40th Annual Symposium on Sports Medicine

Travis Murray, MD Assistant Professor University of Texas Health Science Center San Antonio

Knee Injuries In The Pediatric Athlete

Disclosure

Dr. Travis Murray has no relevant financial relationships with commercial interests to disclose.



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Goals of Talk

- 1. Improved knowledge of, and recognition of common pediatric knee problems
- 2. Improved ability to initiate treatment of common pediatric knee problems
- © 3. Consideration of other conditions that may mimic injuries

Adolescent Athletes

- Significant increase in participation
 - 9 1970 to 2010
 - Males 3.75 to 4.5 million
 - Females 300,000 to 3.25 million
 - Trend for shift from "free play" to year-long involvement
 - o 1996 Cost \$1 Billion



American Academy of Pediatrics

" The AAP recommends that athletes play sports for enjoyment, to improve self-esteem, and to improve athletic skills"



"If these are not priorities in youth sports, then participation in sports potentially is harmful because it can decrease self-esteem, diminish athletic skills, and discourage additional participation in sports"

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General Catagories Overuse Injuries Soft Tissue Injuries Bony Injuries Resources

Successful Workup & Treatment

- Appropriate History
- Thorough Physical Exam
- Understanding anatomy
- Thoughtful DDX
- Evaluation of treatment success
 - Reconsider DDX



Osgood-Schlatter

- Point tenderness over tibial tuberosity
- Activity related pain
- Free ossicle can persist after maturity
 - Consider excision if symptomatic
- Tx
- Rest
- Ice
- Stretching



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Infrapatellar Tendonitis/ Sinding-Larsen-Johansson

- Symptoms similar to Osgood-Schlatter
- Location at inferior pole of patella
- Tx:
 - Rest
 - Ice
 - Stretching



"Anterior Knee Pain"

- Vague, periarticular pain in anterior knee
- Otherwise benign physical exam, labs and imaging.
- Physical Exam
 - Gait
 Mechanical Evaluatio
 - Core strength assessment
 - Single leg squat
 Thorough physical exam of entire lower
- Initial Tx:
 Com.
 - Core strengthening
 - Pelvis/Quad musculature strengthening
- Other Diagnoses seen personally:
- Osteoblastoma
- Femoral antiversion
- Tibial torsion
- ë Plica
- Patellar instabilit

"Knee Sprain"

- Periarticular soft tissue injury
- Non specific term; could include:
 - Collateral ligament
 - Cruciate ligament
 - Capsular strainHamstring strain
- No bony injury
- Typically self-limited
- Grading
 - Grade I
 - Stretch of soft tissue
 - Grade 2
 - Partial tear
 - Grade 3
 - Complete tear

Physeal Fracture

- Not a "knee sprain"
- Bony tenderness at physis of distal femur, tibia, fibula
- Risk for increased injury, growth arrest if missed
- Better to treat "knee sprain" as fracture if in doubt
- Imaging



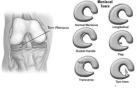
The Acute Hemearthrosis

- Ligament tear
- Meniscal tear
- Osteochondral Fracture
- Fracture/Physeal injury
- Patellar Dislocation



Meniscal Tear

- Incidence increasing
- Improved familiarity
- Improved imaging, arthroscopy
- Mechanism and symptoms similar to adults
- Should attempt to fix



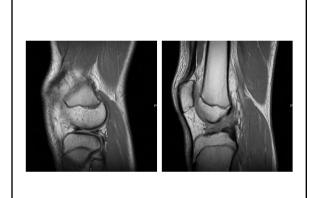
aaos.org

Meniscus • Meniscal Tears - Locking - Catching - Joint line pain - Repair vs. Debridement • Discoid Meniscus - Complete - Incomplete - Hypermobile - Saucerication

Skeletal Immature ACL Tear

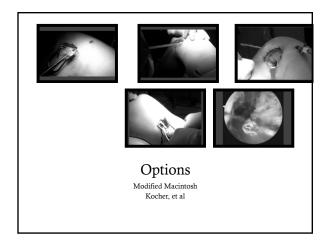
- Frequency increasingSports
- 10-65% acute hemarthrosis
- Risk to further chondral and meniscal injury to





Skeletal Immature ACL Tears

- <12 Boys, <11 Girls Tanner 1-2
 - Extraphyseal reconstruction
 - Functional bracing
- 12-16 Boys, 12-14 Girls (Tanner 3-4)
- Soft tissue graft, metaphyseal fixation
- >16 Boys, >14 Girls (Tanner 5)
 - Adult reconstruction of choice



Tibial Spine Fracture

- "Bony ACL"
- O Dx
 - Nondisplaced

 - HingedDisplaced
- Interposed medial meniscus
- Be prepared for meniscus tear
- Surgery
 - Fiberwire vs. Screw



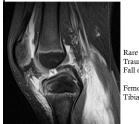
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Tibial Tuberosity Fracure

- Strong eccentric quad contraction
- Risk for compartment syndrome
- Fix urgently



Skeletal Immature PCL Injury



Traumatic Fall on flexed knee or knee hyp Femoral origin peeloff Tibial insertion bony avulsion



Collateral Ligament Injury

- Ligaments typically stronger than physis
- Isolated usually successfully treated with bracing and
- MCL
 - Grade I-II
 - Crutches, hinged brace 1-3 weeks
 - Return when full motion and asymptomatic
 - Grade III
 - Hinged brace 6 weeks then rehab if isolated
- LCL

 - RareTreatment similar to MCL

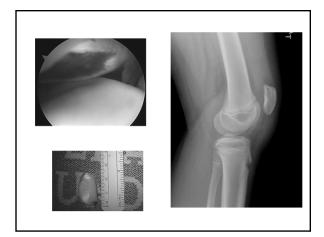
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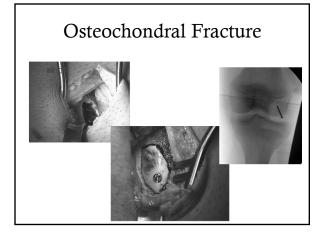
Osteochondral Fracture

- More common
- Typically associated with patellar dislocations or trauma



- Diagnosis can be challenging
- Treatment
- Excision vs. Fixation
- Cartilage restoration





Dislocations

- Patellar Dislocation
 - More common
 - Acute traumatic
 - Recurrent
- Knee Dislocation

 - RareHigh risk for neurovascular injury



Patellar Fractures Patella Sleeve







Rare Direct blow vs. Eccentric load Patellar Sleeve

Assess straight leg raise

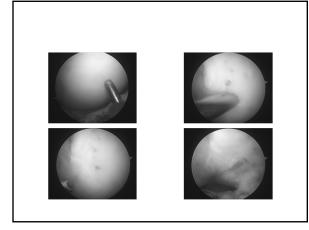
Rockwood and Wilkins' Fractures in Children

Osteochondritis Dissecans

- Unknown etiology
- Cause for joint pain
- Juvenile vs. "Adult"
- Treatment based on staging, maturity, and exhausting non-operative options



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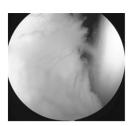
Bone Bruise



- Deep bone contusion/microtrauma
- Seen after direct trauma Patellar dislocations
 ACL tears
- © Can take weeks to months for symptoms to abate
- Typically conservative treatment
 Protected weight bearing
 Ice/NSAIDS

Plica Syndrome

- Present in 1:3 knees
- Infolding of normal knee synovial tissue
- May become symptomatic with direct trauma or overuse
- Conservative treatment



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