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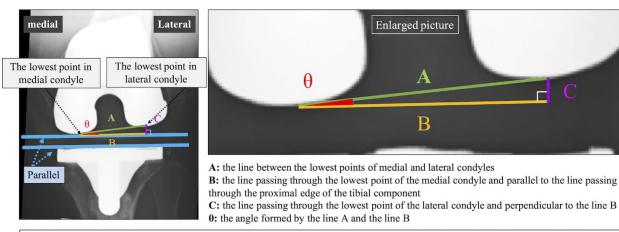
ASSOCIATION OF A WIDER MEDIAL GAP (MEDIAL LAXITY) IN FLEXION WITH SELF-REPORTED KNEE INSTABILITY AFTER MEDIAL-PIVOT TOTAL KNEE ARTHROPLASTY

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Supplementary Figure



The length of A is determined by the length between medial and lateral posterior condules of each femoral component.

The length of C is the length of the difference between medial and lateral gaps.

 $C = A \times \sin\theta$

Supplementary figure: The length between medial and lateral lowest points of femoral posterior condyles was defined as A. The difference of gap length between medial gap and lateral gap was defined as C. Threshold of postoperative subjective gap angle (θ°) was approximated into gap length by trigonometric function; $C = A \times \sin\theta$. A can be obtained from implant trader, it is determined by the design and size of each implant. θ was 2.9° from results in this study. Approximated values of C were shown in table 6. The difference in the mediolateral gap distance (mm) obtained by a common spreader could be a rough guide to intraoperatively determine the gap balance.

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Supplementary table. ICC regarding radiological measurement of gap parameters

	ICC (1, 2)	ICC (2, 1)
	intra-observer reliability	inter-observer reliability
Gap angle	0.92 (0.85 - 0.96)	0.88(0.77-0.95)
Medial Gap	$0.91 \; (0.81 - 0.97)$	0.87 (0.77 - 0.93)
Lateral Gap	0.89 (0.74 - 0.94)	0.85 (0.80 - 0.96)

Values in brackets indicate 95% CI. ICC; intraclass correlation coefficient, CI; Confidence interval. The ICCs were interpreted as follows: 0–0.40 (poor); 0.41–0.60 (moderate); 0.61–0.80 (good); 0.81–1.00 (excellent).