

Return to sports after unilateral medial opening wedge high tibial osteotomy in highly active patients

-Analysis of factors affecting functional recovery-

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Faculty Disclosure Information

• There are no COI with regard to this presentation.

Return to Sports after Osteotomy

In previous reports about RTS after osteotomy,

- ✓ Low activity patients
- Studies included
- ✓ Low-impact sports
- ✓ Surgery on both knees

However, for athletes participating in high-level sports, a detailed return to sports rate and the timing are unknown.



Purpose

To examine the outcomes following open-wedge HTO (OWHTO) or open-wedge distal tuberosity osteotomy (OWDTO) focusing on return to sports in a consecutive series of highly active patients who underwent a unilateral osteotomy procedure



Flowchart for Patient Selection

617 knees undergoing OWHTO or OWDTO during the time period from Jan. 2010 to May 2020

Exclusions (554 knees)

- -Concomitant ligament surgery
- -Bilateral osteotomy procedures
- -Lower activity level (Tegner Activity Score 4 ≤ points
- -Follow-up period < 2 years

63 patients (63 knees) with Tegner activity score ≥ 5 points were eligible for this study.





Patient-Demographics

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Total patients, n
                                                                    63
Total knees, n
                                                                    63
OWHTO, n
                                                                    45
OWDTO, n
                                                                    18
                                                                    Male 44/ Female 19
Sex
                                                                    Right 34/ Left 29
Side
                                                                    55.8 \pm 10.1 [range, 31-75]
Age at surgery (years)
                                                                    24.3 \pm 2.8 [range, 18.1-31.0].
BMI (kg/m^2)
                                                                    61.4 \pm 20.3 [range, 24-102]
Mean time between the surgery and the follow-up (months)
Concomitant procedures during osteotomy
 Any, n (%)
                                                                    36 (54.5%)
 Meniscal, n
                                                                    33
  Debridement
                                                                    23
  Repair
                                                                    10
 Chondral, n
  Microfracture
  Osteochondral autograft transfer
                                                                    7.9 \pm 2.9 [range, 4-15]
Wedge size (mm)
                                                                    5.3 \pm 0.6 [range, 5-7]
Pre-symptomatic sports activity level based on the Tegner's scale
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Assessment of Return to Sports

- ✓ The rate of return to sports
- ✓ The time to return to sports
- ✓ Clinical results (KOOS, IKDC subjective score)
- √ Radiological parameters
- ✓ Potential prognostic risk factors





Comparative Analysis

Failure to return to sports was defined:

- ✓ Postoperative reduction in activity level on the Tegner activity score
- ✓ Inability to return to sports

- ✓ Univariate analysis of the potential risk factors
 Fisher's exact test
- ✓ Multivariate logistic regression analysis
 Assessment of statistical significance
- ✓ Mann-Whitney U test were conducted.



Potential Prognostic Factors

- > Age ≥ 70
- ➤ Body mass index (BMI) > 25
- ➤ Postoperative HKAA > 3° valgus
- ➤ Postoperative HKAA < 0° varus
- > Postoperative mMPTA > 90°
- Opening gap > 10 mm
- > K-L grade 4

- ✓ mMPTA: mechanical medial proximal tibial angle
- ✓ HKAA: hip-knee-ankle angle



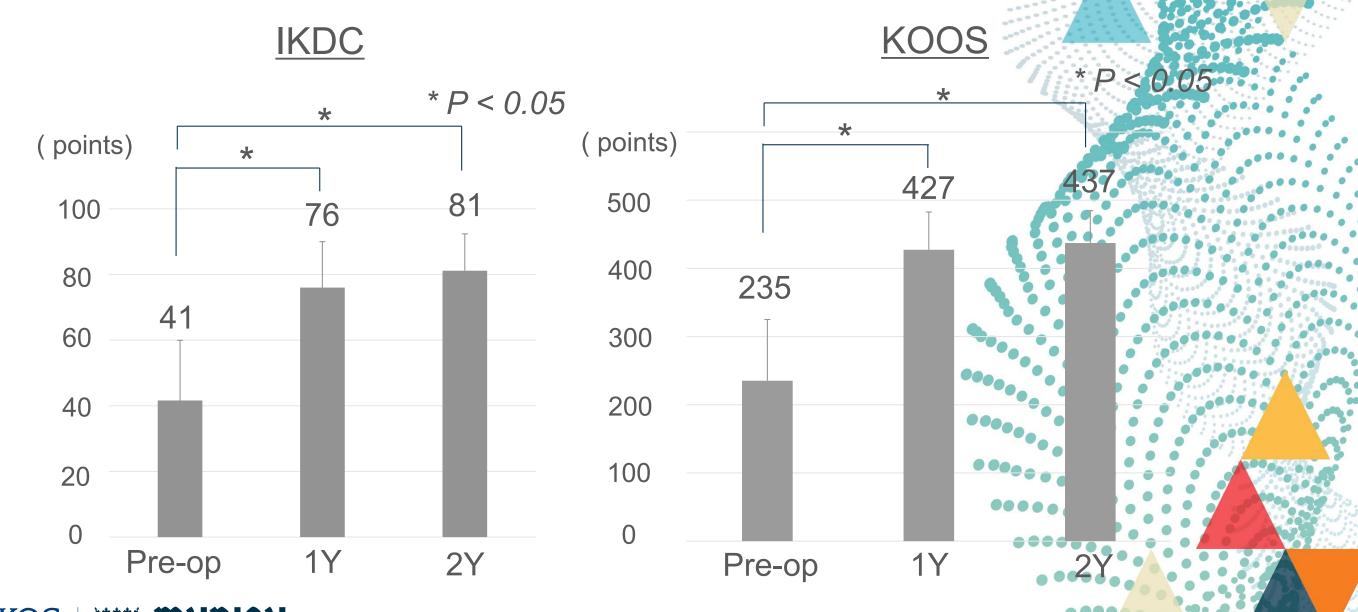
Return to Sports

> 50 knees (79.4 %) returned to high-impact sports activities at the pre-symptomatic level

➤ Mean duration to return: 8.0±2.4 months (6 months ~14 months)



Clinical Scores



Analysis of Potential Risk Factors

- Multivariate logistic regression analysis -

Based on the multivariate logistic regression analysis for potential risk factors, all factors were identified as predictors of poor prognosis.

Factors	P value	Odds ratio	95%Cl
Postoperative HKAA > 3°valgus	0.008	23.6	2.2-242.7
Opening gap > 10 mm	0.002	22.6	3.2-160.1
K-L grade 4	0.006	45.9	2.9-714.8



Return to Sports after HTO in Athletes -From This Study-

Failure group risk factors

- ✓ Opening gap > 10 mm
- ✓ Postoperative HKAA > 3° valgus
- √ K-L grade 4
 - 1. Kanto R, Nakayama H, et al. <u>Return to sports rate after opening wedge high tibial osteotomy in athletes.</u> Knee Surg Sports Traumatol Arthrosc. 2021 Feb;29(2):381-388.
 - Jacquet C, et al. <u>Opening wedge high tibial osteotomy allows better outcomes than unicompartmental knee</u> <u>arthroplasty in patients expecting to return to impact sports.</u> Knee Surg Sports Traumatol Arthrosc. 2020 Dec;28(12):3849-3857.

