Plancher
Orthopaedics &
Sports Medicine
PLLC

Kevin D. Plancher,
MD, MS, FACS, FAAOS

Associate Clinical Professor
Albert Einstein
College of Medicine

Complex Arthroscopic
Knee, Shoulder and Elbow
Reconstructive Surgery

Sports Medicine
Minimally Invasive Surgery
Unicondylar Knee
Replacement
Total Shoulder Replacement

31 River Road
Cos Cob, Connecticut, 06807

FOR IMMEDIATE RELEASE

Contact: Fred Yaeger
914.423.7972

NATIONALLY RENOWNED ORTHOPAEDIC SURGEON PERFORMED CONNECTICUT'S FIRST GENDER-SPECIFIC KNEE IMPLANT

Kevin Plancher, M.D., a leading Connecticut orthopaedic surgeon and Sports Medicine Specialist who has a national reputation for his expertise in knee surgery, recently performed Connecticut's first, gender-specific knee implant on a 79 year old female patient at Stamford Hospital.

"I utilized the innovative Zimmer female knee implant which has been specifically designed for women," said Kevin Plancher, M.D., the Orthopaedic Surgeon and head of Plancher Orthopaedics & Sports Medicine PLLC, and Chairman of the Orthopaedic Foundation for Active Lifestyles, both located in Cos Cob, Connecticut.

According to Dr. Plancher "women represent 60% of all knee implant cases. A woman's knee anatomy is different from a man's in the ratio between the width and height of the femur, the angle of the femur in relation to the tibia, and a less prominent anterior surface of the femur, among several other differences. The ligaments supporting the knee tend to be more 'lax' in women than in men."

"Because women's hips are wider, the angle of the femur is greater than that of a man," said Dr. Plancher. "It is called the Q-angle, therefore if you design a knee implant that accommodates that angle, the knee cap will track more naturally on the front of the femur. Women's knees have three differences: they are taller and not as wide, they're more delicate and not as thick in the front, and the angle at which the knee works—the Q-angle—is greater in women."

"It makes great sense to improve implant-fit through very specific design features," Dr. Plancher says. "I believe that the gender-specific knee implant design is a leap forward in knee surgery, possibly the advance of the decade."

A survey of physicians indicates several reasons for women being the primary recipients of knee implants, but perhaps the most important is the simplest: women live longer. On average, the life expectancy of women in the United States has risen to 80 years compared to 75 for men. Additionally, because of the increasing longevity of people in general, "do-over" joint replacement surgeries, or repairs of previous knee implant surgeries is expected. New projections indicate the number of these revision surgeries will double by 2015 for total knee replacements.

Child-bearing may also be a contributing factor, creating more stress on the knees than previously realized. Women, as the primary caregivers in their families, do not have a lot of time in their schedule, so there is a tendency to put off a problem that might be solved or delayed by conditioning and exercise until it is too late, where surgery is then needed.

Dr. Plancher says: "a knee implant ultimately is only as good as the attention paid to the patient's recovery. Rehabilitation accounts for as much as 51% of the procedure's success. It's always a race between scar tissue forming and establishing a range of motion. It requires a good physical therapy program with the first six weeks that is the most critical."

###

About Plancher Orthopaedics and Sports Medicine

Plancher Orthopaedics and Sports Medicine, formed by Kevin Plancher M.D., is a leader in the field of Orthopaedics, Sports Medicine, and acute emergency treatment of sports injury and rehabilitation. Dr. Plancher is listed in Castle Connolly's America's Top Doctors and he is the official orthopaedic surgeon for the U.S. Ski and Snowboard teams. Dr. Plancher is the Chairman of the Orthopaedic Foundation for Active Lifestyles. Visit our websites at www.ofals.org and www.plancherortho.com.