

In-Vivo Kinematic Analysis of Evolution® Medial-Pivot Total Knee Arthroplasty during Weight-Bearing Activity

**Eiichi Nakamura^{1,2} MD., PhD., Hiroaki Nishioka² MD., PhD., Nobukazu Okamoto² MD., PhD.,
Tetsuro Masuda² MD., PhD., Satoshi Hisanaga² MD., PhD., Yasunari Oniki¹ MD., PhD.**



¹ Dept. of Orthopaedic Surgery, Kumamoto Kaiseikai Hospital, Kumamoto, Japan

² Dept. of Orthopaedic Surgery, Kumamoto University Hospital, Kumamoto, Japan



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Presenter's name(s): ◎ Eiichi Nakamura (◎= representative),
Nobukazu Okamoto, Tetsuro Masuda, Hitoshi Ito, Satoshi Hisanaga,
Yasunari Oniki, Takeshi Miyamoto.

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Background

Total knee arthroplasty (TKA) is the most effective surgical treatment for patients with severe osteoarthritis of the knee ^{1, 2}. The physiological motion of the normal knee joint shows a posterior sliding of the lateral femoral condyle on the tibial plateau while a pivoting movement on the medial compartment ^{3,4}. One of main goals of TKA implant design is to produce kinematics at least similar to such normal knee. The Medial-Pivot (MP) TKA has been developed to replicate the medial pivot motion seen in normal knee by modifying joint geometry ⁵. However, it is still controversial as to whether or not this MP implant can actually reliably reproduce such desired kinematics *in vivo*.

The purpose of the present study is to examine the three-dimensional *in-vivo* kinematics in the MP TKA during weight-bearing activity.

Patient's demographic data

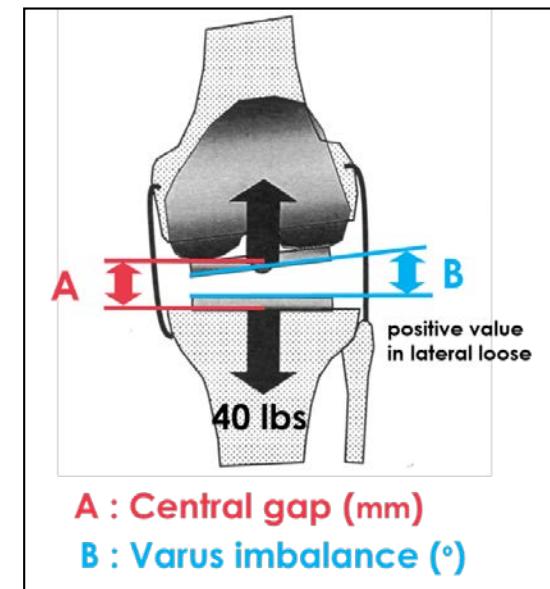
- Eighteen patients who required a unilateral TKA for severe medial osteoarthritis were enrolled.

(mean \pm SD)

Knees	18
Age at surgery (y.o.)	76 \pm 6
Gender (Male/Female : female %)	8/10 : 56
Preop. Knee Extention angle (°)	4 \pm 4
Preop. Knee Flexion angle (°)	120 \pm 13

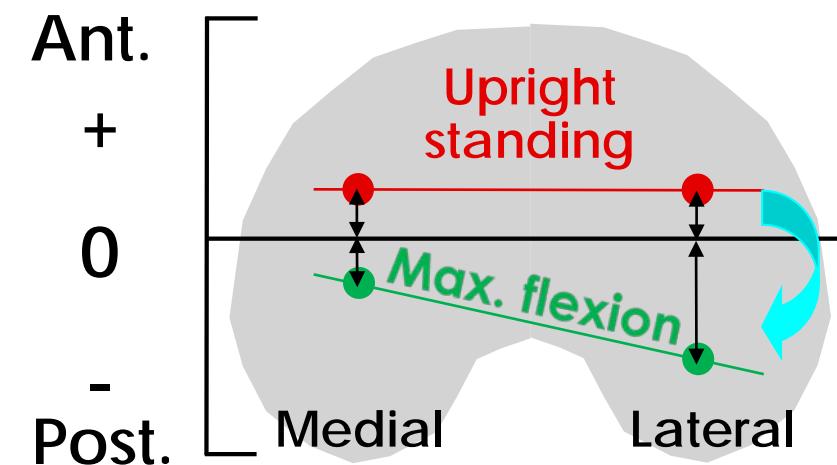
Surgical procedures

- Prosthesis : Evolution® (MicroPort) + Cruciate-substituting bearing
- PCL resection
- Mechanical alignment
 - ✓ Rotation of femoral comp. : parallel to SEA
 - ✓ Rotation of tibial comp. : parallel to Akagi's line
 - ✓ Tibial posterior inclination : 6° (adjustment by insert)
 - ✓ No patellar resurfacing
- Soft tissue balance : **Medial tight**
 - Implant gap measured using an offset tensor (40lbs)
 - Δ **Central gap** (the value of 90° - the value of 0°) : < 5 mm
 - **Varus imbalance** (positive value in lateral loose) : < 5° at all ROM



Evaluation

- Clinical evaluation : Pre-operation and 1-year post-operatively
 - 1) The new Knee Society Scoring System (KSS)
 - 2) Knee Injury and Osteoarthritis Outcome Score (KOOS)
 - 3D kinematic analysis : 1-year post-operatively
 - 2D/3D registration technique : lunge & step-up
 - measuring at the interval of 5°
- 1) Femoral AP translation
- zero: center line on tibial AP width
 - negative value in posterior
- 2) Tibial rotation relative to the femur
- negative value in external rotation

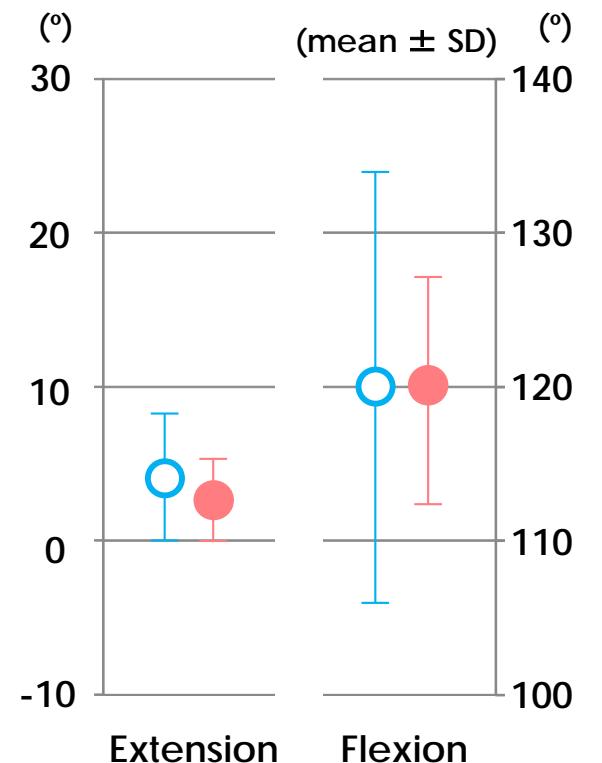


Clinical evaluation

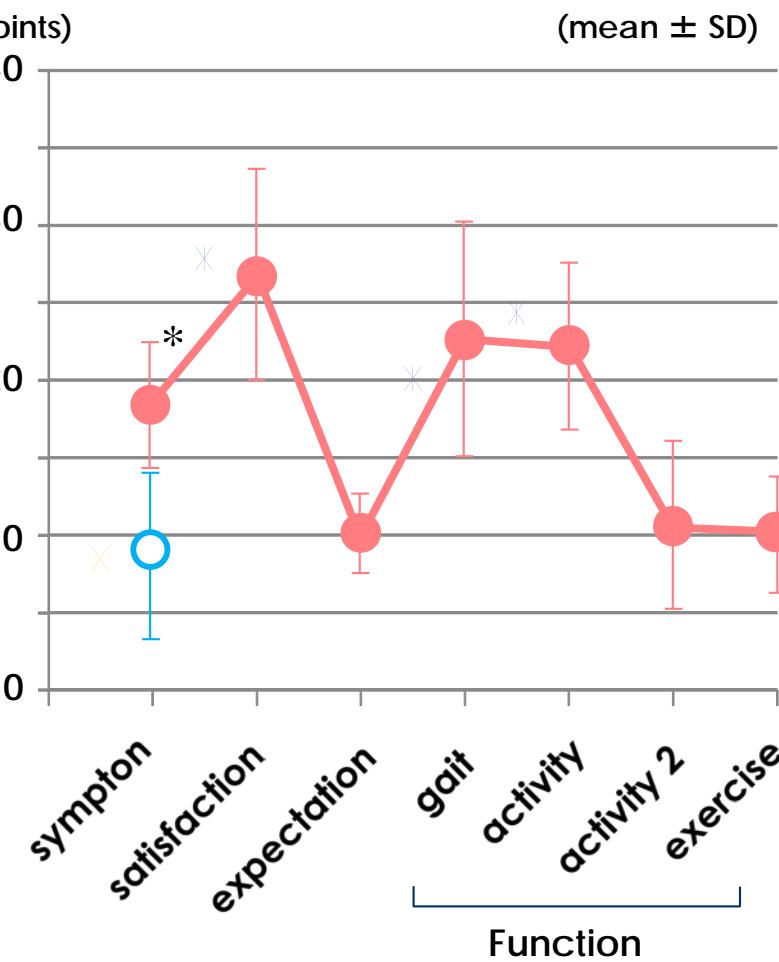
○ Preop. ● Postop.

* $p<0.05$; Student t-test

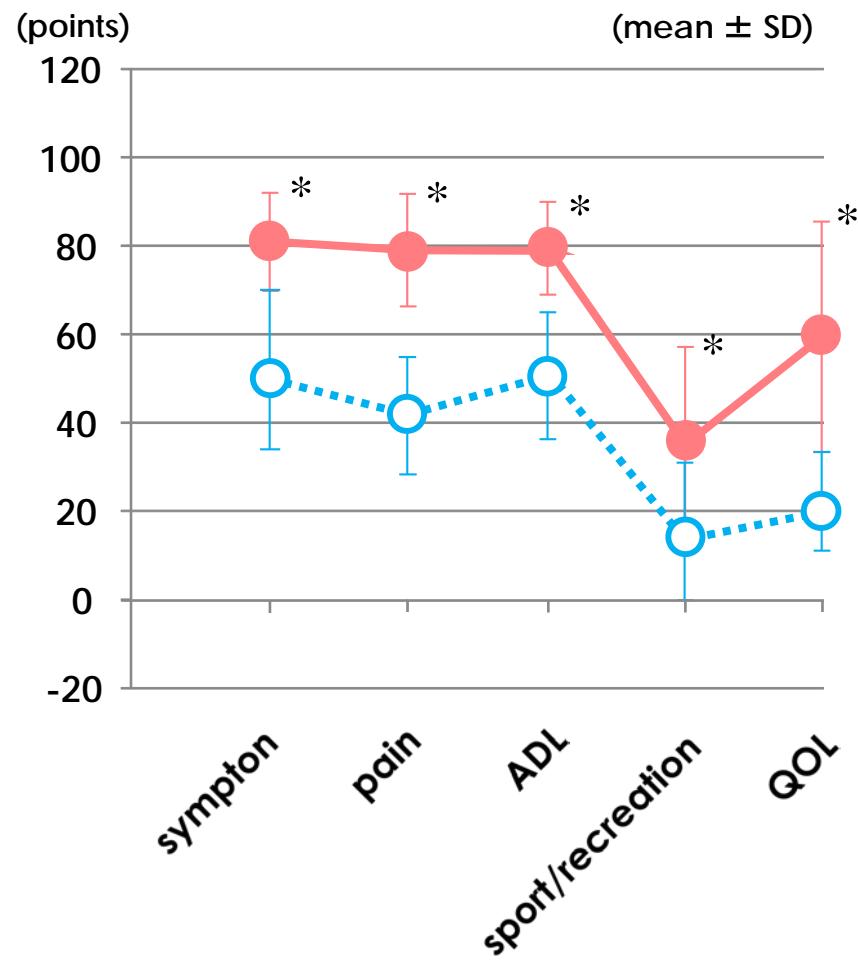
ROM



KSS



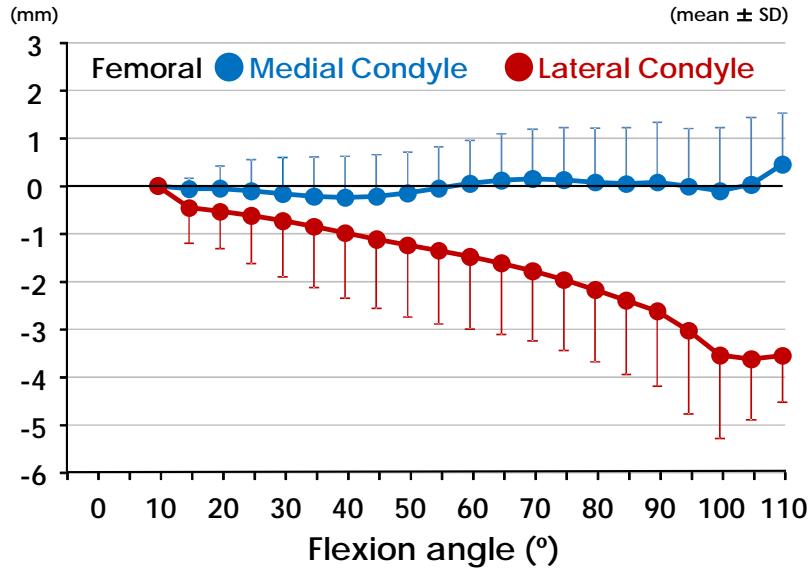
KOOS



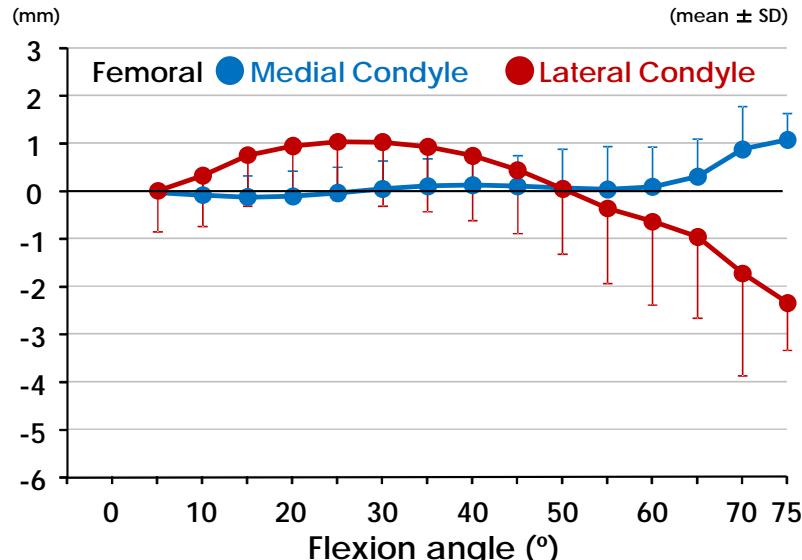
3D kinematic analysis

lunge

AP translation

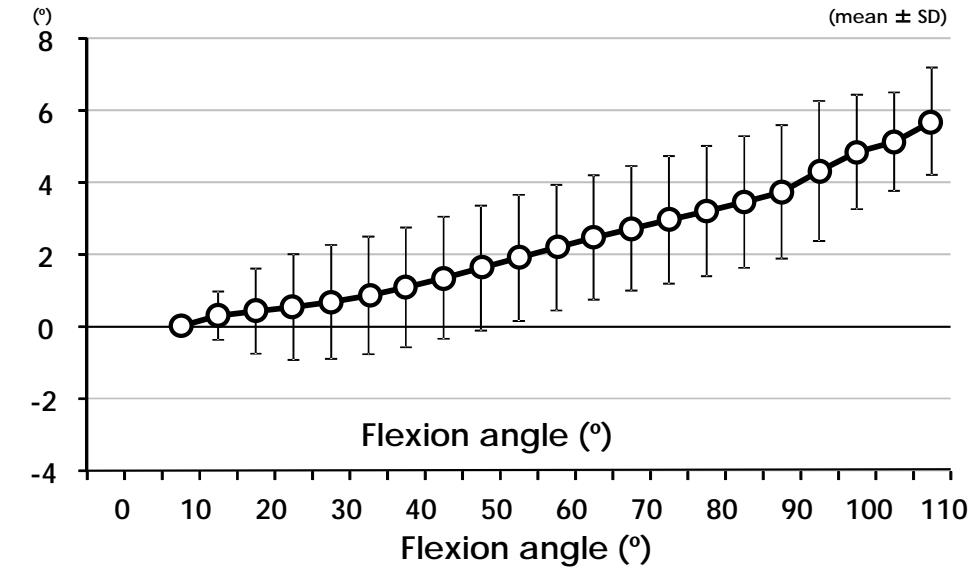


step-up

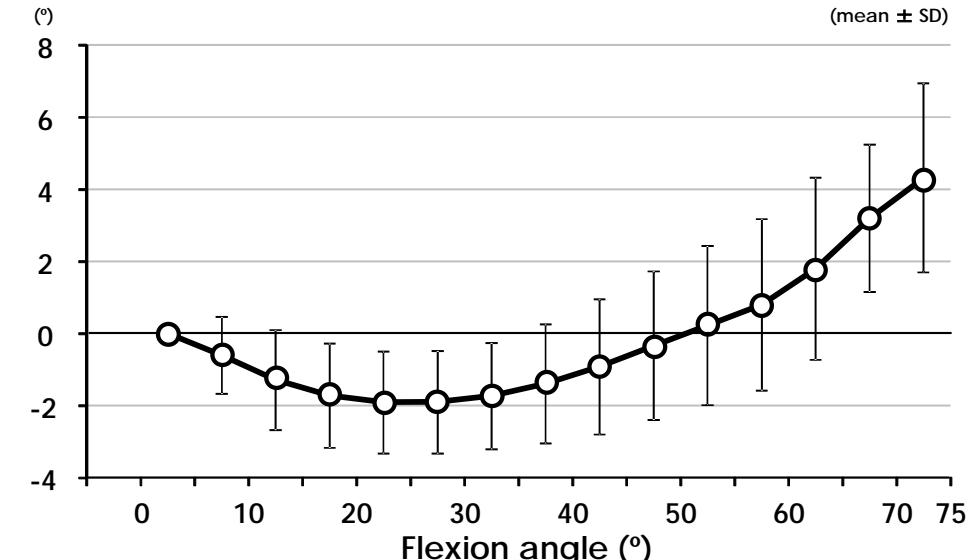


Tibial rotation

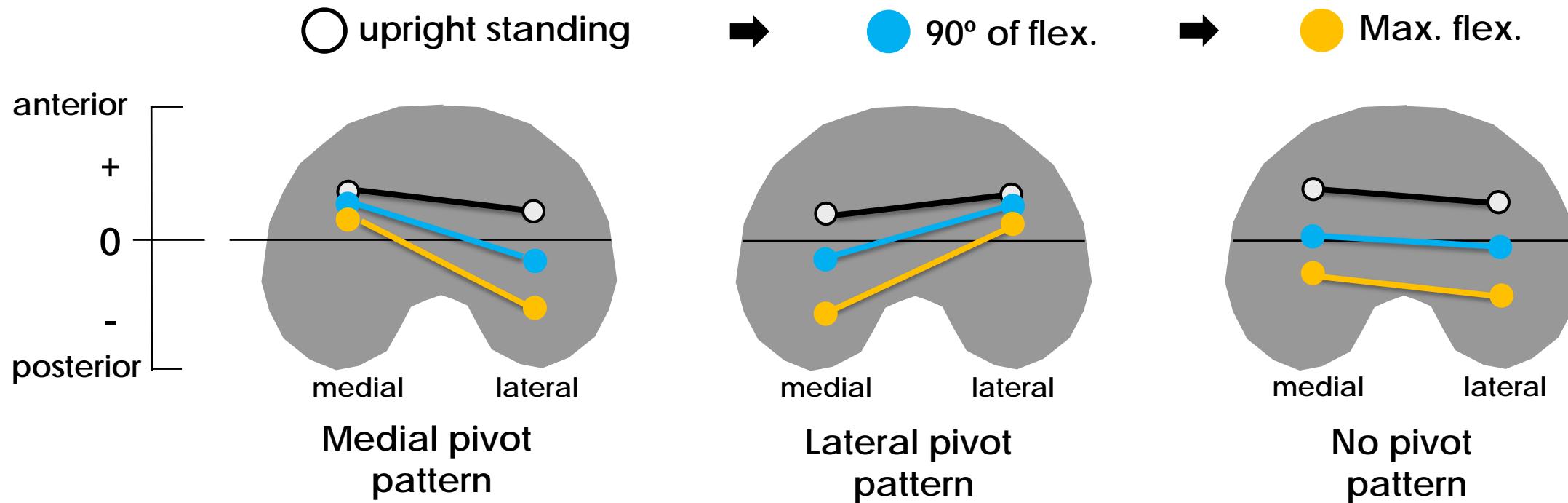
Internal rotation ↑
External rotation ↓



Internal rotation ↑
External rotation ↓



Motion pattern of the femoral comp.



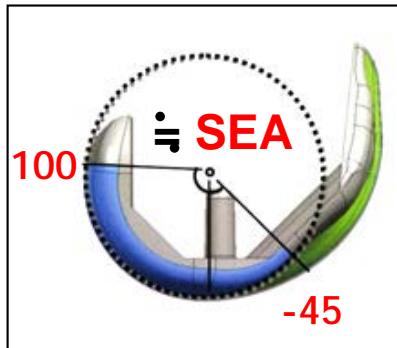
lunge	15/18 (83%)	0/18 (0%)	3/18 (17%)
step-up	13/18 (72%)	0/18 (0%)	5/18 (28%)

Knees (%)

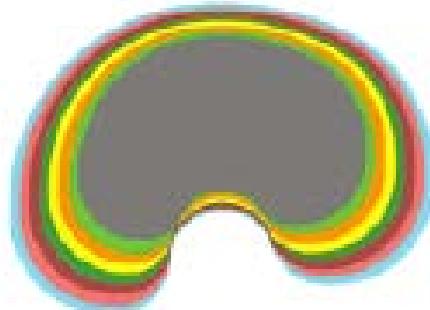
A second generation medial-pivot system : EVOLUTION® 6

(MicroPort Orthopedics Inc., Arlington, TN, USA)

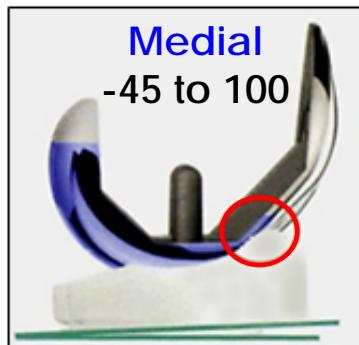
- Single-radius design of the femoral comp.



- An asymmetrical tibial insert



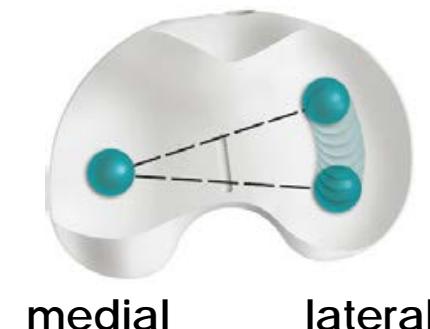
- Cruciate-Substituting(CS) bearing : medial anterior and posterior lip providing to substitute for both the PCL and ACL



Femoral comp.
parallel to SEA



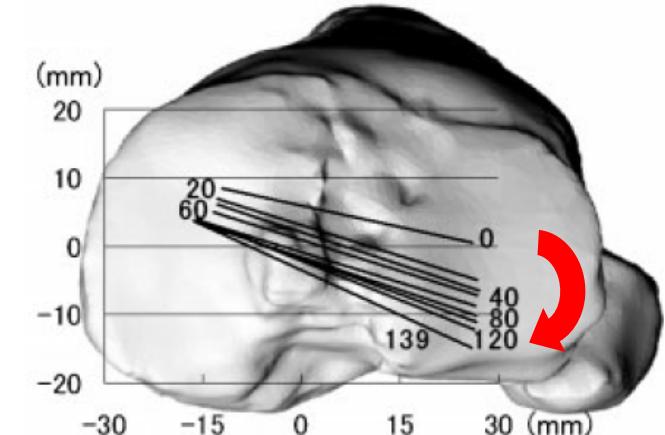
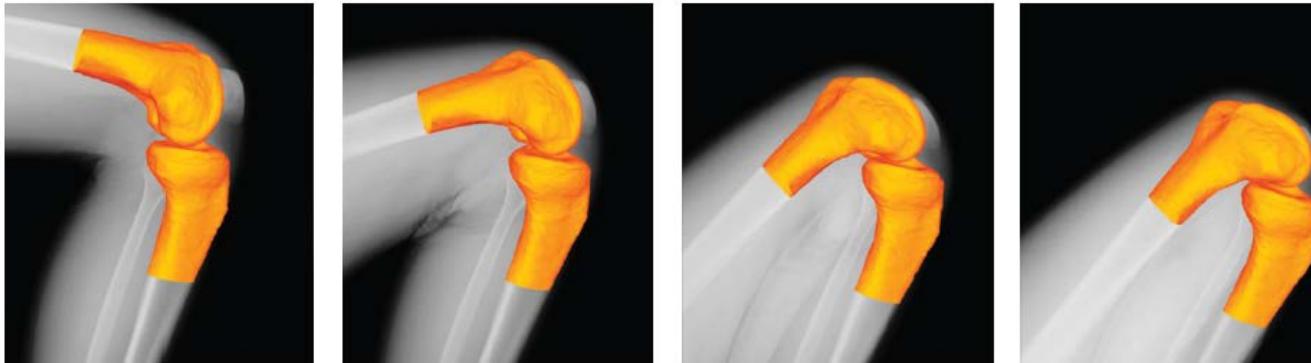
- Medial compartment : Controlling the femoral AP translation
- Lateral compartment : Allowing unrestricted femoral movement



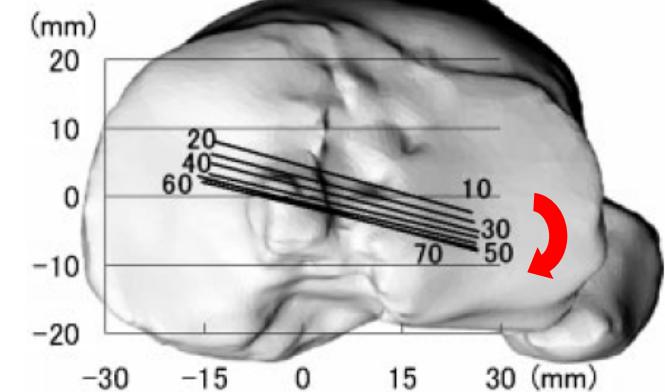
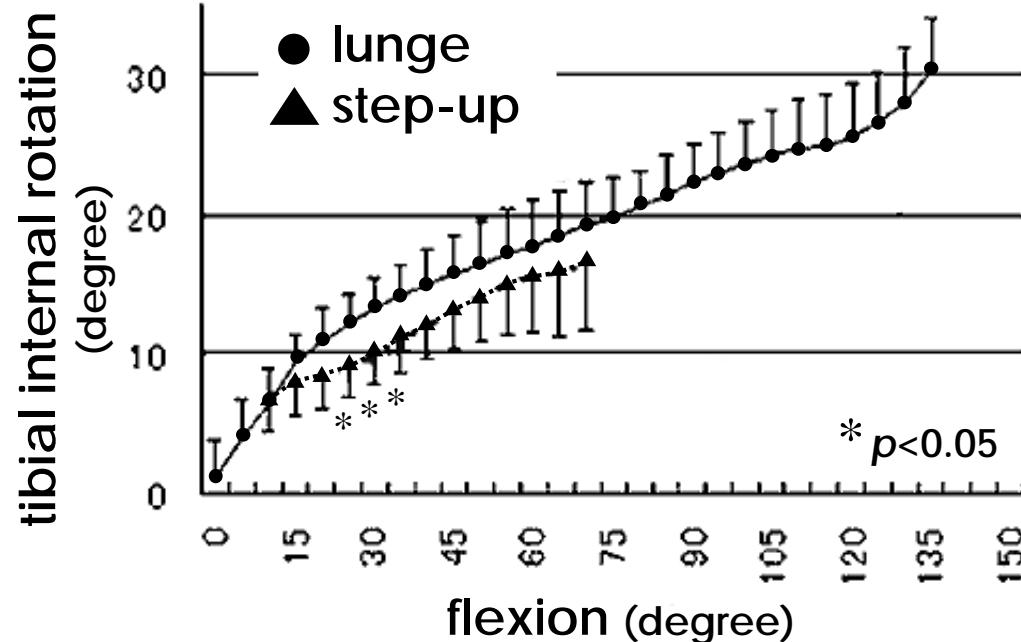
Reproducing
the medial
pivot motion

Dynamic 3D normal Knee Kinematics during lunge & step-up

Moro-oka T, et al.⁴ *J Orthop Res* 2008



lunge contact points



step-up contact points

Conclusion

- The knees implanted with EVOLUTION® MP knee arthroplasty showed at higher reproducibility, during flexion in weight-bearing, a medial pivot motion with a stable AP contact position of MFC and rollback of LFC. Such in-vivo kinematics is consistent with the implant design intent, in spite of the magnitude in tibial internal rotation less than the normal knee.
- There are some limitations in the present study. First, this study is a study with small sample size in postoperative early phase. Further studies with larger samples are needed.

References

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Thank you for your kind attention