

Tibial Tuberosity Advancement (TTA) surgery for your dog



Dupont Veterinary Clinic

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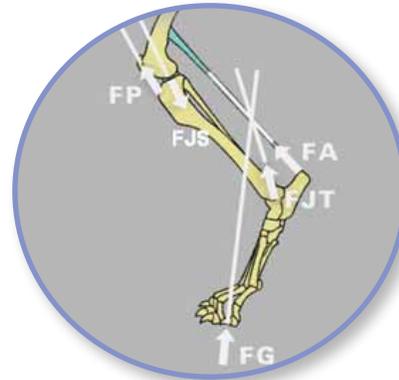
Theory/Biomechanics: Just why does "TTA" work? (for the mechanically minded)

In the diagram (Figure 1) marked to the right, the average canine stifle is loaded with a force $F(G)$. The Achilles tendon reacts with a force $F(A)$ that results in a net force on the tarsal joint $F(JT)$. The patellar tendon reacts with a force $F(P)$ to stabilize the stifle. Consequently, the stifle reacts with a force $F(JS)$ almost parallel to the patellar tendon.

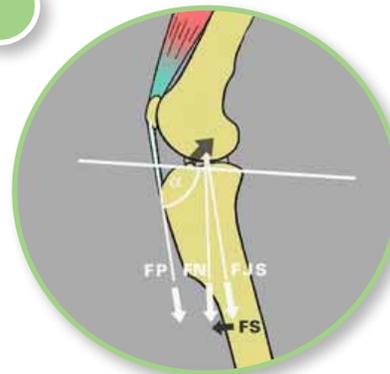
Now take a closer look at the stifle joint in the diagram (Figure 2). If the tibial plateau is not perpendicular to $F(P)$, then $F(JS)$ (force of the stifle joint) does not superimpose the normal compressive force $F(N)$ of the stifle and a tibiofemoral shear force $F(S)$ results. This overloads the CrCL-deficient stifle resulting in cranial tibial thrust or subluxation when the CrCL is torn.

Tibial tuberosity advancement positions $F(P)$ (patellar tendon) perpendicular to the tibial plateau and eliminates $F(S)$ by superimposing $F(JS)$ over $F(N)$ (see Figure 3). Let's define the total joint force as being approximately parallel to the patellar ligament. If the patellar ligament and tibial plateau are perpendicular, there is no shear component of the total joint force and no strain on the cruciate ligaments. But the angle between the patellar ligament and tibial plateau changes with flexion and extension, and is 90 degrees at 90 degrees of flexion, the cross-over point. In full extension, the angle between the tibial plateau and patellar ligament is 105 degrees, while in full flexion it is 70 degrees. Thus in full extension the CrCL (cranial or anterior cruciate ligament) is loaded, in full flexion the CaCL (caudal or posterior cruciate ligament) is loaded relative to the cross-over point (Figure 4).

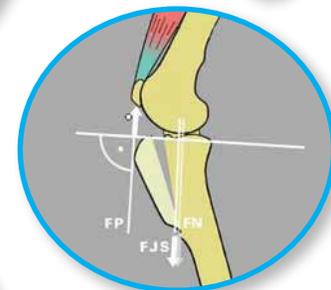
In the CrCL deficient stifle, we can move the cross-over point to full extension. In the case of the graph, at 45 degrees of flexion, the patellar ligament is at 90 degrees to the tibial plateau, the cruciates are under minimal stress, favoring the CaCL. (In Figure 5, the top line is the original cross-over point data, the bottom line is the new cross-over point data). In other words, moving the tibial tuberosity cranially to a point where the patellar ligament is perpendicular to the tibial plateau, the angle between the patellar tendon and tibial plateau cannot exceed 90 degrees. Thus you never reach an angle that would result in loading of the CrCL.



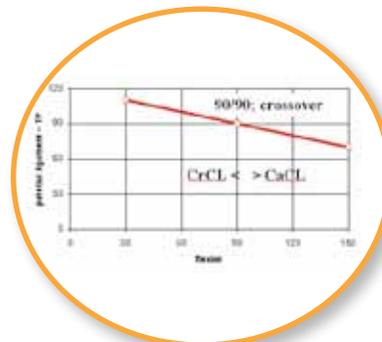
(Figure 1)



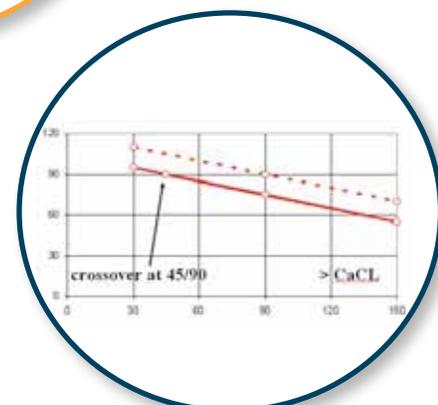
(Figure 2)



(Figure 3)



(Figure 4)



(Figure 5)