

lesions in the hip, it certainly questions whether there is an injury pattern that is common to this population.

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Retrograde Drilling of Osteochondral Lesions of the Talus (SS-36)

Summary: Osteochondral lesions of the talus that maintain an intact articular surface may be successfully treated with retrograde decompression of the cystic lesions utilizing a novel cannulated system. The surgical management of symptomatic osteochondral defects of the medial talar dome is difficult. When the articular surface is intact retrograde drilling through the body of the talus is accepted as one alternative to stimulate bone healing for stabilization of the OCD fragment. Between 1999 and 2001, eight consecutive patients underwent surgical treatment for symptomatic posterior medial OCD lesion of their talar dome. All patients underwent arthroscopy of the ankle followed by retrograde drilling of the talar lesion. A novel cannulated system was used to target the lesion, remove the necrotic segment and then backfill using Grafton. The average age of the patients was 36 years old (range 12 - 49 years). Follow-up ranged from 8 months to 44 months (mean 24 months). One patient was lost to follow-up. Of the remaining seven, outcomes were assessed with a modified American Orthopaedic Foot and Ankle Society (AOFAS) Ankle-Hindfoot Scale and the SF-12 general health survey. Four patients have repeat MRI scans at one year follow-up. The preoperative AOFAS scores from the modified hindfoot scale ranged from 0 to 41 (mean 22). Postoperative scores ranged from 52 to 68 (mean 56). Mean improvement of 34 points. The SF-12 has two components: the Physical Component Score (PCS) and the Mental Component Score (MCS). Mean preoperative and latest follow-up SF-12 PCS were 35.8 and 44.0, respectively. Mean preoperative and latest follow-up SF-12 MCS were 40.7 and 52.8 respectively. In this limited series, this technique appears to give comparable short-term results to previously described techniques. The new cannulated system simplifies the surgical procedure allowing the expansion of the technique to the general orthopedic surgeon and potentially greater safety. Overall, this procedure offers decreased operative time and maximizes safety and accuracy with retrograde talar drilling.

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Ulnar Collateral Ligament Reconstruction in Elite Throwing Athletes: Minimum 2-Year Follow-up (SS-37)

Objective: Ulnar collateral ligament (UCL) injuries may result in disabling valgus instability in throwing athletes. We evaluated the "docking technique" for UCL reconstruction, and describe a modification to the technique. **Methods:** UCL surgery was indicated in 19 high-level baseball players (11 professional, 8 collegiate) with medial elbow pain preventing effective throwing, medial pain with valgus stress, and MR arthrogram. Mean age was 21.8 (17.9-26.2). 1 had previous UCL reconstruction. 1 had previous arthroscopic elbow debridement. Reconstruction was performed using a muscle-splitting approach and the docking technique with palmaris or semi-tendinosus graft. Initially, a 2-strand construct was used; but during the study period we developed and began using a 3-strand construct using a doubled anterior bundle and a single posterior bundle. The ulnar nerve was not routinely transposed unless there were preoperative ulnar nerve symptoms (2 patients). 2 had osteophyte debridement. 1 had removal of a loose body. **Results:** Patients were followed for an average of 37 months, with a minimum 2 year follow-up. 18 returned to previous or higher level of participation. Three were collegiate infielders/occasional pitchers who did not wish to return to pitching but continued to play other positions. They were clinically and functionally asymptomatic. One player was lost to follow-up, and could not be identified on a professional roster. The average time to return to play was 15 months (6.5-27.8 months). Using the Timmerman-Andrews 100-point subjective scoring system, the average preoperative score was 81.5 (65-85); average postoperative score was 97.7 (80-100). Using the Conway-Jobe scoring system, 15 were excellent, 3 good. 1 patient underwent subsequent ulnar nerve transposition, and returned to previous level of professional play. **Conclusions:** UCL reconstruction with the docking technique can reliably return athletes to a high level of participation. This technique allows ease of graft handling and tensioning. The modification of a doubled anterior bundle increases the amount of collagenous tissue in a critical area, and may allow more accelerated rehabilitation.

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Lateral Epicondylitis: An Evaluation of Three Methods of Operative Treatment (SS-38)

Objective: The purpose of this study was to evaluate the clinical results of three surgical methods in treating recal-