

Dr Ivan Popoff

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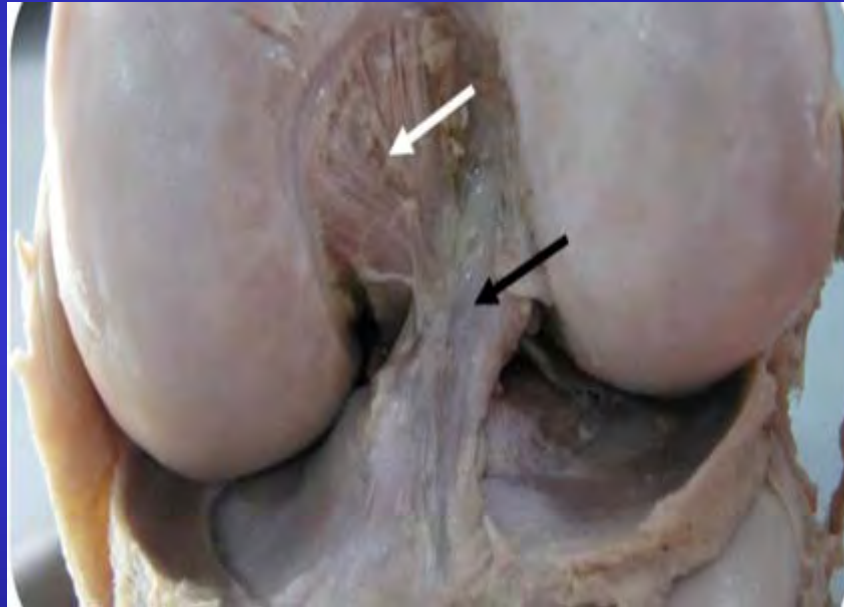


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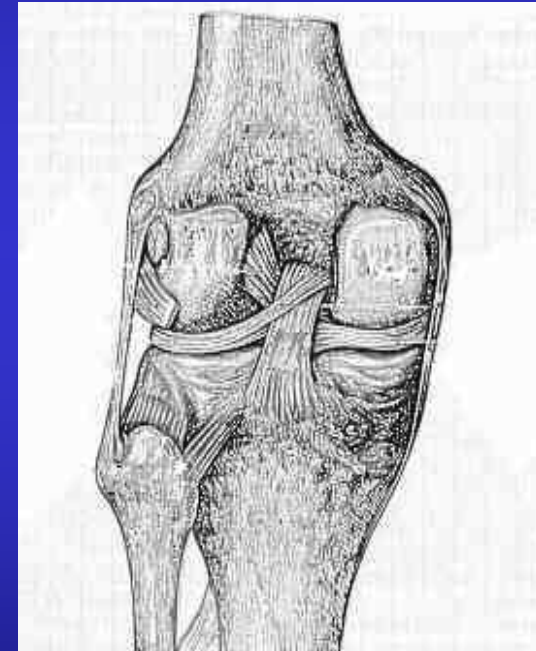
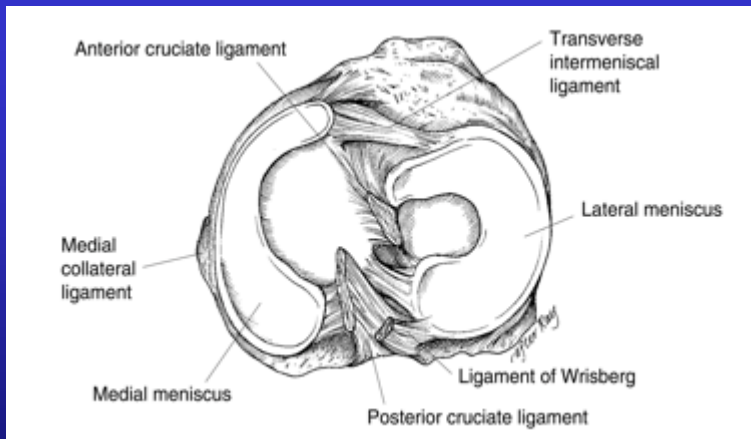
ORTHOSPORTS PTY LTD
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Dr Ivan Popoff
Knee, Elbow & Shoulder Surgery

Posterior Cruciate Ligament



PCL Anatomy

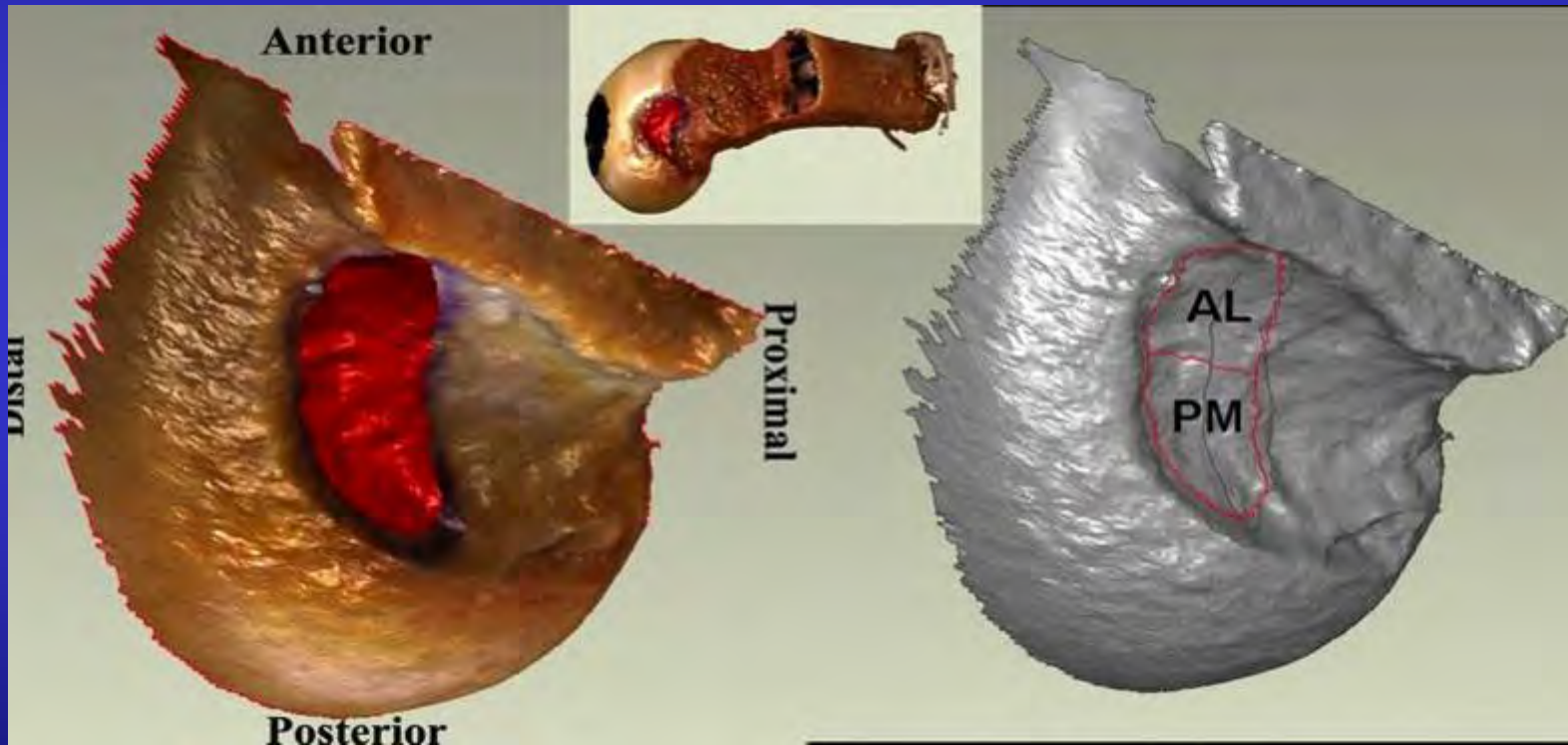


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PCL Anatomy



PCL Function

- Prevents Posterior Translation of Tibia
(secondary restraints MCL, LCL, PLC)
- Secondary restraint to External Rotation
(primary PLC)
- Role back mechanism



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PCL Injuries

- High Incidence >30%
- Often minimal symptoms
- Under diagnosed
- Significant injuries rare
- Multi ligament injuries



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Mechanism of Injury

- Posteriorly directed blow prox tibia in flexed knee (dash board, tackle)
- Hyperflexion (ski jump)
- External rotation (with PLC)
- Varus /valgus after failure of primary restraints)



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Examination

- Posterior Sag/ Draw
- False Anterior Draw
- Quads Active test
- External Rotation recurvatum test



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Examination

- Dial Test- > 10 er dif at 30 alone PLC
- and at 90 PLC + PLC



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Grading

Tibial plateau Ant to MFC Grade 1

Tibial plateau = to MFC Grade 2

Tibial plateau Post to MFC Grade 3



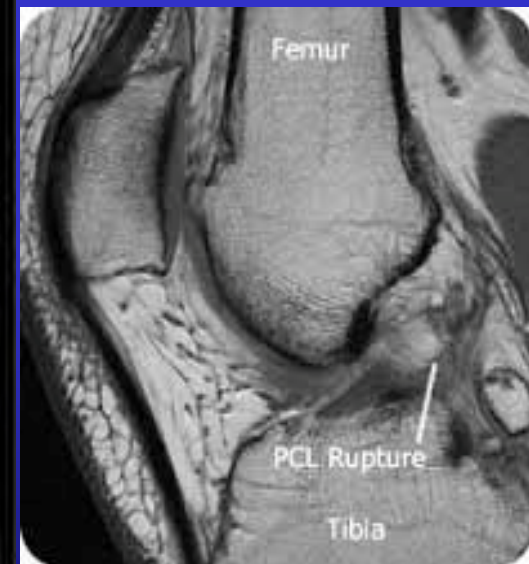
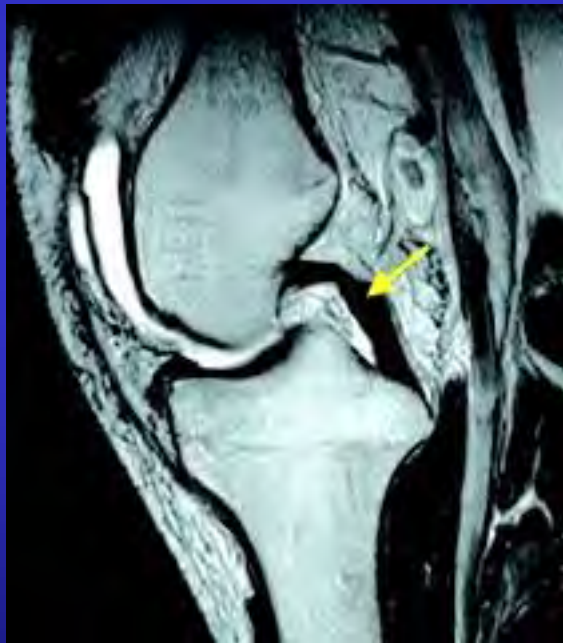
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Imaging

- MRI



Treatment

- Isolated PCL – nonoperative
 - >80% return to preinjury level of sporting activity
 - 6 – 12 weeks
- Combined PCL + - Surgery
- Isolated PCL continued dysfunction post rehab - surgery



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Surgery

- Arthroscopic
Single vs Double Bundle



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Surgery

- Killer Angle – Proximal fixation, Tibial Onlay



Long Term Sequelae

- PF and medial compartment OA

Loss of normal roll back results in increased contact pressures PF joint , Ant Tibial plateau

Or result of initial trauma

Modification of outcome with any surgery?

Or type of surgery?



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Thank You



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