

Orthopaedic Connection

“Too Old For Knee Ligament Surgery?”

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Transforming patient information into patient understanding.

One of the interesting things about Orthopaedic Surgery and medicine in general is that today's gospel is yesterday's heresy. Or said another way, what we firmly believe is correct now was thought to be wrong several years ago.

It is true in many areas of Orthopaedic Surgery not just pertaining to knee ligaments.

I'll use tennis as an example, (but it could happen in the garden stepping wrong). You attempt to return a well-placed shot and twist your knee a certain way and “POP”. Often you can hear it. Great pain, can hardly walk, swelling. It turns out you tore one of your knee ligaments, possibly your anterior cruciate ligament (ACL).

Times Change

Until fairly recently ACL tears in patients between ages 40 – 50 were always managed non operatively with rest, physical therapy, bracing, modified activities – you get the idea. This program led to recovery, but not return of function that the person had before.

That approach is being modified because more people over 40 – 50 are leading active lives, which they want to continue. Not everyone is a good candidate for surgery and we as Orthopaedic Surgeons have to decide with the patient what is best. It certainly is true that ACL reconstruction surgery is proving to be an option for older adults who want to remain as active as they can.

Demystify the Cruciates

Your ACL is one of many ligaments in your body. It may be the best known because you hear about it in sports all the time on TV and on the radio. Hardly a day goes by that you don't hear it on sports radio especially.

ACL connects the upper (femur) and lower (tibia) bones of the knee deep within the knee. It is strong and thick (pencil size). It limits pivoting or rotation of the lower leg and also prevents the tibia from moving too far in relation to the femur. It also prevents the knee from hyper-extending. It controls the knee during twisting, pivoting or jumping. Sounds pretty important – IT IS!

Incidentally, there is also a companion posterior cruciate ligament (PCL) that is rarely torn so patients don't know much about it.

Mechanism

ACL tears can be partial or complete. The tear results from

- a sudden twist on the joint with the knee bent
- a sudden stop when running
- knee hyper-extending
- a jump landing
- a direct blow to the knee

Actually most ACL tears are non-contact injuries.

At the time of injury the patient feels and/or hears a pop from the knee and experiences pain often severe. The knee swells greatly in 4 – 12 hours and it feels floppy and unstable when you stand or put weight on it.

On that unhappy note I think we should stop. I want to cover treatment options with you thoroughly, which I will do next week. Please come back. Thanks.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website

I hope what you have read has raised questions. No problem!

Please log onto www.orthopodsurgeon.com. It has a huge amount of musculoskeletal information in the Website and the Archive of all previous GCH articles.

Check it out and be amazed what you can learn.

Good health. Good life. All the best to you. Be well.

Dr. Haverbush