# Steeper lateral posterior tibial slope and greater lateral-medial slope asymmetry are associated with greater preoperative pivot-shift in anterior cruciate ligament injury

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## **COI** Disclosure

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# PTS and knee joint laxity in ACL injury

- Pivot-shift test is the most commonly used clinical examination to evaluate anterolateral rotatory knee laxity<sup>1</sup>
- The cause of the spectrum of anterolateral rotatory knee laxity is multifactorial;
   Bony morphology (i.e. posterior tibial slope; PTS) has been drawing attention<sup>1-2</sup>

Anterolateral rotatory knee laxity

Steeper PTS correlated with high-grade preoperative pivot-shift<sup>3-5</sup>

Lateral-medial slope asymmetry

 Lateral-medial PTS asymmetry is risk factor for concomitant posterolateral meniscal root tears in ACL injuries<sup>6</sup>







## Purpose

✓ To investigate the association between PTS and preoperative pivot-shift test by quantifying using an electromagnetic measurement system (EMS) in ACL-injured knees

## Hypothesis

✓ Steeper lateral PTS and greater lateral-medial PTS asymmetry (lateral PTS > medial PTS) would be associated with greater tibial acceleration during the pivot-shift test in ACL-injured knees





## **Objectives**

Retrospective analysis (Jan. 2017 - Mar. 2021)

#### Inclusion

- Primary ACL injury
- Underwent ACL reconstruction
- Evaluate the preoperative pivot-shift test using the EMS

#### **Exclusion**

- Age: 13 years or younger
- Previous injury to the ipsilateral knee joint
- Concomitant ligament injuries with ACL injury
- More than one-year period from injury to surgery

**50** unilateral ACL-injured patients (male/female: 29/21)

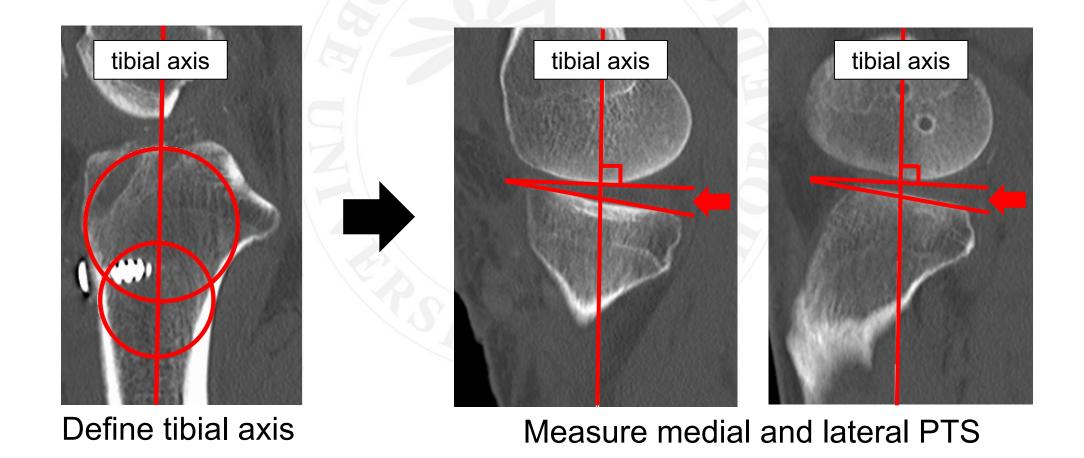


Mean age:  $28.0 \pm 11.4$  years (14 - 51)



## Measurement of PTS

- High-resolution CT images were taken two weeks after the surgery
- Medial and lateral PTS were measured as previously reported<sup>7-8</sup>

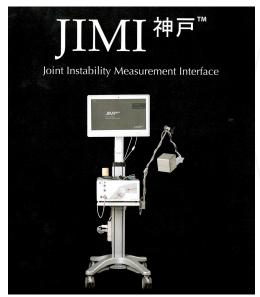


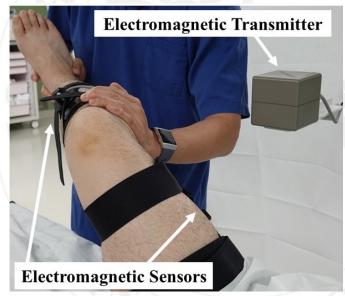


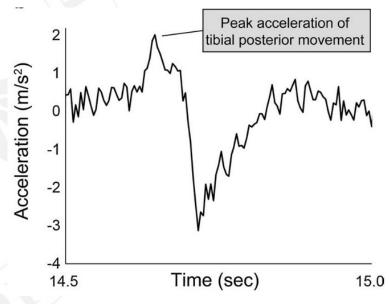


# Quantitative evaluation of pivot-shift test

- The pivot-shift test was performed preoperatively under general anesthesia using the EMS (JIMI神戸, Arthrex Japan Inc., Japan)
- Tibial acceleration (m/s<sup>2</sup>) during the posterior reduction of the tibia was measured<sup>9, 10</sup>







#### Statistical analysis



The normality test: Shapiro-Wilk normality test (p < 0.05) Correlation analysis: Pearson correlation coefficient (p < 0.05)



# Result: Patient demographics

-50 ACL-injured knees (male/female 29/21)

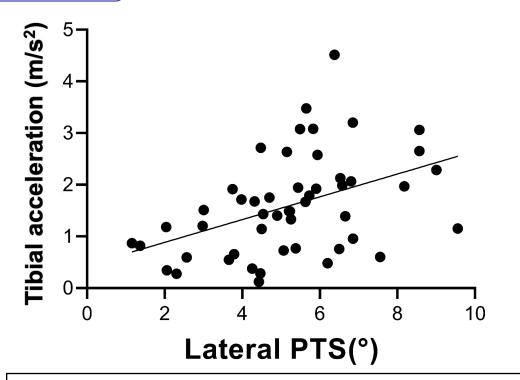
	Mean (95% CI, range)
Mean age(years)	28.0 (24.8 - 31.2, 14 - 51)
Mean period from injury to surgery (days)	81.8 (62.5 – 101.1, 13 - 326)
Lateral PTS (°)	<b>5.2</b> (4.7 – 5.7, <b>1.2</b> – <b>9.6</b> )
Medial PTS (°)	<b>4.9</b> (4.3 – 5.5, <b>0.9</b> – <b>9.6</b> )
Lateral-medial slope asymmetry (°)	<b>0.3</b> (-0.2 – 0.8, <b>-2.9</b> – <b>3.8</b> )
Tibial acceleration (m/s²)	<b>1.6</b> ( 1.3 – 1.9, 0.1 – 4.5)





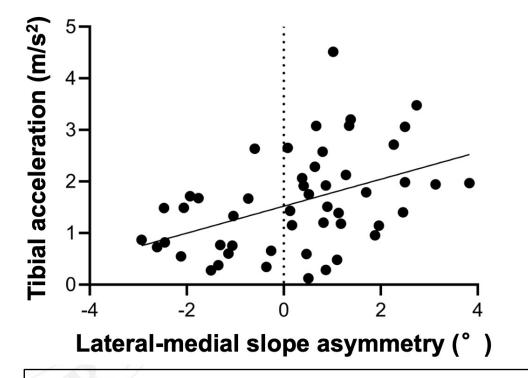
### Correlation between PTS and tibial acceleration





Significant positive correlation r = 0.436, p < 0.01

Lateral-medial slope asymmetry



Significant positive correlation r = 0.443, p < 0.01



No significant correlation was observed between medial PTS and tibial acceleration



## Discussion: PTS and anterolateral rotatory knee laxity

#### The previous studies

• Preoperative pivot-shift was quantified using iPad image analysis<sup>3</sup>

Lateral PTS (MRI): High laxity group (9.3°) > Low laxity group (6.1°)

•Six factors were associated with preoperative high-grade pivot-shift<sup>2</sup> PTS (radiograph)>9°, Beighton score≥4 points, male, medial and lateral meniscus posterior segment injury, chronicity (> 6months)

The present study

Steeper lateral PTS
Greater PTS asymmetry



**Greater Tibial acceleration** 



## PTS asymmetry and anterolateral rotatory knee laxity

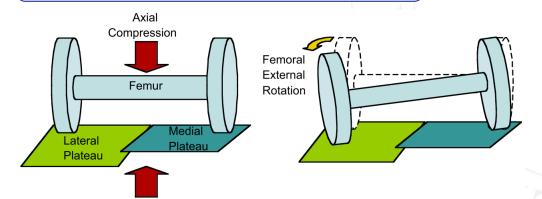
#### The present study

Greater Lateral-medial PTS asymmetry (Lat > Med PTS): 0.3° (range: -2.9 – 3.8)



Greater tibial acceleration

#### Proposed mechanism



The lateral side of the femur slides posteriorly off the steep lateral tibial plateau, using the flat medial tibial plateau as a pivot point<sup>11</sup>

Not only lateral PTS but also PTS asymmetry could be an important parameter related to anterolateral rotatory knee laxity

## Factors associated with preoperative high-grade pivot-shift test

#### Previous studies

Quantitative evaluation of pivot-shift test using EMS (JIMI神戸™)

Lateral meniscus injury<sup>10</sup>

Chronicity (>1 year)<sup>12</sup>



**ACL-injured knees** "high-grade" pivot-shift



Anterolateral complex injury<sup>13-15</sup>



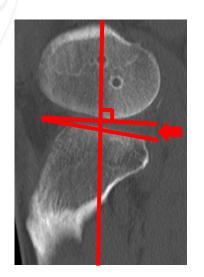


Bony morphology of tibial plateau

- Lateral PTS
- PTS asymmetry











## Conclusions

- Steeper lateral PTS and greater lateral-medial slope asymmetry were associated with greater preoperative tibial acceleration during the pivot-shift test in ACL-injured knees
- Surgeons should be aware that lateral PTS, as well as lateralmedial slope asymmetry, may affect preoperative anterolateral rotatory knee laxity in ACL injury

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