## Next Generation ACLR Instruments

### 1 in 3000 Americans suffer ACL injuries every year, which amounts to approximately 100,000 injuries in the US annually.



The anterior cruciate ligament (ACL) is a knee ligament that prevents excessive knee rotation and translation<sup>2</sup>. ACL damage, a common sports injury, is repaired with a surgical reconstruction process (ACLR)<sup>3</sup>. However, the post-surgical failure rate—up to 10-15%<sup>4</sup>—is relatively high.

To lower this failure rate, there is a need for alternatives to existing surgical tools and procedures that will decrease the inconsistencies among surgeons and surgeries that may ultimately lead to failure.

<sup>1</sup>A. Prodromos, C. Brown, F. Fu, A. Georgoulis, A. Gobbi, S. Howell, D. Johnson, L. Paulos, K. Shelbourne. *The Anterior Cruciate Ligament: Reconstruction and Basic Science*. 1<sup>st</sup> ed. Elsevier Health Sciences, 2007.; <sup>2</sup>G. Slowik and B. Bach (2013, Nov 4). *What is the Anterior Cruciate Ligament?* (Cruciate Ligament?. [Online]. Available: ehealthmd.com; <sup>3</sup>E.A. Barber, D.P. Richards. "Implants" in *Textbook of Arthroscopy*, 1<sup>st</sup> ed, vol 355. M.D. Miller, B.D. Cole, Ed. Saunders, 2004.; <sup>4</sup>J.R. Giuliani, K.G. Kilcoyne, J.H. Rue. "Anatomy Important for Successful ACL Reconstruction" in *ACL Surgery: How to Get it Right the First Time and What to Do if it Fails*, 1<sup>st</sup> ed. B.R. Bach, M.T. Provencher, Ed. Thorofare, NJ: SLACK Incorporated, 2010, pp. 9 –17.; <sup>5</sup>http://www.leventefe.com.au/portfolio/mi-tec-medical-media/

# Using a surgeon-oriented design method, we created a new tool to improve the surgical process for both surgeon and patient.

### **UNDERSTAND** The Problem

in the Problem Space

> **DESIGN** and get Feedback

**BUILD** A Prototype One pain point with many devices is that they require hands that the surgeon is already using. After attaching it to the leg, our device is completely hands-free.

> Surgeons question the need for certain important tool features. Our design process was grounded in scientific literature to provide justification.

Some tools have too many elements that require a surgeon's attention. Our device minimizes the number of features to preserve the surgeon's focus.

Many current tools are not ergonomic. We designed our device with human constraints in mind from the start.

Some current tools are not intuitive to use. We extensively tested our device to make sure that its operation is clear and simple.

#### **TEAM** Erica Chin Aaron Greenberg Kendall Pletcher Michael Sullivan

Elizabeth Threlkeld

Kristian DiMatteo Dave Spenciner

Danielle DuFour







