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In vivo biomechanics of cruciate ligament injuries

Van de Velde, S.K.

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Author: Van de Velde, S.K.

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In Vivo Biomechanics of Cruciate Ligament Injuries

1. The widely accepted assumption that abnormal kinematics and consequent abnormal loading within the knee initiate osteoarthritis underlies much of current osteoarthritis research and orthopedic practice. (*This thesis*)
2. An MRI scanner, two fluoroscopes, and a group of keen students with computers suffice for the accurate analysis of in vivo knee biomechanics. (*This thesis*)
3. A minimal shift in tibiofemoral kinematics in cruciate ligament deficiency results in a considerable change in cartilage loading distribution within the knee joint. (*This thesis*)
4. Injury of the posterior cruciate ligament is not be as benign as previously thought. (*This thesis*)
5. Cruciate ligament deficiency upsets the entire in vivo knee homeostasis with changes in patellofemoral biomechanics and elongation patterns of the collateral ligaments. (*This thesis*)
6. Of the various lateral extra-articular reconstructions, an anatomic anterolateral ligament reconstruction might be the least biomechanically favorable option. (*This thesis*)
7. The study of in vivo knee biomechanics documents more than just common sense. (*This thesis*)
8. Evidence based medicine is not restricted to randomized trials and meta-analyses. Sometimes the evidence we need will come from the basic sciences [...]. (*David L. Sackett*)
9. Orthopaedic sports medicine extends far beyond the boundaries of the intercondylar notch. (*Robert E. Leach*)
10. The knee anterolateral ligament may be fiction, but we thought it fact. (*James H. Lubowitz, Editor-in-Chief, Arthroscopy*)
11. Never include too many articles about the anterior cruciate ligament in any one issue of the Journal. (*The ACL Rule, the American Journal of Sports Medicine*)
12. Dad, you should become a pediatric orthopaedic surgeon. Children's bones are smaller so you are home sooner. (*Svea Van de Velde*)