



The Role Of Fiber Areas In The Tibial Footprint Of The Posterior Cruciate Ligament Changes Depending On Flexion Angle – A Biomechanical Robotic Investigation

Adrian Deichsel, Thorben Briese, Wenke Liu, Michael J Raschke, Alina Albert, Christian Peez, Elmar Herbst, Christoph Kittl

Department of Trauma, Hand, and Reconstructive Surgery, University Hospital Münster

(Director: Univ.-Prof. Dr. med. M.J. Raschke)







Conflicts of interest



The authors declare no conflict of interest.

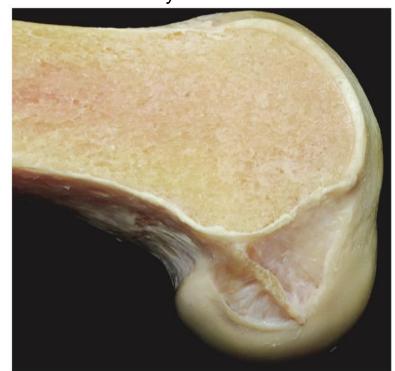






Introduction – The ACL is flat – Maybee also the PCL

Flat ACL anatomy

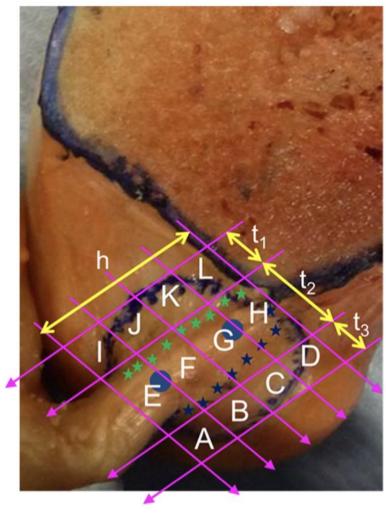


Smigielski et al. BJJ 2016

Corresponds to "direct fiber" insertions В × 100

Sasaki et al. Arthroscopy 2012

Biomechanically most important



Kawaguchi et al. Arthroscopy 2015

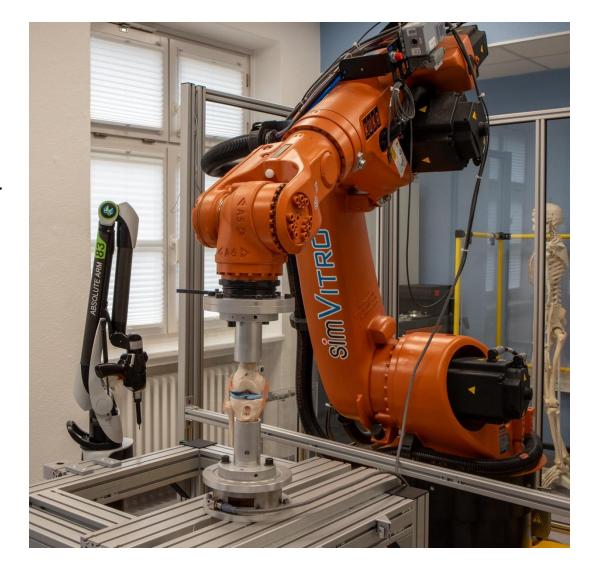
The purpose of this study was to determine the role of different fiber areas of the tibial footprint of the PCL in restraining posterior tibial translation.



Methods – Robotic Test Setup

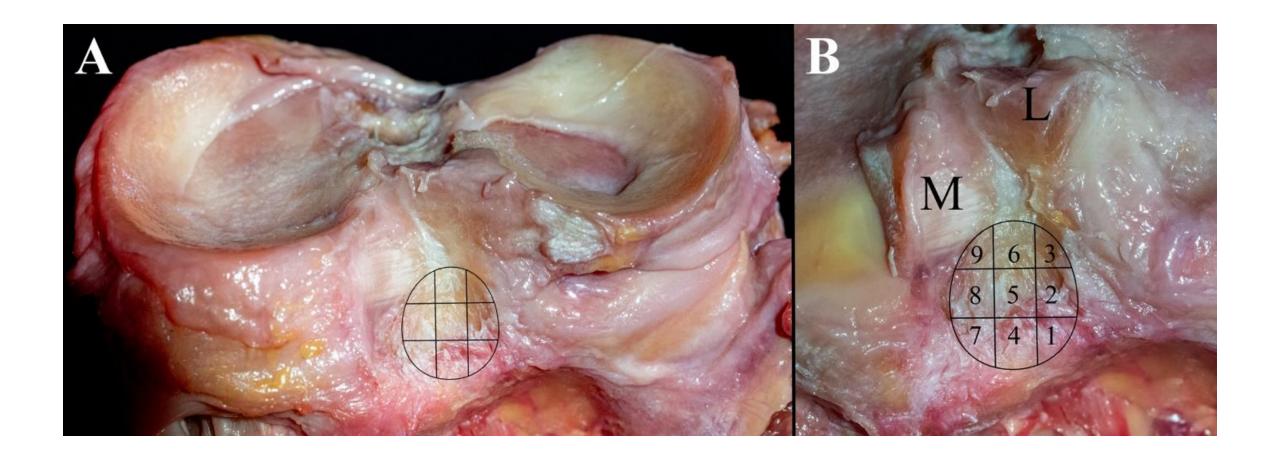
After determining the native knee kinematics (89 N anterior/posterior tibial translation (PTT)) in 0 – 90° of flexion, a position-controlled protocol was performed replaying the native displacements, while measuring the force.

The percentage reduction of force was measured after each cut, by utilizing the principle of superposition



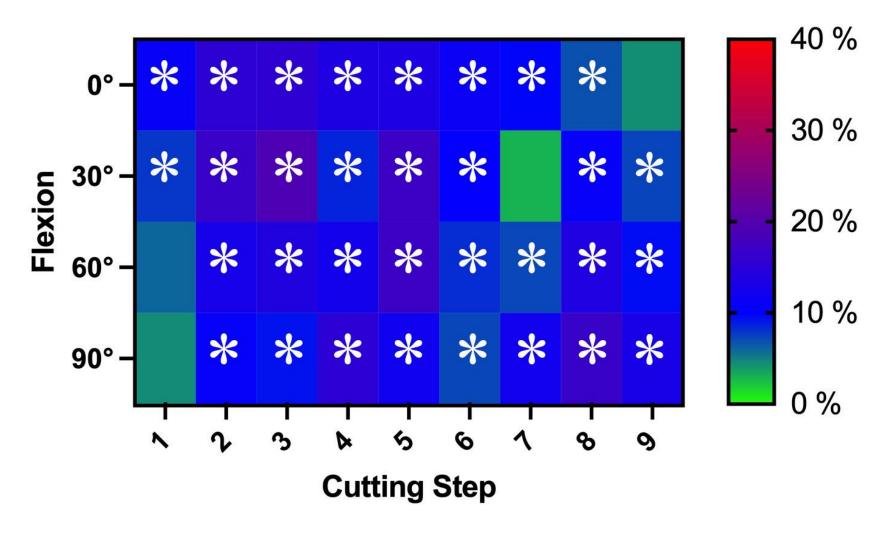


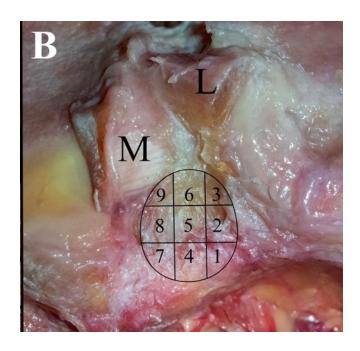
Methods – Cutting sequence





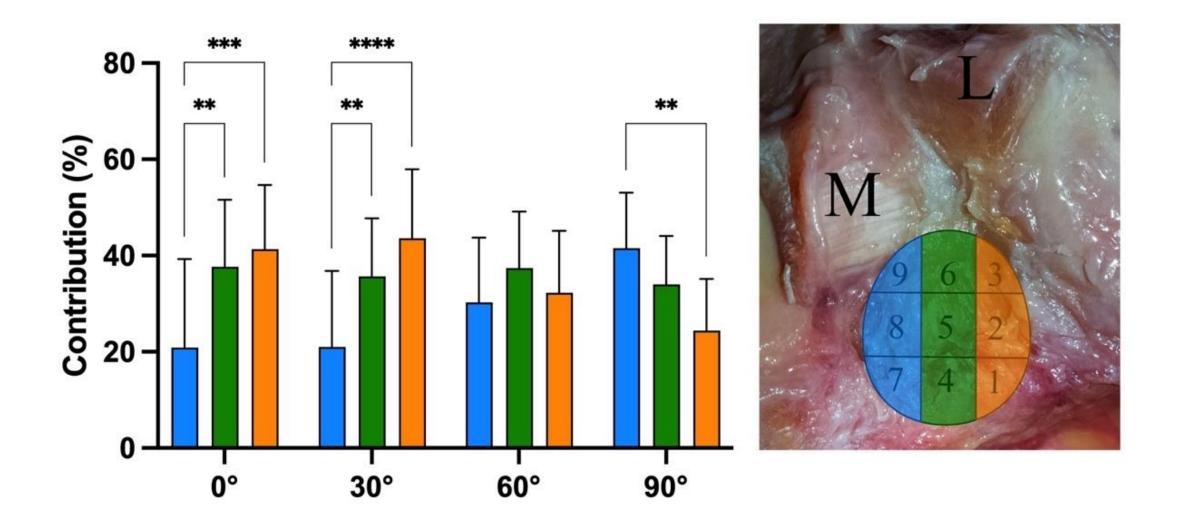
Contribution of Tibial Fiber Areas





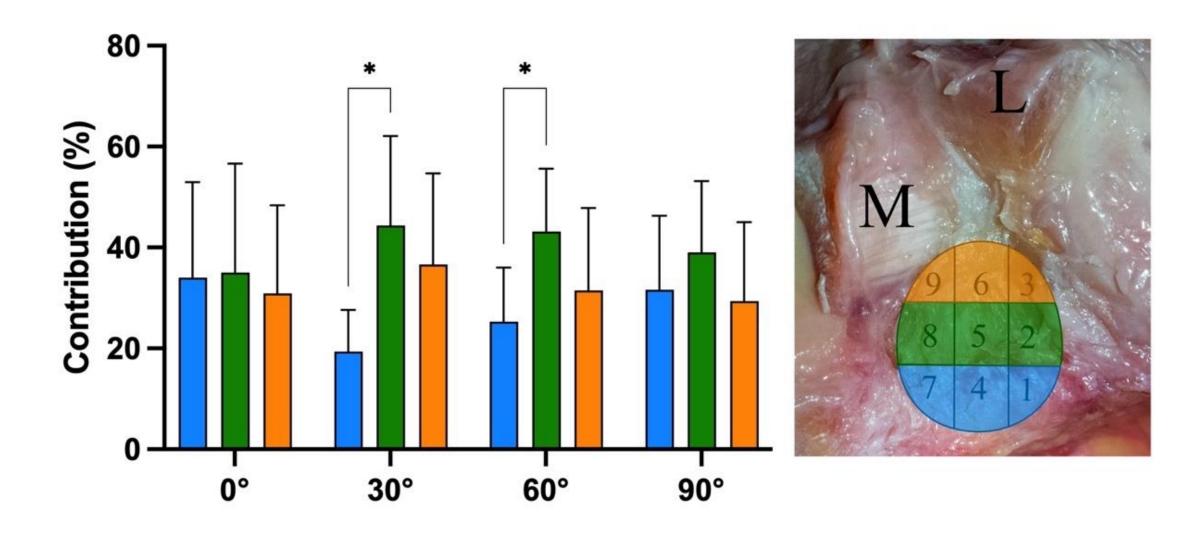


Results – Contribution of fiber areas (medial to lateral)





Results – Contribution of fiber areas (anterior to posterior)



All fiber areas in the tibial footprint of the PCL significantly contributed to restriction of a posterior tibial translation force.

The central areas were identified to be the main contributors inside the tibial footprint, while, depending on the flexion angle, the more medial or lateral fiber areas were more active.





Thank you!















Dr. med. Adrian Deichsel adrian.deichsel@ukmuenster.de

