

injury (control group). Several bony morphology characteristics including medial and lateral condyle width, medial and lateral plateau width, notch width, bicondylar width, notch width index, and medial and lateral tibial slope were measured and compared between groups. Conditional logistic regression was used to analyse the data. Significance level was set at $p < 0.05$.

Results: According to univariate analysis, a narrower lateral femoral condyle (OR, 0.82; CI, 0.68-0.97), increased medial tibial plateau slope (OR, 0.142; CI, 1.85) and increased lateral tibial plateau slope (OR, 1.43; CI, 1.15-1.78) were associated with an increased risk for ACL injury. Multivariate analysis revealed that increased lateral tibial slope (OR, 1.32; CI, 1.03-1.70) was the sole independent risk of ACL injury.

Conclusion: A narrower lateral femoral condyle width and an increased medial and lateral tibial slope predispose male college football players to ACL injury. It is suggested to enroll these high-risk subjects in prevention programs to reduce the incidence of injury.

Septic Arthritis After ACL Reconstruction: Does Graft Retention Portend Increased Risk of Surgical Revision?

SS-18

April 14, 1:55 PM

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Introduction: The purpose of this study was to evaluate the clinical and functional outcomes of patients with septic arthritis after ACL reconstruction with and without graft retention.

Methods: A retrospective query of the Military Health System Management and Reporting Tool was performed to identify all patients undergoing primary arthroscopic ACL reconstruction with subsequent development of septic arthritis between 2007-2013. Clinical course, objective physical exam findings, and patient-reported outcomes were recorded. Graft choice, time to treatment, bacterial culture and specificity, number of arthroscopic debridements, and graft retention were evaluated as potential risk factors. Primary outcomes of interest included persistent ACL laxity (i.e. Lachman test of 2+ or greater or positive pivot shift), revision ACL reconstruction, and inability to return to military function.

Results: 31 patients were isolated at a mean follow-up of 24-months. Graft choice included hamstring autograft (55%; n=17), hamstring allograft (32%; n=10), and autologous bone-patellar tendon-bone (13%; n=4). A total of 8 patients (26%) developed an acute infection (<2 weeks), 17 patients (55%) had subacute infection (2-6 weeks) and 6 patients (19%) had chronic infection (>6 weeks). The most frequently isolated bacteria were MRSA (35%; n=11), MSSA (n=2; 6.5%) and MRSE (n=2; 6.5%), whereas 15 cases (48%) had no known isolate. All patients were treated with arthroscopic debridement (average 2.3; range, 1-4) and intravenous antibiotics, and the graft was retained in 64% (n=20). Of this group with graft retention, 6 patients developed significant knee laxity

(30%) and 2 of these underwent revision (10%). Two patients each with subacute and chronic infections developed early post-infectious arthritis, as compared to no patients with acute infections. In this study 48% (n=15) were able to return to military function, and there was no statistically significant difference according to graft retention.

Conclusion: Arthroscopic irrigation and debridement with graft retention is an effective treatment for patients with septic arthritis after primary ACL reconstruction. Factors affecting clinical outcomes may include late presentation and residual graft laxity after arthroscopic irrigation and debridement.

Investigating the Precision and Accuracy of Subjective Patient and Surgeon Expectations following Anterior Cruciate Ligament Reconstruction

SS-19

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Introduction: Advances in orthopaedic surgery have redefined patients' perception of the successful outcome. Recent literature suggests that patient satisfaction following orthopaedic surgery is related to their outcome and their preoperative expectation. However, patients undergoing ACLR may have unrealistic expectations which may contribute to worse outcomes and reduced patient satisfaction. The purpose was to compare patient's expectations and surgeon's expectation using validated outcome assessment tools as expectation questionnaires. Actual patient outcomes were tracked to determine accuracy of the expectations.

Methods: All patients undergoing primary ACLR for ACL tear were eligible. Patients completed IKDC and Lysholm knee questionnaires pre-operatively and at 3 and 6 months postoperatively. Before surgery patients completed a second set of IKDC and Lysholm knee questionnaires pertaining to how they expect their knee to feel in 18 months. Immediately post-operatively, surgeons completed a set of IKDC and Lysholm questionnaires representing how they expected the patient to fare in 18 months.

Results: 76 consecutive patients were enrolled. Pre-operatively, patient average Lysholm and IKDC scores were, 55.27 and 45.0%. Analysis of Lysholm score revealed patient's reported expectations significantly higher (mean = 94.9) than surgeons (mean = 92.6) ($p < .001$). The average difference between patient and surgeon expectations was 10.9 points. Analysis of IKDC scores revealed the same trend; patient (92.3%) vs. surgeon (91.8%) expectations. 58/76 patients reached 6