

Presented by

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Aims

- Soft Tissue Knee Injuries
- Diagnosis and Examination
- Management

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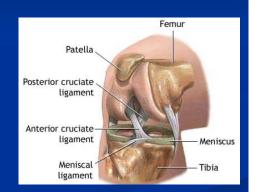
Diagnostic Value

- History 75%
- Examination 20%
- Imaging 5% (XR, USS, MRI)



History for soft tissue knee

- Mechanism!
- Age
- PMH (VTE)
- Previous knee injury?
- Smoker?
- Expectations?
- Any treatment so far? (Who)

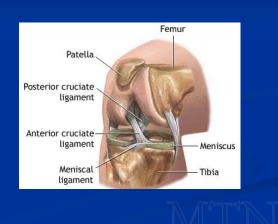


MIN

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Knee Examination

- Exposure
- Look
- Feel
- Move
- Special Tests



Exposure

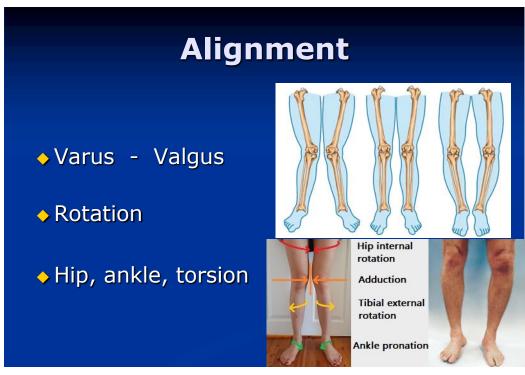
- Make sure that both knees are <u>fully</u> exposed.
- Rolled up trouser legs generally does not provide adequate exposure.
- Shoes off, shorts

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Look

- Walking aid, braces
- Alignment of knees
- Gait
- Dynamic control



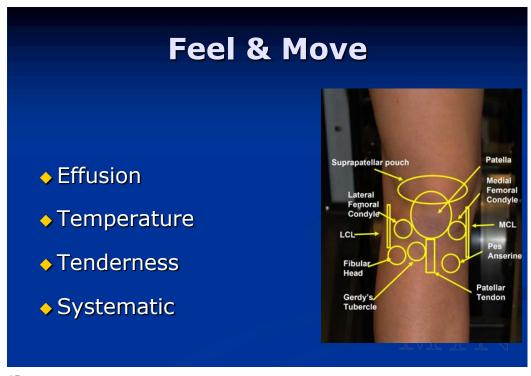


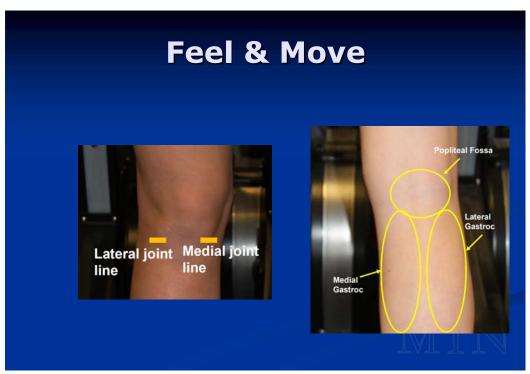


Look Scars, infection Swelling Bruising Deformity

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Feel & Move • Extension • Hyperextension • Compare both knees • Flexion • SLR









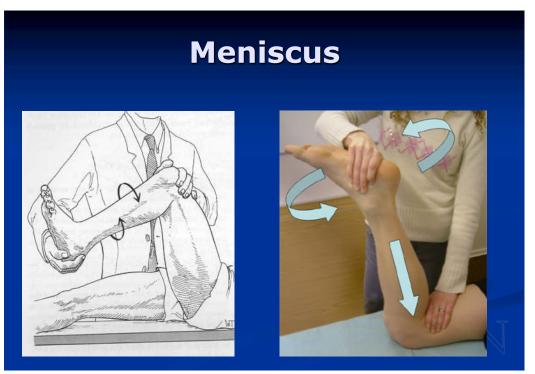


PCL Post sag/drawer Dial test Quads active



Special tests Many described Patella Meniscal provoking ITB





Finish

- Hip exam!
- NV status
- Rotational profile

MIN

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Soft Tissue Injury

- Mechanism
- Multiligament
- Locked knee
- → NWB, SLR
- Lipohaemarthrosis
- Segond's fracture



When to refer

- Unable to weight bear
- Unable to Straight Leg Raise
- Dangerous mechanism
- Locked knee (unable to fully extend knee)
- Mechanical symptoms, locking, giving way
- Ongoing instability and swelling

MTN

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Medial Meniscus Medial Meniscus Lateral Meniscus PCL Ligament of Wrisberg Medial Injury Lateral Meniscus Lateral Meniscus Lateral Meniscus



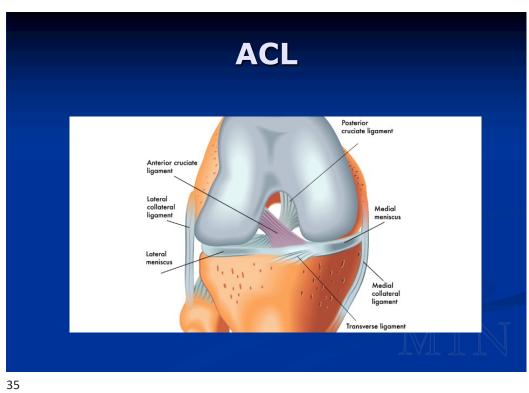






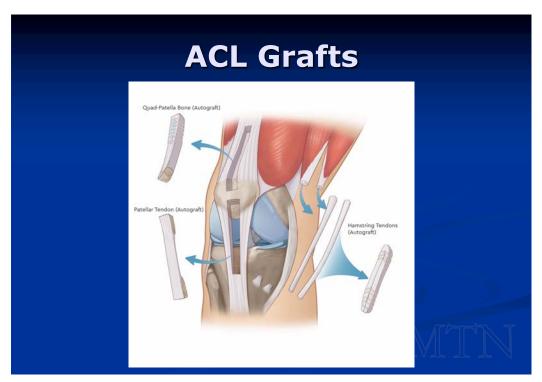


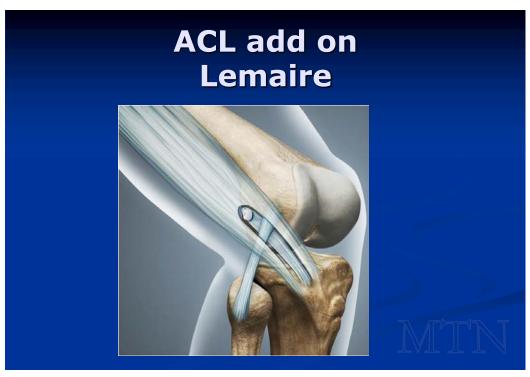


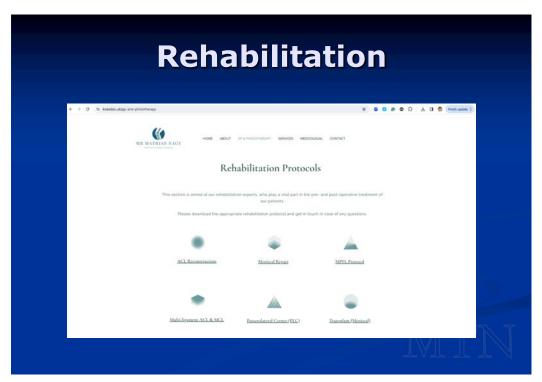




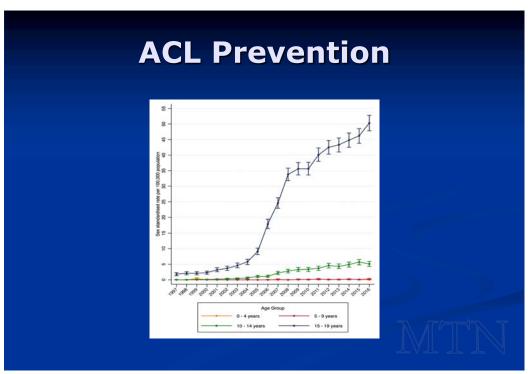












ACL Prevention

- Various prevention programmes for elite pro and amateur athletes
- ♦ 60-70% reduction in ACL injuries

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PCL

- ◆ Isolated / ML
- Dashboard injury
- Non-operative
- Operative
- PFJ overload





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Very common Superficial MCL Non-operative Early bracing Operative

GRADE 2

