig. 13.7). The bone block is then seated with a Puddu staple (Fig. 13.8). The sutures, which have been placed before

Figure 13.6. A bone block with femoral attachments of the arcuate complex is harvested from the lateral epicondylar area.

Figure 13.7. The bone block is advanced parallel to the fibular collateral ligament (anteriorly and distally with the knee in 60 degrees of flexion) and is rotated in a clockwise direction for a right knee and a counterclockwise direction for a left knee. Before seating the bone block, the posterior capsule is imbricated with sutures.

Figure 13.8. The bone block is seated with a Puddu staple.
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