Coburg Physiotherapy

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I THINK I HAVE DONE MY KNEE

With netball, and all the football codes commencing their seasons, you are sure to have patients limp in saying "I THINK I'VE DONE MY KNEE!"

Working out just what the diagnosis is when they have "done" their knee is a challenging task, let alone knowing the latest management.

With such rapid advancements in the treatment of knee injuries in high profile sports, it is difficult to know the best options.

Accurate diagnosis is critical, and needs to be addressed in two distinct areas; pathology, and structure.

Firstly, a fracture and sinister pathology should be ruled out, then the inflammatory process needs early active management. This includes early use of medication, "RICER", and physiotherapy for the best possible results.

The structure that has been injured is harder to determine, and requires specific examination. The way the injury occurred can give significant clues to the diagnosis:

A gradual build-up of pain may point to patello-femoral or cartilage problems.
An impact injury may point to collateral ligament damage.
A non-contact injury may be cruciate ligaments or muscle/tendon damage.
Did the person hear/feel a crunch, pop, snap, click as the injury occurred?

Observation can provide clues such as any obvious deformities, swelling, and bruising. Palpation for tenderness, particularly over the joint line can also provide information on swelling and cartilage damage. Restriction of joint movement as well as the integrity of muscles and tendons, provides further clues.

Tests for ligamentous integrity and cartilage damage provide a picture of possible instability.

These orthopaedic tests are not the 'be all and end all' and should always be backed up by appropriate referral and diagnostic testing for confirmation.

A systematic approach to assessment of knee injuries can provide the answers you need to make an accurate diagnosis, good management, and correct referral to Physiotherapist, Sports Physician and if required, Orthopaedic Surgeon.

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