Impact of Laxity and Balance on Early KOOS Pain Outcomes of a Posterior Stabilized TKA

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INTRODUCTION

- Optimal balance and laxity throughout flexion for minimizing pain has been investigated for deep dish PCL sacrificing total knee arthroplasty¹
- Such targets in posterior stabilized (PS) TKA however, are not well understood
- The objective of this study was to investigate associations between intraoperative balance and laxity measurements with early outcomes in PS TKA and define clinically relevant thresholds for optimal outcomes

Demographic	Value
Age (years)	68±8.9
BMI (kg/m²)	29.9±5.3
Sex (%F)	64
Side (%L)	50.5

Table 1: Demographics of cohort

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METHODS

- 108 PS TKAs using a multi radius femoral component design with deep dish tibial insert received robotically assisted PCL sacrificing tibia-first gap-balancing TKA (Demographics: Table 1)
- Gap and balance data was captured during trialing using a digital ligament tensioner under a load of 70-90 N
- 2 year KOOS scores recorded
- Spearman correlations and Wilcox t-tests were used to identify associations and compare groups











RESULTS

Laxity and balance windows for significantly improved pain outcomes:

Flexion Angle	Balance (mm) (Med. – Lat.)	Laxity (mm)
Extension	_	Lat: -3.0 to -0.5 Med: -
Midflexion	±1.0	Lat: -1.5 to 2.0 Med: -2.0 to 1.5
Flexion	-2.5 to Neutral	Lat: -0.5 to 2.0 Med: -1.5 to 0.0

Further improved outcomes found when all laxity (94.3 vs 83.0, p=0.0023) (Fig 1) or all balance targets (89.7 vs 83.1, p=0.0049) (Fig. 2) were combined.



CONCLUSION

- Intraoperative joint balance and laxity impacts patient reported outcomes in PS TKA to at least 2 years post-op
- PS knees prefer:
 - Midflex laxity ±2 mm
 - Relative lateral flexion laxity
- When balance and laxity windows were combined, further improved outcomes were observed
- Further research into the impact of patient demographics on optimal balance and laxity targets in a PS population is ongoing

1) Wakelin, Edgar A, *et al.* "Improved Total Knee Arthroplasty Pain Outcome When Joint Gap Targets Are Achieved Throughout Flexion." Knee Surgery, Sports Traumatology, Arthroscopy (2021): 1–9.

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