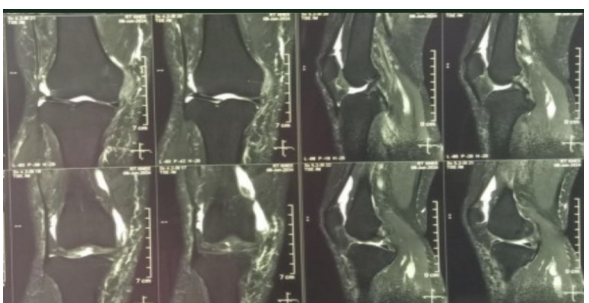
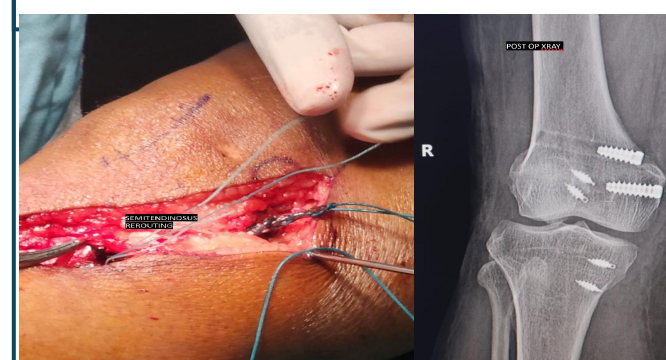


INTRODUCTION	OPERATIVE FINDINGS	DISCUSSION			
Medial collateral ligament (MCL) injuries occur in nearly 42% of ligamentous knee injuries.Isolated MCL injuries constitute approximately 29%.Medial patellofemoral ligament (MPFL) is the primary restraint to lateral patellar translation during 0–30° of knee flexion.Combined MCL and MPFL injuries lead to valgus instability and recurrent patellar instability.	<p>-10 cm longitudinal medial knee incision.</p> <p>MCL Reconstruction : Semitendinosus tendon harvested proximally with distal attachment preserved.Rerouted beneath fascia.Fixed at anatomical MCL attachments using suture anchor and interference screw.</p> <p>MPFL Reconstruction:Gracilis tendon graft.Fixed to medial patellar border with suture anchors,Femoral fixation using interference screw</p>	Preoperatively and postoperatively knee society scoring system improved and Range of movement improved after intensive physiotherapy.			
		Rerouting of semitendinosus tendon is simple, anatomical, and effective technique for MCL reconstruction.Preserving distal attachment improves graft biomechanics and valgus stability.Gracilis tendon is ideal for MPFL reconstruction due to adequate strength, size compatibility, and minimal donor site morbidity.Combined reconstruction restores knee stability in both coronal and patellofemoral planes.		PREOP	POSTOP
			OBJECTIVE KNEE SCORE	45	65
			SATISFACTION SCORE	25	35
FUNCTIONAL SCORE	40	70			
CASE REPORT	CONCLUSION				
<p>Traumatic Grade III MCL tear with associated MPFL tear.</p> 			<p>Modified Bosworth technique provides superior valgus stability compared to conventional MCL reconstruction methods. Gracilis tendon MPFL reconstruction effectively restores patellar stability.Combined procedure results in satisfactory functional outcomes and early return to normal knee function.</p> <p>Acknowledgement: I thank Dr.Vutharkar NageswaraRao, HOD,Department of Orthopaedics for guidance and support.</p>		