

The Knee

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2/06

In the chiropractic practice, we see more and more sports and on the job extremity injuries and knee conditions referred from another region, e.g. low back- hip radiculopathy. It is important to differentiate a mechanical knee problem from pain referred. Inspection is first and foremost in determining management of this claim. Identify swelling/redness/loss of range of motion and presence or absence of pain in active and passive range of motion.

Average range of motion (flexion 130°, extension 0°, internal rotation 10° and external rotation 10°).

Orthopedic tests are useful in knee examinations to determine whether the problem is ligamentous, muscular, capsular, cartilaginous, osseous, related to bursa, patella or meniscus or any combination of these.

In addition, neurological testing is useful in the examination, such as cutaneous sensation, light touch, pinprick, reflexes, strength testing and mensuration (specifically from the medial edge of the top of the tibial plateau, 3inches above and below that point).

Useful, diagnostic/imaging testing includes x-rays, diagnostic ultrasound or MRI to help with ruling out fractures, soft-tissue tears, etc.

It is important to take an active treatment protocol to manage knee injuries. Treatment for mechanical injuries includes:

- RICE,
- Use of knee brace,
- Quick rehabilitation with strengthening following the acute inflammatory phase lasting 0-72 hours.
- Re-evaluations at weekly intervals and

- Monitoring ranges of motion.

Suspected partial or complete tears should be evaluated with soft-tissue MRI to rule out need for surgical intervention.

A good source of additional information is Dr. Thomas Souza's text, Differential Diagnosis for the Chiropractor, second edition.