

Dear Sir/Ma , So glad to share **Joint Information** with you.



Joint Information 2017 021

Flexion Contracture

Causes:

Bone block, osteophytes in degenerative joint disease or bone blocks secondary to prior trauma mechanically abut the intercondylar notch, or tether the posterior capsule;

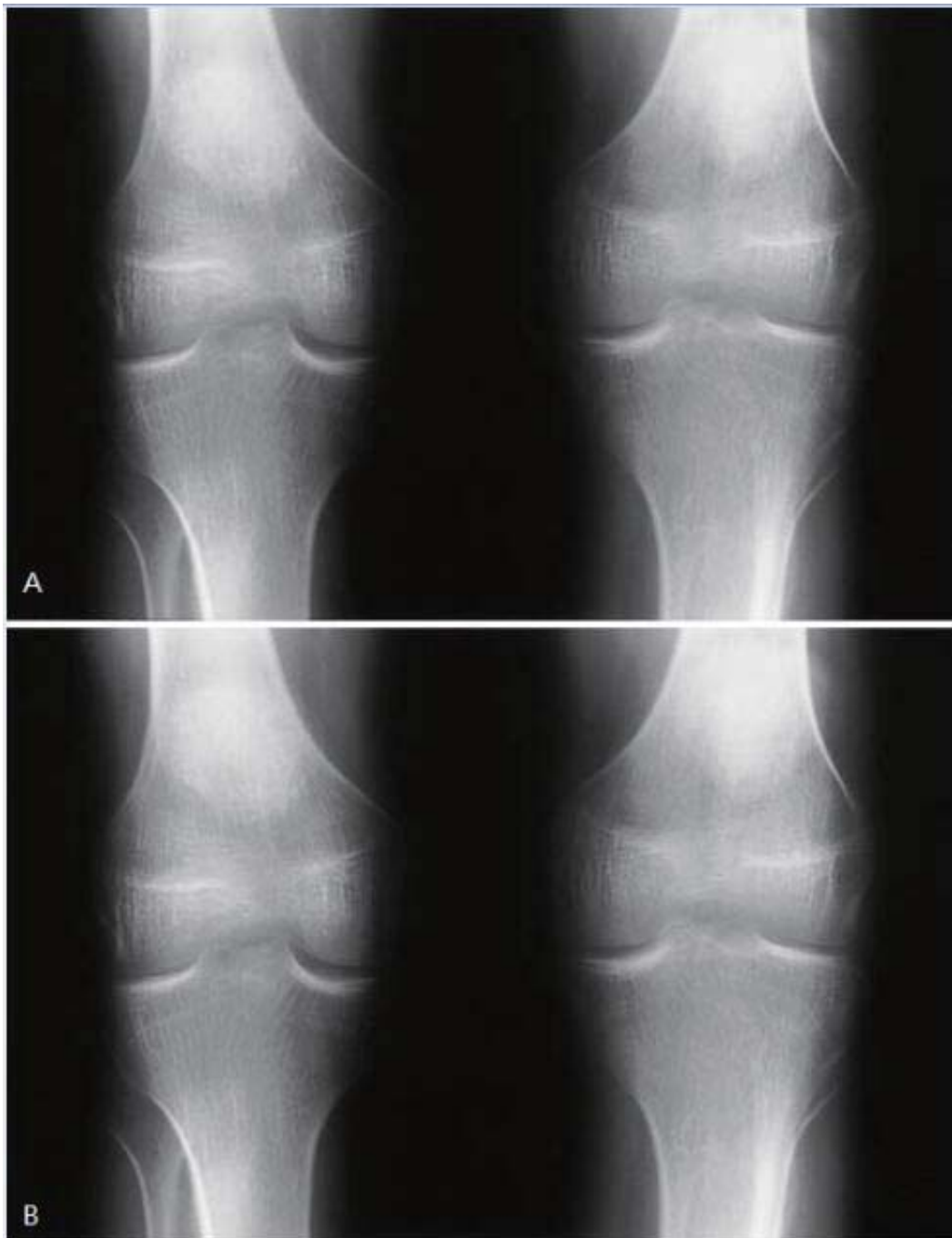
Soft tissue contractures of posterior capsule and collateral ligaments.



▲ Fig.21-1 Flexion contracture

PREOPERATIVE EVALUATION:

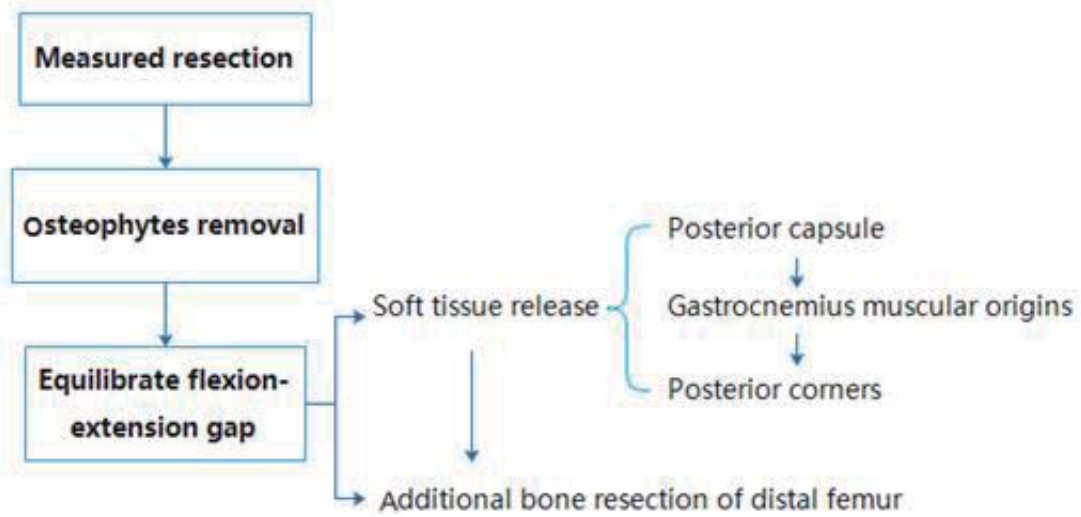
To avoid of being misleading, the X-rays should be taken parallel to the tibial plateau surface and with a true anteroposterior position



▲ Fig.21-2

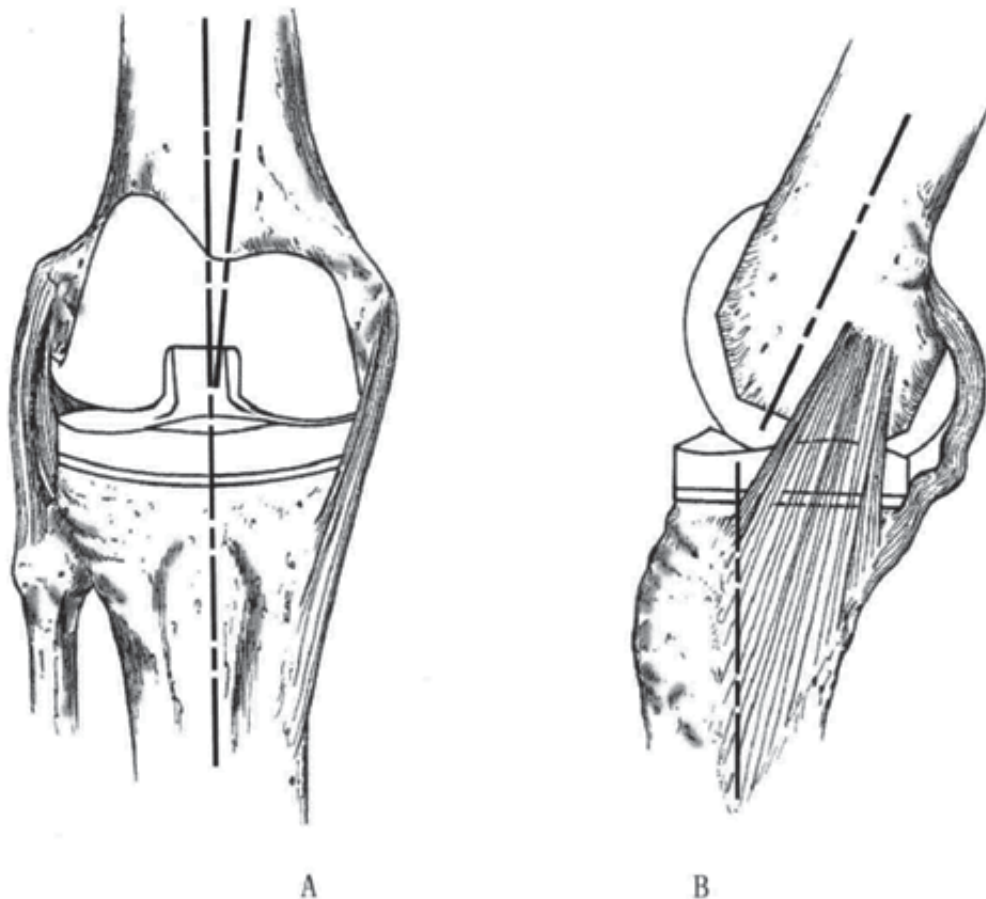
Patient with fixed flexion deformity. (A) Films taken in anteroposterior view with apparent obliteration of joint space; (B) X ray taken parallel to joint surface showing that good space remains.

SURGICAL TECHNIQUE:

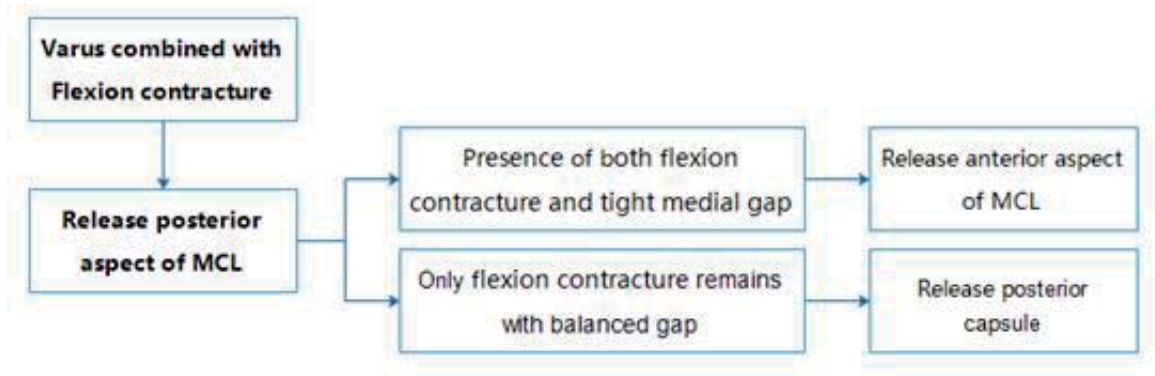


▲ Fig.21-3 Surgical procedure for pure flexion contracture

VARUS DEFORMITY COMBINED WITH FLEXION CONTRACTURE:



▲ Fig.21-4 Varus deformity combined with flexion contracture



▲ Fig.21-5 Releasing procedure for varus deformity combined with flexion contracture

It may appear that complete intraoperative correction may not be necessary for small contractures up to 30 degrees.



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