

Brain and ACL Surgery

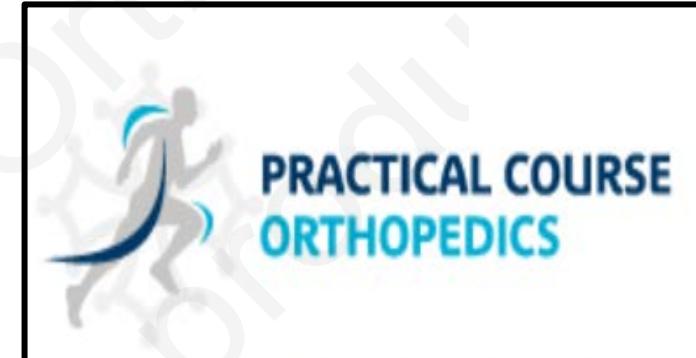


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Bertrand Sonnery-Cottet, MD PhD



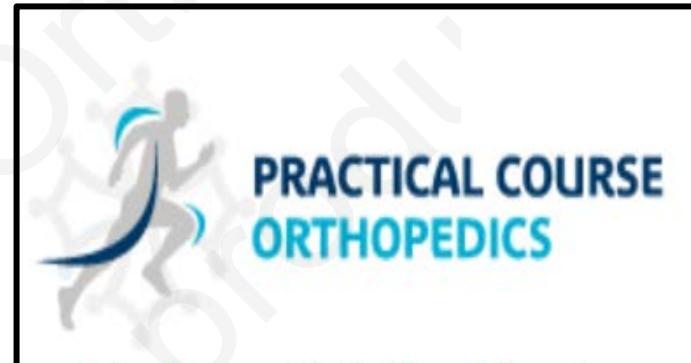
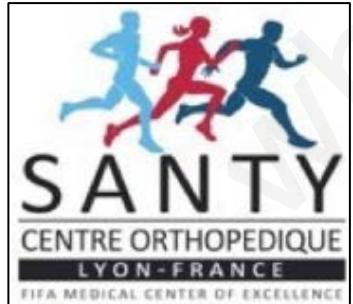
Centre Orthopédique SANTY
FIFA Medical Center of Excellence
Lyon, France



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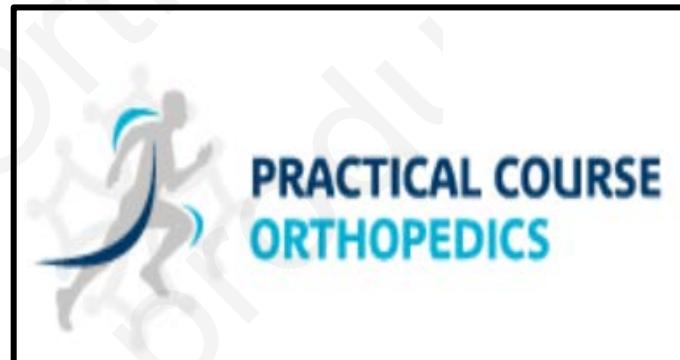
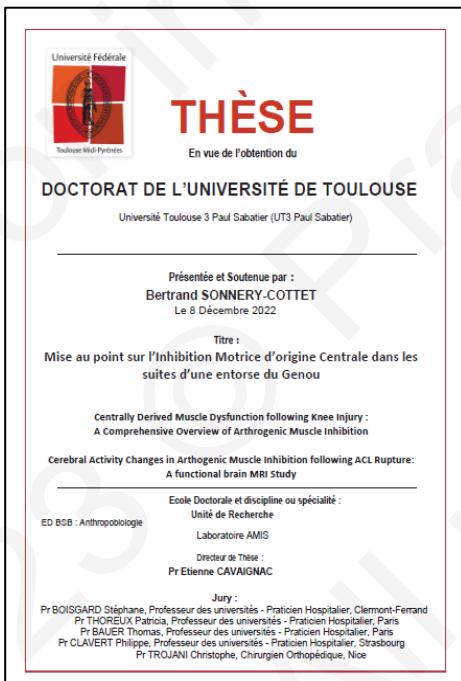


CAMIK Project - PhD

Cerebral Activity Changes in AMI following Knee Injury: A functional brain MRI Study Pr CAVAGNAC



https://www.youtube.com/watch?v=1yE0wu_H-xM



Future of Sport Medicine ?

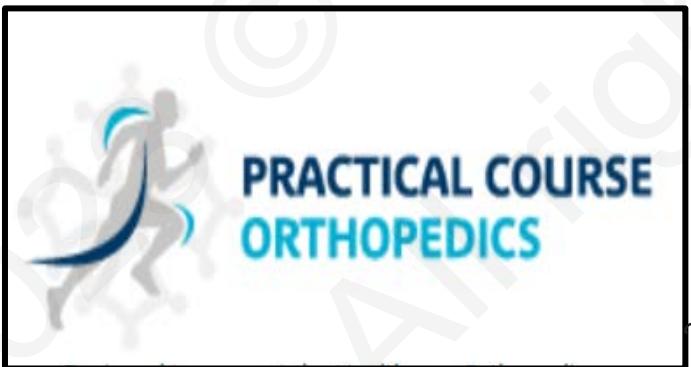


Daily Practice



• **After injury**

After Surgery

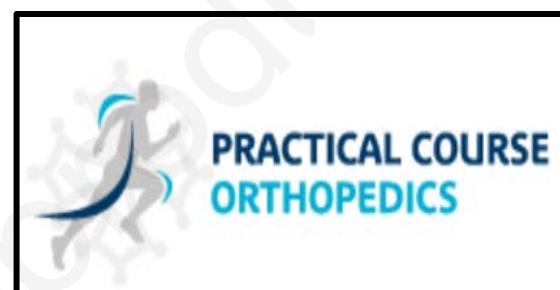


Definition

- Functional neuroplasticity in the brain after ACL injury is predominantly in the sensory and the motor areas of the cortex

Anterior cruciate ligament deficiency causes brain plasticity: a functional MRI study
E. Kapreli, S. Athanasopoulos, J. Gliatis et al. AJSM, 2009.
- Arthrogenic muscle inhibition (AMI) is a process in which neural inhibition following knee injury or surgery, results in quadriceps activation failure and knee extension deficit.

Functional Brain Plasticity Associated with ACL Injury: A Scoping Review of Current Evidence
Neto T, et al. Neural Plast 2019



Definition

- Sequelae of AMI include gait abnormality, chronic quadriceps atrophy and weakness, poor function, dynamic instability, joint contracture, arthrofibrosis, cyclops syndrome, persistent knee pain, proprioceptive deficits, impaired motor coordination, altered movement patterns and early osteoarthritis.
- Low effectiveness of previously described interventions

Physiopathology

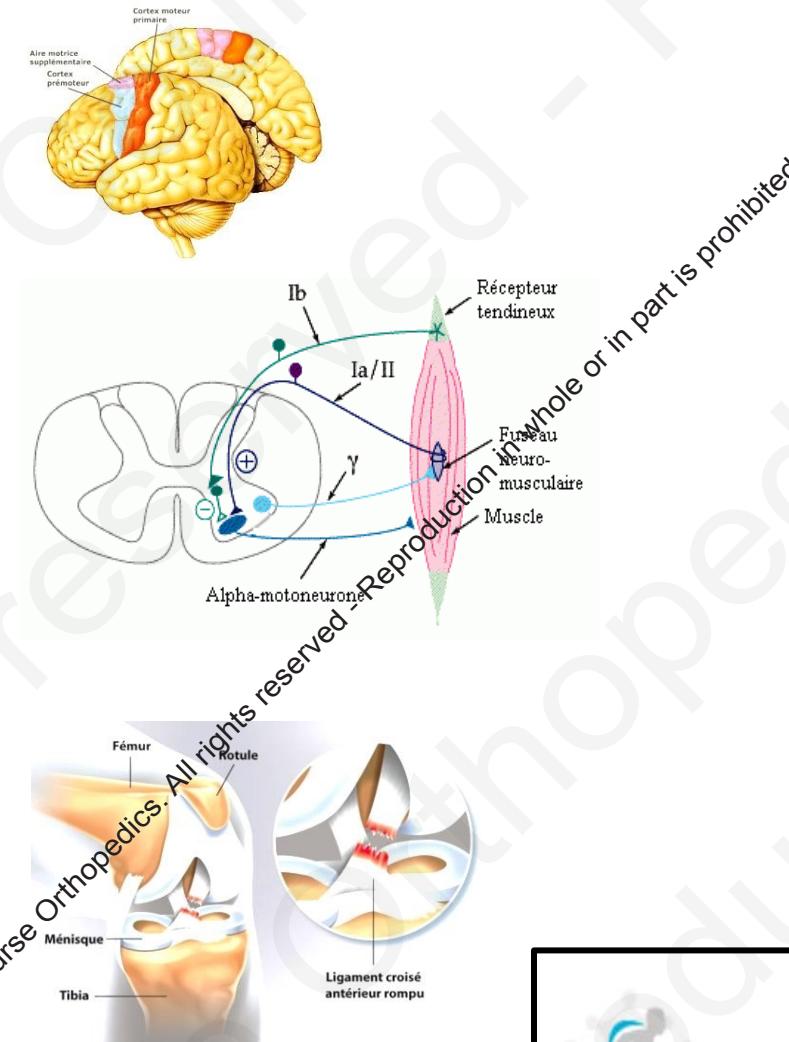
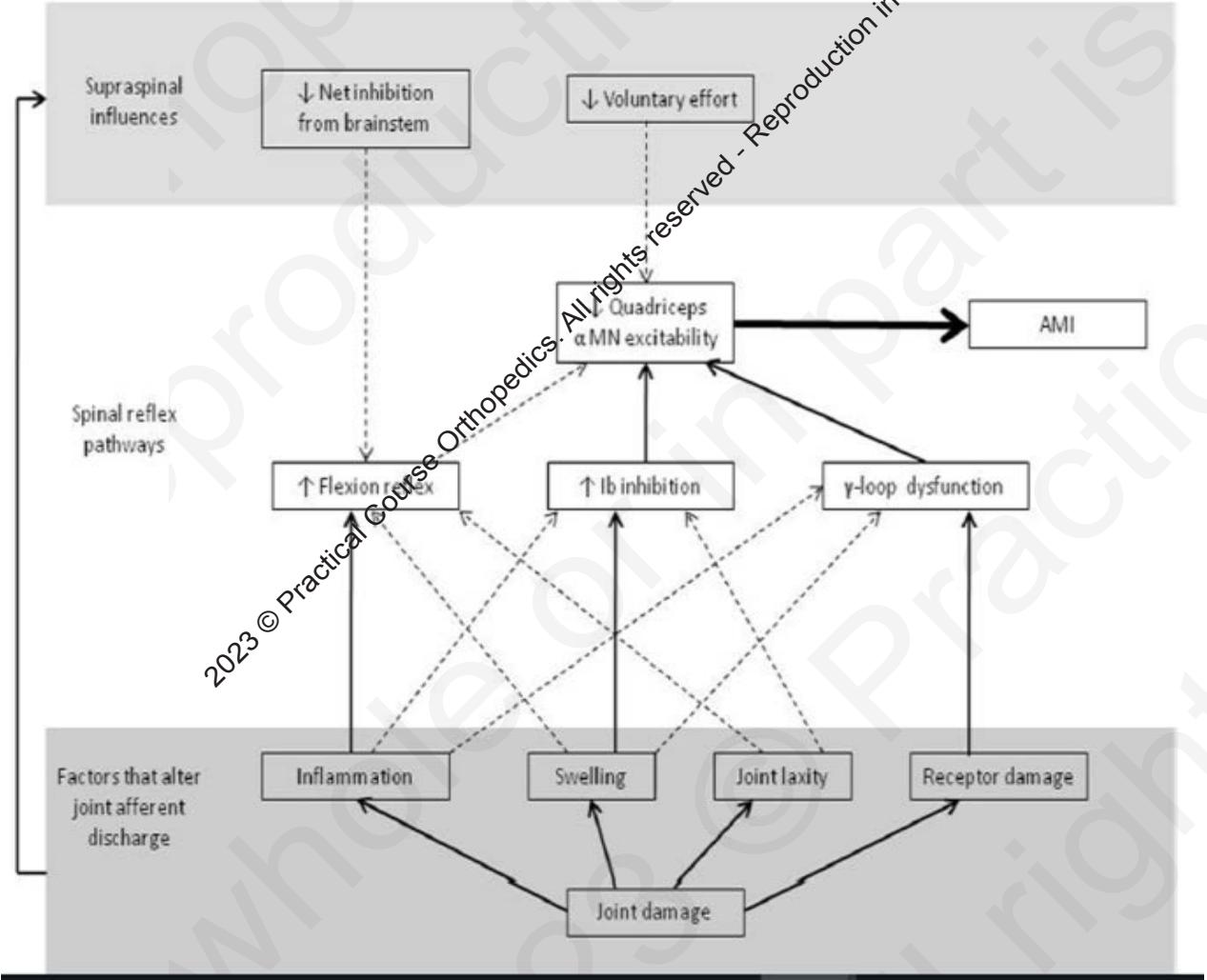
Arthrogenic Muscle Inhibition

Local factors

Spinal Reflex Pathways

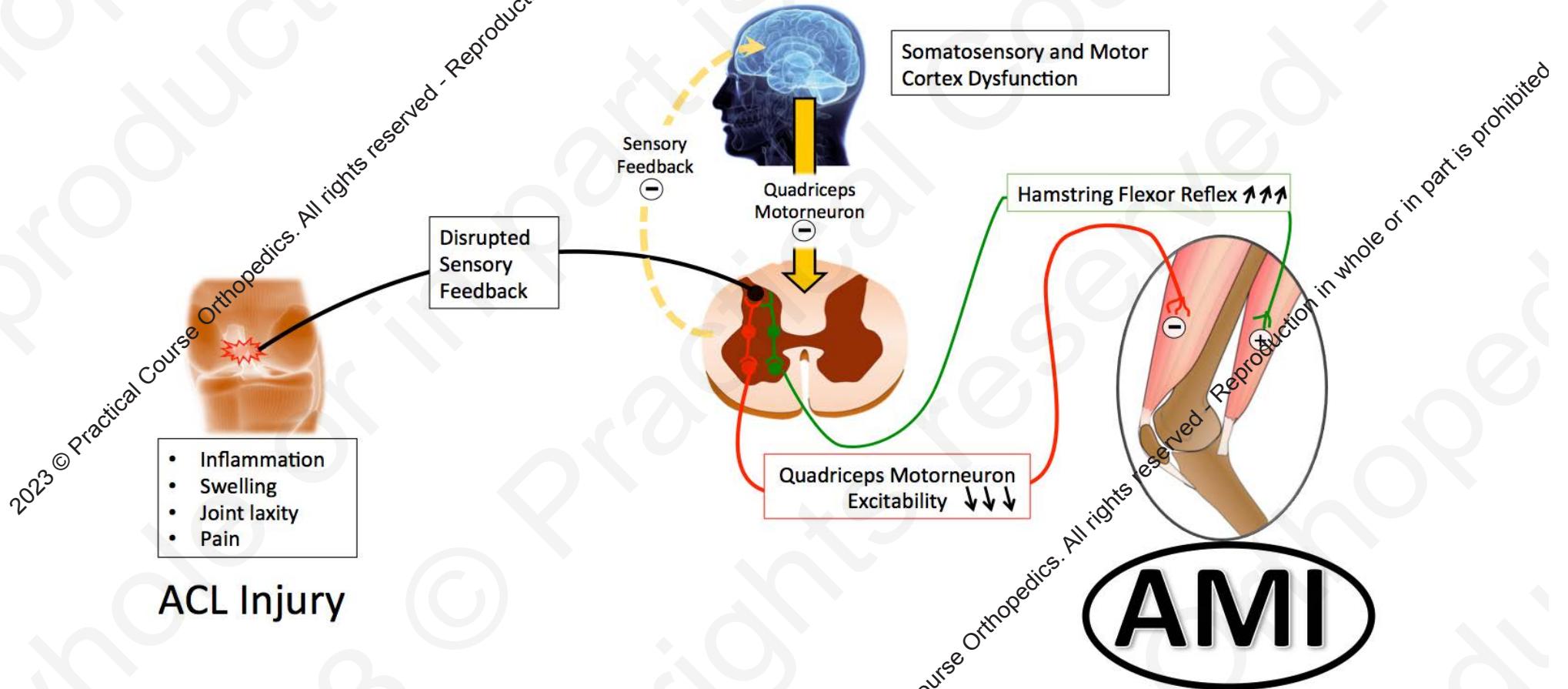
Supraspinal Influences

Physiopathology



Quadriceps arthrogenic muscle inhibition: neural mechanism and treatment perspective
Rice D, Mc nair JP. Muscle 2010

Physiopathology



Knee Extension Deficit in the Early Postoperative Period Predispose to Cyclops Syndrome After ACL R:
A Risk Factor Analysis in 3633 Patients From the SANTO Study Group Database.

Delaloye JR et al. Am J Sports Med. 2020

The AMI Classification

Arthrogenic Muscle Inhibition Following Knee Injury or Surgery: Pathophysiology, Classification, and Treatment

Bertrand Sonnery-Cottet,^{*†} MD, Graeme P. Hopper,^{*†} MD, FRCS (Tr & Orth)[‡], Lampros Gousopoulos,^{*†} MD, Thais Dutra Vieira,^{*†} MD[§], Mathieu Thaunat,^{*†} MD, Jean-Marie Foyard,^{*†} MD, Benjamin Freychet,^{*†} MD[‡], Hervé Ouanezar,[§] MD, Etienne Campaignac,^{||} MD, and Adnan Saityna,^{*†} MD

Investigation performed at Centre Orthopédique Santy, FIFA Medical Centre of Excellence, Groupe Ramsay-Générale de Santé, Hôpital Privé Jean Mermoz, Lyon, France



VJSM
Blockbuster
Award





The AMI Classification

- **Grade 0:** Normal VMO contraction
- **Grade 1a:** VMO contraction is inhibited but activation failure is reversible with simple exercises
- **Grade 2a:** VMO contraction is inhibited with an associated extension deficit due to hamstring contracture but activation failure and loss of range of motion is reversible with simple exercises
- **Grade 3:** Chronic extension deficit that is irreducible without extensive posterior arthrolysis
- **Grade 1b:** as 1a but requires longer and specific rehabilitation programs
- **Grade 2b:** as 2a but refractory to simple exercises and longer and specific rehabilitation programs are required

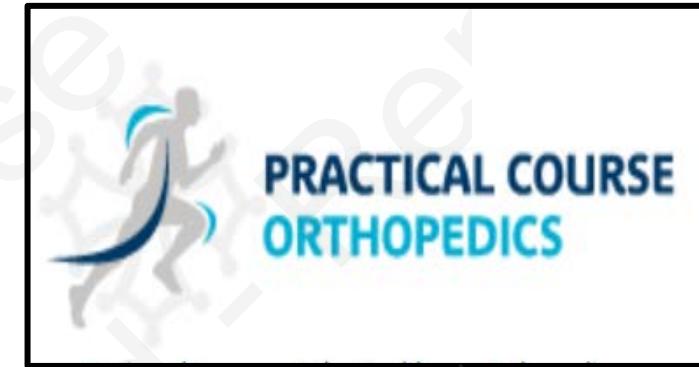


Definition



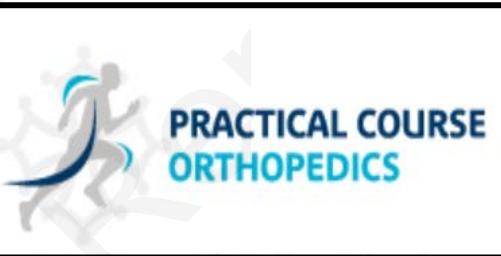
Grade 1 = VMO Inhibition

Definition



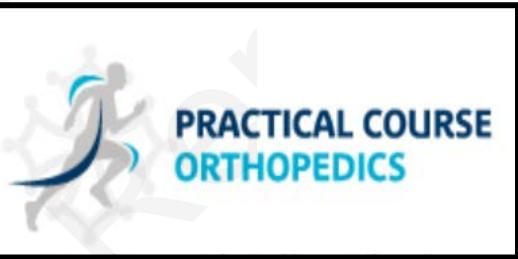
Grade 2 = VMO inhibition + Hamstring Contracture

Definition



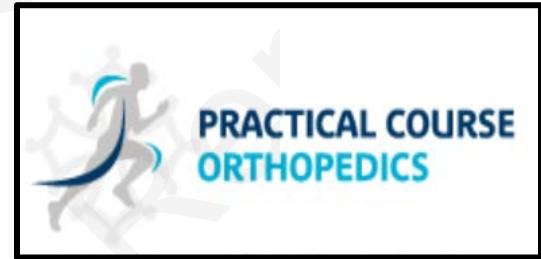
Grade 2 = VMO inhibition + Hamstring Contracture

Definition



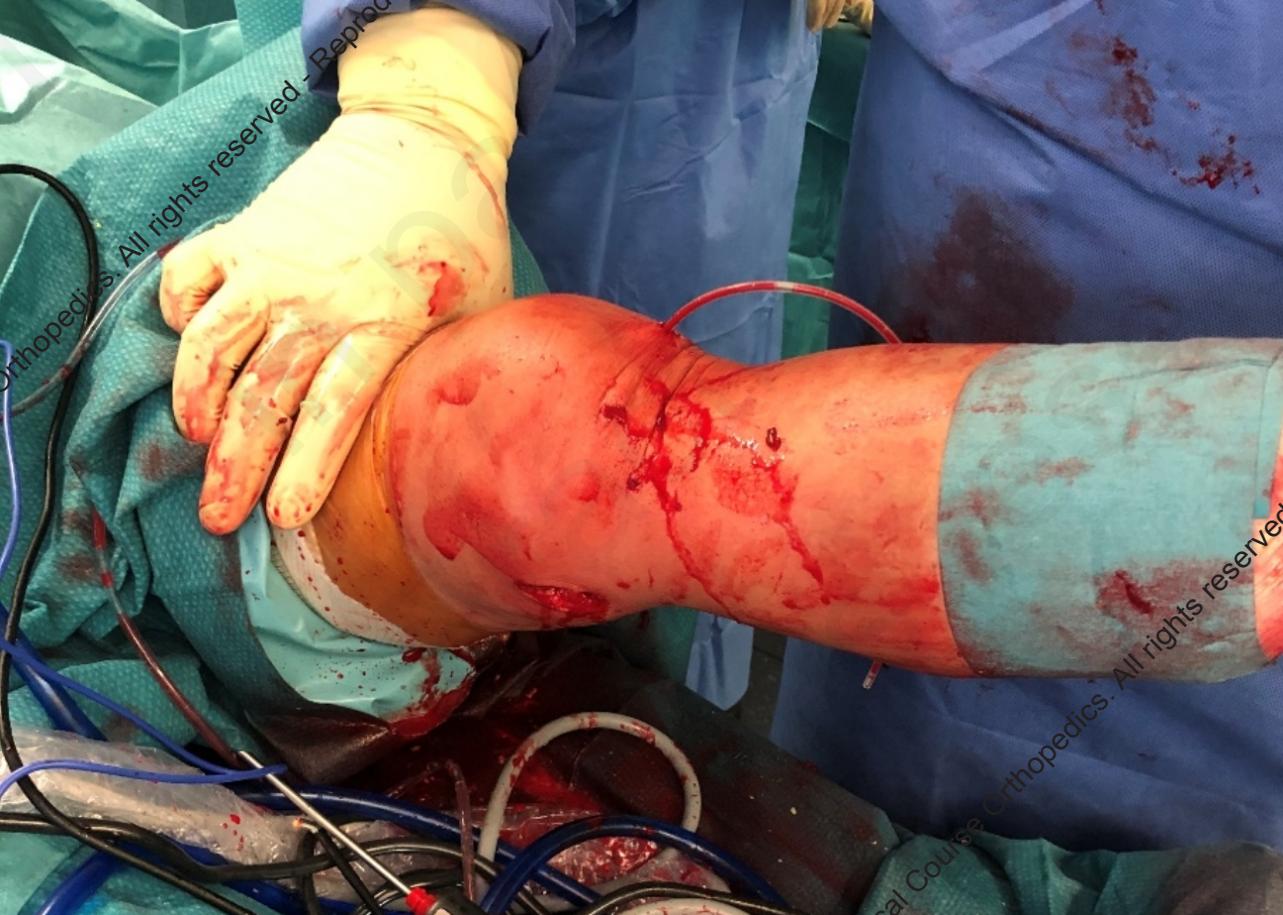
Grade 2 = VMO inhibition + Hamstring Contracture

Definition



Grade 3 = Chronic Extension Loss

Definition



Grade 3 = Chronic Extension Loss

Easy Reduction of AMI 2a



ACL rupture
+
**Bucket Handle of
Medial Meniscus**

How to Rapidly Abolish Knee Extension Deficit After Injury or Surgery
Delaloye JR et al. Arthroscopy Techniques 2018

Easy Reduction of AMI 2a



Knee extension deficit following acute injury

How to Rapidly Abolish Knee Extension Deficit After Injury or Surgery
Delaloye JR et al. Arthroscopy Techniques 2018

Incidence of AMI in Acute ACL injuries

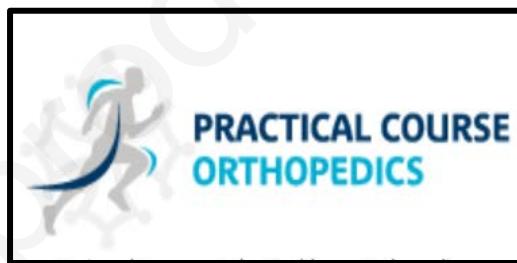


Incidence of AMI in Acute ACL injuries

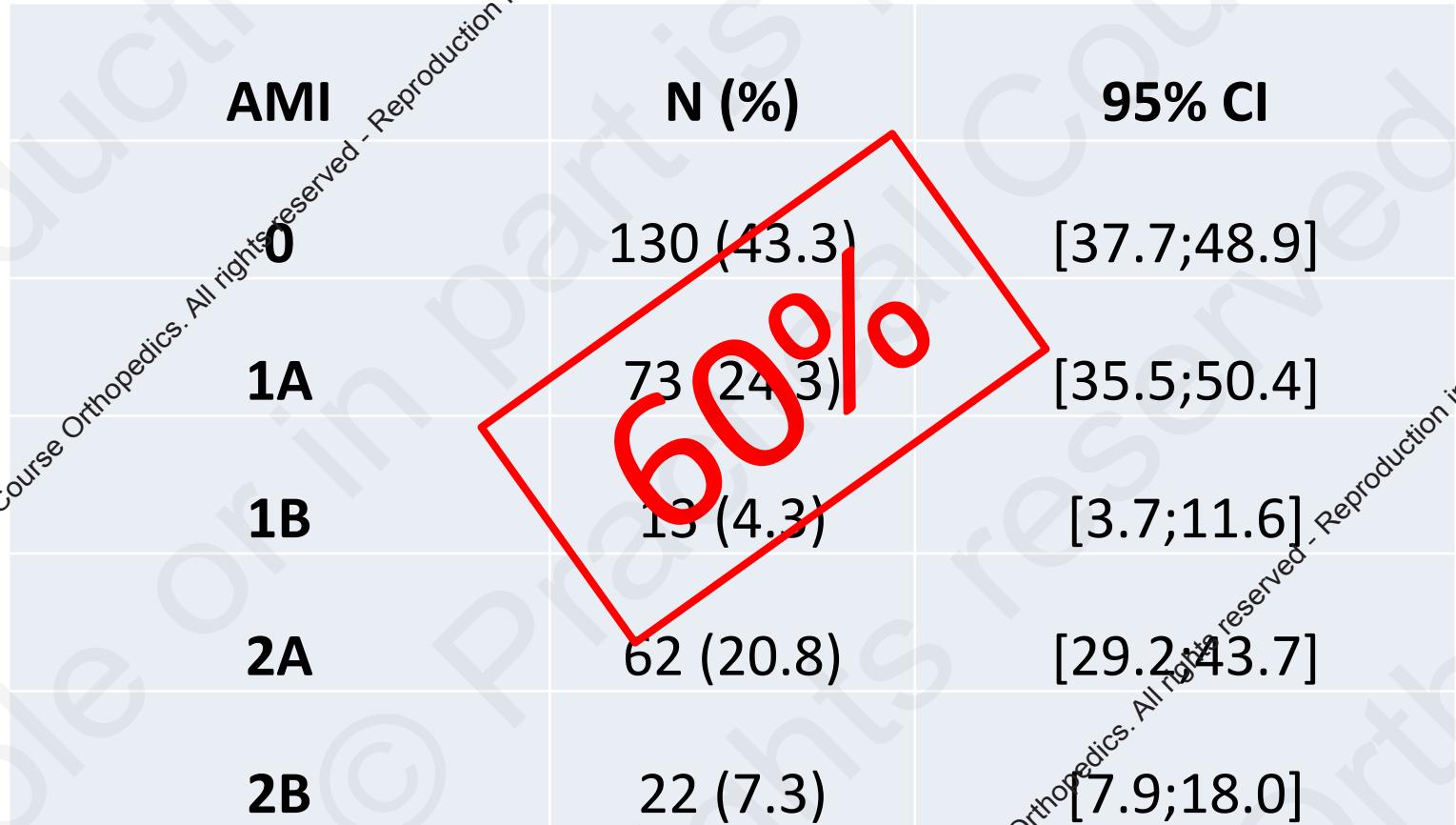
- 300 consecutive patients with acute ACL ruptures (>6 weeks) were prospectively enrolled in the study.
- Patients with AMI showed inferior Lysholm, IKDC, SKV and KOOS scores than patients without AMI ($P<0.0001$).

Incidence of Arthrogenic Muscle Inhibition Following Acute ACL Injuries:
A Cross Sectional Study and Analysis of Associated Factors From the SANTI Study Group.
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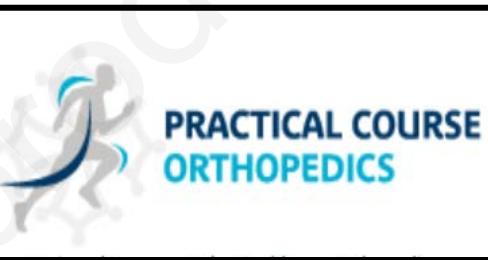
Sonnery-Cottet et al. AJSM Submitted



Incidence of AMI after ACL Rupture



Incidence of Arthrogenic Muscle Inhibition Following Acute ACL Injuries:
A Cross Sectional Study and Analysis of Associated Factors² From the SANTI Study Group.
Sonnery-Cottet et al. AJSM Submitted



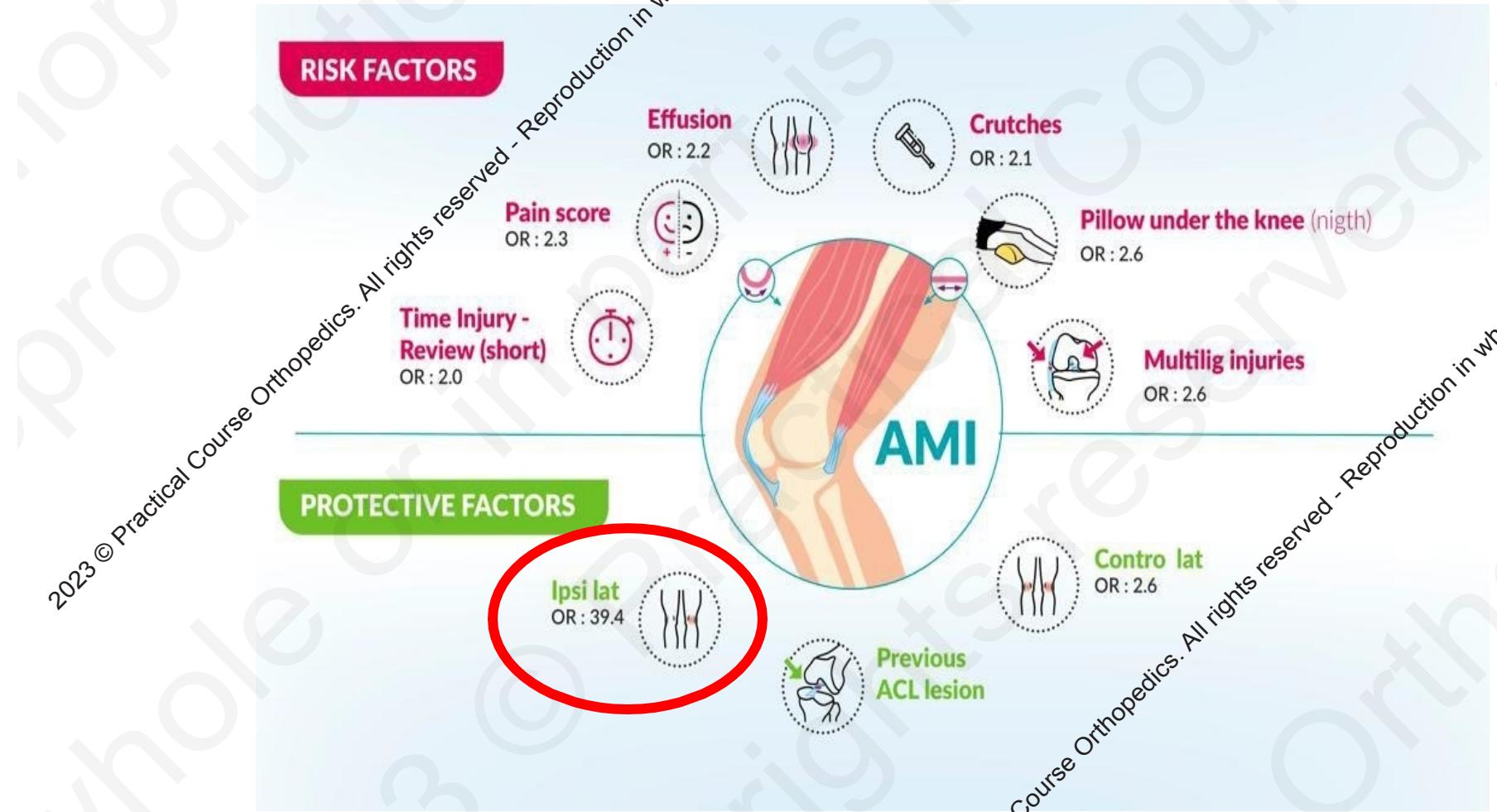
Incidence of AMI after ACL Rupture



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Incidence of AMI after ACL Rupture



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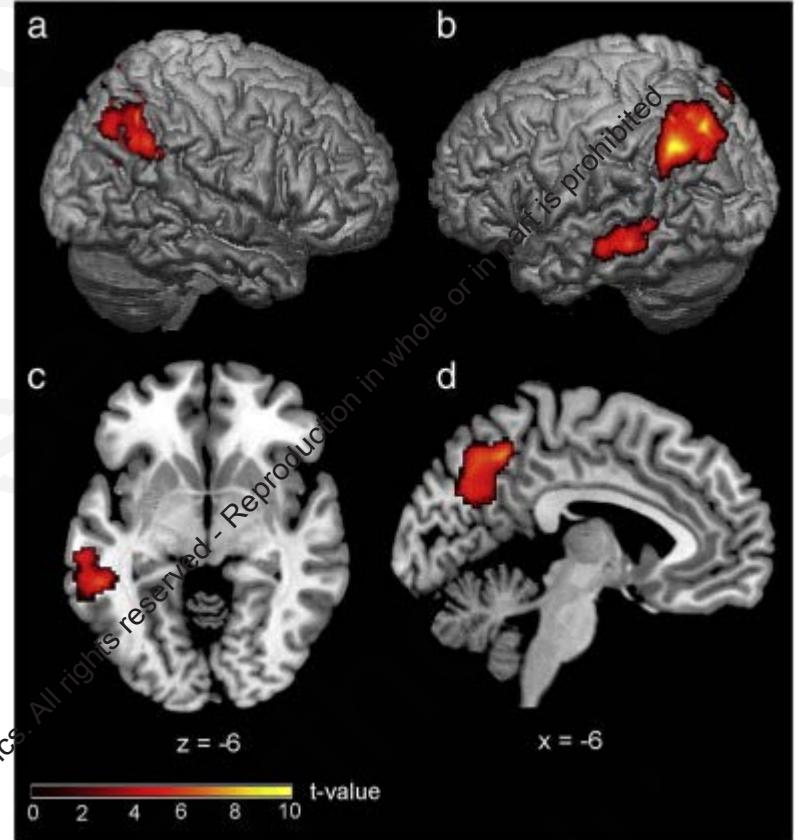
CAMIK Project

PhD

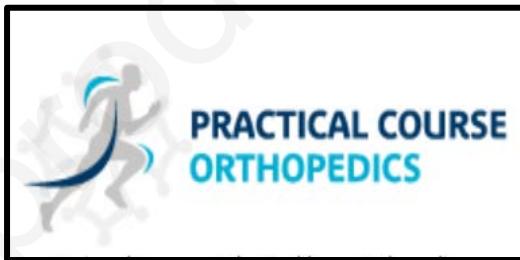
Acute ACL Rupture

- AMI vs no AMI

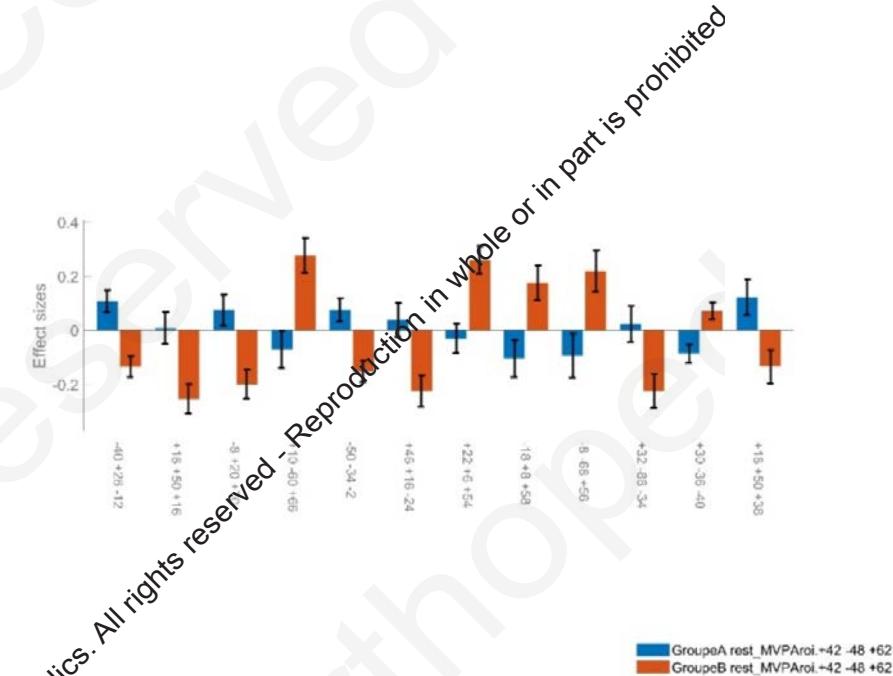
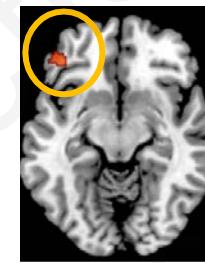
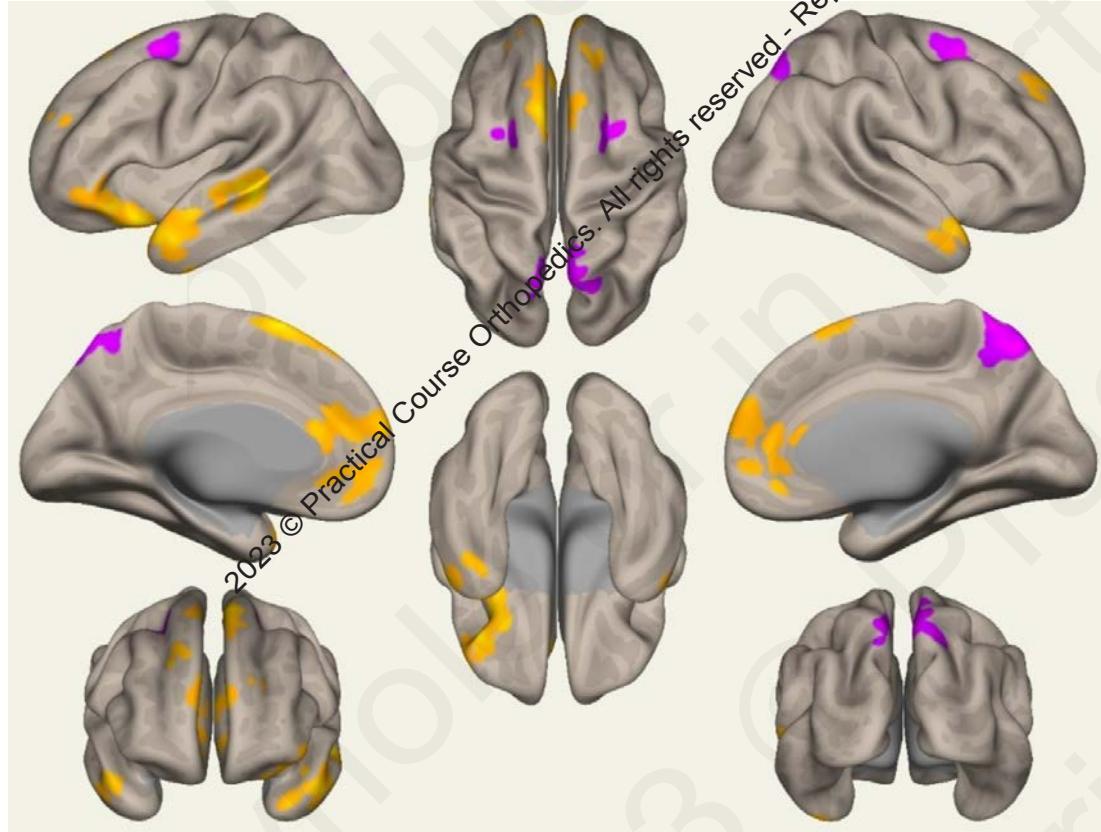
→ Brain Fonctional MRI



Cerebral Activity Changes in AMI following Knee Injury:
A functional brain MRI Study - Pr CAMIKAIGNAC



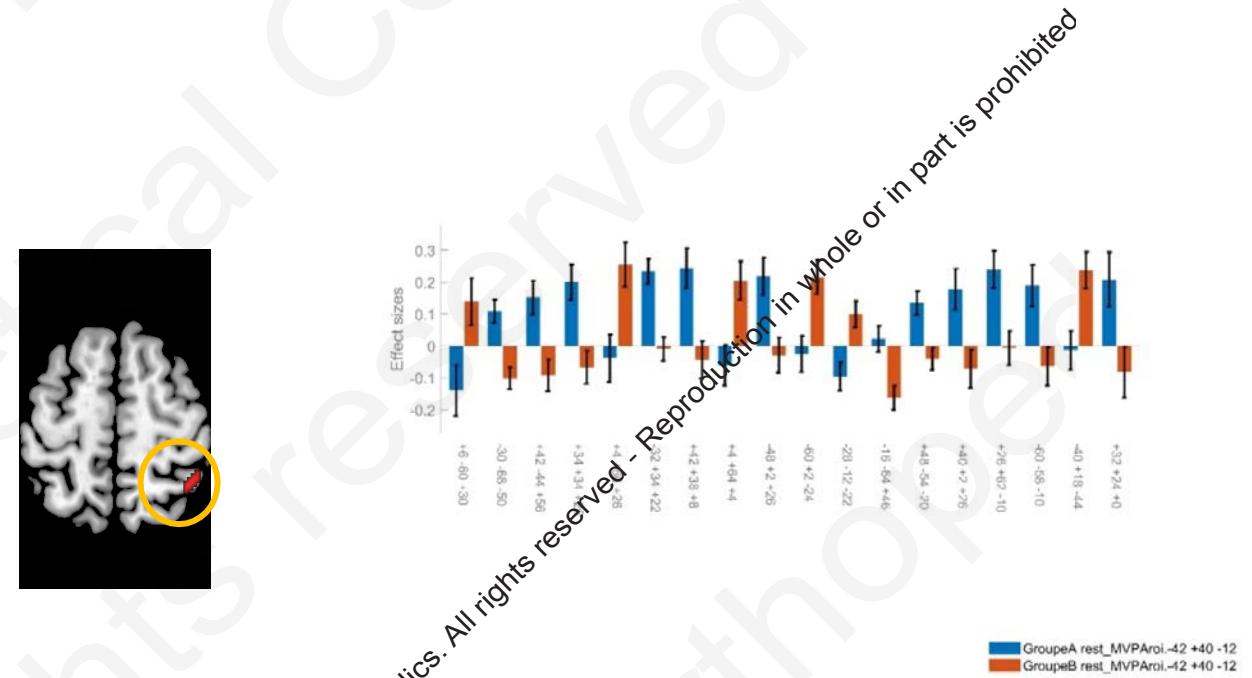
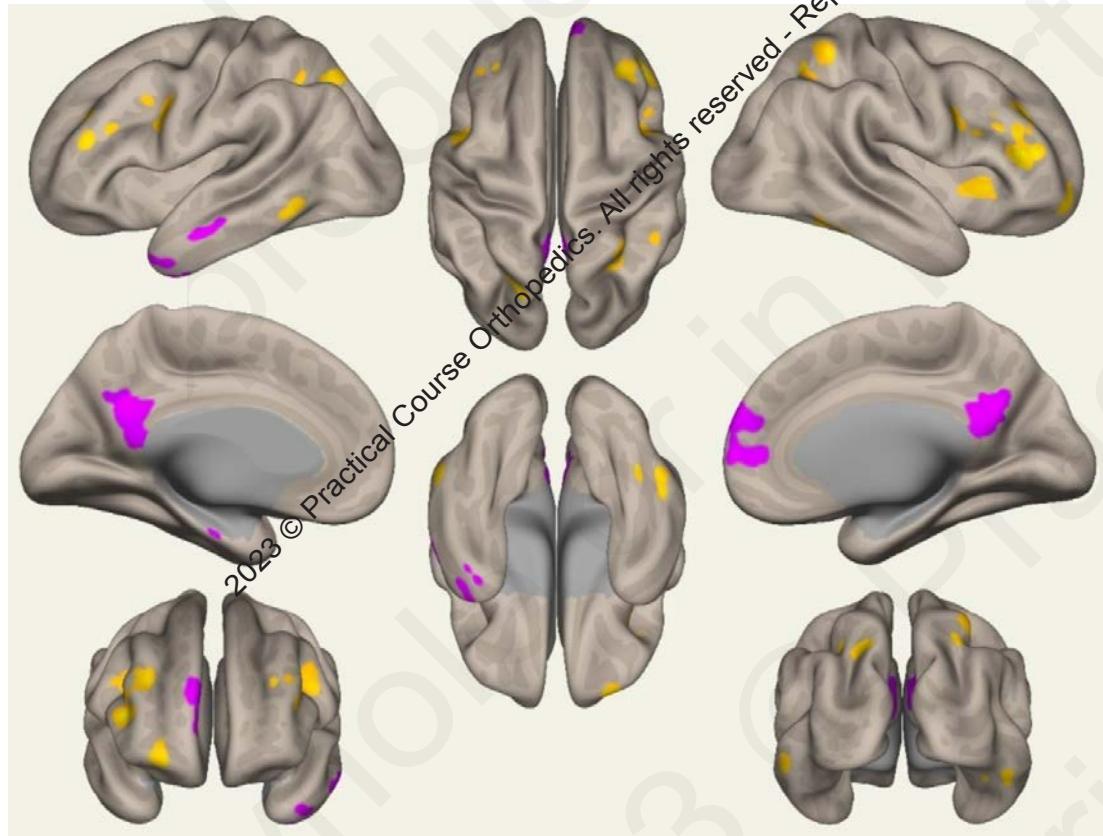
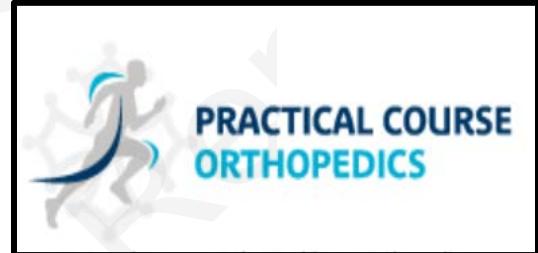
AMI > without AMI (yellow)
without AMI > AMI (purple)



Seed to voxels analysis

The presence of AMI modules the functional connectivity of Frontal Cluster

**AMI > without AMI (yellow)
without AMI > AMI (purple)**



The presence of AMI modules the functional connectivity of Parietal Cluster

Acute Surgery = High risk of Stiffness +++

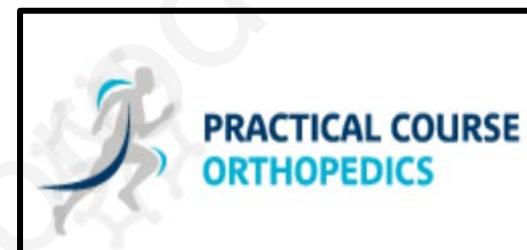
Thaunat M, Barbosa NC, Gardon R, Tuteja S, Chatellard R, Fayard JM, Sonnery-Cottet B. Prevalence of knee stiffness after arthroscopic bone suture fixation of tibial spine avulsion fractures in adults. *Orthop Traumatol Surg Res.* 2016

→ 15%

Meister M, Koch J, Amsler F, Arnold MP, Hirschmann MT. ACL suturing using dynamic intraligamentary stabilisation showing good clinical outcome but a high reoperation rate: a retrospective independent study. *Knee Surg Sports Traumatol Arthrosc.* 2018

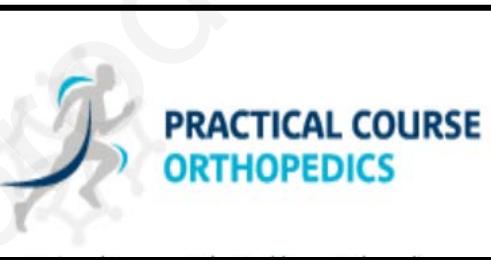
Deroche E, Batailler C, Swan J, Lustig S, Servien E. Significant risk of arthrolysis after simultaneous anterior cruciate ligament reconstruction and treatment of dislocated bucket-handle meniscal tear. *Orthop Traumatol Surg Res.* 2022

→ 25%

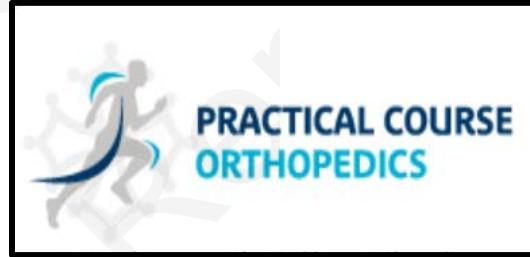


AMI Clinical Practice

- Physiotherapists
- Sports doctors
- Surgeons



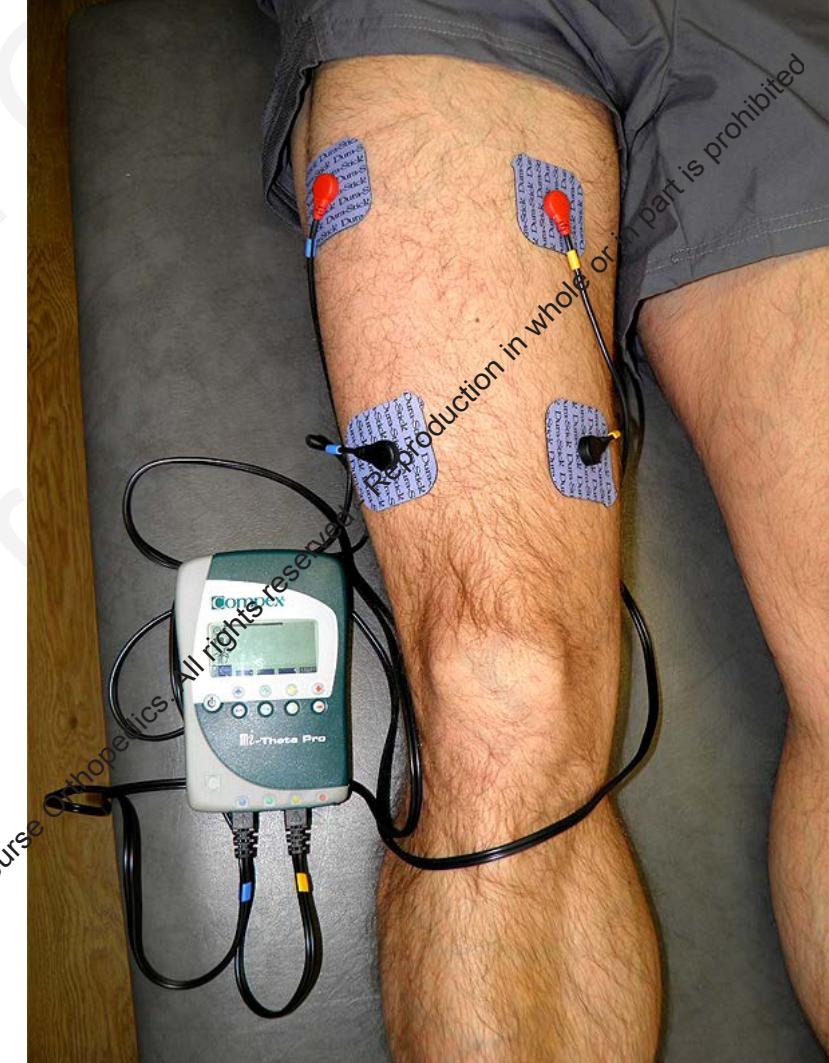
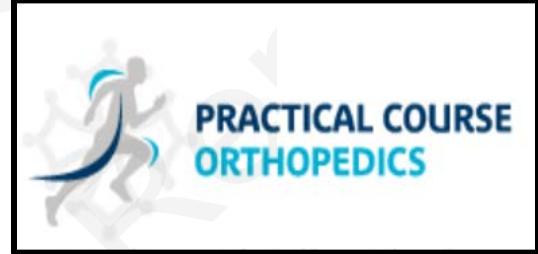
AMI Clinical Practice



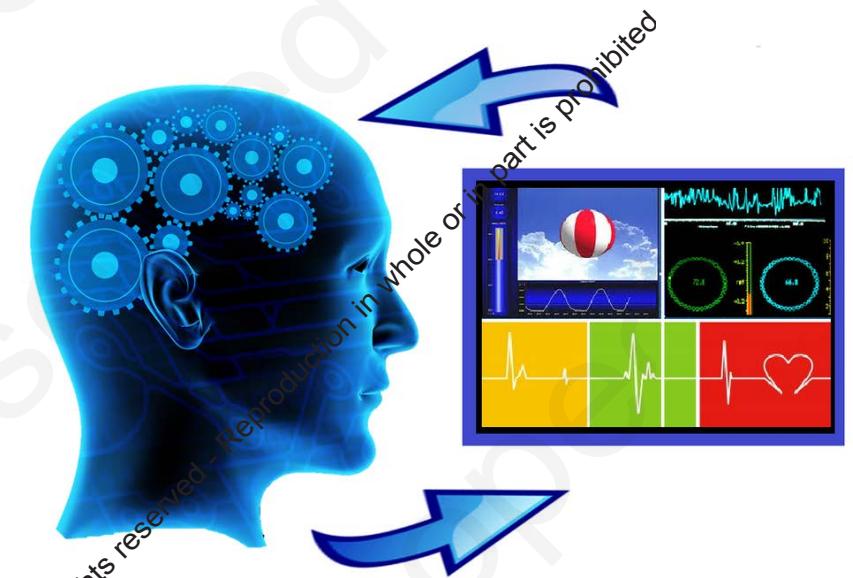
Extension Deficit



AMI Clinical Practice

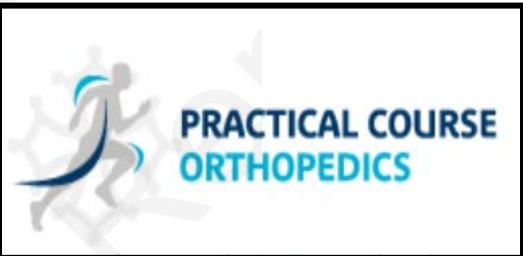


AMI Clinical Practice

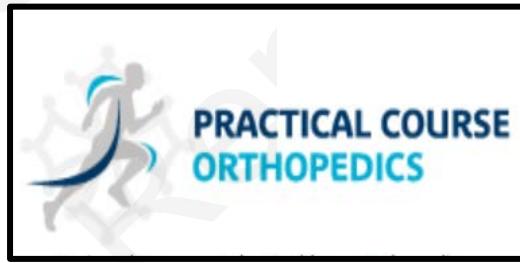


BIOFEEDBACK

AMI Clinical Practice



AMI Clinical Practice



Conclusions

- AMI is a central neural inhibition following knee injury, or surgery, results in quadriceps activation failure and knee extension deficit
- Extension Deficit = Arthrofibrosis, Cyclops, Anterior Knee Pain
- A Classification has been published and will allow to talk about the same subject
- Incidence is almost 60% in acute ACL injuries



Conclusions

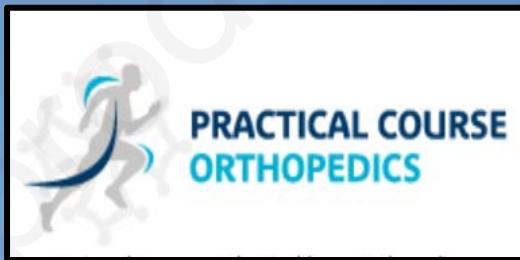
- Simple exercises can reduce this process before it becomes chronic and irreducible
- Understanding *AMI* and *cortical influence* will guide therapeutic strategies for both treatment and prevention
- All patients need full extension and a good VMO contraction before Knee Surgery



SAN
TY

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Merci !

