

ACL & Knee Hyperlaxity

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CENTRE DE CONGRÈS







Knee hyperextension or knee hyperlaxity or generalized joint laxity ?





Generalized joint laxity

- Genetically determined
- Overall join flexibility : Higher ROM than mean ROM of the general population
- ROM is determined by the tightness of ligaments





Generalized joint laxity

- Can be an advantage
- But dangerous in some other sports
- Excessive laxity > higher knee ligament injury
- GJL and hyperextension are important risk factors of non contact tears +++





Stewart DR, Burden SB. Does generalised ligamentous laxity increase seasonal incidence of injuries in male first division club rugby players? Br J Sports Med. 2004;38(4):457-60



Generalized joint laxity

- More prevalent in females
- Negative effects of alterred foot biomechanics on the ACL
- Conservative treatment often fails
- Surgical treatment : higher risk of failure

•Caution !!!

Kim SJ, Kim TE, Lee DH, Oh KS. Anterior cruciate ligament reconstruction in patients who have excessive joint laxity. J Bone Joint Surg Am. 2008;90(4):735-41 Myer GD, Ford KR, Paterno MV, Nick TG, Hewett TE. The effects of generalized joint laxity on risk of anterior cruciate ligament injury in young female athletes. Am J Sports Med. 2008;36(6):1073-



Carter and wilkinson in 1964

More than 3 of the following tests are positive Upper and lower limbs involved



- 1/ Passive apposition of the thumb to the flexor aspect of the forearm
- 2/ Passive hyperextension of the fingers so that they lie parallel with the extensor aspect of the forarm
- 3/ Ability to hyperextend the elbow more than 10°
- 4/ Knee hyperextension >10°
- 5/ Excessive range of passive dorsiflexion of the ankle and eversion of the foot



1973 Beighton and Horan Criteria better reproducibility and concurrent validity

Table 1. The Beighton and Horan Criteria for Generalized Joint Laxity

- 1. Passive dorsiflexion of the little fingers beyond 90°
- 2. Passive apposition of the thumbs to the flexor aspects of the forearms
- 3. Hyperextension of the elbows beyond 10°
- 4. Hyperextension of the knees beyond 10°
- 5. Forward flexion of the trunk, with the knees straight so that the palms of the hands rest easily on the floor

A Patient receives 1 point for the ability to perform each of the listed actions.



INCIDENCE

Anterior Cruciate Ligament Reconstruction in Patients with Generalized Joint Laxity Sung-Jae Kim, MD, Praveen Kumar, MS*, Sung-Hwan Kim, MD

Department of Orthopedic Survery. Lisie Hospital. Kochi. India

Review Article

- Wide variations
- Affected by age, gender and ethnicity
- Adolescent girls +++ and decreases with age
- More often in asians and africans than caucasians
- 2%-29% of males and 6%-57% of females
- Overall prevalence of 5% to 20%

How to deal with Knee Hyperlaxity/extension ?





Preoperative planning

Laxity grading + Bony deformity + Anterior tibial translation









Graft choice ?

- No consensus
- Autograft > Allograft
 - Delayed incorporation
 - No report on allograft on GLJ





Graft choice ?

• No consensus!



BTB or QT

<u>Home</u> > <u>European Journal of Orthopaedic Surgery & Traumatology</u> > Article

Evaluation of the short-term outcomes of anatomic ACL reconstruction with hamstring autograft in patients with generalized joint laxity: A retrospective case-control study

Original Article | <u>Published: 20 September 2022</u> Volume 33, pages 2049–2055, (2023) Cite this article



European Journal of Orthopaedic Surgery & Traumatology Aims and scope → Submit manuscript → Hamstring



Lateral Extra-Articular Tenodesis

Joseph et al. Journal of Experimental Orthopaedics (2020) 7:84 https://doi.org/10.1186/s40634-020-00302-1 Journal of Experimental Orthopaedics

ORIGINAL PAPER

Adding a modified Lemaire procedure to ACLR in knees with severe rotational knee instability does not compromise isokinetic muscle recovery at the time of return-toplay Check for updates

Open Access

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Weightbearing ?

Anterior tibial translation on monopodal weightbearing x-rays >5mm





No weightbearing in the postop period



Weightbearing ?

Anterior tibial translation on monopodal weightbearing x-rays >5mm





mean decrease of 1.4 mm from pre-operative to 9 month FU



Postop rehabilitation

- Healing process : slow healers need to be protected longer
- Decelerated rehabilitation program (Hardin)

Hardin JA, Voight ML, Blackburn TA, Canner GC, Soffer SR. The effects of "decelerated" rehabilitation following anterior cruciate ligament reconstruction on a hyperelastic female adolescent: a case study. J Orthop Sports Phys Ther. 1997;26(1):29-34.

- Delayed RTP
- Contralateral knee prevention (34% overall ACL injury rate)

Larson CM, et al. Generalized Hypermobility, Knee Hyperextension, and Outcomes After Anterior Cruciate Ligament Reconstruction: Prospective, Case-Control Study With Mean 6 Years Follow-up. Arthroscopy. 2017 Oct;33(10):1852-1858

Decelerated protocol and patient education

Leg Pillow 45 days (@ night and for rest)



Hinged ROM Knee Brace with 10° flexum



Decelerated protocol and patient education



Conférence d'Enseignement du Matin Tout sur la pente tibiale et le Ligament Croisé Antérieur

" Tout sur la Pente Tibiale & le Ligament Croisé Antérieur "

Guillaume DEMEY Julien CHAPPUIS Julien CHOUTEAU

Trucs & Astuces

- En cas de recurvatum
 - A rechercher en préopératoire
 - Le recurvatum n'est pas une contre indication
 - Coussin sous le genou en postopératoire dans le creux poplité pour maintenir un léger flexum
 - Attelle de genou en légère flexion







Posterior capsular retightening



Thierry Judet Procedure https://www.canal-u.tv/chaines/canal-umedecine/traitement-chirurgical-du-genurecurvatum-technique-de-la-boite-a-sardines









Knee hyperlaxity/extension = Caution !

Lateral extra-articular tenodesis
 Adapted postoperative protocol





