Abstract
TKR has been described as a soft tissue procedure simply because the success rate of this procedure largely depends on correcting the pre-existing deformity before doing any bone resection. The soft tissue balancing can be quite simple by just releasing the tight medial or lateral collateral ligaments but as the deformity gets more and more complex this soft tissue release will extend to the pes anserinus. Certainly the cruciate ligaments can be quite a big deforming force but the ACL is usually excised in all TKR but the PCL sometimes retained and might have to be released before inserting the prosthesis. The posterior capsule and the gastrocnemius can also be a big deforming force in severe flexion contracture and will only require release in rare situations.