

# Central Adelaide Orthopaedics – Hip & Knee Service

## Clinical Information Sheet

Clinical Condition	Soft Tissue Injury of the Knee (including Cruciate Ligaments, Meniscal tears, Collateral Ligaments & Cartilage Damage)
<b>Eligibility</b>	History of injury Pain on mobilising Instability of the knee joint Catching or Locking of the knee joint Knee joint dislocation Patella dislocation Acute swelling Effusion
<b>Priority</b>	<p><b>Immediate:</b> in presence of a dislocated knee joint                      Must be discussed with the on-call orthopaedic registrar via the RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000. If the condition is life or limb-threatening, the patient should be sent to the nearest Emergency Department.</p> <p><b>Urgent:</b> a truly locked knee (acutely unable to extend in the presence of pain).                      Must be discussed with the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000 to obtain appropriate prioritisation.</p> <p><b>Non-Urgent:</b> Soft tissue injury of the knee including meniscal tear, cruciate ligament, co-lateral ligament injury, cartilage damage and patella dislocation. Referrals should be faxed to the RAH on (08) 8222 2751 or the TQEH on (08) 8222 7244.</p>
<b>Differential Diagnoses</b>	Osteoarthritis Rheumatoid Arthritis Gout Septic Arthritis Fracture Malignancy Haemarthrosis Knee pain may be a reflection of hip pathology and in some cases, spinal issues causing pain to radiate down
<b>Information required with referral</b>	History: <ul style="list-style-type: none"> <li>• Duration of symptoms</li> <li>• Characteristics of pain – location, night pain, etc.</li> <li>• Response to analgesia</li> <li>• Use of natural anti-inflammatories (e.g. high dose fish oil)</li> <li>• Height, Weight &amp; Body Mass Index</li> <li>• Level of mobility – walking distance; walking aid</li> <li>• Function – ADLs</li> <li>• History of infective processes (e.g. poor dental hygiene, recurrent UTI's, etc.)</li> <li>• Brief medical history</li> <li>• Current medications – in-particular, blood thinning medication</li> <li>• relevant psycho-social issues</li> </ul>



	<p>Exam:</p> <ul style="list-style-type: none"> <li>Exclude hip and back pathology as cause of pain</li> <li>Confirm origin of pain is from knee</li> </ul> <p>Other medical and allied health practitioners the patient has seen concerning this problem.</p>
<b>Investigations required with referral</b>	<p>All patients should be assessed by plain x-ray to exclude acute fracture and/or OA  X-ray: AP, Lateral knee &amp; patella skyline view  <i>Upon attendance to appointment, patient will be required to bring plain x-rays (views mentioned above) from within the previous 6 months to establish current bony structure</i>  Some GP's may wish to send patients for MRI to confirm exact pathology of soft tissue damage, this is not a pre-requisite for attendance and can be arranged once seen in clinic. Due to waiting periods before appointments for soft-tissue injury, these tests may end up needing to be repeated once seen in clinic, depending on length of time until surgery.</p>
<b>Pre-Referral management strategies (include with referral)</b>	<p>For all soft tissue injuries:</p> <ul style="list-style-type: none"> <li>Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated</li> <li>Consider hydrotherapy, swimming or cycling for a low-impact exercise alternative</li> <li>Use of mobility aids (e.g. walking stick or crutches)</li> <li>Weight loss measures – A BMI &lt;40 is preferable for surgery (due to significantly increased complication rate associated with higher BMI's. Decision will be at surgeon's discretion.)</li> </ul> <p>For Meniscal Tears: (RICE principals)</p> <ul style="list-style-type: none"> <li>Rest- take a break from the activity that caused the injury. Try using mobility aids, such as crutches to avoid putting weight on your leg</li> <li>Ice- use cold packs for 20 minutes at a time, several times a day</li> <li>Compression- wear an elastic compression bandage to prevent further swelling</li> <li>Elevation- when sitting or lying in bed, raise the height of your leg to above the height of your heart</li> </ul> <p>For Cruciate Ligament Injuries:</p> <ul style="list-style-type: none"> <li>Physiotherapy for knee strengthening exercises</li> <li>Use of knee support devices such as strapping or knee brace</li> </ul> <p>For Collateral Ligament Injuries:</p> <ul style="list-style-type: none"> <li>Physiotherapy for knee strengthening exercises</li> <li>Ice- use cold packs for 20 minutes at a time, several times a day</li> <li>Use of knee support devices such as strapping or knee brace</li> </ul>
<b>Discharge Criteria/information</b>	<p>For discharge to GP if non-operative management to be pursued.  <b>Red flags</b> that should trigger referral back for review: pain in affected joint no-longer managed non-operatively</p>
<b>Fact sheets</b>	<p>ACL injuries  <a href="http://orthoinfo.aaos.org/topic.cfm?topic=A00549">http://orthoinfo.aaos.org/topic.cfm?topic=A00549</a>  Collateral Ligament Injuries  <a href="http://orthoinfo.aaos.org/topic.cfm?topic=A00550">http://orthoinfo.aaos.org/topic.cfm?topic=A00550</a>  Meniscal Tears  <a href="http://orthoinfo.aaos.org/topic.cfm?topic=A00358">http://orthoinfo.aaos.org/topic.cfm?topic=A00358</a></p>

## For more information

**Central Adelaide Orthopaedics – Hip & Knee Service**  
**Royal Adelaide Hospital, North Terrace ADELAIDE Telephone: 08 8222 4000**  
**The Queen Elizabeth Hospital, 28 Woodville Road, WOODVILLE Telephone: 08 8222 6000**

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