



Certificate of scientific presentation

The European Federation of National Associations of Orthopaedics and Traumatology certifies that:

Branko Ristic

successfully presented as an e-poster the following work:

"Gait analysis in the patients with knee ligament injury"

Authors: Ristic, Branko; Matic, Aleksandar; Devedzic, Goran; Petrovic, Suzana; Cukovic, Sasa; Filipovic, Nenad

Category: Trauma lower limb

during our 13th EFORT Congress in Berlin from the 23rd to the 25th of May 2012.

PTof. Dr. Hoffmeyer EFORT President 2012/2013 Prof. Dr. Klaersgaard-Andersen EFORT Chairman Scientific Committee Berlin 2012 Prof. Dr. Wirtz Chairman LO Committee Berlin 2012 Prof. Dr. Dreinhöfer Chairman LO Committee Berlin 2012

EFORT Abstract Submission

Trauma Trauma lower timb EFORT12-5416

Gait analysis in the patients with knee ligament injury

B. Ristic 1, 2, A. Matic 1, G. Devedzic 3, S. Petrovic 3, S. Cukovic 3, N. Filipovic 3

¹K C Kragujevac, ²School of medicine, ³The faculty of Mechanical Engineering, Kragujevac, Serbia

Have you previously submitted this study for another congress?: No

Presentation Method - Preference: E-Poster only

INTRODUCTION: Chronic anterior crutiat ligament (ACL) deficiency change normal gait patterns.

OBJECTIVES: The aim of the study was to present more accurate system (Avatar system) for gait analysis on patients with knee ligament apparatus injury before and after operation of ACL reconstruction.

METHODS: In the study were included 15 male patient with ACL tear of the knee, without concomitant injury of the

ipsylateral lower leg.

The movement curves are being obtained on the basis of the markers placed on the patient's lower extremities. The markers' position in space is periodically recorded with infrared cameras. The simulation of the patient's recorded movements is enabled by using the reconstructed model of the femur and tibia and by the curves of movement. The bone reconstruction is based on MRI scans and Hounsfield index. Generated polygonal models are optimized in order to obtain the adequate grid for the translation of the model into the surface and solid phase. The existence of curves that define the movement of the tibia and femur provides us with quite simplified and accurate translation of one bone into the other. RESULTS: Average translation of the tibia into the femur on the healthy knee was 8.0 ± 2.3 mm, and on the knee with chronic anterior crutiat ligament deficiency was 15.8 ± 3.7 mm. Average translation of the tibia into the femur after ACL reconstruction was 9.1 ± 2.8 mm

CONCLUSION: The results obtained in this research reveal that the more precise diagnosis of the ligament instability can be set. The results also indicate significant decrease of the tibial translation and rotation after ACL reconstruction. REFERENCES: M.S. Andersen, M. Damsgaard, J. Rasmussen: Kinematic analysis of over-determinate biomechanic system, Computer Methods in Biomechanics and Biomedical Engineering, Vol.12, No.4, August 2009, 371 - 384, DOI: 10.1080/10255840802459412

G. Bovi, M. Rabuffetti, P. Mazzoleni, M. Ferrarin: "A multiple-task gait analysis approach-Kinematic, kinetic and EMG reference data for healthy young and adult subject", Gait & Posture 33 (2011), 6 -13, doi:10.1016/j.gaitpost.2010.08.009 T.D. Collins, S. N. Ghoussayni, D.J. Ewins, J.A. Kent: "A six degrees - of - freedom marker set for gait analysis -Repetability and comparasion with modified Helen Hayes set", Gait & Posture 30 (2009), 173 -180, doi:10.1016/j.gaitpost.2009.04.004

J. Chaler, B. Müller, A. Maiques, E. Pújol: "Suspected feigned knee extensor weakness: Usefulness of 3D gait analysis.

Case report", Gait & Posture 32 (2010), 354 - 357, doi: 10.1016/j.gaitpost.2010.06.007

Disclosure of Interest: None Declared

Keywords: free form modeling, gait analysis, ligament injuries, reverse engineering