

Case example: TOTAL KNEE ARTHROPLASTY

Patient: Painful TKA

Knee(s): Right Knee

Established diagnosis on file: Arthroplasty post-surgery

Reason of consultation: Unexplained pain after TKA

- Ruled out possible common complications including infection, component malpositioning, instability, and nerve damage

BIOMECHANICAL MARKERS: Results

Knee flexum at initial contact

Negative (3.9° of flexion)

Limited flexion excursion during loading

Positive + (2.4° of flexion)

Fixed flexion during stance

Positive (9.9° of extension)



IMPRESSION

A stiff knee gait pattern limiting efficient absorption of weight-bearing forces

- Heel strikes in a slightly flexed position but then fails to release the quadriceps eccentrically, locking back into hyperextension during stance
- Increases stress on the patellofemoral articulation
- Dynamic stiffness post TKA leads to poor long-term outcomes on the surgical knee and faster OA progression of the contralateral limb (*Zeni et al. Stiff Knee Gait May Increase Risk of Second Total Knee Arthroplasty. Journal of Orthopaedic Research. 2019 February; 37 (2): 397-402*)

THERAPEUTIC PROGRAM

Patient was educated on their biomechanical dysfunctions

- Given TARGETED neuromuscular retraining exercises as a home program

Additional recommendation: Patellar sleeve to enhance proprioception and improve stabilization strategies

Therapeutic corrective: Exaggerated Extension

- Concentric/eccentric control for absorption during loading



Therapeutic corrective: Exaggerated Extension

- Knee hyperextension control at stance



Type of knee brace: Patellar sleeve

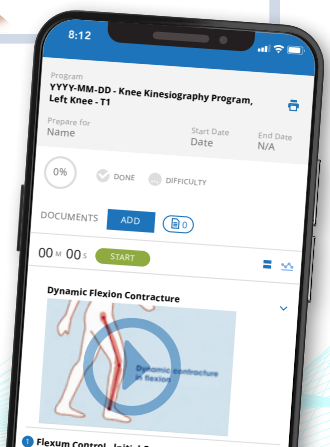
- Enhances proprioception



PATIENT SPECIFIC INFORMATION LEADS TO BETTER FUNCTIONAL OUTCOMES!

- ✓ Addressed the objective biomechanical markers that increased stress on the joint
- ✓ Mitigated early degeneration of the prosthetic components
- ✓ Addressed OA progression on the contralateral limb

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



KneeKG[®] OA Report

Date: YYYY-MM-DD

KneeKG evaluator

Presence of mechanical risk factors linked to knee OA

Medial compartment and femoparatellar compartment

Varus thrust during loading ¹⁻⁴

Varus functional lower limb alignment ¹⁰⁰

Varus alignment at initial contact ¹⁰¹

Varus alignment during stance ¹⁰¹

Lateral compartment and femoropatellar compartment

Valgus thrust during loading ³

Valgus functional lower limb alignment ^{102, 104}

Valgus alignment at initial contact ^{103,105}

Valgus alignment during stance ^{103,105}

Femoropatellar compartment

Knee flexum at initial contact ¹⁵

External tibial rotation at initial contact ¹⁶⁻¹⁸

General

Tibia internally rotated in relation to the femur during loading ^{20,21}

Body Mass Index (BMI) > 25 ^{9,22,23,34}

Presence of mechanical factors linked with knee OA during gait

Knee in extension at initial contact ²⁴

Limited flexion excursion during loading ²⁵⁻³⁰

Fixed flexion during stance ²⁸

Decreased maximum flexion during swing ^{25,29-32}

Decreased sagittal plane range of motion ^{25,33}

Results

YYYY-MM-DD

Negative

Negative (Neutral 0.7°)

Positive (Varus 3.5°)

Positive (Varus 2.5°)

Negative

Negative (Neutral 0.7°)

Negative (Varus 3.5°)

Negative (Varus 2.5°)

Negative (3.9° of flexion)

Positive (5.2°)

Negative

N/A

Negative (flexion 3.9°)

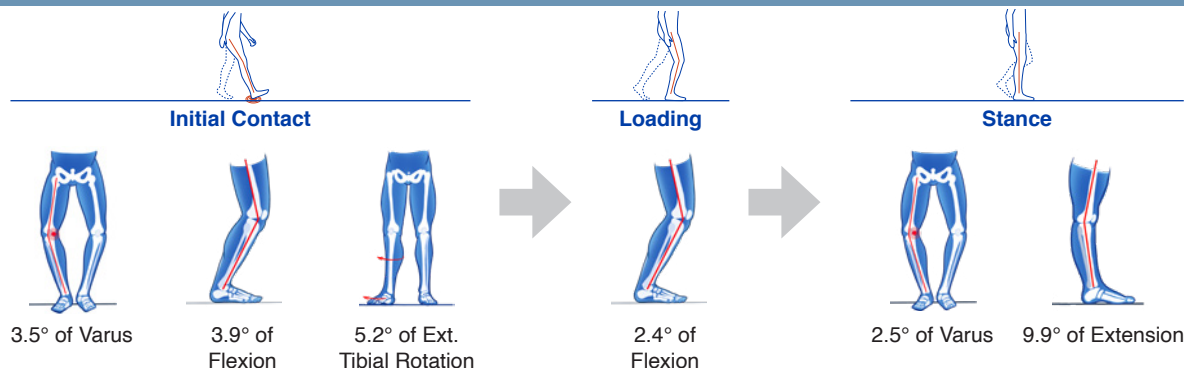
Positive + (2.4° of flexion)

Positive (9.9° of extension)

Negative (64.0°)

Negative (67.6°)

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.

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