Orthopaedic Connection

Knee Injuries

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Transforming patient information into patient understanding.

Injuries, that is taking care of them are a way of life to an Orthopaedic Surgeon such as myself. Injuries are a big part of my practice and an important part.

All injuries are somewhat unique because they are obviously unexpected and very unwelcome. In this discussion we are talking about knee injuries, but it applies to all others too. As an Orthopaedic Surgeon I am the last person the patient had expected to see when they woke up that morning. The patient is hurting, upset, worried and sometimes angry. Multiply this by several family members.

Talk about the doctor (me) starting out in a hole! But I know this of course, and accept it as part of my job.

I hope that you are picking up on how I write these articles in a way to give you a personal inside perspective on what we are talking about. I don’t want to present a few facts about a subject that any non-doctor medical writer could do.

In case you didn’t know most of the medical information patients read is written by medical writers who are good at what they do, but they are not physicians or Orthopaedic Surgeons and have no clinical experience or perspective.

When I see a patient with an injury the first thing that has to be done is to figure out what is going on. Understanding what happened is the key. Then comes the exam and x-rays. Knee injuries are very common as you can imagine.

ACL

Might as well start with the one everyone has heard of and “thinks” they know the most about. “He blew out his knee.” Not a very accurate diagnosis, but that’s what everybody calls it.

It is the pencil shaped ligament inside the knee toward the front. Lots of things can tear or rupture the anterior cruciate ligament in sports or any activity. Hyperextension is a common mechanism. The patient usually feels a pop and within hours the knee becomes very swollen. MRI is standard to confirm the diagnosis. If the ligament is completely torn, surgery will usually be needed to reconstruct it, but it depends on the person’s age and how unstable the knee is with a less than normal ACL. Surgery may not be needed in every case.

PCL

The posterior cruciate ligament is like the ACL in structure. It is located deep in the knee behind the ACL. It is injured much less than the ACL and does not require surgery as often as the ACL. For this reason you don’t hear nearly as much about it.

Collateral Ligaments

There are two in the knee. One is medial and one lateral. They are important stabilizers of the knee. Complete tearing is possible, but mostly they are stretched or partly torn and require splinting, rest and crutches. This injury is the typical “knee sprain” and surgery to repair it is definitely unusual.

We are not out of knee injuries, but we definitely are out of time for this week. Next week we’ll cover the rest of the more common injuries we see.
*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 sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

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