

Argus Orthopaedic Zone

Knee Injuries, Part 2

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This is the sequel to last week's beginning discussion of knee injuries that are commonly seen in the office and the hospital. Last week we covered anterior cruciate ligament, posterior cruciate ligament and medial and lateral collateral ligaments.

Torn Cartilage

The medical name for the joint cartilage is meniscus. If you refer to it as the cartilage everyone knows what you are talking about. So I don't use the term meniscus very often. There are 2 in the knee, one on the inner side (medial) and one on the outside (lateral). Twisting injuries often cause one of them to tear or split. The tear rarely heals and most of the time we end up removing or repairing it arthroscopically. Careful exam, plain x-rays and often MRI make the diagnosis.

Patellar Fracture

A fall directly on the knee can often cause the kneecap to break into two or many pieces. Pain is severe and the knee fills with blood. If the fracture pieces don't line up very well, surgery is needed to put the kneecap back together.

Rupture of Quad or Patellar Tendons

Rupture or tearing of the large tendons above or below the kneecap is a very serious injury. If the tear is major or complete, surgery is always required to repair it. After surgery a knee immobilizer is needed for at least 4 - 8 weeks. In the younger patient the tendons tear from jumping or heavy lifting and in the older patient tendons tear as a result of a fairly trivial force.

Patellar Dislocation

There are many problems that can occur with the patella. In this case we are referring to a kneecap that is completely out of its groove on the front of the knee. It has completely slipped off to the side and looks awful. The person holds the knee bent 30 - 40 degrees and is in great pain from tearing of tissue. A few "lucky" people have the kneecap spontaneously pop back over into place. Usually you end up in the emergency room where the kneecap is reduced with sedation. A period of immobilization and exercises follow. Unfortunately this first episode can

be followed by much more knee trouble so it is well worth having it managed professionally.

Conclusion

I have covered some of the important knee injury conditions. There is so much to talk about regarding the knee that it is easy to confuse you.

Next week I will begin to talk about arthritis of the knee. I'll try to cover it thoroughly so it may take a few weeks, but it will be worth it. I am enjoying my time with you and I hope you are learning. It is important to me.

As always there is a ton of good information about all the things I deal with in my work on our office teaching website for patients and families at www.orthopodsurgeon.com, which can also take you to Your Orthopaedic Connection.

Our goal is simple - To help people return to more pain free, functional lives.

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

Be well.

Dr. Haverbush