

KNEE KINESIOGRAPHY

Case example: **ACL & ANTERIOR KNEE PAIN**

Patient: Female Soccer Player

Knee(s): Left Knee

Established diagnosis on file: ACL injury and reconstruction

Reason of consultation: Persistent anterior knee pain

BIOMECHANICAL MARKERS: Results

Patellofemoral compartment

Dynamic knee contracture in flexion at heel strike

External tibial rotation -rotational instability at push-off through loading

General

Internal tibial rotation movement during loading

Tibia internally rotated in relation to the femur during loading

Valgus collapse during single limb stance/push-off

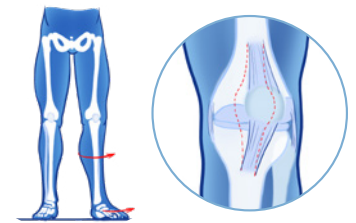
Positive (14.6° of flexion)

Positive + (8.7° at initial contact)

Positive + (8.0°)

Negative

Positive (Valgus -4.7° at stance)



IMPRESSION

Deficient loading and push-off mechanics

- Co-contraction of the quadriceps/hamstrings at heel strike limits absorption
- Overloads the patellofemoral mechanism
- Combined valgus at push-off with external tibial rotation
- Lateralizes the patella and negatively impacts patellar tracking

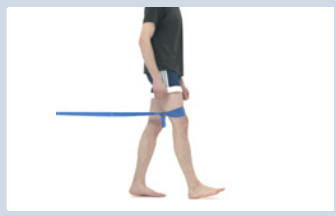
THERAPEUTIC PROGRAM

Patient was educated on her biomechanical dysfunctions

- Patient was given a home program with TARGETED neuromuscular gait retraining exercises
- **Additional recommendation:** Hinged knee sleeve for proprioception and cueing for a more neutral dynamic alignment

**Therapeutic corrective:
Dynamic Flexion Contracture**

→ Flexum Control-Initial Contact



**Therapeutic corrective:
External Tibial Rotation**

→ Push off, swing, and heel strike correction



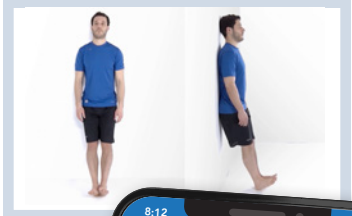
**Therapeutic corrective:
Valgus movement**

→ Valgus control-Push-off/Swing



**Therapeutic corrective:
Internal Tibial Rotation**

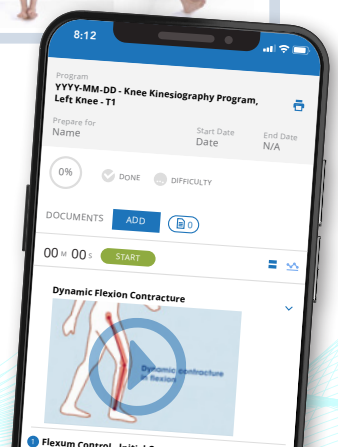
→ Dorsiflexion, against a wall



PATIENT SPECIFIC INFORMATION LEADS TO BETTER FUNCTIONAL OUTCOMES!

- ✓ **Objective information on functional movement patterns**
 - Quantifiable data used to improve patella tracking
 - Neuromuscular gait retraining to mitigate anterior knee pain
- ✓ **Prevention of long-term OA**

Personalized program available for your patient via an online platform with detailed explanations and videos to educate the patient on how to restore their function



Patient name:
KneeKG Patient ID: 00123
Left knee - Comfortable walking (3.2 km/h)

KneeKG® Biomechanical Markers Report

Date: YYYY-MM-DD
KneeKG evaluator
Diagnostic information on file: **No Diagnostic**

Biomechanical markers

Results
YYYY-MM-DD

Medial compartment and femoparatellar compartment

Varus thrust during loading **Negative** (1.6°)
Varus static functional lower limb alignment **N/A**
Varus alignment at initial contact **Negative** (Valgus -2.9°)
Varus alignment during stance **Negative** (Valgus -4.7°)

Lateral compartment and femoropatellar compartment

Valgus thrust during loading **Negative** (0.2°)
Valgus functional lower limb alignment **N/A**
Valgus alignment at initial contact **Positive** (Valgus -2.9°)
Valgus alignment during stance **Positive** (Valgus -4.7°)

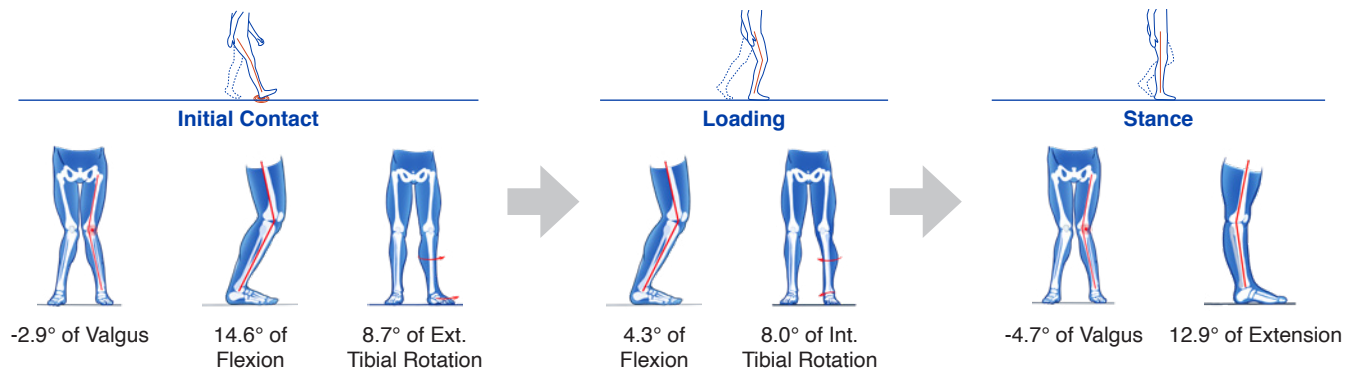
Femoropatellar compartment

Dynamic knee contracture in flexion at heel strike **Positive** (14.6° of flexion)
External tibial rotation at initial contact **Positive +** (8.7°)

General

Knee in extension at initial contact **Negative** (flexion 14.6°)
Limited flexion excursion during loading **Positive +** (4.3° of flexion)
Limited extension movement during stance **Positive** (12.9° of extension)
Internal tibial rotation movement during loading **Positive +** (8.0°)
Tibia internally rotated in relation to the femur during loading **Negative**

PATIENT SPECIFIC DYNAMIC ALIGNMENT



The KneeKG system is FDA (510k) cleared, Health Canada licensed and CE Marked, to assess the 3D motion of the knee of patients who have impaired movement functions of an orthopaedic cause.

* Because this information does not purport to constitute any diagnostic or therapeutic statement with regard to any individual medical case, each patient must be examined and advised individually, and this information does not replace the need for such examination and/or advice in whole or in part. Emovi does not practice medicine. Each physician should exercise his or her own independent judgment in the diagnosis and treatment of an individual patient, and this information does not purport to replace the comprehensive training physicians have received.

An innovation powered by

EMOVI
www.emovi.ca