patellofemoral ligament and release of the retinaculum from the lateral edge of the patella (a peripatellar release) and its osteophyte to avoid the soft-tissue consequences of a midlateral release. We believe that correction of these aspects of tracking will considerably improve the results and the longevity of such prostheses.

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1. Newman JH, Ackroyd CE, Shah NA, Karachalios T. Should the patella be resurfaced during total knee replacement? *The Knee* 2000;7:17-23.
2. Smith AM, Peckett WRC, Butler-Manuel PA. Treatment of patellofemoral arthritis using the Lubinus patellofemoral arthroplasty. *The Knee* 2002;in press.
3. Bach CNM, Steingruber I, Nogler M, et al. Assessment of rating systems in total knee replacement. *J Bone Joint Surg [Br]* 2001;83-B:Suppl II, 244.
4. Bremner-Smith A, Weale A. Knee scores in a normal elderly population. *J Bone Joint Surg [Br]* 2002;84-B:in press.
5. Ackroyd CE, Newman JH. The Avon patellofemoral arthroplasty: development and early results. *J Bone Joint Surg [Br]* 2001;83-B:Suppl II, 146-7.

A prospective comparative analysis of mobility in osteoarthritic knees: does lifestyle have an influence?

Sir,

We read with interest the article by Szabó et al in the November 2000 issue entitled 'A prospective comparative analysis of mobility in osteoarthritic knees: does lifestyle have an influence?'¹ We agree with the views of the authors. The restriction of knee movements in group 3 is probably due to an acquired contracture of rectus femoris. This can be clinically detected by testing the passive flexion of the knee in the prone position. The local life style in countries such as India, Nepal and Japan also requires

activity at floor level in day-to-day life. This subjects rectus femoris to intermittent stretching which is essential for maintaining the range of full flexion of the knee. Since rectus femoris is the 'stem', it directly influences the performance of quadriceps and the range of knee movement. It is the only biarticular member of the quadriceps group,² and by virtue of its dual fascial attachment acts effectively at both joints simultaneously.³ Physiological stretching of a muscle is necessary for full development. Even in a fully developed muscle in which the range of action is reduced for a period of time, the muscle fibres contract and shorten the length of the fasciculi to a point at which contraction amounting to about 57% of their newly acquired length is sufficient to bring about the required action.⁴ According to this rule, if rectus femoris is being stretched across the knee and hip in the kneeling position in day-to-day life, it maintains the power of quadriceps as well as the length, both of which contribute to the mobility of the knee. The other group of non-Muslims (group 3) is probably accustomed to a life style at chair level which does not stretch rectus to its efficient length. The radiological changes do not reflect the severity of symptoms which arise because of an acquired contracture of rectus femoris. Also, if the patient is subjected to daily passive stretching exercises in the same position, the range of movement and pain both improve, irrespective of the radiological changes.

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1. Szabó G, Lovász G, Kustos T, Bener A. A prospective comparative analysis of mobility in osteoarthritic knees: does lifestyle have an influence? *J Bone Joint Surg [Br]* 2000;82-B:1167-9.
2. Hollinshead WH. *Anatomy for surgeons - vol. 3*. First reprint ed. New York: Harper and Row, 1966:717.
3. Hollinshead WH. *Anatomy for surgeons - vol. 3*. First reprint ed. New York: Harper and Row, 1966:35.
4. Hollinshead WH. *Anatomy for surgeons - vol. 3*. First reprint ed. New York: Harper and Row, 1966:24.

Corrections

Obituary – Alan Joseph Alldred
J Bone Joint Surg [Br] 2001;83-B:1207-8.

It is regretted that the name Alan was incorrectly spelt as Allan throughout the text.

Tauro B, Ackroyd CE, Newman JH, Shah NA. The Lubinus patellofemoral arthroplasty. *J Bone Joint Surg [Br]* 2001;83-B:696-701.

On page 609 of this article, Figures 3 and 4 have been transposed.