**Functional Outcomes of MPFL Reconstruction vs. Graft Tissue Placement**

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**Purpose:** To determine whether anatomic medial patellofemoral ligament (MPFL) placement prevents continued post-operative patellar apprehension, subluxation and dislocation, or pain, limited motion and arthritis relative to non-anatomic MPFL placement.

**Methods:** 27 patients who underwent MPFL reconstruction were retrospectively analyzed for MPFL graft placement relative to anatomic ideal point as determined by the Schottle method. An anatomic vs. non-anatomic designation was made, and then compared to various clinical outcomes measures. These measures included patellar instability, 2-week, 6-week, and final range of motion, pre- and post-operative WOMAC and KOOS scores, and post-op chondromalacia and pain at the patellofemoral articulation.

**Results:** Nonanatomic placement of the femoral MPFL tunnel caused increased pain and decreased function as per WOMAC (pain and function) and KOOS (symptom, pain, ADL, and overall). No significant difference between the groups was noted for the other parameters.

**Conclusions:** It is recommended that particular attention be paid during surgery to the tightness of the graft during active extension and passive flexion to 90 degrees, since no limits to range of motion or apprehension should occur if patellofemoral isometry is achieved.