

**Dr. Laurie A. Hiemstra**

*“SHould You transFer the Tubercle? (The SHYFT Trial) - A Randomized Clinical Trial comparing Isolated MPFL Reconstruction to MPFL combined with Tibial Tubercle Osteotomy – A Pilot Study”*

People who dislocate their kneecap (patella) often have ongoing pain and decreased function. They have difficulty being active because they don't trust the stability of their knee. Surgery to stabilize the kneecap with a ligament reconstruction is the treatment of choice for people who have multiple dislocations. In addition to reconstructing the ligament that stabilizes the patella, surgeons can change the pull of the muscles on the kneecap by moving a piece of bone where the patellar tendon attaches below the knee. This is an additional surgery, called a tibial tubercle transfer, and it is used to improve the alignment of the kneecap.

It is not clear from the research which patients really need the tubercle transfer to gain the best outcome from their surgery. It is also important to study these operations to find out if the extra procedure increases the risk of complications or leads to more post-operative pain. This study will randomly allocate patients to receive either the ligament reconstruction, or the ligament reconstruction plus the tibial tubercle transfer, to assess who could benefit from a tubercle transfer and whether or not this additional surgery is necessary. Results from the study will provide surgeons with direct information about which operations give the best quality of life and functional outcomes for a patient with a dislocating kneecap.