Orthopaedic Connection

Knee Injuries, Part 2

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Transforming patient information into patient understanding.

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 makes 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 – 6 weeks and then a knee brace is used for a variable period of time. In the younger patient the tendons tear from jumping or heavy lifting and in the older patient tendons can 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 follows. 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 hopefully this gives you some idea of the scope of knee problems.

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

Office Website and Gratiot County Herald Archive
You will be amazed at all the helpful information it contains.
All of the information pertains to everything I treat in the office and hospital.
Be well. Good health, good life, all the best to you.

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