

## *Orthopaedic Connection*

### “Too Old For Knee Ligament Surgery?” – The Sequel

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#### *Transforming patient information into patient understanding.*

As I was closing last time I described a pop in your knee, severe pain, swelling and a feeling that the knee won't support weight.

Sorry to have left you in that unhappy way for a week!

Let us continue. Thanks for coming back.

#### **Initial Treatment**

Age does not have a lot to do with initial treatment. It really is the same at any age. It is very important for me to learn exactly what happened (mechanism of injury), because that can give a good clue of what the injury may be. Next, the entire leg is carefully examined and of course plain x-rays complete the three part evaluation.

If I suspect a serious knee injury I probably will order an MRI study of the knee.

#### **Further Treatment**

If the evaluation does not reveal a fracture, treatment usually goes like this. A knee immobilizer is placed to control knee bending and stabilize it from side to side. Ice, elevation, rest, crutches, minimal weight bearing – all are important.

Except in rare situations such as a fracture, there is no urgent need to perform surgery on an injured knee. This is true for most knee injuries, but perhaps even more so for the older patient that is the subject of this discussion.

#### **Nonsurgical Rehab**

The treatment path I choose depends on several factors. I don't want to get too technical here. It is important to decide whether the knee is stable on exam and with activities once swelling and pain go away. If it is stable the patient will be channeled into physical therapy and probably a stabilizing brace at least temporarily. Rehab is rarely possible without the help of a skilled physical therapist. Rehab focuses on strengthening muscles supporting the hip, thigh, knee and ankle and regaining balance and a sense of position.

Therapy can extend over a few months, but is always correlated with a good home exercise program. It usually takes a month to resume somewhat normal daily (not strenuous) activities.

At some point I discuss with the older patient what their wishes are regarding participation in any activities that challenge the knee joint.

#### **Surgical Treatment**

I said last week that over time the thinking has evolved concerning surgery for ligament injury in the older patient.

Surgery is considered if the knee is not stable and gives way with activities. If you can't trust your knee and/or you can't participate in activities important to you, surgery could be in your future.

Age is less of a factor now that more people want to remain active even though they are older. We really don't have any upper limit of age now to repair the knee.

I hope this has given you some insight into the subject of our treatment of knee ligaments in older patients.

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

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You get the Office Website and Library, Your Orthopaedic Connection and GCH archive of every article I have written for you.

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

Be well.

Dr. Haverbush