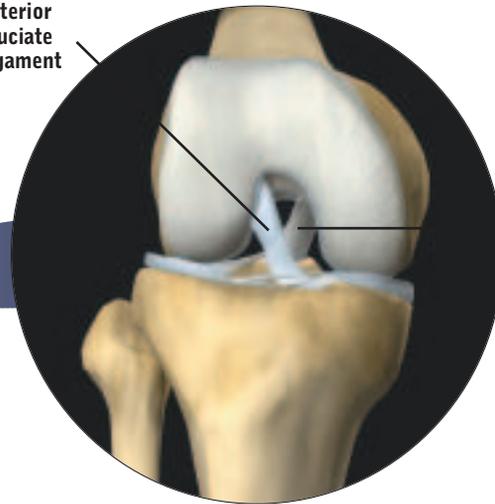


GETTING BACK IN THE GAME

Treatment Options for Athletes with Knee Injuries

By Christopher C. Annunziata, MD

Anterior Cruciate Ligament



Posterior Cruciate Ligament

Anterior view of a flexed knee showing menisci ligaments and condyles prior to knee arthroplasty

During the 2003 Fiesta Bowl, a running back planted his foot on the turf and then took a direct blow to the knee, resulting in a catastrophic injury. Even the untrained eye could see that his leg should not have bent the way it did.

News reports following medical examinations and diagnostic tests noted an ACL (anterior cruciate ligament) tear and meniscal injury. Some thought the player was through with football at that point, but a year later, he was playing in the NFL. What happened? He was fortunate enough to take advantage of the latest techniques in knee reconstruction and rehabilitation.

Of all the injuries bringing patients in to see me, ACL tears are among the most common.

Merely twisting in an awkward position can sometimes damage the ligament. Those who participate in contact sports such as soccer, basketball, and football are particularly prone to this kind of knee injury. Running and then making a sudden change in direction is often the cause of damage.

The knee, which gives us stability as we stand and flexibility as we move, is the largest joint in the body and one of the most easily injured. It is made up of the lower end of the thighbone (the femur), which rotates on the upper end of the shinbone (the tibia), and the kneecap (the patella), which slides in a groove on the end of the femur.

It also contains large ligaments that connect the bones and brace the joint against abnormal movements. Of the four major ligaments found in the knee, the ACL and MCL (medial collateral ligament) are often injured in sports. Problems with the PCL (posterior cruciate ligament) and LCL (lateral collateral ligament) are less common.

Athletes may also suffer meniscus tears, which usually occur when they are twisting, cutting, pivoting, decelerating, or tackled. The knee's medial meniscus and lateral meniscus are crescent-shaped pieces of cartilage attached to the ligaments that act as shock absorbers between the femur and tibia. Football players can even tear their ACLs, MCLs, and medial

meniscuses in one fell swoop. This condition, known as the Terrible Triad, happens when a player receives a blow toward the lateral side of the knee.

Arthroscopic Reconstruction

Commonwealth Orthopaedics & Rehabilitation's sports medicine specialists are proficient in treating these types of injuries with surgical and non-surgical options. Nonsurgical approaches generally incorporate rest, icing, compression with elastic bandages, and elevation (what physicians often refer to as R-I-C-E). Physical therapy may also aid in the recovery and usually begins when the patient can tolerate the pain of this activity. A brace is also sometimes necessary.

Surgeons make reconstruction decisions based on the degree of the tear and the patient's age. Surgery is generally recommended for younger patients or patients with active lifestyles. For younger patients in particular, leaving knee instability and possible cartilage injury untreated may contribute to the early onset of arthritis. >>

Fortunately, arthroscopic surgery — a minimally invasive procedure that uses small cameras and instruments to evaluate and repair the inside of the knee joint — is now a common treatment for knee injuries and has proven effective over the last 10 years.

During knee arthroscopy, physicians may simply “clean up” a tear with some debridement or repair it with internal sutures or tacklike devices. Arthroscopic ACL reconstructions are performed using a graft from the patient’s kneecap (patellar) tendon or hamstring tendons or from a donor cadaver.

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Meniscal injuries are also treated during this operation. After surgery, exercises to promote early recovery of range of motion, along with rehabilitative physical therapy, are needed to return athletes to their sports.

Reaping The Benefits

When it comes to knee surgery and recovery, much has changed in the last several years. Before minimally invasive techniques like arthroscopic surgery became commonplace, a larger incision was required to repair knee injuries, and the procedure usually involved a hospital stay of several days.

Today, the incisions are smaller, and we send the patients home the same day. As the Fiesta Bowl running back’s experience shows, advances in knee surgery and rehabilitation have done wonders for athletes. Following simple arthroscopic procedures, they can sometimes return to play in as little as two to four weeks.

Complex ligament repairs require only four to six months for a comeback, depending on the sport. Even a patient who sustains a complex injury like the Terrible Triad may return to competition within six months. That’s something to cheer about. **COR**



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